



SERVICES

Sullivan County Health & Human Services Meeting Agenda - Final

Chairman Nicholas Salomone Jr.
Vice Chairman Michael Brooks
Committee Member Joseph Perrello
Committee Member Alan J. Sorensen
Committee Member Ira Steingart

10:30 AM **Thursday, May 11, 2023 Government Center** Call To Order and Pledge of Allegiance Roll Call **Comments: Reports:** 1. Division of Health and Human Services **ID-5520** May 2023 Monthly Report Attachments: 2023-05 HHS Monthly Report.pdf **Discussion: Public Comment Resolutions:** To Amend Resolution No. 409-19. **ID-5508** 2. TO AUTHORIZE COUNTY MANAGER TO ENTER INTO A DATA USE **ID-5521** AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF **HEALTH AUTHORIZE COUNTY** 3. TO THE **MANAGER** TO **EXECUTE ID-5522** AGREEMENTS BETWEEN DEPARTMENT OF PUBLIC HEALTH AND VARIOUS SCHOOL DISTRICTS **AUTHORIZE** COUNTY **MANAGER** TO **EXECUTE** AN **ID-5523** AGREEMENT FOR WENDY'S WONDERFUL KIDS RECRUITER

5. TO ACCEPT ADMINISTRATION FOR COMMUNITY LIVING - AMERICAN RESCUE PLAN ACT ADULT PROTECTIVE SERVICES GRANT FFY 22

Attachments: 2023-05 APS Att 22-OCFS-LCM-25.pdf

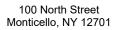
6. FOR THE SULLIVAN COUNTY LEGISLATURE TO ACT AS LOCAL BOARD OF HEALTH AND TO ADOPT PUBLIC HEALTH ORDER NO.1-2023

Attachments: Camp Vaccine order 2023final.docx

Public Health Order 1-2023-Vaccines for camps (1).docx

2023-05 Exhibit A.pdf 2023-05 Exhibit B.pdf 2023-05 Exhibit C.pdf

Adjourn





Legislative Memorandum

File #: ID-5520 Agenda Date: 5/11/2023 Agenda #: 1.

Sullivan County Division of Health and Human Services -- Monthly Report - May 2023

Roadmap to Better Health Implementation

April 2023 Robert Wood Johnson (RWJF) Ranking: 60th (of 62) January 2023 Child & Family Well-being in NYS Ranking: 54th

August 2022 U.S. News and World Report Ranking: 58th

Sullivan County Community Assistance Center Hotline: 845-807-0925

National Suicide Hotline: 988

• Sullivan County Substance Use Help Hopeline: 866-832-5575

Hope Not Handcuffs: 833-428-HOPE

Strategy	Update on Activities Supporting the Strategy	Key Performance Indicators Positive Trend = GREEN, Negative	
	• Unite Us: Contract review in progress. Connecting with community non-profit partners to begin identifying network participants.	Unite Us Network Members (New Metric)	0
	Mental Health and Substance Use Treatment Access: Astor to transition onsite for pediatric	Inpatient MH Beds at Garnet Catskills	10
Ease Access to Care	 MH services by Sept. Clinic access remains limited for adult MH patients due to staff shortage. Crisis Mental Health Response: Developing expanded peer supports and crisis response with available funds based on RFP responses received this past summer. Garnet Health Update: Expanded Behavioral Health Unit services (moving from 10 to 18 beds) delayed due to equipment requirements that need to be met. DHHS and Garnet leadership met on May 3rd to assist Garnet with future capital project grant applications. 	Additional metrics will be added to this section as network agencies are added and begin participation.	
	Opioid Settlement Funding: RFP drafted and provided to Task Force pillar leads	Inpatient SUD Beds in-County	109
End the Opioid Crisis	 Healing Communities Study Planning meetings ongoing, second awareness campaign, focused on Medication for treatment of Opiate Use Disorder (MOUD) is underway 	Inpatient SUD Beds in M'town, Ellenville & PJ	105
		Settlement Funds Obligated to Date	\$113,015
Enhance Our Community	 Housing Grants: Continuing development of Emergency Housing grant request w/HONOR EHG, architectural study complete, focus is on construction and operational budgets. 	Homeless Census	123
Encourage Healthy Behavior	 HealthFest 23: Scheduled for June 4th at Hanofee Park in Liberty 60 and Rising: With thanks to Sullivan180 for coming up with the slogan, we are preparing a strategic vision and accompanying media campaign to build public interest and support for our ongoing efforts to continue improvement of our county health ranking 		



Care Center at Sunset Lake Rehab

For more information: (845) 292-8640, https://sullivanny.us/Departments/Adultcarecenter

Care Center at Sunset Lake Key Statistics – all data as of March 31, 2023							
Monthly Total Expenses to Date Monthly Cash Receipts Census Meals Prepared for Residents							
\$883,476	\$1,228,829	99	9362				
Admissions / Discharges	Total Day Care Visits	Total OT treatments	Total PT treatments				
11/7	0	649	652				

Administration & Staffing

• POC is completed from survey and approved. All items have been completed.

- Hires from 3/1 4/11: 14 with one staff member returning to full time from per diem, retained 13 of the 14. 13 of the new hires are in clinical positions.
 We continue to have interviews and hire staff as needed for all departments both clinical and non-clinical. We are planning to attend the job fair at Resorts World in May. Our new rehab director began in March and she has been a wonderful addition to our team.
- Construction on the water pipe continues. The pipe is in and concrete poured, we are awaiting flooring tile to be put down to re-open the unit.
- We are working on planning our nursing home week celebrations for our residents and staff as well as our nurse and CNA week activities
- One of our TNAs passed their CAN exam recently and became certified.
- We are awaiting end of school year when another 3-4 domestic aides will take their CNA exams and become certified, and we are happy for them to continue with the Care Center Family once certified.

Infection Control

- Practices continue to be followed, we have had a change in DOH guidance where we no longer are actively screening visitors and staff members when they enter the facility, testing as required when there is suspicion of COIVD -19 symptoms continues.
- Vaccines continue to be available to all residents and staff as requested, multiple clinics have been run at the facility over the last year and we continue to plan clinics as the need arises and as guidance from DOH suggests for all vaccinations not just COVID.



Department of Community Services

For more information: (845) 292-8770, https://sullivanny.us/Departments/CommunityServices

National Suicide Hotline: 988 Youth Mental Health Assistance (Text4Teens): (845)637-9486

Mobile Mental Health: (800) 710-7083 Children's Mobile Mental Health: (845) 397-1345

Care Management: The care management unit continues to actively engage & work with clients for both of the Health Home agencies and the HARP Services (Health and Recovery Plan) which are Medicaid and Medicaid Managed Care Health Plans. As of the end of March 2023, there are six active Assisted Outpatient Treatment (AOT) orders and two persons on enhanced AOT services.

Adult & Children's SPOA:

- On March 9, 2023, the Adult SPOA Committee met over the phone with five new cases reviewed. 40 previous cases were reviewed.
- We have a total of 152 supportive housing beds with 409 people on the waiting list and 23 openings.
 - o There are 8 people on the list for Family Care. At this time there are no openings.
 - O Supportive housing provided by RSS: 139 (+0) beds filled, 22 (+0) open beds, 401 (+0) waitlisted.
- Coordination of referrals and ongoing collaboration with service providers continue. Clients were recommended for/linked to various services, including: behavioral health treatment providers, RSS housing (apartment program and community residences), Access: Supported Housing, Sullivan PROS Program, OFA, APS, Action Toward Independence, Independent Living, Inc. and Care Management services.
- Children's SPOA Committee The March 23, 2023 meeting met over the phone and went over two new referrals and eleven previous referrals.

Behavioral Health Clinic (Mental Health and Substance Abuse):

- High Risk Clients: In March there were 189 clients on the roster for high risk census.
- The Overdose Prevention CQI Project: Community Services assists in providing Naloxone to clients. The Department of Health (DOH) has provided a Community Calendar of free Naloxone Trainings which are held several times a week. The project shifted focus from providing sustainable video-based telehealth services to opioid use disorder treatment approaches. OMH has shifted the language regarding MAT (Medication Assisted Treatment) to MOUD (Medication for Opioid Use Disorder) and also MAUD (Medication for Alcohol Use Disorder) to communicate that medication is its own form of treatment, rather than secondary role to therapy. OMH would like this to be the standard front-line approach for treating these disorders.

Local Government Unit:

- Staff retention and recruitment Looking at our organizational structure to address succession planning, working with Dan Hust re recruitment advertisement, professionalizing the field by recruiting bachelor level persons to train and maintain. Continue to work with team building and staff morale.
- Access to Services limited due to staff shortage but doing triage for hospital discharges and court referrals predominately seeing persons for medication management, looking at overall system of care in County United Sullivan.
- Clinic Redesign for improved access and sustainability Have worked with Lexington with transition planning they are now onsite and seeing patients. We continue to work on collaboration for the best interest of patients. Currently working with Astor for transition and onsite.
- Working with our local 911 and Duchess 988 regarding collaboration and training for 911 dispatchers and referral information.
- Healing Communities Study moving forward all positions are now filled, many strategies have been drafted currently awaiting IPA approval via Columbia regarding CID funds so some strategies can be implemented. The plan has been drafted and we are working on the implementation of strategies supported by committee and data.
- MHCC (Mental Health Care Committee) meeting to address gaps and needs to aide our first responders.
- System of Care for Youth (SOC) Committee formed, vision and mission statement drafted and needs and goals defined and to incorporate in LGU Plan.

Senior Community Services Coordinator:

Continued participation in the HEALing Communities
 Study as a Wave 2 Community: Phase 5 of the
 Communities that HEAL Intervention with ongoing
 planning and continued collaboration with
 community stakeholders. We continue working to
 implement the identified evidence-bases strategies
 related to Opioid Overdose Education & Naloxone
 Distribution (OEND), Medications for Opioid Use
 Disorder (MOUD), & Safer Opioid Prescribing and
 Dispensing Practices in our community.
 Communications Campaign #2, highlighting MOUD
 Awareness continues.

SULLIVAN COUNTY DEPARTMENT OF						
COMMUNITY SERVICES						
STATISTICAL SUMMARY FOR: March 1, 2023 - March 31,2023						
Prepared by : Frances Cole				CLIENTS		
	ON ROLLS:			ON ROLL:	CLIENTS	UNITS OF
PROGRAM	3/1/2023	ADMISSIONS	DISCHARGES	3/31/2023	SERVED	SERVICE
SC BEHAVIORAL HEALTH CLINIC ADULT	155	13	25	143	168	412
SC BEHAVIORAL HEALTH CLINIC CHILD	43	5	7	41	48	63
SC BEHAVIORAL HEALTH CLINIC FORENSIC	36	11	12	35	47	85
SC BEHAVIORAL HEALTH CLINIC MICA	35	1	2	34	36	Included In Clinic Adult
SC BEHAVIORAL HEALTH CLINIC MAT	10	0	1	9	10	Included In Clinic Adult
TOTAL MENTAL HEALTH	279	30	47	262	309	560
SC CARE MANAGEMENT	52	0	0	52	52	1056
SC HEALTH HOME- ADULT	48	0	2	46	48	200
SC HEALTH HOME - KENDRA, AOT and HH+	8	0	0	8	8	36
SC HEALTH HOME - CHILD	13	1	0	14	14	204
SC CM CCSI			<u> </u>		0	0
TOTAL HEALTH HOME CASE MANAGEMENT PROGRAMS	121	1	2	120	122	1,496
SC SPOA - Adult	37			37	37	295
SC SPOA - Child	19			19	19	122
TOTAL SPOA	56	0	0	56	56	417
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	347	121	18	3	2	

Local Services Plan for Mental Hygiene development.



Social Services:

Temporary Assistance

- As of 3/29/23, the following amounts have been disbursed under ERAP:
- o Rental arrears payments- 768 benefits, \$ 5,980,279.93
- o Average payment of \$7,786.82
- o Prospective rent payments- 576 benefits, \$ 1,768,124.25
- Average payment of \$ 3,069.66

Amounts disbursed continue to increase monthly. The ERAP application officially closed on January 20, 2023. Applications submitted before 12/15/22 are being paid at this point.

