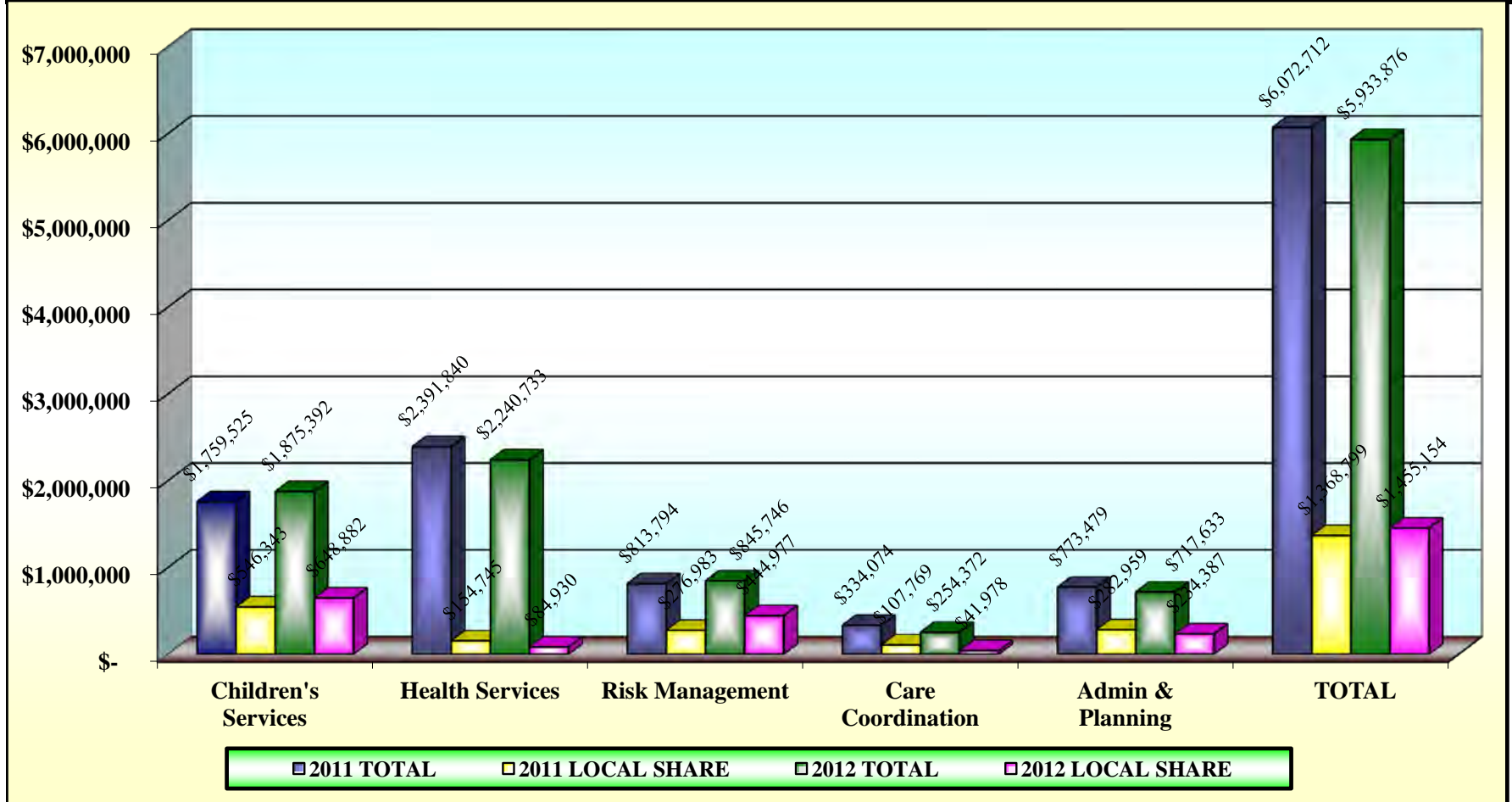


HEALTH SERVICES

Summary Comparison of 2011-2012 Costs

Program	2011 Personnel (100)	2011 Equipment (200)	2011 Operations (400)	2011 TOTAL	2011 LOCAL SHARE	2012 Personnel (100)	2012 Equipment (200)	2012 Operations (400)	2012 TOTAL	2012 LOCAL SHARE	% Change LOCAL SHARE
Children's Services	\$ 309,101	\$ -	\$ 1,450,424	\$ 1,759,525	\$ 546,343	\$ 388,792	\$ -	\$ 1,486,600	\$ 1,875,392	\$ 648,882	
Health Services	\$ 1,159,121	\$ 10,000	\$ 1,222,719	\$ 2,391,840	\$ 154,745	\$ 966,577	\$ -	\$ 1,274,156	\$ 2,240,733	\$ 84,930	
Risk Management	\$ 509,125	\$ 4,840	\$ 299,829	\$ 813,794	\$ 276,983	\$ 521,463	\$ 4,500	\$ 319,783	\$ 845,746	\$ 444,977	
