

ORLEANS COUNTY HEALTH



DEPARTMENT

2013

ANNUAL REPORT

TABLE OF CONTENTS

<u>ADMINISTRATIVE STAFF/ MEDICAL CONSULTANT/ BOARD OF HEALTH</u>	<u>3</u>
--	----------

<u>DEPARTMENTAL VISION, MISSION, VALUES.....</u>	<u>4</u>
--	----------

<u>ORLEANS COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART</u>	<u>5</u>
--	----------

REPORTS:

<u>PUBLIC HEALTH DIRECTOR</u>	<u>6</u>
-------------------------------------	----------

<u>CHILDREN WITH SPECIAL HEALTH CARE NEEDS</u>	<u>9</u>
--	----------

<u>ENVIRONMENTAL HEALTH</u>	<u>14</u>
-----------------------------------	-----------

<u>PUBLIC HEALTH NURSING.....</u>	<u>18</u>
-----------------------------------	-----------

<u>PUBLIC HEALTH EDUCATION.....</u>	<u>25</u>
-------------------------------------	-----------

<u>PUBLIC HEALTH EMERGENCY PREPAREDNESS.....</u>	<u>29</u>
--	-----------

<u>FINANCE.....</u>	<u>31</u>
---------------------	-----------

ADMINISTRATIVE STAFF / BOARD OF HEALTH

PUBLIC HEALTH DIRECTOR

Paul A. Pettit, MSL

DEPUTY PUBLIC HEALTH DIRECTOR

David Whitcroft

ADMINISTRATIVE ASSISTANT

Kimberly Castricone

DIRECTOR OF PATIENT SERVICES

Mary Janet Sahukar, RN, BSN

SR. PUBLIC HEALTH SANITARIAN

Shannyn Sanger

CHILDREN WITH SPECIAL NEEDS COORDINATOR, EIOD

Linda Garrison

EMERGENCY PREPAREDNESS COORDINATOR

Margaret (Peg) Wiley

PUBLIC HEALTH EDUCATOR

Nola Goodrich-Kresse, MSEd, MCHES

MEDICAL CONSULTANT

Bruce Baker, MD

BOARD OF HEALTH

Paul Grout – President

James Robinson, DVM – Vice President

Wendy Oakes Wilson - Secretary

Nancy Ann Ciavarri, MD

David Meza, MD

Sallah Abbasey, MD

William Eick - Legislature

Kenneth Rush - Legislature

ORLEANS COUNTY HEALTH DEPARTMENT

Vision

Healthy People in a Healthy Community

Mission Statement

The Orleans County Health Department empowers its residents to achieve optimal health, wellness and safety, both individually and as a community, through innovative leadership, advocacy, and education.

Values

Integrity

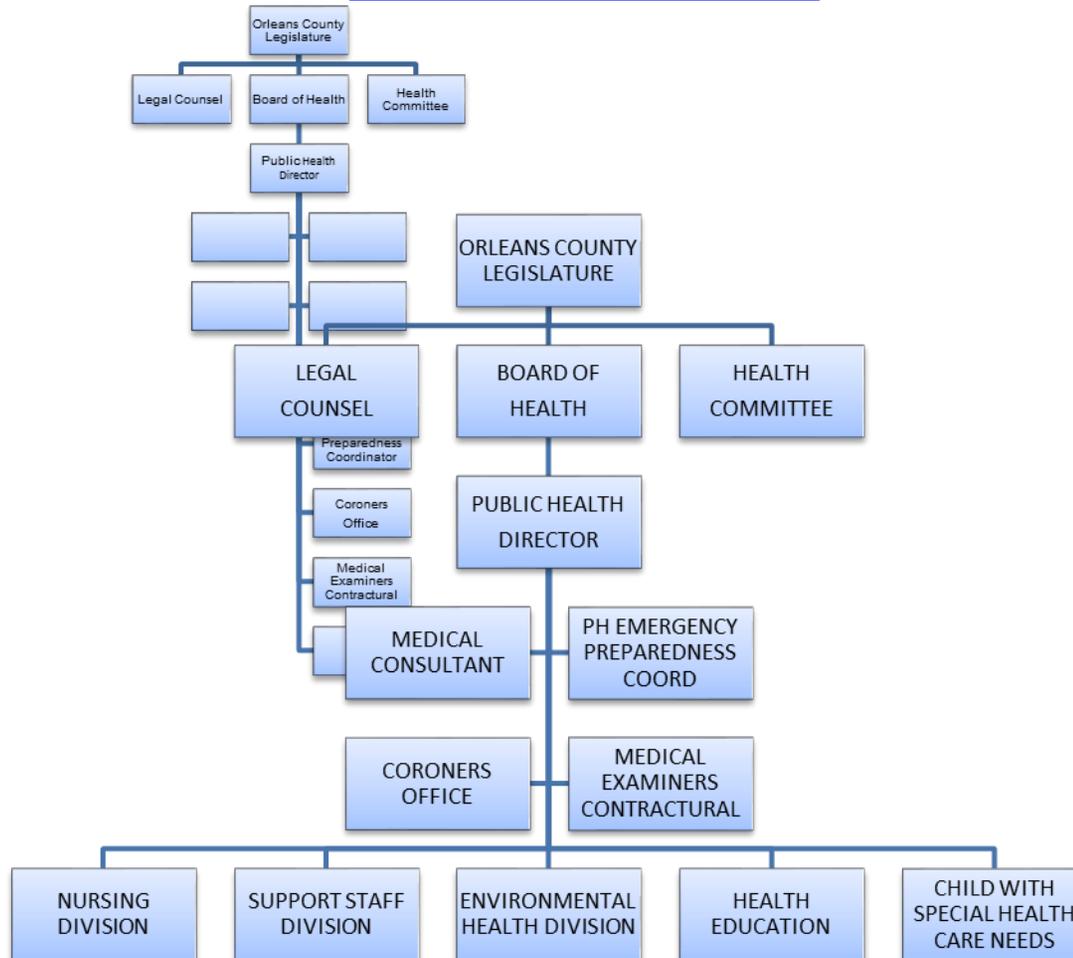
Cohesiveness

Accountability

Respect

Excellence

Orleans County Health Department Organizational Chart



PUBLIC HEALTH DIRECTOR

The Orleans County Health Department (OCHD) operates a “full service” health department that provides services to the residents of Orleans County in the five core public health areas: prevent epidemics and the spread of disease, protect against environmental hazards and prevent injuries, promote and encourage healthy behaviors, assure the quality and accessibility of health services and to respond to disasters and assist communities in recovery.

The mission of the OCHD is to empower its residents to achieve optimal health, wellness and safety, both individually and as a community, through innovative leadership, advocacy, and education. This mission is carried out through the five core divisions of the department which include: Environmental Health, Public Health Nursing, Children with Special Health Care Needs, Emergency Preparedness and Health Education. In carrying out this mission from a fiscally conservative perspective, all divisions are being challenged to think critically on their roles and services and focusing on quality improvement.

In the fall of 2012, the County Legislature and Board of Health entered into a collaborative agreement and two year PILOT project with Genesee County for the sharing of a Public Health Director and Deputy/Environmental Health Director. The primary goal of the project is to analyze public health services within Orleans and Genesee County and determine what level of integration of services and staff is possible moving forward while identifying cost savings and retaining essential public health services to the county residents. This department is now entering the second year of the pilot project allowing us to look back at some of the savings and efficiencies gleaned so far in addition to laying out the plan for further integration moving forward.

The Orleans and Genesee County Health Departments also continue to participate in the Robert Wood Johnson project as one of sixteen sites in the country to formally study shared services in public health. Participation in this study runs through the end of 2014 and is allowing the counties to have access to national experts and to thoroughly assess the scope and future of public health services being delivered.

A major accomplishment in 2013 was the completion of a Tri-County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). This document is required by public health law to be completed every four years and is the guidance document for public health programming and priority areas to focus on in our community. We partnered with Genesee and Wyoming County, including our respective health systems, to complete the CHA/CHIP to position us to have a unified approach and leverage our scarce resources and limited human capital. This collaboration will allow us to be more competitive when seeking grant funds and project a stronger unified voice than each county working individually. The two priority areas that were chosen based on community engagement activities, including surveys and conversations, were prevent chronic disease and promote mental health and prevent substance abuse. Over the next four years, the departments will be engaging stakeholders within the counties to partner together and begin the process of addressing these issues within the two priority areas.

Environmental Health and Public Health Nursing, under the direction of currently shared Directors, spent a lot of time in 2013 looking at their programs and services with a deep dive into both departments to identify the most efficient service for both Counties. The use of technology will

continue to be leveraged in streamlining these services and delivering information to County residents. A more detailed look at the past year's activities can be found in their division reports.

The Public Health Emergency Preparedness program is now a mandated core public health service. This change now requires counties, in order to be fully state aid eligible, to provide this service to county residents. The county continues to receive a state grant to offset any local costs of the program. Recent natural disasters, including several close to home in New York (Irene, Lee, Sandy) and the need to respond to pandemics and other health emergencies continue to keep these preparedness activities in the forefront and have driven these changes. In 2014, we will be exploring ways to further integrate CJS with Genesee County within the preparedness program.

In 2013, we continued to live through significant changes to the Early Intervention Program that were implemented to help reform the program and provide mandate relief to counties. The restructuring and changes have been in place for almost a full year and overall have begun to show minor improvements in the administration and financial cost of the Early Intervention Program. Providers, counties, and New York State Association of County Health Officials (NYSACHO) have continued to address the concerns with the Bureau of Early Intervention.

Proposed 2014-2015 reforms to the Preschool Supportive Health Services Program (Pre-K) continue to fall short in providing significant mandate relief in Orleans County. During the past year, the two counties partnered together to put out to bid the transportation services for this program and were able to attract a new provider who is now providing this service for both counties. NYSAC and NYSACHO continue to support a shift in the fiscal responsibility of the program to the schools, as detailed by the 2007 Gubernatorial Task Force, and continue to recommend that fiscal, administrative and programmatic responsibility for the Preschool Supportive Health Services Program be transferred to school districts to ensure fiscal responsibility and greater accountability.

I am looking forward to leading the process of identifying new ways we can become more efficient and successful in the services we provide to our residents. The financial climate will continue to require us to be innovative and streamlined in the ways we deliver services to the residents of the County. The shared service project with Genesee County will be the primary driver behind ongoing changes during the upcoming year. Budget reductions, cultural changes and rapidly evolving technology are all issues that will impact the way we can, and will, provide public health services throughout this upcoming year. Working collaboratively with County management, community and regional partners, I'm confident that we can leverage our strengths and add value to this department and the residents of Orleans County.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS DIVISION

The Children with Special Health Care Needs (CSHCN) Program office is located within the Orleans County Public Health building and is comprised of three separate programs: Children with Special Health Care Needs, Early Intervention, and Preschool Supportive Health Services. Current staff includes a program coordinator two Early Intervention service coordinators and an account clerk typist, all under the general direction of the Public Health Director and respective Federal and State program guidelines.

Staff development during the past year has included 120+ hours of training and outreach, including participation in webinars and community meetings: all pertinent to improving job skills and increasing the community's knowledge of available Public Health services.