- HEAP has been extended for Emergency Services only until May 19, 2023.
- Warming centers in Liberty and Monticello continue to operate 7 days a week and are slated to operate until April 15, 2023.
- The Temporary Assistance Unit started a Rental Supplement Program for individuals that are homeless or in fear of losing their housing. The RSP will assist in paying rent for those who have income but are below 30 % of the Area Median Income (AMI). The program will allow up to 50 % of the AMI if other criteria is met. Details can be obtained through the Department of Social Services.
 - o Applications received as of 3/31/2023=119
 - o Approved: 51 households, 51 applications pending, 17 denied
 - o Amount disbursed-\$ 124,873.24
 - \$ 65,977.78 to help with rental arrears
 - \$41,070.46 in prospective rent
 - o We were able to amend the program to add payments for security deposits.
 - \$ 17,825 in security deposits were disbursed as of 3/31/23
- 4 new Social Welfare Examiners (SWE) will be starting in April 2023. Among them will be the County's first Spanish language SWE to work in the SNAP unit. Medicaid: Due to the Family First Coronavirus Response Act (FFCRA) and COVID 19 Public Health Emergency of 2020, all active Medicaid recipients were given Medicaid continuous coverage. This meant that no person covered under Medicaid or it's umbrella of services would be discontinued for any reason other than by request, relocation or death for the duration of the Public Health Emergency.
 - As of 7/1/2023 Medicaid programs will return to pre-pandemic rules.
 - New applicants will no longer be allowed to attest as of 3/31/2023.
 - Active Medicaid recipients with an ending authorization date of 6/30/2023 will receive their recertification packets in the month of April. This is action will be the first of "the unwinding" for Medicaid programs and LDSS. From this point on recertifications will resume to a monthly basis.
 - Chronic Care (Nursing Home Medicaid) recertifications are sent to the Nursing Homes directly and completed by the clients' Case Manager.

The Federal Poverty level was increased effective 1/1/2023 - \$2500/month for family of four, \$1215/month for singles

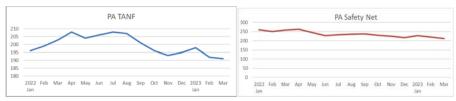
- Decreases excess income and reduces spend down requirements for clients
- Expands eligibility to more of our community that would have not been income and/or resource eligible prior to the increase.
- This change will possibly cause an increase in demand for Medical services such as Medicaid transportation, home health aides, registered nurses, medical and mental health facilities that accept Medicaid and managed care plans.

<u>SNAP:</u> The Supplemental Nutrition Assistance Program Emergency Allotment provided throughout the pandemic ended in February, due to federal rules.

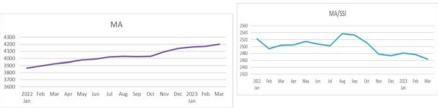
- Beginning in March, only regular monthly SNAP benefits were issued to all eligible households.
- Most households do not need to do anything. However, if a household has a loss of income or an increase in housing costs, childcare fees, or child support payments since their last recertification, they should report those changes to Social Services.
- Also, they should report any medical expenses over \$35/month (if they are age 60 or older or disabled). These changes may result in an increase in their normal monthly SNAP benefit.



Public Assistance Cases (as of 3-31-2023)



TANF	Safety Net	Food Stamps	Medicaid	Medicaid/SSI				
191 (-1)	213 (-7)	5925 (-57)	4199 (+29)	2464 (-13)				
	Homelessness Snapshot (as of 3-31-2023)							
Code Blue	Quarantined	Adults / Children	Sex Offenders	Total Homeless				
4	0	86/38	13	124				



Fraud Investigations (as of March 31, 2023)						
Collections Cases Cases Completed Arrests Pending Burials						Burials
	Active	Referred			arrests	
\$15,210.13 (+2331.87)	183 (-3)	67 (+26)	69 (+35)	2 (-2)	9 (+1)	12 approved (-2) \$20,488.35 costs (-\$2921.65)
Child Support Enforcement Cases (as of March 31, 2023)						

Collections	Petitions Filed	Paternity Establishments	Total Cases
\$874,948 (+341,207)	47 (+12)	47 (+14)	3,055 (+6)

ADULT SERVICES UNIT:	2022	2023	2023
7.5021 021111020 011111	TOTAL	YTD	MAR
PERSONAL CARE AIDES			
CASES OPENED	17	5	2
CASES CLOSED	9	3	0
# CASES (AVG.)	30	31	32
PERS			
# CASES (AVG.)	0	0	0
APS REFERRALS			
16A Neglect/Abuse	79	9	2
16B Neglects Own Basic Needs	92	33	23
16B Untreated Medical Conditions	50	9	3
16B Self-endangering Behaviors	25	3	1
16B Unable to Manage Finances	34	12	2
16B Environmental Hazards	27	5	1
APS			
CASES OPENED	279	71	32
CASES CLOSED	303	69	24
# CASES (AVG.)	174	144	149
GUARDIANSHIPS			
OPEN	38	33	1

	MAR 2023	Trend	Goal		2022	YTD 23	MAR 23
Kinship%	4.76%		20%	# New Reports	1480	394	137
Congregate Care%	16.19%		16%	# Indicated Reports	105	28	15
Total in Care	105	^~	<100	Physical abuse	6	1	1
RTF	0			Emotional abuse	1	0	0
Diagnostic	3			Sexual abuse	7	3	0
RTC	10			Neglect	52	15	8
Group Home	3			Domestic violence	3	0	0
Therapeutic Foster Home	28			Educational neglect	20	5	5
Regular Foster Home	54			Substance abuse	14	4	1
Kinship	5			# Unfounded Reports	748	189	82
Other	2			# Court Ordered 1034s	46	9	5
Freed for Adoption	37			PREVENTIVE SE	RVICES S	TATISTIC	S
Certified Homes	62	\~	5x# in care	NEW REFERRALS		19	
Newly Certified Homes	1			NEW REFERRALS		19	
Number of Closed Homes	0						
New Kinship Homes	1			TOTAL CASES		109	
Pending Certification	14			TOTAL CASES		109	
Total Certified Beds			5x# in care				



Public Health Department

For more information on our report: (845) 292-5910, https://sullivanny.us/Departments/Publichealth CDC COVID INFO: www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html

NYS Coronavirus Hotline: 1-888-364-3065 Sullivan County Public Health COVID Info Line: 845-513-2268

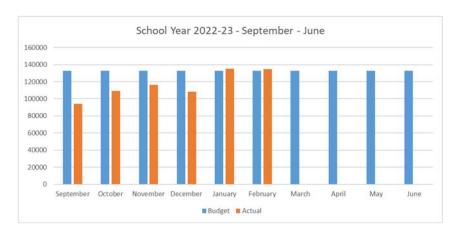
Director's Comments:

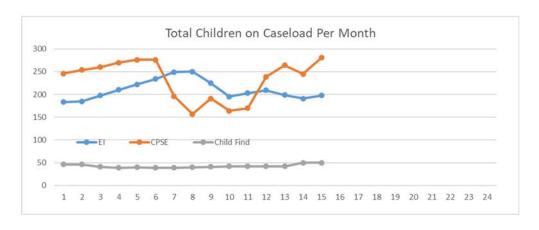
• Due to a hot water valve failure, a flood occurred @ Public Health, necessitating the temporary relocation and occasional telework of the Epidemiology Department. DPW and ITS were instrumental in making this transition as smooth as possible. Renovations continue.

- Our Maternal Child Health Outreach campaign has resulted in a nearly doubling of referrals and patients on caseload.
- The Community Resource Guide was published and is being distributed to the Community with positive feedback noted.
- DOH CHHA follow up survey resulted in no deficiencies and was reported as "substantially back in compliance"
- Orthodox Health Coalition meetings continue as we prepare for summer.
- The DOH District Environmental office opened its doors at the Gladys Olmsted building; collaboration between Public Health and the District Office, always good, has improved with their physical presence.
- A county wide Preschool Special Education Provider meeting was held with a CPSE provider manual being created.
- Collaboration with SUNY Sullivan has resulted with 2 Department of Public Health Members being asked to serve on Boards:
 - o Jill Hubert-Simon; Community Advisory Board
 - o Karen Holden; Nursing Advisory Board
- We Celebrated Public Health Week with outreach to the community.
- Digital TVs were installed to use for Community Education purposes.

Early Care Program:

- El active cases remained the same as last year with El OSC up 14 from March 2022, receiving 12 referrals in one day.
- CPSE caseload is up 21 from March 2022.
- El referrals are down 18 from March 2023.
- Coordinator attended 44 CPSE meetings in March 2022.





Health Education/Rural Health Network/Injury Prevention/Narcan Training/Other:

- <u>STI/STD info planning and presentation:</u> This is in preparation for an outreach event with Dynamite Youth. Waiting to hear back from contact, but will reach out again after public health week. Collaborated on Presentation with Epi and Darby
 - o People reached: TBD on outreach day (40 expected)
 - o Info given: STDs/STIs
- Informative bulletin board: Created to move into Spring time and provide tips and info regarding having a healthy spring
 - People reached: Staff and visitors
 - o Info Given: CDC's how to have a heathy spring (tie into Chronic Disease)

- LMS Outreach: Career day at Liberty Middle School with Haley
 - o People reached: about 500 kids and teachers
 - Info given: Lots of toothbrushes, toothpaste, misc. goodies and informational sheets. Main event was drunk goggles and informing kids about how it's bad to be under the influence/ how dangerous
- <u>Eldred Health and Wellness Day:</u> Outreach at Eldred Central School to provide general info about PHD services
 - People reached: about 300 kids and teachers
 - o Info given: Variety of services, mental health and dental info
- <u>Drug Take Back day:</u> my first ever! It was exciting and nerve wracking but I learned a lot about the process and steps I need to take if I were to go myself
- PHW Week planning and prep: this took up the majority of my time as the days 4 (mental health) 5 (rural health) and 6 (accessibility) required a lot of advance planning and preparation.
 - o 1 cribs-for-kids educational sessions in January
 - o 25 Car Seat installations/education 3 check.

Healthy Families:

- 55 Enrolled families in March 2023. Family Support Workers 89 completed home visits. Family Assessment worker completed 6 Assessments in March
- Healthy Families has received 11 referrals. We have 37 screens pending assessment.
- One FSS attended FRS training and once she shadows the current FRS she will be able to do assessments on her own.
- PM, PS, and Family Assessment Worker had Site Visit with PCANY (Prevent Child Abuse New York). Went very well.
- PM and PS continue to attending Accreditation meetings for the upcoming Healthy Families New York statewide accreditation.

Patient Services: Certified Home Health Agency/CHHA Census 2023

- The average daily census increased from 209.7 to 214.4 with total patient days 6646. We had 288 CHHA specific patients, 3 LTHHCP, and 45 MCH with a grand total of 336 patients on caseload throughout the month.
- MCH: 18 Total Referrals (note: NTUC = Not Taken Under Care)
 - 4 @ Garnet Orange NTUC 1 set mother and baby. 1 mother and baby refused;
 the other mother and baby unable to locate.
 - o 2 @ Garnet Catskills NTUC 1 set mother and baby; refused care
 - 1 WCMC NTUC no skilled need; referred to Early Intervention for PT etc.
 - o 1 Crystal Run, 1 RN NAS, 2 Self (parent requested)
 - o 6 CPS 2 opened; 4 NTUC (referred to appropriate agencies)
 - o 1 Children and Youth with Special Health Care Needs (formerly EI)
- The LTHHC program stayed at 3 patients.

Epidemiology and Emergency Planning:

• Polio clinics and outreach continue to be planned with Hatzolah and the NYSDOH.

Routine immunization clinics @ PHS continue. All told the staff investigated 96 communicable disease cases, excluding Lyme and Covid.

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Rabies related incidents*/needing treatment	STI	Tuberculosis	Lead Poisoning	Covid Cases
			(investigated/total)	



•	21 investigations, 1 tested - (1 cat)	33/33	4 positive QTF cases	1/99	230 lab reported cases
•	0 animals were (+) for rabies		(latent) all being treated		Hospitalizations remain low
•	0 person treated				

Medical Reserve Corps (MRC): 2 new volunteers signed up, working with Emergency Mgmt to identify new opportunities for our volunteers.

Training and Quality Improvement:

Staff Enrichment and Retention Efforts

• Held our first Lunch and Learn event for Public Health staff, which was attended by 23 employees. The event was a great success, and we received positive feedback from attendees. We plan to continue hosting such events to enhance knowledge-sharing and collaboration among staff members.