Care Coordination	\$ 247,175	\$ -	\$ 86,899	\$ 334,074	\$ 107,769	\$ 197,866	\$ -	\$ 56,506	\$ 254,372	\$ 41,978	
Admin & Planning	\$ 336,963	\$ -	\$ 436,516	\$ 773,479	\$ 282,959	\$ 303,517	\$ -	\$ 414,116	\$ 717,633	\$ 234,387	
TOTAL	\$ 2,561,485	\$ 14,840	\$ 3,496,387	\$ 6,072,712	\$ 1,368,799	\$ 2,378,215	\$ 4,500	\$ 3,551,161	\$ 5,933,876	\$ 1,455,154	6.3%

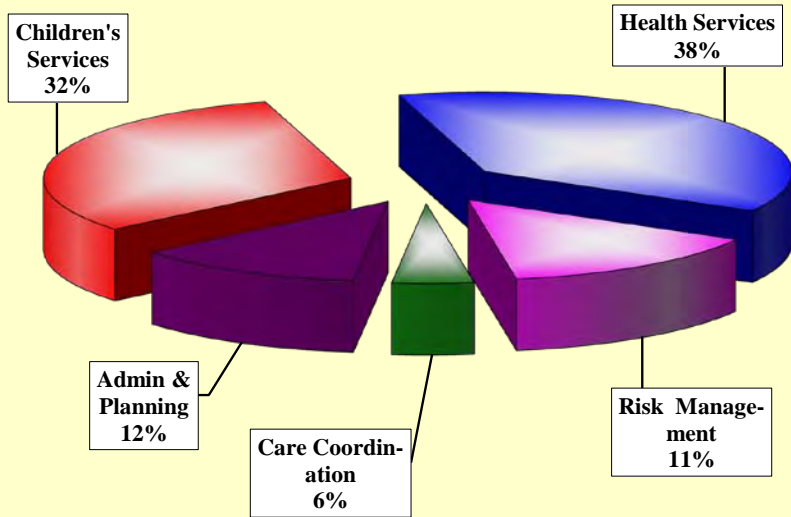


HEALTH SERVICES

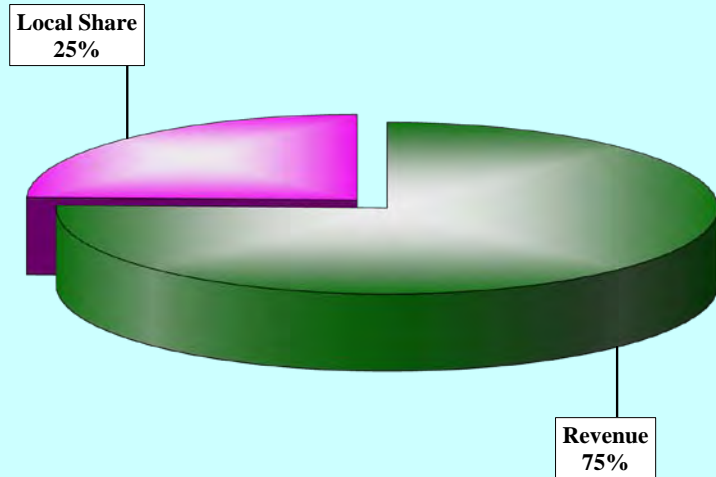
Mission Statement: Schuyler County Health Services works to protect the health of county residents through outreach, prevention, science-based practices and the delivery of quality health care.

