

Clinton County Health Department

Health Care Services Division

2021 Annual Report





Clinton County Health Department

Vision

Clinton County...Healthy People in a Healthy Community

Mission

Our mission is to improve and protect the health, well-being, and environment of the people of Clinton County

Core Values

Advocacy, Collaboration, Excellence, Innovation, Integrity, Service

Health Care Services Division Overview

The Health Care Services Division targets primary and secondary prevention interventions to impact population measures by serving those individuals and families who are at risk for adverse health outcomes.

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Director's Report

It is my pleasure to present the 2021 highlights of the Health Care Services Division (HCS). Such a challenging year with the COVID-19 pandemic running rampant throughout Clinton County. The staff was able to meet the challenges they faced every day with professionalism and dedication to our communities. This would never have been accomplished without the support of so many including our MRC volunteers, the staff from other health department divisions, the administration, Clinton Community College (CCC), State University of New York at Plattsburgh (SUNY) and all of our community stakeholders. I would like to extend a special **thank you** to all who supported our efforts.

Activities of many of our programs were on hold or severely scaled back early in the year due to the raging COVID-19 pandemic. However, there were many accomplishments. The HCS team began vaccinating community members in every corner of the county. Point of Distribution (POD) sites were set up throughout the county including in fire houses, churches, schools, community centers, senior housing, nursing homes, Champlain Valley Physicians Hospital, CCC, and SUNY. By the end of 2021, the team administered over 17,000 COVID-19 vaccinations.

But we are not done, COVID-19 is still out there and we need to continue to spread the word that the best protection against COVID-19 is to get vaccinated.

Despite being pulled to assist with the COVID-19 response, the Early Intervention (EI)/Preschool team saw an increase in the number of referrals to those programs when compared to 2020.

In October 2021, the Children and Youth with Special Health Care Needs (CYSHCN) was transitioned from the Communicable Disease/Immunization team to the EI team to better align with the work-plan.

Debra L. Tackett MSN, RN
Director of Health Care Services
Interim Director of Public Health

Communicable Disease Program



The Communicable Disease Program is mandated under the NYS Sanitary Code as a vital step in controlling and preventing the spread of disease. Health department nurses perform surveillance, confidential case investigations, outbreak management and contact identifications in an effort to protect the health of Clinton County residents.

Only cases meeting NYSDOH and CDC case definition (standard criteria for classifying a disease), are reflected in the final tally. These totals may be different than what was reported in quarterly reports as NYSDOH makes the final decisions on cases months or years following the initial case investigations.

Communicable Disease*	2018	2019	2020	2021
Anaplasmosis	3	1	14	19
Campylobacter	12	17	13	10
Chlamydia	303	270	206	163
COVID-19	N/A	N/A	1365	8467
Cryptosporidiosis	1	2	4	2
E. Coli STEC not 0157	0	2	2	3
Encephalitis	3	0	0	0
Giardiasis	4	8	11	4
Gonorrhea	33	29	17	57
H. influenza (invasive) (Non-type B)	4	4	2	0
Hepatitis A	2	0	0	0
Hepatitis B – Acute	1	1	1	0
Hepatitis B – Chronic	3	9	2	12
Hepatitis B – Chronic Inmate	6	5	N/A	N/A
Hepatitis B – Prenatal	0	1	0	0
Hepatitis C – Acute	5	4	4	3
Hepatitis C – Chronic	87	62	41	25
Hepatitis C – Chronic Inmate	59	67	N/A	N/A
Hepatitis C – AB+, RNA -	N/A	N/A	N/A	17
Legionellosis	1	6	2	3
Lyme Disease	54	63	95	208
Meningitis – Aseptic	8	4	1	1
Meningitis – other(not bacterial/meningococcal)	0	0	0	0
Pertussis	8	27	1	0
Rocky Mountain Spotted Fever	0	1	2	0
Salmonellosis	5	8	8	8
Shigella	0	3	0	1
Streptococcal - Group A (invasive)	2	1	2	0
Streptococcal - Group B (invasive)	8	10	11	7
Streptococcal - Pneumonia	14	11	5	6
Syphilis	7	2	0	11
Prenatal Syphilis Exposure	1	0	0	0
Toxic Shock Syndrome (STSS)	2	0	0	0
Tuberculosis	1	1	0	0
Vibriosis	1	0	0	0
TOTAL CASES	655	656	442	9123

Bold, Italicized diseases are vaccine preventable.

