



Annual Report

2023



Jefferson County
Public Health Service

www.jcphs.org – www.facebook.com/JCPHS

Jefferson County Public Health Service

Mission

Empowering people to prevent illness, promote resiliency, and protect the well-being of Jefferson County residents and visitors.

Vision

People living in a safe and healthy environment.

Values

*Access for all · Caring · Excellence · Integrity · Teamwork
ACE IT!*



Jefferson County Legislature

2023 Health and Human Services Committee

Anthony Doldo, Chairman
Frances Calarco
Allen Drake
Corey Grant

William Johnson
Jeremiah Maxon
John Peck
Philip Reed

2023 Health Services Advisory Board

Marylène Duah, MD
Richard Duvall
Stephanie Graf
Donna Grant
Maya Lundborg-Gray, MD
Emily Mastaler
Anita Seefried-Brown
Stephen Todd
Denise Young

Ex-Officio:
Timothy Ruetten
Ginger Hall
Stephen Jennings
Robert Kasulke, MD
Stephen Grybowski, MD
Brandon Cooney

Table of Contents

Message from the Director.....	3
In Memorium.....	4
Organizational Chart.....	5
Administration.....	6
Community Health & Health Promotion Programs.....	10
Disease Control.....	12
Home Health Care.....	13
Emergency Medical Services.....	14
Public Health Emergency Preparedness.....	15
Medical Examiner.....	16
Annual Data.....	17
Schedule of Expenditures and Revenue.....	22
2023 Staff.....	23

Message from the Director



**Stephen
Jennings**



Ginger Hall

The Jefferson County Public Health Service strives to protect and promote the health of individuals, families, and communities, while working hard to prevent disease and threats. With the strong support of County Administration and the Jefferson County Board of Legislators, we work with many community partners to offer and ensure a variety of programs and services to the residents of Jefferson County.

It is a pleasure to present the Jefferson County Public Health Service 2023 Annual Report to the community. This report provides an account of our department’s efforts and accomplishments throughout 2023. As we pursue national Public Health Accreditation, we continuously explore ways to improve the quality of our care and work we do to improve the public’s health, while remaining flexible in a rapidly changing and evolving healthcare landscape.

In late October 2023, I picked up the baton from Ginger Hall to lead this terrific department. Ginger “retired” after 35 years of dedicated service to county residents, however, we are delighted that she has stayed on with us in a part-time capacity to manage our groundbreaking Mobile Integrated Health (MIH) program. From managing the pandemic, to beginning the process of national public health accreditation for the department, to establishing the MIH program, which is the first community paramedicine program in New York State, Ginger has worked tirelessly to measurably improve the public’s health, and we will continue to expand upon her innovative work.

I encourage you to review the information provided in this report, and to visit our website at www.jcphs.org, where you can review our plans, data and links to receive the most updated public health information available. We welcome suggestions and feedback on our programs and services as we continue our commitment to improve the health of all Jefferson County residents and visitors.