Program	Personnel & Fringes	Equipment	Operational Expenses	Total Expenses	Revenue	Local Share
Children's Services	\$ 388,792	\$ -	\$ 1,486,600	\$ 1,875,392	\$ 1,226,510	\$ 648,882
Health Services	\$ 966,577	\$ -	\$ 1,274,156	\$ 2,240,733	\$ 2,155,803	\$ 84,930
Risk Management	\$ 521,463	\$ 4,500	\$ 319,783	\$ 845,746	\$ 400,769	\$ 444,977
Care Coordination	\$ 197,866	\$ -	\$ 56,506	\$ 254,372	\$ 212,394	\$ 41,978
Admin & Planning	\$ 303,517	\$ -	\$ 414,116	\$ 717,633	\$ 483,246	\$ 234,387
Program TOTALS	\$ 2,378,215	\$ 4,500	\$ 3,551,161	\$ 5,933,876	\$ 4,478,722	\$ 1,455,154

Expenses



Revenue



HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
Children's Services			
Objective#1: To provide Mental Health services to Severely Emotionally ill children in Schuyler County.	Record and report total clinic visits to all Schuyler County children under care during the time frame – 12 months.	3583 clinic visits- or a 2@ decrease in visits, with a 5% increase in visits /per staff. (increased efficiency)	Maintain 3,600 visits
Objective 2: To provide school based Mental Health services to Severely Emotionally Disturbed / Emotionally Disturbed children and youth.	Number of individual children served in school. Number of children served in Clinic	121 children served – met target despite a 10% reduction in available clinical hours (increased efficiency) 215 children served, despite less clinical hours (increased efficiency) (In school services increases access to care for children in Schuyler County, along with increased coordination with school faculty and staff. School performance is also enhanced by this approach.) (Finally, stigma is reduced as the mental health staff are part of the environment within the school.)	Maintain efforts - 110 children 200 children
	Maintain current level of child psychiatry hours	8 hours per week despite national, state and regional shortage of child psychiatrists. This saves us the additional expense of an outside consultant in child mental health along with the technical costs involved. (estimated \$5-10,000 annual savings)	Maintain efforts

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
<p>Objective 3: To provide the means to children in need of services to ensure growth, development and school success.</p>	<p>Make home visits to Schuyler County families, providing assessments, support and education (Maternal Child Health; Prenatal Child Find; Primary Prevention; Birth Certificates)</p> <p>a) # of referrals received b) # of home visits made</p>	<p>a) 204 referrals – on target b) 240 home visits – 25% decrease with 20% increase in visits per staff</p> <p>(increased efficiency)</p>	<p>200 referrals 280 home visits</p>
	<p>Provide education and financial assistance to families with children that have special health care needs (PHCP; CSHCN, FF)</p> <p>a) # of children enrolled</p>	<p>a) 98 children enrolled –met target These numbers reflect community need as identified by parents and community physicians as well as other community screening activities. (met community identified need)</p> <p>SC PH provided education and financial assistance coordination to 100% of these families to insure that they receive services required. (follow through)</p>	<p>Meet need identified by the community</p>