2021 Highlights

- CCHD continued to participate in NYSDOH Lyme disease sentinel surveillance system (>50 cases of Lyme disease per year over a 3 year period). Clinton County is responsible for investigating 20% of reported Lyme disease cases in Clinton County.
- Anaplasmosis cases increased in Clinton County, thus mirroring the pattern of Lyme disease from previous years as infected ticks increased north and west of the Hudson Valley.
- This was predicted by NYSDOH environmental health experts secondary to increasing tick borne disease investigations throughout NYS. NYS and CCHD increased education about tick borne disease prevention and testing over 2018-2019 in an effort to increase awareness of diseases other than Lyme.
- COVID-19 case investigations dominated much of communicable disease work closing 2021 with 8,467 cases.

Sexually Transmitted Infections Programs

In 2021, STIs (Chlamydia, Gonorrhea and Syphilis) made up just over 35% of communicable diseases in Clinton County (excluding COVID-19) down from 50% compared to 2020. Of these, chlamydia infections accounted for just over 70% of reported STIs in the county.

This year NYSDOH extended the performance incentive to local health departments to promote education to community providers that diagnose a significant portion of STIs. The initiative items that were completed by CCHD staff included in-person and virtual meetings with local providers and the emergency department regarding information on Expedited Partner Therapy in hopes of decreasing STI transmission.

2021 Highlights

- Provider training based on Performance Incentive Program on EPT at a large adult provider practice and an urgent care agency.
- Since the beginning of the Performance Incentive in 2019 there has been a decrease of 60% in Chlamydia cases.
- NYSDOH awarded Clinton County with the Performance Incentive of Expedited Partner Therapy for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* with a final score of 92.94.

Sexually Transmitted Infections Clinic

CCHD contracts with Planned Parenthood of the North Country for clinical and laboratory services for diagnosis and treatment for STDs for residents of Clinton County to meet the NYCRR 40-2.2 of public health law Title 10. The clinic diagnosis and treatment numbers are low in 2021, partially due to the pandemic but also with health insurance access for those under or uninsured. PPNCNY works with marketplace navigators to help participants secure health insurance to cover treatment costs.

2022 Goals

- Encouraging providers and organizations to participate in the NYS Condom Program to distribute condoms free of charge for their participants and at their venues.
- Provide gap services for underinsured or uninsured individuals through contracted STD services.

Immunization Program

CCHD participates in the NYSDOH Immunization Action Plan grant. The grant is tasked with increasing and sustaining immunization rates of Clinton County residents. As part of the work-plan, immunization staff work toward:

- Achieving The Advisory Committee on Immunization Practices (ACIP) recommendations.
- Increasing childhood immunization rates among children 19-35 months.
- Increasing HPV vaccination coverage of 13 year olds.
- Prevention of perinatal hepatitis B by providing case management of newborns exposed to Hepatitis B in utero.
- Improving adult immunization rates.
- Reducing disparities among special/underserved populations.

In 2021, CCHD was awarded the COVID-19 Vaccination Response Grant through NYSDOH. The goal is to promote and increase COVID-19 vaccine uptake specifically for high-risk and underserved populations.

➤ COVID-19 Vaccination

COVID-19 Vaccinations – Pfizer and Moderna brands were approved for use in the US in December 2020. CCHD participated in the vaccination program offering clinics beginning in early 2021. In 2021, 17,475 doses of Pfizer or Moderna COVID-19 vaccines were administered by CCHD staff, MRC volunteers and Nursing Students. Planning and participating in COVID-19 Vaccine clinics was a priority in 2021 absorbing most of staff hours assigned to COVID-19 vaccines. Most of the clinics held in 2021 were off-site adding staffing contributions from within CCHD – including Environmental Health & Safety, Emergency Preparedness, Health Planning & Promotion, Finance & Information Technology and Administration staff, all contributing to the success of the distribution of vaccinations in Clinton County.