In September 2013, a service contract was developed and implemented with Genesee County NYSARC, Inc. for the purpose of transporting preschool children to/from therapeutic center-based programs throughout the region. This contract was also implemented in Genesee County as part of the current cross-county shared services goal.

Children with Special Health Care Needs Program (CSHCN)

The CSHCN program involves a coordinated effort between the different divisions of the public health community (Early Intervention, Public Health Nursing, etc.) to ensure that families in need of securing health insurance, a health provider, and/or linkage to community support services are referred to appropriate agencies. The CSHCN coordinator participates in quarterly regional CSHCN coalition conference calls and submits quarterly data and narrative reports, as required by the NYS DOH CSHCN program. One form of community outreach includes a weekly review of birth records by nursing staff and the CSHCN coordinator, with nurses sending a packet of information to each family related to the various public health divisions and services available to residents.

Early Intervention Program (EIP)

(Children ages birth to three)

The Early Intervention Program is a federally-mandated program overseen by the New York State Department of Health's Bureau of Early Intervention (BEI). While children with confirmed or suspected developmental delays may be referred to the EIP by physicians, daycare providers and other community resources, only after parents have been contacted and agree to enrollment, can a referral proceed. Parents are given information about the voluntary nature of the EIP, the evaluation process and how an Individualized Family Service Plan (IFSP) is developed and implemented to meet their child's specific area(s) of delay. Each family is assigned a service coordinator who is responsible for overseeing the child's program and progress. Service coordinators also assist families with transitioning from EI to preschool programming (if needed) as the child approaches age three. Each service coordinator (initial & on-going) meets with a family upon referral, upon receiving the evaluation results, and at least every 6 months after services begin. All EI services are provided at no cost to the family.

During December 2013, approximately 50 children and their families received a variety of speech, physical and/or occupational therapies, teacher services, and parent training. Several children attend therapeutic center-based programming due to their need for intensive levels of support.

EARLY INTERVENTION 2013 PROGRAM CHANGES.

The proposed “arms-length” policy that would prevent evaluators from also becoming providers for individual children that was to go into effect 1/1/2013, remains suspended until a court decision is made as to the legality of the policy.

Effective 4/1/2013, a State Fiscal Agent (SFA) was put in place with the intent of providing municipalities with some administrative relief centered on provider billing time demands. SFA challenges continue in the areas of: the New York State Early Intervention System (NYEIS) programming efficacy; NYEIS linkages with third party commercial insurance carriers & Medicaid; providers being paid in a timely manner; and, insurance remittances being sent to families vs. the SFA.

NYEIS was implemented in 2011 to provide the NYS Early Intervention program with an updated computer tracking program, to replace the original “KIDS” software program. Most counties, including Orleans, will continue working in both programs while the original “KIDS” children transition out of the birth to age three program. NYEIS reports continue to be an unreliable source of data collection, making statistical reporting difficult.

Provider contracts are now managed directly through the Bureau of Early Intervention; counties no longer have separate contracts with individual or agency providers. Orleans County currently has one local agency providing EI services, and one local speech therapist. Agencies in neighboring counties provide evaluations and some services to Orleans children, depending on provider availability and child’s location.

LOCAL EARLY INTERVENTION COORDINATING COUNCIL (LEICC) The mission of the Orleans County interagency coordinating council is to advise the local Early Intervention official about the planning for delivery and assessment of Early Intervention services for eligible children and their families. The council is responsible for interpreting New York State regulations for the program, evaluating the specific needs in our county, educating the public and identifying the referral system needed to promote the availability of Early Intervention services. All efforts will be made to promote advocacy for children in a family-centered program.

LEICC meetings are an open forum, accessible to the general public, with notices of meetings published in locally distributed newspapers including the date, time and location of upcoming meetings. Due to a variety of issues, including the increased administrative demands placed on providers, the 24 member LEICC has not met since February 2012.

CHILD FIND is a component of the Early Intervention Program that shares some similar work plan features as the Children with Special Needs Program; such as, focusing on ensuring families establish and maintain linkages with their health care providers, having information regarding health insurance options, and providing follow-up information for families with special needs. The EIP, Child Protective, and Public Health Nursing staff works cooperatively toward identifying concerns and providing families with the opportunity to participate in appropriate programming. Child Find also receives referrals as a result of failed newborn hearing screenings and/or families not returning to the clinics for a follow up hearing screens if initial testing showed concerns. There were 374 births recorded for Orleans residents during 2013. Of those 374 births: 72.2% of women received first trimester prenatal care (increase from 65.8% in 2012); 6.3% of infants were assessed to have “low

birth weights” (vs. 5% in 2012); and, 55.1% of families listed Medicaid as their primary health insurance carrier (increased from 46.2% in 2012).

Preschool Supportive Health Services Program

(Children age three to five)

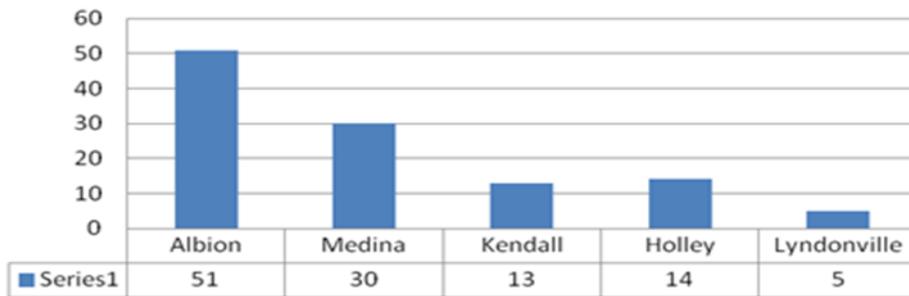
Orleans County is comprised of five school districts, each with a Committee on Preschool Special Education (CPSE) operating under the guidance of the New York State Education Department’s Office of Vocational and Educational Services for Individuals with Disabilities (VESID). Children are referred to the CPSE office by parents/caretakers if there are concerns about their child’s language, motor skills, adaptive skills, cognitive functioning and/or social/emotional development. With parental consent, evaluations are performed and results reviewed. If indicated, a preschool Individualized Education Plan (IEP) is developed and implemented to help prepare the child for academic success. Individualized programs may include the child attending a center-based program, receiving therapies at home or daycare, or a combination of both center-based and home programming. Parents are informed that services are on a voluntary basis at no cost to families.

Orleans County’s *Children with Special Health Care Needs Program* works collaboratively with each of the local school districts to support the child’s IEP by developing and maintaining preschool contracts with agencies and individual providers (speech, physical & occupational therapists, special education teachers, etc.), as well as maintaining fiscal records/responsibilities for children served. CPSE meetings are attended by the CSHCN’s program coordinator and/or support staff. Taskforce meetings for local chairpersons, their staff and preschool providers are hosted twice per year at the County Health Department office, and are facilitated by the State Education Department and Early Childhood Development Center staff. Additional regional preschool program taskforce meetings in Erie, Niagara and Genesee counties are attended by the CSHCN coordinator.

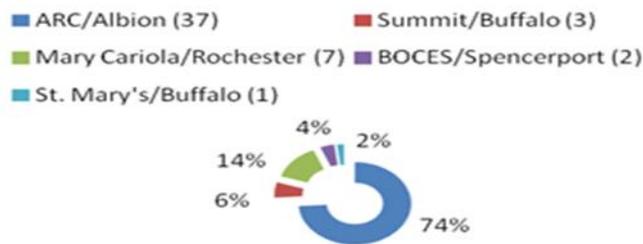
As of 1/1/2013, 113 children are anticipated to be receiving preschool support services. This figure fluctuates regularly as children’s needs change, but reflects typical monthly preschool services and numbers throughout the 180 day school year. A sixty day summer services program is also available to children whose developmental delays would be negatively impacted by an extended absence from services.

The following charts reflect the Orleans County preschool services currently scheduled for January 2014 by school district, location of center-based programs utilized, and a monthly tally of service hours provided in each of the four main areas (speech, occupational & physical therapies, and teacher services). Other areas such as counseling, parent training, and music therapy are also in place to meet the child and family’s specific needs.

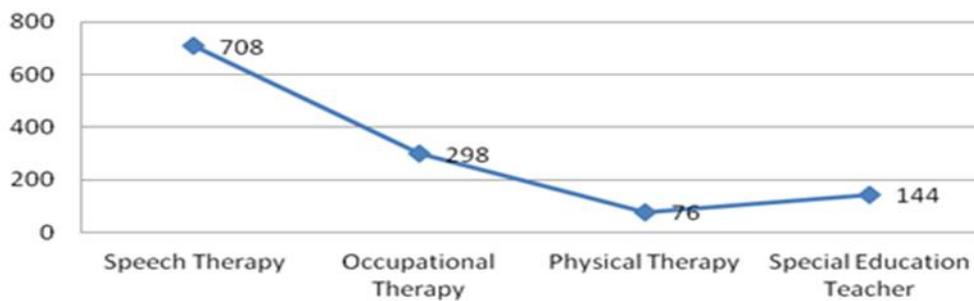
**January 2014
113 Preschoolers Receiving services
by School District**



**January 2014
Center-based Programs Utilized & #
of children at each site**



**January 2014
1,226 Hours of Provider Core Services
to 113 Children**



School district CPSE Chairs:

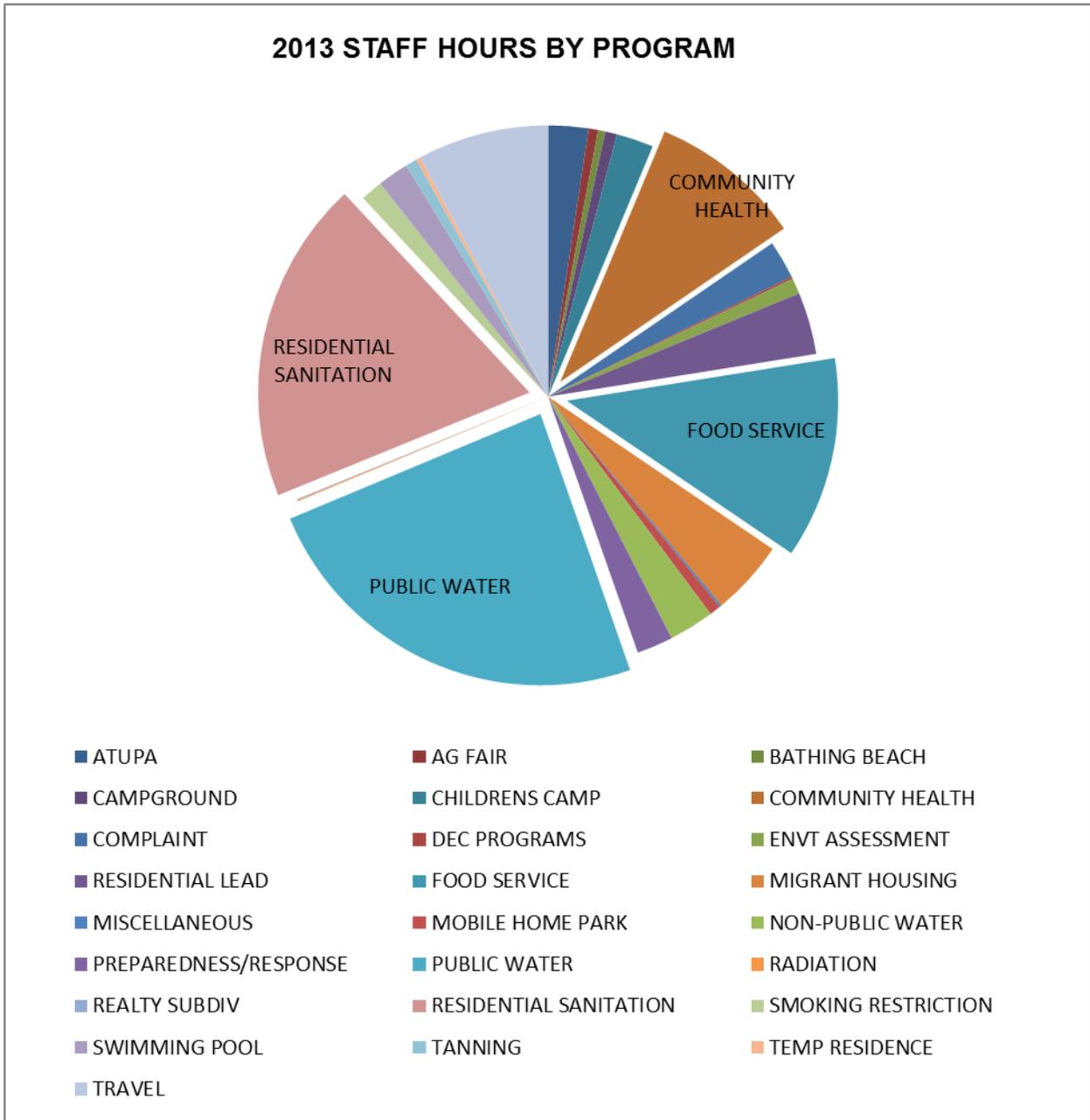
Albion	Mary Leto	585-589-2057
Holley	Tim Dunham	585-638-7066 x 2413
Kendall	Denise Crowe	585-659-8906 x 1
Lyndonville	Anne Marie Holland	585-765-3107
Medina	Albie Suozzi	585-798-4032

