

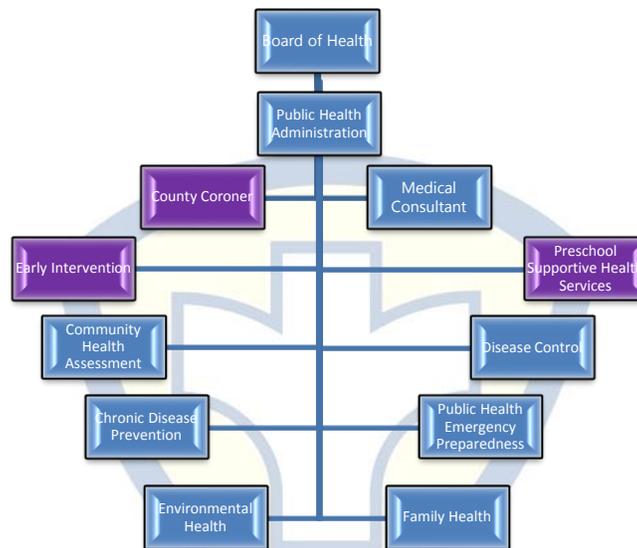
GENESEE COUNTY HEALTH DEPARTMENT



2017 PROGRAM BUDGET

Adopted
November 2017

GENESEE COUNTY HEALTH DEPARTMENT



STRATEGIC FRAMEWORK

2016 KEY ACCOMPLISHMENTS

- 🛡 After 3 years of participating in a PILOT project through the Robert Wood Johnson Foundation, which focused on shared services, the Genesee County and Orleans County Health Departments are continuing in a new phase of their relationship. The counties entered into a longer term inter-municipal agreement that extends the cross-jurisdictional sharing through 2020.
- 🛡 The Genesee County Health Department now has an updated local sanitary code. This is the first update to the code in over 30 years. This update allowed for adjustments to the code to bring them in compliance with new standards and done in conjunction with Orleans County to establish a common document from which both counties will work.
- 🛡 The department developed and adopted a joint strategic plan for the Genesee County and the Orleans County Health Departments. Implementation is underway.
- 🛡 The Departments are finalizing a joint quality improvement plan – planned adoption by BOH in November 2016
- 🛡 Following the retirement of our deputy David, we have appointed a new Environmental Health Director, Sarah Balduf and Deputy Director Brenden Bedard
- 🛡 The department finalized GO-CHAT, completed by our summer intern, this program will help coordinated messaging across divisions around various observances throughout the year (national public health week, etc)
- 🛡 The first drone (unmanned aerial apparatus – UAA) flew and is no beginning to capture data in the field
- 🛡 Contracting out STD services
- 🛡 SpeakYourMind211.com: Is a new resource for residents and professionals who are in search of mental health and substance abuse services in Western New York. This website was developed after the need for such an information “hub” was identified in the 2013-2017 Genesee, Orleans and Wyoming (GOW) Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Services beyond the tri-county area are included as many residents often travel to other counties to seek medical services not available in our rural counties. Funds to develop and market the website and Facebook page were secured by the New York State Health Foundation and the John R. Oishei Foundation in 2014. The grant and project completed on June 30, 2016. Metrics are available on the website and Facebook page to measure consumer use.

- 🛡️ Participate in the Rochester Regional Health Information Organization which gives nursing staff greater access to communicable diseases to aide in field epidemiology.
- 🛡️ Developed an internal infection control committee for the department.
- 🛡️ Enrolled in the Hepatitis C Rapid Testing Program through the New York State Department of Health.