2021 Highlights

- Staff participated in NYSDOH vaccination programs: Vaccine for Children (VFC), Vaccine for Adults (VFA), MMR for college students and Migrant Farmer Vaccine (MFV).
- Flu vaccine clinics were offered at congregate living facilities; the Advocacy and Resource Center; Behavioral Health Services North Center for Wellness and migrant labor camps.
- Weekly COVID-19 Clinics were offered at SUNY Plattsburgh beginning in January 2021 and then moved to CCC through June. Off-site clinics were offered at congregate living facilities, schools, children’s camps, migrant labor camps, in each town in rural areas within Clinton County. There were 2 clinics that were held outside at a known high-risk neighborhood and at a well-traveled area.
- Combination flu and COVID-19 Booster Clinics were held in the fall in collaboration with agencies where recipients are at high-risk of severe illness or complication if either illness was contracted.

➤ Rabies Immunizations

The rabies immunization program is a collaboration between the Environmental Health & Safety Division (EHS) and HCS to meet NYS Rabies Regulations and the Clinton County Sanitary Code. This includes identification and control of animal rabies and suppression of human rabies through vaccination.

2021 Highlights

- There were 19 individuals, down from 26 in 2020 that were potentially exposed to Rabies requiring case management and post-exposure prophylaxis treatment.

2022 Goals

- Improve COVID-19 Vaccination uptake – offering education and off-site clinics for those identified high-risk individuals.
- Continue work with local migrant labor camps offering clinics for COVID-19 and flu vaccination.
- Continue to offer on-site vaccine clinics to high risk populations at their congregate living sites in an effort to improve adult vaccine rates.

Tuberculosis Program

The mission of the Tuberculosis (TB) Program is to identify and treat active TB disease and latent TB infection (LTBI). Even with reduced state and national cases, Clinton County remains at a potential risk of TB spread due to its geographical position on the international border with Canada, large numbers of international college students and a state prison system. Our continued focus aligns with the national and state goals to identify and treat high risk persons.

		2018	2019	2020	2021
Chest Clinic Referrals for LTBI or Active Tb		5	5	1	
Tuberculin Skin Tests (TST) at CCHD		129	129	20	
DOT Contacts	By CCHD	216	216	0	0
	By Partner Agency	0	0	0	0
Newly diagnosed Active TB Cases		1 1.25/100,000	1 1.25/100,000	0	0
Initiation of recommended 4 drug regimen – Active TB		100%	100%	N/A	N/A
Active TB Cases completing treatment within 12 months or less		100%	100%	N/A	N/A

2021 Highlights

- In 2020 CDC and NYSDOH adopted guidance that annual TSTs will not be performed for those working in health care as had previously been required. As a result, CCHD placed a decreased number of TSTs in 2021. Quantiferon Gold blood testing has increased as the primary testing for new staff at health care and related employers. This has led to increase in potential LTBI patients.
- No active cases were identified in 2021.

2022 Goals

- Update CCHD process for investigation of positive Quantiferon Gold blood tests and case management for LTBI.
- Update policy for TST, LTBI and reporting to NYSDOH.

Family Health Home Visiting Program
From Pregnancy to 21 years

The **Family Health Home Program** encompasses the programs of the Licensed Home Health Care Services Agency (LHCSA) including the Lead Poisoning Prevention Program (LPPP). Children and Youth with Special Health Care Needs grant moved under Children’s Developmental Services to better align with other NYS agencies offering the same programs.

Home visiting programs were on hold for most of 2021 due to the COVID-19 global pandemic. Staff assigned to this program were reassigned to COVID-19 response activities. All referrals made to these programs were referred to community agencies for support except for those in the LPPP. All children with elevated lead were provided with case management services through telephone visits and referrals to environmental services when needed.