Children and Youth with Special Health Care Needs (CYSHCN) Program

- Held a Preschool Special Education Provider Meeting at Government Center. This meeting ensured providers are aware of their roles and responsibilities, as well as our expectations regarding the provision of services, and to ensure Medicaid compliance.
- Developed the Preschool Supportive Health Services Program Provider Protocol Manual. This manual is an essential resource for our team as it provides detailed information on our Preschool Program, including contacts, billing and voucher procedures, quality assurance, and documentation integrity.
- Public Health will be creating a Parent Guide for the CYSHCN Program in the fourth quarter to inform parents about the available services for their children.
- Developed a payment denial procedure for preschool special ed providers and fiscal staff in collaboration with the audit department. This procedure ensures that they are communicating with the providers regarding their vouchers before submitting them to the audit department. Compliance checks were also included to validate Medicaid compliance on all processed vouchers.

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Staffing Update: Position Title & No.	Notes
Community Svcs (9 Positions Vacant, 47 Authorized,	19.15% Vacant)
Clinical Program Manager, #3457	Posted
CS Coordinator, #3506, #3540	Posted
Senior Account Clerk, #2820	Approved to fill
Staff Social Worker I, #130, #2267, #2320, #3288, #3308	Posted
Public Health (17 Positions Vacant, 80 Authorized, 2	1.25% Vacant)
Director of Patient Services, #3158	Posted
Administrative Assistant #2595	Interviewing
Bilingual Outreach Worker, #1972	advertising
Community Health Nurse #2333, #3420	no applicants
Coordinator of CYSCHN Program #3523	Interviewing
Licensed Practical Nurse per diem, #3476	Posted
Licensed Practical Nurse #3620	Posted
Public Health Nurse per diem #2330	Posted
Physical Therapist, #3555	2023 Budget
Registered Nurse, CHHA, #849	Posted
Principal Account Clerk, #3456	Posted
Public Health Nurse, #747, #3419	interviewing
Fiscal Analyst, #3551	Posted
Home Health Aide, #383	Posted
Senior Account Clerk #1952	no applicants

Social Services (23 Positions Vacant, 176 Authorized, 13.06% Vacancy Rate)					
Contract Monitor, #3182	Posted				
Family Services Investigator, #309	CSEU – intend to restructure				
Head Social Welfare Examiner #3371	TA – pending test results				
Principal FS Investigator, #3625	Records - posted				
Caseworker, #514, #645, #1299, #2420, #2949,	Services – posted				
#3100, Caseworker (PT), #3516					
Senior Account Clerk, #3557	Child and Adult Services				
Social Welfare Examiner, #3049, #744	Temporary Assistance Unit				
Case Supervisor #2357	Child & Adult Services - intvwing				
Principal Account Clerk #3605					
Senior Caseworker #178, #387, #2310, #241	Child Services - interviewing				
Senior AC/DB #257, #3223	Temporary Assistance Unit				
Housing Coordinator #3169	New Position				



100 North Street Monticello, NY 12701

Legislative Memorandum

File #: ID-5508 Agenda Date: 5/11/2023 Agenda #: 1.

Narrative of Resolution:

To Amend Resolution No. 409-19.

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: None.

Are funds already budgeted? No

Specify Compliance with Procurement Procedures:

To Amend Resolution No. 409-19 to add an additional year to the contract.

WHEREAS, due to Community Impact Dollar funds awarded to Sullivan County in year 4, the last year of the contract was rolled over into year 5, per the agreement; and

WHEREAS, the dates of "October 1, 2019 through March 31, 2023" should read "October 1, 2019 through March 31, 2024"; and

WHEREAS, the agreement should have read annually for each of the 5 years with additional funding; and

NOW, THEREFORE, BE IT RESOLVED, that the County Manager is hereby authorized to enter into a modification agreement with Columbia University for an additional fifth year, for the period of April 1, 2023 through March 31, 2024, and including all yearly extensions; and the form of said agreement be approved by the County Attorney's Office.



100 North Street Monticello, NY 12701

Legislative Memorandum

File #: ID-5521 Agenda Date: 5/11/2023 Agenda #: 2.

Narrative of Resolution:

RESOLUTION INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE TO AUTHORIZE COUNTY MANAGER TO ENTER INTO A DATA USE AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$0.00

Are funds already budgeted? No

Specify Compliance with Procurement Procedures: There are no monies associated with this agreement.

WHEREAS, the County of Sullivan, through the Department of Social Services is required to enter into a Data Use Agreement ("DUA") and Business Associate Agreement ("BAA') with the New York State Department of Health ("DOH") in exchange for the receipt and use of Medicaid Confidential Data, at no cost to the County; and

WHEREAS, the DOH requires that the County designate individuals as "Custodians" who must individually sign the Custodian section of the agreement.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager is hereby authorized to enter into a DUA and BAA with the New York State DOH, in such form as shall be approved by the County Attorney; and

BE IT FURTHER RESOLVED, that the DUA shall terminate on or before 12/31/2027; and

BE IT FURTHER RESOLVED, that Custodians designated by the County are hereby authorized to sign the Custodian section of the agreement; and

BE IT FURTHER RESOLVED, that the form of said contract will be approved by the County Attorney's Office.



100 North Street Monticello, NY 12701

Legislative Memorandum

File #: ID-5522 Agenda Date: 5/11/2023 Agenda #: 3.

Narrative of Resolution:

INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO EXECUTE AGREEMENTS BETWEEN DEPARTMENT OF PUBLIC HEALTH AND VARIOUS SCHOOL DISTRICTS

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$80,000 annually for each contract

Are funds already budgeted? No

Specify Compliance with Procurement Procedures: Once the contract is signed, DPH will comply with the county procurement policy and procedures regarding.

WHEREAS, Sullivan County provides mandated Early Intervention and Developmental Preschool Educational Services to eligible children from Sullivan County and is mandated to pay for such services at State-approved rates; and

WHEREAS, Sullivan County needs to authorize contracts with authorized New York State Department Pre-School Service Providers for the period beginning March 1, 2023 to June 30, 2026 at State-approved rates.

NOW, THEREFORE, BE IT RESOLVED, the Sullivan County Legislature does hereby authorize the County Manager to execute an agreement between Department of Public Health and New York State Education Department Service Providers for the period of March 1, 2023 to June 30, 2026; and

BE IT FURTHER RESOLVED, that the form of said contracts will be approved by the County Attorney's Office.



100 North Street Monticello, NY 12701

Legislative Memorandum

File #: ID-5523 Agenda Date: 5/11/2023 Agenda #: 4.

Narrative of Resolution:

RESOLUTION INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE TO AUTHORIZE COUNTY MANAGER TO EXECUTE AN AGREEMENT FOR WENDY'S WONDERFUL KIDS RECRUITER SERVICES

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$0.00

Are funds already budgeted? Yes

Specify Compliance with Procurement Procedures: There is no money being exchanged from County of Sullivan, Dave Thomas Foundation pays The Children's Home of Poughkeepsie.

WHEREAS, the Dave Thomas Foundation for Adoption has awarded the New York State Office of Children and Family Services (OCFS) a grant over a four-year period to hire family recruiters for older children who have spent more than two years in the foster care system; and

WHEREAS, the state will match the grant funds totaling over \$9 million in funding statewide to implement the program through the County and provider agencies; and

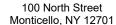
WHEREAS, Sullivan County has been selected to share a recruiter for the program with Ulster County who will be employed by The Children's Home of Poughkeepsie; and

WHEREAS, this service will be at no cost to the County but it is still necessary to establish an agreement with The Children's Home of Poughkeepsie to outline the responsibilities of each party.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the County Manager to enter into agreement with The Children's Home of Poughkeepsie for the provision of Wendy's Wonderful Kids Recruiter Services; and

BE IT FURTHER RESOLVED, the period of this agreement shall be from July 1, 2023 through June 30, 2024 This agreement may be renewed on a yearly basis for four (4) additional years; and

BE IT FURTHER RESOLVED, that the form of said agreements will be approved by the Sullivan County Attorney's Office.





Legislative Memorandum

File #: ID-5524 Agenda Date: 5/11/2023 Agenda #: 5.

Narrative of Resolution:

INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE TO ACCEPT ADMINISTRATION FOR COMMUNITY LIVING - AMERICAN RESCUE PLAN ACT ADULT PROTECTIVE SERVICES GRANT FFY 22

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$40,777

Are funds already budgeted? No

Specify Compliance with Procurement Procedures: Purchases in excess of \$5,000 or more per unit must receive prior approval from OCFS

WHEREAS, The Federal Administration for Community Living (ACL) through the American Rescue Plan of 2021: Grants to Enhance Adult Protective Services has made available \$9,195,346 to the New York State Office of Children and Family Services (OCFS); and

WHEREAS, the New York State Office of Children and Family Services (OCFS) surveyed social services districts to ascertain the current needs and services of vulnerable adults in their district; and

WHEREAS, the New York State Office of Children and Family Services (OCFS) has awarded the Department of Social Services \$40,777 for the purpose of providing resource to enhance, improve and expand adult protective services' ability to investigate allegations of abuse, neglect and exploitation for the period of August 1, 2022 through September 30, 2024.

NOW, THEREFORE, BE IT RESOLVED, that the County of Sullivan accepts this funding pursuant to the Local Commissioner's Memo 22-OCFS-LCM-25 to utilize said funds for the ways provided in said Local Commissioner's Memo; and

BE IT FURTHER RESOLVED, that the above-mentioned allocations will be contingent upon the County's receiving continued State aid at anticipated funding levels.



Kathy Hochul Governor 52 WASHINGTON STREET RENSSELAER, NY 12144

Sheila J. Poole Commissioner

Local Commissioners Memorandum

Transmittal:	22-OCFS-LCM-25
То:	Local Departments of Social Services Commissioners Directors of Services
Issuing	Adult Protective Supervisors
Division/Office:	Division of Child Welfare and Community Services Division of Administration
Date:	September 8, 2022
Subject:	Administration for Community Living – American Rescue Plan Act Adult Protective Services Grant FFY 22
Contact Person(s):	See section IV.
Attachments:	Attachment A: District Allocation Amounts Attachment B: Attestation of Use of Administration for Community Living - American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services
	Attachment C: Large Purchase Request for Expenditure Exceeding \$5,000 Attachment D: Tribes in New York State and County of Residence Attachment E: Annual Program Report Template and Instructions
	Attachment F: For U.S. Administration for Community Living Grants

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local departments of social services (LDSSs) of the availability of federal funds through the American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services administered by the Administration for Community Living (ACL). The federal ACL has made available one-time funding in the amount of \$9,195,346 to New York State for use from August 1, 2022, through September 30, 2024. This LCM provides information on each LDSS's allocation (Attachment A) from the remaining funds, how the funds can be used, and annual reporting and claiming requirements.

II. Background

These funds are being made available to states to provide resources to enhance, improve and expand adult protective services' (APS) ability to investigate allegations of abuse, neglect and exploitation. The New York State Office of Children and Family Services (OCFS) recently surveyed the districts to ascertain the current needs and services of vulnerable adults in their LDSSs as well as their staff's needs. The survey identified the following needs and services: the need for additional/temporary staff; additional personal protection equipment; the use of tele-

health services; and tangible services for clients, such as rental assistance, transportation, and food and meal delivery.

III. Program Implications

LDSSs can only use the funds for the allowable expenditures noted below. LDSSs will be required to sign an attestation (Attachment B) indicating how they will use the funds in accordance with the allowable identified expenditures of the federal grant. LDSSs must also attest that they will not use their allocation to supplant any New York State (NYS) APS funds and that the funds will only be used to supplement existing state and LDSS APS resources. OCFS may reallocate any unspent funds from an LDSS to other LDSSs that have claims that exceed their allocations. Funds can be used from August 1, 2022, through September 30, 2024.

