

ANNUAL REPORT 2016

Chautauqua County Department
of Health and Human Services



Table of Contents

A Message from the Director	1
Organizational Chart	2
Staff Honored for Service	3
Employee Recognition	4
At A Glance	5-7
Administrative Services	8-9
Human/Social Services	10-32
Temporary Assistance	11-14
Medicaid	15
Medicaid Administration.	16-21
Adult, Children & Family Services	22-29
Legal Division	30-32
Public Health Division	33-58
Board of Health	34
Grants	34
Environmental Health	35-43
Children with Special Health Care Needs	44
Early Intervention Program	45
Community Health	46-51
Maternal & Infant Health	52-53
Community Health Education & Planning	54-58

Who We Are:

The Chautauqua County Department of Health and Human Services is a community of public health and social services professionals. In collaboration with our partners, we protect and promote the health, safety, and self-reliance of all those in Chautauqua County through the prevention of disease, proliferation of meaningful life, protection of the environment, provision of essential human services, and provision of leadership in public health and social crises.

Our divisions include Administrative Services, Adult Children & Family Services, Legal, Medical Assistance and Services, Temporary Assistance, Public Health and Youth Bureau.

Our Mission:

The Chautauqua County Department of Health and Human Services (DHHS) is dedicated to building a healthy, safe and strong community. We protect and promote the health of all County residents and provide essential human services, especially for those who are least able to help themselves.

Values/Principles:

We believe in improving the health and quality of life of our community through the prevention and treatment of disease and other physical, mental health and social conditions.

We believe that families should be protected from violence and gain support for their efforts to be self-sufficient.

We value work as a foundation of independence, a means to connect with others and a tool for personal growth and family preservation.

We believe in measuring our work by the difference it makes for clients and community. We strive to continually improve so that our interactions with clients and the community are efficient, focused, and understandable.

We value our commitments to others: urgency with the time and lives of clients; thoughtful investment of support from the community; careful consideration for the ideas and efforts of partners.

We value relationships—with clients, colleagues, and the community—as gifts to be nurtured. We invest in those relationships with honesty and respect. It is through the diversity of our relationships that we make change and are changed.



A Message From

Christine Schuyler

Director of Health and Human Services

2016 was an exciting time for us and another year of Significant strides for our Department. DHHS is the largest department in County government; the only such integrated public health and social services department in New York State. We are responsible for public health and human services that help address the needs of our community's most vulnerable children, adults and families.

DHHS touches virtually every resident of this county at some point in their lives from conception to death. We continuously look closely at our programs and services, assess how we can better serve the people who need us, and how this can be done most effectively and efficiently. Our goal is to help Chautauqua County residents be healthier, stronger and safer. Challenges such as poverty, unplanned pregnancies, family disruptions, chronic disease, mental health disorders, violence, drug and alcohol abuse, and trauma are pervasive, harmful, and costly public health issues. Trauma has been shown to be a serious, underlying risk factor for chronic physical diseases, mental and substance use disorders, and child welfare issues - all of which contribute to many of our social and economic problems.

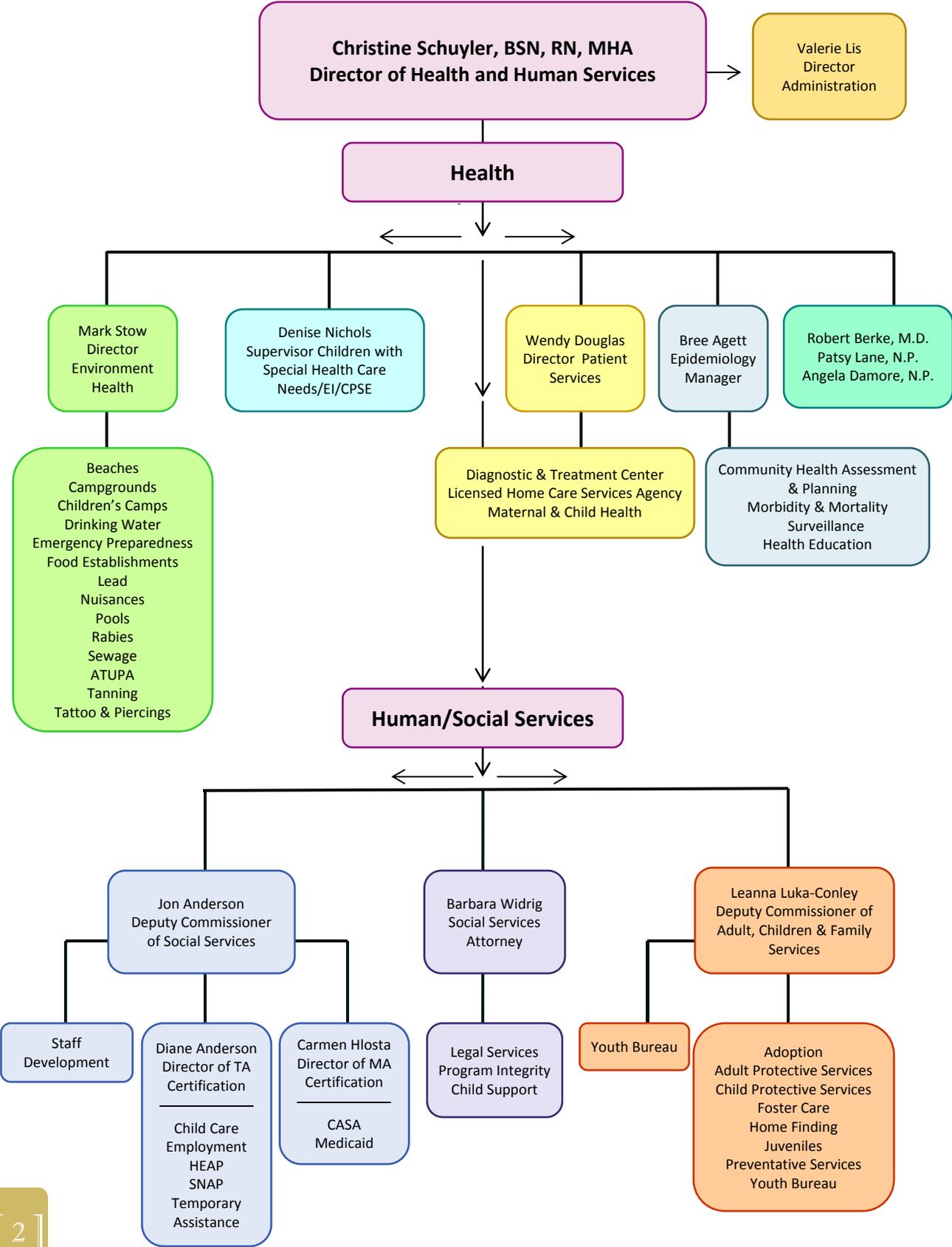
Throughout 2016, unprecedented collaboration was seen between public and private agencies, community and school partners, and health and mental health providers. These partnerships are the key to unlocking answers to the societal issues that we are facing.

By the end of 2016, 16 long-term employees from DHHS retired. Cumulatively they had over nearly 450 years of experience. Their years of service are a credit to the department and to the citizens that we serve. We wish them well in their new life experiences and are continually excited about the new employees that join our team as many of our veteran staff retire. Speaking of staff, DHHS is fortunate to be filled with dedicated, hard-working and special people. The work they do on a daily basis to provide our County's most vulnerable citizens with the help they need, often in very trying situations, is HARD yet CRITICALLY IMPORTANT and they ROCK!

I am so proud to be a part of this Department, County Government, and this community. Together we are making a difference, improving lives, saving futures, changing systems and building a safer, healthier and stronger community!



2016
Organizational Chart



Staff Honored for Service:

The following employees received certificates from the Chautauqua County Executive commending them for their years of service to the County.

5 Years

Laurie Baker
Andrew Brown
Jennifer Cofer-Aiken
Marissa DeJesus
Melody Kaczor
Sally Keppel
Joelle Kolassa
Varsi Peterson
William Siebert
Carole Vail

10 Years

Amy Barrows
Jolene Engdahl
Karin Erb
Shari Grice
Charlene Johnson
Teresa Miller
David Nelson
Susan Nichols
Cardee Olsen
Linda Spann

20 Years

Susan Clawson
Nina Coyle
Marietta Kellogg
Jacqueline Mann
Donna Ranson
John Sedota
Lynn Staszak
Joann Tworek

30 Years

Gail Meleen

2016 Retirees

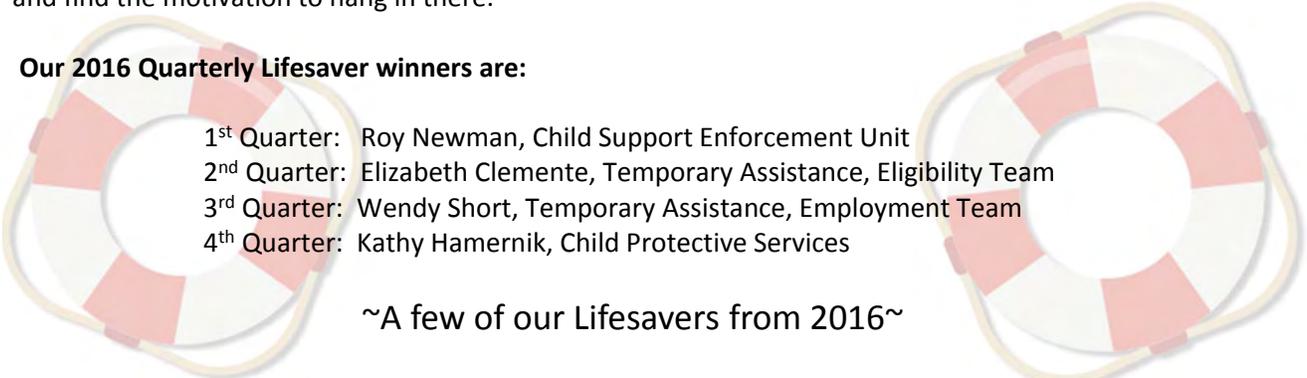
Marge Basil-Johnson, TA
Judy Boniface, Services
Carol Breakey, Fiscal
Nancy Carmichael, Services
Debbie Cornell, APS
Lois Damcott, Nursing
Paula Gustafson, Environmental Health
Karen Hamernick, TA
Linda Hepler, MA
Debbra Loveless, Fiscal
Eduardo Mendez-Bernal, TA
Marlene Orr, Services
Paula Pattison, CSEU
Jon Anthony Smith, MA
Rita Ann Sullivan, MA
Peggy Weston, TA

-Thank You For Your Service!-

Employee Recognition

Our Lifesaver program is an employee recognition program promoting employees to nominate people for Lifesavers. A Lifesaver helps us to keep our heads above water, take a deep breath, smile and find the motivation to hang in there.

Our 2016 Quarterly Lifesaver winners are:

- 
- 1st Quarter: Roy Newman, Child Support Enforcement Unit
 - 2nd Quarter: Elizabeth Clemente, Temporary Assistance, Eligibility Team
 - 3rd Quarter: Wendy Short, Temporary Assistance, Employment Team
 - 4th Quarter: Kathy Hamernik, Child Protective Services

~A few of our Lifesavers from 2016~

Valerie Lis and Joanne Tofil, Fiscal, a big thanks to these ladies for always figuring out “how to make it work” for me so that we can make good things happen...submitted by Bree Agett

Sarah Ballard, TA, I am so thankful for my coworker who helped me recently go through a bunch of cases that were newly assigned to me and help get myself organized. Thank you Sarah,...submitted by Christine Tracy

Building & Grounds, I want to throw a HUGE lifesaver to everyone who assisted day after day working to clean & prevent more flooding, damage & maintenance of the 3rd floor area in SCOB. Seeing them up on the roof at 7:30am working & carrying out buckets of water & cleaning debris when our work day hadn't even begun was amazing. Without them our we would not be safe or comfortable at work or happy for that matter! We are very grateful.....submitted by Marissa DeJesus

James Curtin III, Services, On July 26, 2016, James helped me with a transport that was last minute and out of state. James was willing to drop everything and help me out when I asked. Also, on August 2, 2016, James once again graciously helped me with another out of state transport. James has been very helpful recently with unexpected transports that took several hours. James is always willing to help and his supervisor, David Nelson, is also very supportive of team work and allowing James to help others!!.....submitted by Brandy Freitas

Angie Karalus, Services, I would like to acknowledge all the help that Angie has given to the Dunkirk CPS office while the CPS Typist has been out on leave. Angie has been temporarily assigned to another office and still keeps up with her own work and has done it with a smile. Thank you Angie.....submitted by Colleen Anger

SNAP TEAM, TA, I would like to nominate the entire SNAP team for their hard work during my vacation. I took vacation at the end of December; I was struggling and had second thoughts about even taking my vacation. I did take it, but I was worried that I would come back to work and have to process all of my January recertifications. My team worked together and completed all of my January recerts! They are an awesome group of people and I would like to acknowledge each and every one of them for a job well done!.....submitted by Anita Morales

Jonathan Sabella and Melvin McLaughlin, CSEU, My co-workers not only covered for me for two days that I was off due to a family members' illness, but they made sure that my prep work for the following week was done. Thanks for being there for me. ☺...submitted by Celeste Horton

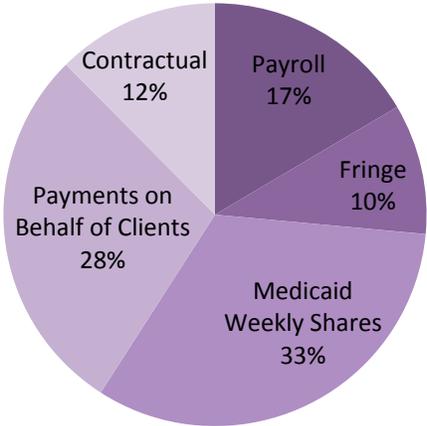
Rosa Cardino and Wendy Forrester, Child Care unit, these 2 girls have been wonderful to me these last few months. I have a lot of health issues lately and they are never too busy to help me right on the spot. I never hear them say “wait a minute” both stop what they are doing to help. Great Girls, great TEAM...
.....submitted by Terry Ibach