* * * *

The CSHCN program staff is committed to providing quality, timely services to our local families. Please feel free to contact us at 585-589-2777 with questions or comments related to our various programs.

ENVIRONMENTAL HEALTH

The Environmental Health Division is responsible for delivering essential sanitation services mandated under New York State Public Health Law (NYSPHL), State Sanitary Code (10NYCRR), and/or the Orleans County Sanitary Code (OCSC) in order to protect the health and safety of nearly 43,000 county residents within a 396 square mile area. Staff performance measures are monitored within the Environmental Health Information Portal system (eHIPS), a NYSDOH maintained database.



STAFFING

- One (1) Director¹
- Five (5) FTE
- Two (2) PTE
- One (1) Support Staff
- One (1) Summer Youth Employment Program (SYEP) staff

NARRATIVE: The division experienced a fluctuation of staffing from Q1 through Q3 due to one temporary leave of absence (FTE) and one resignation (FTE). The permanent position vacated in June 2013 was filled in August 2013. The division returned to full staffing by September 2013. 487.75 work hours were provided by the SYEP staff person during the months of June – August and December.

1 – Director currently shared between Genesee and Orleans Counties

STAFF ACTIVITIES

- Correspondence
- Conference/meeting/training
- Community engagement
- Data management
- GIS/GPS
- Inspection
- Investigation
- Sampling
- Enforcement action
- Enhanced services
- Field visit
- Foil request
- Sanitary survey
- Site evaluation
- Telephone call/follow-up

PERMITTED FACILITIES PROGRAM DATA

NARRATIVE: One (1) part-time staff person assisted with all levels of inspections in the Food/Temporary Food and Migrant Farm Worker Housing (MFH) programs. Programmatically, MFH experienced the most growth with the permitting of 58 facilities compared to the previous year's 44. The majority of public health hazards for all programs are noted by inspectors in the food program. The Environmental Fee Schedule was updated in July 2013 and standardized fees more closely between Genesee and Orleans Counties.

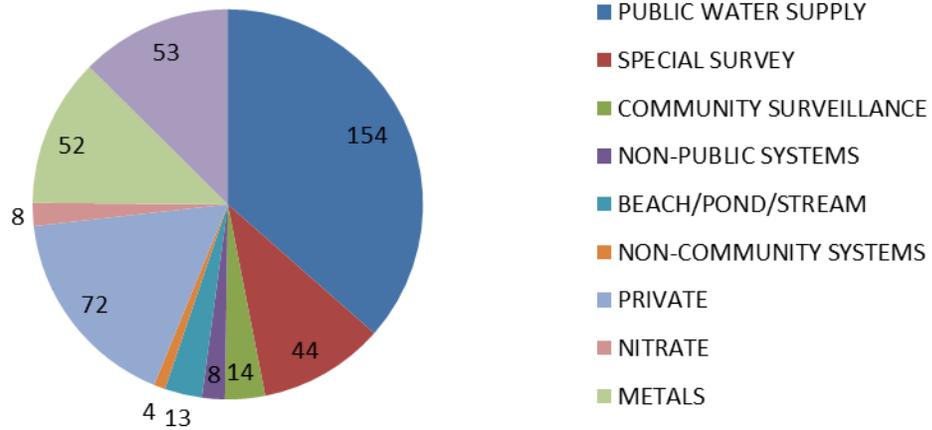
NON-FOOD	Permits	Inspects	PHH¹ cited	Uncorrected PHH	Complaints	Unresolved Complaints
Agricultural Fairgrounds	1	3	0	0	0	0
Bathing Beaches	3	3	0	0	0	0
Campgrounds	7	8	0	0	0	0
Children's Camps	6	6	0	0	0	0
Migrant Farmworker Housing	58	61	0	0	0	0
Mobile Home Parks	13	13	3	0	1	0
Swimming Pools	5	5	0	0	0	0
Tanning Facilities	10	10	0	0	0	0
Temporary Residences	5	5	0	0	1	0
Total Non-Food	108	114	3	0	2	0
FOOD						
High Risk	40	57	27	1	1	0
Medium Risk	105	90	26	1	3	0
Low Risk	25	14	1	1	1	0
Mobile	11	9	0	0	0	0
Temporary	279	185	10	0	0	0
Total Food	505	376	77	3	4	0
TOTAL	613	490	80	3	6	0

1 Public Health Hazard

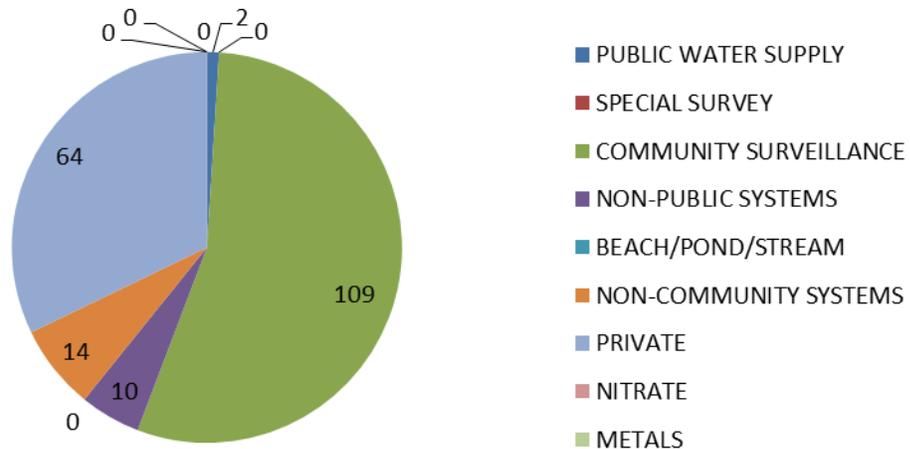
WATER SUPPLY PROGRAM DATA (PUBLIC AND PRIVATE)

NARRATIVE: Staff re-assignments within this program occurred in the third quarter of the year. A temporary contractual employee was hired to assist with program restructuring. In formulating new protocol, the department removed itself from the chain of custody of public water supply sampling schedules and suppliers developed a new plan for sample transport to Erie County Public Health Lab (ECPHL). The department continued to cover the cost of two yearly bacteriological water analyses for private well owners. Updates to the County Code relative to private well drilling remain under review by the NYSDOH.

2013 WATER SAMPLE SUBMISSIONS - ECPHL



2013 WATER SAMPLE SUBMISSIONS - ALBION WTP

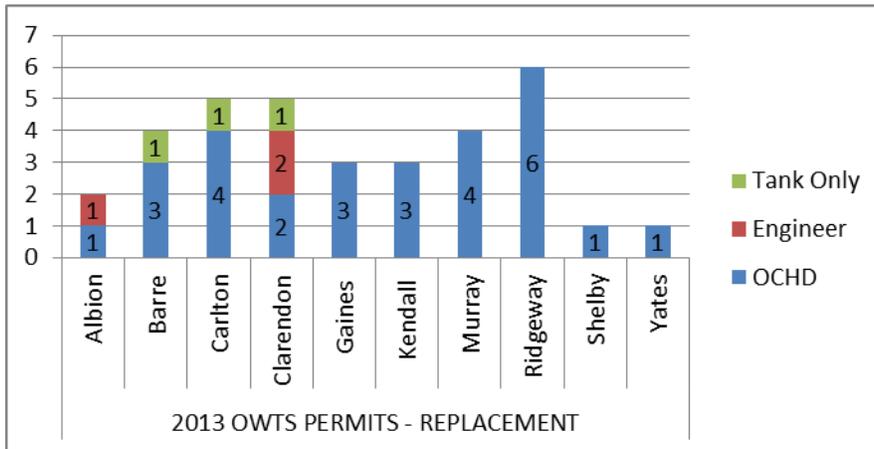
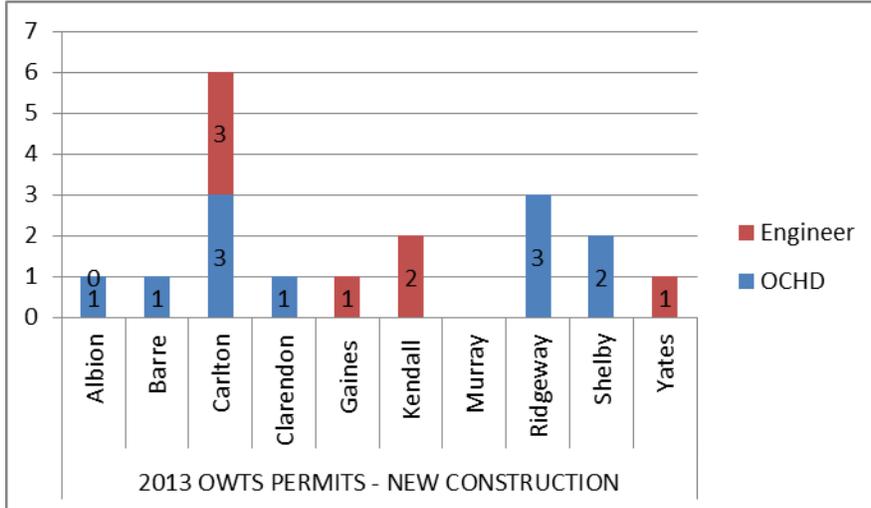


ON-SITE WASTE WATER TREATMENT SYSTEMS (OWTS)

NARRATIVE: This program continues to be supported by one (1) of two (2) part-time staffers. Application paperwork and template letters were updated to align with the County Code. A new department engineer was contracted in March, 2013 to perform engineer plan reviews (all programs). Application for permit to construct decreased by approximately 50%. Generalized use of the specific waiver was discontinued.