2017 ESSENTIAL GOALS

- 🛡️ Continue to focus on bringing evidenced-based chronic -disease programming to Genesee County. As included in the 2013 – 2017 CHIP, the addition of such programming is of great importance and will likely be made possible through collaboration with community stakeholders and successful grant applications. An updated CHIP is due December, 2016, which will result in a renewed focus on certain programs and health initiatives.
- 🛡️ Continued Implementation and updating of the adopted strategic plan through development of committees and workgroups focused on improving operational and service delivery for both health departments.
- 🛡️ Continued exploration of the national accreditation process. This includes development of a quality improvement plan and other components necessary to apply for accreditation.
- 🛡️ Complete and update community health assessment and community health improvement plan, which are required by the State Department of Health by the end of 2016 (one year earlier than expected due to hospital requirements).
- 🛡️ Maximize the base state aid reimbursements (reach \$650,000 of eligible expenses) to enhance public health staffing and services in Genesee County.

BUDGET HIGHLIGHTS

The health department continues to evolve and redefine itself year by year. The state has moved local health departments out of traditional service delivery and into a safety net, facilitator, and overseer role. This has been driven by continued reductions in eligible state aid reimbursable expenses and the shift to promoting community agencies to deliver services that had traditionally been done by the department. To help facilitate this shift, the department now has a strategic plan that was developed in conjunction with Orleans County and will be a guiding document on how we transition to our newer roles. The department will continue to leverage the cross-jurisdictional relationship to drive savings, efficiencies and stretch our work force to meet the requirements and service delivery needs in the county. To date, the department has five shared administrative positions, a combined board of health, a common local sanitary code and an ongoing integration of services.

In 2017, the department will continue to explore the accreditation process. This is a newer standard for which local health departments are able to apply, allowing them to achieve recognition in meeting core public health proficiencies. The current goal is to complete the pre-requisites for the accreditation process over the next year in order to position the department to be ready to apply if desired. At the end of 2016, we are expecting to have a joint quality improvement plan that will be utilized in both counties to identify opportunities to improve efficiency and drive fiscal savings.

For the past two years, the Health Department has undergone an exploration in cross-jurisdictional sharing (CJS) with Orleans County. The relationship was driven out of need, opportunity, fiscal considerations and a desire to develop enhanced public health services. There have been many additions throughout the project which include: shared administrations' staff, staffing agreements for all department staff, a joint community health assessment and health improvement plan, and the alignment of various policies and procedures. These efforts and others have provided programmatic efficiencies that have recognized value to Genesee County. The departments will continue to

integrate and align policies and structure in 2017. The CJS services between Genesee and Orleans County are fluid and provide a learning environment on the benefits and challenges for collaboration for not only the local counties but also the state and rest of the country. Continued participation is underway with a new phase of the study on shared services; in this new phase, we are participating and tracking the outcomes of CJS out to five years.

Through leveraging all options described above including the shared services with Orleans County and stretching staffing to the capacity, there continues to be staffing limitations in various areas. In late 2016, a full time service coordinator was hired in Orleans County. This position will be shared with Genesee in order to help alleviate the case load in the early intervention program. The share of this position has been accounted for and budgeted. In addition, we are proposing to create a part time nursing position in the 2017 budget. As we continue to shift our service delivery, a part time nurse will assist the department in providing after hour and weekend work, reducing comp and overtime payouts. Partially driving this is the participation in the migrant health program in the evenings. This is new to our department, and has come about from an expansion of services from Orleans County. The position will also allow the department to increase participation in the maternal child health program which has been identified as a need within the county. Current time allocations limit ideal participation. The part time position is fully state aid reimbursable as fringe would be minimal.

This year, with a budget proposal of \$1,733,709 in county appropriations, a slight decrease from the 2016 adopted budget, the health department will continue to provide essential services to county residents while exploring ways to minimize direct service delivery and identify savings. This new direction has been occurring rapidly over the past five years and is a direct result of a philosophical change in the New York State Department of Health to position local health departments in the role of “overseers” verse “doers”. While still being a safety net for the county, administration and staff will empower community organizations and stakeholders to work in partnerships to improve the health of the community through increased screening rates, higher immunization rates, increased physical activity, healthier eating and embracing health.