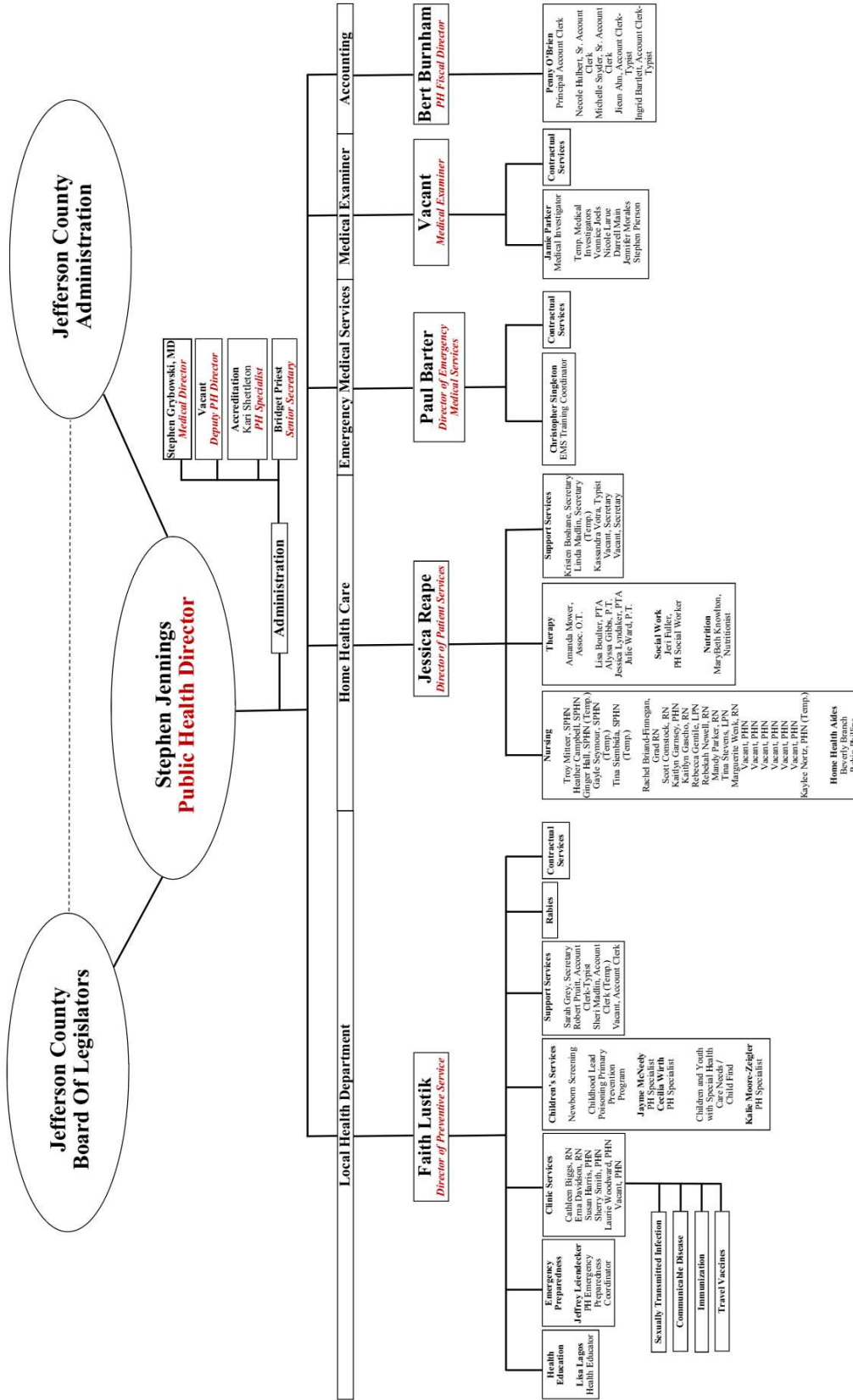
Stephen A. Jennings, MS

Jefferson County Director of Public Health

IN MEMORIUM

Sadly, friend and colleague Robert J. Kasulke, MD, who served as the department's medical director and assistant Medical Examiner for over three decades, passed in November 2023. A hallmark of Dr. Kasulke's career was service to the community and to the nation. In addition to his work for the department, he tirelessly served many other community agencies both as a volunteer and a physician, and he was a Major General in the U.S. Army Reserves. Dr. Kasulke devoted a significant amount of his time to the causes of veterans. The staff often remark that Dr. Kasulke could and would speak to everyone he met. He had a gift to be able to communicate with everyone, which served him well as a physician and as a friend. He is greatly missed by all.

Jefferson County Public Health Service Organizational Chart



Administration

Public Health Accreditation

Efforts to pursue Public Health Accreditation Board (PHAB) accreditation were restarted with receipt of a Public Health Infrastructure Grant (PHIG) through the New York State Department of Health and Health Research Inc. The department chose to use most of its PHIG funding to hire an Accreditation Coordinator and ready the department for accreditation application. Significant efforts ensued to establish plans required by PHAB. A 2023-2027 Workforce Development Plan was adopted 11/2/2023; a 2023-2027 Strategic Plan was adopted 11/22/2023; a Communication Plan was started (in progress); and a Quality Improvement and Performance Management Plan was started (in progress). Additionally, the department began utilizing the VMSG Dashboard Public Health Performance Management System, which is an operational planning and tracking system. A performance management system is required by PHAB.

2023-2027 Strategic Plan

The Strategic Plan aligns with the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), as well as the department's QAPI plan. Strategic priorities and goals to achieve by the end of 2027 include:

STRATEGIC PRIORITY 1: IMPROVE PUBLIC HEALTH - Goal 1.1: Advance Public Health Preparedness; Goal 1.2: Implement JCPHS priority areas of the Community Health Improvement Plan (CHIP). Priorities areas are to prevent chronic disease, and promote well-being and prevent mental health and substance use; and Goal 1.3: Maintain excellence in all department units.

STRATEGIC PRIORITY 2: PUBLIC ENGAGEMENT - Goal 2.1: Develop a branding strategy for JCPHS; and Goal 2.2: Improve external communication.

STRATEGIC PRIORITY 3: ORGANIZATIONAL EXCELLENCE - Goal 3.1: Develop and maintain a qualified and diverse public health workforce; Goal 3.2: Achieve accreditation through PHAB; Goal 3.3: Implement the VMSG performance management system throughout the department; Goal 3.4: Achieve a department-wide culture of quality improvement; Goal 3.5: Enhance accounting/finance operational efficiency and support; Goal 3.6: Ensure ongoing resource management by determining alternate revenue sources, e.g. grants; Goal 3.7: Ensure, maintain, and enhance effective internal communications between leadership, supervisors, and staff; and Goal 3.8: Improve technology and data systems to maximize the efficiency of IT resources.

All performance measures and strategies will be reviewed quarterly through the five-year duration of the plan.

2023-2027 Workforce Development Plan

The workforce development plan outlines the findings of the department's workforce needs assessment, details the planning process for employee training, describes the implementation of those plans, and identified a set of core competencies that are relevant to all staff members. The plan was created using direction provided by PHAB, and goals are delineated as follows: Goal 1 – Complete the PH WINS 2024 Survey; Goal 2 – Increase staff; Goal 3: Disbursement of information; Goal 4 – Create and assign trainings; Goal 5 – Implement cultural and linguistically appropriate services (CLAS) policy; Goal 6 – Update all signage to match mission, vision and values; Goal 7 – Input all department documents into the VMSG Dashboard Public Health Performance Management System; Goal 8 – revise onboarding/offboarding processes; Goal 9 – Evaluation and review, conduct workforce assessments to identify employee proficiencies in the Core Competency domains to include communication, community partnerships, leadership, and systems thinking; and Goal 10 – Evaluation and review, conduct workforce satisfactions survey every two years.

Quality Assurance/Performance Improvement (QAPI)

The department operates a Quality Assurance/Performance Improvement (QAPI) structure, with Quality Management (QM) meeting bi-weekly to discuss department priorities and emergent issues. The Continuous Quality Improvement (CQI) meeting continued bi-weekly to discuss patient care priorities. QAPI Public Health committee meets at least quarterly to discuss communicable disease, clinic, health promotion, and public health emergency preparedness priorities. The QAPI Finance committee meets quarterly to discuss department financial priorities, corporate compliance, and other pertinent issues. The QAPI Home Care committee overlaid with QM/CQI meetings to stay current and discuss home healthcare priorities and issues.

