

ULSTER COUNTY BOARD OF HEALTH

May 13, 2019

AGENDA

CALL TO ORDER

- **OLD BUSINESS**

- a. Approval of April 2019 minutes
- b. Meeting Schedule (See UC Sanitary Code and Administrative Charter)

- **NEW BUSINESS**

- a. Vote for President, Vice President, Secretary
- b. Commissioner's Report (Dr. Smith)
 - Medical Examiner Stats
 - Integrated Ulster – MH Deputy to present at next meeting
 - Pat Ryan's and current Acting Deputy County Executive's Transition Memo
 - Measles
 1. Current numbers
 2. 5/10 Call with State/State Legal
 3. Board to be prepared to have ad hoc meetings (in person or phone conference , receive emails)

MEETING CONCLUSION

Ulster County Board of Health
May 13, 2019

Members PRESENT: Anne Cardinale, RN GCNS-BC, Board Member
Kathleen Rogan, Board Member
Gina Carena, Board Member
Marc Tack, DO, Board Member
Peter Graham, ESQ., Board Member

DOH/DMH PRESENT: Carol Smith, MD, MPH, Commissioner of Health

GUESTS: None

ABSENT: None

EXCUSED: Walter Woodley, MD, Chairperson
Nereida Veytia, Deputy/Patient Services Director
Douglas Heller, MD, Medical Examiner
Shelley Mertens, Director of Environmental Health Services

I. Approval of Minutes: A motion was made by Dr. Tack to approve the April 8, 2019 minutes, and the motion was second by Dr. Carena and the minutes were unanimously approved.

II. Meeting Schedule: The Ulster County Charter and the Public Health Law regarding Board of Health meetings was distributed to the Board (see attached). Currently waiting for the Mental Health Community Services Board (CSB) to change the meeting schedule language in their bylaws. The goal is to align the Board of Health Meetings with the Community Services Board meetings. Once the bylaws are changed and the CSB establishes a new schedule the Board of Health will vote on aligning their meetings with the CSB meetings.

III. Vote for President, Vice President, Secretary:

- Chair: A motion was made by Mr. Graham to appoint Dr. Woodley as the Chair of the Board for the 2019 year, the motion was seconded Dr. Tack and unanimously approved.
- Vice Chair: A motion was made by Dr. Tack to appoint Peter Graham as the Vice Chair of the Board for the 2019 year, the motion was seconded by Dr. Carena and unanimously approved.
- Secretary: A motion was made by Ms. Cardinale to appoint Dr. Carena as the Secretary of the Board for the 2019 year, the motion was seconded by Mr. Graham and unanimously approved.

IV. Agency Reports:

Commissioner's Report: Dr. Carol Smith reported on the following:

1. **Measles:** Dr. Smith reported that there are currently no confirmed cases in Ulster (see attached summary). However, UCDOH is actively monitoring, conducting prevention planning and preparing a plan should there be an outbreak. There was a call with NYSDOH and their legal division to discuss the laws governing children's camps and communicable disease outbreaks (see attached). Dr. Smith is


currently drafting Commissioner's Orders for review by the UC Attorney's Office. Mr. Graham suggested that the documentation be signed off on by the County Attorney as well as by the Commissioner. UCDOH will continue to work with NYSDOH and the Ulster County Attorney's Office to plan for measles prevention at the Children's camp facilities. NYSDOH guidance materials were also sent to the permitted camp facilities (see attached). Dr. Smith informed the Board that Board members should be prepared to have ad hoc meetings either in person or via phone conference should the need arise. Dr. Smith will also send the Board informational emails to keep them apprised of important advisories received.

2. **Ulster County Preparedness Drill:** As part of the Preparedness grant deliverable a mock drill was conducted on 5/9/2019 at the Ulster County Corrections Facility, in which UCDOH and other County staff (Sheriff's Department, Information Services) participated. The focus of this drill was in response to an Anthrax exposure and the County's ability to mobilize antibiotics stored at the predetermined County warehouse.
3. **Ulster County Executive:** Dr. Smith discussed Pat Ryan's, the new Ulster County Executive, request for information as part of transition planning with each of the County's Department Heads (see attached). The County Executive will be scheduling meetings with each of the Department Heads to discuss the workings of their Departments. Dr. Smith is currently working on this request for information which will be a scaled down version of the Annual Report submitted to the Executive's Office each year (see attached).
4. **Medical Examiner Stats:** The Medical Examiner stats were distributed to the Board for review. (see attached)
5. **Integrated Ulster:** The Integrated Ulster brochure was distributed to the Board. (see attached)

V. **Adjournment:** A motion was made by Dr. Tack to adjourn the meeting. The motion was seconded by Mr. Graham and unanimously approved.

VI. **Next Meeting:** The next meeting is scheduled for June 10, 2019, 6:30 PM

Respectfully submitted by:


Gina Carena, MD
Secretary

Department of Health or any other applicable law. Copies of all reports shall be filed with the Clerk of the County Legislature and the County Executive.

§ A5-2. Deputy Commissioner of Health or Deputy Public Health Director.

- A. The Commissioner of Health or the Public Health Director shall have the power to appoint one or more Deputy Commissioners of Health or Deputy Public Health Directors, within the limits of appropriations therefor. Every appointment shall be in writing and filed in the Office of the County Clerk and the Clerk of the Legislature.
- B. The term of office of any deputy appointed hereunder shall coincide with that of the Commissioner of Health or the Public Health Director, provided that such appointment may be revoked at any time by the Commissioner or the Director by written revocation filed with the County Clerk. All positions of Deputy Commissioner or Deputy Director may be in the exempt class of civil service; or in the alternative, the deputy may also be an additional title which may be designated by the Commissioner or the Director for a department staff member.
- C. Deputy Commissioners or Deputy Directors shall perform such duties pertaining to the office of the Department of Health as the Commissioner or the Director may direct and shall act generally for and in such place of the Commissioner or Director and perform such other and further duties as the Commissioner or Director may assign.
- D. The designation of an order of succession for the position of Deputy Commissioner or Deputy Director shall be filed with the County Clerk and the Clerk of the County Legislature and may be revoked at any time by the Commissioner or Director filing a new written designation of order of succession.
- E. Should the Deputy so designated by the Commissioner of Health or Public Health Director not be a licensed physician, and should the Commissioner of Health or Public Health Director resign, die or certify in writing and filed with the County Clerk a statement that he or she is unable to perform and/or exercise the powers and duties of the office, or should he or she be removed from office, then the County Executive, in consultation with the Board of Health and with confirmation by the County Legislature, shall appoint a qualified replacement as soon as practicable.

§ A5-3. Board of Health.⁴¹

- A. *Appointment. There shall be a Board of Health consisting of seven members who shall be appointed by the County Executive for a term of five years, subject to confirmation by the Legislature, except that of the members first appointed to the Board of Health following adoption of the Charter, two members shall hold office for the term of one year, two members for the term of two years, one member for the term of three years, one member for the term of four years, and one member for the term of five years from and after their appointment. Two members shall be physicians. One member shall be a licensed health care professional who is not a physician. One member shall be selected from among*

41. Editor's Note: See Charter § C-42.

three nominees submitted to the County Executive by the Mayor of the City of Kingston. If a vacancy shall occur other than by expiration of a term, it shall be filled by appointment for the unexpired term in the same manner as specified in this subsection. The members of the County Health Board shall select the Chairman of that Board for a term of one year. No member of the Board of Health shall serve for more than two consecutive terms. Members of the Board of Health shall receive no compensation for services rendered but shall be entitled to their reasonable and necessary expenses incurred in the performance of their duties, within appropriations made for such purposes. Members of the Board of Health shall be residents of the County of Ulster.