At a Glance

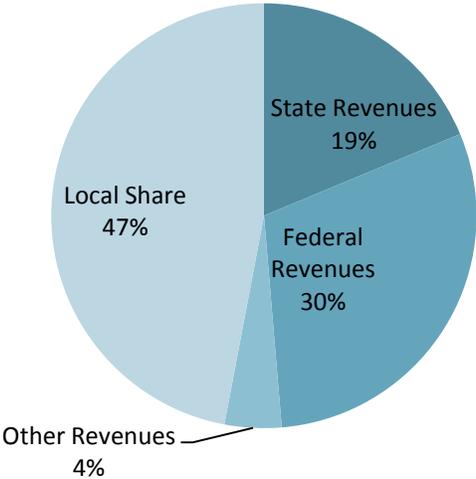


2016 Budget Expenditures totaled \$97,462,175. The charts below reference percentages for expenditures and funding.

2016 DHHS Expenditures by Type



2016 DHHS Funding by Source



Program Activities & Caseload Summary

CASELOAD REPORT Caseload on December 31st

	2015	2016
Temporary Aid to Needy Families (TANF)	2,230	2,198
Medicaid (MA)	23,533	21,414
Supplemental Nutrition Assistance Program (SNAP)	12,178	12,365
Adult Protective Services Cases (APS)	488	511
Children in Foster Care	118	105
Children in Day Care	1,272	1,217

PROGRAM ACTIVITIES Cumulative for year

	2015	2016
Abuse/Neglect Reports Resulting in Investigations	2,300	2,468
TA, MA & SNAP Applications Received	18,165	17,474
Managed Care Enrollment	27,365	26,847
Sanctions	668	713

Social Services Client Expenditures By Program

PROGRAMS	2015	2016
Medical Assistance Program	\$29,959,132	\$30,441,671
Temporary Aid to Needy Families	\$10,750,127	\$9,254,249
Foster Care/Institutional	\$3,832,886	\$4,364,833
Safety Net	\$9,361,528	\$8,117,614
Day Care	\$4,746,785	\$4,397,777
Other	\$748,064	\$427,786
TOTALS	\$59,398,522	\$57,003,930

Health Revenues

	2015	2016
Preschool Special Education	\$2,620,983	\$3,811,723
State/Federal Grants	\$2,440,980	\$1,937,521
State Aid	\$920,211	\$774,138
Fees for Service	\$553,958	\$727,810
Early Intervention	\$538,355	\$534,405
Nurse Family Partnership	\$114,505	\$222,927
Other	\$56,141	\$113,162
TOTAL REVENUE	\$7,245,133	\$8,121,686

Administrative Services



The Administrative Services Division is responsible for the supervision and coordination of the fiscal and operating functions that support the operation of the Department of Health and Human Services.

Fiscal

Fiscal responsibilities include issuing benefits to eligible social services clients, audit and process administrative invoices ,reimbursement claims and representative paying accounting for clients; processes employee payroll; processes cash receipts; manages credit cards; prepares contracts; tracks vendor insurance certificate renewals; prepares and files reports and claims for reimbursement; assists with grant application processing; processes bank reconciliations and purchase orders; involved in various audits; prepares resolutions.

	2015	2016
Checks issued to social services clients	20,150	16,922
Electronic benefits issued to social services clients	56,992	50,911
Bills paid for representative payee clients	15,767	14,904
Open contracts	173	198



Staff Development

The DHHS Staff Development Unit is operated by a two-person staff development team who perform a wide variety of tasks designed to strengthen the department's ability to function effectively in a rapidly changing, resource lean operating environment while maintaining a focus on the training needs of the front line staff. Special emphasis continued to include assessing training needs and creating and maintaining an environment within which staff have timely access to information and training resources to advance their success and ensure greater attention to agency performance outcomes and promoting life-long learning and continuing education services.

Staff Development Team

Hours of Training	2015	2016
Local	7,061	8,015
State	6,819	5,926
Total	13,881	13,941

	2015	2016
Employees in Degree Programs	7	5



Personnel

Personnel has the responsibility of coordinating and completing all personnel related functions for the department. This includes coordination with supervisors and staff during the new hire process, evaluations, promotions, leaves of absences, intradepartmental moves and separation process. Personnel coordinates Civil Service regulations and procedures and acts as a Liaison to Chautauqua County Human Resources Department.

	2015	2016
Number of Employees	384	374
Position Change Requests	128	201



Personnel Staff

HUMAN/SOCIAL SERVICES



Human/Social Services Division encompasses Temporary Assistance, Medicaid, Adult, Children and Family Services and Legal with over 300 staff members to accommodate the needs of Chautauque County residents.

The Temporary Assistance (TA) Division is responsible for the administration of the Temporary Assistance, Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), Home Energy Assistance Program (HEAP), Employment and Child Care programs. Collectively, the Division assists thousands of individuals, families, and children in our community with meeting their basic needs such as housing, home heating and cooling overcoming homelessness, and nutritional supports. In addition, the Division delivers programming aimed at removing barriers to employment including educational, employment, and child care supports.

The Medicaid Division (MA) assists eligible individuals in our community in obtaining necessary and appropriate medical care through programs such as Medicaid, Medicaid Social Security Income (SSI), Personal Care Supports including nursing and personal care aids, managed care insurance, and long-term care supports, among others. The Division is charged with ensuring that eligible individuals, children, and families have access to quality care supports, with the aim of improving community health outcomes.

The Adult, Children and Family Service Division assists the most vulnerable and at-risk children and adults in our community and includes the Adult Protective Services (APS), Child Protective Services (CPS), Preventive Services, Foster Care, Adoption, and Juvenile Services units. The role of Adult Protective Services is to provide protective and preventive services to individuals over 18 where there is an inability to act on their own behalf with the aim of ensuring self-determination, and the ability to live as safely and independently as possible in the community. Child Protective Services role is to investigate, intervene and support family and caregivers ability to safely care for their children where there are allegations of abuse and maltreatment of children. Preventive Services works in the homes at-risk children providing supportive and rehabilitative services that are trauma-informed, solution-focused, child centered, and strength based to prevent out-of-home placement and to assist families to return their children from foster care at an earlier time, while foster care offers children a safe living environment while assistance is offered to families and caregivers. Finally, the Juvenile Services Team is a community-collaboration aimed at preventing out of home placement and institutional care for juveniles and adolescents and reducing the likelihood of contact with the criminal justice system.



Christine Schuyler, Director of Health and Human Services (Center)
Leanna Luka-Conley, Deputy Commissioner of Adult, Children and Family Services (Right)
Jon Anderson, Deputy Commissioner of Social Services (Left)



Temporary Assistance Division

The Temporary Assistance (TA) Division is responsible for the administration of the Temporary Assistance, Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), Home Energy Assistance Program (HEAP), Employment and Child Care programs.

The goals for each of these units are as follows:

- Assist clients in achieving self-sufficiency;
- Provide accessible and timely services to applicants and recipients; and
- Provide a high level of customer service.

Temporary Assistance

Temporary Assistance is the program that provides cash assistance to eligible recipients. Recipients receive a cash benefit either paid to them or directly to a vendor, such as a landlord or utility company. The cash grant is based on their household composition, shelter and heating type. Income received by the household may affect the amount of the grant. Resources are also reviewed in determining eligibility for Temporary Assistance.

Applications Family Assistance, Safety Net and Emergency Assistance

	2015	2016
Received	5,396	5,473
Approved	1,536	1,417
Denied/Withdrawn	3,159	3,267
Open/Closed	1,189	992

Temporary Assistance Caseload *(as of 12/31)*

2015	2016
2,230	2,198



Dunkirk Office Temporary Assistance Staff

Supplemental Nutrition Assistance Program (SNAP)

SNAP (formerly known as Food Stamps) is a federally funded program administered by the Department of Health & Human Services for the United States Department of Agriculture. The goal of the program is to provide a higher level of nutrition to income eligible individuals and families by enhancing their ability to purchase food. Eligibility for the program is determined by financial criteria.

SNAP Caseload (as of 12/31)

	2015	2016
Temporary Assistance SNAP	601	564
SNAP Only (Non TA Households)	11,577	11,801
TOTALS	12,178	12,365

SNAP Applications

	2015	2016
Received	5,829	5,905
Approved	6,058	5,775
Denied/Withdrawn	2,115	2,169

Expedited SNAP

All SNAP applications must be screened in order to determine those households that qualify for expedited SNAP benefits. This includes, for example, individuals who have terminated income, or pending income. Identification is required of all applicants. Any income received within the month of application, together with liquid resources, is budgeted against amounts to determine eligibility. Interviews are conducted on an immediate basis so those eligible households may receive their SNAP benefit within 5 calendar days.

During 2016, 5,905 households were screened for Expedited SNAP. Of those screened \$2,863 or 48% were found to be eligible for this service. Some of these households were also processed for Temporary Assistance Programs.



Child Care

The Child Care Unit provides child care subsidy to recipients of Temporary Assistance who are participating in employment activities (subsidized employment, unsubsidized employment, work experience, job search, education, training, etc.). Child care subsidy is also provided to recipients of Child Protective Services or Preventive Services. Low income working families and recipients who are transitioning from Temporary Assistance to employment may also qualify for child care subsidy. These benefits are provided to assist families in obtaining and maintaining employment and self-sufficiency.

	2015	2016
Families Receiving Child Care Services (average per month)	758	715
Children Receiving Child Care Services (average per month)	1272	1217

Home Energy Assistance Program (HEAP)

HEAP provides energy assistance to low income households through payments to those household's fuel and/or utility suppliers. The program also provides emergency assistance for repair or replacement of essential heating equipment and in fuel emergency situations.

The Chautauqua County Department of Health & Human Services HEAP unit is responsible for the processing of all HEAP applications for those households who do not receive Temporary Assistance or SNAP.



Temporary Assistance Staff

The 2015 – 2016 administrative allocation for Chautauqua County totaled \$339,091. Payments authorized by the County are sent directly from Albany to the vendors. The Allocation is for Administrative costs only. HEAP is 100% federally funded.

	2014-2015	2015-2016
Administrative Allocation	\$347,265	\$339,091

Applications	2014-2015	2015-2016
HEAP Only	4,669	4,278
Furnace Repair/Replacement	44	71

Employment Unit

The employment unit consists of 15 Case Managers, 2 Clerical staff and 2 Senior Social Welfare Examiners. The unit offers a variety of programs and services to Temporary Assistance recipients to help them gain and retain employment and become self-sufficient.

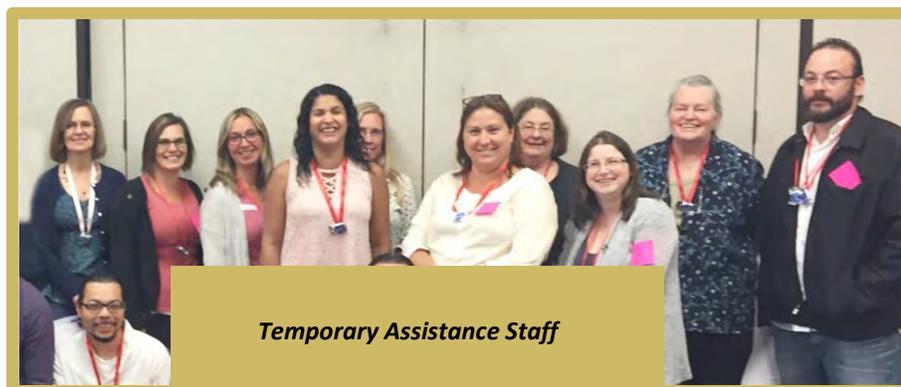
The programs and services include employability assessment and planning, job readiness training, work experience and job search. Other activities include the Transitional Employment Advancement Program (TEAP) and On-The-Job Training programs.

	2015	2016
Non-Compliance Sanctions	668	713

Fair Hearings

Fair Hearings is the process applicants and recipients have to review Agency decisions made on their application or active case. The Fair Hearing Representative is responsible to represent the Agency in this process.