BUDGET SUMMARY: HEALTH DEPARTMENT

Appropriation By Object	Adopted 2015	Actual 2015	Adopted 2016	Adopted 2017
Salary	753,457	767,210	894,688 ¹	949,985
Equipment	-	9,257	-	0
Contractual	4,022,376	2,967,626	3,894,817	3,643,736
Fringe	352,193	322,031	353,298 ²	394,031
Total Appropriation	5,128,026	4,066,124	5,142,803	4,987,752
Revenue	3,297,665	2,658,726	3,332,525	3,254,043
Net County Support	\$ 1,830,361	1,407,398	\$ 1,810,278	1,733,709

SECTION 1: PUBLIC HEALTH

¹ A change in accounting practice recommended by the county auditor now requires that all payroll and fringe paid by Genesee County but split with Orleans County be recognized in full in Genesee County. The share paid to Genesee County by Orleans County will be reported in a separate revenue account, 4010 2280 for Public Health and 4059 2280 for Early Intervention.

² The same accounting practice in 1 applies to the fringe accounts as well.



VISION

We will leverage our shared resources through the integration of programs, services and collaborations with community partners and stakeholders to foster an environment where all can be empowered to make educated decisions and have the opportunity to optimize their health, thereby improving the population health outcomes of Genesee and Orleans Counties.

MISSION

To work collaboratively ensuring conditions that promote optimal health for individuals and the communities we serve.

PUBLIC HEALTH

Public Health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals." The Genesee County Public Health Department's primary responsibilities, include educating the community; preventing disease and injuries; promoting healthy behaviors; assuring access to healthcare services; mobilizing community resources; protecting against environmental hazards; responding to and organizing disaster situations.

As outlined in New York State Public Health Law, Genesee County's Public Health is composed of six (6) core service areas: Community Health Assessment; Chronic Disease Prevention; Disease Control; Environmental Health, Family Health; and Public Health Emergency Preparedness. Each area, governed by its own set(s) of rules, regulations, and programmatic requirements specific to each program, ultimately working towards the same goal of serving the community's health care needs.

COMMUNITY HEALTH ASSESSMENT

The main authority and responsibility of Public Health is to promote, protect and improve the health of the residents by utilizing the Community Health Assessment. New York State Department of Health oversees the compliance of Genesee County Public Health to perform ongoing health assessments, as well as a thorough analysis of the health status of residents within the county concerning morbidity, mortality, maternal & child health, and other parameters as reasonable and appropriate

CHRONIC DISEASE PREVENTION

In addition to causing major limitations in daily living and leading to high costs of health care, chronic diseases are among the most preventable. Factors such as reducing or preventing tobacco use, poor diet and physical inactivity are known to protect and to reduce the incidence of chronic disease. Outreach and education methods are more important than ever, as society faces the threats of emerging and resurgent disease. The community is burdened with chronic diseases such as asthma, cancers, heart disease, and diabetes. Ensuring the public is able to acquire information, services and the skills needed to make quality-educated decisions based on sound theories will provide a healthier community and stronger workforce.

DISEASE CONTROL

Communicable diseases, tuberculosis (TB), rabies, and sexual transmitted diseases (STD) are only a small list of diseases negatively affecting the health of Genesee County residents. In accordance with applicable provisions of Public Health Law, Genesee County Public Health must work to minimize the incidence of sexual transmitted diseases, tuberculosis, HIV, and reduce the occurrence & transmission of vaccine-preventable diseases. The area of Disease Control bears the largest portion of expense relative to Public Health. Participation from all divisions is demanded to successfully adhere to Public Health Laws and regulations.

ENVIRONMENTAL HEALTH

Environmental Health provides a wide variety of services essential to the health, and well-being, of all Genesee County Residents. Services include public water supply protection, community sanitation and food protection, private water and sewage inspection, realty subdivision plan review, housing nuisances, chemical emergencies, rabies investigations, and enforcement of both the Adolescent Tobacco Use and Prevention Act (ATUPA) and the NYS Clean Indoor Air Act (CIAA).