Completed attestations (Attachment B) are due to Shelly Fiebich (<u>Shelly.Aubertine-Fiebich@ocfs.ny.gov</u>) by **September 20, 2022.**

The funds may be used for the following purposes:

- Establishing or enhancing the availability for elder shelters and other emergency, short-term housing and accompanying "wraparound" services for APS clients
- Establishing, expanding or enhancing statewide and local-level elder justice networks to remove bureaucratic obstacles and improve coordination across the many state and local agencies interacting with APS clients who have experienced abuse, neglect or exploitation
- Working with tribal APS efforts, such as conducting demonstrations on state-tribal APS partnerships to better serve tribal elders who experience abuse, neglect, and exploitation; partnering with tribes within the state to include tribal elder abuse data in the state's National Adult Maltreatment Reporting System (NAMRS); and undertaking demonstrations to better understand elder abuse experienced by tribal individuals living in non-tribal communities and served by state APS programs
- Improving or enhancing existing APS processes for receiving reports, conducting intakes and investigations, planning/providing for services, making case determinations, documenting and closing cases, and continuous quality improvement
- Improving and supporting remote work, such as the purchase of communications and technology hardware, software or infrastructure to provide adult protective services such as:
 - o laptops,
 - o smartphones,
 - electronic tablets.
 - Wi-Fi hotspots and
 - o software to facilitate secure video conferencing and virtual meetings.
- Improving data collection and reporting at the caseworker, local and state levels in a manner that is consistent with NAMRS
- Costs associated with establishing new or improving existing processes for responding to alleged scams and frauds
- Costs associated with community outreach
- Costs associated with providing goods and services to APS clients
- Acquiring personal protection equipment and supplies
- Paying for extended hours/overtime for staff, hiring temporary staff, and associated personnel costs
- Training costs
- Costs associated with assisting APS clients to secure the least restrictive option for emergency or alternative housing, and with obtaining, providing or coordinating with

care transitions as appropriate; these funds can be used to temporally assist an APS client in securing housing services with a Family-Type Home for Adults.

Any prospective equipment purchases of \$5,000 or more **per unit** must receive **prior** approval from OCFS per 45 CFR 75.320(a)(2). Equipment refers to tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes or \$5,000. Each district is required to forward to OCFS any proposed equipment purchase costing \$5,000 per unit or more using Attachment C.

When submitting equipment purchase requests using Attachment C, the following info0rmation is required:

- Identification of and cost of purchase
- Purpose and intended use of the proposed purchase
- Market research completed (i.e., obtaining bids, assessment of lease vs. purchase)
- Efforts to adhere to recommended requirements of the "Buy American Act" which requires federal agencies to procure domestic products and materials when consistent with public interest and reasonable costs (https://www.gao.gov/products/105519).

Equipment purchase requests (Attachment C) should be submitted directly to OCFS. OCFS will review and approve or disapprove the purchase request and will contact the LDSS immediately upon approval. Once prior approval is received, districts should then follow their own procurement policies.

IV. Annual Reporting Requirements

LDSSs awarded funding need to submit an annual programmatic report that details how the funds were used in accordance with the federal requirements and what challenges and successes they encountered in using the funds. A template and instructions are provided in Attachment E.

Additionally, LDSSs with tribes residing within the LDSS must work collaboratively with the tribes to provide support to those individuals aged 60 or older who have an APS need. A list of the tribes and the LDSS they reside in is in Attachment D.

Completed programmatic reports must be emailed to Shelly Fiebich at <u>Shelly.Aubertine-Fiebich@ocfs.ny.gov</u> as instructed in Attachment E.

V. Claiming Requirements

There is \$7,577,396 in federal funds for expenditures related to the implementation of the American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services. Claims for these funds must be submitted as described below. These funds are to be used only to reimburse expenditures beginning August 1, 2022, and ending September 20, 2024, and final accepted in the Automated Claiming System (ACS) by October 31, 2024.

Expenditures for the American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services project should be claimed through the RF17 claim package for special project claiming. These costs are first identified on the RF2A claim package as F17 functional costs and reported in the F17 column on the LDSS-923, *Cost Allocation Schedule of Payments Administrative*

Expenses Other Than Salaries and the LDSS-2347, Schedule D DSS Administrative Expenses Allocation and Distribution by Function and Program. After final acceptance of the RF2A claim package, the individual project costs are then reported under the project label Adult Protective ARPA 2 on the LDSS-4975A, RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs.

Salaries, fringe benefits, staff counts, and central services costs are directly entered on the RF17 Worksheet while overhead costs are automatically brought over from the RF-2A, Schedule D, and distributed based upon the proportion of the number of staff assigned to this project. Employees not working all their time on this project must maintain time studies to support the salary and fringe benefit costs allocated to the program.

Non-salary administrative costs are reported with the appropriate object of expense code(s) on the LDSS-923B, Summary-Administrative (page 1), Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs. Program costs should be reported as object of expense code 37 - Special Project Program Expense on the LDSS-923B, Summary-Program (page 2), Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs.

Total project costs should be reported on the LDSS-4975, *Monthly Statement of Special Project Claims Federal and State Aid (RF-17)* as 100% federal share. For each LDSS, the expenditures reported for the Adult Protective ARPA 2 will be reimbursed up to the amount of the district's allocation.

Further instructions for completing time studies, the LDSS-923 and the Schedule D, and the RF17 claim package are found in Chapters 4, 7 and 18, respectively, of the *Fiscal Reference Manual* (FRM), Volume 3. The FRM is available online at http://otda.state.nyenet/bfdm/finance/.

VI. Contacts

Questions pertaining to the attestations and reports may be directed to:

Shelly Fiebich, Director, Bureau of Adult Services 518-402-1639 Shelly.Aubertine-Fiebich@ocfs.ny.gov

Questions pertaining to the allocations may be directed to:

Shonna Clinton, Local Operations Manager, Bureau of Budget Management (518) 474-1361
Shonna.Clinton@ocfs.ny.gov

Any ACS claiming questions should be directed to the OTDA Bureau of Financial Services by email or telephone:

Lauren Horn (Regions I-V) at (518) 474-7549 otda.sm.Field_Ops.I-IV@otda.ny.gov

22-OCFS-LCM-25
Michael Simon (Region VI) at (212) 961-8250
Michael.Simon@otda.ny.gov

September 8, 2022

/s/ Lisa Ghartey Ogundimu, Esq.

Issued by:

Name: Lisa Ghartey Ogundimu, Esq.

Title: Deputy Commissioner

Division/Office: Division of Child Welfare and Community Services

/s/ Brian Bagstad

Issued by:

Name: Brian Bagstad

Title: Director, Bureau of Budget Management Division/Office: Division of Administration

Attachment A: District Allocation Amounts

District	Allocation	District	Allocation
Albany	\$125,945	Ontario	\$31,007
Allegany	\$26,322	Orange	\$102,121
Broome	\$75,888	Orleans	\$25,000
Cattaraugus	\$28,463	Oswego	\$42,250
Cayuga	\$29,133	Otsego	\$25,000
Chautauqua	\$64,913	Putnam	\$35,780
Chemung	\$40,509	Rensselaer	\$75,353
Chenango	\$25,000	Rockland	\$96,588
Clinton	\$25,000	Saratoga	\$79,904
Columbia	\$38,859	Schenectady	\$53,804
Cortland	\$25,000	Schoharie	\$25,000
Delaware	\$57,106	Schuyler	\$25,000
Dutchess	\$98,819	Seneca	\$25,000
Erie	\$412,142	St. Lawrence	\$51,975
Essex	\$25,000	St. Regis	\$25,000
Franklin	\$25,000	Steuben	\$73,836
Fulton	\$30,516	Suffolk	\$187,333
Genesee	\$25,000	Sullivan	\$40,777
Greene	\$25,000	Tioga	\$25,000
Hamilton	\$25,000	Tompkins	\$36,226
Herkimer	\$35,736	Ulster	\$27,660
Jefferson	\$33,906	Warren	\$25,000
Lewis	\$25,000	Washington	\$25,000
Livingston	\$25,786	Wayne	\$25,000
Madison	\$25,000	Westchester	\$129,915
Monroe	\$195,230	Wyoming	\$25,000
Montgomery	\$25,000	Yates	\$25,000
Nassau	\$127,908		
Niagara	\$104,351	NYC	\$4,152,425
Oneida	\$47,870		
Onondaga	\$186,040	Statewide Total	\$7,577,396

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

Attachment B:

Attestation of Use of Administration for Community Living (ACL)

American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services (FFY22)

ARPA 2

This is to certify that department of social service (LDSS) will use the allocation of the American Rescue Plan Act funds authorized in the amount of \$ to enhance, improve and expand the ability of the LDSS's Adult Protective Services to investigate allegations of abuse, neglect and exploitation, as indicated below. Additionally, we will work collaboratively with any tribe residing within our district to implement this funding, as warranted.
Such funds will not be used to supplant any other state or local funds and the funds will only be used to supplement existing New York State and LDSS APS resources. Claims for reimbursement under this appropriation will not be submitted for the same type and level of funding covered by any other state or locally authorized appropriation.
Plan for use of funds – check all that apply: □ 1. Establishing or enhancing the availability of elder shelters or other emergency, short-term housing and accompanying "wrap-around" services for APS clients
□ 2. Establishing or expanding/enhancing the state-wide and local-level elder justice networks
□ 3. Working with tribal adult protective services efforts
□ 4. Improving or enhancing existing APS processes
$\ \square$ 5. Improving and supporting remote work, such as purchasing communications and technology hardware, software or infrastructure (equipment \$5,000 or more needs OCFS and ACL approval)
$\ \square$ 6. Improving data collection and reporting at the case worker, local and state levels in a manner consistent with the National Adult Maltreatment Reporting System (NAMRS)
□ 7. Establishing new or improving existing processes for responding to alleged scams and frauds
□ 8. Conducting community outreach
□ 9. Providing goods and services to APS clients
□ 10. Acquiring personal protection equipment and supplies
 11. Paying for extended hours/overtime for staff, hiring temporary staff, and associated personnel costs
□ 12. Training costs
□ 13. Assisting APS clients with securing the least restrictive option for emergency or alternative housing and with obtaining, providing or coordinating with care transitions as appropriate
NOTE: On the following page, LDSSs must identify which project goals the above selected

project(s).

strategies will support and the dollar amount of the grant allocation that will be devoted to that

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

Attachment B:

Attestation of Use of Administration for Community Living American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services

List the number of each strategy selected from previous page next to the ARPA Project Goal(s) the LDSS intends to impact with these funds (At least one Goal and one row must be selected and completed)	ARPA Project Goal	ARPA Grant #2 Funding Amount designated for each Project Goal selected	Selection aligns with current county plan Y/N
	Improve/enhance identification and investigation of vulnerable adults who self-neglect or are abused, neglected, or exploited by others.		
	Enhance/improve use of legal interventions including improved awareness and training for legal systems partners and stakeholders.		
	Improve/enhance effective utilization of multidisciplinary teams and community resources to improve investigations, assessments and service delivery to reduce risk and protect vulnerable adults.		
	Enhance provision of protective and residential services in the least restrictive manner that will effectively protect and support self-determination of vulnerable and dependent adults.		
	Youth aging out of foster care or other child welfare services who could benefit from Adult Protective Services as they reach adulthood will be identified, have their needs assessed and be protected.		
	Promote the safety and dignity of vulnerable adults by improving awareness of APS authority and of incidences of abuse, injury, exploitation, violence, and neglect.		

Name of person completing the form:	Date:
Name of Commissioner:	
Commissioner's signature:	Date:

Attachment B:

Strategies and Goal Guide
The chart below is included as a reference tool to assist in strategy and goal selection for the required attestation.