- B. *Powers and duties.* The Board of Health shall exercise all the powers and perform duties of local boards of health as provided for under state law, including the Public Health Law of the State of New York, except as otherwise provided in the Charter. *The Board of Health shall advise the Commissioner of Health or Public Health Director, the County Executive and the Legislature in matters relating to the Department of Health. The members of the Board of Health shall further have the power to inspect and review all facilities and programs of the Department of Health, with or without notice to the Commissioner of Health or Public Health Director, and as it regards as necessary and desirable may report and make recommendations to the County Executive, the County Legislature and Commissioner of Health or Public Health Director. All such reports shall be public records, posted on the website of the County government and made available for inspection at the offices of the Commissioner of Health or Public Health Director and the County Executive at all reasonable times. The Board of Health shall also advise and consult with respect to all capital projects necessary for the Department of Health. The Board of Health shall have and exercise such other and related duties required by the Legislature or the County Executive.*
- C. The Board of Health shall keep minutes of all meetings, including the date and time of meeting and Board members in attendance. The original of said minutes shall be filed with the Clerk of the Legislature as soon as possible, but not to exceed 10 business days after the next regular Board meeting at which the minutes were reviewed and accepted. The Clerk of the Legislature or his or her designee shall maintain an official record of the Board's agenda items. This official record shall include the disposition of each agenda item, including individual votes of each Board member on each item.
- D. *Sanitary Code.* Any Sanitary Code now in force or hereafter adopted by the Board of Health and any amendment to such Sanitary Code shall be published and filed in the manner and places required by the Public Health Law and any other applicable law. Before adopting any amendment to the Sanitary Code, the Board of Health shall cause notice of a public hearing thereon to be published in the official news papers once a week for two publications, and at least 20 days shall elapse from the first publication to the date of the hearing. The notice shall contain an abstract statement of the proposed amendment and give the time and place of such hearing. On or before the date of the first publication of the proposed amendment, copies thereof shall be filed with the Clerk of the Legislature, the County Executive, the Clerk of each city, town and village in Ulster County and in the office of the Commissioner of Health or Public Health Director and be open to inspection by the public. Such County Sanitary Code and any amendments thereto shall also be filed in the Ulster County Clerk's office.

- 1.7.2 An act of the Commissioner/Director which adds or purports to add a new article, section, subdivision or other provision to this Code, as in force immediately prior to the time this Code shall take effect, shall be deemed and construed as having been added to such Code, as amended by this Code, and shall be given full effect according to its context as if the same had been added expressly and in terms of such Code, and shall be deemed and construed to have been inserted in such Code, in the appropriate respective position in regard to and as modifying the effect of the corresponding provision or provisions of such Code, as herein adopted and promulgated.
- 1.7.3 Reference in any law to an existing article, section, subdivision or other provision of the Code, as in force immediately prior to the time this Code shall take effect, shall be deemed and construed to refer to the corresponding article, section, subdivision or other provision of such law, as renumbered, modified or amended by this Code.
- 1.7.4 Reference in any general, special or local law, rule, regulation or public document to any provision or provisions of this Code, as in force immediately prior to the time this Code shall take effect, shall be deemed to be and construed as a reference to the corresponding provision or provisions of such Code, irrespective of whether such provision or provisions is or are contained in one (1) or more than one (1) article, section, subdivision or other part thereof.

1.8.0 The Board of Health, Officers, Meetings

- 1.8.1 The Board shall meet regularly one (1) day of each month or as otherwise determined by the Board.
- 1.8.2 The Chairperson or other presiding officer of the Board may call special meetings thereof when, in the Chairperson's judgment, the protection, preservation or improvement of the public health of the Health District or any part thereof requires it.
- 1.8.3 A majority of the membership of the Board shall constitute a quorum at any regular or special meeting of the Board.
- 1.8.4 The Board shall annually elect a Chairperson from among its members who shall serve as presiding officer of the Board.
- 1.8.5 The Board shall annually elect a Vice Chairperson from among its member who shall serve as presiding officer of the Board in the absence of the Chairperson.
- 1.8.6 The Board shall elect a secretary from among its members who shall record the proceedings of all meetings of the Board and shall have the power of certification of officially adopted Board proceedings and to carry on the correspondence of the Board.

1.9.0 The Board of Health: General Powers

- 1.9.1 As provided in the Charter and Administrative Code, the Board shall exercise all the powers and perform duties of local boards of health as provided for under State law including Public Health Law of the State of New York, except as otherwise provided in the Charter. The Board shall advise the Commissioner/Director, the County Executive and the Legislature in matters relating to the Department. The members of the Board shall further have the power to inspect and review all facilities and programs of the Department, with or without notice to the Commissioner/Director and, as it regards as necessary and desirable, may report and make recommendations to the County Executive, the County Legislature and Commissioner/Director. All such reports shall be public records, posted on the website of the County government and made available for inspection at the offices of the Commissioner/Director and the County Executive at all

5/13/19: Measles Reporting Summary

Currently, there are NO confirmed cases of measles, nor have there been any since the September 2018 outbreak in NYC and Rockland County.

- 05/07/2019: Suspect Measles; Ellenville Hospital ER; 10-month-old. Fully immunized except for MMR, as patient is too young. Appropriate specimens sent for testing to Wadsworth.
5/13/19 Received final negative report from Wadsworth.
- 05/03/2019: Report from Cornerstone Family Healthcare Middletown – suspect measles. 5/9/19 Testing results received determined negative for measles.
- 3/30/19 Report of suspect measles from ORMC (Orange Regional Med Center). Lab specimens sent for testing to Wadsworth. 4/3/19 Testing results received from Bureau of Immunization NYSDOH: all testing negative.
- 03/20/2019 4:50 PM Call from Vassar Brothers Medical Center ED reporting suspected Measles in an appropriately vaccinated 21-month-old male. Specimens submitted for testing.
3/25/19 Testing results received all negative.

**Ulster County Sanitary Code
ARTICLE XVII
COMMUNICABLE DISEASES**

17.1.0 Declaration Of Policy

It is hereby declared to be the health policy of the Health District to assure the safety and well being of the residents of Ulster County through the reduction and/or prevention of the spread of communicable diseases through education and mandatory reporting of suspected or confirmed cases.

17.2.0 Definitions

17.2.1 Communicable Disease

The term "**Communicable Disease**" shall mean an illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host either directly, as from an infected person or animal, or indirectly, through the agency of an intermediate plant or animal host, vector or inanimate environment.

17.3.0 Reporting

17.3.1 Reporting of suspected or confirmed Communicable Diseases is mandated under New York State Sanitary Code (10 NYCRR 2.10). The primary responsibility for reporting rests with the physician; moreover, laboratories Public Health Law (PHL) 2101, school nurses (10 NYCRR 2.12), day care center directors, nursing homes/hospitals (10 NYCRR 405.3d), and state institutions (10 NYCRR 2.10a) or other locations providing health care services (10 NYCRR 2.12) are also required to report the diseases listed.

17.3.2 Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions and schools are required to report to the local health department where the patient resides. Reports should be made within twenty-four (24) hours of diagnosis:

17.3.2.1 phone diseases in bold type below

17.3.2.2 mail case report for all other diseases listed

17.4.0 Designated Communicable Diseases

The following is a list of the designated Communicable Diseases in the State Sanitary Code and are deemed reportable (10 NYCRR 2.10). Diseases listed in bold type warrant prompt action and should be reported immediately to the local health department by phone, followed by submission of the confidential case report form.

Amebiasis	Measles
Animal bites for which Rabies prophylaxis is given	Melioidosis
Anthrax	Meningitis (Aseptic or viral)
Arboviral infection	Meningococcal
Babesiosis	Meningococcemia
Botulism	Monkeypox
Brucellosis	Mumps
Campylobacteriosis	Pertussis
Chancroid	Plague

Chlamydia trachomatis infection	Poliomyelitis
Cholera	Psittacosis
Cryptosporidiosis	Pregnant hepatitis B carrier
Cyclosporiasis	Rabies
Diphtheria	Rocky Mountain spotted fever
E. Coli O157:H7 infection	Rubella (including congenital rubella syndrome)
Ehrlichiosis/Anaplasmosis	Salmonellosis
Encephalitis	Severe Acute Respiratory Syndrome (SARS)
Food borne illness	Shigatoxin- producing E. Coli
Giardiasis	Shigellosis
Glanders	Smallpox
Gonococcal infection	Staphylococcus aureus (due to strain showing reduced susceptibility or resistance to vancomycin)
Haemophilus influenzae (invasive disease)	Staphylococcal enterotoxin B poisoning
Haemophilus	Streptococcal infection (invasive disease) Group A beta-hemolytic strep Group B strep Streptococcus pneumoniae
Hantavirus disease	Syphilis, specify stage
Hemolytic uremic syndrome	Tetanus
Hepatitis A	Toxic shock syndrome
Hepatitis A in a food handler	Transmissible spongiform encephalopathies
Hepatitis B, C (specify acute or chronic)	Trichinosis
Herpes infection, infants 60 days or younger	Tuberculosis current (specify site)
Hospital associated infections (as defined in sect. 2.2 10NYCCR)	Tularemia
Influenza, laboratory confirmed	Typhoid
Legionellosis	Vibriosis
Listeriosis	Vaccinia disease
Lyme disease	Viral hemorrhagic fever
Lymphogranuloma venereum	Yersiniosis
Malaria	

17.5.0 Emerging Diseases

In addition to the diseases listed, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable as designated by NYSDOH.