FAMILY HEALTH

Family Health Services, in accordance with applicable provisions of Public Health Law, focus on the areas of: reducing the rates associated with infant mortality, preventable injuries & lead toxicity, as well as assuring the accessibility to health information, primary & preventive health care services, and family planning services to all residents of the county.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Public Health Emergency Preparedness and Response (PHEPR) activities have become essential functions of Public Health, working closely under the direction of State and Federal Officials, in an effort to prevent local emergencies, promote awareness, and protect the community, its residents and visitors. A major component of the program is plan development, review and testing/exercising.

PUBLIC HEALTH INDICATORS

Indicators	Actual 2014	Actual 2015	Estimated 2016	Estimated 2017
Community Health Assessment				
Community Health Assessment (Staff Hrs.)	350	750	350	350
Chronic Disease				
Chronic Disease (Staff Hrs.)	300	298	300	300
Disease Control				
Communicable Disease Investigations	500	317	600	600
STD/HIV – Clinic Attendance	220	107	0	0
Rapid HIV Test (Administered)	60	67	65	65
Chest Clinic Patients	25	14	10	10
Immunizations (Administered)	350	242	250	250
Influenza (Administered)	70	26	70	70
Tuberculosis Skin Test (PPD)	50	11	10	10
Rabies Post Exposure Patients	20	19	20	20
Rabies Post Exposure Investigation (Staff Hrs.)	600	314	550	550
Anti-Rabies Animal Vaccine (Administered)	2500	2281	2600	2600
Environmental Health				
Agricultural Fairgrounds	1	1	1	1
Bathing Beaches	3	3	3	3
Campgrounds	8	9	9	9
Children's Camp	6	4	6	8
Food Service Establishments	330	303	300	300
Institutional Food Services	75	35	35	35
Migrant Farm Worker Housing	20	16	19	20
Mobile Food Service Establishments	56	78	80	85
Mobile Home Parks	22	23	23	23
Recreational Aquatic Spray Grounds	1	1	1	1
SED Summer Feeding Site	8	6	6	6
S.O.F.A Food Services	6	6	6	6
Swimming Pools	50	30	35	35
Tanning Facilities	4	4	7	8
Temporary Food Service Est.	160	218	180	200
Temporary Residences	19	17	18	19
Coliform & Ecoli Water Samples – Batavia Lab	650	522	600	650
Smoking Waivers	10	11	11	11
ATUPA Violations	2	4	10	8
Water Supply Activities (Staff Hrs.)	2750	1640	1800	2000
Residential Sanitation (Staff Hrs.)	1300	1831	1800	2000
Family Health				
MCH/MOM (Referrals)	70	10	70	70
CSHCN (Referrals)	5	-	7	6
Elevated Blood Lead Levels (Cases)	13	75	15	15
Residential Lead Investigations (Staff Hrs.)	175	612	200	200
Public Health Emergency Preparedness				
PHEPR (Staff Hrs.)	1249	1377	1350	1350

*Hours if new sanitarian structure is adopted

BUDGET HIGHLIGHTS

Article VI of the New York State Public Health Law and Title 10 of New York State Codes, Rules and Regulations; designate a system for communicable disease control and include systems for surveillance and control. Rabies, and rabies exposures for which rabies prophylaxis is given, are part of the New York State Department of Health Communicable Disease reporting requirements. Public Health Law gives primary responsibility for the control and suppression of rabies to local health departments. Expenses for surveillance and suppression of rabies, including prevention of human rabies in cases where a person may have been exposed to the virus, are also the responsibility of local health departments. Post exposure treatment is a significant expenditure in Genesee County; annually approximately \$80,000 is required to obtain the necessary prophylaxis for human post exposure treatment.

Genesee County will continue to receive funding for the enhancement of Lead Poisoning Prevention Program, Immunization Action Plan, Children with Special Health Care Needs (CSHCN) Program, Tobacco Enforcement, Rabies Reimbursement, Public Health Emergency Preparedness and Response, and Drinking Water Enhancement, awarded annually by the New York State Department of Health. Usage of the funds in 2017 will allow for reimbursement of program expenditures, such as employee salaries and associated fringe.