Fair Hearings Activity	2015	2016
Hearings Requested	327	349
Held	31	43
Affirmed	16	28
Reversed	9	10
Withdrawn by Client	93	103
Withdrawn by Agency	107	96
Defaults	83	88



Temporary Assistance Staff

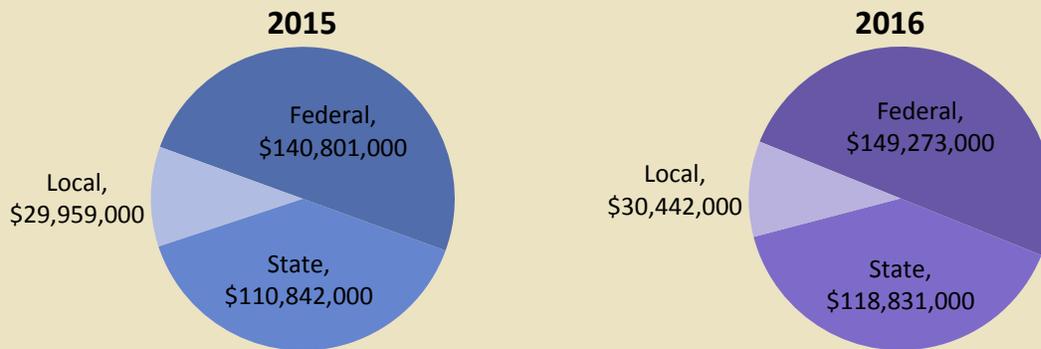
Medicaid



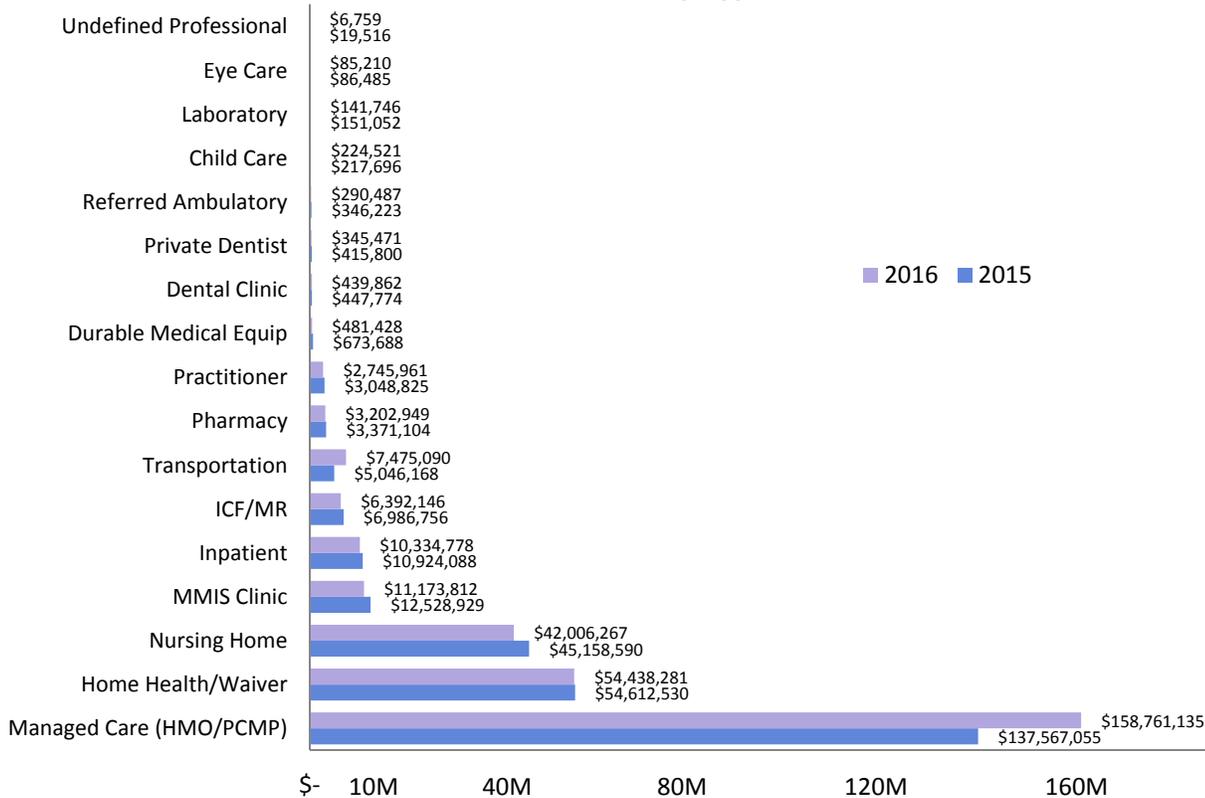
Overview

Generally, the medical plan for low-income American, Medicaid, is financed jointly at the federal (50%) and state (50%) levels. In New York State, however, responsibility for the State's 50% share is borne by both the State (25%) and county (25%) governments. New York is one of the few states in the nation that requires a local contribution. Because of the dramatically rising cost of Medicaid to local governments, New York State enacted a Medicaid cap effective January 1, 2006. This cap limits the growth of each county's Medicaid costs to no more than 3% per year. Chautauqua County is currently responsible for approximately 10% of the cost sharing.

Federal, State and Local Shares of Medicaid Claims



Medicaid Claims by Type 2015-2016



Medicaid Administration



The mission of the Chautauqua County Medical Assistance Division is to provide access to cost-effective medical services to all eligible persons in a professional manner through the use of enrolled healthcare providers. The Department of Health and Human Services staff provides application assistance, case management and other duties related to the administration of the Medicaid Program.

The NYS Department of Health began the takeover of Administration of the Medicaid program in 2011. Also occurring simultaneously is the implementation of the Affordable Care Act which includes an increase in the income level for Medicaid eligibility to 138% of the federal poverty level.

In addition to the increase in income levels, the New York State of Health Marketplace was opened in October of 2013. It has been a slow transition and we keep getting moved back for the takeover of the renewals and at present are slated to go in March of 2018.

Community Medicaid

Cases <i>Measured by case, not individual</i>	2015	2016
Medicaid	16,735	14,556
Medicaid Social Security Income (SSI)	5,116	5,179

Applications <i>combined</i>	2015	2016
Received	6,940	6,096
Approved	5,492	4,813



Cost Avoidance Unit (CAU)

Cost Avoidance Unit Staff

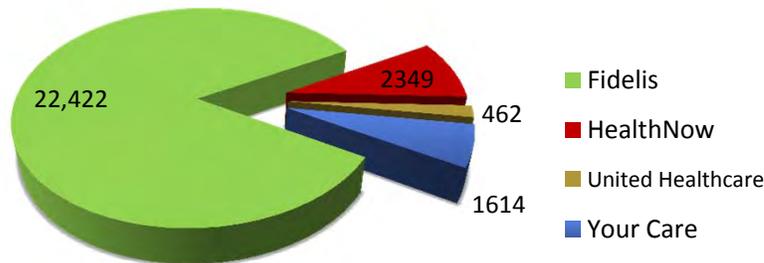


- o **Managed Care Enrollment (individuals)**

Chautauqua County Social Services is a Mandatory Medicaid Managed Care County. In 2010 Governor Cuomo signed Executive Order #5 which created the Medicaid Redesign Team (MRT) in January 2011. The MRT is aimed at redesigning New York's outsized Medicaid program. One overarching theme of the redesign team proposals is to move all Medicaid recipients from Fee for Service reimbursement to Managed Care. If recipients do not select a managed care plan, the State assigns one for the recipient. Each mandatory Social Service District is to maintain a minimum 20% auto-assign rate. Due to successful education and outreach efforts by the Medical Services staff, we remained well below the 20% auto assignment rate.

Plan	2015	2016
Fidelis (NYS Catholic Health Plan)	22,487	22,422
HealthNow (BCBS)	2,830	2,349
United Healthcare	467	462
Your Care	1,581	1,614
TOTAL Enrollment	27,365	26,847

2016 Mainstream MC Enrollment



- o **Third Party Resources (TPHI)**

In an effort to save Medicaid dollars, clients are encouraged to utilize TPHI. For those applicants eligible for Medicaid that have TPHI, the Cost Avoidance Unit will verify the policy and load into the eMedNY system to block Medicaid from being billed first. Applicants can also apply to have their TPHI premiums reimbursed; so for those that have insurance available to them, this is an incentive to pick up that insurance rather than be enrolled in Managed Care, when found cost effective. CAU staff verifies and loads the TPHI, then processes the reimbursements of health insurance and Medicare premiums.

	2015	2016
Care at Home waiver enrollments	9	10

Long Term Care Unit

The Long Term Care unit consists of Skilled Nursing Facility (nursing home) and Assisted Living cases. The Assisted Living cases are considered community cases as they come and go from the Assisted Living Facilities. The Skilled Nursing Facility cases can be budgeted with spousal Medicaid to help keep the community spouse in their home and not losing income. There is a five year look back for Skilled Nursing Facility cases and they can join a Managed Long Term Care Plan (MLTC). Currently Assisted Living cannot join MLTC but will be able to in the future at some point.



Applications	2015	2016
Skilled Nursing Facilities	474	525
Assisted Living Programs	401	367
TOTALS	875	892

Cases	2015	2016
Skilled Nursing Facilities	1358	1315
Assisted Living Programs	324	364
TOTALS	1682	1679

- o **Managed Long Term Care**

Chautauqua County Social Services is a Mandatory Medicaid Managed Care County. In 2010 Governor Cuomo signed Executive Order #5 which created the Medicaid Redesign Team (MRT) in January 2011. The next phase was NY State's Medicaid Redesign Initiative (MRT#90) to which is to transition Dual Eligible individuals, age 21 and over, requiring more than 120 days of community based long term care services (CBLTCS) to Managed Long Term Care Plans (MLTCP). CBLTCS are defined as: Home Health Care, Personal Care Services, Adult Day Health Care, Consumer Directed Personal Assistance Program, and Private Duty Nursing. This went into effect in Chautauqua County July 1, 2015.

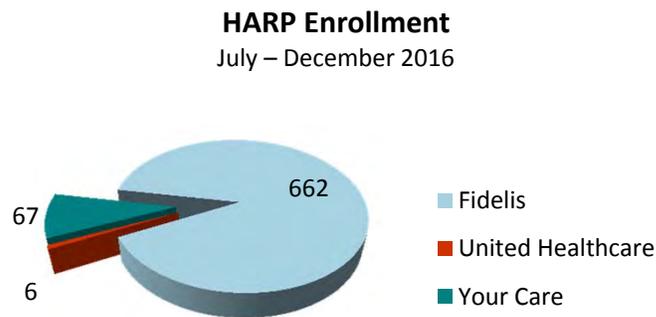
Managed Long Term Care Enrollment	2015	2016
Fidelis Care at Home	66	137
Kalos	3	102
VNA Homecare Options	71	133
Total Senior Care (PACE)		0
Total Enrollment	140	372

Other Medicaid Services

- **Health and Recovery Plans (HARP)**

Introduced in July 2016, HARP is a managed care product that manages physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs (mental health or substance use).

HARPS must be qualified by NYS and must have specialized expertise, tools and protocols that are not part of most medical plans.



- **Disability Review**

Medicaid Aid to Disabled is a special program to maximize federal reimbursement through the use of the Aid to Disabled category in Medicaid that assists the NYS Department of Health in demonstrating cost neutrality for the 1115 Managed Care Waiver.

	2015	2016
Cases reviewed for Aid to Disabled Category	37	38
Cases eligible for Aid to Disabled Category	29	35

Other Medicaid Services *continued*

o Medicaid Fair Hearings

A Fair Hearing is the process applicants and recipients have to review Agency decisions made on their application for Assistance Programs. The Fair Hearing Specialist is responsible to represent the Agency in this administrative process.

	2015	2016
Heard	17	5
Affirmed	14	4
Reversed	2	1
Decision correct when made (<i>new information provided</i>)	1	0
Withdrawn	28	36
Default	49	54
Total Medicaid Hearings	94	95

o PARIS Match

PARIS Match is a Public Assistance Reporting Information System (PARIS) to locate individuals who are in receipt of public assistance benefits in other states and may be ineligible to receive cash and/or SNAP (Supplemental Nutrition Assistance Program) benefits in NYS. A federal agency known as the Defense and Manpower Data Collection Department compare lists. When duplicate matches are found local offices are notified. Our local Program Integrity Unit and Cost Avoidance Unit work together to dis-enroll and recover Managed Care capitation fees.

Money Recovered from PARIS Match

2015	2016
\$125,316	\$87,668

CASA Services

The CASA (Community Alternative Systems Agency) Unit monitors service provision in Personal Care Services, nursing home and other long term care programs. This includes informing patients of their rights, and insuring appropriateness of care and level of care requested.

CASA is the central access point for the consumers of long term care, from home care to nursing home. CASA helps families, regardless of age or payer source, to navigate their way through the myriad of long term care options available in Chautauqua County. We are partners with Office for The Aging for NY Connects.

The Long Term Home Health Care Program was closed in May of 2016 by the State as the clients were enrolled into MLTC plans which covered the services they received under the program that closed. We are going to be adding waived services into state plan services under the Community First Choice Options effective April 1, 2018. This will require the county to contract with the waived services and it will be billed through the MMIS system as FFS ma services are billed currently. MLTC plans will be implementing this at the same time.



End-of-Year Caseload Report	2015	2016
Traditional Personal Care I & II	125	92
Managed Care - Personal Care I & II	6	7
Shared Aide I & II	21	13
Consumer Directed	14	22
UAS Waiver TBI/Nursing Home Transition Diversion Waiver	12	8
Care at Home (CAH)	9	11
Private Duty Nursing (LPN)	13	9
Long Term Home Health Care Program (LTHHCP)	16	0
Drug Restriction (DUR)	6	7
Personal Care Aides	2015	2016
Level 1 (housekeeping)		
Hours Authorized	11,358	11,507
Money Paid Out	\$948,406	\$360,130
Level 2 (housekeeping, bathing, dressing, etc.)		
Hours Authorized	49,748	16,845
Money Paid Out	\$210,989	\$218,689

*Clients hours go un-serviced when personal care aides are not available.
There is currently a shortage of personal care aides in our area for this type of service.*

Adult, Children and Family Services



Adult Protective Services

Adult Protective Services (APS) provides protective services for clients over 18 years of age who are unable to act on their own behalf due to mental or physical impairment while respecting a client’s right to self-determination. Preventive services are also available.

	2015	2016
APS referrals received	488	511
Assigned referrals for assessment	322	388
Guardianship petitions filed	3	1
DHHS Commissioner appointed Guardian	3	1
DHHS Commissioner served as Guardian	15	13

APS Intake	2015	2016
Adult Abuse	170	181
Self-Neglect	125	94
Mental Health	280	237
Guardianships	15	13
Financial Exploitation	89	99



Adult Protective Services Staff

Child Protective Services (CPS)

Receives and investigates reports from the State Central Registry (SCR) concerning the abuse or maltreatment of children. CPS also strives to help families provide for the future safety of children by direct service and referrals.

CPS Standards of Practice:

The role of CPS is to investigate allegations of maltreatment reported to The State Central Registry and to offer rehabilitative services to families as needed, to build on parents' strengths and protective factors to reduce risk of maltreatment in the future. CPS uses a trauma-informed approach to working with families and solution-focused skills to engage families as they focus on the safety of children.



Child Protective Services experienced a 9% increase in the number of SCR reports received in 2016 from the number received in 2015. See the two-year comparison below:

SCR Reports	2015	%	2016	%
New Reports	1,907		2,079	
Subsequent Reports	393	20.61%	389	18.71%
Consolidated Reports	473	24.80%	539	25.93%
Investigations				
Reports Resulting in Investigations	2,300		2,468	
Determined	1,998		2,104	
Indicated	632	31.63%	589	27.99%
Unfounded	1,366	68.37%	1,515	72.01%

Definitions:

New Reports – also known as initial reports is are reports received from the State Central Register (SCR) on a family that we are not currently working with.

Subsequent Reports – reports received from the SCR on families we are currently working with.

