



Meeting Agenda

TCBOH Meeting April 22, 2025

12:00	I.	Call To Order	Dr. Christina Moylan, Board President
12:01	II.	Privilege Of The Floor	Anyone may address the Board. 3 minutes per person.
12:04	III.	Approval Of Minutes	Board Members
12:06	IV.	Financial Summary	Jeremy Porter, Fiscal Administrator
12:09	V.	Medical Director's Report	Dr. William Klepack, Medical Director
12:12	VI.	Commissioners Shared Report	Jeremy Porter, Interim Whole Health Commissioner
12:15	VII.	Division Highlights Reports	<ul style="list-style-type: none">• Community Health (Rachel Buckwalter)• Health Promotion Program (Samantha Hillson)• Children with Special Care Needs (Jessica Clark Manderville)• Environmental Health (Elizabeth Cameron)
12:30	VIII.	New Business	Enforcement Actions ENVIRONMENTAL HEALTH <ol style="list-style-type: none">1. Draft Resolution # EH-ENF-25-0006 – IC - Food Court Dining, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)
1:00	IX.	Adjournment	

APPROVAL OF MINUTES

Tompkins County Board of Health
March 25, 2025
12:00 Noon
Rice Conference Room and via Zoom

Present: Christina Moylan, Ph.D., President; Melissa Dhundale, MD, Vice-President; Edward Koppel, MD; Shawn Black; Samara Touchton; Dr. Andreia de Lima; Ravinder Kingra; and Frank Cantone

Staff: Jeremy Porter, Interim Commissioner and Fiscal Administrator; Harmony Ayers-Friedlander, Deputy Commissioner of Mental Health Services; Brenda Grinnell Crosby, Deputy Public Health Director; Dr. William Klepack, Medical Director; Samantha Hillson, Director of Health Promotion Program; Elizabeth Cameron, Director of Environmental Health; Rachel Buckwalter, Director of Community Health; Holly Mosher, County Attorney; Zoe Lincoln, Whole Health Planner; Sagarika Vemprala, Public Health Contractor; and Karan Palazzo, LGU Administrative Assistant

Excused: Jessica Clark Mandeville, Director of Children with Special Care Needs

Guests: Greg Conrad, General Manager for Hotel Ithaca

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at noon.

Privilege of the Floor: Mr. Greg Conrad, the General Manager of Hotel Ithaca, explained the extenuating circumstances for the emergency light violation and requested leniency in the penalty. Although they faced challenges such as delays in receiving replacement parts, a critical sprinkler pipe failure, and staffing issues, they are currently up to code.

Approval of March 25, 2025, BOH Minutes: Mr. Kingra moved to approve the minutes from January 28, 2025, and Ms. Black seconded the motion, with an edit to the date. All were in favor as written and unanimously approved, with one abstaining.

Financial Summary: Mr. Porter reported that the staff is working to close the books for the 2024 fiscal year. The budget has not been impacted by federal cuts at this time but will inform the County if and when any develop. He noted that the department has not missed any payments, as reports are being submitted as required.

The County and Legislature are reviewing new approaches to the budget process and Tompkins County Whole Health (TCWH) remains flexible with the ability to do zero-based budgeting (*starting from scratch*) to target budgeting. He noted that a second set of books has been created with more flexibility. Mr.

Porter explained the current budgeting process vs. the zero-based budget process. He doesn't believe it will be completely zero-based but more likely a hybrid approach. Mr. Porter is confident with either budget approach.

Current budget process:

- Starts with last year's budget
- Receives a target number from the county administration
- Makes budget modifications throughout the year
- Typically gets a directive to cut a certain percentage (e.g., 5% from the maintenance budget)
- Uses the previous year's spending as a baseline for next year's budget

Zero-based budgeting:

- Starts from "zero" and requires justification for each expense
- Requires explaining the need for every line item
- Examines whether each expense is truly necessary
- Would potentially require justifying training costs, program supplies, etc.
- Aims to scrutinize every expense more closely

The goal is to create a more flexible and detailed budgeting process that gives county administrators a clearer understanding of each department's spending needs and rationale.

Medical Director's Report and Discussion: Dr. Klepack referred to his written report included in the package. He mentioned that the national (and particularly the Texas and New Mexico) measles outbreak numbers are expected to increase further since incubating and secondary cases are yet to appear. Seasonal Influenza remains widespread in New York State. Avian influenza remains unchanged in NYS – fortunately, no human cases are reported. Poultry concerns continue as a source of avian influenza both commercially and for backyard flocks.

In response to an MMR vaccine question from the Board, he stated MMR vaccine remains safe and very effective. Scientific data and guidelines for administration show vaccination with MMR in the second year of life and again between ages 4 and 6 remain the standard. However, in an outbreak other measures become advisable. Unfortunately, in Tompkins County, the vaccination rate is too low in the 2-3 year old group. By kindergarten entrance when vaccinations must be up to date our MMR rate rises to the recommended level of over 95%. Those not using public schools may have lower rates. Vaccination is required to be cared for in a licensed daycare center/provider in NYS. However, we do have a lack of affordable daycare in the county. Not all children are in a licensed daycare operation.

There was a discussion on the need for measles preparedness and communication protocols for schools and healthcare providers. New York State Department of Health provides updated information on measles, but at this time guidance for schools has not yet been provided. The Board expressed interest in TCWH creating a proactive, clear protocol that can be quickly implemented across the different health and educational settings before an outbreak occurs. Ms. Buckwalter will begin by reaching out to NYSDOH

for official guidance on measles preparedness and protocols. Dr. Klepack mentioned that his practitioner bulletins which go to the majority of practitioners in practice in Tompkins County and the school systems have already addressed measles risk status and preparation.

In response to vaccinating poultry for Avian Influenza, Dr. Klepack said that vaccination of poultry is used in some countries but in the U.S. it has not been done due to commercial (including international trade) considerations:

- Vaccination creates antibodies that interfere with serological testing of the bird (used to prove the bird is uninfected)
- After vaccination, antibodies are naturally created and, thus, lose the ability to screen animals for avian influenza through blood tests
- Vaccination complicates international trade and retail markets for poultry products. Many countries and companies require proof of the bird's health

Poultry vaccination is an ongoing debate with no change to date.

The fundamental concern is having the ability to detect and control avian influenza in poultry flocks balancing the human impact with preserving domestic and international markets for US poultry products.

Administration Report: Mr. Porter thanked the Board for their input for the Commissioner's job position. The position is posted on the county website until April 14, 2025.

*****Strategic Planning and Merger Updates:*****

Integrating administration teams; successfully opening the Brown Road clinic; reviewing the internal referral system implemented to expand into more formal clinic services that can work together; providing ongoing training focused on increasing automation to improve the flow of information and enhance communication.

Division for Community Health (DCH) Report: Ms. Buckwalter reported that TCWH issued a press release about the Oral Health Survey, announcing the survey's findings and highlighting World Oral Health Day on March 20th. The press release also invited interested community members to join a committee workgroup to discuss the survey's next steps. Additionally, Ms. Vemprala conducted outreach at the Tompkins County Public Library, providing information on oral health topics.

Health Promotion Program Report: Ms. Hillson reported that an intern will begin working in the spring on media initiatives and reviewing the TCWH websites and web pages. The Community Health Survey closed at the end of February, with 2,226 individuals starting the survey and 1,800 completing it in full. The data collected is currently being analyzed and will be incorporated into the Community Health Assessment. National Public Health Week starts on Monday, April 7th.

Children with Special Care Needs (CSCN) Report: Ms. Clark Manderville was not present.

Environmental Health (EH) Report: Ms. Cameron provided a hard copy of an inspection report dated December 16, 2024, that was not included in the agenda packet for Draft Resolution #EH-ENF-25-0003. She thought it would be beneficial to share a brochure about The Community Science Institute, which partners with Environmental Health (EH) for sampling, stream monitoring, and water quality measurements. All of their data is entered into a publicly accessible database.

Ms. Cameron mentioned that Applegate Mobile Home Park, which has appeared before the Board multiple times, is partially compliant but was not expected to achieve full compliance by the end of 2024. She does not believe it would be advantageous to bring them back for further enforcement at this time. EH will continue to monitor the situation.

ENVIRONMENTAL HEALTH

Enforcement Actions:

1. **Draft Resolution # EH-ENF-25-0003 – Carrozza Pizza Company, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)** Mr. Kingra moved to accept the resolution as written; seconded by Dr. De Lima.

No discussion.

All were in favor; the vote to approve the resolution as written was unanimous.

2. **Draft Resolution # EH-ENF-25-0005 – Hotel Ithaca, Violations of Subpart 7-1 of the New York State Sanitary Code (Temporary Residence) (5 mins.)** Mr. Kingra moved to accept the resolution as written; seconded by Dr. Dhundale.

Ms. Black motioned to reduce the penalty fee to \$200 citing challenges faced in maintaining emergency lights and delays from maintenance parts; the motion was withdrawn.

Mr. Kingra moved to accept the resolution as written; seconded by Dr. Dhundale.

All were in favor; the vote to approve the resolution as written was unanimous.

12:50 Dr. Moylan moved to go into executive session to discuss pending litigation; seconded by Mr. Kingra; all were in favor.

The meeting adjourned at 12:55 pm

The next meeting is on Tuesday, April 22, 2025 @ noon.

FINANCIAL SUMMARY

March 2025 Report | BOH Meeting April 22, 2025

See following page

Tompkins County Financial Report for Public Health

Year: **25**Month: **3**

Percentage of Year:		25.00%		Expenditures			Revenues			Local Share		
				Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010	PH ADMINISTRATION	2,058,308	400,561	19.46%	246,624	4,937	2.00%	1,811,684	395,625	21.84%		
4012	WOMEN, INFANTS & CHILDREN	642,016	84,692	13.19%	599,900	29,645	4.94%	42,116	55,047	130.70%		
4015	VITAL RECORDS	93,411	12,615	13.50%	115,000	14,420	12.54%	-21,589	-1,805	8.36%		
4016	COMMUNITY HEALTH	2,097,034	221,675	10.57%	582,517	20,047	3.44%	1,514,517	201,629	13.31%		
4018	HEALTHY NEIGHBORHOOD PROG	210,818	22,595	10.72%	199,000	0		11,818	22,595	191.19%		
4047	PLNG. & COORD. OF C.S.N.	2,171,715	205,421	9.46%	842,852	10	0.00%	1,328,863	205,411	15.46%		
4090	ENVIRONMENTAL HEALTH	2,486,232	277,097	11.15%	627,002	29,695	4.74%	1,859,230	247,402	13.31%		
4092	PUB HLTH COVID SCHOOL GRN	0	0		0	0		0	0			
4095	PUBLIC HEALTH STATE AID				2,391,794	0		-2,391,794	0			
Non-Mandate		9,759,534	1,224,656	12.55%	5,604,689	98,753	1.76%	4,154,845	1,125,903	27.10%		
2960	PRESCHOOL SPECIAL EDUCATI	4,915,000	272,001	5.53%	3,400,000	0		1,515,000	272,001	17.95%		
4017	MEDICAL EXAMINER PROGRAM	376,820	17,500	4.64%	0	0		376,820	17,500	4.64%		
4054	EARLY INTERV (BIRTH-3)	503,000	10,296	2.05%	130,000	0		373,000	10,296	2.76%		
Mandate		5,794,820	299,797	5.17%	3,530,000	0	0.00%	2,264,820	299,797	13.24%		
Total Public Health		15,554,354	1,524,452	9.80%	9,134,689	98,753	1.08%	6,419,665	1,425,700	22.21%		

BALANCES (Including Encumbrances)

Non Mandate		Available Budget	Revenues Needed	Mandate		Available Budget	Revenues Needed
4010	PH ADMINISTRATION	1,655,526	241,687	2960	PRESCHOOL SPECIAL EDUCATI	4,642,999	3,400,000
4012	WOMEN, INFANTS & CHILDREN	544,580	570,255	4017	MEDICAL EXAMINER PROGRAM	289,320	0
4015	VITAL RECORDS	80,632	100,580	4054	EARLY INTERV (BIRTH-3)	492,704	130,000
4016	COMMUNITY HEALTH	1,872,487	562,470			5,425,023	3,530,000
4018	HEALTHY NEIGHBORHOOD PROG	186,642	199,000				
4047	PLNG. & COORD. OF C.S.N.	1,964,646	842,842				
4090	ENVIRONMENTAL HEALTH	2,205,080	597,307				
4092	PUB HLTH COVID SCHOOL GRN	0	0				
4095	PUBLIC HEALTH STATE AID	0	2,391,794				
		8,509,593	5,505,936				
						Total Public Health Balances	
						Available Budget	Revenues Needed
						13,934,616	9,035,936

Comments: This shows expenses and revenues for March. Payroll is through 3/15/25. Processing of grant claims and State Aid through March 31 will begin in April. Currently working with Finance on any additional postings/adjustments for 2024 for year end closeout. Final financial statement for 2024 should be available in May.