DIVISIONAL 2016 PROGRAM GOALS:

Goal 1

Environmental Health plans on utilizing new digital technology in 2016 (now continued in 2017) in residential onsite waste treatment and individual water supply data collection and archiving. This will be achieved by using iPad tablets and ESRI collector apps, both technologies have been procured at no county cost. More accurate data is to be obtained thru the use of a handheld GPS receiver to be secured thru grant funds.

Goal 2

In 2016 Environmental Health began full implementation of the “new” County Sanitary code. In 2017, continued education and focus will increase compliance with New York State’s Standards thereby enhancing the safety and security of those relying on these groundwater sources.

Goal 3

Develop a partnership with the American Lung Association to initiate the Open Airways for Schools program which is a school-based curriculum that educates and empowers children through a fun and interactive approach to asthma self-management. The Genesee County community health nurses will teach children 8-11 how to detect the warning signs of asthma, avoid their triggers and make decisions about their health. Children who complete the Open Airways for Schools program should be able to:

- Take steps to prevent asthma symptoms
- Recognize symptoms of asthma when they first occur and carry out appropriate management steps
- Discuss and solve problems related to asthma with parents, medical professionals, teachers and friends
- Feel more confident about taking care of their asthma on a daily basis

Goal 4

Enroll in the New York State Department of Health Hepatitis C Virus (HCV) Rapid Testing Program. This program provides free rapid HCV test kits and controls to agencies that serve populations at risk for HCV. By participating in this program, the health department will provide a great resource at no cost to the county.

Goal 5

Develop an inter-municipal agreement to formalize a way for the MCDPH TB Control Program to provide clinical expertise and comprehensive TB services to patients in Genesee and Orleans County with tuberculosis (TB) and latent tuberculosis (LTB). Patients residing in Genesee and Orleans County will have access to a comprehensive home for TB services in-person or remotely via video conferencing for routine follow-up and will streamline operations of the Genesee and Orleans TB Control Programs where clinical staff will have access to consistent clinical staff in Monroe County for consults and case management. The proposed project will enable the development of infrastructure and a training program to setup and maintain the inter-municipal agreements between the three local health departments.

Goal 6

Partner with Orleans County Health Department and Oak Orchard Health on migrant outreach efforts to include immunization and HIV testing for migrants that reside in labor camps in Genesee County. Community health nurses will travel to these camps in Genesee County to help other agencies provide these services.

Goal 7

Increase participation by our ServNY volunteers where there will be opportunities for volunteers to become active in meetings, trainings and drills. The Public Health Emergency Preparedness Coordinator, in conjunction with the Genesee County Emergency Management Office, would like to establish a Genesee County Medical Reserve Corps to supplement the American Red Cross in the event of natural or man-made disasters as is in place in Orleans County. It will provide interested community members the ability to become more involved in secondary response. A community Emergency Response Team (CERT) to supplement first response capabilities both intra and inter-county is also in the planning stages.

Goal 8

Update of the 2013-2017 GOW CHIP/CSP: By December 30, 2016 the GOW CHIP and CSPs will be updated as mandated by the NYSDOH. This update will expand the current CHA/CHIP/CSP to be effective until 2018. It is anticipated that the three separate plans (Health Department CHIP, United Memorial Medical Center CSP, and Orleans Community Health CSP) will become one comprehensive plan. All plans are similar in nature, and combining them is an efficient approach. Per NYSDOH Prevention Agenda Guidelines, each project included in the CHIP/CSPs requires a goal, objectives, as well as short-term and long-term indications. To view the Health Department's current plan visit, Community Health Improvement Plan.

Goal 9

Develop a partnership with the Genesee County Jail to administer vaccines through the Vaccine for Adult Program to the inmates. Genesee County Health Department nurses will go to the jail and administer these vaccines. Health Department nurses will offer rapid HIV testing to the inmates as well.