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
	<p>Provide oversight of services authorized school districts (Pre-School 3-5):</p> <p>a) # of children enrolled Center based Home based</p> <p>b) # of contracts</p> <p>c) services paid</p>	<p>a) 51 children enrolled – decreased by 15% Center based – 16 Home based – 35</p> <p>b) 24 contracts – reflects average</p> <p>c) 2,180 services paid – on target</p> <p>(75 total children served @ average of \$13,000 per, a decrease from last year)</p> <p>Early intervention supports school success and the healthy development of a child in our community.</p> <p>(increased school success and achievement)</p>	<p>Meet community need</p>
	<p>Provide oversight of services authorized by families and Early Intervention Official:</p> <p>a) # of referrals</p> <p>b) # of children eligible</p>	<p>a) 39 referrals – at average level</p> <p>b) 21 eligible - 10%+ drop</p> <p>These numbers reflect the changing population in Schuyler, and year to year variability.</p>	<p>Maintain referral system and oversight</p>

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
		<p>Early intervention supports school success and the healthy development of a child in our community. (increased school success and achievement)</p>	
	<p>Clinic Plus Screening: a) # of children screened b) # of children assessed</p>	<p>a) 163 screened b) 21 assessed Increase in positive screeners during 2011 reflecting additional clinical needs and early identification.</p> <p>Early screening of children can lead to early treatment and improved school performance. It may also lead to shorter and less intensive treatment in the future.</p> <p>(Early treatment for emotional/behavioral disorders decrease dropout rates, and increase graduation rates.)</p>	<p>Funding for screening not available for 2012, grants will be sought to continue this service.</p>
Health Services			
<p>Objective #4: To provide mental health, mental retardation, alcohol and drug abuse services to those in need.</p>	<p>a) Report total number of individuals seen through the Mental Health Clinic (unduplicated)</p>	<p>a) 911 individuals – increase over prior year</p> <p>Numbers served over projected case load reflect the local economy, unemployment, financial and associated family issues.</p>	<p>a) 820 individuals –</p> <p>10% decrease as we focus on those highest in need and provide short term intensive treatment.</p>

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
	b) Report total of all visits by all ages throughout the clinic	<p>(increased efficiency, and coordination of services without increased resources)</p> <p>b) 9817 visits – exceeded goal</p> <p>(Reflects increased efficiency and effectiveness despite loss of clinical staff.) (Cost per visit \$130.85 which is 15% less than similar rural counties)</p>	b) 9,000 visits –
	Efforts to increase the 65+ population in Mental Health treatment:	<p>43 people – slight decrease,</p> <p>(Reflects decrease emphasis on outreach to over 65 population, due to staffing reductions and hold up on outreach reimbursement approval.)</p>	<p>45 individuals –</p> <p>maintain current level of care until outreach reimbursement approval made.</p>

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
	Average clinic caseload per full time staff equivalent (Range 55-65 adults; 40-50 children / adolescents)	<p>Adult (Average) caseload of 50, below the target range ,</p> <p>(reflecting staff turnover and new staff lower productivity (40-50))</p> <p>Children & Youth 45 – in mid range of expected</p> <p>The overall caseload increase was 9.79%</p> <p>(Reflecting the effort to maintain services despite, staff attrition and retirements.)</p> <p>(This also reflects the initiation of a group orientation for referrals to the clinic)</p>	<p>reach 55 – 65 range</p> <p>Maintain 40 – 50 range</p>
<p>Objective 5: To maintain a Certified Home Health Agency in Schuyler County</p>	<p>Provide home health nursing and therapies to individuals in need:</p> <p>a) Total number of individuals served b) # of referrals – hospitals c) # of referrals – physicians d) # of referrals – other</p>	<p>Home Health Program Transfer process managed effectively, <u>without</u> staff upheaval, patient complaints, partner complaints or conflicts with the new agency.</p> <p>a) 612 – 7% decrease b) 254 – 13% decrease c) 92 – 14% decrease d) 258 – no change</p>	<p>Manage transition of Home Health Agency services and clinical practices until 90 day closure requirement.</p> <p>Management the 90 day closure requirement as required.</p> <p>Pursue,(lease, transfer) space use for excess space at Mill</p>