Program	2018		2019		2020		2021	
	Referred	Enrolled	Referred	Enrolled	Referred	Enrolled	Referred	Enrolled
CYSHCN	17	9	24	11	5	2		
Family Services	2	2	3	1				
IPO	24	5	6	0				
Lead Poisoning Prevention	See Lead Poisoning Prevention Section on next page							
Newborn/PP	648	22	563	20				
Family Health Home Visiting Programs				14			7	1
Total Enrollment*								

* Beginning in 2020: All families referred/enrolled will be listed under the Family Health Home Visiting Programs except for CYSHCN and LPPP as these are grant funded programs.

➤ **Lead Poisoning Prevention Program (LPPP)**

Funded by a grant from New York State, the Lead Poisoning Prevention Program (LPPP) aims to protect children from lead exposure by identifying and removing the source. Even low levels of lead have been shown to affect IQ, ability to pay attention, and academic achievement. New York State Law requires primary care providers to screen all children for lead exposure at ages one and two.



NYS Public Health Law requires CCHD to follow up and confirm lead levels $\geq 5\mu\text{g}/\text{dL}$. Any child with a confirmed test is offered nursing and environmental home assessments in an effort to eliminate childhood lead poisoning. As part of this effort, a home inspection by a sanitarian from EHS and case management by a Registered Nurse is completed. Children remain in HCS case management until their lead level is $5 (\mu\text{g}/\text{dL})$ or lower.

Lead Data		2017	2018	2019	2020	2021
Blood Lead Level	5-9.9 mcg/dL				7	4
	10-14 mcg/dL	1	1	3	3	2
	15-19 mcg/dL	0	0	2	0	1
	>20 mcg/dL	0	1	1	0	0
New Elevated Lead Cases		5	2	2	10	7
Active Case Management				8	10	7

Lead Poisoning Program Analysis

Despite the COVID-19 pandemic, HCS staff and EHS staff worked collaboratively to identify and assess lead poisoning. Home visits were not performed but education was provided over the phone to families where children were identified as having elevated lead levels. HCS nursing staff provided education to the families about lead hazards, nutrition and prevention techniques. EHS provided an environmental assessment. Because Wadsworth lab was unavailable to test lead dust samples during the pandemic, EHS worked with the NYS Regional District Environmental Health Program to complete home assessments using the XRF Lead Paint Analyzer. CCHD has since acquired funds to purchase an XRF Lead Paint Analyzer for use in Clinton County.

In 2021, the point of care testing strips for lead levels were recalled making it difficult for providers to obtain test. The child must be taken to a lab for a venous or capillary blood draw for lead testing. These issues have dramatically decreased the testing of children at ages 1 and 2 as required by public health law.

2022 Goals

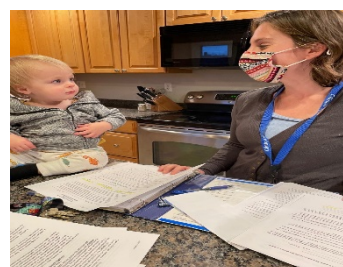
- Improve pediatric testing rates for one and two year olds, through outreach and education to primary care providers that see children less than 36-months of age.
- Continue community education campaigns on social media and through outreach events to provide education and action for families to identify and mitigate lead in their environment.

Children's Development Services

Developmental Services is an initiative designed to facilitate the identification of, evaluation of, and the provision of therapeutic and/or educational services to children with developmental delays. It is comprised of two programs, Early Intervention and Preschool Special Education. The Early Intervention Program (EIP) is a mandated program governed by NYS laws [Article 25 Section 69-4](#) designed to serve children, ages 0-3, with developmental delays. Preschool Special Education Services are governed by [Article 89 of the State Education Law Section 4410](#) offering services to children, ages 3 to 5, with learning disabilities. Children and Youth with Special Health Care Needs (CYSHCN) is a grant-funded program through NYS DOH and serve children 0-21 years of age that have, or are suspected of having a serious or chronic physical, developmental or emotional condition. This program is designed to improve the health and care needs of children who meet the eligibility criteria.