Goal 10

Develop a mosquito trapping plan for surveillance of the *Aedes albopictus* species. This surveillance plan will include specific mosquito trapping locations throughout the county. Public health staff will utilize Bio-Sentinel II mosquito traps.

Goal 11

Rabies costs continue to be a major driver in the department's budget. We plan to focus on raising awareness of the risk of the life-threatening disease of rabies. Educate and inform public about bats in homes and discourage the handling of wild animals.

Goal 12

Drone technology is moving extremely fast but has shown significant promise for applications in public health operations. We will continue to Invest in and explore opportunities to fit UAS use into the workflow.

BUDGET SUMMARY: PUBLIC HEALTH:

Appropriation By Object	Adopted 2015	Actual 2015	Adopted 2016	Adopted 2017
Salary	646,549	711,110	737,221	789,996
Equipment	-	9,256	-	0
Contractual	368,780	340,413	458,492	451,802
Fringe	298,832	287,082	285,206	320,954
Total Appropriation	1,314,161	1,347,861	1,480,919	1,562,752
Revenue	1,131,178	1,138,436	1,226,389	1,227,678
Net County Support	\$ 182,983	\$ 23,528	254,080	335,074

**Figures do not include indirect program expenses.*

SECTION 2: OTHER STATE MANDATED HEALTH SERVICES



EARLY INTERVENTION PROGRAM

The Early Intervention Program (EIP) is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. First created by Congress under the Individuals with Disabilities Education Act (IDEA), the EIP is administered by the New York State Department of Health through the Bureau of Early Intervention. To be eligible for services, children must be less than three years of age and have a confirmed disability or established developmental delay, as defined by the State, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive.

The mission of the program is to identify and evaluate as early as possible those infants, and toddlers, whose healthy development is compromised and provide for appropriate intervention to improve both child and family development. This is achieved by a variety of services, including: family education and counseling, home visits, and parent support groups, special instruction, speech therapy, audiology services, occupational therapy, physical therapy, psychological services, service coordination, nutrition services, social work services, vision services, and assistive technology devices. Research conducted by Rand Corporation has shown, “Well designed early interventions have been found to generate a return to society ranging from \$1.80 to \$17.07 for each dollar spent on the program.”³ Benefits include, but are not limited to, academic achievement, behavior and educational development.

EARLY INTERVENTION INDICATORS

Indicators	Actual 2014	Actual 2015	Estimated 2016	Estimated 2017
New Referrals	112	141	140	130
Ineligible at Evaluation	39	37	46	38
Program Census	210	228	240	218

BUDGET HIGHLIGHTS

In late 2013, Public Consulting Group took over as the New York State Department of Health’s State Fiscal Agent for the Early Intervention Program. Throughout 2015, Public Consulting Group has continued to make improvements to the billing, claiming and paying of Early Intervention claims. Public Consulting Group is working with insurance companies to discuss ways for providers to submit a claim to maximize third party payment of claims. Genesee County service coordinators make lasting efforts to ensure every family enrolled in the Early Intervention Program has health insurance.

In July 2015, Genesee and Orleans County began sharing a Director of Children with Special Needs. To help alleviate the service coordination caseload previously done in-house by the county, Genesee County began contracting out 50% of its ongoing service coordination.

Throughout the year, there have been Early Intervention provider shortages throughout the State. Genesee County is one of the few counties in the State that does not have a wait list for children to receive services. Genesee County contracts with many providers within Genesee County and the surrounding counties and will continue to look for new providers to service the children of Genesee County.

Early Intervention Goals for 2017:

- Continue to contract out 30% or more of ongoing service coordination to Diversified Children’s Services.
- Find new providers or innovative ways to make sure all the children in the Early Intervention Program are receiving their services as identified on their IFSP.
- Maximize what is billable for service coordination, ensure that all families have health insurance and enter correct information into NYEIS.