Corporate Compliance

Laws and regulations governing the department were continuously reviewed to ensure corporate compliance. Vendor services secured through The Compliancy Group—The Guard continued to provide federally compliant privacy and security policy templates, as well as guidance to ensure the department's policies and security systems were appropriate. Services by The Compliancy Group were continued through 2023. The privacy and security policies were reviewed with no changes made, however, a 21st Century Cures Act Policy was adopted 6/14/2023 at the recommendation of The Compliancy Group. With the adoption of this policy, the department will not engage in practices that constitute information blocking. Entities who use, collect, maintain, or transfer health IT, are subject to the information blocking rule. The information blocking prohibition provision of the Act is designed to place patients at the center of their healthcare, through provisions that remove obstacles patients encounter when they try to access their EHI.

Annual audits required completion ahead of annual staff training. The Corporate Compliance, Privacy and Security Officers completed the following audits: IT Risk Analysis audit; HIPAA Physical Site audit; HIPAA Privacy audit; HIPAA Hi-Tech audit; HIPAA Security audit; and HIPAA Device by 12/2023. Annual corporate compliance staff and Professional Advisory Committee

training commenced in the fall and was also completed by 12/2023. The Compliancy Group worked with the department to ensure annual Security Audits were completed appropriately. The Deputy Public Health Director serves as the department's CCO. The Director of Public Health serves as the department's privacy officer. The Jefferson County Director of Information Technology serves as the security officer. The CCO ensures policies are updated and accessible for all staff, ensures staff adhere to compliance requirements in daily work, administers annual training for all staff of the department, and tracks all staff trainings to ensure completion and adherence to regulatory requirements. The CCO is also an active member of the regional North Country Initiative (NCI) Corporate Compliance Committee.

Health Planning

Community Health Assessment/Community Health Improvement Plan 2022-2024

A 2022-2024 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) was developed and submitted to the New York State Department of Health 12/2022. Findings in the CHA culminated in two CHIP priorities, including prevent chronic diseases, and promote well-being and prevent mental and substance use disorders.

Specific CHIP prevent chronic diseases objectives include:

Focus Area: Tobacco Prevention

o Interventions:

Promote tobacco use cessation: Use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotionally evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits (especially Medicaid), and to encourage health care provider involvement with additional assistance from the NYS Smokers' Quitline.

Focus Area: Preventive Care and Management

o Interventions:

Increase cancer screening rates: Work with clinical providers to assess how many of their patients receive screening services and provide them feedback on their performance (Provider Assessment and Feedback).

Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity: Promote referral of patients with prediabetes to an intensive behavioral lifestyle intervention program modeled on the Diabetes Prevention Program to achieve and maintain 5% to 7% loss of initial body weight and increase moderate intensity physical activity (such as brisk walking) to at least 150 min/week.

In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity: Expand access to evidence-based self-management interventions for individuals with chronic

disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone.

In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity: Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.

Specific CHIP promote well-being and prevent mental and substance use disorders objectives include:

Focus Area: Prevent Mental and Substance Use Disorders

o Interventions:

Prevent underage drinking and excessive alcohol consumption by adults: Implement School-based prevention: Implement/Expand School-Based Prevention Services. Engage school districts by expanding the Alliance for Better Communities - Youth Alliance of Jefferson County (ABC-YAoJC) into all public-school districts county-wide as measured by an increase in participating school districts with signed MOUs. Youth empowerment, community-wide prevention, and youth access to care will decrease percentage of past-30- day alcohol, marijuana, and e-cigarette use by students in grades 7-12 from 2022 PNA baseline data. Evidence Base: CADCA Youth Leadership Program <https://www.cadca.org/nyli>.

Prevent underage drinking and excessive alcohol consumption by adults: Implement routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol use for adults 18 years or older, including pregnant women.

Prevent opioid overdose deaths: Increase availability of/access and linkages to medication assisted treatment (MAT) including Buprenorphine.

Prevent suicides: Create protective environments: Reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use.

Prevent suicides: Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent reattempts, postvention, safe reporting and messaging about suicides.

Prevent suicides: Promote connectedness, teach coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program. Youth empowerment, community-wide prevention, and youth access to care will decrease percentage of past-12 months suicidal ideation, suicide plans, and suicide attempts by students in grades 7-12 from 2022 PNA baseline data. Evidence Base: CADCA Youth Leadership Program <https://www.cadca.org/nyli>.

Jefferson scored 34th healthiest New York State County in 2023 as part of the national Robert Wood Johnson Foundation County Health Rankings. Jefferson ranked in the lower-middle range (25%-50%) for Health Outcomes and in the lower-middle range (25%-50%) for Health Factors. The County Health Rankings can be viewed at www.countyhealthrankings.org.

Community Health & Health Promotion Programs

General Prevention

The Health Promotion staff facilitated community health educational programs regarding numerous topics to organizations, schools, worksites, and community settings. Thousands of individuals were reached through program and media outreach. The department actively utilizes Facebook to reach the public and has almost 16,000 followers.

Child Find Program

The Child Find Program continued as a state-funded program that is connected to, and part of Early Intervention. The goal is to improve the identification, location, referral to care and follow-up of infants and toddlers age 0-3 who may be at risk for physical and developmental disabilities and/or delays.

Childhood Lead Poisoning Prevention Program (CLPPP) +

CLPPP+ continued to review and follow-up on all lead level results for children 6 months to 6 years of age. Primary care providers are responsible for lead screening of children at 1 and 2 years of age. Public Health offers lead screening by appointment. Children found to have elevated lead levels receive case management including completion of risk assessment; education regarding source of lead exposure and risk measures; appropriate referrals to Child Find, Early Intervention, and when appropriate, New York State Department of Health for environmental follow-up; home visits; and notification of need for follow-up lead testing. The blood lead levels identified at or above 5 mcg/dl were regulated to have interventions performed by the department and the Watertown District Office of the NYSDOH. The increase in cases who are receiving care coordination continues to expand.