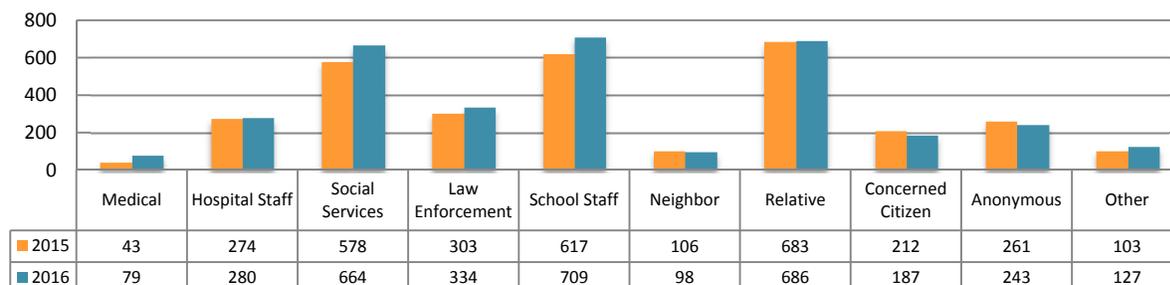
Consolidated Reports –are subsequent reports that are consolidated into the initial (new) report. Subsequent reports require a separate investigation of the same family whereas consolidated reports do not. Consolidated reports required the allegations in the report be addressed, however forms and reports associated with the initial report do not need redone. While we strive to consolidate as many subsequent reports as possible special circumstances do not allow us to consolidate all.

Indicated Reports – reports where upon investigation the department has determined there is some credible evidence (Legal Standard of Proof) to support the allegations of abuse or maltreatment.

Unfounded Reports – reports where upon investigation the department has determined there is no credible evidence to support the allegations of abuse or maltreatment.



Number of SCR Reports called in by Source



Preventive Services

Preventive Services provides in-home supportive and rehabilitative services that are trauma-informed, solution-focused, child-centered, family-focused and strength based. This guidance to at-risk families is intended to prevent out of home placement of children, enable a child in care to return to his/her family at an earlier time, and to reduce the likelihood that a child will return to foster care once discharged. Creative and individualized family goals will promote safety and self-sufficiency, build on parental protective factors and skills, enhance family dynamics, preserve the family, and envelope the family with a community support system.

Our preventive casework staff use critical thinking skills, case conferences that support group decision-making and motivational interviewing. A thorough assessment of contributing factors and underlying conditions will be used to build a service plan with the family. The family is seen as the experts on their own lives and a partner in the planning process.



**Melissa Emke-Gehling,
Preventive & Foster Care
Services Supervisor**

	2015	2016
Families Served	235	211
Children Served	480	427

Foster Care Services

Foster Care services in Chautauqua County provide out-of-home care for children in the custody of the Commissioner of Social Services. Foster care plays an important role in providing temporary, safe and nurturing homes to children when their parents are unable to care for them. Children are placed in foster homes in situations where they have been removed from their own families due to abuse, neglect or other family problems that endanger their safety. The children may range from infancy through 18 years of age and may have special medical, physical or emotional needs; the children may belong to any ethnicity or race and be part of a group of brothers and sisters who need to be placed together.

The following is a 2-year comparison of key activities regarding children who have been placed in foster care:

	2015	2016
Children Placed – all levels of care	109	77
Children Discharged – all levels of care	101	90
Children freed for adoption	31	26
Children freed with no home identified	6	6
Adoption Finalized	21	25
Children in foster homes (12/31)	99	80
Children in institutions (12/31)	18	17
Children in group homes (12/31)	3	0
Children in all levels of care	118	105

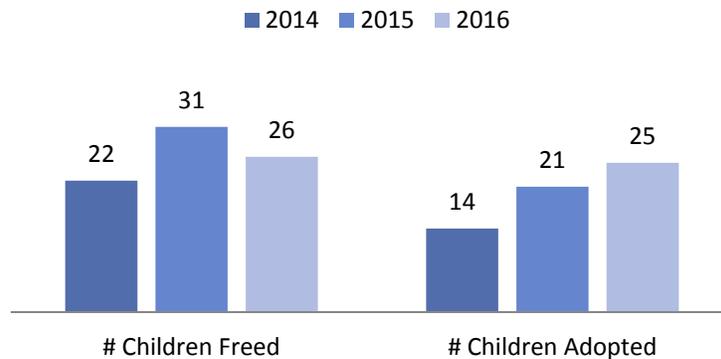
Adoptive and Foster Home Finding

Our Home Finding & Adoption Teams work diligently at recruiting new foster parents, equipping our foster parents with the tools they need to succeed and finding forever homes for children in Chautauqua County.



Certified Foster Homes	2015	2016
South County (<i>Jamestown & surrounding area</i>)	31	35
North County (<i>Dunkirk/Fredonia & surrounding area</i>)	24	16
Central County (<i>Rural areas including Westfield, Cassadaga, Sherman, Ripley, Panama</i>)	12	13
Out of County	11	11
Totals	78	75

Children Freed / Adopted



Juvenile Services and Independent Living Teams

Provides preventive services and foster care for children and their families where a child is having behavioral or emotional problems and a child service need may also exist.

Juvenile Services Team (JST) is a collaboration between DHHS staff and the Office of Probation. While there are some placements out of the home, the focus of the team is preventive. PINS diversion services, DHHS preventive services, and CPS assessment and response all work toward preventing out of home placement for children/adolescents while developing the parental protection factors and strengths to reduce the family stressors and also address child service needs.

	2015	2016
Person in Need of Supervision (PINS)	59	108
Juvenile Delinquents	139	133
Totals	198	241

Juveniles in Office of Children and Family Services (OCFS) Care and Custody	2015	2016
Number of Juveniles Served	10	18
Care Days	1433	3875
Dollars	\$714,349	\$1,933,973
Average Length of Stay	143	210



Collaborative Programs

Chautauqua County Department of Health and Human Services partners with many organizations throughout the county to enrich the lives of our residence and provide much needed services. Below are a list of a few of the programs that we sponsor regarding youth.

Transition to Independence Process Model (TIP)

The TIP program involves youth and young adults (ages 14-29) in a process that facilitates their movement towards greater self-sufficiency and successful achievement of their goals by empowering youth voice.



Samantha Muntz case worker with the Chautauqua County Health and Human Services Department and Arrick Davis a Community School Coordinator with Jamestown Public Schools meet with Marc Fagan to become train the Trainers in the TIP model funded through the Tapestry grant.

Supervision and Treatment Services for Juveniles Program (STSJP)

The Community School Coordinator position is funded through the STSJP and Jamestown Public Schools in partnership with The Chautauqua Center. This position assists with community and school engagement for students and their families, coordination of services and communication with juvenile justice system/child welfare. Outcomes measured are increase in school attendance, increase in grade average, avoidance of out of home placement and decrease in legal/behavior activity.

Arrick Davis Community School Coordinator with Jamestown Public Schools and Tom Langworthy Principal of the Tech Academy at Jamestown High School.



Safe Harbour- Commercially Sexually Exploited Youth/Sex trafficking

Commercial sexual exploitation of children occurs when individuals buy, trade, or sell sexual acts with a child. Sex trafficking is “the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act.” Children who are involved in the commercial sex industry are viewed as victims of severe forms of trafficking in persons, which is sex trafficking “in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.” A commercial sex act is “any sex act on account of which anything of value is given to or received by any person.”

Victims of Trafficking and Violence Protection Act of 2000 [United States of America]. Public Law 106-386 [H.R. 3244]. 28 October 2000. Section 103(9).

Collaborative Programs *continued*

Non-Residential Services for Victims of Domestic Violence

Under contract with the Chautauqua County Department of Health and Human Services, the Salvation Army Anew Center provides a countywide non-residential domestic violence/rape crisis program. The non-residential component of the program offers a variety of services including: 24 hour hotline, case management, legal, medical and personal advocacy, transportation to court and other appointments, crisis intervention, children's program, prevention education, counseling, and support groups. Case management services include providing supportive counseling to victims of violence. Domestic violence and rape/sexual assault commonly contributes to a person's low self-esteem, anger issues, denial or minimization of abuse, financial difficulties, drug and alcohol dependency, and a variety of other problems. Therefore, services are provided to help victims become educated on the dynamics and effects of violence, navigate systems, and provide case specific interventions and goal planning. Individual supportive counseling and attendance at weekly support groups is ongoing during the recovery process. Through identification of strengths and weaknesses, awareness and education, and supportive counseling, victims have greater success in achieving self-sufficiency, ending the cycle of abuse, and recovering from traumatic events.

YWCA Supervised Visitation Program

The YWCA supervised visitation program provides a safe, neutral environment for a child(ren) to have a relationship with parents and is often used for high conflict situations.



YWCA Supervised Visitation Team

GA Accountability Program

The Accountability and Responsibility Program works with at-risk teenagers in Chautauqua County to provide support and opportunities in the community they might not get to experience otherwise. For more information on The Accountability & Responsibility Program please call 716-708-6161.

Youth Bureau

The role of the Youth Bureau is to actively work in collaboration with other government entities, public and private funding agencies, service providers, and other segments of the community to develop a framework from which an effective integrated planning process can be operated. This process ensures that the most needed youth services can be operated.

To ensure that funded youth programs achieve outcomes, all funded agencies are required to report how they will measure performance outcomes and submit yearly Measurable Outcomes. We continue to develop collaborations among local youth serving agencies toward improving the well-being of youth in Chautauqua County.

Our target population is at risk and underprivileged youth but we strive to serve all youth within Chautauqua County.

2015 Programs Funded

Program	# Youth Served	2016 Allocation
Youth Development – Year Round Programming Partner with Striders, Salvation Army, YMCA, YWCA, Child Advocacy Center and more to host mentoring, tutoring, counseling, recreation, safety and more.	5,430	\$130,274
Youth Development – Summer Programming Local City and Town Summer Recreation Programs	1,446	\$25,000
Runaway and Homeless Youth Act	58	\$68,097
Safe Harbour – Commercially Sexually Exploited Youth/Sex Trafficking	468	\$35,000
Totals	7,402	\$258,371



Above: Chautauqua County Youth Board
Right: Youth Bureau Intern Mikayla Brock



Legal Division



Legal Unit

The function of the Legal Unit is to represent the Department effectively in court and administrative hearings, and to advise and furnish legal services in support of the Department's programs. The Legal Unit is responsible for prosecuting in Family Court all cases involving child abuse, child neglect, termination of parental rights, paternity, child support child and all associated appeals. The Legal Unit also represents the Department during Fair Hearings involving reports from the State Central Registry. The Legal Unit also handles Adult Protective Services that may seek court orders for entry into a home, short term intervention orders and establishment of financial and/or personal guardianship for incapacitated adults. The Unit seeks to recover local, state and federal tax dollars through claims on real property, claims against personal injury settlements and verdicts, claims in estates, and claims against any other source of funds obtained by someone who is or has received public assistance benefits.

Caseload	2015	2016
Child Abuse/Neglect – New Children Receiving Protection	166	116
Foster Children Having Legal Proceedings Commenced to Free for Adoption	14	15
Protective Services for Adults-Guardianships	11	2

Recoveries	2015	2016
Medicaid Nursing Home Care	\$292,437	\$207,690
Casualty Recoveries	\$16,773	\$5,000
TA Recovery Liens	\$6,952	\$1560
TOTALS	\$316,161	\$214,250

Child Support Enforcement Unit

The Child Support Enforcement Unit (CSEU) is responsible for establishing the paternity of children born out of wedlock through signed Paternity Acknowledgements or through filing of Paternity Petitions in Family Court. The CSEU is responsible for commencing the court process to establish Orders of child support and enforce the child support Orders against legally responsible relatives, on behalf of public assistance applicants/recipients, as well as non-applicant/recipient individuals who make an application for Child Support Services. The CSEU also has a responsibility to secure a court Order for Third Party Insurance on behalf of all children in receipt of Public Assistance and Medicaid only benefits. Additionally, the CSEU has primary responsibility to collect, monitor, distribute and enforce all support as ordered and made payable through it by any court of competent jurisdiction to petitioners within Chautauqua County and throughout the United States.

Child Support Collections	2015	2016
Temporary Assistance	\$1,726,747.11	\$1,678,126.84
Medical	668,107.80	629,203.32
Total Retained Social Services Collections	2,394,854.91	2,307,330.16
Total General Public Collections	11,407,598.48	11,422,742.52
Total Collections	\$13,802,453.39	\$13,730,072.68

Petitions Filed	2015	2016
Paternity	118	127
Support	500	530
Enforcement	1,494	1,663
Reciprocal	137	130
TOTAL	2,249	2,450

Child Support Enforcement Unit Staff



Child Support Enforcement Unit *continued*

Case Management Performance	2015	2016
Paternity Establishment <i>(cases with paternity established / cases)</i>	97.31%	97.46%
Support Establishment <i>(cases with Support Orders established / cases)</i>	91.12%	91.78%
Cases with Current Collections <i>(Amount Collected /Amount of Current Support Due)</i>	76.03%	69.45%
Cases with Arrears Collections <i>(cases with Collection on Arrears / cases)</i>	41.12%	40.63%
Medical Support <i>(cases with Medical Support established)</i>	65.01%	60.80%
Case Load	12,656	12,970

Program Integrity Unit (Fraud and Recovery Unit)

The Program Integrity Unit investigates complaints received on applicants and recipients of benefits including public assistance, SNAP, HEAP, Medicaid and Child Care as well as complaints regarding vendors. Furthermore, due to fraud, error on the recipient’s part or agency error, the Department is entitled to seek recovery for overpayment of benefits. The PIU also establishes and monitors the payment of over-issued benefits.