ACL Project Goal	Matching ACL Strategies
Improve/enhance identification and investigation of vulnerable adults who self-neglect or are abused, neglected or exploited by others. Lack of staffing resources Enhance data system/technology Identifying LDSS training specific to APS and clients Improve/enhance inter-agency collaborations Improve/enhance communications with systems/providers/agencies	Training, Equipment, Temp staff, Response to fraud/scams, Community outreach, PPE, Travel, Improved data collections, System enhancements, Enhancing existing processes, Working with Tribal APS partners, Enhancing elder justice networks, Establishing/enhancing elder shelters or other emergency housing and wraparound services
Enhance/improve use of legal interventions including improved advocacy, awareness, and training for legal systems partners and stakeholders. Better engagement/ training/ understanding with legal/court system	Response to fraud/scams, Training, Enhancing existing processes, Temp staff
Improve/enhance effective utilization of multidisciplinary teams and community partners and resources to improve investigations, assessments, and service delivery to reduce risk and protect vulnerable adults. Improve/enhance inter-agency collaborations Improve/enhance communications with systems/providers/agencies Partner with agencies to increase awareness Improved partnerships with financial institutions Increasing Rep Payee cases/limited supports Identify strategies to better support underserved populations	Response to fraud/scams, PPE, Travel, Goods and services, Working with Tribal APS partners, Establishing/enhancing elder shelters or other emergency housing and wraparound services
Enhance provision of protective and residential services in the least restrictive manner that will effectively protect and support self-determination of vulnerable and dependent adults. Lack of resources perpetuate/increase client risks Promote the safety and dignity of vulnerable adults by improving awareness of APS authority and of incidences of abuse, injury, exploitation, violence, and neglect. Misunderstanding of APS roles/authority Identify strategies to better support underserved populations Partner with agencies to increase awareness of practicality of APS role Improved partnerships with financial institutions/appropriate referral	Emergency housing and care transitions, Goods and services, Community outreach, Working with Tribal APS partners, Establishing/enhancing elder shelters or other emergency housing and wraparound services Community outreach, Training, Response to fraud/scams

Attachment C: Large Purchase Request for Expenditure Exceeding \$5,000 Form

Email equipment requests costing \$5,000 or more per unit to Shelly Fiebich at Shelly.Aubertine-Fiebich@ocfs.ny.gov

Date:	
Grantee Organization:	NYS Office of Children and Family Services
Grantee Contact Name:	
Grantee Email:	
Grant Number:	
Attach three cost estimates for the piece of equipment you are requesting and indicate here which bid you are choosing. Cost estimates can be bids from	
vendors/dealerships or print outs of cost from sellers.	
Describe the purpose/intended use of the	
equipment and how the equipment will	
benefit the program.	
What percentage of the total cost of the	
equipment/supply will these grant funds	
cover? If other funding is available, please	
identify the source and amount.	
For instance, if the total cost of the item is	
\$10,000, and the grant program is responsible	
for \$5,000, and state/territory funds will be	
used for the remaining \$5,000 write 50% in	
this space. If grant funds will be used to for the	
full cost of the purchase, write 100% in this	
space.	

Include an analysis of lease and purchase alternatives to determine which would be the most economical and practical procurement of the recipient and the federal government.	the estimated percentage of time the ent will be used by the APS program? Inchase is being shared with other so, indicate the percentage of time that ram will use this item. For instance, if surchasing a vehicle partially with APS and partially with state/territory funds, or program will only have access to the 50% of the time, write 50% in this space. Or sprogram will have access to the end of the time, write 100% in this end of the time, write 100% in this
Buy American Requirement: Attach information indicating the equipment is produced in the United States.	tives to determine which would be the conomical and practical procurement recipient and the federal government. The procurement is the determine which would be the conomical and practical procurement and the federal government.

Attachment D: Tribes in New York State and County of Residence

Cayuga Nation of Indians – Seneca and Cayuga Counties

Oneida Indian Nation – Madison County

Onondaga Nation – Onondaga County

St. Regis Mohawk Tribe – Franklin County

Seneca Nation of Indians – Erie, Cattaraugus and Chautauqua Counties

Tonawanda Band of Seneca – Genesee County

Tuscarora Nation – Niagara County

Unkechaug and Shinnecock Indian Nations - Suffolk County

ATTACHMENT E: Annual Program Report Template and Instructions

New York State ACL ARPA 2 Grant Report
REPORTING PERIOD: August 1, 2022-July 31, 2023 (One) <u>DUE DATE August 10, 2023</u>
August 1, 2023-July 31, 2024 (Two) DUE <u>DATE August 10, 2024</u>
Final Report DUE <u>DATE October 30, 2024</u>

August 1, 2023-July 31, 2024 (Two) DUE <u>DATE August 10, 2024</u> Final Report DUE <u>DATE October 30, 2024</u>						
Name of Local Distric		port BOL <u> BATE GOTO</u>	501 00; 202 1			
Name and Title of Re	porter:					
Strategy Selected:						
Strategy Selected.						
Overall Goal: List the F	Project Goal that was	selected on page 2 of the L	DSS attestation.			
		T				
Objectives/Activities Updated MM/DD/YY List the specific strategy selected on page 1 of the LDSS attestation that supports the goal noted above and the actual activity completed.	APS Process Model Topic Select the corresponding Input/Resource and stage of the case process.	Description of Accomplishments(Q1) List what was accomplished by implementing the strategy/activity. List any significant partners and their role in the activity.	Outputs (Q4) List services purchased, goods or staff acquired and total expenditure. List the number of APS clients who received the service or activity. List the number of those who were age 60 or older.	Description of Impact (Q3) Describe the impact the activity had on the goal. Are there measurable outcomes that can be included to support the impact? Have risks been decreased and safety increased?		
Challenges, Barriers, Alterations (Q2): Describe what if any challenges or barriers were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.						

Instructions: The LDSS must complete and submit an Annual Program Performance Report to OCFS using the attached Reporting Form.

Due Dates: OCFS must submit two (2) statewide reports to ACL by August 31, 2022, and August 31, 2023. To meet these deadlines, the **LDSS must submit the annual** report to OCFS no later than August 10 of each year. The LDSS must submit the final report to OCFS no later than October 30, 2023.

The following charts provide examples of report completion, linking activities with stages in the APS process and definitions of services.

New York State ACL Grant Report EXAMPLE

REPORTING PERIOD: August 1, 2022-July 31, 2023

Example 1: Overall Goal: Enhance provision of protective and residential services in the least restrictive manner that will effectively protect and support self-determination of vulnerable and dependent adults.

Objectives/Activities Updated MM/DD/YY	APS Process Model Topic	Description of Accomplishments(Q1)	Outputs (Q4)	Description of Impact (Q3)
Establish/enhance elder shelters or other emergency housing and wrap-around services with the development of a new contract(s) for emergency shelter	Community and interagency partnerships	Local government approved several contractual agreements with local motels. Identification of three new emergency housing locations, spread out throughout the county, closer to shopping areas.	expenditures for emergency housing for this reporting period are \$30,600. Twelve clients have received this service, 8 of whom are age 60 or older	Twelve clients were removed from unsafe and unsanitary conditions to locations near their current neighborhoods where they could continue to use the same shopping areas and maintain existing social and professional relationships while long-term housing issues were addressed. Such placements allow for independence and dignity to remain intact.

Challenges, Barriers, Alterations (Q2): Describe what if any challenges or barriers were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.

Example 2: Overall Goal: Improve/enhance identification and investigation of vulnerable adults who self-neglect or are abused, neglected, or exploited by others.

Objectives/Activities Updated MM/DD/YY	APS Process Model Topic	Description of Accomplishments(Q1)	Outputs (Q4)	Description of Impact (Q3)
Improve/support remote work through	Create New/Enhance Existing Operational	Ten laptops with MiFi and 10 cell phones	Current equipment and contract	Initial and follow up visits for all 40

the purchase of laptops and cell phones for case workers	Supports	were purchased for eight case workers and two supervisors	expenditures total \$20,000. The equipment has been used for 10 months on 40 APS investigations/cases. Thirty of those cases involved clients age 60 or older.	cases were conducted and documented timely. Service availability is confirmed more expeditiously as this can be verified while in the field. Case notes are completed while in the field and are detailed, concise and timely
				and timely.

Challenges, Barriers, Alterations (Q2): Describe what if any challenges or barriers were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.

Mapping to the APS Process Model and Annual Report The simplified map includes the sample activities ACL outlined in the Federal Register Notice. Inputs/Resources Intake Investigation **Quality Assurance** Post-Investigation **Obtaining Client** Documentation of **APS Staff Screening and** Assessment Agreement and Investigation/ Training/education **Assessment** Implementing Service Services **Interviews** Tools Personnel costs, including Plan Purchase of new hazard pay or improvements **Case Planning Tools** Collecting Travel for in-person Referring Clients to to existing data **Physical** investigations Community systems and/or **Evidence** Partners or Costs for PPE and Create New/ technology Services: supplies for in-person infrastructure **Enhance** visits Purchasing goods related tocase **Reporting Systems Consult Support** andservices management Purchase of new Community/ Purchase/provision **Determinations and** or improvements **Expand Data Capacity** of PPE for clients **Interagency Partnerships** Services to existing data and/orexpenses for Public awareness and systems and/or Recommendations COVID-related **Customer Satisfaction** community outreach technology clean-up/sanitation Costs for and infrastructure services associated with Quality Assurance Paying for the related to establishingnew or Review least restrictive **REPORTING** improving existing option for processes for emergency or responding to COVID-19 alternative scams and frauds housing **Consult Support Monitor Status of** Victimand Services Create New/ **Enhance Existing Operational Supports** Purchase of equipment and associated technologies that will allow for secure remote work and enhance APS workers'ability to interview and investigate whilethey cannot

physically visit during to COVID-19 crisis.

Legal and Ethical processes

The following table contains existing service categories and definitions for a range of home- and community-based services. This list is provided to help track and report goods and services purchased/obtained for APS clients being served by COVID-19-related funding. G rantees are encouraged to use this table to facilitate analysis and reporting.

SERVICE NAME	SERVICE DEFINITION	UNIT NAME	UNIT DEFINITION
Assistive Technology /Durable Equipment	Durable medical equipment (chair lifts, wheelchairs, walkers, emergency response systems) or anything given to or lent on a short-term basis, including technology or equipment, such as tablet computers, cellphones, or other devices, for a client to use in their home to maintain safety, allow for socialization and/or promote participation in activities from the older adult's home	1) Expenditure 2) Units	Cost and quantity of items of assistance.
	phone or internet <i>access plans</i> under Consumable Supplies		
Care/Case Management Services	Development and implementation of a service plan to mobilize the formal and informal resources and services identified in the	1) Expenditure 2) Hours	The cost and amount of time(measured in hours) to provide
Scivices	assessment to meet the client's needs. Includes the development and oversight of a plan to ensure the client's safety and well-being; developing a safety plan with a person's support network; referring and arranging support services; etc.		assistance.
Caregiver Support Services	Assistance to family and other informal caregivers to improve or sustain capacity for caring for the older adult or adult with disabilities. Includes counseling, support groups, training, respite, etc.	1) Expenditures 2) Units	The cost and number of unitsor sessions.
Community Day Services	Services or activities provided to adults who require care and supervision in a protective setting for part of a 24-hour day. Includes out-of-home supervision, health care, recreation and/or independent living skills training offered in centers most commonly known as adult day, adult day health, senior centers and disability day programs.	1) Expenditure 2) Hours	The cost and amount of time(measured in hours) to provide assistance.

ATTACHMENT F: FOR U.S. ADMINISTRATION FOR COMMUNITY LIVING GRANTS

Title 45 U.S. Code of Federal Regulations Part 75 (45 CFR 75), *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, section 354(a) states "all pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, includes the changes in subsequent subaward identification."

(i)	Subrecipient Name	Attachment A
(ii)	Subrecipient's unique entity identifier	Local Social Service Districts
(iii)	Federal Award Identification Number (FAIN)	2101NYAPC6
(iv)	Federal award date to the recipient by the HHS awarding agency	July 27, 2022
(v)	Subaward period of performance start and end dates	August 1, 2022 – September 30, 2024
(vi)	Amount of federal funds obligated to the subrecipient by this action by the pass-through entity to the subrecipient	Attachment A
(vii)	Total amount of the federal funds obligated to the subrecipient by the pass-through entity including the current obligation	Attachment A
(viii)	Total amount of the award committed to the subrecipient by the pass-through entity	Attachment A
(ix)	Federal award project description	American Rescue Plan for Adult Protective Services under SSA Title XX Section 2042(b)
(x)	Name of the HHS awarding agency, pass-through entity and contact information for awarding official of the pass-through entity	Administration for Community Living: Shonna Clinton – (518) 474-2812 Shonna.Clinton@ocfs.ny.gov
(xi)	CFDA number and name	93.747 – American Rescue Plan for Adult Protective Services under SSA Title XX Section 2042(b)
(xii)	Identification of whether the award is research and development (R&D)	N
(xiii)	Indirect cost rate for the federal award (including if the de minimum rate is charged per section 75.414)	Please see uniform guidance 45 CFR 75



100 North Street Monticello, NY 12701

Legislative Memorandum

File #: ID-5525 Agenda Date: 5/11/2023 Agenda #: 6.