2021 Highlights

- COVID-19 continued service delivery flexibility. The NYS Department of Health Bureau of Early Intervention and NYS Department of Education continued to allow for telehealth services throughout this year as cases fluctuate.
- Staff attended professional development offered by: CCHD; Early Childhood Direction Center; NYSDOH; FEMA; NYS Association of Infant Mental Health; and numerous conference calls and webinars.
- The Developmental Team hosted biannual Clinton County Provider and one Local Early Intervention Coordinating Council (LEICC) meetings – all of these meetings continue on virtual platforms.
- Staff participated on local and regional teams such as the Child Care Coordinating Council of the North Country, Birth To Three Alliance, Healthy Families New York, Head Start Selection Committee, Head Start/Early Head Start Health Advisory Committee, JCEO Mental Health Advisory Committee, Ready-Set-Grow Coalition, CVPH Pediatric Initiative, Clinton County Special Education Steering Committee, County Early Intervention and Preschool Administrators Committee (CEIPAC), New York Association of Counties (NYSAC) Children with Special Needs Standing Committee, and the newly formed HEARTT of Clinton County (Healing, Empowerment, Advocacy, Resilience and Trauma Transformation).
- CDS staff facilitated developmental screenings throughout the year as well as assisting the Child Care Coordinating Council of the North Country with their monthly developmental screenings.
- Key developmental staff continued attending CPSE meetings virtually.



(Service Coordinator, Melissa Fuller, at a home visit with an Early Intervention family)

Program Data

Children's Developmental Services	2019		2020		2021	
Early Intervention Program (EIP)						
Number of referrals	327		252		271	
Unduplicated count of children	351		312		302	
Total number of discharges	185		139		128	
Reasons for closure:						
• Children – delay/condition resolved	18		12		8	
• EI Evaluation found child not eligible	41		31		10	
• Family refused	26		18		14	
• Unable to locate family / moved	16/3		13/3		19/4	
• Transitioned to 3-5 program	72		74		68	
• Age-out, not eligible for 3-5 program	9		6		5	
Preschool Special Education Program	2019		2020		2021	
Number of referrals	285		198		245	
Unduplicated count of children on June 1 st	334		296		323	
Number of Preschool meetings	808		751		765	
	2019		2020		2021	
Children and Youth with Special Health Care Needs	Referred	Enrolled	Referred	Enrolled	Referred	Enrolled
	24	11	5	2	5	0

Program Analysis:

There continues to be a shortage of all services for children throughout EIP and Preschool Special Education. Agency staff retention continues to be a concern, as well as recruiting new therapists and providers to the field of Early Intervention. The influx of social-emotional deficits we are seeing in children is of great concern. The immediate influences of the COVID-19 pandemic are immense and the future impacts remain to be seen.

The CDS team helped provide staffing for the COVID-19 emergency response throughout CCHD. This included I&Q case investigation, isolation follow-up calls, vaccination clinic assistance, and nurse on-call coverage.

In the final quarter of 2021, the CDS team added into their services an existing CCHD program, Children and Youth with Special Health Care Needs (CYSHCN). Incorporating this into our fundamental framework helps the efficiency of both CYSHCN, EIP, and Preschool Special Education services. Additionally, it fosters growing partnerships with community agencies and resources to help children from birth to adulthood.

Quality Assurance efforts in EIP and Preschool included quarterly and discharge chart audits, family surveys, provider input, and reaching out to CPSE Chairpersons to collaborate on ways to improve preschool special education services, including transportation.

2022 Goals

- With ongoing provider shortages, Service Coordinators will look to discover and promote activities to have families work on with EIP participants. A growing resource library of YouTube videos, websites, and handouts is being established. Concurrently, additional upstream cause-analyses are being completed to address issues surrounding parenting, environmental, and health disparities in EIP.
- Streamlining telehealth services for families through EIP and Preschool Special Education for ease of use, efficacy of service, and timely service delivery for an expanded base of clients.
- The Systems of Care group, HEARTT of Clinton County, looks to provide a resource for county families and youth, helping to wrap around supports for some of the most vulnerable of our population.