The department also administers a prevention component initiative that works to ensure children never become exposed to lead poisoning. The prevention component, in combination with the traditional treatment and monitoring component historically provided, expanded the name of the program to CLPPP+. With a focus on the 13601-zip code, which has a predominance of rental housing aged >45 years, lead hazards are of high concern. With an objective of primary prevention, to identify and control lead hazards before children become lead poisoned, the program works to identify criteria for serving populations residing in high-risk housing; develop partnerships and community engagement; promote public awareness to enhance support; specify inspection activities, protocols/procedures and enforcement; assess and build workforce

capacity; identify and expand resources for lead hazard control; and performance management and quality assurance/quality control. Housing assessments are a new component of the program. These assessments will identify lead paint dangers in homes owned or rented in the City of Watertown and surrounding areas that are within the 13601-zip code.

Children and Youth with Special Health Care Needs (CSHCN)

The CSHCN program continued as a resource and referral to assist families in connecting them to resources in the community for children from birth to age 21. Coordinate diagnostic and treatment for medical to all children who are believed to have physically disabling conditions or serious chronic illnesses.

Keep the North Country Smiling

Much of the Keep the North Country Smiling (KNCS) coalition's work paused through the pandemic. There were no reported anti-fluoridation activities in 2023, and the department continued to promote access to community water fluoridation by making municipalities aware of funding through the NYSDOH to repair and replace outdated fluoridation equipment, as well as to purchase equipment to establish community water fluoridation. Pediatric dental practices continued to be encouraged to educate children and families about the importance of HPV vaccine to prevent oral cancers as a standard of care.

Alliance for Better Communities

The department remains extremely active with the Alliance for Better Communities, Jefferson County's Drug-Free Communities coalition, and has engaged all community sectors to address substance use problems on multiple fronts. In addition to public education campaigns, advocacy continued with members of the U.S. Senate and House of Representatives, and NYS Senate and Assembly highlighting the substance use problems happening in Jefferson County, what the needs and priorities are, and how local response is being implemented. Data indices continued to track and chart the growth of this problem locally. Drug poisoning deaths increased 16% from 2022, and deaths caused specifically by fentanyl increased 17%. The City of Watertown continues to be the County's epicenter for drug use, with 55% of all drug poisoning deaths occurring in the city. The Alliance continued to distribute harm reduction kits throughout communities in Jefferson County. The kits, which include fentanyl test strips, help to ensure protection from fentanyl, and educate substance using individuals about the resources available to seek treatment and to sustain sobriety following treatment.

The Prevention Needs Assessment (PNA) Youth Survey was administered in school districts in the fall of 2023 to assess whether or not indices improved from the 2022 survey. The Alliance administered the PNA to 8th, 10th and 12th graders throughout Jefferson County, and measured the need for prevention services among youth in the areas of substance use, delinquency, antisocial behavior, and violence. The questions on the survey asked youth about the factors that place them at risk for substance use and other problem behaviors. The survey also inquired about the use of alcohol, tobacco and other drugs, as well as participation in various antisocial behaviors. The findings showed significant improvement over 2022, particularly in the realm of

mental health. Because the 2022 data was so alarming, youth substance use and mental health became the principal mental health/substance use focus in the 2022-2024 Community Health Improvement Plan. The evidential youth initiatives put in place in every public school district in Jefferson County by the Alliance for Better Communities and the Youth Alliance of Jefferson County worked, as measured by the PNA Youth Survey.

Disease Control

Communicable Disease Reporting and Control

Surveillance for communicable diseases continued. The COVID-19 pandemic ended, however, COVID cases continued to be the leading reportable communicable disease in Jefferson County. In addition to COVID-19 cases, other leading Jefferson County communicable disease indices continued to be Sexually Transmitted Infections (STI), respiratory, and food-borne generated disease. Communicable disease nurses continued to respond to various disease exposures, including Hepatitis A and B and rabies prophylaxis. Overall STI indices remained stable in 2023 but were slightly lower in what has been an overall trend upward in Jefferson County, New York State, and nationally at significant rates. Educational efforts to address and control STIs are focused on prevention and increasing screening with particular attention on high-risk populations. The STI Coalition continues to address the increasing numbers of STI cases by coordinating targeted prevention messages utilizing paid social media ads, as well as educating providers on appropriate follow-up with STI patients. Weekly immunization and STI clinics continued.

Immunization Services

Immunization Clinic was offered every Wednesday from 12:30 p.m. until 3:30 p.m. The clinic is by appointment only. Infant, adolescent, and adult vaccines that are required and recommended were offered. Additionally, the department provides Travel Health Services immunizations for individuals going to foreign countries. Vaccine categories for Travel Health include routine, recommended, and required. Nurses discuss which vaccines are appropriate using CDC guidance with each patient. There were 1,115 vaccinations given. COVID-19 clinics run by the department ended as providers and pharmacies are providing the vaccine.

Rabies Control

Rabies control activities continued, encompassing exposure follow-ups for humans and domestic animals through contact investigations, pre and post-exposure treatments, animal confinements and quarantines, laboratory specimen submissions, vaccination clinics for domestic animals, and community education.