OWTS INSTALLATION PERMITS

TOWN	NEW CONSTRUCTION		REPLACEMENT			TOTALS	
	OCHD	Engineer	OCHD	Engineer	Tank	2013	2012
Albion	1	0	1	1	0	3	11
Barre	1	0	3	0	1	5	4
Carlton	3	3	4	0	1	11	19
Clarendon	1	0	2	2	1	6	9
Gaines	0	1	3	0	0	4	6
Kendall	0	2	3	0	0	5	10
Murray	0	0	4	0	0	4	5
Ridgeway	3	0	6	0	0	9	14
Shelby	2	0	1	0	0	3	8
Yates	0	1	1	0	0	2	14
TOTAL	11	7	28	3	3	52	100



ATUPA (ADOLESCENT YOUTH TOBACCO PREVENTION ACT)

NARRATIVE: One (1) sale of tobacco product to a minor occurred in 2013 bringing the total number of retailers with active points to a total of eight (8) out of twenty-nine (29) active. The county’s certified Retail Tobacco Training program was offered for the first time since 2009 to facility owners/operators. Ten (10) certificates of completion were issued to store clerks within the county. Note: 2013 program year runs from April 1, 2013 – March 31, 2014. However, for the purpose of this yearly report, calendar year program data was used.

	Inspections	Violation¹
w/Minor	116	1
Partial (Adult-only)	31	0
TOTAL	147	1

1 – Sale of tobacco product(s) to a minor

CIAA (CLEAN INDOOR AIR ACT)

NARRATIVE: One (1) facility closed their designated smoking room and the waiver was made inactive bringing the total number of waived/exempt facilities down to only three (3). Note: The Exemption Declaration (new document) requested by this office remains incomplete for one exempted facility. Two (2) Food Service Establishments (FSEs) were put on notice (letter issued) that future CIAA violations would result in immediate fines.

	Facilities	Violation
Waiver ¹	1	0
Exempt ²	2	N/A
Other Permitted	N/A	2
TOTAL	3	2

1 – Compliance determined unreasonable or a financial hardship; facility has separate smoking/non-smoking areas

2 – “Membership organization” with no compensated employees

RESIDENTIAL LEAD POISONING PREVENTION PROGRAM

NARRATIVE: Six (6) existing Notice and Demands for correction of conditions conducive to lead poisoning were satisfied and one (1) new case referred bringing the total number of unabated properties to four (4) at the conclusion of 2013.

	Dwellings Assessed	Hazard Present	Notice Demand ¹	N&D satisfied	2012 N&D
Primary Owned	1	1	1	0	2
Primary Rental	0	0	0	6	6
Secondary Owned	0	0	0	0	1
Secondary Rental	0	0	0	0	0
TOTAL	1	1	1	6	9

1 – Certified letter requiring corrective action by property owner (N & D)

RABIES PROGRAM

NARRATIVE: Reported unvaccinated animal bites more than doubled while the total number of reported investigations remained relatively static. The total number of animals serviced at the County-sponsored rabies vaccination clinics remained consistent, as well. New clinic software to improve clinic flow was investigated. Re-development of rabies program coordination related to patient services continued throughout the year with Environmental staff maintaining the lead role in case development. Proposed changes to investigation paperwork to better align with NYSDOH electronic reporting remains in draft format. Patient treatment records, historically housed in the Environmental offices at the conclusion of pre-and post-prophylaxis, were moved to a HIPAA-conducive location in the Nursing Division. Twenty (20) of the twenty-three (23) referred human cases that resulted in human rPEP occurred due to lack of a specimen available for testing.

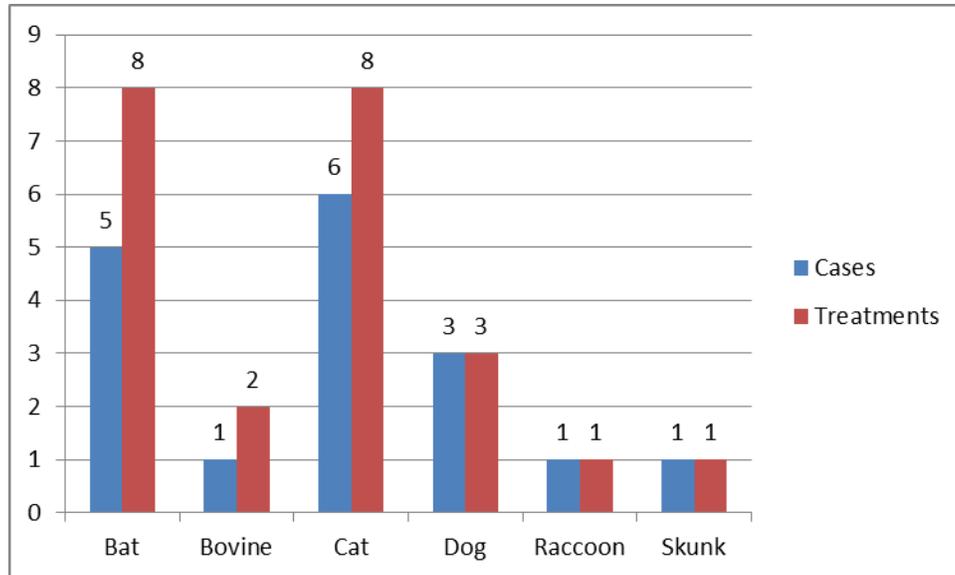
Investigation/Specimen Testing

	2013	2012
Reported Unvaccinated Bites	42	17
Total Reported Bites	83	76
Rabies Positive Animals (lab-confirmed)	6	10
Animals Tested	47	65
Humans Treated (Post-Exposure)	23	27

Vaccination Clinics

	2013	2012
Dogs	1341	1248
Cats	546	592
Ferrets	8	10

Post Exposure Treatment (Human)

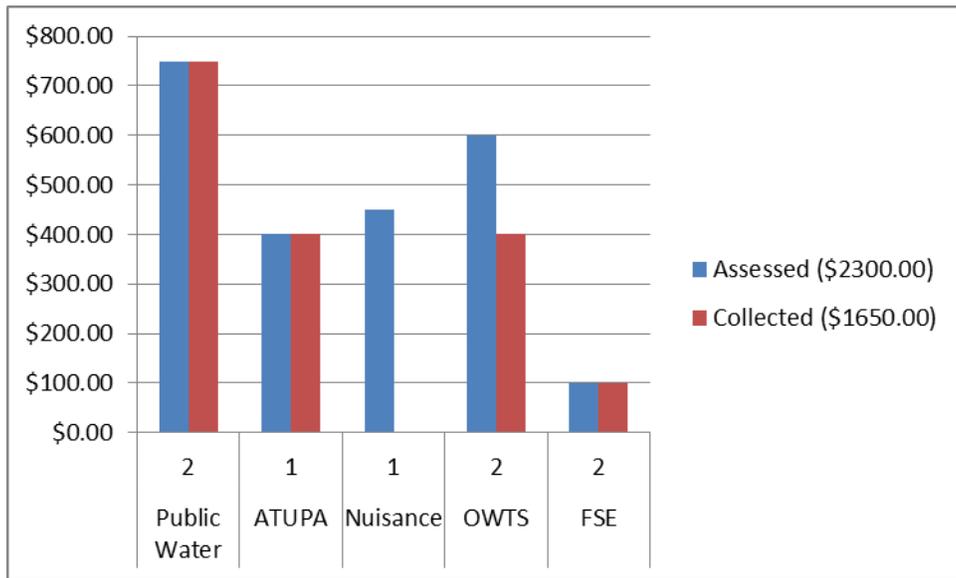


FORMAL ENFORCEMENT ACTION

	2013	2012
Cases	8	21
Stipulations	8	20
Formal Hearings	1	3
Informal Hearings	0	0
Fines Assessed	\$2300.00	\$4900.00
Fines Waived	650.00	350.00
Fines Due	0	900.00
TOTAL Collected	\$1650.00	\$3650.00

NARRATIVE: Staffing deficits from March – August/September caused decreased enforcement activity, most notable in the Food Service Establishment Program.

Enforcement Fines by Program



PUBLIC HEALTH NURSING

This has been a year of significant change. On January 1, 2013, the Director of Patient Services (DPS) joined the Shared Services Project, working in Genesee County 25% of the time and in Orleans County 75%. This change wrought many others: The Nursing Staff of each county have adjusted to more or less supervision and some modification in practice. Services, however, have not decreased; in many cases they've increased. Ideas have been shared between the nurses of both counties, increasing the knowledge/experience to benefit the residents of both counties. Car-pooling to meetings has decreased cost. There is much to be learned but we've all made a significant effort during this year and look forward to year two of the project.

SERVICES

The following services are provided to Orleans County residents either at the Health Department or under certain circumstances, in their homes as the result of referral or official notification.

Service	2011	2012	2013
Antepartum Education	2	4	31
Breastfeeding Support	5	4	20
Elevated Blood Lead Level-Children to 7 years of age	78	62	24
Health Department-supported STD testing/treatment	8	4	6
HIV testing; Pre-and post-test counseling	28	12	56
Infant weights weekly/biweekly	8	5	5
Newborn and Postpartum visits	78	62	102
Newborn Screen (repeat)	3	2	2
Pediculosis capitus (Lice)	16	10	4
Perinatal Hepatitis B- Status investigation	3	4	1
Pre-exposure Rabies Treatment		3	3
Post-exposure Rabies Treatment		19	24
TB (Mantoux) Skin Tests	266	162	162

INVESTIGATIONS/REPORTABLE DISEASES

The nursing staff tracks and investigates Communicable Diseases occurring in Orleans County. They are reported to the Health Department via the Electronic Clinical Laboratory Reporting System (ECLRS) which is checked daily, Monday through Friday. Each Disease report is investigated to assure complete, pertinent information. If necessary, a resident is contacted by the nurse to obtain required information. This opportunity is used to educate the individual about the disease, answer questions and often, to allay fear about the disease. The information gathered, is entered into the Communicable Disease Electronic Surveillance

System (CDESS).

This information is reviewed by NYSDOH Epidemiologists to monitor for trends or disease clusters. There is frequent communication between the NYSDOH epidemiologists and Health Department staff if a disease outbreak should occur or if there is a report of an unfamiliar disease. This is a team effort between the New York State Health Department and the Counties with improving the health of our state and community as its goal.

The following is a three-year comparison of the Communicable Diseases reported 2011 to 2013.

Communicable Disease/Sexually Transmitted Disease	2011	2012	2013
Bacterial Meningitis/Bacteremia *	2	1	0
Campylobacteriosis	9	8	7
Chlamydia	196	167	176
Cryptosporidiosis	4	4	0
Giardiasis	9	1	3
Gonorrhea	6	11	45
Haemophilus Influenza	1	5	0
Influenza-Laboratory Confirmed-A and B *	53	42	80/38
Legionella	0	0	2
Lyme Disease	0	0	3
Pertussis	1	1	6
Salmonellosis *	4	2	7
Shigellosis	2	4	1
Streptococcus Pneumonia	8	10	2
Syphilis	0	24	2
Toxic Shock Syndrome	1	1	0
Tuberculosis	0	0	0
Yersiniosis	1	1	1

* These numbers have been changed from those printed in the 2011 Annual Report after re-analysis.