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
	<p>e) Total visits provided by all disciplines</p>	<p>e) 5,231 16% decrease</p> <p>\$177 / visit – lower numbers in every category but physician referrals reflects shift to new agency, staffing loses and changes, new training requirements and a changing field of practice in home health.</p> <p>Recruitment and training remain a problem for nursing staff and other professionals. Productivity overall decreased as new staff requiring orientation and training are hired, or transferred.</p> <p>New Agency plans to implement direct and media effort to increase referrals to homecare.</p>	<p>Creek Center</p> <p>Final sale payment made</p>
	<p>Provide nursing consultations for alternative care situations:</p> <p>a) % of monitors used</p>	<p>a) 66% utilization rate for monitors, reflecting census, current clinical need and staffing</p>	<p>Shift to Lifetime (Goal of 90%)</p> <p>a) Shift to Lifetime</p>

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
	b) # of Assisted Living Program assessments c) Revenue to expenses	b) 68 - 8% decrease reflects census decline and staffing availability c) .92 (92% of cost covered by revenue) consistent with history	b) 70% c) Goal of 92 – 95 %
Risk Management			
Objective #6: To assess, plan and provide for the health and safety of Schuyler County residents.	<ul style="list-style-type: none"> • Monitor, interpret and respond to possible and / or real events from communicable disease. • # of communicable disease reports • # of animals vaccinated for Rabies • # of animal bite investigations • # of immunizations given • # of TB tests done • f) # of tick identifications 	<ul style="list-style-type: none"> • Surveillance maintained, threats responded to, events managed as appropriate. • 51 – at average level • 733 – 30% decrease • 81 – 11% decrease • 1,295 – at average level • 124 – 6% increase • 10 – at annual level <p>Data reflects regulation changes, year to year variation, staffing changes, and the community response to education.</p> <p>(Community health & safety threats to the Residents and visitors to Schuyler county were kept to a minimum or reduced in 2011.)</p>	Maintain community health risk at acceptable levels.

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
	Ensure the health and wellbeing of Schuylar County citizens through emergency planning and preparation. a) drills held	All drills completed as <u>required</u>	Meet state requirements
Objective #7: To plan for a limited risk related to increased attention paid to corporate compliance and OMIG (Medicaid) planning at the State and Federal level, as well as changes in Federal Law.	Update Corporate Compliance programs for Health Services	<ol style="list-style-type: none"> 1. Maintain staff training/new staff 2. Report to legislature AND Community Services board 3. Maintain Medicaid oversight and updates 4. Complete self evaluation (requirements under law/regulation) 	Maintain Corporate compliance activities and meet all requirements.
Objective #8: To ensure compliance with Federal, State and local rules and regulations protecting Schuylar County's ground and surface water resources	Interactions with the community through: a) Committee meetings b) Outreach events	<ol style="list-style-type: none"> a) 51 meetings (9% increase) b) 5 events no change 	Maintain compliance and licenses.

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
	<p>Onsite Wastewater Treatment:</p> <p>a) New b) Conversions c) Replacements d) Tank Upgrades e) TPT inspections</p>	<p>a) 14 25% decrease b) 12 25% decrease c) 28 no change d) 18 no change e) 77 11% decrease staffing vacancy lowered services</p> <p>(Local law revision including all fees underway to better reflect cost of doing business.)</p>	<p>Manage watershed within local law/state law requirements local law requirements.</p> <p>Review fee schedule semi annually to ascertain the need to adjust based on costs.</p>
	Percentage of total onsite Wastewater installations using WPA design services	100% - no change	
	Manage watershed grants/seek new grants	Grants managed/	Renew/develop new grants
Care Coordination			
<p>Objective #9: to provide care coordination efforts through Home Based and Community (HCBS) Waiver, Single Point of Entry / Accountability (SPOE / SPOA), Families First, Early intervention and coordination with the school districts and other local agencies.</p>	Report the number of individuals involved by year through each program	<p>SPOA (youth) 24 – at average SPOE (adults) 46 – 44% increase/ exceeded goal by 15%</p> <p>These reflect staffing changes as well as referral pattern changes currently under review.</p> <p>(Single point of entry service provides rapid access to the right level of care, avoiding higher cost services than required.)</p>	<p>Increase referrals – SPOA – 35 SPOE – 40</p>