HCS Committee Reports

The Professional Advisory and Quality Assurance Committees meet quarterly to maintain a coordinated quality assessment and assurance program for Health Care Services. This includes review of policies pertaining to the delivery of care and recommendations on professional issues. The findings and recommendations of this group are integrated into the division's policies and procedures. Articles and programs encompass:

- *Communicable Disease (NYS Sanitary Code (10NYCRR-2.10)*
- *Early Intervention Program & School Preventative Services (Articles 25 and SED 89)*
- *Immunization (Article 28)*
- *Licensed Home Care Services Agency (Article 36)*
- *Women, Infant and Children's Program*

Professional Advisory Committee

The Professional Advisory Committee (PAC) provides advice and recommendations on scientific and technical matters in relation to the HCS division operating articles. Moreover, the group is comprised of representatives of community based partners who use this venue to promote sharing of information and resources.

Meeting Dates: Due to the COVID-19 global pandemic response, the PAC meeting did not occur in the 2nd quarter of 2021. Meeting dates: June 2, 2021; August 19, 2021; November 18, 2021

Member	Affiliation
<i>Diana Aguglia, Regional Director</i>	Alliance for Positive Health
<i>Jamie Basiliere, Executive Director</i>	Child Care Coordinating Council of the North Country
<i>Elizabeth Casey, Principal Clerk Typist</i>	CCHD – Health Care Services Division (Minute Recorder)
<i>Anthony Ching, MD</i>	Plattsburgh Primary Care Pediatrics
<i>Diana Christensen, MD</i>	CCHD – Medical Consultant
<i>Darlene Collins, Director</i>	Clinton County Office for the Aging
<i>Richard Holcomb, Dep. Commissioner</i>	Clinton County Department of Social Services
<i>Margaret LaBombard, PHN II</i>	CCHD – Health Planning and Promotion
<i>Nichole Louis, RN BSN</i>	CCHD- Supervising Public Health Nurse
<i>Scott McDowell, CSPS</i>	Clinton County Child Advocacy Center
<i>Ester Piper, Program Director</i>	BHSN- Healthy Families New York
<i>Jeff Sisson, MS</i>	Health, Safety, and Risk Management Specialist CVES-BOCES
<i>Mandy Snay, RD MPH</i>	CCHD- Director of Health Planning and Promotion
<i>Darcy Sutherland, Supervisor</i>	Clinton County Department of Social Services – Child Protective Svcs.
<i>Debra Tackett, RN, MSN</i>	CCHD – Director of Health Care Services
<i>Tracey Tavano, RN, MSN</i>	Director of Patient Services- Hospice of the North Country
<i>Christa VanCour, MS</i>	CCHD – Children's Services Coordinator

2021 Highlights

- Review of each member's program outreach events, highlights, program changes (for Quarters 2, 3, and 4, 2021)
- Program review and data analysis completed each quarter.
- Quarterly Public Health appraisals; emerging infections, with a concentration on COVID -19 pandemic, vaccine updates, in sexually transmitted infection, increase in incidence of Lyme disease
- New York State Public Health Law requires follow-up on lead levels ≥ 5 ug/dl beginning October 1, 2019.

- Many programs were on hold and/or scaled back in response to the COVID-19 global pandemic but slowly resumed activity as the case numbers waned.
- Staff from many programs were re-deployed to support the response to the COVID-19 global pandemic and were slowly re-deployed to their usual programs as the case numbers waned.

Quality Assurance Committee

The Quality Assurance Committee (QAC) defines quality, evaluates care and reviews outcome criteria against desirable and valued outcomes as determined from regulations and best science.