	2015	2015 Costs Avoided	2016	2016 Costs Avoided
FEDS (Front End Detection System) Number of applications detecting fraud at application	507	\$4,907,850	374	\$3,835,314
PARIS (Public Assistance Reporting Information System) Detecting out of state residency and duplicate benefits	64	\$328,848	44	\$194,796
VED (Verified Employment Data) Detecting unreported income on TANF adult cases	9	\$31,260	16	\$67,386
Prison Computer Match	10	\$46,584	10	\$16,800
IPV (Intentional Program Violations) Disqualification sanctions for those found guilty	36	\$47,424	71	\$136,980



Program Integrity Unit Staff

PUBLIC HEALTH DIVISION



Prevention and wellness are essential components to good health and a high quality of life. The Chautauqua County Department of Health and Human Services is dedicated to improving the health and quality of life for individuals, families, and communities. Good health comes not just from receiving quality medical care, but also from making good choices, clean air and water, safe outdoor spaces for physical activity, safe worksites, healthy foods, violence free environments, and healthy homes.

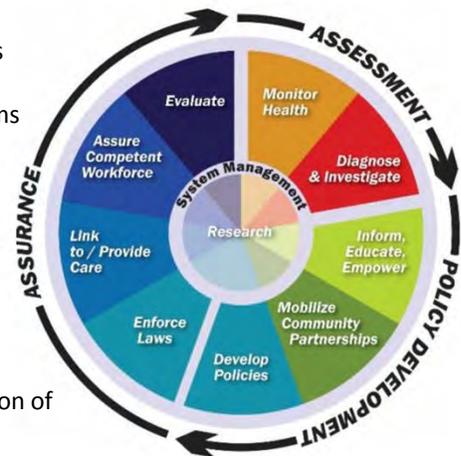
Purposes and Practices of Public Health

To prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors and mental health, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services.

10 Essential Public Health Services:

The 10 Essential Public Health Services describe the public health activities that all communities should undertake:

1. Monitor health status to identify and solve 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 and action 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 competent public and personal health care 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



Information obtained in part by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention.



Christine Schuyler, Director of Health and Human Services (second from right) with Health Management Staff
 From Left: Bree Agett, Epidemiology Manager; Robert Berke, M.D., County Physician; Denise Nichols, Supervisor Children with Special Health Care Needs; Mark Stow, Director of Environmental Health; and Wendy Douglas, Director of Patient Services

Board of Health



As the overseer of Sanitary Code of Chautauqua County, the nine member Board of Health is a vital force in preventing disease, promoting health and promulgating public health policy. The group represents a broad range of public health related disciplines. Over the years, the Board has enacted countless measures to improve the wellbeing of Chautauqua County residents and visitors.

2016 Chautauqua County Board of Health Members:

John Tallett, MD (President); Thomas Erlandson (Vice President); Robert Berke, MD; William Geary, MD, PhD; Roland Hewes, DVM; Lillian Ney, MD; Susan Sosinski; Mark Tarbrake; Marcia Merrins

Public Health Grants



In order to fulfill its mission and augment services to the residents of Chautauqua County, the department applies for and receives a variety of grants. These grants are not a part of the department's operating budget. Instead, the funding for these grants is provided by New York State and/or the Federal Government.

Grant	2015	2016
Great Lakes Restoration Initiative	\$21,725	-
Integrated Cancer Services	\$188,092	\$198,081
Maternal and Infant Health Initiative	\$329,347	\$322,207
Immunization Action Plain (IAP)	\$61,519	\$70,922
Public Health Emergency Preparedness	\$50,596	\$49,473
Family Planning	\$519,143	\$428,994
Rabies	\$14,324	\$16,280
WIC	\$602,192	-
Adolescent Tobacco Use Prevention Act (ATUPA)	\$33,880	\$33,256
DEC Enhanced Drinking Water	\$146,780	\$145,102
Bathing Beach Water Quality	\$8,090	\$9,305
CDBG Well & Waste Water	\$114,609	\$100,677
Childhood Lead Poisoning Primary Prevention	\$291,688	\$270,335
Lead Poisoning Prevention (Screening)	\$58,995	\$67,651
HUD Lead Hazard Reduction Demo Grant	-	\$225,238
TOTAL GRANTS	\$2,440,980	\$1,937,521

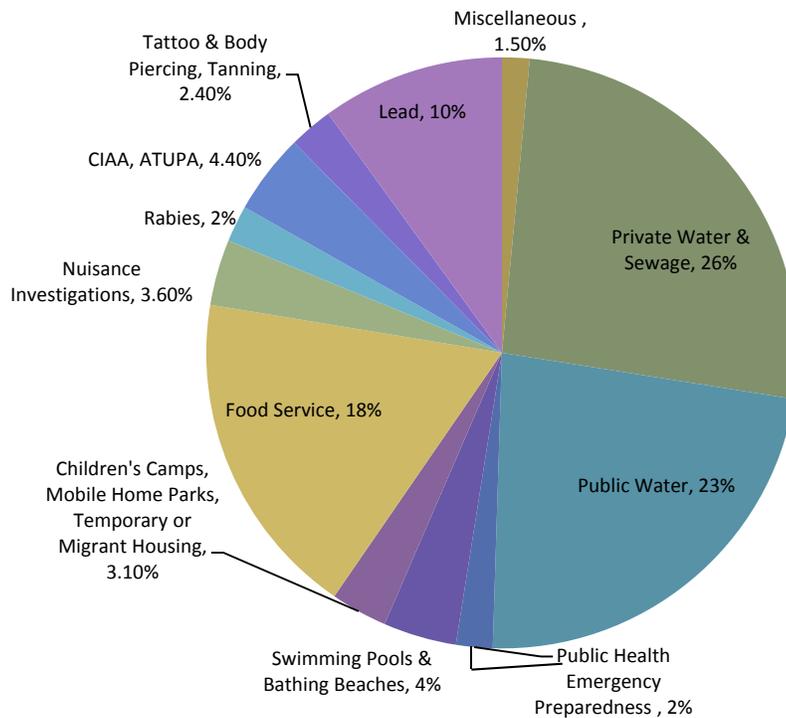
Environmental Health Services Division



The Environmental Health Division ensures the residents of Chautauqua County a healthful environment through its various programs of inspections, surveillance, and enforcement. Its focus is to prevent disease by responding to emergencies and nuisance complaints, monitoring public water supplies, assisting homeowners with private water and sewage systems, inspecting food service establishments and recreational facilities, and inspecting homes for lead hazards, while preserving a safe and healthy environment for all County residents and visitors.

The following chart reflects the distribution of manpower attributed to the various programs implemented by the Division of Environmental Health Services.

Environmental Health Unit Staff Time, 2016

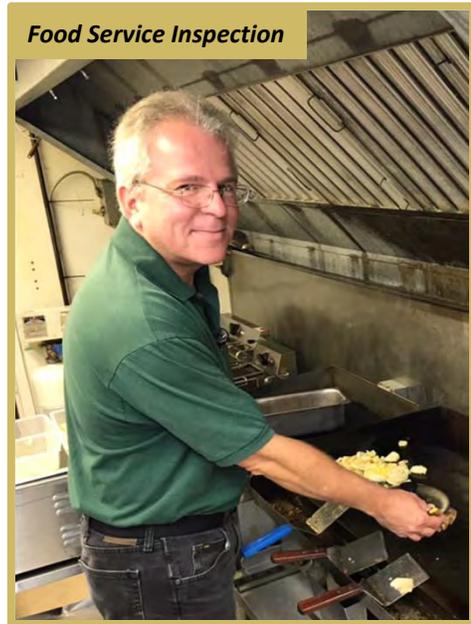


Food Service Establishment Permitting and Inspections

The CCDHHS Environmental Health unit performs regular inspections of permanent, temporary, and mobile food service establishments. Food service establishments are classified as low, medium or high risk. Bar-only operations are classified as low risk and are inspected every two years. Medium-risk restaurants are inspected once per year. These restaurants are commonly referred to as "cook and serve" where foods are prepared for immediate consumption.

High-risk food service establishments prepare foods in advance and then cool the food item to be reheated when served to the customer. The objective is to limit the amount of time that foods are held in the "danger zone." The danger zone is the temperature range from 41 degrees to 135 degrees Fahrenheit where pathogenic bacteria can begin to replicate into dangerous numbers capable of causing illness. High-risk restaurants must be inspected either two times per year or undergo one inspection and one Hazard Analysis and Critical Control Points (HACCP). During the HACCP process, one potentially hazardous food item is tracked from the point of delivery until it is served to the customer. This process identifies critical points in the process during which food preparers can stop the transmission of foodborne illness.

In the event of a complaint, restaurants are inspected within seven days of the logged complaint. During inspections, sanitarians check to see that service workers are handling food properly, that foods are kept at the proper temperature and are being stored properly. They also ensure that the restaurant environment meets the requirements of the Chautauqua County Sanitary Code which includes the regulations of the New York State Sanitary Code.



	2015	2016
Food Service Establishment Inspections	666	660
Hazard Analysis Critical Control Points	43	41
Red Critical Violations	276	232
Temporary Food Service Establishment Inspections	153	164
Red Critical Violations	27	19

Food Handler Safety Training

The Sanitary Code of the Chautauqua County Health District was amended in May of 2009 to include requirements for food handler training in permitted medium and high-risk food service establishments. The impetus for the requirement was the number of red critical health violations cited in food service establishments and the investigation of outbreaks of illnesses caused by infected food handlers or foods improperly held after being prepared. The goal of the program is to empower and educate owners, operators and food handlers so that foodborne illness is prevented.

The food handler training program was developed by a public health sanitarian who is a Registered Trainer with the National Environmental Health Association (NEHA). The course uses a Chautauqua County Food Safety Manual in a 3-hour class. Upon completion, food service workers receive a certificate valid for 5 years. Overall, a reduction in red critical violations has been observed since the program's inception. Red critical violations made by food handlers are those that directly relate to factors which lead to food borne illness.

Training Attendance

2015	2016
119	90

Tattoo & Body Piercing Establishment Licensing and Inspections

The Chautauqua County Sanitary Code requires annual licensing and inspection of Tattoo & Body Piercing establishments, including permanent cosmetic establishments. CCDHHS sanitarians look at the overall sanitation of the facilities to assure compliance with the County code requirements. The inspection criteria includes: operator certification in tattoo and body piercing procedures; procedures in place for dealing with blood borne pathogens; maintaining overall sanitation of work areas and equipment; maintaining proper operation of sterilization equipment; maintaining records of sterilizer tests and of patrons; having established written procedures for tattoo and body piercing aftercare, employee health, and equipment use. Additionally, complaints of violation of these Tattoo & Body Piercing establishments are received and investigated by the Environmental Health unit.

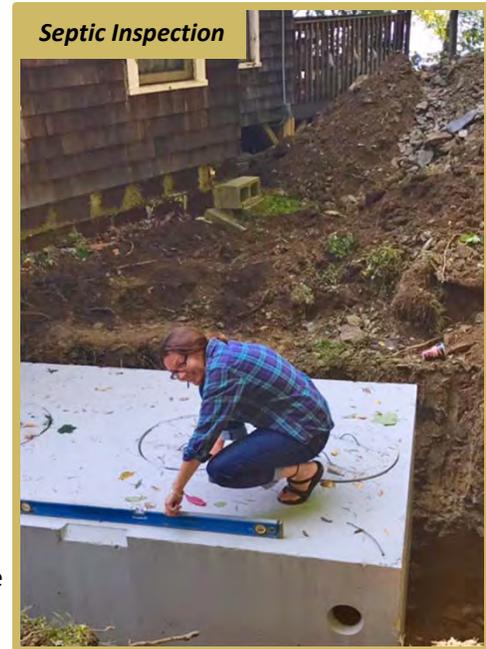
	2015	2016
Number of Establishments	11	11
Number of Artists	29	32

Private Sewage Permitting and Inspections

Due to the rural nature of Chautauqua County, many households lack access to community sewers and require individual household sewage disposal systems. A household sewage disposal system will serve a home satisfactorily only if it is properly located, designed, constructed and maintained.

The CCDHHS regulates the private sewage system program. Environmental Health staff members conduct onsite inspection, design approval, and inspection of final installation to ensure that the systems comply with standards outlined in Article IV of the Sanitary Code of the Chautauqua County Health District and New York State Code Part 75.

	2015	2016
Septic Permits Issued	260	283
Site Investigations	267	260



Water and Sewage Surveys

The CCDHHS conducts Water and Sewage Surveys (also known as Loan Surveys or Property/Realty Transfer Surveys) as a service to private homeowners. These surveys are often required by a lending agency before a loan will be approved to purchase a home. Sanitarians evaluate sewage system components to ensure that they are functioning in compliance with the Sanitary Code of the Chautauqua County Health District at the time of the inspection. In areas where public water service is not available, property owners must ensure that their water system meets the standards in Part 5 of the NYS Sanitary Code. A water sample must meet microbiological standards for potable water. Water system components are surveyed by sanitarians.

In the event that the survey determines water is not satisfactory for human consumption and/or sewage components are not functioning properly, the CCDHHS provides guidance to property owners in taking corrective actions. These may include: well disinfection, installing continuous water disinfection systems, and/or repairing or replacing a septic system or water well.

	2015	2016
Water and Sewage Surveys Conducted	536	617

Public Sewer Program

CCDHHS staff assists municipalities and other county departments in the formation and extension of sewer districts. In 2016, CCDHHS worked closely with Ripley to extend sewers, and with Mina to create a sewer district in Findley Lake. CCDHHS also serves on the Chautauqua Lake Sewer Agency whose goal is to extend sewers around Chautauqua Lake.

Mandatory Inspection Program

In 2016 Environmental Health Unit staff began implanting the Mandatory Inspection Program. The program targets properties within 250 feet of Chautauqua County lakefront that have onsite wastewater treatment systems that were installed greater than 30 years ago or without a permit from the Chautauqua County Environmental Health Unit. In addition to identifying properties that require inspection, staff developed a factsheet describing the Mandatory Inspection Program and why it was developed. The factsheet was distributed with letters notifying property owners of the required inspection. The factsheet was also available at the Chautauqua Lake Rally outreach event. Environmental Health Unit staff presented the topic of the Mandatory Inspection Program at the Greater Buffalo Environmental Conference as part of a group presentation on the push for improving Chautauqua Lake water quality through infrastructure improvements.