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
		(This is a factor in our lower hospitalization numbers in Schuyler County.)	
	<p>Number of children in care who had inpatient psychiatric admissions during the year</p> <p>Adult hospitalization rate for adults</p>	<p>7 admissions – Increased services and efforts kept hospitalizations low</p> <p>(Our child hospitalization rate is 1.1/10,000 versus New York state rate of 3.6/10,000)</p> <p>(Our adult rate is 3.2 versus 5.0 for New York State)</p> <p>(Reduced hospitalizations save \$10,000 - \$50,000 per admission depending on adult or child bed.)</p>	<p>5 admissions</p> <p>Maintain low admission rate</p> <p>Maintain low admission rate</p>
	Number of HCBS children's admissions	<p>5 admissions – 20% increase Longer stay due to increased severity.</p> <p>This services contributes to a reduced residential/ or inpatient beds use and saves \$5-10,000 per child.</p>	6 admissions
	Number of children served by HCBS	<p>10 children – no change (this level of care is part of the inpatient bed diversion effort) (This effort keep these children with their families and in the community)</p>	10 children
	Emergency room visits all ages	1.3/10,000 for Schuyler vs 2.2/10,000 for New York state	

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
		(This saves \$400-800 cost per avoided visit.)	
Administration and Planning			
Objective #10: to plan and provide support for population based health and mental health, substance abuse and developmental disabilities services to Schuyler County residents.	Report on number of committee meetings during the year including, CSB, Professional Advisory Committee, Departmental meetings, Families First, DSS, OFA, Schools, Catholic Charities, CLMHD, NYSACHO, supervision, etc.	1,390 – at average	Meet legal requirements and maintain needed efforts
	Report on plans completed during this period including DOH, OMH, OASAS, OMRDD, BT, EI, School PARIS, Financial Reports, budget reports, etc.	All plans were completed and approved by State agencies as required.	Maintain legal requirements and time frames.
Objective #11: To continue to increase efficiency and effectiveness of services and client systems of care.	Total services provided during this period.	64,791 services – 9% decrease reflects Return to average number services (in keeping with the economic downturn the severity level of those seen continues to increase)	65,000 reflecting a non-crisis situation like H1N1
	Value of local care	For every <u>\$1 of local share, \$4.76 in services are provided to Schuyler County residents</u>	
	Survey clients' satisfaction with services provided.	Completed during this period. (High satisfaction ratings received.)	Repeat for 2012
	Annual meeting with Director and Rainbow Chaser's Club members, families and guests to identify needs and concerns with services available.	Completed during this period.	Finish up for 2012

HEALTH SERVICES

Performance Measures

Program	Performance Measures Report covers 06/01/2010-05/31/2011	2011 Outcomes	2012 Projected Outcomes
	<p>Development of an Electronic Clinic Record for the mental health clinic</p> <p>Development capacity to manage contracts and agreements electronically:</p> <ol style="list-style-type: none"> 1. Work with CCSI on proposal 2. Renew Contract 3. Survey of contractors <p>Contract with outside vender to handle OMH,OPWDD, OASAS budgeting requirements/management reports, planning/and oversight.</p>	<p>Record fully implemented</p> <p>Initiated Billing system integration with medical record</p> <p>Contract proposal developed, and initial work completed for digital conversion</p> <ol style="list-style-type: none"> 1. Completed 2. Completed 3. In development <p>Contract developed, revised, and approved pending</p>	<p>Complete full implementation</p> <p>Complete conversion new work process</p> <p>Implementation of new fiscal management arrangements.</p>

Revision 11/08/11gar