Meeting Dates: Due to the COVID-19 global pandemic response, the QAC meeting did not occur in the 1st quarter of 2021. Meeting dates: May 5, 2021; August 4, 2021; November 11, 2021

Member	Affiliation
Judy Baksi, RN BSN	SUNY Plattsburgh Adjunct Faculty/Community
Elizabeth Casey, PCT	CCHD- Principal Clerk Typist (minute recorder)
Diana Christensen, MD	CCHD-Medical Consultant
Nichole Louis, RN BSN	CCHD-Supervising Public Health Nurse
Debra Tackett, MSN, RN	CCHD- Director of Health Care Services
Jennifer Trudeau, RN	CCHD- Quality Coordinator
Christa VanCour, MS	CCHD- Children's Services Coordinator

2021 Highlights

- Utilization of a Quality Assurance Inventory of policies and procedures that reflect the Health Care Services Division's on-going commitment to regulatory adherence; ensuring "best practice" service delivery and the identification and correction of adverse events.
- Review of internal and external reviews and audits.
 - HIPAA Privacy and Security Audits
 - Early Intervention- LEICC Reports
 - WIC – 2020 LACASA Report
 - Health Information Consultant, medical record review.
- Review of incidents/injuries/events and care reports.
- Program review and data analysis completed each quarter:
 - Communicable Disease (NYS Sanitary Code (10NYCRR-2.10)
 - Early Intervention Program & School Preventative Services (Articles 25 and SED 89)
 - Immunization (Article 28)
 - Licensed Home Care Services Agency (Article 36)
 - Women, Infant and Children's Program
- Listing of all program policy and procedures, new, revised or reviewed.
- Quality Coordinator reports.
- Many programs were on hold and/or scaled down in response to the COVID-19 global pandemic but slowly resumed activity as the case numbers waned.
- Staff from many programs were re-deployed to support the response to the COVID-19 global pandemic but slowly resumed activity as the case numbers waned.

Health Care Services Division Staff	
Jacqueline Allan, Registered Nurse	Shelley Lee, Public Health Nurse
Carrie Barcomb, Medical Clerk Typist	Nichole Louis, Supervising Public Health Nurse
Elizabeth Casey, Principal Clerk Typist	Jessica Mathews, Children's Services Program Specialist
Lillie Coon, Medical Clerk Typist	Teresa Plimpton, Public Health Nurse
Debra Everett, Children's Services Program Specialist	Karen Plotas-McGrath, Public Health Nurse
Dawn Farrell, Public Health Nurse	Roberta Szczypien, Registered Nurse
Melissa Fuller, Children's Services Program Specialist	Debra Tackett, Director of Health Care Services
Lise Gardner, Principal Account Clerk	Laurie Taylor, Registered Nurse
Alexis Grennan, Children's Services Program Specialist	Christa VanCour, Children's Services Coordinator
Chanelle Heath, Children's Services Program Specialist	

Board of Health Members
Mark Henry - Legislative Liaison
Kathleen Camelo, MD - President
Erin Spees, MD
John Kanoza, PE, PG, DPH - Secretary
Patrick Bowen
Edward Garrow
Lynn Howard, RN BSN
Rebecca King, VMD
Victor Ludewig, MD

Contractors
Diana Christensen, MD
David Beguin, MD
Sarah Valk, LCSW-R

HCS Committee Representation	
Alliance for Positive Health QA Committee	Birth to 3 Alliance
Breastfeeding Coalition	BHSN Health Families
CCMAC Planning Group & RRC	CEIPAC – Clinton County Early Intervention
Clinton Community College, Nursing Advisory Board	Community Services Board- Developmental Subcommittee
DA; Child Fatality Board	Disaster Mental Health Team CVPH
Environmental Health PAC	EXPLORE Steering Committee
Head Start Selection and Health Committees	Hospice of the North Country QA Committee
Local Early Intervention Coordinating Council	NYSAC Preschool/EI Subcommittee
Preschool Steering Committee	Residential Resources- QA Committee
SUNY Plattsburgh, Nursing Advisory Board	Suicide Prevention Committee
THRIVE- Ready, Set, Go	NYS Immunization Consortium
STOP Domestic Violence	STI Community Partnership Committee