LEAD POISONING PREVENTION

In 2013, there were 667 Orleans County children tested for Blood Lead Level. Of these, 588 children tested less than 5 ug/dl; 55 tested 5-9 ug/dl; 11 tested 10-14 ug/dl; 3 tested 15-19 ug/dl; 10 tested greater than or equal to 20 ug/dl. This is an improvement over 2012.

Two Orleans County providers have retained the Lead Care II Analyzers in their offices. As a result, there has been an increase in the testing of children for Lead Poisoning. Interestingly, the rates for the type of testing which requires that blood be drawn from the child's arm, has increased as well as the less invasive finger sticks. A continuing goal for the Lead Poisoning Prevention Program is to increase rates of testing for all the children in Orleans County, 1 and 2 years of

age (and pregnant women). Increased time and effort invested in education is underway to protect those in our community most vulnerable to harm from lead poisoning.

IMMUNIZATION

The changes noted in 2012 with regard to modified eligibility for the Vaccine For Children Program and the increased access to immunization from different sources, have made it necessary to rethink the level of service that is needed to be offered by the Orleans County Health Department. Although billing for Immunizations in general was studied and considered, it was decided that major changes to our system were not prudent at this time because of the relatively small volume which is able to be handled without additional cost for systems upgrade. Additionally, declining attendance at scheduled clinics, lead to a decision to reduce the number of clinics offered by the Orleans County Health Department for 2014. Three off-site school clinics were held. Two were very well-attended; one had fewer attendees but this was the first year that this school had requested an Influenza clinic be held at their site. All three have requested that influenza clinics be held in 2014.

Adults and children have received the following immunizations from OCHD in 2013.

Disease being Immunized Against	2011	2012	2013
Chicken Pox (varicella)	36	36	20
Diphtheria	127	147	69
Hepatitis A	22	50	20
Hepatitis B	49	53	21
HIB (Haemophilus Influenza Disease)	17	15	4
HPV (Human Papillomavirus)	30	76	23
Ig (Immune Globulin)	0	1	0
Measles (Rubeola)	54	58	42
Meningitis	32	32	16
Mumps	54	58	42
Pertussis	123	137	69
Pneumonia	51	74	5
Polio	3	7	15
Rubella (German Measles)	54	58	42
Tetanus	127	147	69

Influenza Vaccine was administered to 190 children; and 397 adults in 2013.

RABIES IMMUNIZATION

There were 24 individuals vaccinated for post-exposure and 3 individuals vaccinated for pre-exposure. The latter group needed vaccination because of an occupation, such as a veterinary technician, which puts them at high risk for animal bites.

MATERNAL CHILD HEALTH (MCH)

The Western New York Public Health Alliance applied for and received, on behalf of Allegany, Cattaraugus, Genesee, Orleans and Wyoming Counties, a five-year grant to improve outcomes related to Preterm Birth; Low birth weight; Infant Mortality and Maternal Mortality. It is in the early stages. There will be more information in future reports.

In addition to the referrals received from Providers for Prenatal and Post-Partum visits 20 contacts by phone, 24 home visits and 76 contacts by mail (new baby/maternal/family information) were made based on review of the birth notices. Community Health Nurses continue to attend the maternal/ child Discharge meetings at United Memorial Medical Center. This is helpful, because it provides additional information regarding the family's situation, which allows the nurse to focus more directly on that family's needs as she prepares for the visit.

Breastfeeding success continues to be a focus of the post-partum visit for those Moms who wish to breastfeed.

MIGRANT FARMWORKER OUTREACH

OCHD continues to provide certain healthcare services to migrant farm-workers and their families. It is a cooperative effort with Oak Orchard Health (OOH), a Federally Qualified Health Center and OCHD Outreach staff through a grant administered by OCHD. Services include: Tuberculosis Skin Testing, Immunizations, HIV testing/counseling, and Blood Pressure Screening in the camps where they live. This is done in the evening, allowing the farm-worker to complete a full day's work and still get the needed health screening/care. In addition, there are visits made to the homes to assure medications are taken properly when there is a case of Tuberculosis Infection (not disease) or Tuberculosis Disease, and to make post-partum visits to new moms and babies. The outreach nurses work with a team which assures translation as needed.

During this program year, 1/1/13 to 12/31/13, 58 clients were tested for HIV. HIV tests are offered along with other services. Pre- and Post-test counseling is provided to each client. Tuberculosis testing and medication for Latent Tuberculosis Infection (not disease) was provided for 9 clients. Medication regimen was completed in 2013 for 4 children. 105 Tuberculin tests (PPD) were completed for Migrant clients. Of these, 9 adults were positive for infection only and were evaluated for treatment. 2 more were positive and were referred to

Niagara Health Department for follow-up. 5 of the migrant clients were referred to TB Net when they left this area. This is an organization which follows these individuals when they leave the area, to assure they are connected to a site at their destination, so that treatment can be continued accurately without the person having to be re-evaluated.

The length of the treatment which is required is a major barrier to completion. This year, due to specific circumstances, we were able to provide the 12-dose treatment for two clients, which makes completion much more likely. We will continue to investigate ways to provide this more expensive treatment option, less expensively.

TUBERCULOSIS CONTROL

148 Mantoux skin tests were placed and read for community members. Of these, none were classified as positive.

There were 6 referrals to OCHD from a number of providers for follow-up treatment for Tuberculosis Infection. A total of 6 persons received Directly Observed Preventive Therapy (DOPT) during 2013 through the Licensed Homecare Services Program (LHCSA). Additionally, 4 clients were seen but did not require home visits.

There were no cases of active Tuberculosis Disease.

ADDITIONAL SERVICES

Nursing continues to provide Personal Care-Aid supervision and Skilled Nursing Assessments by contract for the Department of Social Services Home Care Program. In 2013, 62 DSS case assessments were completed.

Physical Review Instruments (PRIs) are done by a nursing staff member, who is PRI/Screen certified, to assess the correct level of care that a client requires. They are usually requested by facilities, although individuals may request that it be done for those clients who meet certain criteria. 17 PRIs were completed in 2013.

Blood Pressure Screenings are offered by the Nursing Staff to several Senior Citizen groups around the county. They are held monthly on a rotating schedule. Individuals are given their blood pressure readings on wallet-size cards to share with their primary providers when they visit.

PUBLIC HEALTH EDUCATION

Health Education at the Orleans County Health Department has continued to evolve as the issues and needs of the community change. The efforts of the Public Health Educator continue to be active maintaining existing and developing new partnerships, reviewing and developing materials, providing various programs as requested from the community, as well as the duties of Risk Communications/Public Information Officer for the Department.

Health Education Programming

Incorporated into the programming component of the Health Educator are the provision, coordination, research and development of educational programming, along with referral and informational services to the community, worksites and schools on an as needed/requested basis. Although time constraints and funds have limited WNY Regional Public Health Educators' meetings, PHE continues contacts with regional public health educators. With the cross-jurisdictional project and supervisory sharing, this has provided an opportunity for the PHE to work more closely with the Genesee County PHE.

The department puts out a weekly column, "For the Health of it" for the Journal-Register which has expanded to the Orleans Hub, an electronic news source and shared with both Genesee and Wyoming counties, with topics including relevant health issues to promote various programs, and may include state media releases, etc. Sharing the articles with neighboring counties ensures consistent messaging across the borders where our residents also travel for services and work. PHE continues to partner with Genesee County Health Department to provide monthly columns to the Batavia based Daily News and Wyoming County is sharing them with the Country Courier and on their web site.

Within the County, the Educator is a member of the Employee Assistance Program and coordinated two blood drives and E.A.P. orientations for new employees as well as attending monthly meetings. Research and development of policies for a proposed Employee Wellness Center has continued.

Another ongoing project is maintaining and updating the Health Department web site. This site has allowed the department to push information, forms and departmental services to County residents via the web. The Health Department continues to utilize social media through Twitter and Facebook to promote current health issues, vaccination clinics, and health related events throughout the community, continuing to update various programs and health information throughout the year.

General Public Health Education

The educator maintains, develops, consults, and encourages links with various community organizations, businesses, and not-for-profit agencies to promote wellness and the Orleans County Health Department services. Some agencies that the department collaborates with include the MHA of Orleans County, LIFE Program, ACT

Program, Human Services Council, Tri-County Prevention Coalition, Suicide Prevention Coalition, Healthy Orleans Network and Community Partners.

Health education also serves as the training arm of the department. Some of the annual trainings that are conducted include CPR/AED recertification for both Genesee and Orleans County nursing staff, training for various agencies and businesses, as well as the annual HIPAA and Corporate Compliance training for the Health Department and Board of Health.

This past year we hosted one and a half full-time interns during the Spring Semester along with two part-time Health Education Experiential students in the Fall Semester. All students were matriculated in the Health Education program at SUNY Brockport. We also hosted a part-time Health Administration student who was shared with The Villages of Orleans and a part-time graduate student from the University of New England Master of Public Health program during the summer. Key accomplishments were:

- Bulletin boards at the County Office Building and the Health Department to promote various health department programs and resources.
- The Health Education Interns were able to assist with various programs through the Health Department and meet staff to gain an understanding of the workings of Public Health.
- Assisted with the grant process for the Suicide Prevention Task Force and in collaboration with Orleans Community Health's Community Partner's and GCASA / Orleans United projects.
- Assisted with the development of the community health assessment survey.
- Assisted with data mining for the community health assessment.
- Assisted with community conversations.
- Assisted with the application for the CDC Public Health Associate Program (PHAP).
- Assisted Genesee County with a rabies prevention / bite prevention program for Genesee County Animal Shelter.
- Assisted Genesee County with development of waiting room promotion of iPads for technology grant.
- Assisted LIFE program and Cooperative Extension with an after-school program hosted by Albion Presbyterian Church.
- Anti-bullying program for Albion Parks program.

PHE assisted the Suicide Prevention Task Force (SPTF) to write a grant to assist with transition to the Suicide Prevention Coalition. A Summit was held in the fall and although it was the same night as a massive fire, several invited providers in the field of mental health, funeral homes, school and law enforcement were in attendance. Future grants will be applied for and the Summit is proposed to be an annual event for the foreseeable future.

Environmental Health

Public health education includes time consulting and working with environmental staff in various programs. In the Rabies program, the department participates in Conservation Field Days doing a rabies alert program for sixth graders in the County. In the Public Water program, the department participates in the Albion Strawberry Festival, conducting a best-tasting water contest. Health education also spends time in the Adolescent Tobacco Use Prevention Act (ATUPA), where the department conducts compliance checks for retailers selling tobacco products to minors. The department uses our own training video during the orientation/training of new staff and teen agents. An ATUPA billboard / poster contest was held with the top winning poster displayed on two billboards in early fall with the winning poster made by a student from Lyndonville High School. We also provided lead poisoning prevention materials throughout the year via the weekly column, at various meetings and events, including the Community Action Children's Carnival and the Orleans County 4-H Fair.