MEDICAL DIRECTOR REPORT

March 2025 Report | BOH Meeting April 22, 2025

We have just had National Public Health Week. Comments that I made on WHCU are [in the appendix](#). Also [in the appendix](#), an extensive report on trends in overdose deaths and the context in which experts believe we should put decreases.

SEASONAL INFLUENZA –

decreasing but still widespread.

- Widespread Geographic Activity
 - 17th consecutive week this season
- Flu cases in 62 counties
 - 57 ROS + 5 NYC
- 11,335 lab-confirmed flu reports*
 - 15% decrease from 13,321 flu reports the week prior
 - 30% A, 65% B and 5% influenza type not specified
- 369 hospitalizations* 78% of hospitals have reported

Cases and Hospitalization by Age Group			Regional Incidence Rate/100,000 Population		
	Cases	Hosp		Cases	Hosp
➤ 0-4 Years	11%	5%	➤ Western	75 ↓	3 ↓
➤ 5-17 Years	40%	6%	➤ Central	56 ↓	4 ↓
➤ 18-49 Years	34%	20%	➤ Capital District	41 ↓	43 ↓
➤ 50-64 Years	8%	15%	➤ Metropolitan	74 ↓	2 ↓
➤ 65-74 Years	4%	22%	➤ NYC	45 ↓	1 ↓
➤ 75+ Years	3%	28%			

- The primary flu strain in circulation in NYS is Influenza B, accounting for 65% of cases reported last week.
- 23 influenza-associated pediatric deaths (13 NYC and 10 ROS).
- A total of 168 (+9) influenza-associated pediatric deaths were reported nationally (03/29/2025).

Data are preliminary. Please do not circulate, as the data displayed is subject to change when the final version of the flu report is distributed.

Declared as “severe” by CDC. 31 more pediatric deaths this year than last.

RSV

is still declining but not gone. Afflicts the young and old in particular

RSV

- Lab-confirmed RSV reports: 915
 - RSV A: 1%
 - RSV B: 2%
 - RSV Unspecified: 97%
- Hospitalizations: 139
- Pediatric deaths reported this week: 1
- Pediatric deaths reported this season: 6
- 19% decrease from the previous week
- Cases from 50/57 counties and all 5 boroughs were reported

Cases and Hospitalizations by Age Group			Regional Incidence Rate/100,000		
Age Group	Cases	Hospitalizations	Region	Cases	Hospitalizations
• 0 – 4 years:	33%	21%	• Western	5 ↓	1 ↓
• 5 – 17 years:	12%	4%	• Central	6 ↓	1 ↓
• 18 – 49 years:	18%	9%	• Capital District	4 ↓	1 ↓
• 50 – 64 years:	12%	16%	• Metropolitan	5 ↓	.5 ↓
• 65 – 75 years:	10%	17%	• NYC	4 ↓	1 ↓
• 75+ years:	14%	34%			

Data is preliminary. Please do not circulate.

MEMBERSHIP ON THE ADVISORY BOARD OF VACCINE CONVERSATIONS WITH SCIENTISTS

As part of my work, I have become a member of the advisory board of “VaCS”. The project provides the public with the opportunity to speak with scientists about vaccines. As part of our effort at W H to foster discussion based on established facts about vaccines the project aligns with our programs. VaCS is “housed” in the Cornell Center for Transformative Action which is a 501c3. My position in no way encumbers any actions of W H.

MEASLES

As of this writing cases nationally exceed 480 with the vast majority being in Texas and New Mexico. Due to messaging which has falsely depicted the role of vitamin A in relation to measles hospitals in Texas are reporting treating children who have overdosed on vitamin A. This vitamin which is stored in the body in fat can accumulate to toxic levels causing liver failure and worse. The failure of messaging to adequately portray this hazard and falsely hold out hope for its utility are linked to these poor children falling ill.

Finally, Mr. Rober Kennedy Jr. has made a statement accurately depicting vaccination as the best measure to prevent measles. His delay in doing so has allowed vitamin A messaging to assume an unwarranted position.

ORAL HEALTH PROJECT - PROGRESS ON PARTNERING

Following media releases our team has been reaching out to prospective partners in T C. At the time of this writing, federal cuts in funding to NYS threaten the public health fellows program. These developments are in a dynamic phase and so I won’t attempt to detail their status at this time. But should we lose the 4 fellows many initiatives will be dealt a blow, and our oral health initiative is no exception.

PHYSICIAN SHORTAGES

Future projections re physician supply and pressures on healthcare systems – NOT a new situation – here is some historical perspective.

<https://www.medscape.com/viewarticle/where-physician-shortage-headed-and-what-it-means-2025a1000451>

“I would say the nation’s need for physicians is significant, and that’s not going to change,” said Michael Dill, MA, director of Workforce Studies for the Association of American Medical Colleges (AAMC).

In fact, demand is expected to outstrip supply for the foreseeable future. The latest prediction: The shortfall of physicians could reach as high as 86,000 by the year 2036, according to a [2024 report](#) from the AAMC.

The shortage is widespread across all specialties, including primary care and nonprimary care, according to [the National Center for Health Workforce Analysis](#), which released its [most recent physician](#)

[workforce projections](#) in November 2024 [notably family medicine at 73% and pediatrics at 83% of “adequate levels” are the hardest hit]. The report forecasted that 31 out of 35 physician specialties would have shortages by the year 2037. One major contributing factor to the shortage: Physician burnout. According to a [2024 survey](#) from the Physicians Foundation, 6 out of 10 physicians and residents reported experiencing burnout often.

Time pressures, reimbursement challenges, chaotic work environments, and low control over the chaos are all factors that drive physician burnout, as the Agency for Healthcare Research and Quality has [documented](#).

The [expansion of training program slots](#) to prepare more physicians to join the workforce is one bright spot.

REFERENCES:

- <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/physicians-projections-factsheet.pdf>
- <https://www.aamc.org/media/75231/download?attachment>

COMMISSIONER SHARED REPORT

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Whole Health Highlights

- The Commissioner of Whole Health position has been posted. The job announcement can be viewed here: [Commissioner Posting](#). We encourage all stakeholders to help share this opportunity widely! County Administration will be forming a search committee in the coming weeks to oversee the hiring process. Further details on the search timeline and next steps will be provided as they become available. Thank you to all who worked on developing the posting.
- A security manager has been hired and will start in late April. This person has a robust background in security and de-escalation training and will be introduced to staff and involved in hiring additional security personnel, as well as being tasked with conducting a building review for safety and security purposes. More to come as this work progresses!

Shared Topics Update

Strategic Planning/Merger

INTEGRATION:

Merge the department structures to become one organization and increase our ability to better serve our clients and community.

- We are preparing to initiate our first Agile Team over the coming weeks. This Agile Team will be focused on optimizing the client intake process, specifically by digitizing the paperwork associated with intake and creating a client interface where clients can access and complete forms ahead of their appointment time. The intention is for the work of this team to create opportunities for staff and clients to save time, energy, and be more efficient with service provision.
- We have continued our series of Collaboration Conversations among staff/units that have overlap with populations/their work. The most recent conversation in this series focused on uniting WIC, CSCN, and CHS around commonalities. The teams plan to attend each other's monthly meetings over the next few weeks to share more with each other about services each program offers and discuss opportunities to provide common clients with warm hand offs to each other's services.

CULTURE:

Align the organization around our shared mission and values-based culture to create an empowered, engaged, and cohesive team.

- We are also working internally on expanding staffs' use of MS programs. This includes a process of first ensuring that they have access to tools that work for them, and then that they understand how to use these tools most effectively in their day-to-day work. We're working with IT around integration of apps and moving towards development of 'use frameworks' for the most commonly used communication platforms, such as MS Teams.
- We are still continuing our series of Lunch and Learn opportunities for various teams of staff across the department, including our 'admin team' and our 'supervisor team'. Each of these groups are working towards building skills and increasing capabilities of teams to better serve those they interact with.

COMMUNITY:

Strengthen the collaborative effort within Tompkins County to equitably impact individual and population health.

DATA:

Review and establish effective data collection to measure programmatic, organizational and county progress towards achieving our priorities.

- Updated data relating to overdoses in our county has been updated on our [website](#). Overdoses remain a serious concern in our community, and we have active internal initiatives and discussions happening around ways to expand overdose prevention in our community. This includes exploring opportunities for community education, increasing access to harm reduction tools and resources, and strengthening connections across programs and partners. We remain committed to using data to inform our actions and to working collaboratively to address this critical community-wide issue.

CSB Update

- Community Services Board website: tompkinscountyny.gov/health/csb
 - [Subcommittees](#)

DIVISION FOR COMMUNITY HEALTH

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tompkinscountyny.gov/health/chs

Highlights

COMMUNICABLE DISEASE

Notable communicable disease investigations in March:

- **Amebiasis** 1 case: Case recalls eating a meal in another state that got him sick and symptomatic for over a year. Treated with antibiotics from a GI practice.
- **Campylobacter** 2 cases: one case is 30yo with multiple potential exposures (food and overseas travel). One case is a 25yo who had acute GI symptoms following dining at a local restaurant and treated with antibiotics.
- **Giardia** 1 case: Case is a 55yo with GI symptoms after “field dressing” a wild animal.
- **Strep, Group A Invasive (GAS)** 1 case: Case is a 38yo with chronic medical conditions and recent blunt trauma to an extremity, hospitalized for 10 days.
- **Strep, Group B Invasive** 2 cases: One case is an 85 yo with multiple co-morbidities and needing a 4-day hospitalization stay. The other case is a 41yo with no known co-morbidities, needing a 5-day hospital stay to resolve symptoms.
- During March, our nurses have attended meetings and webinars about measles preparedness.
- Our CD nurses attended the CNY Regional CD meeting and the NYSDOH hepatitis meeting for local health departments.

IMMUNIZATIONS

- At our CHS monthly meeting on March 20th we had a presentation from Courtney Maxson from the Cancer Services program. This program provides free cancer screenings for people with no insurance. We plan to send referrals to this program from our immunization clinic as we vaccinate adults with no insurance through our VFA program.
- Sue Laratta and Liz Lawrence attended the New York State Immunization Conference in Saratoga Springs, NY on March 18-19. They were able to network with other county immunization programs and attend presentations on a variety of immunization topics.
- Our March imms clinic provided vaccinations for 7 children and 12 adults.

LEADERSHIP

- Senior CHNs Susan and Caryl attended leadership training class on March 12th and Susan attended a leadership training as well on March 5th.
- Rachel Buckwalter, Director of Community Health, was interviewed on WHCU for the 5-year anniversary of the start of the Covid pandemic. The interview aired on March 12th. Topics

discussed included the county's efforts to protect public health during Covid including testing, contact tracing, vaccination and partnerships.

ORAL HEALTH

- March 20th was World Oral Health Day. In celebration of this event, Public Health fellow Sagarika Vemprala had a tabling event at Tompkins County Public Library, providing oral health information and free toothbrushes and toothpaste to the community.
- A press release was issued on March 20th, announcing the findings from the Oral Health Survey and informing the community of next steps to improve oral health access in Tompkins County.
- CHS Director Rachel Buckwalter, Graduate Public Health Fellow Sagarika Vemprala and Medical Director Dr. Klepack are planning to form a committee with interested community partners to address the issues discovered in our survey and work towards improved oral health in Tompkins County.