17.6.0 Outbreaks

While individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event, as defined by NYSDOH.

17.7.0 HIV

Cases of Human Immunodeficiency Virus (HIV) infection, HIV-related illness and Acquired Immunodeficiency Syndrome (AIDS) are reportable to NYDOH Division of Epidemiology and not the Department.

As of 04/30/2019 10:03AM, the Laws database is current through 2019 Chapters 1-29, 50-59

PBH - Public Health

Title 1 LOCAL BOARDS OF HEALTH; GENERAL PROVISIONS

- 300 Local boards of health; continuation.
- 301 Local boards of health; certain cities; appointment.
- 302 Local boards of health; villages and towns; organization.
- 303 Local boards of health; notice of organization.
- 304 Local boards of health; town boards; jurisdiction; appropriations.
- 305 Local boards of health; compensation and expenses of members.
- 306 Local boards of health; expenses; payment.
- 307 Local boards of health; meetings.
- 308 Local boards of health; general powers and duties.
- 309 Local boards of health; quasi-judicial powers; enforcement.
- 310 Local boards of health; modification of orders by commissioner.
- 311 Local boards of health; towns and villages; application of law.
- 312 City of New York; exceptions and limitations.

As of 04/30/2019 10:03AM, the Laws database is current through
2019 Chapters 1-29, 50-59

Public Health

§ 308. Local boards of health; general powers and duties. Subject to the provisions of this chapter and of the sanitary code, every local board of health shall:

(a) prescribe the duties and powers of the local health officer, who shall be its chief executive officer;

(b) direct the local health officer in the performance of his duties;

(c) fix the compensation of the local health officer in accordance with the provisions of section three hundred twenty-three of this chapter;

(d) make and publish, from time to time, such orders and regulations, not inconsistent with the provisions of the sanitary code, as it may deem necessary and proper for the preservation of life and health and the execution and enforcement of this chapter in the municipality a copy of such orders and regulations to be filed with the county health commissioner, if any, otherwise with the state district health officer;

(e) make, without publication thereof, such orders and regulations for the suppression of nuisances and concerning all other matters in its judgment detrimental to the public health in special or individual cases, not of general application, and serve copies thereof upon the owner or occupant of any premises whereon such nuisances or other matters may exist, or upon which may exist the cause of other nuisances to other premises, or cause the same to be conspicuously posted thereon; and,

(f) maintain actions in any court of competent jurisdiction to restrain by injunction violations of its orders and regulations, or otherwise to enforce such orders and regulations.

As of 04/30/2019 10:03AM, the Laws database is current through
2019 Chapters 1-29, 50-59

Public Health

§ 2100. Communicable diseases; local boards of health and health officers; powers and duties. 1. Every local board of health and every health officer shall guard against the introduction of such communicable diseases as are designated in the sanitary code, by the exercise of proper and vigilant medical inspection and control of all persons and things infected with or exposed to such diseases.

2. Every local board of health and every health officer may:

(a) provide for care and isolation of cases of communicable disease in a hospital or elsewhere when necessary for protection of the public health and,

(b) subject to the provisions of the sanitary code, prohibit and prevent all intercourse and communication with or use of infected premises, places and things, and require, and if necessary, provide the means for the thorough purification and cleansing of the same before general intercourse with the same or use thereof shall be allowed.

PAT RYAN

ULSTER COUNTY EXECUTIVE-ELECT

06 MAY 2019

MEMORANDUM FOR ALL DEPARTMENT HEADS

SUBJECT: Ulster County Executive Transition Memo Guidance

1. The purpose of this memorandum is to outline guidance to all Department Heads in order to prepare a transition memo for the incoming Ulster County Executive-Elect.
2. Each Department Head will, in coordination with assigned members from the Transition Team, prepare a 2-page memorandum outlining their department's mission, key performance indicators (KPIs), successes, challenges, risks, and opportunities. The memo will at a minimum address the items below, and may also include other information the County Executive-Elect should know about the department's operations and priorities:
 - a. Succinctly describe your department's mission. Briefly describe the culture you have built among your team to support this mission.
 - b. Outline five specific Key Performance Indicators (KPIs) that taken together best describe how you measure progress towards achieving your department's mission. Ideally, each KPI should be a quantitative measure.
 - c. Briefly describe the single greatest success/accomplishment of your department over the last year. Who within your team do you credit for this success?
 - d. Opportunities. What can we be doing better? What are we not doing that we should be? Where have we failed in achieving our goals/mission?
 - e. Risks and Threats. What do we need to be prepared for? What could impact our ability to accomplish our mission? What contingency must we consider?
3. The memorandum shall be submitted at least 24 hours prior to scheduled Transition Team meeting (currently being scheduled between 20-23 May 2019). Memorandum must be maximum of two (2) pages in length, single-spaced, 11 pt font.

PATRICK K. RYAN
Ulster County Executive-Elect

- Mission
- Culture
- Outline 5 key performance measures
- Greatest accomplishment in 2018
- Who gets credit for success?
- What can we do better?
- What should we do that we are not currently doing?
- Where have we failed in our mission?
- What do we need to prepare for?
- What could impact our ability to fulfill our mission?
- What contingency must we consider?

ULSTER COUNTY EXECUTIVE

244 Fair St., P.O. Box 1800, Kingston, New York 12402

Telephone: 845-340-3800

Fax: 845-334-5724

ADELE B. REITER
Acting County Executive



MARC RIDER
Deputy County Executive

To: All Department Heads

From: Adele B. Reiter
Acting County Executive

A handwritten signature in black ink, appearing to read "ADR", is written over the printed name of Adele B. Reiter.

Date: May 08, 2019

Re: Transition Guidance

I would like to thank you all for your dedicated public service to the residents of Ulster County. We could not have accomplished everything we did over the last decade without each and every one of you.

I have been asked by County Executive-Elect Pat Ryan to Chair the transition team. I look forward to working with Pat and his team to ensure a smooth and orderly transition. To that end, please see the attached memorandum from the County Executive-Elect. I ask that you begin the process of drafting the memorandum requested, and work with the selected transition team members to complete this process. Thank you in advance for your cooperation through this time of transition.

Departments of Health and Mental Health

Mission Statement

To transform Ulster County into the healthiest county in New York State through community assessment, engagement, planning, partnerships, and exceptional customer service.

Introduction

The Department of Health and Mental Health, which provides vital public health services to the residents of Ulster County, is organized into the following major operating units: Administration, Fiscal Unit, Support Services, Patient Services Division, Environmental Health Division, Health Education Unit, Mental Health/LGU, and the Office of the Medical Examiner. The Commissioner of Health and Mental Health oversees all divisions of both departments with the support of the Deputy Commissioner for Mental Health, the Deputy Director for Administration, the Director of Patient Services, the Environmental Health Director, and the Director for Community Health Relations.

It is the mission of this Department to fully embrace the work of the County Executive to make Ulster County the Healthiest County in New York State, as well as meet the NYS Department of Health goals for its Healthy People 2020 initiative and its 2019 through 2024 Community Health Improvement Plan. In addition, the Department will focus on the goals of the nation's Public Health 3.0 mission by aiming to become the Chief Health Strategist for Ulster County and the principle integrator of the health promotion efforts of our community partners. The Department continues to work to improve its internal processes to ensure that it is prepared to respond to the immediate and ongoing health and mental health needs of Ulster County. The body of Policies and Procedures describing the unique nature of the work undertaken by members of the Department, has been created and revised/updated as needed to remain current. In addition, the Department continues to prepare for future accreditation by the Public Health Accreditation Board (PHAB).

This report will more fully elaborate on the impressive body of work which has been accomplished by our combined Department in the pages which follow this brief introduction.

Environmental Health Division 2018 Accomplishments

- Continued to Implement Local Law #4 of 2015 – Food Service Waste Reduction Act. During the routine inspections of Food Service Establishments, a check for polystyrene is completed. If the establishment has polystyrene at the time of the inspection, the inspector explains the Local Law. A Notification Letter is sent out and a second inspection completed approximately one (1) week later. If the polystyrene is no longer in use, no further action was taken. If polystyrene is present, fines were assessed and enforcement taken. At this time there are 28 Financial Hardship waivers. The remainder of the permitted facilities are compliant.