CDC- Public Health Associate Program (PHAP)

A joint application was submitted to the CDC to request a 2 year PHAP Fellow to work at both Orleans and Genesee County Health Departments. This Fellow is paid by the CDC and is a full-time employee. This shared opportunity will assist both departments with the development of the CHA and implementation of the CHIP during her tenure. Working with the CDC gives us the opportunity to mentor a potential public health advocate while receiving support to provide appropriate services to county residents.

Community Health Assessment / Community Health Improvement Plan

The majority of PHE time was spent on the organization and development of the Community Health Assessment and Community Health Improvement Plan (CHA/CHIP). This was the first time Genesee, Orleans and Wyoming counties were to develop a tri-county document. With the assistance of P2 of WNY facilitating partner meetings, including all three hospitals, a community health assessment survey was developed and administered via survey monkey throughout all three counties. Community conversations were held to hear what community residents felt about their health and health related services in their respective counties. Upon analysis of survey and communication results and state/federal data, the tri-county partners convened to determine the priority of the NYS Prevention Agenda the three counties would focus on over the next 3 years. The priority areas chosen were:

Priority Area 1: Prevent chronic disease

- ❖ *Focus Area 1: Increasing access to high quality preventative care and management (Disparity: Uninsured/underinsured)*
- ❖ *Focus Area 2: Reduce obesity in children and adults*
- ❖ *Focus Area 3: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure*

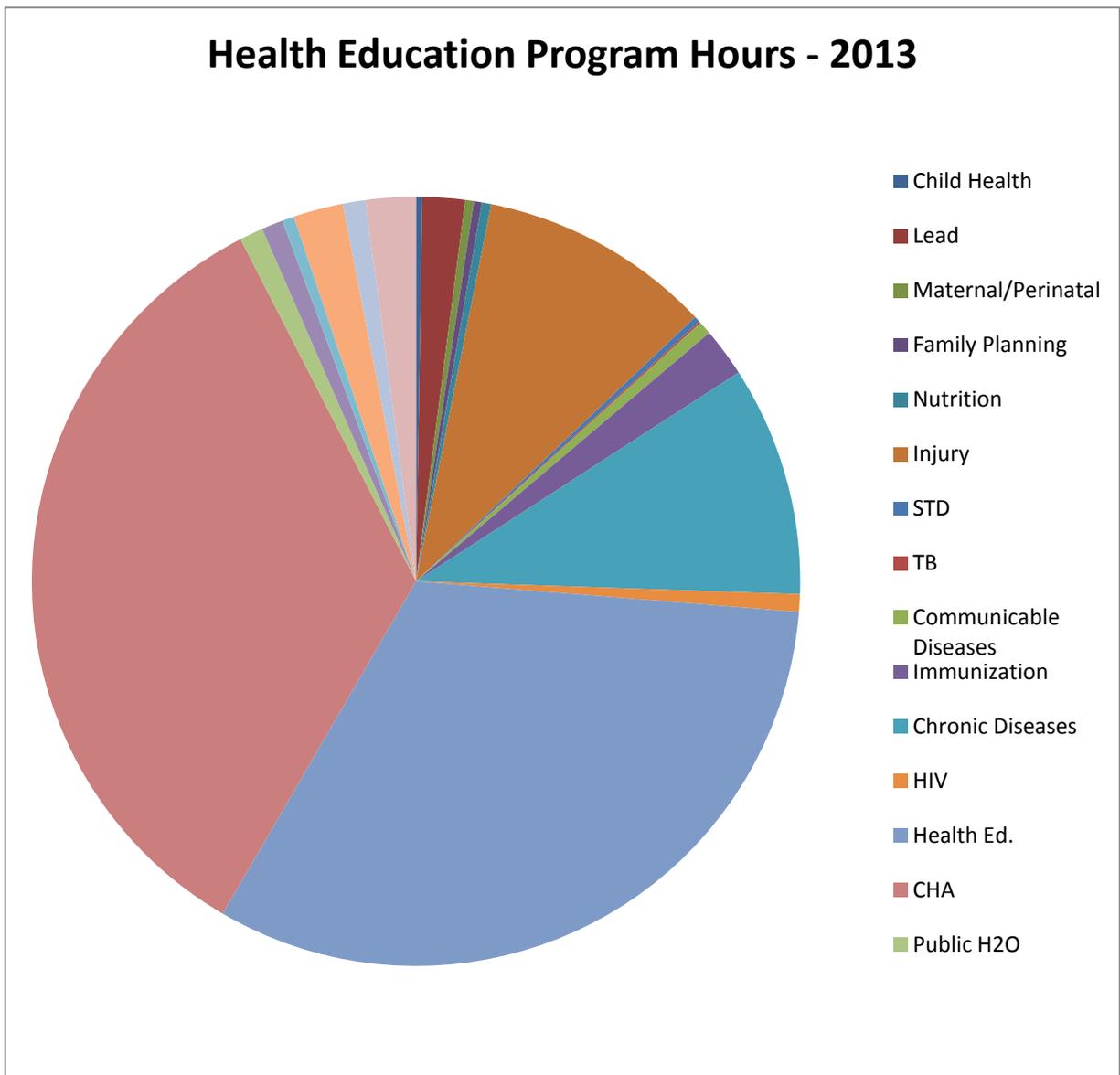
Priority Area 2: Promote mental health and prevent substance abuse

❖ *Focus Area 4: Strengthen infrastructure across systems*

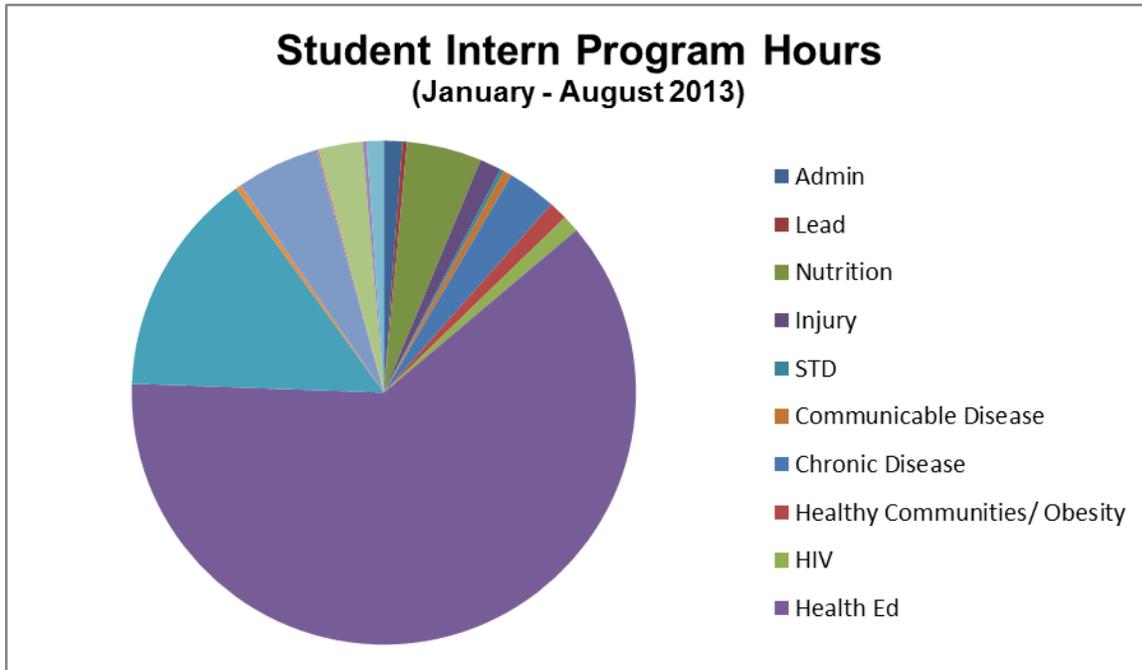
The three counties will continue to meet with key stakeholders and partners as we move forward in the implementation phase.

Emergency Preparedness

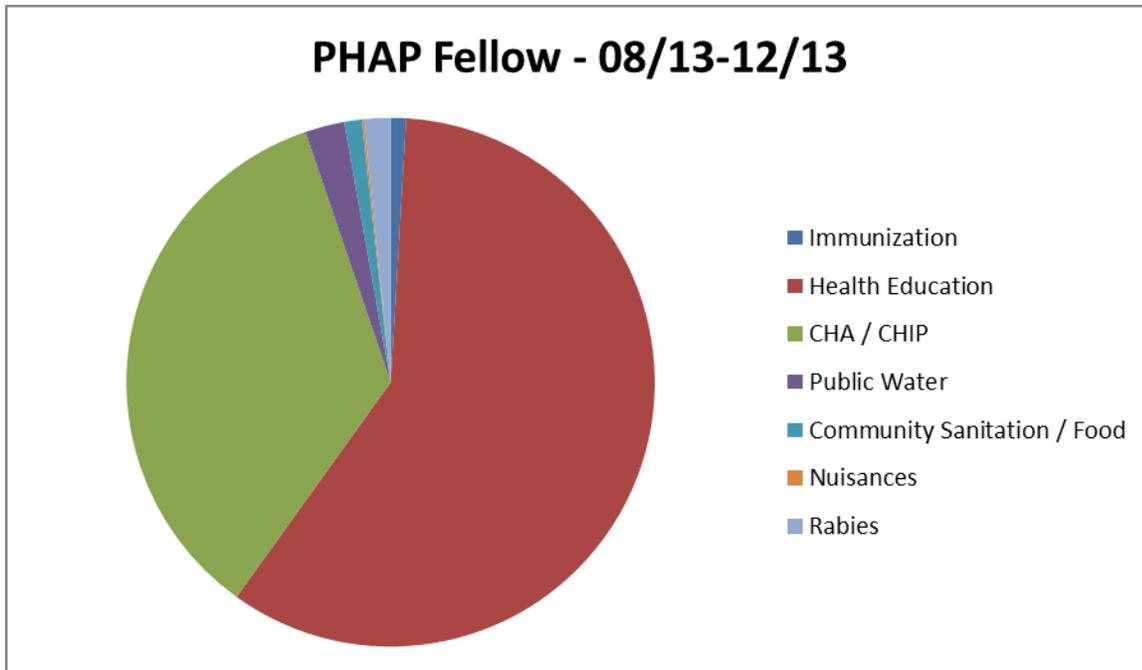
PHE continued to work on Communications Plan which is an on-going process. Assisted with POD planning and promotion. Provided multiple postings on Facebook and Twitter regarding Emergency Preparedness issues and submitted several columns related to the topic.



Breakdown of PHE hours per program area. Total hours worked in 2013 is 1,688 hours.



Breakdown of hours per project area completed / worked on by Interns. Total hours worked for Orleans County 867.75 hours.



Breakdown of hours per program area for both counties completed by PHAP Fellow. Total hours worked for Orleans and Genesee Counties 746 hours.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

The Orleans County Public Health Emergency Preparedness Program is funded yearly through the Center for Disease Control's Public Health Emergency Preparedness Grant. Grant deliverables are based on the CDC's 15 Public Health Preparedness Capabilities, which are established national standards for state and local planning. The capabilities, shown in their **corresponding domains** are as follows:

Biosurveillance Incident Management

- Public Health Laboratory Testing - Emergency Operations Coordination

- Public Health Surveillance and **Information Management**

- Epidemiological Investigation - Emergency Public Information and Warning

- Community Resilience** - Information Sharing

- Community Preparedness **Surge Management**

- Community Recovery - Fatality Management

- Countermeasures and Mitigation** - Mass Care

- Medical Countermeasure Dispensing - Medical Surge

- Medical Materiel Management and Distribution - Volunteer Management

- Non-Pharmaceutical Interventions

- Responder Safety and Health

These capabilities, along with program guidance can be found at:

http://www.cdc.gov/phpr/capabilities/Capabilities_March_2011.pdf).