Narrative of Resolution:

RESOLUTION INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE FOR THE SULLIVAN COUNTY LEGISLATURE TO ACT AS LOCAL BOARD OF HEALTH AND TO ADOPT PUBLIC HEALTH ORDER NO.1-2023

If Resolution requires expenditure of County Funds, provide the following information:

Amount to be authorized by Resolution: \$0.00

Are funds already budgeted? No

Specify Compliance with Procurement Procedures: N/A

WHEREAS, The Metropolitan region of New York State, including Sullivan County, has seen a historic detection and resurgence of poliomyelitis; and

WHEREAS, The Metropolitan region of New York State, including Sullivan County has seen a significant rise in Pertussis; and

WHEREAS, New York State experienced the largest outbreak of measles since 1989 during the summer of 2019, and at least 19 confirmed cases were located in Sullivan County; and

WHEREAS, outbreaks of vaccine preventable diseases frequently occur in areas where people are unvaccinated or under-vaccinated; and

WHEREAS, Measles is a highly infectious disease that may cause seizures, pneumonia, blindness, and death; and

WHEREAS, Polio is a life altering, deadly infectious disease which is extremely contagious and can lead to long term disability; and

WHEREAS, Sullivan County has positive detection of the polio virus via PCR testing as well as strain identifying sequencing with 13 samples identified in Sullivan County in 2022; 2 were collected in July, 5 were collected in August, 5 were collected in September, and 1 was collected in October; and

WHEREAS, Pertussis cases have continued to increase annually. Pertussis can result in seizures, brain damage and death; and

WHEREAS, Pertussis, Measles and Polio are all vaccine preventable diseases; and

WHEREAS, the Centers for Disease Control and Prevention has been actively investigating the current resurgence in previously well controlled diseases in the United States as well as globally. Vaccine preventable diseases kill an estimated 1.5 million people world-wide each year; and

WHEREAS, there are over 170 permitted summer camps for children which operate in Sullivan County which increases the risk of infectious disease outbreaks significantly; and,

WHEREAS, Summer camps are congregate settings where communicable diseases such as measles, pertussis,

File #: ID-5525 Agenda Date: 5/11/2023 Agenda #: 6.

polio and other vaccine preventable diseases can rapidly spread; and

WHEREAS, in accordance with New York State Public Health Law, the County Board of Health is authorized to adopt Public Health Order No 1-2023, which Order shall regulate attendance at summer camps for campers and staff based on evidence of all vaccines listed by the CDC's Advisory Committee on Immunization Practices recommended Vaccine Schedule or a valid medical exemption pursuant to the State Sanitary Code; and

WHEREAS, required vaccinations include; Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP or Tdap), hepatitis B vaccine, measles, mumps and rubella vaccine (MMR), polio vaccine, meningitis vaccine, and varicella (chickenpox) vaccine; and

WHEREAS, an exclusion list of under and unvaccinated campers and staff must be kept on record for inspection by Public Health Staff in the event of an exposure to an infectious individual; and

WHEREAS, upon advice from the County Public Health Director, said Order is necessary and proper for the preservation of life and health, to reduce morbidity and mortality from preventable communicable disease, and to properly execute and enforce the New York State Health Law, including Section 2100, as well as other associated Rules and Regulations, including but not limited to those related to communicable diseases and outbreaks of diseases as defined in 10 NYCRR 2.2.

ORDERED, that a copy of this Public Health Order shall be posted at the children's camps.

NOW, THEREFORE, BE IT RESOLVED, the Legislature, acting in its capacity as the Sullivan County Board of Health, hereby adopts Public Health Order No.1-2023 to secure the safety, health and welfare of Sullivan County residents and visitors; and

BE IT FURTHER RESOLVED, that Public Health Order No.1 - 2023 shall be effective immediately upon adoption by the Legislature and shall continue in effect as a standing order; and

BE IT FURTHER RESOLVED, the Board of Health designates, at its discretion, four hearing officers; and

BE IT FURTHER RESOLVED, Robert Doherty, a member of the Board of Health, is hereby authorized to sign and issue subpoenas in accordance with Public Health Law Section 309.

Local Board of Health Public Health Order No. 1 - 2023 Children's Camps

- 1. This Order shall apply to all camps operated within Sullivan County, in accordance with the New York State Public Health Law and Sanitary Code, 10 NYCRR 7-2.2, including summer day camps and children's overnight camps.
- 2. That campers who have not received the required doses of and/or who are not serologically immune to the appropriate VPDs required by NYS for school entrance/attendance including, but not limited to, measles, polio and pertussis pose an imminent and significant threat to the public health and safety of the residents of and visitors to the County as well as a public health hazard and that their presence in children's camps creates

File #: ID-5525 Agenda Date: 5/11/2023 Agenda #: 6.

an unnecessary and avoidable risk of resurgent measles, polio, pertussis and other communicable disease outbreaks in Sullivan County and is therefore a public health nuisance.

- 3. All Children's Camp Operators in Sullivan County, New York, which have applied to Sullivan County Department of Health for a permit to operate a children's camp in accordance with 10 NYCRR § 7-2 et seq., must, as a condition of receiving a permit, take the following measures and precautions to prevent the further transmission of VPDs, remedy this public health hazard and imminent and significant threat to the public health and safety of the residents of and visitors to the County and suppress and remove said public health nuisance.
- 4. To reduce or eliminate the transmission of VPDs in Sullivan County including, but not limited to, measles, polio and pertussis, any children's camp which has applied for a permit to operate in Sullivan County is required, as a condition of receiving a permit, to ensure that every camper maintains documentation that they received or will receive prior to the start date of the children's camp all of the immunizations required by NYS for school entrance/attendance. For your convenience, a copy of the "2022-23 School Year New York State Immunization Requirements for School Entrance/Attendance," which contains the requirements for prekindergarten through grade 12, is attached as Exhibit A to this Order. If you have any questions about the NYS requirements or about a particular child, contact Sullivan County Department of Public Health @ 845.292.5910.
- 5. Medical exemptions must be submitted to the children's camp using the NYSDOH Medical Exemption Statement for Children 0-18 Years of Age (Form DOH-5077 (6/16)). For your convenience, a copy of the NYSDOH form is attached as Exhibit B to this Order. Verification of the validity of the medical exemption is the responsibility of the children's camp operator.
- 6. In accordance with NYS law, non-medical exemptions are not permitted in schools. Therefore, pursuant to this Order, non-medical exemptions are not permitted in the children's camp.
- 7. The current, complete immunization records, all health information and all medical exemption forms must be kept on file in the campers' files in a safe, secure, confidential, HIPAA compliant manner and be available for inspection by SCDOH Staff upon request or audit.
- 8. No camper may participate in and/or enter the children's camp unless the camper maintains documentation that they received or will receive prior to the start date of the children's camp all of the immunizations required by NYS for school entrance/attendance.
- 9. There are allowances for entrance/admittance to camp for campers that are in the process of completing required vaccines (i.e., "in process" campers). Those campers must maintain documentation of at least the initial series of the vaccines. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee on Immunization Practices' (ACIP) "catch-up" schedule, which has been implemented by NYS, and is available at https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#table-catchup. For your convenience, a copy of the NYSDOH's PowerPoint presentation entitled "Overview of 2022-23 School Year Immunization Requirements Public Health Law § 2164" is attached as Exhibit C to this Order. Alternative schedules are not permitted.
- 10. Campers who do not comply with the NYS vaccination requirements must be excluded from camp.

File #: ID-5525 Agenda Date: 5/11/2023 Agenda #: 6.

- 11. In addition, if campers are required to receive subsequent doses of the vaccines during the summer camp season in accordance with the ACIP "catch-up" schedule but they fail to do so, then those campers are no longer "in process," and they also must be excluded from camp.
- 12. These exclusions will be effective until such time as this Order is no longer in effect as determined by the Public Health Director.
- 13. If, during an examination of campers' immunization records, SCDOH Staff discover that the children's camp is not in compliance with this Order, the children's camp operator will have 72 hours or three days to remedy the issue and come into compliance.
- 14. Continued permission from SCDOH to operate a children's camp is contingent upon compliance with the above requirements.
- 15. The failure to comply with this Public Health Order shall result in the denial of the Children's Camp Operator's permit application and/or suspension and/or revocation of the Children's Camp Operator's permit to operate a children's camp and closure of the children's camp until such time as there is compliance with the Public Health Order in accordance with 10 NYCRR § 7-2.
- 16. The failure to comply with this Public Health Order shall result in civil penalties and that each day of violation constitutes a separate and distinct violation subject to a civil penalty not to exceed the sum of two thousand dollars (\$2,000.00) per violation per day, as prescribed in Section 309 of the N.Y. Public Health Law of the State of New York.
- 17. The County Public Health Director is directed to undertake the actions necessary to enforce this Order.
- 18. This Order shall be effective upon adoption through September 30, 2023.
- 19. A copy of this Order shall be posted at the summer camps and filed with the New York State District Health Office.

STATE OF NEW YORK

COUNTY OF SULLIVAN, DEPARTMENT OF PUBLIC HEALTH SERVICES

IN THE MATTER OF THE SPRING 2019 MEASLES OUTBREAK, THE COVID-19 PANDEMIC OF 2020 AND

THE POLIO OUTBREAK OF 2022

Under and Pursuant to the Public Health Law of the State of New York, and the New York Sanitary Code PUBLIC HEALTH DIRECTOR'S STANDING ORDER, CHILDREN'S CAMPS

WHEREAS, The Metropolitan region of New York State, including Sullivan County, has seen a historic detection and resurgence of poliomyelitis; and

WHEREAS, The Metropolitan region of New York State, including Sullivan County has seen a significant rise in Pertussis; and

WHEREAS, New York State experienced the largest outbreak of measles since 1989 during the summer of 2019, and at least 19 confirmed cases were located in Sullivan County; and

WHEREAS, outbreaks of vaccine preventable diseases frequently occur in areas where people are unvaccinated or under-vaccinated; and

WHEREAS, Measles is a highly infectious disease that may cause seizures, pneumonia, blindness, and death; and

WHEREAS, Polio is a life altering, deadly infectious disease which is extremely contagious and can lead to long term disability; and

WHEREAS, Sullivan County has positive detection of the polio virus via PCR testing as well as strain identifying sequencing with 13 samples identified in Sullivan County in 2022; 2 were collected in July, 5 were collected in August, 5 were collected in September, and 1 was collected in October; and

WHEREAS, Pertussis cases have continued to increase annually. Pertussis can result in seizures, brain damage and death; and

WHEREAS, Pertussis, Measles and Polio are all vaccine preventable diseases; and

WHEREAS, the Centers for Disease Control and Prevention has been actively investigating the current resurgence in previously well controlled diseases in the United States as well as globally. Vaccine preventable diseases kill an estimated 1.5 million people world-wide each year; and

WHEREAS, there are over 170 permitted summer camps for children which operate in Sullivan County which increases the risk of infectious disease outbreaks significantly; and,

WHEREAS, Summer camps are congregate settings where communicable diseases such as measles, pertussis, polio and other vaccine preventable diseases can rapidly spread; and

WHEREAS, in accordance with New York State Public Health Law, the County Board of Health is authorized to adopt Public Health Order No 1-2023, which Order shall regulate attendance at summer camps for campers and staff based on evidence of all vaccines listed by the CDC's Advisory Committee on Immunization Practices recommended Vaccine Schedule or a valid medical exemption pursuant to the State Sanitary Code; and

WHEREAS, required vaccinations include; Diphtheria and tetanus toxoid-containing vaccine and pertussis

vaccine (DTaP or Tdap), hepatitis B vaccine, measles, mumps and rubella vaccine (MMR), polio vaccine,

meningitis vaccine, and varicella (chickenpox) vaccine; and

WHEREAS, an exclusion list of under and unvaccinated campers and staff must be kept on record for

inspection by Public Health Staff in the event of an exposure to an infectious individual; and

WHEREAS, upon advice from the County Public Health Director, said Order is necessary and proper for

the preservation of life and health, to reduce morbidity and mortality from preventable communicable

disease, and to properly execute and enforce the New York State Health Law, including 2100, as well as

other associated Rules and Regulations, including but not limited to those related to communicable diseases

and outbreaks of diseases as defined in 10 NYCRR 2.2.

ORDERED, that a copy of this Public Health Director's Order shall be posted at the children's camp.