- Continued to Implement #6 of 2015 Ulster County Tobacco Law and Reduced Youth Exposure to Tobacco Law. The permitting process is completed annually in accordance with the Local Law.
- Began the back-up research and development of forms and policy to implement Local Law #1 of 2018 – T21.
- Continued to cross-train staff on different environmental division programs.
- Completed NYSDOH mandatory components for all the permitted programs.
- Received funding through the FY 2018-2019 Drinking Water Enhancement Grant, ATUPA Tobacco Grant, Childhood Lead Poisoning Prevention Program Grant (CLPPP), New York City Department of Environmental Protection Sewage Grant, and the Rabies Grant.
- Continued services in the Childhood Lead Poisoning Primary Prevention Program (CLPPPP) annual grant by conducting environmental investigations for households in the 12401 zip code, and for children with elevated blood lead levels (EBLL) of 5-14 ug/dl throughout the County.
- Three free Lead Renovator Certification Classes were hosted through the Childhood Lead Poisoning Primary Prevention (CLPPPP) Grant. The classes fulfill the Environmental Protection Agency (EPA) requirement for all contractors, who disturb more than six square feet of lead paint in pre-1978 houses, schools, day care centers and other places where children spend time. In 2018, 56 individuals attended and all 56 successfully acquired their certification.
- CLPPPP performed 46 initial inspections, 25 workplan visits, 48 dust sampling visits, 5 exterior closure inspections, 5 re-inspections to monitor work in progress, and followed up on 2 RRP complaints. In addition, 22 units were cleared of all hazards, and 37 cases were closed.
- CLPPP and Lead Poisoning Prevention Program (LPPP) continued the Patient Letter Initiative. CLPPP literature, including an invitation for a free home lead inspection, is enclosed in all letters that go to families whose children have 5-14 EBLL.
- CLPPPP community outreach efforts reached approximately 56,859 people over a wide range of community organizations, events and social media.
- CLPPPP and LPPP placed eight billboards in key locations in the County. The eye on impressions (EOI) for the 8 combined locations, including overrides in all locations, was 2,493,733. This is calculated as approximately 2,493,733 people reached.
- CLPPPP did a large mailing to Ulster County family practice doctors, pediatricians, midwives and ob/gyns, to increase lead poisoning prevention awareness, promote services and increase inspection referrals.
- Completed lead risk assessments, site visits and work plan for the CLPPP.

- Provided outreach to school programs regarding food service regulations and safe food handling.
- Continued to develop Policies and Procedures for the Department.
- Worked with Village of New Paltz and High Falls regarding the New York City Department of Environmental Protection Aqueduct shut down.
- Completed all Water Program requirements.
- Reviewed and permitted 72 new restaurant operations and 4 new temporary residence operations, 3 new camp operations and 1 new swimming pools. Reviewed engineering plans for 6 pool facilities (new and/or renovated).
- Provided educational material to all food service establishments in Ulster County as required by Local Law – Food Service Waste Reduction Act.
- Continued reviewing NYSDOH data base for facilities with cooling towers in Ulster County as required by new legislation passed by NYSDOH.
- Continued to review and approve public water treatment systems. The projects reviewed included but were not limited to: replacement of the New Paltz Water Plant, review of the water softener and greensand filter at Eastern/Ulster Correctional Facilities, approved corrosion control treatment for 4 schools to address lead & copper exceedances and the lead in schools, and the installation of a booster pump station to provide water to the Village of New Paltz during the NYCDEP shutdown of the aqueduct supply.
- Monitored the septic system at Rav Tov Kerhonkson during the summer as it failed. Sewage was trucked off-site. A formal hearing was held and a consent order was generated with the final compliance date of April 30, 2019. UCDOH is currently reviewing the septic system plans for approval and construction prior to the start of the next operating season.
- Reviewed 107 Community Public Water Supply Annual Water Quality Reports.
- Continued implementation of EPA's Revised Total Coliform Rule and Revised Lead & Copper Rule. Reviewed monitoring plans for Revised Lead & Copper Rule.
- Completed 1 Cyber Security incident response plans and eight (8) vulnerability Assessments and Emergency Response Plans for Community Water Systems serving a population of greater than 3,300 as required by NYSDOH.
- Monitored final phase of raw water sampling for all surface water public water supplies under EPA's Long Term Interim Enhancement Treatment Rule.
- Continued to review and approve residential / commercial sewage systems in Ulster County both within the NYCDEP watershed and the remainder of Ulster County. 300 permits were issued for residential sewage systems, permits were issued for residential

sewage systems in the NYCDEP watershed and permits were issued for commercial sewage systems.

- Continued to review and approve Major Realty Subdivisions in Ulster County both within the NYCDEP watershed and the remainder of the County. 5 major realty subdivisions were approved.
- Completed letters of endorsement for infrastructure projects in various municipalities to assist with obtaining grant money.
- Worked with the NYSDOH and the Ulster County School Districts to implement new regulations regarding lead in school water. All nine (9) districts have completed sampling, made required notifications and entered data into HERDS as required by the regulations.
- 43 ticks were received from the public for identification (28 deer, 14 dogs and 1 lone star).
- Awarded \$40,000 for participation in the New York State Department of Health's ongoing Local Health Department (LHD) Performance Incentive Initiative. In year six (2018) of the program, which began December 1, 2017 and concluded June 30, 2018, the Department chose to focus on evaluating LHD maintenance of effort (MOE) for continued submittal of electronic inspection reports (eForms) for regulatory inspection programs.

Key Statistics

- Completed 1,941 inspections, 249 pre-operational inspections, 197 re-inspections, 2,053 field visits, 371 sanitary surveys, 125 complaint investigations and 64 service requests.
- Issued permits for 1,143 NYS Sanitary Code regulated facilities.
- Issued permits for 690 temporary food establishments.
- Issued permits for 300 residential on-site septic systems.
- Issued permits for 28 commercial on-site septic systems.
- Issued a permit for 5 major realty subdivision.
- Completed Sanitary Surveys for 107 community water systems for conformance With Part 5 of the New York State Sanitary Code.
- Completed Sanitary Surveys for 37 non-transient, non-community water systems for conformance with New York State Sanitary Code.
- Completed Sanitary Surveys for 320 non-community water systems for conformance with Part 5 of the New York State Sanitary Code.

- Investigated 30 water complaints/emergencies.
- Submitted 137 specimens for rabies testing, 13 were positive.
- Investigated 304 animal bites for potential rabies exposure.
- Approved rabies post exposure prophylaxis for 125 patients.
- Completed 242 records searches for Environmental FOIL requests (out of 263 received by the Department).
- Initiated 22 enforcement actions including office conferences, informal and formal hearings. In addition, 12 informal hearings were scheduled for non-community water supplies.
- Conducted (with a minor) 245 Adolescent Tobacco Use Prevention Act (ATUPA) Grant Program compliance checks of licensed tobacco vendors in Ulster County, 199 adult checks and 19 violations for selling tobacco products to a minor were served.

Collaborations

- County Attorney: Enforcement
- Local (village, city, and town) building departments during approval process of new and renovated facilities
- Emergency Management: services relative to water, sewer, and food issues.
- Cornell Cooperative Extension of Ulster County
- Ulster County School Districts
- Ulster County Planning Department
- Kingston Animal Hospital: contract for rabies specimen prep and vaccine clinics
- Kingston Hospital: contract for rabies post exposure treatments
- New York City DEP: interdepartmental agreements
- NYCDEP regarding sewer issues within the New York City Watershed
- NYCDEP regarding the Aqueduct Shut Down
- NYSDEC regarding sewage treatment systems
- NYSDEC regarding water taking permits
- NYSDOH regarding review and approval of water treatment systems
- NYSDOH regarding code requirements for all permitted facilities and water systems
- NYSDEC in response to oil spills impacting homeowners throughout Ulster County
- RUPCO
- City of Kingston Building and Safety
- City of Kingston Mayor's Office
- Ulster County Sheriff
- Ulster County Buildings and Grounds
- Ulster County Safety Department
- BOCES
- NYSDOH and EPA regarding notifications for community public water violation for drinking water

- Kingston Housing Authority

2019 Goals

- Continue to collaborate with Hall of Records to complete the organization of departmental files.
- Continue to cross train and standardize staff in all programs and streamline workloads to facilitate completion of program goals and implement attainable goals for individuals.
- Complete all ATUPA inspections required per the April 2019 - March 2020 grant cycle.
- Continue coordinated efforts between LPPP and CLPPP grant programs to expand public outreach efforts and increase lead prevention awareness.
- Work to obtain grant renewals, including the DWEG, CLPPP and ATUPA Grants.
- Work to maintain community presence and outreach.
- Continue to work to protect Ulster County residents from potential rabies infections.
- Continue to create Policy and Procedure for the Department.
- Continue to implement new Rules from EPA and NYSDOH relative to Part 5-1 of the New York State Sanitary Code.
- Continue complete all inspections required by New York State Sanitary Code for Permitted Facilities and Public Water Supplies.
- Implementation of Local Law 2 of 2017 Regulation of Pet Sellers and Local Law 1 of 2018 Tobacco 21.
- Continue to implement Local Law 4 of 2015 Polystyrene and Local Law 6 of 2015 Local Permits for Tobacco Retailers.