Each grant year, the CDC focuses on specific capabilities to expand and develop strategic planning to meet the preparedness goals. Here in New York, CDC funding & requirements are passed to the state, the state customizes the federal Public Health Emergency Preparedness Program for New York counties and provides the counties with deliverables and monies, along with guidance and support, to meet the goals. County funding is population based, though all NY counties have the same basic deliverables. In Orleans County programmatic activities are coordinated and/or conducted by the Public Health Emergency Preparedness (PHEP) Coordinator, working with divisions of the Orleans County Health Department, local and regional agencies, and support from NYSDOH Regional Representatives as well as specialized programmatic support from the main office in Albany. Monthly meetings include an 8-county coalition of PHEP Coordinators, the Western NY Regional Resource Center (hospital planning group), and our Regional Representatives from NYSDOH. Quarterly meetings scheduled with these groups focus on hospital preparedness planning.

Deliverable activities, monitored through quarterly reporting requirements, involve meeting and maintaining public health preparedness and response levels per state and federal requirements through development of plans, exercises and drills and other programmatic obligations.

Although western NY counties have historically maintained a close planning relationship with hospitals and healthcare facilities, in 2013 state requirements

provided for more concerted planning efforts with those agencies. StormWest 2013 was such a collaborative exercise, sponsored by the Western Region Health Emergency Preparedness Coalition (WR HEPC), Public Health and Hospital Emergency Preparedness Grant, Local Emergency Management Program Grant.

Participating were 25 Federal/State/Regional agencies, eight county Offices of Emergency Management, numerous county departments and local Offices of Emergency Management, four County Offices of Mental Health, eight County Health Departments, 26 Regional Hospitals, one Psychiatric Hospital, 86 Long Term Care and Adult Care Facilities, two Healthcare Mutual Aid Plans, five County Radio Amateur Civil Emergency Services (RACES) teams, seven municipal Water Authorities, three media outlets, and a number of private and volunteer ambulance companies.

The exercise tested the following Public Health Emergency Preparedness/Hospital Emergency Preparedness capabilities:

Healthcare Systems Preparedness; Emergency Operations Coordination; Information Sharing; Medical Surge.

Additionally, Department of Homeland Security (DHS) Capabilities testing consisted of:

Intelligence and Information Sharing and Dissemination, Medical Surge, Citizen Evacuation and Shelter-in-Place, Communications, Mass Care, Critical Infrastructure Protection, Emergency Operations Center Management, Responder Safety and Health, and Community Preparedness

The PHEP Coordinator and staff worked throughout the year to integrate emergency preparedness into daily programming, including the Public Health Nursing and Environmental Health Divisions. A critical piece of the program lies with the Public Health Educator/Risk Communication designee, responsible for providing health department programmatic information to the public. A healthy, well informed, prepared community will recover more quickly from a disaster.

The CDCs Strategic National Stockpile (SNS) Program drives many of the deliverables each grant year, including the annual SNS Plan Update, POD or Point of Distribution/Medical Countermeasure planning & exercise deliverables. These annual SNS/MCM deliverables consume much of the effort expended. The SNS is the federal cache from where vaccine and/or medications and ancillary supplies would come from in a major public health event, such as a pandemic, epidemic, bio-terrorist attack or other large-scale public health emergency when available local resources may not be sufficient. Along with drilling of the SNS receiving process, we are required to plan for and manage a "POD" or Point of Distribution (mass distribution) with the capacity of prophylaxing or vaccinating our entire population in 48 hours. In Orleans County, we have 7 identified POD sites, and continue to develop logistical & staffing plans for each site to accommodate this intense level of public health response.

A mainstay of the local preparedness program is Orleans County VALOR Medical Reserve Corps (OCVMRC), managed under the O.C. Public Health Emergency Preparedness Program. Comprised of over 60 volunteers, the unit provides critical

additional support roles as required by CDC PHEP Deliverables. As a result they augment available health department staff, meeting staffing requirements to provide for mass distribution of vaccine or medication in a public health emergency in our community. O.C. VALOR volunteers participate in exercises and drills, attend trainings, and provide a valuable service by improving community resiliency through public presentations. OCVMRC builds capacity from within the Orleans County Health Department to help meet the public health mission. Nationally, with over 205,000 volunteers and 989 units in 50 states, Medical Reserve Corps are being recognized in communities all over the country for services they provide to their communities, particularly in the current era of budget cuts. In 2013, OCVMRC developed the following community programs and/or training opportunities:

January: Lakeshore Flooding Presentation. Informational/preparedness meeting for lakeshore residents and stakeholders (inspired by the Superstorm Sandy event). Presenters included a scientist from the National Weather Service, a Director from Soil and Water Conservation, the U.S. Coast Guard, Orleans County Director of Emergency Management, Orleans County Animal Control, and lakeshore town Highway Supervisors. A VALOR Volunteer explained and demonstrated “go-bag” assembly.

January: Volunteer Coordinator Laurie Ruday shared with the Orleans County Health Dept. staff her experiences as a ServNY Superstorm Sandy volunteer in Suffolk County.

February 20-22nd, Unit Leader Peg Wiley attended the MRC Seasonal Leadership & Training Summit in Virginia. The training was fully funded by the National Assn. of County & City Health Officials (NACCHO) and the Division of Civilian Volunteer Medical Reserve Corps (DCVMRC). Best practices were shared by MRC’s from around the country, and topics ranged from recruiting strategies to community resilience projects.

February: ICS (Incident Command System) and POD training for volunteers.

March : Fire Safety Education presentation at the Hoag Library. Volunteers distributed information, smoke detectors, t-shirts. Open to the community, geared towards kids.

April: Skywarn Training presented by the National Weather Service. Open to the public and volunteers.

April: Volunteer Coordinator Laurie Ruday and PHEP Coordinator attended a 2-day Mass Prophylaxis Preparedness & Planning Training at the Cattaraugus County Office of Emergency Services in Little Valley, NY. The training was free, with travel and hotel funded by a private donation made from a supporter at the previous year’s Concert in the Parks series.

July-August: Volunteers shared preparedness information with concert attendees at 2 “Concerts in the Park” at Point Breeze.

August: Healthy Living Event. Promoted the benefits of exercise and healthy eating. Discussed and distributed QuickSeries “Healthy Lifestyle” & “Smart Nutrition 101” to attendees, which included volunteers and the public. Melissa Kleehammer from Brockport Yoga joined us, demonstrating a few basic yoga positions.

September: Volunteers shared family and pet preparedness information at Albion free rabies immunization clinic.

October: “Contagion” movie showing/discussion for volunteers and the public. The movie portrayed a small community’s response to a fatal pandemic event.

In November our story appeared in this national organization web publication:
<http://www.nacchostories.org/volunteer-efforts-continue-local-preparedness-education/>
The story showcases the efforts OCVMRC invests in local preparedness education, disaster risk reduction and community resiliency.

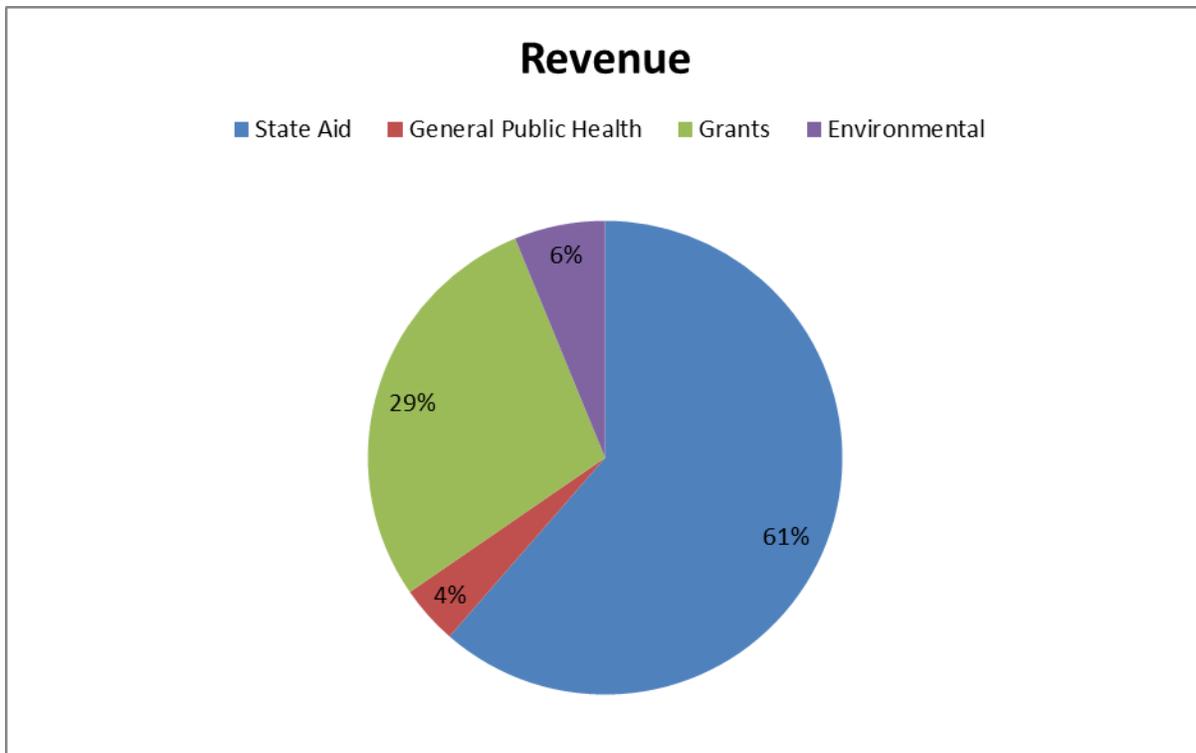
OCVMRC continues on its mission to help strengthen our community’s preparedness as a valuable, viable community resource in time of need, where existing resources may not be enough, while continuing to grow and develop its role of building community resiliency through community participation. A healthy, prepared community is a resilient community.

Finally, beginning in 2014 the New York State Department of Health has integrated the Public Health Emergency Preparedness Program into Public Health as a Core Program. Recognition of the importance of integrating the Public Health Emergency Preparedness Program into all aspects of public health is key to the success of establishing public health preparedness in the lives of our citizens.