	2015	2016
Inspections Completed	n/a	7

Beaches

Ensuring public safety at bathing beaches requires regulating beach safety equipment and staff as well as monitoring water quality. Beaches are inspected annually by the Environmental Health Unit to determine if beach staff, safety equipment, and operation records are in compliance with permit requirements. The United States Environmental Protection Agency (USEPA) and NYSDOH prior day water criteria levels are used to predict whether beach water quality is satisfactory for recreational use. Beach water samples are collected and analyzed for indicator bacteria, *Escherichia coli* (*E. coli*), at the CCDHHS Water Lab. When beach samples are determined to be unsatisfactory the beach operator is notified and the beach is closed for swimming until a subsequent sample shows the water to be satisfactory.

All permitted beaches are sampled at least once weekly during their individual swim seasons, more often if unsatisfactory *E. coli* results require subsequent samples or special projects require more information.

Beach Water Samples Processed	2015	2016
Staff Collected	482	513
Citizen Collected	187	141



Harmful algal blooms (HABs) related to blue-green algae/cyanobacteria are typically observed on Chautauqua and Findley Lakes in late July – August. HABs have become increasingly common and persistent in recent years. The major public health risk associated with HABs is the possible release of toxins during bloom events. Currently there is little understanding as to why or when toxins are released during a bloom, consequently CCDHHS treats all HABs as though they may be releasing toxins.

When HABs become widespread in one or more lakes, press releases/alerts, including educational information about water safety and HABs, are sent to local media outlets in an effort to protect human and domestic pet health. Signs to alert the public of the potential danger are also posted at public access points of the affected areas. The Environmental Health Unit engages in educational outreach by hosting information tables at public events, including the Chautauqua Lake Rally in August 2016.

The Environmental Health Unit looks for signs of current or impending HABs during routine beach sampling in addition to responding to reported sightings at bathing beaches. If a HAB does develop at a bathing beach, the beach is immediately closed for swimming. Once the HAB dissipates and a water test shows that microcystin toxin levels are less than 10 ppb in the swim area, the beach is re-opened.

Tanning Facility Regulations

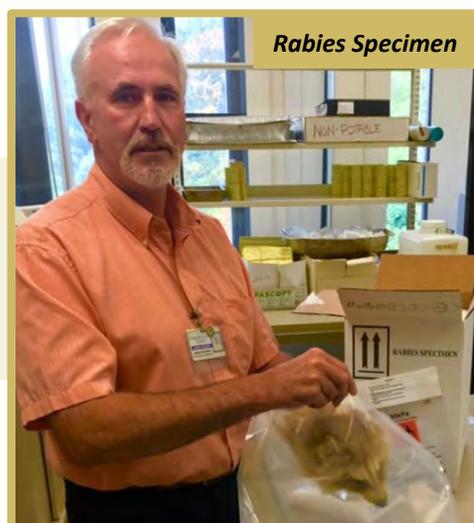
The Sanitary Code of Chautauqua County also calls for the permitting and regulating of tanning facilities in the County. The law establishes standards for safe operation and sanitary conditions of tanning facilities. The CCDHHS works with indoor tanning businesses to ensure compliance with state and local laws. 13 facilities held licenses in 2016.

	2015	2016
Tanning Facility Licenses	13	13

Rabies Control

The Environmental Health Division is charged with the prevention of human cases of rabies in Chautauqua County. This includes promoting pet rabies vaccinations, investigating all potential rabies exposures (animal bites & scratches) that are reported to the Department, and submission of certain animal specimens to the NYS Department of Health Wadsworth Laboratory for rabies testing. In accordance with NYS Public Health Law, any person with knowledge of an animal bite is required to report these to the Health Department for investigation.

	2015	2016
Rabies Clinics Held	14	16
Dogs, Cats and Ferrets Vaccinated	2,708	2,700
Post-Exposure Prophylaxis Authorization	26	25
Pre-Exposure Rabies Vaccine	3	7
Incident Reports/Investigations	406	397
Specimens Submitted for Testing	49	39
Animals Testing Positive for Rabies	2	1



Lead

Childhood Lead Poisoning Primary Prevention Program: In 2008 Chautauqua County became one of the grantees for the New York State Department of Health Childhood Lead Poisoning Primary Prevention Program. The State Department of Health identified the area of the 14701 zip code within the City Limits of Jamestown as an area with a significant concentration of children identified with elevated blood lead levels. This area was designated as an “area of high-risk” by the Chautauqua County Health Department for the purpose of implementing a program to prevent exposure to lead-based paint. With new statutory authority granted by the state, the Chautauqua County Health Department inspects poor condition apartments and homes (of children in Jamestown) for lead based paint, preventing lead poisoning.

	2015	2016
Homes Inspected	103	39
Received Treatment to Mitigate Lead Exposure	53	14

Lead Poisoning Prevention Program: The Chautauqua County Lead Poisoning Prevention Program (CCLPPP) works throughout the county to reduce the incidence of childhood lead poisoning and associated health consequences. Lead poisoning prevention education, nurse case management, environmental investigation, lead hazard assessment, and abatement follow up activities are conducted in the lead program through a large collaborative County initiative. Monitoring of children with elevated blood lead levels is an important component.

	2015	2016
Child blood lead test performed	2,751	2,478
Children followed due to high blood levels	14	10

Once a child is identified as having an elevated blood lead level of ≥ 10 ug/dL, they are tracked to assure that appropriate follow-up services are provided. Follow-up services include confirmatory and follow-up blood lead testing; risk reduction education; nutritional counseling; diagnostic evaluation which includes a detailed lead exposure assessment, a nutritional assessment including iron status, and developmental screening; medical treatment, if necessary; environmental case management; and case management.



Lead Testing in School Drinking Water: CCDHHS water staff worked closely with all 18 public school districts in the County and BOCES to ensure their compliance with NYS’s Lead Testing in School Drinking Water law enacted in 2016. This law requires all public schools to collect samples from all water fixtures used for drinking or cooking, to immediately turn off fixtures that exceed the lead Action Level of 15 parts per billion, and to remediate those fixtures. Once results are received, schools are required to notify parents and staff of any exceedances. Samples that exceeded the Action Level and require remediation which is ongoing. Once remediation is complete, those fixtures will be resampled. This new law also requires schools to resample drinking water fixtures every 5 years beginning in 2020.

	2015	2016
Compliance Samples Received	n/a	4,186
Exceeded Lead Action Level	n/a	417

Water Supply Program

Public Water Supply Program: The CCDHHS water resources staff monitors public water supplies to ensure operators are providing safe drinking water to their customers, properly maintaining their water systems, and complying with NYS Sanitary Codes.

Water staff assisted in coordinating ongoing major municipal public water projects in Brocton, Cassadaga, Dunkirk, Frewsburg, Ripley, Sinclairville, and Westfield; along with ongoing work in the Jamestown BPU service area. The Department also coordinated transitioning the Forestville water system to the Town of Hanover during the dissolution of the Village. Department staff was also actively involved in the formation of the North Chautauqua County Water District and in numerous smaller drinking water projects across the County.

CCDHHS regulates 227 public water systems which utilize more than 340 sources (wells, reservoirs, Lake Erie and Chautauqua Lake). No illnesses associated with public water systems were reported in 2016. For compliance purposes, water staff conducted 59 sanitary surveys (i.e. inspections) at these public water systems. A total of 125 violations were issued to system operators, most of which were for failure to monitor water quality as required or failure to submit monthly reports on time. These violations resulted in CCDHHS taking 35 enforcement actions against public water supply operators.

Environmental Health staff also collected 316 surveillance water samples from public water supplies that were tested and analyzed for bacteria in the CCDHHS's water laboratory.

	2015	2016
Sanitary Surveys Completed	99	59
Violation Issued	150	125
Enforcement Actions Taken	61	35

Water Sample Testing



Private Water Supply Program: CCDHHS staff provided technical advice to 518 private water supply owners whose water required some type of treatment. Contamination of private water supplies by bacteria continues to be a problem, with 42% of all private well samples analyzed in the CCDHHS's water lab failing to meet drinking water standards and requiring some sort of treatment and resampling.

To ensure the safety of private drinking water wells located in vicinity of the Ellery Landfill and the closed South Stockton Landfill, CCDHHS staff sampled 26 homes with private wells. These were tested for landfill indicators such as inorganic chemicals and metals; test results showed no impact on wells from the landfills.

	2015	2016
Technical Advice Provided	502	518
Percent of private well samples fail	43%	42%

Clean Indoor Air Act (CIAA)

To assist in promoting health among County residents and to meet the NYSDOH mandate, Environmental Health helps to enforce the Clean Indoor Air Act (CIAA). The CIAA made smoking illegal at all worksites, including restaurants and bars in 2003. The CCDHHS's Environmental Health unit completes inspections at local establishments to ensure that this law is being upheld. Where establishments are found to be in violation of the law's stipulations, the owner or operator is notified. Formal enforcement is issued against the facility owner or operator by confirmed delivery of Notice of Violation within seven days.

There are currently 9 establishments with a waiver for the CIAA; no additional waivers will be granted. Most of these facilities have a separate enclosed smoking room with ventilation, which keeps second hand smoke away from employees and customers that remain outside of the smoking room. Designated smoking rooms are inspected by Environmental Health staff annually. Rooms that do not pass inspection are required to shut down.

Adolescent Tobacco Use Prevention Act (ATUPA)

The Environmental Health division is responsible for performing compliance checks mandated by the Adolescent Tobacco Use Prevention Act (ATUPA). In order to assess compliance of tobacco vendors in the County, the Environmental Health unit takes underage youth (ages 15, 16, or 17) without legal IDs to tobacco vendors where they attempt to purchase cigarettes. If vendors agree to sell tobacco to the youths, the violations are reported to the state. The Department is also responsible for verifying that all tobacco dealers and vendors are registered with the NYS Department of Taxation and Finance (DTF) to sell tobacco, post required signage, and display tobacco and herbal cigarettes behind the counter or in a locked container.

	2015	2016
Adult Compliance Checks	111	110
Minor Compliance Checks	157	126
Retailers Found in Violation	2	3
Fines Paid	\$700	\$1,600

Emergency Preparedness

Public health threats are always present whether cause by natural, accidental, or intentional means. These threats can lead to public health incidents. The goal of public health emergency preparedness is to be prepared to prevent, respond to, and rapidly recover from public health threats including infectious disease, natural disasters, biological, chemical, nuclear and radiological events. Through funding from the CDC our PHEP program seeks to build the capacity of our work force to respond to existing and emerging health threats. Specific duties include enhancing our capacity to respond to bioterrorist attacks, establishing communications programs, educating and training public health and health care professionals and the general public in emergency response and preparing to distribute vaccines, drugs and other protective measure or treatments in a timely fashion. Some of the tools we use include surveillance of laboratory testing, epidemiological investigations, information sharing, community preparedness, medical material management and distribution, volunteer management, non-pharmaceutical interventions, and Emergency public information and warnings.

Children with Special Health Care Needs



Through the Preschool Special Education Programs, and Children with Special Health Care Needs, the CCDHHS assists uninsured families in obtaining health insurance. Each family who enrolls in the program receives an informational packet containing literature about Medicaid, Child Health Plus, WIC, and other CCDHHS programs. Additionally, when working with families, service coordinators identify families who need insurance and refer them to the Human Services' Medicaid division to learn about their health care insurance coverage options.

Preschool Special Education Program

The Preschool Special Education program provides services for the three to five year-old population. Each school district in the County has a Committee on Preschool Special Education (CPSE) that is responsible for authorization of services. These committees consist of a CPSE chair, evaluators, special and traditional education teachers, a parent representative and the County's Municipal Representative. Services are provided by certified professionals in three Chautauque County center-based special education programs and in less restrictive settings including Head Start, regular nursery schools, and the home.

	2014-2015 School Year	2015-2016 School Year
Children Enrolled in Program	242	406
Children Received Center-Based Services	80	98
Children Received Related Services	162	308

Children with Special Health Care Needs

The Children with Special Health Care Needs program is for families of children ages birth to 21 who have, or may have, a serious health condition. The program gives information and referral services for families of children who need a health or related service beyond those normally needed by children. Conditions may be physical, behavioral, or emotional. From October 1, 2015 to September 30, 2016 there were 37 children and their families assisted through this program.

	10/14 to 9/15	10/15 to 9/16
Families Assisted	17	37

Early Intervention Program



The Early Intervention (EI) program serves children from birth up to the age of three years who have been diagnosed with, or are at high risk for, a developmental delay. Each municipality is responsible for ensuring that the EI services contained in an Individualized Family Services Plans (IFSP) are provided to eligible children and their families who reside in the County. The Public Health Director serves as Chautauqua County's EI Official and is responsible for the administration of the EI Program. Services are provided to eligible children by CCDHHS staff, as well as NYSDOH-approved EI providers, and include service coordination, assistive technology service, audiology, family training, counseling, parent support groups, occupational therapy, physical therapy, speech therapy, vision services, special education, nursing, medical services for diagnostic or evaluation purposes, nutrition, psychological services, health services and transportation and related costs. Services are provided in a variety of settings which include the home, baby sitter, day care and center-based programs.

	10/14 to 9/15	10/15 to 9/16
New Referrals	328	409
Referrals Qualifying for EI Services	167	201
Referrals for At Risk Children	155	146
EI Program Children Participants	641	775

EI program children participants were followed with developmental screenings, and the families were provided with developmental skill literature on an ongoing basis. During this time frame, Early Intervention also continued to provide services to children with active IFSPs, who were referred in previous years, but still remained eligible for the services due to need and age.