Patient Services

2018 Accomplishments

- 10/28/2018 Certification of Operations for Diagnostic and Treatment Center was obtained for the relocation of STD/HIV, Immunization, Tuberculosis and WIC Clinics.
- The Communicable Disease Program participated in the 2017-2018 NYSDOH Year 6/Performance Incentive Initiative and the County was awarded \$10,000. The initiative focused on the Legionella Outbreak Coordination.
- Public Health Preparedness Program (PHPP) participated in several drills: Ebola (6/22/2018 and 12/4/2018) and Interoperable Communication with community partners (12/10/2018). Provide PHPP quarterly Preparedness Task Force

meetings, of which 25+ participants from community organizations and state partners participate. 5/1/2018 Point of Dispensing Drill completed with UC DOH/MH, in addition to UC Sherriff, EOC, SUNY Ulster and community volunteers participating. PHPP ensured new staff from UCDOH/MH were certified in Incident Command System (ICS) training. 100% of all staff trained effective (12/21/2018).

- Licensed Home Care Services Agency (LHCSA) nursing program provided one time visits maternal/child health nursing visits to 126 residents. In addition, nurses provided 74 patients with health guidance visits on a routine basis. In collaboration with Early Intervention (EI) – Child Find Program, nurses case managed 198 at risk infants for potential developmental delays.
- NYSDOH Office of Health Systems Management (OHSM) conducted a LHCSA On-Site Survey 8/1/2018 - 8/3/2018. No clinical citations for patient care. Program required to update some administrative policies. Plan of Correction approved 8/17/2018 and all activities completed 9/27/2018.
- Patient Services collaborated with Office for the Aging on the provision of influenza vaccinations at some of their congregate meal sites in the Fall.
- WIC Program in collaboration with UC Information Services, successfully completed NYWIC System role out (12/10/2018), which is an electronic benefit transfer card which eliminates paper checks and provides a more convenient way for families to shop for WIC foods.
- WIC is in collaboration with Childhood Lead Poisoning Prevention Program (CLPPP) for the early identification and referral process for identified high risk participants to CLPPP.

Key Statistics

- Children with Special Health Care Needs (CSHCN) provided 59 educational outreaches provided to: Coalition Groups, Day Care Agencies, Human Services Agencies, Medical Providers, Food Pantries, Homeless Shelters, school nurses and outreach events. 425 families were sent informational brochures. 17 Community outreach events attended, and resource material distributed.
- Lead Primary Prevention Program (LPPP) provided information at 21 WIC Clinics, 37 daycares (reaching 596 families) and 8 prenatal care providers and Hudson Valley Mid-Wifery. Identified and provided services to eight children with elevated blood lead levels of 15 mcg/dl. and greater. 11 children with blood lead levels 11 – 14 mcg/dl. were followed and provided with educational materials. Of these, seven families consented to home visits with Patient Services and Environmental Health lead inspections. Seven social media postings were done to alert public of recalled products.
- LPPP in collaboration with CLPPP provided presentations to Health Ulster Coalition. Joint billboard campaign done in the Spring of 2018. In addition, 261 free lead inspection flyers included in letters sent to parents for testing due and 389 free inspection flyers sent with EI Child Find information and at home visits.

- WIC program provided services to 1,678 participants. In collaboration with NYS Agricultural and Markets provided 1,163 WIC participants with fruits and vegetable vouchers to be used at Farmer's Markets.
- Immunization Action Plan (IAP) provided 84 outreaches, education and public health detailing encounters to medical providers, health care professionals and community health organizations. In addition, IAP offered immunization information and vaccine promotion through 48 radio spots and multiple social media posts via Facebook and Twitter during three National Immunization Observance Weeks (2018).
- STD Clinic provided services to 109 people with 117 visits. Of those tested at STD Clinic, 85 people also received HIV testing.

Collaborations

- Manō a Manō
- SUNY Ulster
- SUNY New Paltz
- NYSDOH Communicable Disease Program
- WMC Health Alliance Hospital
- NYS Lead Program
- NYS Immunization Action Program
- Ulster County Corporate Compliance Committee
- Ulster County School Districts
- Ulster County WIC Program
- NYSDOH WIC Program
- County Attorney's Office
- Public Health Preparedness Program (PHPP) collaborates with various community partners including UC Emergency Management and Emergency Medical Services Coordinator, UC Sheriff's Dept., hospitals, nursing homes, school nurses, and more
- Children with Special Health Care Needs (CSHCN) collaborates with UC Local Early Intervention Coordinated Council
- Wawarsing Council of Agencies
- Mid-Hudson Special Education Task Force
- Regional Lead Resource Center
- UC Office for the Aging
- UC Veteran Services Agency
- Migrant Day Care Center
- Ellenville Hospital
- NYSDOH Partner Notification Services
- NYSDOH STD Program
- NYSDOH Emergency Preparedness Coalition
- NYSDOH Regional Coalition
- NYSACHO (New York State Association of County Health Officials)
- MISN (Maternal Infant Services Network)
- Mental Health Association – Spanish Mother's Group
- Emergency One and Urgi Centers

- Planned Parenthood
- UC Early Intervention
- Institute for Family Health – UC Healthy Families
- UC Head Start
- UC New York Connects
- United Way – Disaster Response and Recovery Committee

2019 Goals

- Continue to seek professional volunteers through ServNY.
- Continue to work with nursing homes on request for assistance in exercises for E-Finds.
- Drill Ulster County staging site 5/9/2019 to test County's ability to receive State's assets.
- Educate families on the importance of having a medical home and provide referrals to community navigators for marketplace insurance.
- Address barriers and advocate for the needs of families seeking services.
- Educate staff and community partners with updated program resource material.
- Continue coordinated efforts between LPPP and CLPPP grant programs to expand public outreach efforts and increase lead prevention awareness.
- Expand vaccine-preventable education through media outreach.
- Increase education and public health detailing to health care providers and medical professionals.
- Continue education and outreach to community partners and organizations such as UC OFA's NY Connects and Veteran Services Agency.
- Participate in Mano-a-Mano Coalition meetings and work with UC schools to provide immunization information to at-risk immigrant and underserved families. Network through regional immunization coalitions and NYSACHO to exchange immunization outreach ideas with neighboring counties

Health Education Unit (HEU):

2018 Accomplishments

- Continued to work with the County Executive's Office, the Tobacco Free Action Communities (TFAC), American Cancer Society, American Heart Association and American Lung Association to prevent tobacco use, advocate for smoke free housing, promote cessation, and to mitigate the impact of tobacco marketing and

sale of tobacco products to youth in and around school zones. HEU also conducted extensive education for T21 legislation, which was signed into law in June, called "Local Law Number 1 of 2018: A Local Law To Reduce Addiction To Tobacco Products By Raising The Minimum Age For Their Purchase To 21".

- Approximately 7,050 people were exposed to DOH messaging and literature at 28 community health outreach events.
- Coordinated 24 community outreach events throughout Ulster County, which were attended by various division staff.
- Promoted and provided content for the Healthy Ulster County Network website. Local agencies and businesses are encouraged to utilize the site to promote preventative health-related products, services, and events. HEU staff maintains the site and publish recipes and articles monthly.
- Continued to coordinate the Heart Safe community designation awards. The program recognizes and honors the efforts of municipalities, businesses, educational institutions and other community organizations in Ulster County who have taken steps to potentially save the lives of sudden cardiac arrest victims through the use of cardiopulmonary resuscitation (CPR) and increased public access to defibrillation devices.
- Researched, wrote, and submitted update report to NYSDOH on Ulster County's Community Health Improvement Plan progress to date. It included 21 different Ulster County projects and/or partner reports and contains the identified successes and challenges of each project.
- Continued to coordinate the Healthy Ulster Council, in partnership with Cornell Cooperative Extension. It is a community-wide coalition designed to advance preventative health and reduce chronic diseases through research, communications, interaction and coordination among all stakeholders, individuals and organizations in Ulster County. The Council is a major component of Ulster County's Community Health Improvement Plan and NYS Prevention Agenda goals and activities.
- Eighty-three professionals from 40 organizations attended 6 bi-monthly meetings for the purposes of professional development, networking and collective action. The number of attendees in 2018 increased by 42% and the number of organizations represented increased by 45% compared to 2017.
- Professional development at Council meetings included guest presenters from 10 agencies and organizations that work in Ulster County.