Vector Control

The department continued to provide public education regarding avoidance of Lyme and other tickborne diseases. Additionally, the department provided public education regarding mosquitoes and how to minimize risk for mosquito-borne diseases. Arboviral diseases are

increasing with longer, warmer, wet climates experienced in the North Country from spring through fall, and that has resulted in Eastern Equine Encephalitis (EEE) occurring in horses in Jefferson County, 2 in 2022 and 1 in 2023. West Nile Virus cases are also increasing in the State, though none have yet been seen in Jefferson County. To educate the public and farmers about EEE, the department held a Town Hall meeting at LaFargeville Central School on June 13, 2023. Speakers at the meeting discussed the ecology of mosquitoes, mosquito-borne disease prevention, and signs of EEE in large animals. Horse owners were advised to speak with their veterinarians about vaccination against EEE. Insect repellent samples were provided for all attendees.

Home Health Care

The Certified Home Health Agency (CHHA) provides multiple in-home care services such as nursing, home health aides, physical therapy, occupational therapy, medical social worker, registered dietician, and case management to patients throughout Jefferson County.

The Home Health Care Programs received 1,092 referrals and provided 11,557 visits to 792 patients over 9 disciplines of care in their homes throughout the year. Public Health Nurses made 2 visits to 1 maternal/child health (MCH) client. MCH client visits are included in the Home Health Care program statistics.

Home Health Care Programs continued its focus on reducing re-hospitalization of patients. Key areas focused on included patients having either congestive heart failure (CHF), myocardial infarction (MI), chronic obstructive pulmonary disease (COPD), pneumonia, or diabetes as their primary diagnosis.

2022 National Patient Satisfaction Benchmark System findings for JCPHS home health care patients showed of 480 patients surveyed, 170 responded (35%) with 90% rating their care 9 or 10 on a scale of 0-10; 87% would definitely recommend; 89% satisfied with care received; 85% satisfied with communications about care provided; and 84% satisfied with specific care issues. Satisfaction was essentially stable if not improved in all categories over 2021.

In January 2023, the CHHA also received the Home Health Care Community Assessment of Health Care Providers Survey (HHCAHPS) 2022 Patient Satisfaction Award of Distinction for demonstrated superior performance. The HHCAHPS is designed to measure the experiences of people receiving home health care from Medicare-CHHAs. The HHCAHPS is conducted throughout the United States for home health agencies by approved HHCAHPS Survey vendors. The department's survey vendor is Fazzi Associates. As a selected agency, the department's CHHA is deemed a national best-practice agency, and as a proven leader, placed in the top 25% of Fazzi's patient satisfaction national database based on a comparative analysis of overall satisfaction. The survey is required for Medicare annual payment update requirements.

Emergency Medical Services

The EMS unit coordinates education programs, systems response planning, support services, quality improvement, and public health preparedness with other emergency and public safety providers, hospitals, agencies and committees. Lewis, St. Lawrence, Oswego, and Onondaga County interactions are maintained. The unit sponsored 16 courses in 2023.

Overdoses/Drug Poisonings

The department continued to work with first responders to report real-time information into the ODMAP reporting system. The data goes first to the EMS unit, which evaluates the information to use for public notification. The Director of Public Health and District Attorney together approve issuing public ALERTs. No ALERTs were issued in 2023, but a year-end release was issued regarding the numbers of confirmed drug poisoning deaths to date, as well as an updated listing of resources individuals and families could access for assistance, resources for harm reduction, naloxone training with free kits, fentanyl test strips, and agencies that could assist with safe disposal of prescription medications.

Mobile Integrated Health

The department continued its Mobile Integrated Health program, which started very late in 2022. With funding through the Home Care Association of New York State from the Mother Cabrini Health Foundation, and in partnership with the Iroquois Healthcare Association and IPRO (the state-federal regional quality improvement organization), a Collaborative Models of Community Medicine and Paramedicine pilot initiative was created with 3 sites selected: the Jefferson County Public Health Service in the North Country, and 1 site each in the Hudson Valley and the Southern Tier. The goal of this pilot project is for these regions to optimize resources and work with all key players toward goals to support care transitions, continuity of patient service, and coordinated intervention with vulnerable populations in order to avoid Emergency Department episodes and visits, reduce hospital readmissions, and avoid unnecessary hospitalizations and unnecessary ambulance transports. The pilots share similar goals but are each tailored to the resources and specific needs of the residents of each respective community. By coordinating the roles and protocols among core hospital, home health, physician and EMS partners, patients in the community will have increased access to care and continuity of service and support, which is particularly vital in resource challenged areas. Each of these three pilot programs will utilize and coordinate all partners to deliver primary and preventative care services to populations such as frail or elderly patients, patients without transportation, etc. Administering preventative care lowers the likelihood that emergency teams will be called to non-urgent situations and preserves emergency care resources.

For its project, the department created the Jefferson County Mobile Integrated Health (MIH) program. The program specifically expands the roles of paramedics and EMTs to increase access to care in rural areas of the county where it can be difficult to get to a healthcare facility and receive primary care. Through the program, paramedics and EMTs can visit a patient at home to provide education; check blood pressure; check blood sugar level; help with medication; do weight checks; and share information with the patient's primary care doctor. These steps and

services lower the chance that the patient will need to seek emergency services and measurably reduce 911 calls and emergency department visits.

The Jefferson County MIH program aims to address the top four reasons persons seek emergency care: congestive heart failure (CHF); chronic obstructive pulmonary disease (COPD); diabetes; and risk for falling. The program is a collaboration between the Jefferson County Public Health Service Certified Home Health Agency (CHHA) and Emergency Medical Services program, who liaisons with 5 participating ambulance agencies. The first home visit includes an assessment by a nurse from the CHHA. Follow-up visits are done by a paramedic or EMT from one of the following agencies: Thousand Islands Emergency Rescue Squad (TIERS); Indian River Ambulance Service (IRAS); Carthage Area Ambulance (CARS); South Jefferson Rescue Squad (SJRS); and Guilfoyle Ambulance Service. For 2023, the program provided 1,013 visits to 74 individuals.