Dated:

Karen Holden, BSN, LNC, RN PUBLIC HEALTH DIRECTOR

COUNTY OF SULLIVAN

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TO SUMMER CAMP OPERATORS, SULLIVAN COUNTY, NEW YORK

- **WHEREAS,** The Metropolitan region of New York State, including Sullivan County, has seen a historic detection and resurgence of poliomyelitis; and
- **WHEREAS**, The Metropolitan region of New York State, including Sullivan County has seen a significant rise in Pertussis; and
- **WHEREAS,** New York State experienced the largest outbreak of measles since 1989 during the summer of 2019, and at least 19 confirmed cases were located in Sullivan County; and
- **WHEREAS,** outbreaks of vaccine preventable diseases frequently occur in areas where people are unvaccinated or under-vaccinated; and
- **WHEREAS,** Measles is a highly infectious disease that may cause seizures, pneumonia, blindness, and death; and
- **WHEREAS,** Polio is a life altering, deadly infectious disease which is extremely contagious and can lead to long term disability; and
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- **WHEREAS,** Pertussis cases have continued to increase annually. Pertussis can result in seizures, brain damage and death; and
 - WHEREAS, Pertussis, Measles and Polio are all vaccine preventable diseases; and
- **WHEREAS**, the Centers for Disease Control and Prevention has been actively investigating the current resurgence in previously well controlled diseases in the United States as well as globally. Vaccine preventable diseases kill an estimated 1.5 million people world-wide each year; and
- **WHEREAS**, there are over 170 permitted summer camps for children which operate in Sullivan County which increases the risk of infectious disease outbreaks significantly; and,
- **WHEREAS**, Summer camps are congregate settings where communicable diseases such as measles, pertussis, polio and other vaccine preventable diseases can rapidly spread; and
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WHEREAS, an exclusion list of under and unvaccinated campers and staff must be kept on record for inspection by Public Health Staff in the event of an exposure to an infectious individual; and

WHEREAS, upon advice from the County Public Health Director, said Order is necessary and proper for the preservation of life and health, to reduce morbidity and mortality from preventable communicable disease, and to properly execute and enforce the New York State Health Law, including 2100, as well as other associated Rules and Regulations, including but not limited to those related to communicable diseases and outbreaks of diseases as defined in 10 NYCRR 2.2.

ORDERED, that a copy of this Public Health Director's Order shall be posted at the children's camp.

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BE IT FURTHER RESOLVED, that Public Health Order No.1 -2023 shall be effective immediately upon adoption by the Legislature and shall continue in effect as a standing order, and;

BE IT FURTHER RESOLVED, the Board of Health designates, at its discretion, four hearing officers; and

BE IT FURTHER RESOLVED, Robert Doherty, a member of the Board of Health, is hereby authorized to sign and issue subpoenas in accordance with Public Health Law Section 309.

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- 1. This Order shall apply to all camps operated within Sullivan County, in accordance with the New York State Public Health Law and Sanitary Code, 10 NYCRR 7-2.2, including summer day camps and children's overnight camps.
- 2. That campers who have not received the required doses of and/or who are not serologically immune to the appropriate VPDs required by NYS for school entrance/attendance including, but not limited to, measles, polio and pertussis pose an imminent and significant threat to the public health and safety of the residents of and visitors to the County as well as a public health hazard and that their presence in children's camps creates an unnecessary and avoidable risk of resurgent measles, polio, pertussis and other communicable disease outbreaks in Sullivan County and is therefore a public health nuisance; and
- 3. All Children's Camp Operators in Sullivan County, New York, which have applied to Sullivan County Department of Health for a permit to operate a children's camp in accordance with 10 NYCRR § 7-2 et seq., must, as a condition of receiving a permit, take the following measures and precautions to prevent the further transmission of VPDs, remedy this public health hazard and imminent and significant threat to the public health and safety of the residents of and visitors to the County and suppress and remove said public health nuisance:
- 4. To reduce or eliminate the transmission of VPDs in Sullivan County including, but not limited to, measles, polio and pertussis, any children's camp which has applied for a permit to operate in Sullivan County is required, as a condition of receiving a permit, to ensure that every camper maintains documentation that they received or will receive prior to the start date of the children's camp all of the immunizations required by NYS for school entrance/attendance. For your convenience, a copy of the "2022-23 School Year New York State Immunization Requirements for School Entrance/Attendance," which contains the requirements for prekindergarten through grade 12, is attached as Exhibit A to this Order. If you have any questions about the NYS requirements or about a particular child, contact Sullivan County Department of Public Health @ 845.292.5910.
- 5. Medical exemptions must be submitted to the children's camp using the NYSDOH Medical Exemption Statement for Children 0-18 Years of Age (Form DOH-5077 (6/16)). For your convenience, a copy of the NYSDOH form is attached as Exhibit B to this Order. Verification of the validity of the medical exemption is the responsibility of the children's camp operator.
- 6. In accordance with NYS law, non-medical exemptions are not permitted in schools. Therefore, pursuant to this Order, non-medical exemptions are not permitted in the children's camp.
- 7. The current, complete immunization records, all health information and all medical exemption forms must be kept on file in the campers' files in a safe, secure, confidential, HIPAA compliant manner and be available for inspection by SCDOH Staff upon request or audit
- 8. No camper may participate in and/or enter the children's camp unless the camper maintains documentation that they received or will receive prior to the start date of the children's camp all of the immunizations required by NYS for school entrance/attendance.

- 9. There are allowances for entrance/admittance to camp for campers that are in the process of completing required vaccines (i.e., "in process" campers). Those campers must maintain documentation of at least the initial series of the vaccines. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee on Immunization Practices' (ACIP) "catch-up" schedule, which has been implemented by NYS, and is available at https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#table-catchup. For your convenience, a copy of the NYSDOH's PowerPoint presentation entitled "Overview of 2022-23 School Year Immunization Requirements Public Health Law § 2164" is attached as Exhibit C to this Order. Alternative schedules are not permitted.
- 10. Campers who do not comply with the NYS vaccination requirements must be excluded from camp.
- 11. In addition, if campers are required to receive subsequent doses of the vaccines during the summer camp season in accordance with the ACIP "catch-up" schedule but they fail to do so, then those campers are no longer "in process," and they also must be excluded from camp.
- 12. These exclusions will be effective until such time as this Order is no longer in effect as determined by the Public Health Director.
- 13. If, during an examination of campers' immunization records, SCDOH Staff discover that the children's camp is not in compliance with this Order, the children's camp operator will have 72 hours or three days to remedy the issue and come into compliance.
- 14. Continued permission from SCDOH to operate a children's camp is contingent upon compliance with the above requirements; and
- 15. The failure to comply with this Public Health Director's Order shall result in the denial of the Children's Camp Operator's permit application and/or suspension and/or revocation of the Children's Camp Operator's permit to operate a children's camp and closure of the children's camp until such time as there is compliance with the Public Health Director's Order in accordance with 10 NYCRR § 7-2; and
- 16. The failure to comply with this Public Health Director's Order shall result in civil penalties and that each day of violation constitutes a separate and distinct violation subject to a civil penalty not to exceed the sum of two thousand dollars (\$2,000.00) per violation per day, as prescribed in Section 309 of the N.Y. Public Health Law of the State of New York; and be it further
- 17. The County Public Health Director is directed to undertake the actions necessary to enforce this Order.
- 18. This Order shall be effective upon adoption through September 30, 2023.
- 19. A copy of this Order shall be posted at the summer camps and filed with the New York State District Health Office.

2022-23 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 dd	oses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³		Not applicable	1 d	ose
Polio vaccine (IPV/OPV) ⁴	3 doses	4 dose or 3 do if the 3rd dose was receiv	ses	der
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 dose	es	
Hepatitis B vaccine ⁶	3 doses	3 dose or 2 doses of adult hepatitis B vaccine (Rethe doses at least 4 months apart between	ecombivax) for child	
Varicella (Chickenpox) vaccine ⁷	1 dose	2 dose	es	
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not appli	cable	
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not appli	cable	



- 1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
- 2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
- 3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6, 7 and 8: 10 years; minimum age for grades 9 through 12: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2022-2023, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6, 7 and 8; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 9 through 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
- 4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.
- 5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

- c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
- d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine

- a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
- b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
- 7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
- 8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7, 8 and 9: 10 years; minimum age for grades 10 through 12: 6 weeks).
 - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
- 9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
- 10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. $\,$ PCV is not required for children 5 years or older.
 - f. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

New York State Department of Health Bureau of Immunization Room 649, Corning Tower ESP Albany, NY 12237 (518) 473-4437

New York City Department of Health and Mental Hygiene Program Support Unit, Bureau of Immunization, 42-09 28th Street, 5th floor Long Island City, NY 11101 (347) 396-2433

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

- 1. Complete information (name, DOB etc.).
- 2. Indicate which vaccine(s) the medical exemption is referring to.
- 3. Complete contraindication/precaution information.
- 4. Complete date exemption ends, if applicable.
- 5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form

3. Complete medical provider information. Netam copy for no	e. Neturn original to facility of person requesting form.
 Patient's Name	
nanufacturers' package insert and by the most recent recomme	ed from the contraindications, indications, and precautions described in the vaccine ndations of the Advisory Committee on Immunization Practices (ACIP) available uide to Vaccine Contraindications and Precautions. This guide can be found at the in/contraindications.htm.
Please indicate which vaccine(s) the medical exemption	is referring to:
Haemophilus Influenzae type b (Hib)	Measles, Mumps, and Rubella (MMR)
Polio (IPV or OPV)	☐ Varicella (Chickenpox)
Hepatitis B (Hep B)	Pneumococcal Conjugate Vaccine (PCV)
Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)	Meningococcal Vaccine (MenACWY)
Please describe the patient's contraindication(s)/precaution(s) h	nere:
Date exemption ends (if applicable)	
Name (print)	edical exemption statement and provide their information below: NYS Medical License #
	Telephone
Signature	Date
For Institution Use ONLY: Medical Exemption Status 🔲 Acce	pted Not Accepted Date:



Immunization Requirements Overview of 2022-23 School Year

Public Health Law § 2164





Overview

- Introduction
- Immunization Records: Criteria and Standards

: DIFFERENCE SENTITUMENTS

M.E.F.E.

WY.GOV/VACCINE

- Timeline: In-Process and Grace Period
- Medical Exemptions and Susceptible List
- Additional Responsibilities: Exclusions and School Survey
- School Entrance/Attendance Document 2022-23 School Year New York State Immunization Requirements for Immunization Requirements Updates: Tdap and MenACWY
- Immunization Worksheets
- NYSIIS and CIR
- Resources



Bureau of Immunization

School Assessment and Compliance Unit

- helps guide school coordinators and local health Monitors the implementation of immunization departments on procedures for students to attain and maintain compliancy requirements in New York State (NYS) schools and
- Establishes New York State Immunization Requirements for School Entrance/Attendance
- Implements guidance from the Advisory (ACIP) Catch-up Schedule Committee of Immunization Practices
- Performs school audits

NYS children by reducing Promoting the health of and/or eliminating the preventable diseases number of vaccine-



Other Acceptable Medical Records

Acceptable without practitioner signature

Evidence of Immunity or Laboratory Confirmation of Disease

Positive test results (does not include equivocal

results) accepted for:

Hepatitis B Rubella Mumps Measles Serology/Titer Report

- NYSIIS or CIR record
- Official record from another state
- Electronic health record
- Official record from a foreign nation
- An official record from a foreign nation may be accepted as a certificate practitioner licensed in New York State of immunization without a health practitioner's signature. An unofficial not be accepted unless it was reviewed and signed by a health record, such as one issued by a private clinic in another country, could



prior to September 1, 2019, and documentation of results are positive for Polio - Serologic results for polio only allowed if test was performed physician, nurse practitioner, or physician assistant also acceptable Varicella - Evidence of immunity from being diagnosed with varicella by

each of the 3 polio serotypes

School health record

Record transferred directly from another school is acceptable

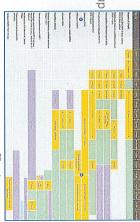
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n-Process

age-appropriate appointments within a 14-day period to complete Received at least first dose of each immunization series and has

the immunization series

- determining appropriate spacing schedule must be used when Immunization Practices (ACIP) catch-up between appointments The Advisory Committee on
- child who meets the definition of inprocess to complete the required School may not refuse admission to a immunizations



Medical Exemption*

York State Department of Health form Completed by New York State licensed physician on the New