WIC

- TCWH WIC caseload is increasing. This team is doing great work. WIC continues to operate under the USDA physical presence waivers. TC WIC program is collaborating with other WIC agencies that are over caseload and scheduling outside the federal guidelines to ensure that families are served and receive the support. TCWH WIC target caseload is 1320. As of March there are 1227 enrolled and 1165 actively utilizing benefits. In March we served 458 individuals.
- We are excited to share news on expanded automatic eligibility in the April BOH report, we're waiting for official words from NYSDOH, stay tuned.
- March is National Nutrition month. The theme for National Nutrition is "Food Connects Us". This theme emphasizes the role of food in bringing people together, fostering cultural traditions, and promoting overall health and well-being. March 12 is Registered Dietician Day, and we recognized our WIC Program Dieticians, Kelsie, Molly and Cindy. Their passion for nutrition and healthy lifestyles impacts many families in Tompkins County.
- Our Nutrition staff sent a survey to all Whole Health staff asking their favorite way to connect with their food. 36 staff replied and here are the results:

Answer Choices	Responses	
Making recipes that have been passed down through generations	13.89%	5
Sharing a meal with family or friends	50.00%	18
Learning about how food can improve health	11.11%	4
Growing a garden to have fresh fruits and vegetables at home	25.00%	9
Answered		36

Program Updates

SAFECARE PROGRAM

- Rose CHN continues her certification for SafeCare Provider and is working with 4 families. Emily CHN just began her certification for SafeCare Provider and is working with 1 family.
- Nine SafeCare home visits were completed in the month of March.
- Caryl SCHN is continuing with her certification and training to be a SafeCare Coach.

MOMS PLUS+

- Rose Goosen CHN passed her CLC certification.
- Our Moms PLUS+ nurses completed 59 home visits in March 2025 compared to 55 home visits made in February 2025. There were 44 referrals made to the Moms PLUS+ program in March, down from 53 referrals made in February 2025. There were 16 new admissions to the Moms PLUS+ program in March, up from 15 new admissions made in February 2025. There were 74 clients enrolled in the Moms PLUS+ program in March 2025, as was in February 2025.
- Many of our Moms PLUS+ nurses attended the Lactation Care Management webinar from U of Albany's School of Public Health on March 5th.
- We had a surprise survey from NYSDOH March 29-31. Two surveyors came to ensure that our Moms PLUS+ program is meeting LHCSA (Licensed Home Care Service Agency) requirements. Overall the survey went well. We will submit a plan of correction to NYSDOH for a few minor required policy changes. The surveyors observed three home visits during their time here and praised our program for providing high quality home nursing care to our patients.
- On March 27th, our Moms PLUS+ nurses virtually attended an all-day conference from the NY Statewide Breastfeeding Coalition. Several great topics were presented!
- On March 31st, Emily CHN led the first Learning Web group to provide support and education to pregnant and parenting youth in our county.

RABIES

- 17 rabies vaccines were administered to patients in the month of March. Exposures were from cats, dogs, and one possum.
- TCWH entered into a contract with Cornerstone Vet Hospital to administer pre-exposure rabies vaccinations to their employees. 3 employees have completed the series so far.

LEAD

- The Lead Poisoning Prevention Network met in the Rice conference room at Brown Road on March 20th. Kirsten Kurtz, assistant director of the Cornell Soil Health lab, presented to the group on Heavy Metals in Soil: Overview, Testing and Management.
- On March 31st, Tompkins County Environmental Health Department conducted a free Lead Paint Safety EPA Certification class. This was an 8-hour course offered to local contractors, painters and landlords seeking EPA lead safety certification. There were approximately 12 participants in attendance.

- 16 children continue to be followed by the Lead Poisoning Prevention nurse case manager. No new admissions or discharges noted.

HIV/COMMUNITY OUTREACH

- No HIV tests were done during March 2025.
- Our Community Health Nurse checked 11 blood pressures in March 2025 and made referrals to the CHW program and one to Environmental Health.
- Topics discussed at Loaves and Fishes, Magnolia House and Asteri House included mental health and primary care access, medication management, STI screening, housing, pregnancy testing, food pantries, smoking as it relates to blood pressure, vaccines, housing assistance, Narcan and cancer screening.

CHS Appendix

- NYSDOH Communicable Disease Reports
- WIC Caseload table

HEALTH PROMOTION PROGRAM

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tompkinscountyny.gov/health/hpp

Highlights

- Provided “public health career exploration” tour to group of middle and high school students (from ICSD, Newfield, homeschool) from the Learning Web’s Youth Exploration Program.

STAFFING

- Welcomed Cornell student Khurshid Hussainey, to intern with HPP through the spring semester.
- Preparations underway for hiring search for one Community Health Worker for the HiP Tompkins program.
- Raven Trotter, HNP’s Project Assistant, last day was March 31st.

Program Updates

HEALTHY NEIGHBORHOODS PROGRAM

- Year 4 of the 2022–2027 HNP grant began April 1, 2025 (NYS fiscal year).

TOBACCO FREE TOMPKINS COUNTY

- Established a tobacco-free policy for Liquid State Brewing Company. Tobacco-free signage updated on the property to include smoke-free, vape-free imaging.
- Partnership with Community Coalition of Healthy Youth to begin collaboration on another anti-vape campaign. Rollout anticipated to be Fall 2025.
- Continued collaboration with other counties and local partners about anticipated JUUL funding.

COMMUNITY HEALTH WORKER (CHW) AND HEALTHY INFANTS PARTNERSHIP (HIP TOMPKINS/NYS PICHHC) PROGRAMS

- The CHW team has posted an open position for a CHW fully funded by the PICHHC grant. This position will work 100% under the HiP Tompkins Program.
- The HIP Tompkins Community Action Board is planning a second annual Sister Circle for sharing birth stories during Black Maternal Health Week in April, facilitated by Dr. Nia Nunn and members of the CAB.

COMMUNITY HEALTH ASSESSMENT (CHA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

- As part of the qualitative data collection for the Community Context Assessment, TCWH has a partnership with Cornell MPH to seek IRB approval to conduct interviews with people who have given birth since January 2022. The interviews will inquire about individual supports, community

supports and services. The interviews will also serve as an evaluation tool for Whole Health maternal-child programs.

- Meetings with Ithaca College, Cornell Skorton Center, and TC3 to discuss campus-wide health and wellness surveys (American College Health Association Survey).
- The Assessment Design Team had their last meeting in March. Members of this team will transition to the steering committee and continue to support data needs.
- Community Health Survey data analysis and feedback discussion with Steering Committee and Assessment Design Team. Planning presentations for partnership meetings and preparing public summary for website and presentations.

COMMUNICATIONS

- Worked with County Attorney, County Communications Director, TCWH Senior Leadership, and NYSACHO to inform updates to social media procedure for management of misinformation, negative or hostile comments, etc. After much review and discussion, it was determined the legally sound best practice would be to universally block commentary on Facebook.
- Focus on social media: Boosting new Instagram profile; developing templates/standards for content; working with a student intern (from Cornell) to develop social media content for specific health themes (i.e. National Poison Prevention Week); working with public health fellows and other staff to develop content for upcoming “National Public Health Week” in April and a Rabies Prevention campaign.
- Preparing poster for NYS Public Health Association conference in May 2025, “Public Art and Public Health Messaging: COVID-19 Mural Project.”
- Met with Lansing Town Board Supervisor and Board member to provide overview of TCWH services.

HPP Appendix

- Opioids, Monthly overdose calls to 911
- CHWs
- HNP, Monthly Activity table
- COVID-19
- Media
 - [Press releases](#)
- Outreach and Training (all staff)
- Committee and Partnership Meetings

CHILDREN WITH SPECIAL CARE NEEDS

March 2025 Report | BOH Meeting April 22, 2025

tompkinscountyny.gov/health/cscn

Highlights

Staff Training:

- Weekly EI Hub trainings from the state continue to happen looking at specific topics each Wednesday.
- Process for EI Hub has been finalized and the majority of the billing has gone through with less errors.
- In the March staff meeting we talked about productivity goals to increase billable services for service coordinators. Unit goals as well as individual goals were set and will be reviewed at quarterly check-ins.
- Chart Audit was created and will start to be implemented for quarterly check-ins and for staff meetings

Program Updates

Jess Clark Manderville (Director) and Capri Prentice (Senior Community Health Nurse) are presenting at the Early Intervention/CYSHCN Statewide Meeting in April about our efforts to address the provider shortage by hiring on providers and offering a stipend for services.

Jess and Capri will be meeting with IC3 in April to discuss the EIP, referral process, evaluations process and qualify children under EI regulations and standards.

EARLY INTERVENTION

- SLP and SI Teacher have been hired by the county and are currently picking up children off the therapy needs list.
- SLP has a full caseload of 26 children and 33 services per week
- SI currently is growing the caseload and has 17 children with 17 services per week
- Stipends per service rendered are being billed and sent out to private providers and agencies, including services for ongoing therapy sessions, core evaluation and supplemental evaluations. Any stipend payments that have not been billed yet are being tracked by support staff.
- Early Intervention experiencing wait lists for all specialties: Speech (37) Feeding (5), OT (0), PT (19), SI (16), SW (1)
- New Referrals received *March*: 35

- EI has made efforts to make relationships with core teams outside of the county. We have established relationships with Liberty Post in Syracuse and have gotten slots for families to travel there for evaluations as needed. We have also created another local eval team at the Groton Elementary with Liberty Post. Racker has agreed to have more core slots on Mondays and offer 2 additional core slots per week of PT/ST with an occasional OT/ST slot.
- Currently serving 189 active/qualified children in Early Intervention. 0 Total Child Find Cases
- Met with Tioga County to discuss the process of hiring County Providers and creating a stipend contract.

PRESCHOOL

- Medicaid Consent Documentation Chart review completed for CPSE. Districts notified of students missing consent and encouraged to obtain consent for billing purposes.
- Beginning transportation analyze of cost of parent transport vs. third party transportation company.
- In-person CPSE Chair meeting held on 3/28 at TST BOCES

CYSHCN

- Referrals received in *March- 4*

OTHER

- Total # of Referrals to Child Find -1
- Total # of Children in Child Find -1
- Total # transferred to EI - 0
- Total # of CF Discharges - 0

CSCN Appendix

- Statistics based on Calendar Year
- Early Intervention Program statistical highlights
- Preschool Special Education Program statistical highlights