Public Health Emergency Preparedness

Public Health Emergency Preparedness and Response (PHPR) continued to be a major priority for the department. Efforts included educating the public to be prepared in the event of an emergency and providing health professionals and citizens to serve as volunteers in Jefferson County communities during health-related emergencies. The department also continued to work with regional, State and Federal levels to assure the most effective response possible to health emergency threats in Jefferson County and the North Country. The department is an active member of the Central New York Alliance, which meets periodically to address preparedness plans and deliverables and discusses coordination of potential response activities regionally. The department is also an active participant with the Central New York Medical Reserve Corps, which provides opportunities for health professionals and citizens to serve as volunteers during health-related emergencies.

A massive water main break occurred in the City of Watertown on October 18, 2023. The break was so devastating, it drained the city's 2 reservoirs in less than 24 hours, approximately 8 million gallons of water. Homes in certain parts of the city were without water quickly, and the entire city and the municipalities around the city connected to the city's water supply were warned to conserve and boil any water used for consumption. New York State resources were very quickly brought in to help the City of Watertown public works, water, and fire department crews. Department staff worked with the New York State Department of Health (NYSDOH) to coordinate safety messages around water use. A webpage was developed with a link to the NYSDOH Boil Water Notices – Basic Information for All Consumers website was established on the www.jcphs.org website. Bottled water was delivered en masse by the State for community access. Department staff did media interviews to educate the public on water safety. Nurses in the department's certified home health agency (CHHA) contacted every patient possibly impacted to make them aware of the emergency and assess needs that may result. Bottled water was delivered to patients in need. Constant communication was maintained with patients for water needs or possible relocation. The city was able to repair the break extremely quickly. In a few days, the problem was resolved.

Medical Examiner

The Jefferson County Medical Examiner's (ME) Office is authorized to investigate deaths that fall under [New York State County Law, Article 17A, Section 670](#). The ME Office goal is to provide answers for those affected by sudden and traumatic loss, and help improve the public health, safety and well-being of all Jefferson County residents. The ME continued to investigate deaths that fell into categories outlined in County Law where the public interest is served by explaining cause and manner of death.

Once Medical Examiner jurisdiction is established, it is the Office's responsibility to determine the cause and manner of death, produce an autopsy report, and issue a death certificate. The cause of death is the disease process or injury that results in the person's death. The manner of death indicates how the death occurred and includes designations of accident, homicide, natural, suicide, or undetermined. Of 29 confirmed drug poisoning deaths in 2023, 25 were attributed to opioids.

2022-2023 Annual Data

Community Health	2022	2023
Child Find		
Referrals	101	
Cases	81	91
Childhood Lead Poisoning Prevention Program		
Provider Screens	2,624	2,999
Pb> 5+ mcg/dl	125	248
Children with Special Health Care Needs		
Total children served (<21 years of age)	0	26

Health Promotion	2022	2023
CHIP Health Education Indicators		
Educational Events	32	48
Individuals Reached	65,136	61,056
Number of Facebook "Likes"	15,642	15,817
Provider Educational Events	6	36
Providers Reached	364	421
Press Releases Completed	89	13
Number of Social Media Campaigns Conducted	4	3

Disease Control	2022	2023
Confirmed & Probable Cases		
COVID-19	15,858	4,176
Hepatitis*	92	100
Hepatitis A	1	0
Hepatitis B, Chronic	11	11
Hepatitis B, Infant Perinatal	1	4
Hepatitis C, Chronic	74	78
Hepatitis C, Acute	5	7
Influenza	3,662	1,285
Influenza A	3,274	714
Influenza B	121	335
Influenza Unspecified	267	59
Swine-Origin Influenza A (H1N1) Virus	-	177
RSV	-	146
Lyme Disease	202	358
Arboviral Human	0	3

Disease Control (cont'd.) Confirmed & Probable Cases	2022	2023
Eastern Equine Encephalitis	0	0
Malaria (Travel Associated)	0	3
West Nile Virus	0	0
Arboviral Equine	2	1
Eastern Equine Encephalitis	2	1
West Nile Virus	0	0
Pertussis	0	1
Sexually Transmitted Infections	849	875
Chlamydia	685	677
Gonorrhea	150	179
Syphilis	14	19
Tuberculosis	0	2
All Other Confirmed & Probable Reportable Diseases	254	239

*Hepatitis A = spread through stool; Hepatitis B = spread through bodily fluids; Hepatitis C = spread through blood.

Jefferson County Public Health Service - Diagnostic & Treatment Center Services	2022	2023
COVID-19		
Number of Clinics	78	0
Number of Clients	779	10
Total Vaccines Administered/Client Visits	1,450	10
STD/HIV		
Number of Clinics	55	52
Number of STD Visits	106	93
Number of HIV Visits	95	55
Number of HCV Tests (Hepatitis C)	42	64
Total Number of Clients	64	66
Tuberculosis		
Number of Skin Tests – PPDs	159	140
Number of Active Cases Monitored	0	0
Number of PPD Converters	0	0
Number of Client Visits	123	280
Immunization		
Number of Clinics	54	57
Number of Clients	642	663
Total Vaccines Administered	1,108	1,005
Number of Client Visits	619	774