- Updated the What Works for Health Inventory that lists prevention activities and initiatives taking place in Ulster County organized by factors affecting health. The document incorporates results from the surveys, key informant interviews and internet research into the inventory. The parameters of the instrument are directly aligned with the strategies in Robert Wood Johnson Foundation's (RWJF) "What Works for Health". These strategies are a menu of tools, policies and programs that can be used locally to improve health outcomes. Identifying both synergies and gaps is important in building a network of programs and policies to improve health.
- Planned, created and produced multi-media, public health messaging advertising campaigns about chronic disease prevention, lead poisoning prevention, smoking and e-cigarette use, substance/opioid prevention, tick disease prevention, flu and communicable disease prevention, handicap parking awareness, suicide prevention, and rabies prevention.
- Continued to administrate and update all of the Department of Health and Mental Health webpages and social media sites, including main departmental pages, specialized pages on smoking cessation, suicide prevention and substance abuse prevention, as well as UCDOH's Facebook and Twitter accounts.
- Continued to research, produce and co-host Healthy Ulster Radio, a weekly program designed to highlight and promote the broad spectrum of organizations, initiatives and programs that contribute to overall community wellness and sustainability. These programs air weekly and are archived on the Department's website as an ongoing educational resource. To date, 86 Healthy Ulster Radio programs have aired.
- To increase online presence, the HEU has been posting to the Department of Health and Mental Health's Facebook account daily and has over 880 followers. Post topics cover National Health Observances, Consumer Alerts, and local happenings. A Twitter account is also utilized daily.
- Worked closely with Ulster Prevention Council on their education and awareness activities, as well as on the biannual Youth Development Survey, an anonymous survey of substance use attitudes and trends among 7th-12th grade students throughout Ulster County.
- Coordinated the new UC Opioid Prevention Task Force, which brought together over 70 community organizations, representing all sectors, to re-examine every aspect of substance use prevention strategy from the perspectives of reducing supply, reducing demand and improving treatment and recovery services. Based on all of the input from research, data, multiple meetings and countless discussions, a report and plan of action is being created with the goal of reducing opioid

overdoses and fatalities in UC by 50% in 2 years from review, acceptance and inception of the plan.

- Maintained and updated UlsterHelps.org, a comprehensive, online directory of all substance use prevention, treatment and recovery services in and around Ulster County.
- Continued to work with Ulster County's Suicide Prevention Education, Awareness and Knowledge Committee to update and promote the SPEAK mobile app, and to work with veteran's groups, gun retailers and sportsmen's associations to help educate them as to the importance of reducing access to lethal means for potential suicide victims.
- Launched print and radio campaigns during the spring, highlighting tick prevention methods. Messages aired with major radio stations and newspapers.
- The public submitted approximately 43 ticks for identification. Tick identification is provided by Environmental Health and HEU staff and provides opportunities to review future tick prevention tips and receive a tick removal kit. In addition, people gain information that is used by their doctors for testing and treatment decisions.
- Public Health Education Coordinator provided tick prevention talks and tick removal kits at 7 locations reaching over 6,730 people.

Collaborations

- AFFCNY
- Aging Life Care Association
- American Cancer Society
- American Heart Association
- American Lung Association Northeast
- Catholic Guild for the Blind
- Catskill Mountain Keeper
- Catskill Regional Medical Center
- Center for Creative Education
- Center for Tobacco Free Hudson Valley
- CDPHP
- Central Hudson
- City of Kingston Mayor's Office
- City of Kingston Parks and Recreation
- Clear Channel Outdoor
- Community Members
- Cornell Cooperative Extension of UC
- Cornerstone Family Healthcare
- Ellenville Public Broadcast
- Ellenville Regional Hospital
- EMEWE.org

- Everette Hodge Center
- Family Child Care Connections
- Family Health Institute
- FAMILY of Woodstock's Crisis Hotline
- Family Services
- Feed HV
- Hamaspik Choice
- Head Start
- HealthAlliance of the Hudson Valley
- Heart Health Coalition of Ulster County
- Hudson Valley Asthma Coalition
- Hudson Valley Health & Safety Council
- Hitch.org
- Institute for Family Health
- Kingston Land Trust
- Live Well Kingston
- Mano a Mano Coalition
- Maternal Infant Services Network
- Mental Health Association in Ulster County, Inc.
- Mid-Hudson Medical Group
- New Progressive Baptist Church
- People's Place Food Pantry
- Planned Parenthood Mid-Hudson Valley
- Rose Women's Care Services
- RUPCO
- Shop Rite
- Stop Smart Meters Woodstock
- SUNY New Paltz
- SUNY Ulster Health/Safety
- Time Warner Cable
- Tobacco Free Action Communities
- Ulster BOCES
- UC Community Action
- Ulster Corps
- Ulster County Association of School Nurses
- Ulster County BOCES
- Ulster County Department Mental Health
- UC Department of Emergency Management
- UC Department of Social Services/Safe Harbour
- Ulster County Department of the Environment
- Ulster County Executive's Office
- Ulster County Legislature
- Ulster County Office of the Aging
- Ulster County Planning Department
- UC Prescription Abuse Prevention Task Force
- Ulster County Sheriff's Department

- UC Suicide Awareness & Prevention Committee

2019 Goals

- Create a report and plan of action from the UC Opioid Prevention Task Force designed to reduce opioid overdoses and fatalities by 50%, in 2 years, including convening a small steering committee to coordinate implementation, monitor progress and adjust accordingly. Includes building upon and strengthening relationships with internal county departments and a broad spectrum of community partners to continue to identify gaps and opportunities for improvement.
- Research and write the new Ulster County Community Health Assessment and Community Health Improvement Plan 2019-24, in association with multiple community and regional partners and hospital systems.
- Continue to work to strengthen Ulster County's tobacco prevention policies and initiatives, with focus on vaping prevention measures, in partnership with local school districts, BOCES and other community partners.
- Continue to upgrade and update all health, mental health, suicide and substance use prevention and youth wellness outreach assets, including websites, social media, traditional media, and others to continue to advance Ulster County's community health and prevention agenda.
- Continue to strengthen the connections between health and mental health that was begun by merging both county departments.
- Continue to promote community health, wellness and sustainability through Healthy Ulster Radio programming.
- Work to advance Ulster County Environmental Protection initiatives such as promoting the plastic bag ban, renewable energy designed to mitigate climate change, and promote utilization of the UC rail trail system.
- Continue to work with the County Executive's office, other County Departments and community partners to pursue the goal of making Ulster the Healthiest County in New York.

Mental Health

2018 Accomplishments

- Ulster County Department of Mental Health launched the Integrated Ulster initiative in conjunction with over 30 community providers as partners. The mission of Integrated Ulster is to create a Welcoming, Trauma Informed System for engaging and helping Ulster County residents with complex needs. The Integrated Ulster work

group meets monthly and works collaboratively in identifying tasks necessary for facilitating successful systemic transformation toward trauma informed care.

- UC Department and Health and Mental Health was awarded a \$75,000 grant by the New York State Department of Health focused on addressing the opioid addiction epidemic in the county. The UCDOH and MH submitted a proposal that offered a three-pronged mission: 1) subcontract with a community provider to develop protocols for the implementation of Medication Assisted Treatment in the Ulster County Jail; with a particular focus on administration of Buprenorphine, 2) Promote treatment and recovery services in Ulster County via a vigorous 26-week media campaign and 3) Conduct a minimum of two Buprenorphine Waiver trainings for medical providers in the county. The funds were awarded in the final month of quarter 2018 and efforts to meet the terms of the grant will begin in earnest in 2019.
- UC DMH submitted a Crisis Benefit Plan to the New York State Office of Mental Health. The plan outlines a proposal for Ulster County to bill Medicaid for crisis intervention services under the 1115 Waiver authority UCDMH staff worked closely with the county's current mobile mental health team provider, Access: Supports for Living, in submitting the plan to the state. The plan was approved in January 2019.
- PEOPLE, Inc. was awarded 20 units of Medicaid Redesign Team (MRT) Supported Housing beds to serve chronically homeless individuals struggling with behavioral health challenges. Individuals meeting criteria for this housing opportunity must be Medicaid recipients that are enrolled in a Health Home. These beds continue to be under development. Ulster County's Residential Single Point Of Access (SPOA) Coordinator worked closely with and will continue to assist PEOPLE, Inc. staff in identifying individuals to fill these beds.
- In addition, PEOPLE, Inc. was awarded 2.38 million dollars by the New York State Office of Alcohol and Substance Abuse Services (NYS OASAS) to develop 20 Medically Supervised Withdrawal and Stabilization Services beds. These beds are proposed to serve a seven-county region; which includes Ulster County. The beds are under development and are located in Greene County. However, the service includes opportunities for transportation for Ulster County residents to and from the facility. DMH staff will continue to offer support and assistance to PEOPLE, Inc. in their effort to have this service available by Fall of 2019.
- UCDMH sponsored 6 community provider participants to attend a 3-day Crisis Intervention Team Train the Trainer (CIT TTT) session in April 2018. These 6 participants committed to conducting CIT at least semi-annually for the Ulster County law enforcement community. The first five-day CIT of 2019 will be conducted the last week in January. Over 30 Officers are registered to participate.
- The Ulster County Sequential Intercept Mapping (SIM) work group continued to meet monthly throughout 2018. These meetings address the entire spectrum of criminal justice in the County. During 2018, the workgroup decided to develop a pilot with Kingston City Courts to provide consultation to the Judges in determining appropriate decisions when faced with a defendant struggling with behavioral health issues.