ENVIRONMENTAL HEALTH

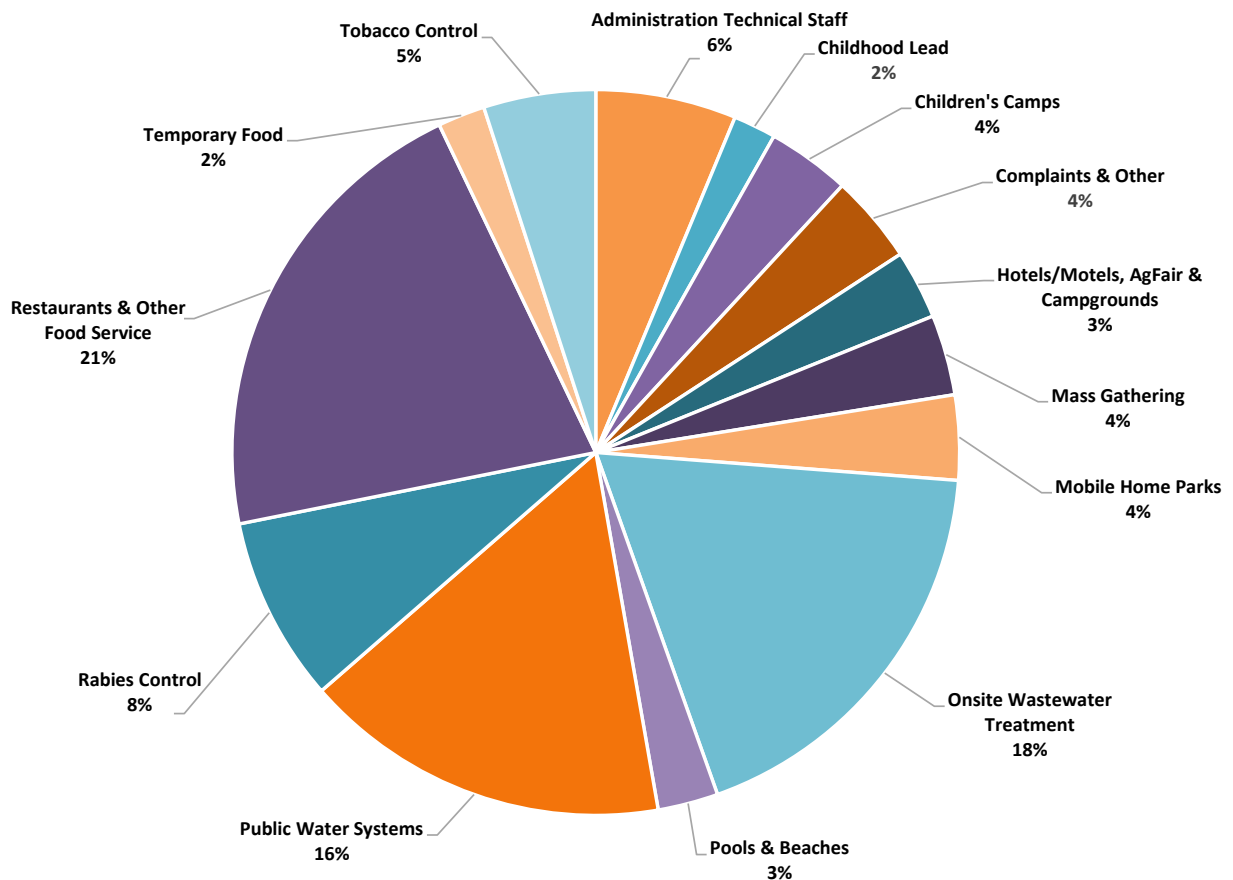
March 2025 Report | BOH Meeting April 22, 2025

tompkinscountyny.gov/health/eh

Highlights

Summary of Activity

Staff Time in Environmental Health Programs - March 2025



[Also see appendix](#)

Program Updates

Food Program

FSE INSPECTIONS

The [results of food service establishment inspections](#) conducted in Tompkins County can be viewed directly on the Environmental Health website. Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest.

PLANS APPROVED THIS PERIOD

- Protagonist Books & Coffee, V-Dryden
- Smoothis King, C-Ithaca

NEW PERMITS ISSUED

- BG Budas, T-Ithaca
- Thai Joy, C-Ithaca

Boil Water Orders (BWOs)

NEW

Facility Name	BWO Issued	Reason	Corrective Action	Status
SMG Apartments	03/10/2025	Inadequate disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples received; BWO released 03/13/25
Bailey Park	03/19/2025	Loss of Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples received; BWO released 03/27/25
Valley Manor	03/25/2025	Loss of Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples pending
Stork H & E	04/04/2025	Loss of Power to pumphouse & Treatment System Upgrade	Restore adequate treatment, receive TCEH approval & submit satisfactory samples	Satisfactory samples pending
Dollar General Dryden	04/09/2025	Inadequate disinfection	Restore adequate disinfection & submit satisfactory samples	Monitoring System Operation; BOH Action Pending
Dollar General Freeville	04/09/2025	Inadequate disinfection	Restore adequate disinfection & submit satisfactory samples	Monitoring System Operation; BOH Action Pending

ONGOING

Facility Name	BWO Issued	Reason	Corrective Action	Status
Dollar General North Lansing	02/08/2022	Operating without TCEH approval	Water System Approved	Monitoring System Operation; BOH Action Pending
Stone Bend Farm	06/05/2024	Unsatisfactory sample results	Install sanitary well cap & ensure UV Disinfection System is operating	Satisfactory samples pending; NOV issued

RELEASED

Facility Name	BWO Issued	Reason	Corrective Action	Status
NONE				

Summary of Open BOH Enforcement Actions

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
01/01/25	ZaZa Exotics (EH-ENF-24-0004)	ZaZa Exotics, Inc	ATUPA – Violation of BOH Orders; Sale of flavored vape to a minor	TBD (pending hearing and BOH action)	Hearing postponed	In Negotiations
01/28/25	Hanshaw Village MHP (EH-ENF-24-0019)	CNY MHPS, LLC	PWS – Violation of BOH Orders	NA	Draft feasibility study under review	Revised Resolution to be drafted
02/25/25	New Park Event & Suites (EH-ENF-25-0001)	Magic Forest, LLC	Temporary Residence – Operating without a permit	\$400	Penalty due 4/15/25	Awaiting payment
02/25/25	Hanshaw Village MHP (EH-ENF-25-0002)	CNY MHPS, LLC	Mobile Home Park – Untreated sewage surfacing	\$400	Penalty due 4/15/25	Awaiting payment
03/25/25	Carrozza Pizza Company (EH-ENF-25-0003)	Carrozza Pizza Company, LLC	Food Service – Repeat Critical Violations	\$400	Penalty due 5/15/25	Awaiting payment

03/25/25	Hotel Ithaca	Gregory Conard	Temporary Residence – Failure to maintain emergency lighting	\$400	Penalty due 5/15/25	Awaiting payment
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[EH Appendix](#)

- Summary of Activity

NEW BUSINESS:

March 2025 Report | BOH Meeting April 22, 2025

Actions

Enforcement Actions

ENVIRONMENTAL HEALTH:

1. Draft Resolution # EH-ENF-25-0006 – IC - Food Court Dining, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service)

Find Enforcement Action Reports following this page

CERTIFIED, REGULAR, & ELECTRONIC MAIL

April 9, 2025

Ithaca College Dining Services
Reggie Briggs
IC - Food Court
1101 Terrace Dining Hall
Ithaca, NY 14850

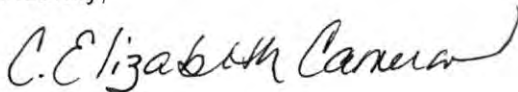
Re: Tompkins County Board of Health Draft Resolution # EH-ENF-25-0006
Potentially hazardous foods not kept at or above 140°F in hot holding
IC – Food Court, T-Ithaca

Dear Reggie Briggs:

Thank you for signing the Stipulation Agreement on March 25, 2025, for IC – Food Court Dining. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, April 22, 2025**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board in person or via zoom, please contact Kristee Morgan or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosures: Draft Resolution, Stipulation Agreement and Orders, Inspection Report, and Case Summary

ec: Tompkins County Board of Health (via: SharePoint); CEO T-Ithaca; TC Legislature: Amanda Champion; TCWH: Elizabeth Cameron, P.E., Director of Environmental Health; Jeremy Porter, Interim Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director; Kristee Morgan; Joan Pike; Brenda Coyle
file: Signed copy to Accela and F:Drive;
F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\IC - Food Court\Enforcement\Draft Resolution 25-0006.docx

DRAFT RESOLUTION # ENF-25-0006

**IC – Food Court
Ithaca College Dining Services / Reggie Briggs, Owner/Operator
1101 Terrace Dining Hall
Ithaca, NY 14850**

Whereas, the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, it is a critical violation of Part 14-1 of the NYSSC to fail to maintain potentially hazardous foods at temperatures above 140°F during hot holding; **and**

Whereas, on November 13, 2024, and February 27, 2025, the Environmental Health Division (EH) observed critical violations of Subpart 14-1 of the NYSSC where potentially hazardous foods were observed at temperatures of 108°F and 132°F in hot holding; **and**

Whereas, Reggie Briggs, Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on March 25, 2025, agreeing that IC – Food Court Dining violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Reggie Briggs, Operator, is ordered to:**

1. Pay a penalty of \$200 for these violations, due by **June 15, 2025**. (**Do Not** submit penalty payment until notified by the Tompkins County Environmental Health Division.); **and**
2. Maintain temperatures of potentially hazardous foods above 140°F during hot holding; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

STIPULATION AGREEMENT AND ORDERS # ENF-25-0006

IC – Food Court
Ithaca College Dining Services / Reggie Briggs, Owner/Operator
1101 Terrace Dining Hall
Ithaca, NY 14850

I, Reggie Briggs, as a representative for IC – Food Court, agree that on November 13, 2024, and February 27, 2025, I was in violation of Subpart 14-1 of the New York State Sanitary Code for failure to keep potentially hazardous foods at or above 140°F during hot holding.

I agree to pay a penalty not to exceed \$200 for this violation following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Environmental Health Division.)*

I also agree to comply with the following Orders when signed by the Tompkins County Whole Health Commissioner:

1. Maintain temperatures of potentially hazardous foods above 140°F during hot holding; **and**
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: _____

Date: _____

3/25/25

Ithaca College Dining Services is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed: _____

Date: _____

3/25/25for Brenda J. Porter
Jeremy Porter

Interim Whole Health Commissioner

Diversity Through Inclusion

Food Service Establishment Inspection Summary Report

Operation: IC - FOOD COURT DINING (ID: 1019380)
Facility Name: IC - FOOD COURT
Facility Code: 54-AG98 Facility Email: dine@ithaca.edu
Facility Address: 1101 Terrace Dining Hall, Ithaca, NY 14850

To the Attention of:

ITHACA COLLEGE
953 Danby Road
Ithaca, NY 14820

Inspection

Date: November 13, 2024 03:02 PM
Inspector: Joan Pike (jpik@tompkins-co.org)
Responsible Person: Fred Horowitz
Additional Email(s): kstone@ithaca.edu; kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	1

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 6A WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not kept at or above 140°F during hot holding.

Inspector Findings: Observed 3 cooked hamburgers which temped at 108°F in a hot holding box by the grill. Operator indicated that they had been cooked 2.5 hours previously. Burgers held in this box are reheated on the grill before serving.

Corrective Action: Burgers were discarded and education provided.

Action: Discussed alternative solutions for holding the burgers for a limited time and then discarding. Hot box seems to be working as other food temped at 140+.

FOOD NOT PROTECTED IN GENERAL

ITEM # 8E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Accurate thermometers not available or used to evaluate refrigerated or heated storage temperatures

Inspector Findings: Observed at the Ithaca Bakery coffee shop that 2 of the lowboy coolers were missing thermometers.

Action: potentially hazardous food temperature must be monitored.

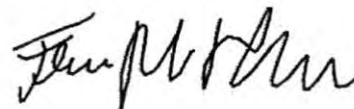
Additional Information Collected During Inspection

Comments: One Part I Critical Item Violations
One Part II Blue Item Violations

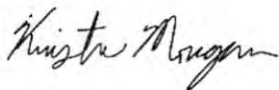
Re inspection is required



Inspector: Joan Pike (jpik@tompkins-co.org)



Received by: Fred Horowitz



11/13/2024

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tompkins-co.org

Food Service Establishment Inspection Summary Report

Operation: IC - FOOD COURT DINING (ID: 1019380)
Facility Name: IC - FOOD COURT
Facility Code: 54-AG98 Facility Email: dine@ithaca.edu
Facility Address: 1101 Terrace Dining Hall, Ithaca, NY 14850

To the Attention of:

ITHACA COLLEGE
953 Danby Road
Ithaca, NY 14820

Inspection

Date: February 27, 2025 12:26 PM
Inspector: Joan Pike (jpik@tompkins-co.org)
Responsible Person: Jack Applegarth
Additional Email(s): kmorgan@tompkins-co.org; japplegarth@ithaca.edu

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	2

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 6A WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not kept at or above 140°F during hot holding.

Inspector Findings: Observed a 1/3 pan of shredded cooked chicken on the hot line, the chicken temped at 132°F. Operator said the chicken had been cooked and shredded 45 minutes prior.

Corrective Action: Chicken was reheated and the temperature on the steam table was increased.

Action: Potentially hazardous foods must be hot held at 140°F and above.