Jefferson County Public Health Service - Diagnostic & Treatment Center Services (cont'd.)	2022	2023
Hepatitis B		
Number of Adults	64	40
Total Hepatitis B Administered	100	109
Influenza		
Total Influenza Administered	249	181
Pneumococcal		
Total Pneumococcal Administered	24	32
Prevnar 13	17	20
Pneumovax 23	7	12
Travel Health Services		
Number of Clients	39	23
Number of Visits	39	25
Total Vaccines Administered	39	32
Rabies Exposures		
PRE-Number of Veterinary Practice Personnel	2	7
Number of Doses	5	20
Number of Titers	0	0
POST-Total Exposures	62	106
JCPHS Clients Served	45	4
JCPHS HRIG Doses Administered	13	0
JCPHS HDCV Doses Administered	129	236
Hospital Clients Served	17	90
Hospital HRIG Doses Administered	49	90
Hospital HDCV Doses Administered	68	360
Total Doses HRIG	62	99
Total Doses HDCV	197	380
Total JCPHS D&TC Patient Visits	3,321	1,785

Jefferson County Public Health Service - STD Program Submissions for Testing	2022	2023
Syphilis	103	77
Chlamydia	171	31
Gonorrhea	171	32
HCV (Hepatitis C)	42	64
HIV	95	55
TOTAL	582	259

Rabies Testing	2022	2023
Jefferson County Public Health Service – Animals Submitted	70	70
Partner Agency (Fort Drum, NYSDEC, USDA) – Animals Submitted	71	76

Rabies Vaccinations	2022	2023
Village Clinics		
Dogs	184	142
Cats	53	65
Ferrets	2	2
TOTAL Village Clinics	239	209
Dog Control Clinics		
Dogs	453	501
Cats	147	198
Ferrets	0	0
TOTAL Dog Control Clinics	600	699
TOTAL VACCINATIONS	839	908

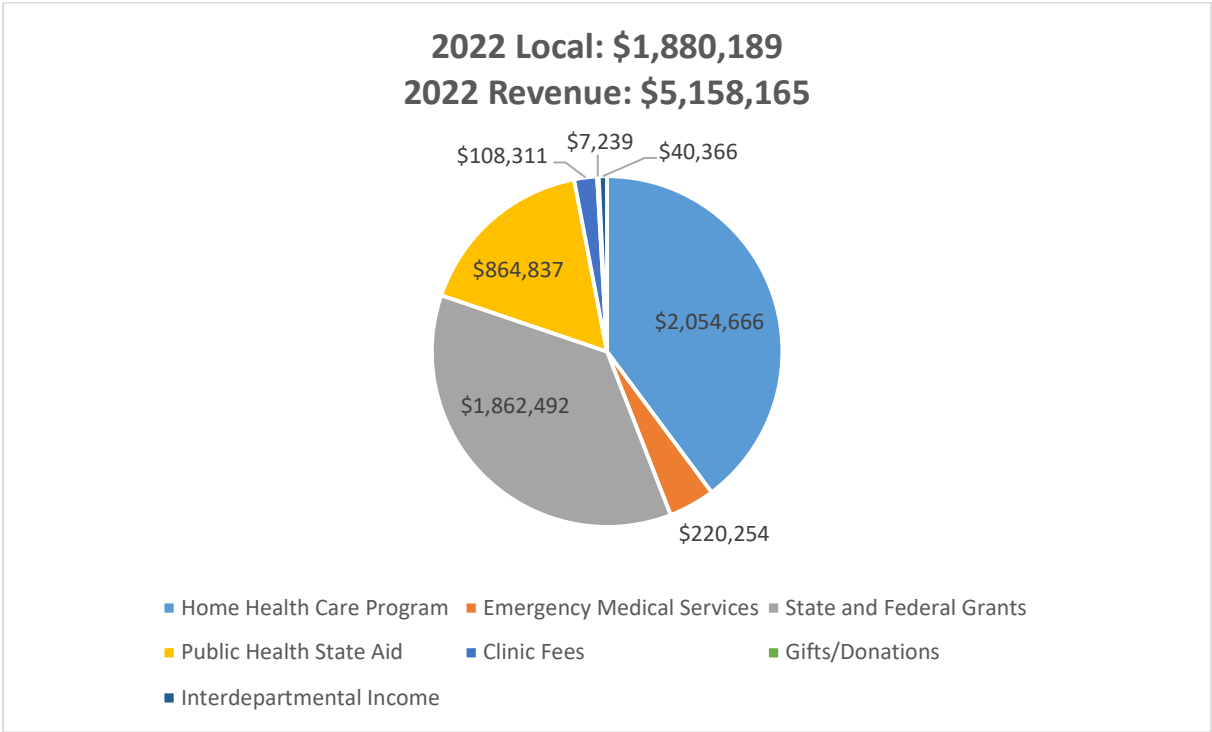
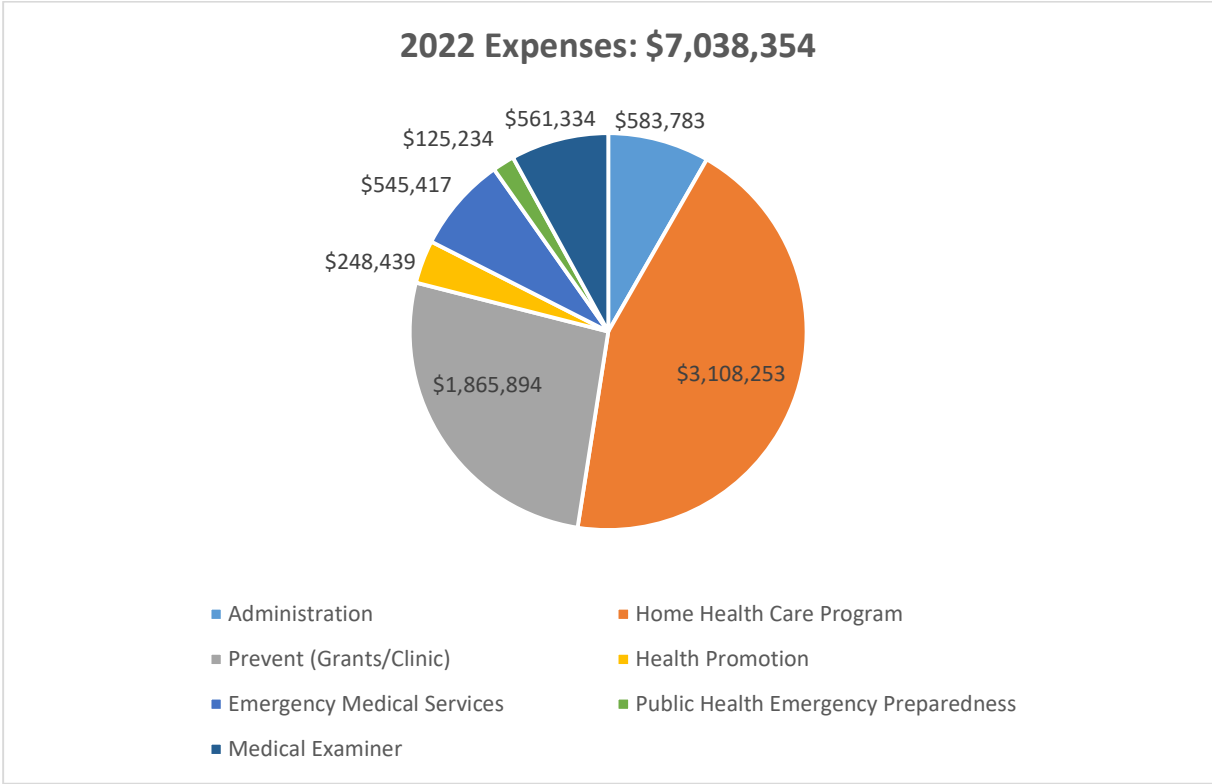
Home Health Care	2022	2023
Referrals	1,126	1,092
Cases	758	792
Average Daily Census	98	93
Visits By Discipline		
Nursing	6,131	5,395
Home Health Aide	745	963
Physical Therapy	3,943	3,718
Occupational Therapy	830	846
Nutrition	117	107
Medical Social Worker	466	528
TOTAL Visits	12,232	11,557