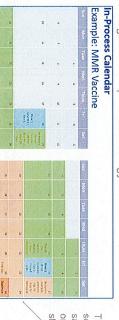
If a New York State licensed physician detrimental to a child's health, the waived until such immunization is no requirement for that immunization is certifies that an immunization is longer detrimental to the child's health

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*To be covered in more detail later in presentation

YORK Department of Health

- Students are allowed to have serological testing (see slide 10) within 14 days of a missed dose
- If results are negative or equivocal, appointment dates for vaccination must be scheduled and completed within 30 days from the notification of negative or equivocal serology results



The time allowance for serological testing covers the same 14 days (marked in orange) that the overdue student must be immunized in

Start of Health

Multiple Vaccines on Same Day

Scientific data show that receiving several vaccines at the same time does not cause health problems

- All required vaccines can be received on the same day, including live vaccines
- CDC Safety, Multiple Vaccines at Once:

https://www.cdc.gov/vaccinesafety/concerns/multiple-vaccines-immunity.html

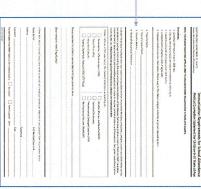
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Medical Exemptions & Susceptible List

Medical Exemptions

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- Must be submitted every new school year on the NYS medical exemption form: https://www.health.ny.gov/forms/do
 h-5077.pdf
- Students attending NYC schools should use the NYC medical exemption form: https://www.schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-English



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Susceptible Students

All students who may require exclusion in the event of a disease outbreak

- It is required that schools always have a list of all susceptible students
- Any students with medical exemptions
- Any students in-process

Student Name	
DOB	
DTaP Dipotheria Telanus, Pedussia)	
(Pole)	EXAMPL
MMR Measter Margo Rubeto	E LIST OF
Varicella	EXAMPLE LIST OF SUSCEPTIBLE STUDENTS (Missing or incomplete immunizations)
НерВ	TIBLE ST
Tdap (Tetavus, Dipatriera, Perlusses)	UDENTS (s)
MenACWY	
MenACWY Reason Susceptible Medical Examples or in Allocators	

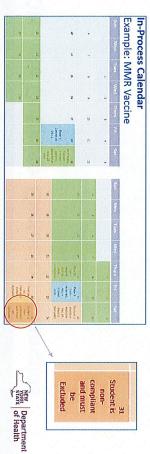
Additional Responsibilities: Exclusions and School Survey



Exclusion

For students out of compliance with PHL at any time throughout the school year Principal or person in charge of school must exclude students who have been out of

Principal or person in charge of school must exclude students who have been out of compliance for more than 14 days until they can provide proof of compliance



In the Event of a Disease Outbreak

- Students included on the school's susceptible list may need to be excluded in the event of a disease outbreak
- exemption or is considered in-process and on a catch-up schedule, they must be excluded from school if the disease of the outbreak is the same disease that the student has not been completely immunized against
- Students should not be allowed to return to school until outbreak no longer poses a threat to susceptible students



Immunization Requirements Updates:

Tdap and MenACWY



Tetanus and Diphtheria toxoid-containing vaccine and Pertussis (Tdap) Roll-out Updates

- A new requirement rolled out in the 2020-21 school year that the Tdap booster must be received after 10 years of age to satisfy the NYS immunization requirement
- after 10 years of age to satisfy the NYS immunization requirement Students who were in grades 7-12 during the 2020-21 school year are exempt from this new requirement.
- For the 2022-23 school year, the roll-out indicates that students in grades 9-12 are still permitted to have received their Tdap booster as early as age 7; students in grades 6-8 fall under the new requirement and are required to receive their Tdap booster no earlier than 10 years of age (see table below)

la poosier	p soosier Age Kequitement. Minimum Age
	Age Require

Grades Minimum Ag 6, 7 and 8 10 9, 10, 11 and 12 7

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Meningococcal Meningitis (MenACWY) Minimum Age Requirement Updates

- As of the 2016-17 school year, the MenACWY conjugate vaccine is a NYS immunization requirement
- Students who were in grades 7-12 during the 2016-17 school year have a minimum age of 6 weeks for their first dose of MenACWY; all younger students must receive their first dose no earlier than 10 years of age, before entering 7th grade
- For the 2022-23 school year, students in grades 10-12 are permitted to have received their MenACWY vaccine as early as 6 weeks of age; students in grades 7-9 must have received their MenACWY vaccine no earlier than 10 years of age (see table below)
- 2022-23 School Year

10, 11 and 12	7, 8 and 9	Grades	MenAC
6 weeks	10	Minimum Age	WY First Dose



Tdap and MenACWY Immunization Requirements Roll-Out Table

School Year	Tdap adolescent booster minimum age	MenACMY dose 1 minimum age
2022-2023	Grades 6 through 8: 10 years Grades 9 through 12: 7 years	Grades 7 through 9: 10 years Grades 10 through 12: 6 weeks
2023-2024	Grades 6 through 9: 10 years Grades 10 through 12: 7 years	Grades 7 through 10: 10 years Grades 11 and 12: 6 weeks
2024-2025	Grades 6 through 10: 10 years Grades 11 and 12: 7 years	Grades 7 through 11: 10 years Grade 12: 6 weeks
2025-2026	Grades 6 through 11: 10 years Grade 12: 7 years	Grades 7 through 12: 10 years
2026-2027 and beyond	Grades 6 through 12: 10 years	Grades 7 through 12: 10 years



Diphtheria and Tetanus toxoid-containing vaccine and Pertussis (DTaP) for Grades Pre-K through 12

Vaccines

Vaccin



DTaP

Intervals between doses of vaccine must be in accordance with ACIP schedule

Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine (Minimum age: 6 weeks)

- a. Children starting the series on time should receive a 5-dose series of D1a³ vaccine at 2 months, 4 months, 6 months and at 15 frough 18 months and at 4 years or older. The burth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of D1a³ Pnead not be repeated if it was administered at least 4 months after the third dose of D1a³. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
- If the fourth close of DTaP was administered at 4 years or older, and at least 6 months after close 3, the fifth (booster) close of DTaP vaccine is not required.
- c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
- d. Children' years and older who are not fully immunized with the childrood DTaP vaccine series should receive Tdap vaccine as the first dose in the cartic-up series; if additional doses are needed, use if or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.





Polio (IPV/OPV) for Grades Pre-K Through 12

Vaccines

Vaccin



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IPV/OPV

Intervals between doses of vaccine must be in accordance with ACIP schedule

- Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
- a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
- b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
- c. If the third dose of pollo vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of pollo vaccine is not required.
 d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school pollo vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as



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monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be

Varicella (Chickenpox) for Grades Pre-K Through 12

Vaccines

Prekindergarten
(Day Care, 1, 2, 3, 4 and 5 6, 7, 8, 9, 10 12

Head Start, Nursery
or Pre-k)

Varicella (Chickenpox)

1 dose

Vaccine'

Vaccine'

Prekindergarten and Grades 6, 7, 8, 9, 10 12

and 11

2 doses





Varicella

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Intervals between doses of vaccine must be in accordance with ACIP schedule

- 7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
- a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
- b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.



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Tdap for Grades 6 Through 12

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Intervals between doses of vaccine must be in accordance with ACIP schedule

- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6, 7 and 8: 10 years; minimum age for grades 9 through 12: 7 years)
 Students 11 years or older entering grades 6 through 12 are required to
- a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
- b. In addition to the grade 6 through 12 requirement. Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2022-2023, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6, 7 and 8; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 9 through 12.
- Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

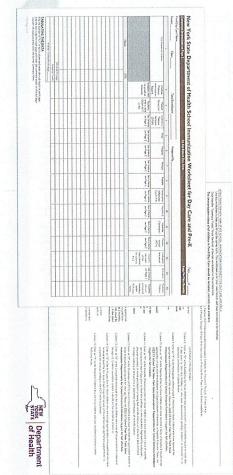
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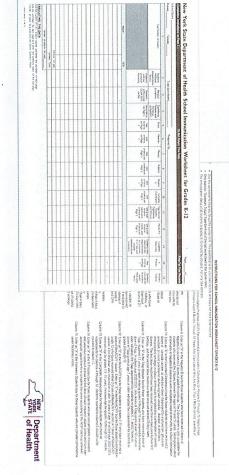


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Daycare and Pre-K Immunization Worksheet



K-12 Immunization Worksheet



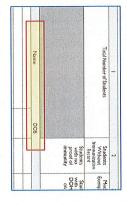
Using Immunization Worksheets

- Fill in school and class information
- School name, grade, and enrollment are all essential when filling out the School Immunization Survey

Room Grade	Tota	Total Enrollment			Prepared By	Ву			-	
1	2	3	4	5	6	7	os	9	10	11
Total Number of Students	Students Without Immunization Record	Medical Exemptions	Diphtherta, Tetanus and Pertussis (DTaP/DT)	Polio	Measles	Mumps	Rubcila	Hippatitis B	Varicefla (Chickenpox)	Tdap Scoster Tetanus, Diphtheria and Pertussis
	Students	Students	See criteria	Sec	See	Sec	See	See	See See See See	

Using Immunization Worksheets

- List students' names and DOBs
- Listing names and DOBs will help in developing a current and accurate susceptible list



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School Survey Instructions

instructions.pdf

NEW YORK Department of Health

NYSIIS and CIR



New York State Immunization Information

System (NYSIIS)

and promotes public health by fully immunizing all NYSIIS helps establish a complete, accurate, secure, realindividuals appropriate to age and risk time immunization medical record that is easily accessible





NYSIIS

- NYSIIS can be accessed by your school's HCS coordinator
- by using NYSIIS Schools will be able to save time in complying with safety and health regulations
- Provides immunization records that clearly show vaccinations and dates of administration
- Helps determine validity of spacing between doses of vaccine
- Reports whether doses of vaccine are age appropriate
- Reports whether intervals between doses are correct
- on file for each student if they reflect the most current information available Records exported from NYSIIS are considered valid medical records to have



Public Health Law

Public Health Law § 2164:

ocs/phl title vi.pdf https://www.health.ny.gov/prevention/immunization/schools/d

SubPart 66-1 School Immunization Requirements requirements 10/content/subpart-66-1-school-immunizationhttps://regs.health.ny.gov/volume-1a-title-



vaccines-immunity.html

CDC

- ACIP catch-up schedule: adolescent.html https://www.cdc.gov/vaccines/schedules/hcp/imz/child-
- vaccines and the Diseases, a.k.a. the "Pink Book," provides information on CDC's Epidemiology and Prevention of Vaccine-Preventable

diseases they prevent: https://www.cdc.gov/vaccines/pubs/pi

https://www.cdc.gov/vaccinesafety/concerns/multiple-CDC Safety, Multiple Vaccines at Once nkbook/index.html

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Immunization Requirements

- Schools Page: www.health.ny.gov/prevention/immunization/schools
- 2022-23 School Year New York State Immunization Requirements for

School Entrance/Attendance: https://www.health.ny.gov/publications/2370.pdf

- Spanish: https://www.health.ny.gov/publications/2405.pd
- Chinese: https://www.health.ny.gov/publications/2491.pdi
- Haitian: https://www.health.ny.gov/publications/2492.pdf
- Italian: https://www.health.ny.gov/publications/2493.pdf
- Korean: https://www.health.ny.gov/publications/2494.pdf
- Russian: https://www.health.ny.gov/publications/2495.pdf
- Arabic: https://www.health.ny.gov/publications/2497.pdf
- Bengali: https://www.health.ny.gov/publications/2498.pdf
- Yiddish: https://www.health.ny.gov/publications/17092.pdf
- Polish: https://www.health.ny.gov/publications/17093.pdf
- NEW PORICE OF Health

Medical Exemptions

- Medical Exemption: https://www.health.ny.gov/forms/doh-5077.pdf
- Medical Exemption

Procedures: https://www.health.ny.gov/professionals/doctors/conduc t/docs/medical exemption review procedures for schools.pdf

NYC Medical Exemption: https://www.schools.nyc.gov/docs/defaultexemption-English source/default-document-library/medical-request-for-immunization-



Contacts

- Online School Assessment Survey: OSAS@health.ny.gov
- NYSIIS: nysiis@health.ny.gov
- Bureau of Immunization: (518) 473-4437
- County Health Departments: https://www.health.ny.gov/contact/contact_information/