Early Intervention Staff



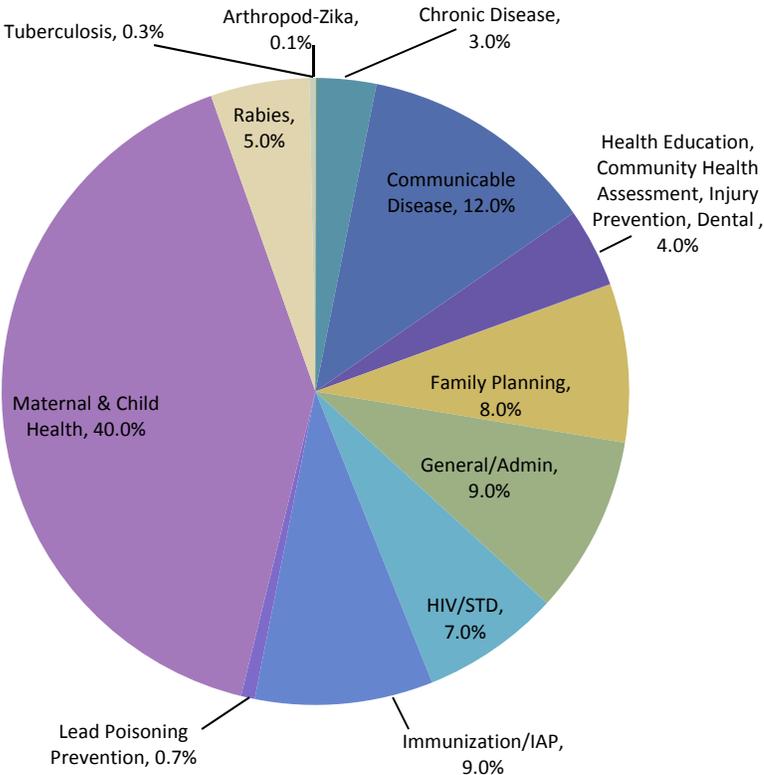
Community Health



The Community Health Division consists of a medical staff, public health nurses, and ancillary staff who provide community health services within clinic and community settings. The Chautauqua County Health Department (CCHD) is a NYSDOH licensed Title 10, Article 28 Diagnostic and Treatment Center and Article 36 Licensed Home Care Services Agency. As a Local Health Department, other core services are provided outside of the scope of the licensed operations.

The following chart reflects the distribution of staff time and effort attributed to the various disease control and family health programs implemented by the Community Health Division.

Nursing Unit Staff Time 2016



Communicable Disease Control

Communicable Diseases are infections which can be transmitted from one individual to another, directly or indirectly. Control of these diseases is one of the main functions of a public health department. New York State requires over 70 diseases be reported to the local health department, requiring staff to investigate and provide education to prevent further spread of illness and to contact exposed individuals if treatment or monitoring for symptoms is needed.

Public health surveillance helps to detect outbreaks and enable prompt public health intervention. Electronic Syndrome Surveillance is accessed by CD nurses each day to identify trends from our four county hospitals; if trends are found, there is further investigation. Many hours are dedicated to this program to maintain the community's health. The following are some of the diseases which were investigated in 2016. Rates listed are per 100,000 using 2010 population estimates (134,905 total residents) from the US Census.

Disease Name	Freq	Rate	Disease Name	Freq	Rate
Campylobacteriosis **	16	12.1	Meningococcal	0	0
Cryptosporidiosis **	10	7.6	Meningitis, Unknown	0	0
<i>E. coli</i> 0:157	3	2.3	Pertussis **	4	3.0
EHEC, Serogroup Non-0157	4	3	Salmonellosis	30	22.7
Encephalitis, other	1	.08	Shigellosis	0	0
Giardiasis	13	9.8	Streptococcal Group A Invasive	6	4.5
Haemophilus Influenzae Invasive Disease (type B)	0	0	Streptococcal Group B Invasive	8	6.1
Haemophilus Influenzae Invasive Disease (not B)	3	2.3	Strep, Group B Invasive, Early/Late Onset	1	.08
Hemolytic Uremic syndr	0	0	Streptococcal Pneumoniae, Invasive	11	8.3
Hepatitis A	1	0.8			
Hepatitis B, acute	0	0	Toxic Shock Syndrome, Staphylococcal	0	0
Hepatitis B, chronic	1	0.8	Tuberculosis	0	0
Hepatitis C, acute	3	2.3	Vancomycin Intermediate <i>Staphylococcus aureus</i>	0	0
			VIBRIO -non 01 Cholera	1	0.8
Hepatitis C, chronic	88	66.6	Yersiniosis	0	0
Herpes, Infants=<60 Days	0	0	Syphilis, Total	4	3.0
Influenza A, Lab confirmed	344	260.5	Syphilis, Late Latent	0	0
Influenza B, Lab confirmed	53	40.1	Syphilis, Primary and Secondary	4	3.0
Influenza Unspecified, Lab confirmed	0	0	Syphilis, Early Latent	0	.9
Legionellosis	4	3.0	Gonorrhea Total	118	89.4
Listeriosis	2	1.5	Gonorrhea	118	89.4
Lyme Disease ** ****	9	6.8	Gonorrhea P.I.D.	0	0
Meningitis, Aseptic	1	0.8	Chlamydia	539	408.2
Meningitis, Other Bacterial	2	1.5	Chlamydia PID	0	0

Immunization Program

A core public health role is the prevention of vaccine-preventable diseases, especially in children and vulnerable populations. The Immunization Program provides free required vaccinations for children through the state's Vaccine for Children (VFC) program and in accordance with CDC-recommended immunization schedules. Some adult immunizations such as influenza are also available. International travel vaccinations for community residents traveling to developing countries are also available through the Immunization Program. By providing this service, the CCDHHS aims to prevent illness and to reduce the importation of communicable diseases.

The CCDHHS offers regularly-scheduled immunization clinics (by appointment) at its service site in Mayville and at various part-time clinic sites. Each of the County's fifteen Amish schools was visited by CCDHHS nurses in 2016. During these visits, immunization education and promotion of childhood vaccination were provided for all parents.

Public health nurses conducted Assessment, Feedback, Incentive, and eXchange (AFIX) visits with private health care providers for the purposes of assessing immunization rates and the standards of pediatric immunization practices. Educational materials and information were provided at all visits. In 2016, 5 AFIX visits were conducted, and 2 child care sites were also visited to assess compliance with the CDC's recommended vaccination schedule.

	2015	2016
People Vaccinated	1,157	947
Doses Administered	1,804	1,377

Tuberculosis Program

As the Public Health Law specifies the necessity of local health department control activities, Chautauqua County Department of Health and Human Services conducts nurse/physician operated tuberculosis control clinics. The clinics operate under guidelines consistent with and obtained from the New York State Department of Health Bureau of Tuberculosis Control. The primary responsibility for tuberculosis care in New York rests with the local health department. The local health department is responsible for providing or securing tuberculosis services, as well as carrying out the tuberculosis mandates of the New York State Public Health Law. Primary among these is the reporting and appropriate management of TB suspects, cases, and contacts and working in ongoing collaboration with the Bureau of Tuberculosis Control.

According to new guidelines for Tuberculosis care, local health departments are no longer the primary responsible party to administer medications to patients with latent Tuberculosis infection (LTBI). Patients with insurance and a designated primary care physician are now receiving medications at their primary care offices. We continue with surveillance efforts regarding active TB; to date there have been 0 confirmed cases of active disease. As a result of the transitioning to primary health care efforts in monitoring LTBI, the role of the TB health program has transitioned into health promotion, prevention, and support to local primary health care providers. During 2016, 0 individuals were evaluated and treated for LTBI.

Family Planning Services and Teen Pregnancy Prevention

The Chautauqua County Department of Health and Human Services continues to provide high quality reproductive health services to the community through clinical services and sexual health education.

Vital Statistics for Chautauqua County, compiled by the New York State Department of Health, indicate that teen pregnancy rates (females aged 15-19) have significantly decreased since 1999 but continue to be a major public health concern. Table 1 below provides teen pregnancy counts and rates per 1,000 females 15-19 years old, for the last ten years.

Table 1. Number of Teen Pregnancies and Rates per year 2006-2015 in Chautauqua County

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Number of Pregnancies	250	222	237	259	244	199	204	166	154	141
Rate per 1,000 females	44.7	39.4	42.8	48.6	46.9	39.7	42.2	35.1	32.6	29.9

Teenage Pregnancies= Pregnancies to women aged 15 to 19

Teen Pregnancy Rate= Teenage Pregnancies (15-19) per 1,000 female population aged 15-19.

Family planning reproductive health services were only offered at the CCDHHS's Mayville clinic site beginning January 1, 2016. These services are directed to individuals of reproductive age who desire comprehensive family planning health care services aimed at avoiding unintended pregnancy. Clinic services are funded through a NYSDOH Title X grant and through billing of public and private health insurance.

In an effort to properly transition the provision of direct clinical services from a Local Health Department to an Federally Qualified Health Center (FQHC), The Chautauqua Center, and to aid in the establishment and sustainability of said FQHC, CCHD Article 28 clinics in Jamestown and Dunkirk were assumed by The Chautauqua Center in late 2015 and we planned to not accept the Family Planning grant for 2016-2017. However, NYS decided not to release the request for proposals, and allowed only those that have offered Title X services in the past to accept the funding under the extension year. Our Department determined that the best plan moving forward would be to use 2016 as a transition year, working with The Chautauqua Center to help them become experts in family planning and reproductive health services. This continues to be accomplished through technical assistance.

Public health nurses and staff also provide extensive community outreach, health education and public health detailing to a wide array of audiences including but not limited to schools, community agencies, health care providers and inmates.

This reduction in total visits is likely due to increased ability to see primary care physicians, 7.9 % uninsured rate, increase in the use of long-acting reversible contraception methods, and downsizing to one clinic site.

	2015	2016
Family Planning Visits	1,913	256

Nursing Staff



STI/HIV Program

Sexually transmitted infections (STIs) are among the most commonly reported communicable diseases in the county, state, and nation. The CCDHHS STI/HIV program aims to stop the spread and reduce the incidence of these infections.

Our clinics offer screening for STIs such as chlamydia, gonorrhea, and syphilis; treatment for these conditions; disease investigations; and safer sexual health counseling. Confidential HIV testing is available in the form of an oral rapid test, which provides results in about 20 minutes, and a traditional blood test to confirm positive findings. CCDHHS nurses provide counseling for HIV-positive clients and referrals to specialty providers for treatment. In addition, CCDHHS collaborates with the Erie County Medical Center to provide accessible health care management to HIV-positive individuals.

In 2016, STI clients were seen in the Mayville clinic; we also worked in collaboration with The Chautauqua Center to educate staff and offer services to residents. The goal is for the FQHC to offer testing in both the north and south county areas to help increase access to testing and treatment for county residents. (Effective January, 2017, we now have a contract in place for the FQHC to see clients on behalf of the county.)

The testing process has evolved from a clinical swab and culture to a urine test. As a result, it is easier and more comfortable for patients to be tested. In addition to being less invasive, the new test is more sensitive, reducing the incidence of false negatives. The greatest proportion of sexually transmitted infections was detected among persons aged 15 to 29 years old.

At every visit, STI and HIV prevention education is provided, and condoms are offered. STI/HIV educational information is available to schools, human service providers, and community organizations and other outreach events.

*The Jamestown and Dunkirk Clinic Offices Closed in 2015. The Mayville Clinic was open from September-December.

STI Clients Seen*	2015	2016
Mayville Clinic	35	271
Dunkirk Clinic	356	
Jamestown Clinic	343	
Communicable Disease Nurse Contact and Follow-Up		
Gonorrhea Cases	210	118
Chlamydia Cases	501	539
Syphilis Cases	7	4

Hepatitis C Testing

A New York State law passed in 2013 requires health care facilities to offer Hepatitis C screening to every individual born between 1945 and 1964. CCDHHS clinics offer the OraQuick HCV Rapid Test to individuals without insurance. Those with insurance are encouraged to contact their primary care physician for screening. Test results are available within 20 minutes. As this is a screening tool, and not a diagnostic test, HCV RNA PCR testing is required to confirm suspected cases. During 2016, CCDHHS performed a total of 0 HCV screens, because the recommended age group for testing is not seen in family planning clinics. Moving forward, efforts are being taken to find ways for outreach and promotion of testing in high risk groups.

EMR Implementation

Chautauqua County Department of Health and Human Services Clinics began implementing electronic medical records in January 2013. The EMR allows clinic staff to access medical records immediately, at any of our CCDHHS clinic sites. In 2015, our Department connected with the HealtheLink and E-prescribing systems.

Opioid Overdose Prevention Program

The CCDHHS Public Health Division is registered with NYSDOH as an Opioid Overdose Prevention Program. In October 2014, we began actively working with participating law enforcement and community members to train and supply them with intranasal Narcan kits. Narcan, also known as naloxone, is a lifesaving opioid antagonist which reverses opiate effects of sedation and respiratory depression thereby preventing a fatal overdose. Overdose is most common when an individual resumes use after a period of abstinence from opioid use, such as a recent release from detoxification, drug treatment, or a correctional facility. Mixing opioids with other drugs and/or alcohol and using opioids without others present also raises the risk of death if an overdose occurs.

Opioid Training

Training was provided at 25 locations throughout Chautauqua County to include Colleges, Libraries, Medical Centers, Malls and Jails

Number of People Trained	2015	2016
Community Members	364	748
County Jail Inmates	89	85
Corrections /Police/Probation Officers	109	90
School Personnel	14	12
TOTALS	576	935
	2015	2015
Alstar Administrations of Narcan*	78	76

*Capturing accurate overdose reversal data is difficult as many community responders do not report. Law Enforcement reports directly to the State.

Maternal and Infant Health Program



In 2013, the New York State Department of Health combined its funding streams for the Maternal and Obstetric Medicaid Services (MOMS) and Community Health Worker Programs. The Chautauqua County Department of Health and Human Services applied for and was subsequently awarded the Maternal and Infant Health Community Health Collaborative Program, referred to locally as the Maternal and Infant Health Program.

The Maternal and Infant Health program provides high-needs mothers in Chautauqua County with assistance obtaining health insurance, nutrition education, prenatal and infant education, smoking cessation services, and case management. A staff of four community health workers meets moms in their homes, at the clinic, or other community sites to provide assistance during pregnancy and throughout the baby's first year.