- Ulster County SPEAK Coalition continued to educate county residents on suicide prevention and education through multiple community venues. SPEAK coalition members updated community education presentation materials and the SPEAK App. Maintaining relevant and accurate language and messaging will enhance the coalition's efforts to spread suicide prevention education to varied audiences in 2019.
- In 2018, UCDMH staff participated in the new Federal Housing and Urban Development (HUD) led Coordinated Entry process as it launched county-wide. The Coordinated Entry effort in Ulster County is directed by RUPCO. In a collaborative effort, DMH hosts the monthly meetings at our Golden Hill conference rooms and the Residential SPOA Coordinator routinely participates in the umbrella Continuum of Care planning activities.
- DMH staff participated in multiple Regional Planning Consortium (RPC) and Conference of Local Mental Hygiene Directors (CLMHD) forums in an effort to increase the numbers of Ulster County residents that were eligible and assessed for Home and Community Based Services (HCBS). DMH staff efforts to encourage HCBS providers to engage their clients in these services were successful in that by the end of 2018, 95 Health Home enrolled individuals were assessed for HCBS and 92 were found to be eligible to receive these services. By quarter 4 2017, statistics showed that only 15 individuals were assessed for HCBS and 13 were found to be eligible. In 2019, DMH will continue to work with the RPC and CLMHD to assist HCBS providers in successfully billing for assessments and the provision of services.
- The UCDMH Disaster Mental Health Team was on-call for six Critical Incident Stress Management (CISM) events that occurred in the county in 2018.
- The UCDMH Clinical Risk Coordinator provided two designee trainings to IFH and MHA in Ulster staff in 2018.
- UCDMH's Adult Case Management SPOA Coordinator initiated a Utilization Review process with Non-Medicaid Care Management providers in 2018. Due to continued changes in the behavioral healthcare system, UCDMH staff increased efforts to reduce the numbers of individuals eligible for Medicaid who are assigned to Non-Medicaid services. Staff utilize the UR process as a means of accomplishing this goal.
- This Department coordinated and facilitated 5 meetings of the Children's Services Planning Committee in 2018. Children's Services Planning is comprised of representatives at the supervisory level from over 40 unique agencies/programs/organizations providing services to children and their families in Ulster County. Bi-monthly meetings provide an opportunity for training, networking and collaborating among providers. Each year we see an increase in participation. Presenters and presentation topics in 2018 were as follows; Ulster Prevention Council's Hidden in Plain Sight Presentation, Kingston City School District's presentation on new attendance policies, Overview of Crime Victims Services in Ulster County, Department of Probation presentation on Restorative Justice and Raising the Age legislation, Ulster County Safe Harbour presentation on services, Hudson Valley LGBTQ Center presentation of services, and a Presentation on Nurturing Parent Program.

- This Department coordinated 6 Human Services Coalition meetings and provided information on various topics to representatives of 48 provider agencies. Topics covered were Hudson Valley Hospice, UC District Attorney's Office Intimate Partner Violence Initiative, Hudson Valley Community Services, The Worker's Justice Center, RUPCO, OPWDD Front Door, and Resource Center for Accessible Living.
- DMH staff participated in the county-wide Opioid Task Force which initiated May 24, 2018. The taskforce brought representatives from over 40 providers and stakeholders that were committed to address the opioid epidemic through three lenses: 1) reducing supply, 2) reducing demand and 3) treatment. The final report of the task force with recommendations will be submitted to the County Executive's in early 2019.
- Our Department coordinated with the National Association for the Mentally Ill (NAMI) to provide *Ending the Silence* (ETS) to 562 students in the Kingston, Marlboro, Ontario, Highland, Saugerties and Wallkill school districts. Through video, power point and personal stories, ETS offers high school students the opportunity to learn about symptoms and indicators of mental illness, the relationship between mental health and substance use and other negative coping behaviors, suicide, resiliency, recovery, and ways for students to identify appropriate professionals, services, and family/peer supports available to help.

Key Statistics

- UCDMH Psychology Department performed 58 competency (730) exams; 72 MMPI's for Family Court; completed 22 Family Court Evaluations and had 4 Family Court subpoenas.
- In 2018, there were 2 Mental Health First Aid training; 1 ASIST trainings and 2 safeTalk trainings. Additionally, SPEAK sponsored a member to become a Youth Mental Health First Aid certified trainer in summer 2018. The new trainer is expected to conduct a minimum of three trainings annually in order to maintain her certification. SPEAK continued to participate at tabling events throughout the County, i.e. the UC Fair, UC Veterans Stand Down event, etc. UC SPEAK also continued to promote the Gun Shop Project through our partnership with the Federated Sportsmen's Clubs of Ulster County.
- UCDMH Adult Case Management SPOA served 322 unique individuals, the Residential SPOA served 284 unique individuals and Child SPOA had 104 admissions for Child SPOA services.
- In 2018, there were 6 new referrals for AOT investigation. 4 of the 6 new individuals were admitted to AOT enhanced services, 1 of the 6 new individuals was transferred to another county and 1 of 6 new individuals was closed. There were 4 new individuals placed on AOT petitions (Court Orders). There were 4 individuals who had their AOT petitions expire (Court not pursued). There were 7 individuals who had their AOT petitions were renewed. There are currently 11 individuals on AOT petition and 13 individuals on AOT enhanced services. Total of 24 on AOT monitoring.

- Mobile Mental Health served a total of 2020 individuals; had 1489 telephone contacts; 835 face to face contacts; 1533 post emergency room or psychiatric hospitalization discharge support contacts; and diverted 314 individuals from an emergency room visit.
- This department submitted 235 Safe Act Reports to the Justice Department.
- UCMDMH conducted 8 Clinical Case Reviews for High Risk individuals in the community.

Collaborations

- Westchester and Montefiore DSRIP collaborative
- ACCESS Supports for Living
- The Mental Health Association of Ulster County
- PEOPLE, Inc.
- Ulster Federated Sportsmen's Association
- Ulster County Sheriff's Department
- Health Alliance of the Hudson Valley
- Gateway Community Industries
- Office for the Aging
- Astor Services for Children and Families
- Catholic Charities of Orange and Sullivan Counties
- Ulster Prevention Council
- Rockland State Psychiatric Center
- Ulster County Critical Incident Stress Management (CSIM) teams
- Astor Services for Children and Families
- Ulster County Home Based Crisis Intervention
- National Association for the Mentally Ill (NAMI)
- Local Law Enforcement
- Greater New Paltz Community Partnership (GNPCP)
- Family of Woodstock (FOW)
- Rockland Children's Psychiatric Center
- Saugerties School District
- Kingston School District
- Hudson Valley Mental Health
- Institute for Family Health
- Ulster County Department of Social Services
- Ulster County Probation Department
- Berkshire Farm Center and Services for Youth
- Parsons Child and Family Center (Northern Rivers Family Services)
- Ulster County Inter-Agency Drug Task Force
- Onteora School District
- Children's Health Home of Upstate NY (CHHUNY)
- Children's Home of Kingston
- Ulster BOCES
- RUPCO
- Clinton Avenue Caring Hands – Darlene Kelley and Jeremy Mills
- Police Chiefs Association of Ulster County