BUDGET SUMMARY: EARLY INTERVENTION PROGRAM

Appropriation By Object	Adopted 2015	Actual 2015	Adopted 2016	Adopted 2017
Salary	93,772	100,233	104,497	105,941
Equipment	-	0	-	0
Contractual	624,654	338,449	525,285	491,715
Fringe	50,702	33,774	51,272	55,700
Total Appropriation	769,128	472,456	691,054	653,356
Revenue	347,388	283,898	380,436	381,115
Net County Support	\$ 421,740	188,558	\$ 310,618	272,241

PRESCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM

In 1975, Congress passed Public Health Law 94-142 (Education of All Handicapped Children Act), which was the first major law to ensure a public education for children with disabilities, ages five to twenty-one. The intent was to provide each student with a disability a free appropriate public education (FAPE). The Act reauthorized several times since, includes children ages three to five years, and is now codified as the Individuals with Disabilities Education Act (IDEA) (PL 108-446). States are required to establish and implement policies that assure a FAPE to all children with disabilities.

The Preschool Supportive Health Services Program is a mandated partnership between the Genesee County and local school districts to provide services for children ages three to five years of age who have a disability or exhibit delays in development, which affect their learning. The purpose of this program is to maximize a child’s developmental and educational potential prior to the start of kindergarten. Services include, but are not limited to educational and physical evaluations, transportation, special education teacher services, physical therapy, speech therapy and occupational therapy. Local School Districts guide families through the program while Genesee County and the New York State Education Department share the cost of the educational services.

Section 1903 (C) of the Social Security Act permits payment of certain Medicaid-covered services furnished to children with disabilities if those services are included in an Individualized Education Plan (IEP). Currently, in New York State, Medicaid-covered services for students with an IEP include:

- Physical Therapy, Occupational Therapy, Speech Therapy, Psychological Evaluations, Psychological Counseling, Skilled Nursing, Medical Evaluations, Medical Specialist Evaluations, Audiology Evaluations, Special Transportation

Genesee County is responsible for contracting with service providers and transporters. Tuition rates, multidisciplinary evaluation rates and Itinerant Teacher rates are determined by New York State, while County Officials determine related services’ rates. The cost of transportation is approved through a bidding process in

accordance with the provisions of the general municipal law. The County is reimbursed by the state 59.5% minus any Medicaid payment on eligible children for services and transportation expenditures. The county also receives seventy-five dollars per child for administrative costs. School districts are reimbursed for each child referred to the Committees on Preschool Special Education (CPSE) in their school district. If an individual school district's costs exceed the federal allocation, and is approved by the New York State Commissioner of Education, the County is then responsible for the additional cost incurred by the district. The County would then receive 59.5% reimbursement from New York State for CPSE administrative costs.

PRESCHOOL INDICATORS

Indicators (Children/School Year)	Actual 2014-15	Actual 2015-16	Estimated 2016-17	Estimated 2017-18
Program Census	229	230	235	240
Special Education Classroom	27	30	32	25
In-County per child Tuition Rates, Sept-June (\$)	17,902	17,920	17,950	18,500
In-County per child Tuition Rate, Summer Session (\$)	2,984	2,990	2,995	3,150
Related Services	178	190	190	165
Special Ed. Itinerant Teacher	53	57	59	50
1:1 Aides	8	9	10	6

BUDGET HIGHLIGHTS

For the 2015-2016 school year, Genesee County continued to contract with the two Municipal Representatives from the previous year. The two Municipal Representatives attended most of the Committee on Preschool Special Education (CPSE) meetings held throughout the year. The contracted Municipal Representatives are continuing to fight to control unnecessary spending in the program. These representatives work carefully to ensure each student receives the correct level of service to meet his/her needs. The Municipal Representatives are able to advocate on the county's behalf in an attempt to control unnecessary services from being incorporated into a child's Individualized Education Program. . Since 2011, Genesee County has seen a decrease in expenditures in the Preschool Supportive Health Services Program while the number of students remains fairly steady.