Maternal and Infant Health Program staff works to engage community partners in the program through the oversight of the Maternal and Infant Health Coalition. Approximately twelve stakeholder organizations actively participate in the coalition, while information is distributed to over 40 stakeholders and medical providers for input and assistance. The primary focus of the coalition is to increase access to early prenatal care for high-needs women

The Nurse Family Partnership (NFP) admitted the first clients 9/2015; this is offered in collaboration with the Catholic Health System out of Erie County. This program provides nurse home visitation services to low-income (Medicaid eligible) first-time mothers. Nurses begin home visits early in the mother's pregnancy and continue visits until the child's second birthday. This evidence-based program's goals are to: improve prenatal health and outcomes, improve child health and development and improve families' economic self-sufficiency and/or maternal life course development.

Home Visits	2015	2016
Maternal & Infant Health Program	1,535	1,266
Nurse Family Partnership*	106	791
Total Home Visits	1641	2057

*Nurse Family Partnership program began in September 2015.

Referrals Made	2015	2016
SNAP	96	35
Smoking Cessation Programs	80	69
Dental	112	53
Immunizations	70	35
Total Referrals	358	192

Creating Community Supports for Breastfeeding

The Maternal and Infant Health Program staff collaborates with the Health Education Division to carry out the Creating Community Supports for Breastfeeding in Chautauqua County grant program. The goal of this project is to increase the amount of supports that exist in the community to assist breastfeeding mothers. Duration rates (breastfeeding for 6 months or more) for breastfeeding are far lower in Chautauqua County than in the rest of New York State, as identified during the 2016-2018 Community Health Assessment process.

With funding from the New York State Health Foundation, Univera Healthcare, and the Health Foundation for Western and Central New York, CCDHHS staff works to increase supportive environments for breastfeeding within hospitals, medical offices (OB/GYN, pediatricians, primary care), workplaces, and homes.

Community Health and Nursing Family Partnership Teams



Community Health Education and Planning



The purpose of the Health Education and Planning Unit is to identify health issues of local importance, develop and implement strategies to address these issues, and strengthen the community's long-term ability to manage and improve the health and well-being of residents.

CCDHHS provides health education and guidance, including the use of information and education to modify or strengthen practices that promote public health and prevent illness. These activities are designed to encourage people to assume personal responsibility for maintaining and improving their own health; increase their capacity to utilize appropriate health services; help them better control an illness they may have; and, provide information to stimulate community action on social and physical environmental factors that impact health.

Current public health research indicates that individuals are more likely to make healthy choices when those choices are also easy and affordable. The CCDHHS leads and/or partners with initiatives that support improved infrastructure for physical activity, access to nutritious foods, and reduced exposure to tobacco in addition to other prevention initiatives.

Protecting and improving the public's health and promoting wellness cannot be managed by an organization, health care provider, government or community agency alone. Partnerships, coalitions and collaborations are essential to the public health effort.



**Community Health Education
and Planning Team**

Chautauqua County 2016-2018 Community Health Assessment

Local health departments (LHD) across New York State are responsible for completing a community health assessment (CHA) to ensure that the needs of the community are being met. In 2016, the New York State Department of Health asked LHDs to complete an update to the 2014-2017 Community Health Assessment and Community Health Improvement Plan (CHIP) that would span the years 2016-2018 and continue to work in conjunction with the New York State Prevention Agenda. Completion of this update aligned the planning schedules of LHDs and hospitals, and put all parties on a 3-year cycle. The update required less detail and community coordination than a typical community health assessment.

The Prevention Agenda 2013-2018 is New York State's health improvement plan that was designed to demonstrate how communities across the state can work together to improve overall health and quality of life for all New Yorkers. The Prevention Agenda envisions New York becoming the Healthiest State in the Nation, and designates 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

Chautauqua County 2016-2018 Community Health Assessment *continued*

The Prevention Agenda outlines goals and objectives, as well as appropriate and evidence-based interventions for each priority area. Indicators for tracking progress of interventions are provided at the county-level, including racial, ethnic and socioeconomic breakdowns to track changes in health disparities.

LHDs across the state were expected to work collaboratively with county hospitals, which were responsible for completing their respective community service plans. In Chautauqua County, partner hospitals included Brooks Memorial Hospital, TLC Health Network (Lakeshore Hospital), UPMC Chautauqua WCA, and Westfield Memorial Hospital. Key stakeholders for public health and health care were also invited to assist in the community health assessment process. Collectively, the local health department, hospitals, and community organizations make up the Chautauqua County Community Health Planning Team (CCCHPT). These additional partners included the Chautauqua County Health Network, the Chautauqua County Department of Mental Hygiene, The Chautauqua Center, and The Resource Center. P2 of Western New York provided technical support throughout the entire process, as the Western New York technical assistance lead.

The CCCHPT worked together to gauge the community's perceived health priorities, assets, and needs through a web-based and paper survey, and four community conversations. The team examined secondary health data provided by the NYSDOH and selected collaborative and individual priorities, disparities, and interventions. Collaborative priorities, along with background data and potential interventions were presented at a community stakeholder meeting attended by local content area experts. Feedback and guidance was provided by community stakeholders. The following collaborative Prevention Agenda priority areas were selected:

- Prevent chronic diseases (CCDHHS and all hospitals)
 - Disparity: Low-income residents
- Promote healthy women, infants, and children (CCDHHS, BMH, WCA)
- Promote mental health and prevent substance abuse (CCDHHS and all hospitals)

Public Relations and Outreach

To connect with the public and share messages about programs, health promotion, and community collaborations, the CCDHHS Division of Public Health works with media networks that include local newspapers, Penny Savers, local television news stations, and local radio stations. The CCDHHS also takes advantage of social media outlets such as Facebook, Twitter and YouTube. We receive personal health related questions from the public via the private message feature on our various program-specific Facebook pages. We have seen an increase in fans, and in messages regarding general health information on the CCDHHS Facebook page.

The CCDHHS generates news releases, which covered water emergencies, rabies prevention, harmful blue-green algal blooms, lead testing protocols for schools, tobacco policies, immunizations, health observances, chronic disease and injury prevention awareness, and the promotion of services. Several of these releases generated television or radio interviews.

Departmental program experts participate in health education events, reaching thousands of County residents. Venues included, but were not limited to, schools, shopping centers, ice arena, awareness walks, parks, fairs, soup kitchens, religious centers, workplaces, rehabilitation centers, municipal buildings, and fire halls. Topics varied but mainly focused on CCDHHS programs and priorities, such as healthy beverage selection, nutrition, physical activity, cancer prevention and screening, food safety, Hepatitis C prevention, lead poisoning prevention, maternal and infant health services, breastfeeding, child development, immunizations, and reproductive health.

	2015	2016
Health Education Events	75	70

Dental Van

The CCDHHS Public Health Division continues to partner with the University at Buffalo School of Dental Medicine's dental van- the "5-miles To Go Dental Van." The Department assists with referrals to the dental van, which operates with Article 28 status, and accepts Medicaid, Child Health Plus, or collects fees on a sliding scale.

The Rural Dentistry Project funding started April 1, 2014-March 31, 2015; the project's success is reflected in the increase of visits and procedures in the 2015-2016 and 2016-2017 years, since the project was in its planning stages in 2014-2015. These figures include Cuba-Rushford, Andover and Gowanda year 2015-2016 and the addition of Hannibal Central year 2016-2017, but the majority of schools served are in Chautauqua County.

Frequency of Procedures Per Visit by Provider (Calendar Year = April 1–March 31)	2013-14	2014-15*	2015-16	2016-17
Fq. Proced	6,453	5,420	9,690	15,736
# Visits*	1,220	1,030	1,840	2,980

*The decrease in patient visits during 2014-2015 was prior to the incorporation of the portable equipment and was due to several factors including shortage of a dental provider (the pediatric dentist moved out of state and it took months to recruit his replacement), maintenance issues with the mobile dental unit, and weather.

The Chautauqua County Dental Advisory Board continues to meet on an as-needed basis to discuss the accessibility of dental care in Chautauqua County. The group works together to identify gaps in service and propose solutions through collaboration.

In 2016, CCDHHS staff began partnering with the New York State Association of County Health Officials (NYSACHO) on a public health detailing project that aims to increase the application of fluoride varnish in primary care settings for children ages 6 months to 6 years old. During the year, 2 large pediatric practices in southern Chautauqua County participated in a staff training to learn how to administer the varnish in their respective offices.

Linkages and Coalition Building

In an effort to work collaboratively with the community, the CCDHHS participates in several coalitions. CCDHHS participated in the following coalitions and task forces in 2016:

1. Baby Café Jamestown Advisory Board
2. Chautauqua Co. Coalition Against Domestic Violence and Sexual Assault
3. Chautauqua Co. Community Health Planning Team
4. Chautauqua Co. Dental Advisory Board
5. Chautauqua Co. Drug Prevention Team
6. Chautauqua Co. Drug Treatment Team
7. Chautauqua Co. Food Security Task Force
8. Chautauqua Co. Health Network Citizen Advisory Board
9. Chautauqua Co. Long Term Care Council
10. Chautauqua Co. Maternal & Infant Health Coalition
11. Chautauqua Co. Re-Entry Task Force
12. Chautauqua Co. Rural Health Outreach Consortium
13. Chautauqua County Tapestry
14. Chautauqua County THRIVE
15. Chautauqua County Traffic Safety Board
16. Chautauqua County Water Quality Task Force
17. Chautauqua Health Action Team
18. Community Alliance for Suicide Prevention
19. Creating Healthy Schools and Communities Executive Committee
20. Faith-Based Initiative
21. Family Court Children's Center Advisory Committee
22. Family Planning Advisory Board
23. Growing Food Connections Steering Committee
24. Health Care Advisory Team
25. HOPE Chautauqua Coalition
26. Human Needs Task Force
27. ICE-8 Leadership Team
28. Lake Erie Management Commission
29. Lead Task Force
30. Local Early Intervention Coordinating Council
31. National Network of Libraries of Medicine Mid-Atlantic Region Outreach to Healthcare Professionals and Public Health Workers Advisory Group
32. New York Public Health Practice-Based Research Network
33. New York State Association of County Health Officials
34. Northern Appalachia Cancer Network
35. Ohio River Valley Water Sanitation Commission Public Interest Advisory Committee
36. P2 Collaborative of WNY
37. Positive Choices Coalition
38. Tobacco-Free Chautauqua, Cattaraugus, and Allegany
39. Western New York HIV/AIDS Public Health Coalition
40. Western New York Public Health Alliance

Cancer Services Program

The Cancer Services Program (CSP) is funded through NYSDOH to provide breast and cervical cancer screening for uninsured/underinsured women and colorectal cancer screening for uninsured/underinsured men and women. The program provides outreach and education about the importance of timely cancer screening, as well as case management during the screening process. If a breast, cervical, colorectal or prostate cancer diagnosis is received, trained DQEs provide clients with application assistance for the Medicaid Cancer Treatment Program. Clients receive services through local physician offices and hospitals.

	2015	2016
Cancer Screenings and Diagnostic Procedures Completed	330	441
Findings		
Invasive Breast Cancer	5	4
Invasive Cervical Cancer	1	1
Precancerous Cervical Lesions	3	9
Precancerous Colorectal Polyps	7	5
Hyperplastic Polyps	0	5
Ulcerative Colitis	0	2

The Cancer Services Program was able to promote cancer screenings in 2016 throughout the County, including St. Susan Center, rabies clinics, TOPS Markets, Rotary Clubs and the Chautauqua Co. Fair. An All-Cancer Awareness Walk was held and included an inflatable colon. This walk also featured Dr. Marlena Vega, who offered a workshop on healing and survivorship. CSP worked with many area medical providers to offer education to their staff about removing barriers to cancer screenings.

The CSP team partnered with WCA for their annual Wellness Fair and “Shades of Pink” breast cancer screening clinics. A partnership with Lake Erie Medical Services offered breast and cervical cancer screenings to many women in our Amish Communities at Westfield Memorial Hospital throughout the year. In October, CSP joined with Brooks Memorial Hospital and General Physician PC to offer cancer screenings to women in the north county. October also found CSP at the LINK walk, Making Strides Against Breast Cancer, the Olivia Coia 5K and the Chautauqua Center’s Crucial Catch Event in Dunkirk, which was sponsored by the NFL and the American Cancer Society. An ongoing collaboration with Roswell Park and CCHN began in 2015, continuing through 2016. This initiative will increase colon cancer screening in our county through local physician offices.

Tobacco Use Prevention

CCDHHS collaborates with the Tobacco-Free Chautauqua, Cattaraugus, Allegany (Tobacco-Free CCA) Program administered by the Roswell Park Cancer Institute to carry out tobacco prevention efforts. Tobacco-Free CCA receives funds from NYSDOH to complete their work plan which aims to:

- Reduce the impact of retail tobacco marketing on youth by educating communities about the manipulative marketing tactics of the tobacco industry.
- Establish tobacco-free-community norms through clean outdoor air policies by working with communities to create more smoke-free parks, playgrounds and beaches.
- Lessen secondhand smoke exposure by working with landlords and tenants to implement smoke-free housing policies in multiunit dwellings.
- Diminish tobacco imagery in youth-rated movies by working for change in the rating system to require an R rating for movies that contain smoking imagery.
- Decrease tobacco-industry presence on social media by working with stakeholders and internet sites to enact and adhere to policies that protect youth from tobacco imagery.

Tobacco 21!

In addition to providing support to Tobacco-Free CCA, the CCDHHS explores policy-level actions that can be taken at the county level to prevent tobacco use. In 2016, CCDHHS worked with the Board of Health and the Chautauqua County Legislature to garner community support for the Tobacco 21 law- a law that increased the minimum legal sale age for all tobacco products and electronic cigarettes from 18 to 21. With overwhelming community support, the Chautauqua County Legislature voted to pass a Tobacco 21 law for this county in April, and County Executive Vince Horrigan signed the law in May. Chautauqua was the first county in Western and Central New York to enact this legislation. The Division of Environmental Health Services is responsible for the enforcement of the law, which began in September 2016. CCDHHS assisted store owners with signage and education about the new law.

For More Information



Additional information regarding services provided by the Chautauqua County Department of Health and Human Services may be obtained by calling 1-866-604-6789 or visiting the Department's webpage at www.co.chautauqua.ny.us



Chautauque County Department of Health and Human Services
7 North Erie Street, Mayville, New York 14757 . 716-753-4590 . www.co.chautauque.ny.us