2019 Goals

- Oversee and monitor individuals 0 to 21 who are referred to Children's Health Homes to ensure they are engaged and receiving the appropriate level of services commensurate with their assessed needs. This will involve ongoing and close collaboration with the care management agencies serving individuals 0 to 21 in Ulster County.
- UCDMH staff will provide support and technical assistance to Ulster County providers as the behavioral health system transforms from the 1915c Waiver authority to the 1115 Waiver.
- Work toward having one Ulster County SPOA application for individual seeking residential and case management services.
- UCDMH staff will continue to participate in the new Federal Housing and Urban Development (HUD) lead Coordinated Entry process.
- UC's Sequential Intercept Workgroup will sponsor two Crisis Intervention Trainings in Ulster County in 2019.
- UCDMH will sponsor at least one Mental Health First Aid Training, one Youth Mental Health First Aid training, one Motivational Interviewing training and one SAFE Act training.
- Adult Case Management SPOA will establish a quarterly Health Home Care Management Agency (CMA) Meeting to offer opportunities for UC CMAs to learn from and support one another.
- UCDMH staff will work in conjunction with Institute for Family Health Health Home, UC CMAs and Adult SPOA to continue to increase the numbers of Health and Recovery Plan (HARP) eligible UC residents that are assessed and referred for Home and Community Based Services (HCBS) by at least 30%.
- The UC Residential SPOA Coordinator will lead a project with Gateway Community Industries to transition 20 dually eligible (Section 8 and SPOA housing) residents from supported housing apartments into Section 8 housing.
- UC SPEAK Coalition will conduct 20 community presentations to provide suicide prevention education.
- UC Sequential Intercept Mapping workgroup will facilitate a pilot project with Kingston City Courts to provide consultation for the Judges in reaching appropriate decisions for individuals with behavioral health concerns.

Medical Examiner

2018 Accomplishments

- Worked with WMC Health Alliance's Forensic Pathologist and held a training on pediatric deaths. There were approximately 50 in attendance. The audience was a combination of law enforcement, EMS, and Medical Examiners/Coroners/Death Investigators from neighboring counties.
- Continued to make organizational improvements on the Medical Examiner (ME) database and systems, including newly developed statistical reports. Reports can be found on the Ulster County DOH webpage.
- Continued to work with the Ulster County Sheriff Department's High Intensity Drug Trafficking Area (HIDTA) unit to provide timely accurate ME data regarding overdose deaths.
- Participated in 2 NYS Association of County Coroner and Medical Examiners (NYSACCME) trainings for continuing education on the principles of medicolegal death investigations.

Key Statistics

- There were 554 total death reports received by the ME office, of which 380 were unattended deaths and 174 were referred for postmortem.
- There were 5 homicides, 28 suicides (5 were overdoses), 55 opioid related accidental overdoses and 4 non-opioid accidental overdoses.
- Manner of deaths included 83 accidental deaths, 5 homicides, 51 natural deaths, 28 suicides, and 7 undetermined deaths.
- The average time to receive a finalized autopsy report is 26.5 days, compared to an average of 50.7 days in 2017 and 152.0 days in 2016.

Collaborations

- WMC Health Alliance
- Local and State Police Departments
- EMS
- Community physicians
- Ulster County Department of Mental Health
- Ulster County DSS
- Local Registrars Offices
- Ulster County Clerk's Office
- NYS Department of Health
- Local and out-of-state funeral homes
- Ulster County Sheriff's HIDTA
- Ulster County District Attorney's Office
- Neighboring ME/Coroner Offices

2019 Goals

- Create written standardized policies and procedures for the ME office.
- Participate in NYSACCME continuing education trainings.
- Continue to create administrative efficiencies to ensure timely data collection and response to families.
- Work with local hospitals to conduct in services regarding the functions of the ME office and proper completion of death documentation.
- Continue to collaborate with WMC Health Alliance's Forensic Pathologist to conduct more trainings for law enforcement, EMS, Medical Examiners/Coroners/Death Investigators and Physicians.
- Continue to work with Ulster County DOH, Local and State Law Enforcement, HIDTA, Ulster County Mental Health and community providers to address the opioid epidemic.

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2019 and 4/30/2019

Total Number of Cases: 42

<i>Cases by Gender</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	2	0	1	2	0	0	0	0	0	0	0	0	5
M	15	8	12	2	0	0	0	0	0	0	0	0	37
Grand Total	17	8	13	4	0	0	0	0	0	0	0	0	42

<i>Cases by Manner</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	5	4	5	0	0	0	0	0	0	0	0	0	14
Natural	6	3	2	1	0	0	0	0	0	0	0	0	12
Pending	0	0	3	3	0	0	0	0	0	0	0	0	6
Suicide	6	1	3	0	0	0	0	0	0	0	0	0	10
Grand Total	17	8	13	4	0	0	0	0	0	0	0	0	42

<i>Cases by Category</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Alcohol	2	0	1	0	0	0	0	0	0	0	0	0	3
Cardiovascular	2	2	1	0	0	0	0	0	0	0	0	0	5
Cardiovascular and Diabetes	1	0	0	0	0	0	0	0	0	0	0	0	1
Cardiovascular and Obesity	0	0	0	1	0	0	0	0	0	0	0	0	1
Drowning	1	1	0	0	0	0	0	0	0	0	0	0	2
Fall	0	1	1	0	0	0	0	0	0	0	0	0	2
Fall - Intentional	0	0	1	0	0	0	0	0	0	0	0	0	1
Gunshot Wound	4	1	2	0	0	0	0	0	0	0	0	0	7
Hanging	2	0	0	0	0	0	0	0	0	0	0	0	2
Motor Vehicle Accident	1	0	1	0	0	0	0	0	0	0	0	0	2
Opioid	3	0	1	0	0	0	0	0	0	0	0	0	4
Opioid w/ Other Substances	0	1	1	0	0	0	0	0	0	0	0	0	2
Opioid w/ Other Substances and Alcohol	0	1	0	0	0	0	0	0	0	0	0	0	1
Pending	0	0	3	3	0	0	0	0	0	0	0	0	6
Pulmonary Disease	1	1	0	0	0	0	0	0	0	0	0	0	2
Smoke Inhalation	0	0	1	0	0	0	0	0	0	0	0	0	1
Grand Total	17	8	13	4	0	0	0	0	0	0	0	0	42

Our Partners

Access: Supports for Living

Astor Services for Children & Families

Cornell Cooperative Extension Ulster County

Family Services & Hudson Valley Mental Health

Family of Woodstock

Gateway Community Industries, Inc.

HealthAlliance of the Hudson Valley

The Institute for Family Health

Mental Health Association in Ulster County

People USA

Step One Child & Family Guidance Center

Ulster County Department of Social Services

Ulster County Office for the Aging

Ulster County Department of Health & Mental Health

239 Golden Hill Lane, Kingston, NY 12401-6441

Tel: (845) 340-4110 | Fax: (845) 340-4094



For more information, please contact:

Katrina Huller Williams, LCSW-R, CASAC
(845) 340-4143 | kawi@co.ulster.ny.us

Integrated Ulster



Integrated Ulster is a partnership of organizations of all types to create a system of care that is welcoming and effective in addressing the complex needs of all people in Ulster County.

Vision & Mission

We all welcome people and families with complex issues into caring relationships with a wide variety of providers across all systems of care. All people deserve the promise, hope and help to achieve productive and meaningful lives that fulfill their vision of wellness.

We aim to create a universal approach for service providers to create a system of care that is:

- **Welcoming**
- **Accessible**
- **Capable** of providing care that is:
 - *Person & Family Centered*
 - *Recovery & Resiliency Oriented*
 - *Trauma Informed*
 - *Culturally Competent, and*
 - *Integrated*

Guiding Principles

With the Comprehensive, Continuous, Integrated System of Care (CCISC) model* as a framework, we are guided by the following principles:

- Complexity is an expectation.
- Service partnerships are empathic, hopeful, integrated, and strength-based.
- All people are unique and one size does not fit all.
- All issues and needs are the primary concern.
- Progress takes time. Change involves meeting the person where they are at and addressing each issue over time.

**Minkoff and Cline (2004, 2005)*



Goals & Action Steps

Outcome: Everyone in Ulster County in need of help will be welcomed and provided with the best possible service by staff who are empowered with the tools they need.

Goal: To improve collaboration and communication among helping providers.

Action Steps:

- Creation of a directory of Integrated Ulster members who will be the point contacts in ensuring their agency is accessible and welcoming to the public as well as partner agencies.

- Implementation of a *Resource Weekly* e-newsletter to enhance the sharing of news and information among human services providers in Ulster County.

Goal: To assist providers in becoming more welcoming, accessible and capable of helping with complex issues.

Action Steps:

- Each partner organization will identify "Change Agents" who will develop a quality improvement team within their agency to conduct a self-assessment and strive toward being better at assisting those with complex needs.
- Implement a bi-annual orientation for human services provider staff with trainings consistent with our vision, mission and guiding principles.