FOOD NOT PROTECTED IN GENERAL

ITEM # 8E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Accurate thermometers not available or used to evaluate refrigerated or heated storage temperatures

Inspector Findings: Observed at the Gimme Cafe - that a thermometer was missing from the from reach in cooler.
Action: All refrigeration must have thermometers.

IMPROPER CLEANING, WASHING AND SANITIZING OF EQUIPMENT AND UTENSILS.

ITEM #11B WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

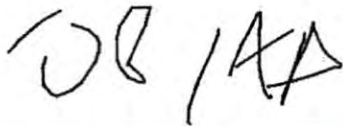
Code Requirements: Wiping cloths dirty, not stored properly in sanitizing solutions

Inspector Findings: Observed at the Gimme Coffee - in the coffee area used wiping rags are not being stored in sanitizing solution when not in use.
Action: Used wiping cloths must not be left on counters when not in use.

Additional Information Collected During Inspection

Comments: One Part I Critical Item Violations
Two Part II Blue Item Violations

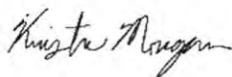
Due to the fact that this is the second time in a row that this facility has had a hot holding violation, facility will be taken to the board of health for enforcement action.



Inspector: Joan Pike (jpik@tomkins-co.org)



Received by: Jack Applegarth



2/27/2025

CASE SUMMARY – FOR RESOLUTION # ENF-25-0006

IC – Food Court
Ithaca College Dining Services / Reggie Briggs, Owner/Operator
1101 Terrace Dining Hall
Ithaca, NY 14850

Compiled on April 1, 2025

Date	Action
06/01/2019	Permit to Operate issued to Ithaca Dining for IC-Food Court.
06/21/2021	Inspection by TCWH. Violations: Potentially hazardous foods not kept at or above 140°F during hot holding.
10/04/2021	Re-inspection by TCWH. No violations observed. Violations observed at previous inspection were corrected.
03/21/2022	Inspection by TCWH. No violations observed.
03/09/2023	Inspection by TCWH. Violations: Potentially hazardous foods not kept below 45°F in cold holding.
10/24/2023	Re-inspection by TCWH. No violations observed. Violations observed at previous inspection were corrected.
11/13/2024	Inspection by TCWH. Violations: See attached inspection report.
02/27/2025	Re-inspection by TCWH. Violations: See attached inspection report.

APPENDIX

- [Medical Director](#)
 - [Commissioner](#)
 - [Community Health Services](#)
 - [Health Promotion Program](#)
 - [Children with Special Care Needs](#)
 - [Environmental Health](#)
-

Medical Director's Report

Update on Drug Overdose deaths

February 17, 2025

Yearly overdose deaths equal an 'entire Vietnam war' despite receding pandemic-era spike [no time to relax locally]

<https://www.healio.com/news/primary-care/20250217/yearly-overdose-deaths-equal-an-entire-vietnam-war-despite-receding-pandemic-era-spike?>

KEY TAKEAWAYS:

Most states had higher fatal drug overdoses in the 4 years between 2020 and 2023 vs. their 2019 rates. Relaxing after recent decreases in fatal drug overdoses "would be premature," the researchers said. The rates of fatal drug overdoses stayed higher than expected in most states from 2020 to 2023 compared with trajectories before 2020, a cross-sectional analysis in *JAMA Network Open* showed. Several states experienced significant rises in such rates vs. their pre-COVID-19 pandemic patterns, whereas the findings suggest "that the decline in overdose deaths may simply be an effect of COVID-19 ending," **Keith Humphreys, PhD**, the Esther Ting Memorial Professor at Stanford University, told Healio.

Among 48 states and the District of Columbia:



94% had higher drug-related mortality in the 4 years between 2020 to 2023 compared with 2019

Healio

Kiang M, Humphreys K. *JAMA Netw Open*. 2025;doi:10.1001/jamanetworkopen.2024.58090.

“We are still unfortunately on a longer-term growth curve,” he said.

The results come after the United States [experienced a 3.1% decrease](#) in drug overdose deaths in the 12-month period ending in December 2023, marking the first reduction in half a decade. Furthermore, the 14.5% [decrease in these deaths](#) in the 12 months preceding June 2024 “has raised hopes that the deadly dynamics of the crisis have fundamentally shifted,” Humphreys and **Mathew V. Kiang, ScD**, an assistant professor in the department of epidemiology and population health at Stanford University, wrote. However, “this speculation would be more plausible if the decline occurred across the U.S. and was due to more than returning to pre-pandemic levels of growth,” they added. The two researchers examined fatal drug poisoning data of 48 states and the District of Columbia from 1999 to 2023, taken from the CDC WONDER database, to determine the geographic distribution of reductions and whether the improvements had been “driven by more than the waning exacerbating outcomes” of the pandemic.

They reported that most states had higher than expected drug-related mortality rates for all 4 of the years (53%) or 3 of the 4 years (18%) between 2020 and 2023 vs. their pre-2020 trajectories. Overall, 94% of states had higher drug-related mortality in the 4 years between 2020 and 2023 compared with rates observed in 2019. The exceptions to this finding included Delaware (2020), New Hampshire (2020) and New Jersey (2022, 2023). Alabama, Alaska, California, Colorado, Oklahoma, Oregon, Texas, Washington and Wyoming all experienced rapidly increasing drug overdose deaths compared with trends seen before 2020, the researchers noted.

Most of these states are west of Mississippi and “may reflect a shifting illicit drug supply as new areas become saturated with illicitly manufactured synthetic opioids,” they wrote. In comparison, Arizona, Florida, Louisiana and Tennessee experienced a rise in fatal drug overdoses in the early pandemic years before their rates appeared to decrease toward or below their pre-2020 levels following the pandemic.

The researchers acknowledged some study limitations, such as the use of provisional death data in recent years and possible differences in reporting over time. Primary care providers should “not relax in their efforts to provide overdose rescue and addiction treatment medications to those in need because overdoses are still far too common,” Humphreys told Healio. He also advocated for close monitoring when new drugs, [such as xylazine](#), enter into the opioid supply. “Sadly, despite the drop, we will still lose more Americans to drug overdose this year than we did soldiers in the entire Vietnam war,” Humphreys said.

Drug Overdose Deaths in the United States, 2003–2023

<https://www.cdc.gov/nchs/products/databriefs/db522.htm#:~:text=After%20no%20significant%20change%20from,2022%20to%202.9%20in%202023>. Accessed 031825

NCHS Data Brief No. 522, December 2024

Matthew F. Garnett, M.P.H., and Arialdi M. Miniño, M.P.H.

- [Key findings](#)
- [The overall age-adjusted rate of drug overdose deaths decreased 4.0% between 2022 and 2023.](#)
- [The rate of drug overdose deaths decreased among young and middle-aged adults from 2022 to 2023.](#)
- [Between 2022 and 2023, rates of drug overdose deaths increased for Black non-Hispanic and Native Hawaiian or Other Pacific Islander non-Hispanic people.](#)
- [After a period of increase between 2013 and 2022, rates of drug overdose deaths involving synthetic opioids other than methadone, which includes fentanyl, fentanyl analogs, and tramadol, decreased between 2022 and 2023.](#)
- [The increases in age-adjusted rates of drug overdose deaths involving cocaine and psychostimulants with abuse potential that began around 2011 have continued through 2023.](#)
- [Summary](#)
- [Definitions](#)
- [Data source and methods](#)
- [About the author](#)
- [References](#)
- [Suggested citation](#)

KEY FINDINGS

Data from the National Vital Statistics System

- The age-adjusted rate of drug overdose deaths increased from 8.9 deaths per 100,000 standard population in 2003 to 32.6 in 2022; however, the rate decreased to 31.3 in 2023.
- Rates decreased between 2022 and 2023 for people ages 15–54 and increased for adults age 55 and older.
- From 2022 to 2023, rates decreased for White non-Hispanic people, while rates for other race and Hispanic-origin groups generally stayed the same or increased.
- Between 2022 and 2023, rates declined for deaths involving synthetic opioids other than methadone, heroin, and natural and semisynthetic opioids, while the rate for methadone remained the same.
- From 2022 to 2023, rates increased for deaths involving cocaine by 4.9% (from 8.2 to 8.6) and psychostimulants with abuse potential by 1.9% (10.4 to 10.6).

ARTICLE METRICS

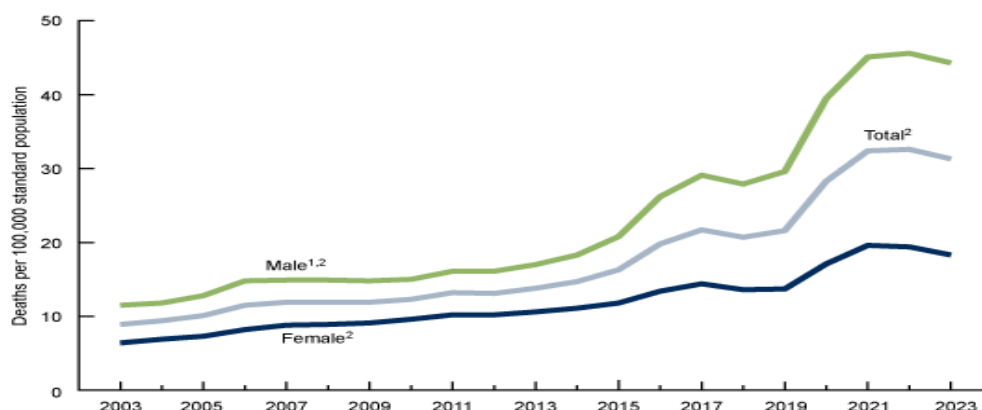
Drug overdoses are one of the leading causes of injury death in adults and have risen over the past several decades in the United States ([1–3](#)). Overdoses involving synthetic opioids (fentanyl, for example) and stimulants (cocaine and methamphetamine, for example) have also risen in the past few years ([1](#)). This report presents rates of drug overdose deaths from the National Vital Statistics System

over a 20-year period by demographic group and by the type of drugs involved, specifically, opioids and stimulants, with a focus on changes from 2022 to 2023.

The overall age-adjusted rate of drug overdose deaths decreased 4.0% between 2022 and 2023.

- In 2023, 105,007 drug overdose deaths occurred, resulting in an age-adjusted rate of 31.3 deaths per 100,000 standard population ([Figure 1](#), [Table 1](#)).
- After the age-adjusted rate of drug overdose deaths nearly quadrupled from 8.9 in 2003 to 32.6 in 2022, the rate decreased to 31.3 in 2023.
- From 2022 to 2023, the age-adjusted rate of drug overdose deaths for males decreased 2.9% from 45.6 to 44.3, while the rate for females decreased 5.7% from 19.4 to 18.3.

Figure 1. Age-adjusted drug overdose death rate, by sex: United States, 2003–2023



¹Rate significantly higher than for females for all years ($p < 0.05$).

²Significant increasing trend from 2003 to 2022, with different rates of change over time ($p < 0.05$). Rate in 2023 significantly lower than in 2022 ($p < 0.05$).

NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. The number of drug overdose deaths in 2023 was 105,007. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population.