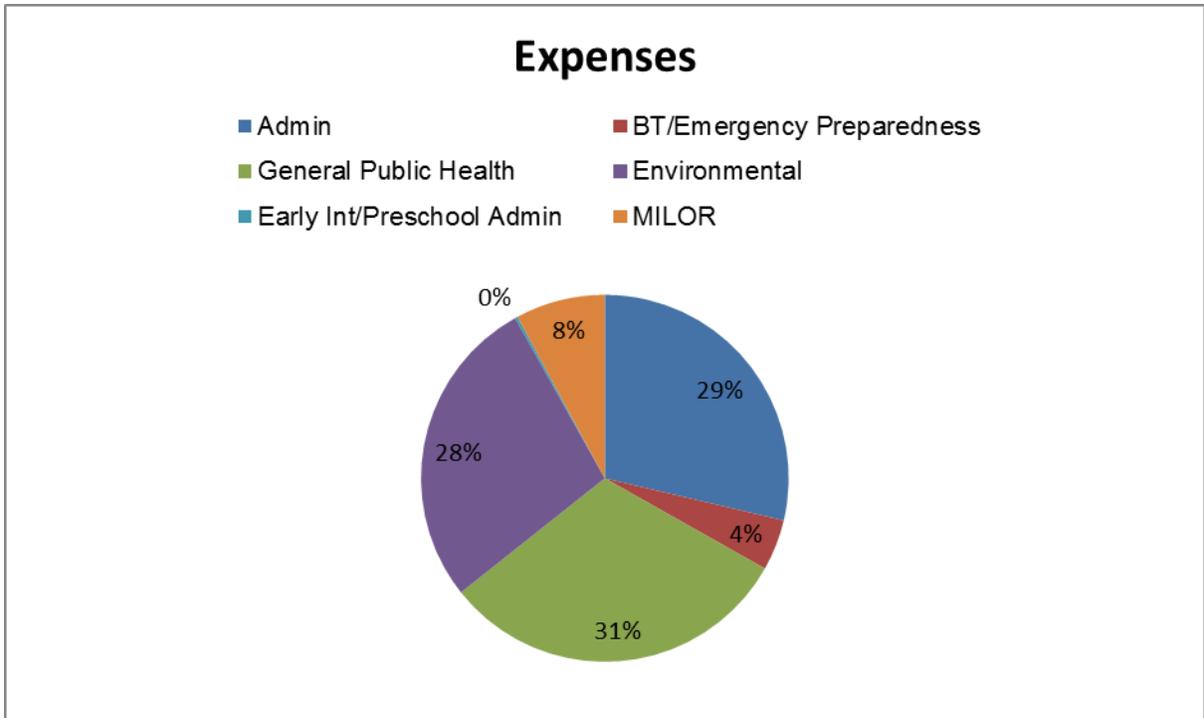
2013 FINANCES

General Public Health

2013 REVENUE		
State Aid	\$ 689,987.87	61%
General Public Health	\$ 45,053.72	4%
Grants	\$ 319,119.73	29%
Environmental	\$ 69,687.50	6%
Total	\$ 1,123,848.82	100%

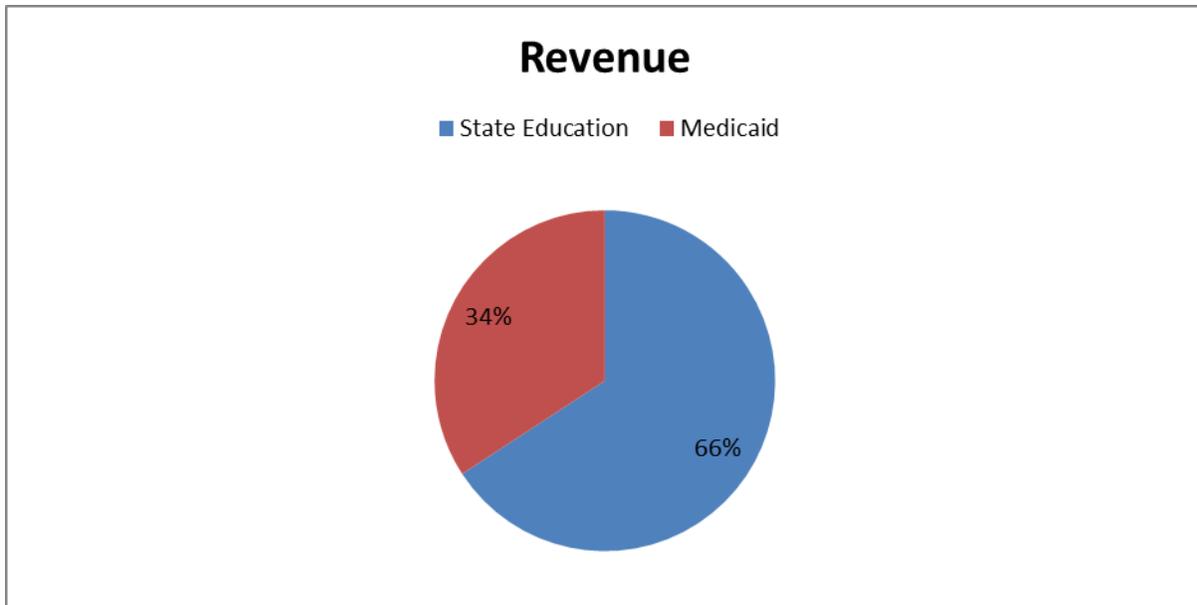


2013 EXPENSES		
Admin	\$ 489,375.11	29%
BT/Emergency Preparedness	\$ 76,699.74	4%
General Public Health	\$ 531,002.48	31%
Environmental	\$ 470,320.93	28%
Early Int/Preschool Admin	\$ 3,939.30	0%
MILOR	\$ 134,500.00	8%
Total	\$ 1,705,837.56	100%

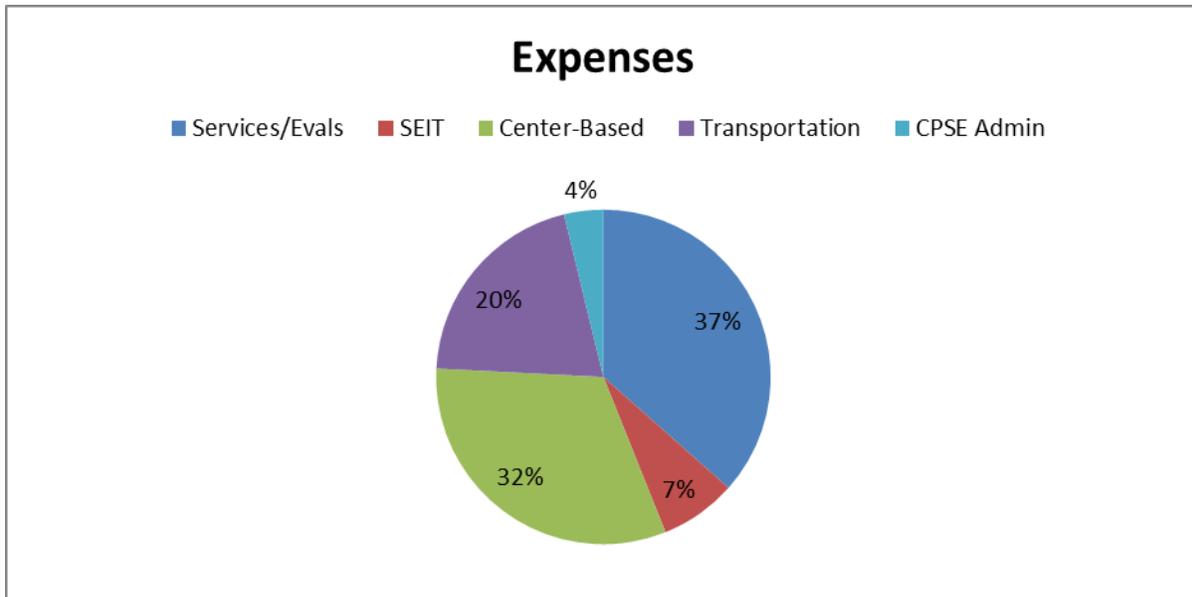


2013 PRESCHOOL EDUCATION

REVENUE		
State Education	\$ 1,108,074.22	66%
Medicaid	\$ 575,951.97	34%
Total	\$ 1,684,026.19	100%

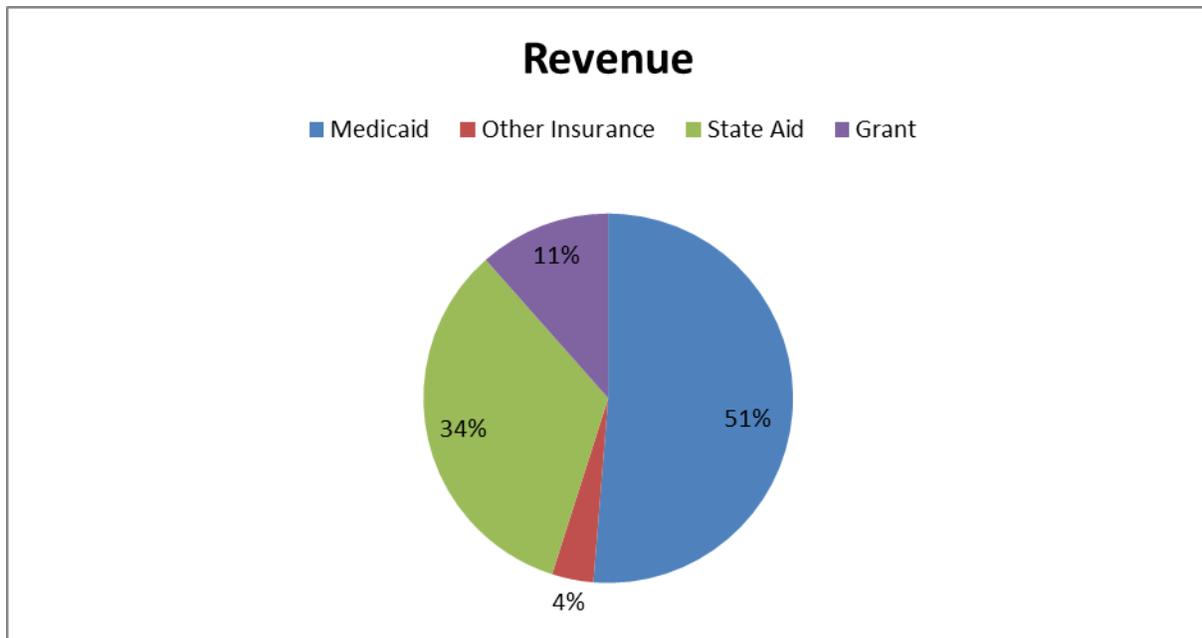


EXPENSES		
Services/Evals	\$ 861,170.97	36%
SEIT	\$ 174,488.08	7%
Center-Based	\$ 750,738.20	31%
Transportation	\$ 480,701.60	20%
CPSE Admin	\$ 89,286.31	4%
Personal Services	\$ 46,745.03	2%
Program Expenses	\$ 1,328.58	0%
Fringe	\$ 8,696.90	0%
Total	\$ 2,413,155.67	100%



Early Intervention

REVENUE		
Medicaid	\$ 140,612.57	51%
Other Insurance	\$ 9,959.01	4%
State Aid	\$ 92,001.06	34%
Grant	\$ 31,615.19	11%
Total	\$ 274,187.83	100%



EXPENSES		
Services/Evals	\$ 212,492.66	50%
Transportation	\$ 30,702.94	7%
Respite	\$ -	0%
Personal Services	\$ 116,672.59	28%
Program Expenses	\$ 5,395.01	1%
Fringe	\$ 56,568.20	14%
Total	\$ 421,831.40	100%