In March of 2017, the way the counties bill Medicaid for the PSHSP will be changing. The New York Regional Information Centers (RIC) currently have been where the counties send their Medicaid claims to and then the RIC's complete the Medicaid claims process for the counties. NYS is not renewing the contract with the RICs, and counties will now need to bill Medicaid through eMedNY. Genesee County, as well as all other counties, is looking at programs that can aid in this time consuming, burdensome task. This may be an additional cost to the counties.

Special Education Itinerant Service (SEIS) rates are now attendance based (fee for service) and not tuition based. This lead to a savings of \$54,000 for the 2015-2016 school year for the county.

Preschool Supportive Health Services Goals for 2017:

- Continue to contract with the present municipal representatives and have them continue to control spending in the Preschool Supportive Health Services Program.
- Contract with new providers or find innovative ways to make sure all children in the Preschool Supportive Health Services Program are receiving their services as identified on their Individualized Education Program (IEP).

BUDGET SUMMARY: PRESCHOOL

Appropriation By Object	Adopted 2015	Actual 2015	Adopted 2016	Adopted 2017
Salary/Fringe	-	-	36,175	37,323
Equipment	-	-	-	-
Contractual	2,855,054	2,120,206	2,777,470	2,575,394
Fringe	-	-	13,682	14,955
Total Appropriation	2,855,054	2,120,206	2,827,327	2,627,672
Revenue	1,790,000	1,302,291	1,725,250	1,645,250
Net County Support	\$ 1,065,054	817,915	1,102,077	982,422

CORONERS / MEDICAL EXAMINER

Genesee County operates with four (4) elected Coroners that perform their duties on a part-time basis. As outlined in Article 17-a of New York State County Law, the officials are responsible for responding to the scene of a death to perform the preliminary investigation surrounding the cause of death and, as necessary, refer the case for further services. The Coroners also provide assistance to Emergency Management and Preparedness Officials with preparation for any catastrophic incidents, caused by natural, accidental, criminal, or infectious means.

CORONER/MEDICAL EXAMINER INDICATORS

Indicators	Actual 2014	Actual 2015	Estimated 2016	Estimated 2017
Total Days Paid to Coroner	95		65	
Total Cases Paid to Coroner	60	126	75	
Average Cost to Transport (\$)	242	250	256	252
Disaster Pouches	40		40	40
Medical Examiner Cases	53	60	50	50

BUDGET HIGHLIGHTS

Serving both as an education and outreach tool, the County Coroner's have requested membership with the New York State Association of County Coroner's and Medical Examiners (NYSACCME). The association was established to better serve death investigators in the advancement of forensic science and its applications to death investigation. The Coroners note the association as the only mechanism for training and education for newly elected and existing officials. With the advancements in forensic science, and a rise of suspicious

deaths in Genesee County, the responsibilities of Coroner's have dramatically increased from years ago. The District Attorney, Medical Examiner, law enforcement agents, and medical professionals all rely on the Coroner to perform a thorough investigation and secure evidence associated with the death, therefore making the resources available through NYSACCME essential to their publicly elected position.

The proposal includes an anticipated contract with the Monroe County Medical Examiner for Medicolegal death investigation services including autopsy and post-mortem toxicology services. This will be a switch for 2017 as we spent a year with Erie County providing ME services for us. Although the cost comparison between the two is essentially flat there was a decision made by stakeholders to return to Monroe.

BUDGET SUMMARY: CORONERS

Appropriation By Object	Adopted 2015	Actual 2015	Adopted 2016	Adopted 2017
Salary	17,675	15,315	16,795	16,725
Equipment	-	0	0	-
Contractual	121,380	109,110	123,570	124,825
Fringe	2,886	1,175	3,138	2,442
Total Appropriation	141,941	125,601	143,503	143,972
Revenue	-	-	-	-
Net County Support	\$141,941	125,601	143,503	\$143,972