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

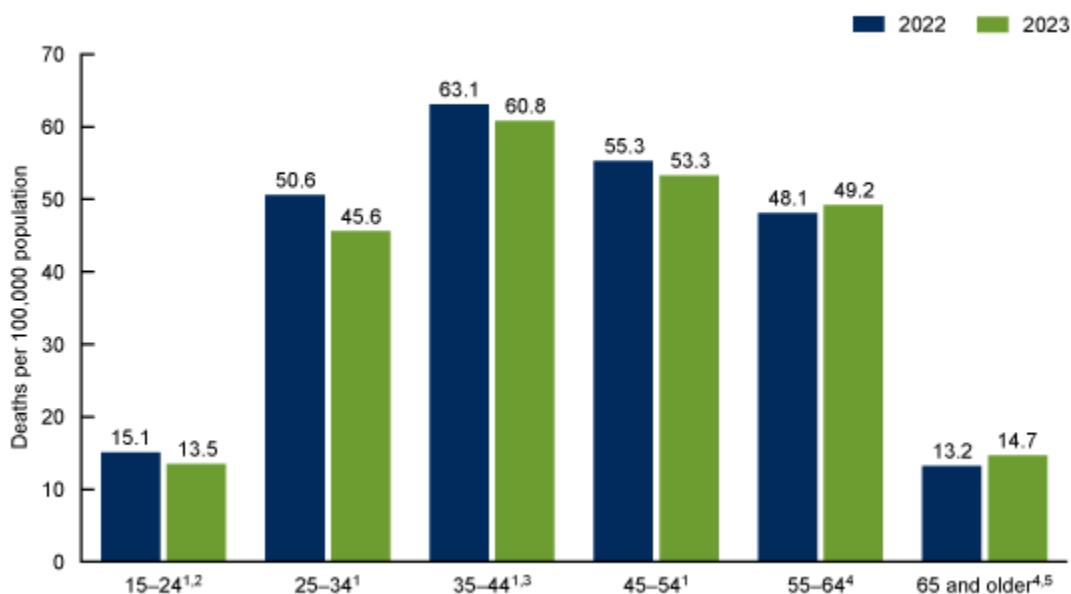
[Data table for Figure 1. Age-adjusted drug overdose death rate, by sex: United States, 2003–2023](#)

The rate of drug overdose deaths decreased among young and middle-aged adults from 2022 to 2023.

- From 2022 to 2023, the rate of drug overdose deaths decreased among people ages 15–24 (from 15.1 deaths per 100,000 to 13.5), 25–34 (50.6 to 45.6), 35–44 (63.1 to 60.8), and 45–54 (55.3 to 53.3) ([Figure 2](#), [Table 2](#)).
- Between 2022 and 2023, the rate of drug overdose deaths increased among adults ages 55–64 (from 48.1 to 49.2) and 65 and older (13.2 to 14.7).
- In both 2022 and 2023, the rate of drug overdose deaths was highest for adults ages 35–44. In 2022, the rate was lowest for adults age 65 and older, but in 2023 the rate was lowest for people ages 15–24.

- From 2022 to 2023, adults age 65 and older experienced the largest percentage increase in the rate of drug overdose deaths (11.4%), and the largest decrease was for people ages 15–24 (10.6%).

Figure 2. Drug overdose death rate, by selected age group: United States, 2022 and 2023



¹Significant decrease between 2022 and 2023 ($p < 0.05$).

²Group was significantly lower than all others in 2023 ($p < 0.05$).

³Group was significantly higher than all others in 2022 and 2023 ($p < 0.05$).

⁴Significant increase between 2022 and 2023 ($p < 0.05$).

⁵Group was significantly lower than all others in 2022 ($p < 0.05$).

NOTE: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14.

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

[Data table for Figure 2. Drug overdose death rate, by selected age group: United States, 2022 and 2023](#)

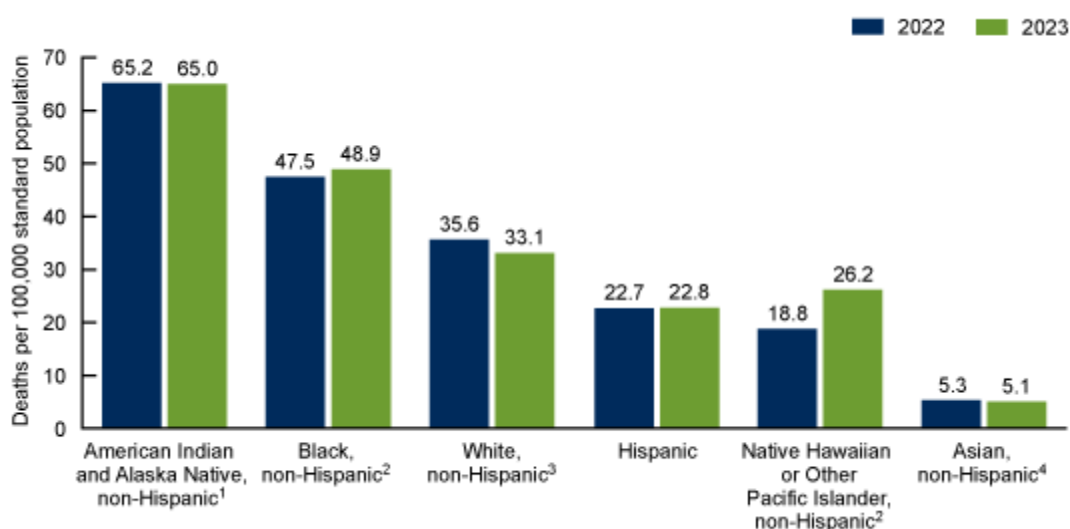
Between 2022 and 2023, rates of drug overdose deaths increased for Black non-Hispanic and Native Hawaiian or Other Pacific Islander non-Hispanic people.

- For White non-Hispanic (subsequently, White) people, the age-adjusted rate of drug overdose deaths was lower in 2023 than in 2022, decreasing by 7.0% from 35.6 deaths per 100,000 standard population to 33.1 ([Figure 3](#), [Table 3](#)). Drug overdose death rates increased for Black non-Hispanic (subsequently, Black) people (47.5 to 48.9) and Native Hawaiian or Other Pacific Islander non-Hispanic (subsequently, Native Hawaiian or Other Pacific Islander) people (18.8 to 26.2) from 2022 to 2023.
- From 2022 to 2023, the age-adjusted rate of drug overdose deaths did not significantly change for Asian non-Hispanic (subsequently, Asian) people (5.3 to 5.1), Hispanic people (22.7 to 22.8),

and American Indian and Alaska Native non-Hispanic (subsequently, American Indian and Alaska Native) people (65.2 to 65.0).

- In both 2022 and 2023, the age-adjusted rate of drug overdose deaths was highest for American Indian and Alaska Native people (65.2 and 65.0, respectively), and lowest for Asian people (5.3 and 5.1, respectively).
- Native Hawaiian or Other Pacific Islander people experienced the largest percentage increase in the age-adjusted rate of drug overdose deaths from 2022 to 2023, with the rate increasing 39.4%.

Figure 3. Age-adjusted drug overdose death rate, by race and Hispanic origin: United States, 2022 and 2023



¹Group was significantly higher than all others in 2022 and 2023 ($p < 0.05$).

²Significant increase between 2022 and 2023 ($p < 0.05$).

³Significant decrease between 2022 and 2023 ($p < 0.05$).

⁴Group was significantly lower than all others in 2022 and 2023 ($p < 0.05$).

NOTES: Misclassification of race and Hispanic origin on death certificates results in the underestimation of death rates by as much as 34% for American Indian and Alaska Native non-Hispanic people and 3% for Asian non-Hispanic and Hispanic people. Misclassification for Native Hawaiian or Other Pacific Islander non-Hispanic people has not been evaluated. Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population.

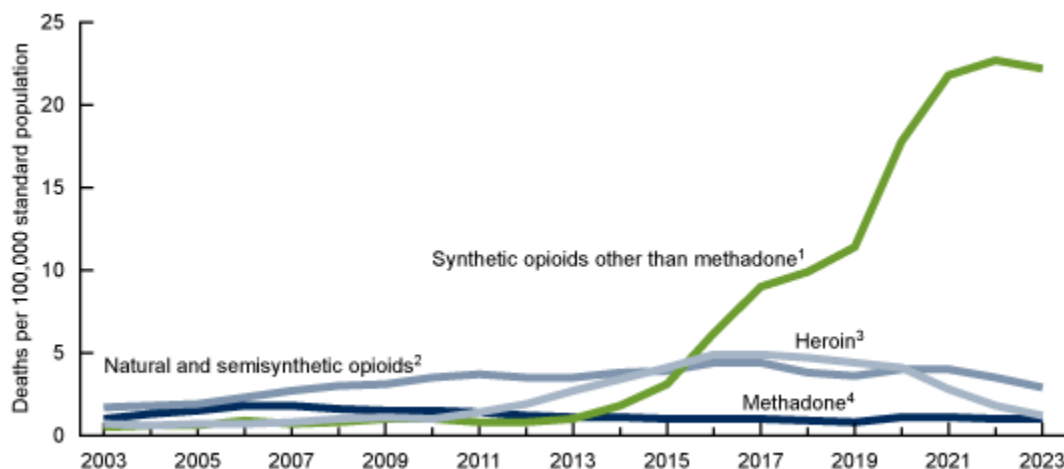
SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

[Data table for Figure 3. Age-adjusted drug overdose death rate, by race and Hispanic origin: United States, 2022 and 2023](#)

After a period of increase between 2013 and 2022, rates of drug overdose deaths involving synthetic opioids other than methadone, which includes fentanyl, fentanyl analogs, and tramadol, decreased between 2022 and 2023.

- The age-adjusted rate of drug overdose deaths involving synthetic opioids other than methadone, which includes fentanyl, fentanyl analogs, and tramadol, was mostly stable from 2003 (0.5 deaths per 100,000 standard population) to 2013 (1.0) and then increased through 2021 (21.8), with different rates of change over time ([Figure 4](#), [Table 4](#)). From 2022 to 2023, the rate decreased by 2.2% from 22.7 to 22.2.
- After increasing from 2003 to 2006 and decreasing from 2006 to 2017, the age-adjusted rate of drug overdose deaths involving methadone remained stable through 2023.
- After no significant change from 2020 to 2021, the age-adjusted rate of drug overdose deaths involving natural and semisynthetic opioids, which includes drugs such as morphine, oxycodone, and hydrocodone, decreased 17.1% from 3.5 in 2022 to 2.9 in 2023.
- The age-adjusted rate of drug overdose deaths involving heroin decreased 33.3% from 1.8 in 2022 to 1.2 in 2023.

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2003–2023



¹No significant trend from 2003 to 2013; significant increasing trend from 2013 to 2021, with different rates of change over time; no significant trend from 2021 to 2023 ($p < 0.05$). Rate in 2023 significantly lower than in 2022 ($p < 0.05$).

²Significant increasing trend from 2003 to 2010; no significant trend from 2010 to 2021; significant decreasing trend from 2021 to 2023 ($p < 0.05$). ³Significant increasing trend from 2003 to 2016, with different rates of change over time; significant decreasing trend from 2016 to 2023, with different rates of change over time ($p < 0.05$). ⁴Significant increasing trend from 2003 to 2006; significant decreasing trend from 2006 to 2017; no significant trend from 2017 to 2023 ($p < 0.05$).

NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2;

methadone, T40.3; synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (such as a death involving both methadone and a natural or semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, ranging from 75% to 79% from 2003 to 2013 and increasing from 81% in 2014 to 96% in 2023. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population.

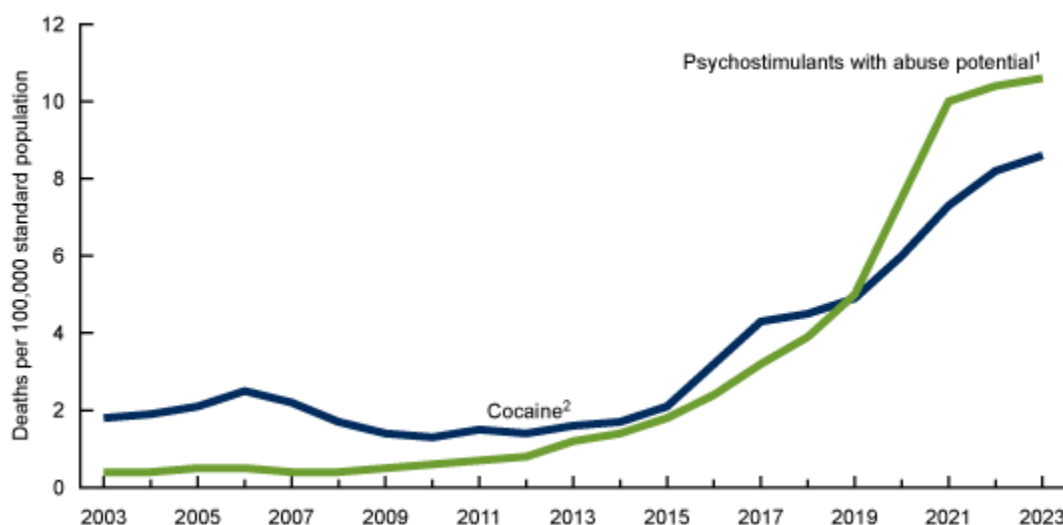
SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

[Data table for Figure 4. Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2003–2023](#)

The increases in age-adjusted rates of drug overdose deaths involving cocaine and psychostimulants with abuse potential that began around 2011 have continued through 2023.