Emergency Medical Services	2022	2023
EMS Courses		
Number of Courses	14	16
Number of Students	149	160
EMS Calls	26,029	26,375

Mobile Integrated Health (MIH)	2022	2023
Cases	8	74
Average Daily Census	0.1	15
Visits	48	1,013

Medical Examiner	2022	2023
Causes of Death		
Natural Death	136	115
Accidental Death	46	43
Suicide	12	25
Homicide	2	1
Pending Investigation	0	10
Consultation	3	3
Undetermined	1	1
Cases		
TOTAL	200	198
Total with Autopsy	102	115
Total without Autopsy	98	83
Autopsy to Case Ratio	51%	58%
Total Scene Investigations	29	15

Schedule of Expenditures and Revenue



2023 Staff

Management

Stephen Jennings, MS Director of Public Health
Jessica Reape, Director of Patient Services
Faith Lustik, Director of Preventive Services
Bert Burnham, Public Health Fiscal Director
Ginger Hall, SPHN
Heather Campbell, SPHN
Troy Mitteer, SPHN
Gayle Seymour, SPHN
Tina Siembida, SPHN

Medical Director

Stephen Grybowski, MD
Robert Kasulke, MD

Health Planning

Hunter Czajkowski, MPH (Accreditation Coordinator)

Health Promotion/Public Information Officer

Lisa Lagos

Public Health Specialist

Jayme McNeely
Kalie Moore-Zeigler, MPH
Cecilia Wirth, MPH

Public Health Emergency Preparedness

Jeffrey Leiendecker, MS

Emergency Medical Services

Paul Barter, Director
Christopher Singleton

Medical Examiner

Samuel Livingstone, MD
Vonnice Joels, Medical Investigator
Jazmyne Cortes Ornelas, Medical Investigator
Robert Kasulke, MD – per diem

Accounting

Jieun Ahn
Ingrid Bartlett
Necole Hulbert
Penny O'Brien
Michelle Snyder

Nursing

Cathleen Biggs, RN
Scott Comstock, RN
Erna Davidson, RN
Justine Dowe, RN
Kristen Faus, PHN
Candice Gozalkowski, RN
Susan Harris, RN
Sandra Horning, LPN
Kaylee Nortz, RN
Mandy Parker, LPN
Shannon Priest, RN
Katherine Schuessler, PHN
Sherry Smith, PHN
Marguerite Wenk, RN
Laurie Woodward, PHN

Home Health Aide

Beverly Branch
Robin Phillips

Physical Therapy

Lisa Boulter, PTA
Brian Boutilier
Alyssa Gibbs
Jessica Lyndaker, PTA
Julie Ward

Occupational Therapy

Amanda Mower
Emily Finn

Medical Social Work

Jeri Fuller, PH Social Worker

Nutritionist

MaryBeth Knowlton, RD

Secretarial/Office

Kristen Boshane
Maria Davis
Patti Drake
Sarah Grey
Linda Madlin
Sheri Madlin
Bridget Priest
Robert Pruitt
Jenna Roberts
Kassandra Votra

Contact Us

Jefferson County Public Health Service

531 Meade Street, Watertown, NY 13601

Administration: (315) 786-3710

Home Health Care Programs: (315) 786-3770

Preventive Services/Disease Control: (315) 786-3730

Emergency Medical Services: (315) 786-3760

Medical Examiner: (315) 786-3755

Find us on the Internet:

www.jcphs.org

OR

www.facebook.com/JCPHS