- The age-adjusted rate of drug overdose deaths involving cocaine increased slightly from 1.8 deaths per 100,000 standard population in 2003 to 2.5 in 2006, decreased to 1.3 in 2010, and then increased to 8.6 in 2023; the rate in 2023 was 4.9% higher than the rate in 2022 (8.2) ([Figure 5, Table 5](#)).
- The age-adjusted rate of drug overdose deaths involving psychostimulants with abuse potential (subsequently, psychostimulants), which includes methamphetamine, amphetamine, and methylphenidate, was stable between 2003 (0.4) and 2010 (0.6), after which it increased through 2021 (10.0), with different rates of change over time. The rate in 2023 (10.6) was 1.9% higher than the rate in 2022 (10.4).

Figure 5. Age-adjusted rate of drug overdose deaths involving stimulants, by type of stimulant: United States, 2003–2023



¹No significant trend from 2003 to 2010; significant increasing trend from 2010 to 2021, with different rates of change over time; no significant trend from 2021 to 2023 ($p < 0.05$). Rate in 2023 significantly higher than in 2022 ($p < 0.05$).

²No significant trend from 2003 to 2012, with different rates of change over time; significant increasing trend from 2012 to 2023, with different rates of change over time ($p < 0.05$). Rate in 2023 significantly higher than in 2022 ($p < 0.05$).

NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple cause-of-death codes: cocaine, T40.5, and psychostimulants with abuse potential, T43.6. Deaths may involve more than one drug. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, ranging from 75% to 79% from 2003 to 2013 and increasing from 81% in 2014 to 96% in 2023. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population.

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

Data table for Figure 5. Age-adjusted rate of drug overdose deaths involving stimulants, by type of stimulant: United States, 2003–2023

SUMMARY

The age-adjusted rate of drug overdose deaths declined 4.0% between 2022 and 2023, which follows a nonsignificant increase between 2021 and 2022 ([1](#)). Previously, rates had generally increased across most years over the period 2003–2023.

From 2022 to 2023, the age-adjusted rate of drug overdose decreased 2.9% for males and 5.7% for females. In both 2022 and 2023, adults ages 35–44 had the highest rate among people age 15 and older. The age group with the lowest rates changed from 2022 to 2023, with adults age 65 and older having the lowest rates in 2022 and people ages 15–24 having the lowest rates in 2023. This was due to an increase in the rate for adults age 65 and older and a decrease in the rate for people ages 15–24. Between 2022 and 2023, rates of drug overdose deaths decreased for people ages 15–54 and increased for adults age 55 and older.

In both 2022 and 2023, the age-adjusted rate of drug overdose deaths was highest for American Indian and Alaska Native people and lowest among Asian people. Despite decreases in the overall rate, the rate only significantly decreased for White people. Rate changes for American Indian and Alaska Native, Asian, and Hispanic people were not significant, and rates significantly increased for Black and Native Hawaiian or Other Pacific Islander people.

The age-adjusted rate for drug overdose deaths involving synthetic opioids other than methadone decreased from 2022 to 2023, the first such decrease since the large increases that began in 2013. The rate also decreased for deaths involving natural and semisynthetic opioids and heroin between 2022 and 2023. For the same period, rates increased for drug overdose deaths involving psychostimulants and cocaine, and rates stayed the same for deaths involving methadone.

DEFINITIONS

Drug poisoning (overdose) deaths: Includes deaths resulting from unintentional or intentional overdose of a drug, being given the wrong drug, taking a drug in error, or taking a drug inadvertently.

Natural and semisynthetic opioids: Includes drugs such as morphine, codeine, hydrocodone, and oxycodone.

Psychostimulants with abuse potential: Includes drugs such as methamphetamine, amphetamine, and methylphenidate.

Synthetic opioids other than methadone: Includes drugs such as fentanyl, fentanyl analogs, and tramadol.

DATA SOURCE AND METHODS

Estimates are based on the National Vital Statistics System multiple cause-of-death mortality files (3). Drug poisoning (overdose) deaths were defined as having an *International Classification of Diseases, 10th Revision* underlying cause-of-death code of X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), or Y10–Y14 (undetermined intent). Of the drug overdose deaths in 2023, 92.6% were unintentional, 4.4% were suicides, 2.8% were of undetermined intent, and less than 1.0% were homicides. The type of drug(s) involved was indicated by *International Classification of Diseases, 10th Revision* multiple cause-of-death codes: T40.1 (heroin), T40.2 (natural and semisynthetic opioids), T40.3 (methadone), T40.4 (synthetic opioids other than methadone), T40.5 (cocaine), and T43.6 (psychostimulants with abuse potential).

Age-adjusted death rates were calculated using the direct method and adjusted to the 2000 U.S. standard population (4). Population estimates for 2021–2023 were estimated as of July 1, based on the blended base produced by the U.S. Census Bureau instead of the April 1, 2020, decennial population count. The blended base consists of the blend of vintage 2020 postcensal population estimates based on the 2010 population census, 2020 demographic analysis estimates, and the 2020 decennial census total counts (see <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2020-2021/methods-statement-v2021.pdf> and <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2020-2023/methods-statement-v2023.pdf>). Population data are July 1 postcensal census estimates.

Race and Hispanic origin were categorized based on the 1997 Office of Management and Budget standards for federal statistical and administrative reporting (5). All of the race categories are single race, meaning that only one race was reported on the death certificate. Data shown for the Hispanic population include people of any race. Death rates for Asian, American Indian and Alaska Native, and Hispanic people are affected by misclassification of race and Hispanic origin on death certificates (6). This misclassification results in underestimation of death rates for these groups by about 3% for Asian and Hispanic people and by about 34% for American Indian and Alaska Native people (7). Misclassification for Native Hawaiian or Other Pacific Islander people has not been evaluated. The extent of misclassification has not been evaluated by cause of death for all race and Hispanic-origin groups. As a result, rates of drug overdose deaths presented in this report are not adjusted for race and Hispanic-origin misclassification on death certificates.

Trends in age-adjusted death rates were evaluated using the Joinpoint Regression Program (Version 5.0.2) (8). Joinpoint software fitted weighted least-squares regression models to the rates on the log-

transform scale. The permutation tests for model (number of Joinpoints) significance were set at an overall alpha level of 0.05 (8,9). Pairwise comparisons of rates (for example, age-adjusted rates for males compared with females and year-to-year comparisons) were conducted using the *z-test* with an alpha level of 0.05 (9).

Several factors related to death investigation and reporting may affect the measurement of death rates involving specific drugs. At autopsy, the substances tested for and the circumstances under which the toxicology tests are performed vary by jurisdiction. This variability is more likely to affect substance-specific death rates than the overall drug overdose death rate. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, ranging from 75% to 79% from 2003 to 2013, and increasing from 81% in 2014 to 96% in 2023. Additionally, drug overdose deaths may involve multiple drugs; therefore, a death might be included in more than one category when describing the rate of drug overdose deaths involving specific drugs. For example, a death that involved both fentanyl and cocaine would be included in both the rate of drug overdose deaths involving synthetic opioids other than methadone and the rate of drug overdose deaths involving cocaine.

ABOUT THE AUTHORS

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Last Reviewed: December 19, 2024. Source: [CDC/National Center for Health Statistics](#)

National Public Health Week

The week of April 7-12 was [National Public Health Week](#), a celebration of all the work that supports the health and well-being of communities. This year marks the American Public Health Association's 30th NPHW, highlighting the theme: "**It Starts Here: Your Health is Our Mission**". TCWH is honoring the dedication, passion, and persistence of our staff all week long through social media promotion of our services and programs.

Public health continues to prioritize health at every level, ensuring that everyone has the opportunity to thrive. Recent efforts have led to the [eradication of various diseases in regions across the globe](#), [the expansion of vaccination programs to protect children and older adults](#), and the [securing of funding for foundational public health services](#) to address urgent needs like reproductive care, behavioral health and climate resilience.

Let's talk about this at all levels from the federal government on to state level and down to our county and community...

By doing our job well, you don't realize all we have done because you are able to be free to live a lifestyle relatively free of disease and worry about health concerns from living your life - other than what all of us can encounter naturally

A DAY IN LIFE MADE HEALTHIER AND SAFER BY PUBLIC HEALTH

- Awake in the morning to breathe air cleaner than it would be
- Breakfast is made with water coming from a water plant that public health inspects to ensure standards
- Get to work on roads and in vehicles that public health measures have increased the safety
- Work with your coworkers or go to school with fellow students not fearing contagious diseases because public health has eliminated smallpox, and through vaccination, we have controlled measles, diphtheria, and many other diseases.
- Have lunch sometimes at a fast-food restaurant or other eatery, not worrying about food poisoning because public health has been there before you verifying food safety practices
- After work, if the weather is good maybe go for a swim in a public pool which public health has verified is using appropriate chlorination
- Perhaps the kids have been at a camp – public health has inspected it and ensured proper safety features are in place
- Perhaps someone in the family is pregnant. Public health may well be helping to care for the pregnant mom and give advice about such things as nutrition, smoking, and exercise during pregnancy. Our WIC program may be helping by providing healthy foods so that mom and her child are not nutritionally deprived.
- There are so many other areas: like disaster planning and response, pandemic preparation, and Communicable disease outbreak control – can't name them all.

And those are just a few examples of how public health allows us to live the way we want to – free and with far less worry.

Community Health Services

WIC CASELOAD DATA FFY 2025

TCWH WIC Program	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	AVG.
Target Caseload	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	
Participation	1123	1099	1135	1161	1165	1162							1141
% Caseload Served	85.1%	83.3%	86.0%	88.0%	88.3%	88.0%							86.43%
% Change Per Month	0.00%	-1.82%	2.73%	1.97%	0.30%	-0.23%							0.49%
Enrolled	1189	1171	1181	1202	1219	1227							1198
Participation/ Enrollment	94.4%	93.9%	96.1%	96.6%	95.6%	94.7%							95.21%

NYSDOH COMMUNICABLE DISEASE REPORTS

- See following pages.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01APR25
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=March

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
ANAPLASMOSIS**	0	0.0	0	0.0	2	23.7	0	0.0	1	11.9
CAMPYLOBACTERIOSIS**	2	23.7	1	11.9	3	35.6	1	11.9	2	23.7
COVID-19	66	783.7	66	783.7	365	4334.1	1308	15532	580	6887.1
CRYPTOSPORIDIOSIS**	0	0.0	0	0.0	1	11.9	2	23.7	1	11.9
CYCLOSPORA	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0
GIARDIASIS	1	11.9	1	11.9	0	0.0	2	23.7	1	11.9
HEPATITIS B,CHRONIC**	2	23.7	0	0.0	0	0.0	1	11.9	0	0.0
HEPATITIS C,ACUTE**	2	23.7	0	0.0	1	11.9	0	0.0	0	0.0
HEPATITIS C,CHRONIC**	0	0.0	1	11.9	1	11.9	2	23.7	1	11.9
INFLUENZA A, LAB CONFIRMED	221	2624.2	229	2719.2	8	95.0	31	368.1	89	1056.8
INFLUENZA B, LAB CONFIRMED	78	926.2	38	451.2	2	23.7	0	0.0	13	154.4
LEGIONELLOSIS	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
LYME DISEASE** *****	20	237.5	14	166.2	17	201.9	14	166.2	15	178.1
RESPIRATORY SYNCYTIAL VIRUS	33	391.9	15	178.1	0	0.0	0	0.0	5	59.4
SALMONELLOSIS**	0	0.0	0	0.0	1	11.9	1	11.9	1	11.9
STREP,GROUP A INVASIVE	1	11.9	2	23.7	1	11.9	0	0.0	1	11.9
STREP,GROUP B INVASIVE	2	23.7	1	11.9	0	0.0	2	23.7	1	11.9
STREP PNEUMONIAE,INVASIVE**	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
TUBERCULOSIS***	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
YERSINIOSIS**	0	0.0	1	11.9	0	0.0	1	11.9	1	11.9

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SYPHILIS TOTAL.....	1	11.9	1	11.9	0	0.0	7	83.1	3	35.6
- P&S SYPHILIS	0	0.0	0	0.0	0	0.0	4	47.5	1	11.9
- EARLY LATENT**	1	11.9	1	11.9	0	0.0	2	23.7	1	11.9
- LATE LATENT**	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
GONORRHEA TOTAL.....	6	71.2	6	71.2	13	154.4	9	106.9	9	106.9
- GONORRHEA	6	71.2	6	71.2	13	154.4	9	106.9	9	106.9
CHLAMYDIA	17	201.9	18	213.7	32	380.0	48	570.0	33	391.9

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted

***Not official number

**** Beginning in 2022, extrapolated results were no longer used and all confirmed/probable cases are counted.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01APR25
Through December
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	1	1.0	0	0.0	0	0.0	1	1.0	0	0.0
ANAPLASMOSIS**	1	1.0	107	105.9	116	114.8	66	65.3	96	95.0
BABESIOSIS**	0	0.0	29	28.7	34	33.6	11	10.9	25	24.7
BLASTOMYCOSIS	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	8	7.9	39	38.6	26	25.7	28	27.7	31	30.7
CHIKUNGUNYA**	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
COVID-19	281	278.1	1566	1549.6	2756	2727.1	16048	15880	6790	6718.9
CRYPTOSPORIDIOSIS**	0	0.0	8	7.9	7	6.9	11	10.9	9	8.9
CYCLOSPORA	0	0.0	4	4.0	0	0.0	0	0.0	1	1.0
DENGUE FEVER**	0	0.0	6	5.9	0	0.0	1	1.0	2	2.0
ECOLI SHIGA TOXIN**	0	0.0	3	3.0	4	4.0	3	3.0	3	3.0
EHRlichiosis (CHAFEENSIS)**	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
EHRlichiosis (EWINGII)**	0	0.0	0	0.0	1	1.0	1	1.0	1	1.0
ENCEPHALITIS, ARBO**	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
GIARDIASIS	1	1.0	16	15.8	14	13.9	13	12.9	14	13.9
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	4	4.0	1	1.0	4	4.0	3	3.0
HEPATITIS A	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
HEPATITIS B, ACUTE	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
HEPATITIS B, CHRONIC**	7	6.9	21	20.8	10	9.9	15	14.8	15	14.8
HEPATITIS C, ACUTE**	2	2.0	3	3.0	5	4.9	4	4.0	4	4.0
HEPATITIS C, CHRONIC**	1	1.0	17	16.8	22	21.8	20	19.8	20	19.8
HERPES INF, INFANT =< 60 DAYS	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
INFLUENZA A, LAB CONFIRMED	934	924.2	1130	1118.2	251	248.4	1341	1327.0	907	897.5

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA B, LAB CONFIRMED	117	115.8	125	123.7	31	30.7	11	10.9	56	55.4
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	0	0.0	3	3.0	1	1.0
LEGIONELLOSIS	1	1.0	2	2.0	15	14.8	6	5.9	8	7.9
LISTERIOSIS	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
LYME DISEASE** ****	73	72.2	533	527.4	415	410.7	265	262.2	404	399.8
MALARIA	0	0.0	1	1.0	2	2.0	3	3.0	2	2.0
MENINGITIS, ASEPTIC	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
MONKEYPOX	0	0.0	0	0.0	0	0.0	3	3.0	1	1.0
PERTUSSIS**	0	0.0	16	15.8	0	0.0	0	0.0	5	4.9
Q FEVER**	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
RESPIRATORY SYNCYTIAL VIRUS	167	165.3	230	227.6	64	63.3	0	0.0	98	97.0
ROCKY MTN SPOT FEVER**	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
SALMONELLOSIS**	1	1.0	22	21.8	12	11.9	20	19.8	18	17.8
S.PARATYPHI	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
SHIGELLOSIS**	2	2.0	3	3.0	1	1.0	2	2.0	2	2.0
STREP, GROUP A INVASIVE	2	2.0	10	9.9	11	10.9	5	4.9	9	8.9
STREP, GROUP B INVASIVE	3	3.0	3	3.0	1	1.0	6	5.9	3	3.0
STREP PNEUMONIAE, INVASIVE**	0	0.0	6	5.9	3	3.0	8	7.9	6	5.9
TOXIC SHOCK SYNDROME, STREPTOCOCCAL**	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
TUBERCULOSIS***	0	0.0	0	0.0	1	1.0	1	1.0	1	1.0
TYPHOID FEVER	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
VARICELLA	2	2.0	1	1.0	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA**	0	0.0	0	0.0	3	3.0	2	2.0	2	2.0
WESTNILE VIRUS**	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	0	0.0	5	4.9	1	1.0	6	5.9	4	4.0
SYPHILIS TOTAL.....	3	3.0	18	17.8	12	11.9	34	33.6	21	20.8

	2025		2024		2023		2022		Ave (2022-2024)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- P&S SYPHILIS	0	0.0	0	0.0	0	0.0	16	15.8	5	4.9
- EARLY LATENT**	2	2.0	9	8.9	6	5.9	15	14.8	10	9.9
- LATE LATENT**	1	1.0	9	8.9	6	5.9	2	2.0	6	5.9
- CONGENITAL SYPHILIS	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
GONORRHEA TOTAL.....	21	20.8	107	105.9	120	118.7	109	107.9	112	110.8
- GONORRHEA	21	20.8	107	105.9	120	118.7	109	107.9	112	110.8
CHLAMYDIA	66	65.3	278	275.1	328	324.6	377	373.1	328	324.6

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** Beginning in 2022, exptropolated results were no longer used and all confirmed/probable cases are counted.

Health Promotion Program

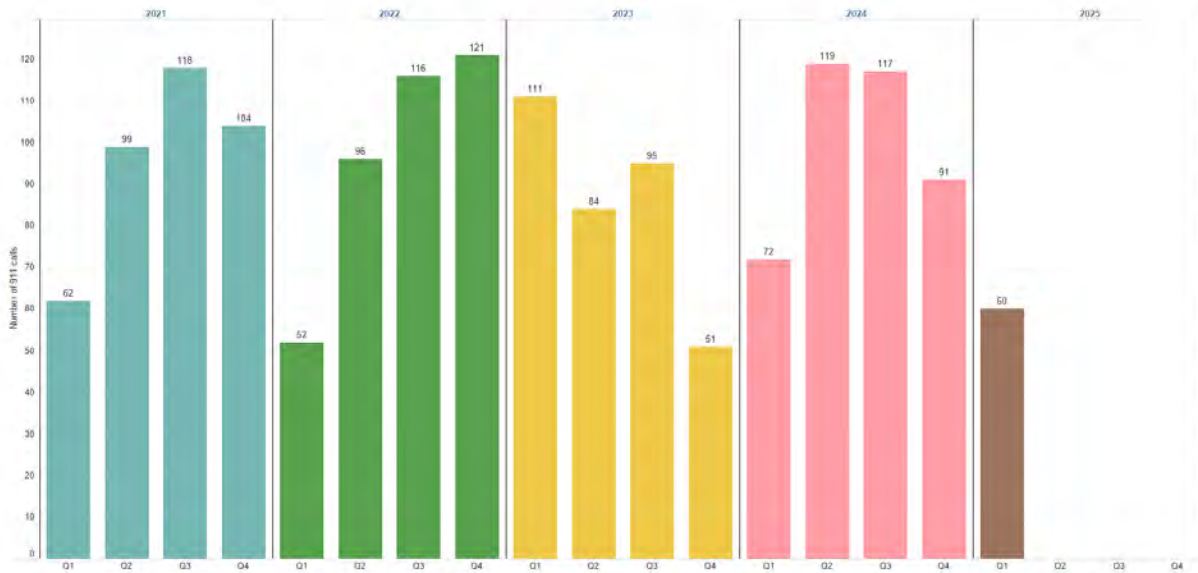
Opioids

911 CALL REPORTS

All calls that come into Tompkins County's 9-1-1 center are coded based on the type of emergency. To help direct the call, the dispatcher assigns each a "Nature." The Department of Emergency Response (DoER) sends the monthly totals to Whole Health for calls coded as "Overdose/Poisoning." The visuals below show call numbers by quarter and by month for years 2021-2025.

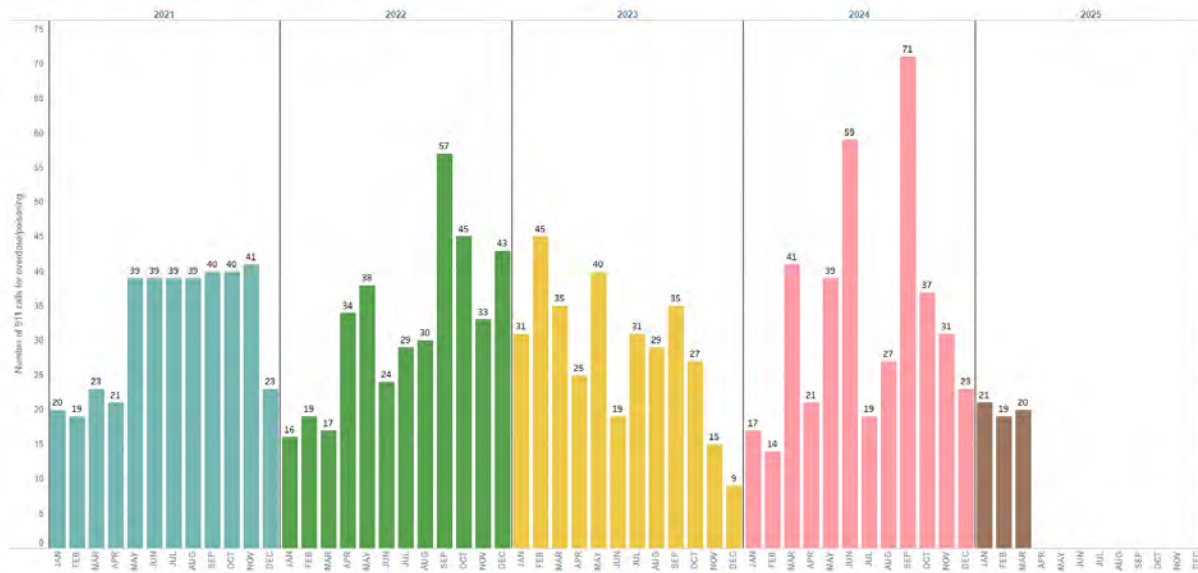
Quarterly 911 Calls for Overdose/ Poisoning x Year

Tompkins County, Total number of calls per quarter that are coded as "Overdose/Poisoning." Source: Tompkins County Department of Emergency Response (DoER). Note: Most recent quarter is YTD as of 4/7/2025 4:23:58 PM



Monthly 911 Calls for Overdose/ Poisoning x Year

Tompkins County, Total number of calls per month that are coded as "Overdose/Poisoning." Source: Tompkins County Department of Emergency Response (DoER).



[Click here for these and additional data visuals on the WH website.](#)

CHWs

Enrolled Clients	March 2025	YTD 2025	March 2024	TOTAL 2024
HiP Tompkins	33	34	40	64
General CHW Program	24	24	8	13

OUTREACH

- Community Action Board, 3/4
- Groton Resource Hub, 3 /4, 3/11, 3/18
- Community Health Workers and The Buffalo Doula Collective, 3/11
- YMCA Resource Hub 3/17
- Loaves and Fishes 3/17

TRAININGS

- Cancer Services Presentation, 3/20
- Screen, Refer, Resolve: A toolkit for Addressing a Patients' Social Determinants of Health Needs, 3/4

HNP**MONTHLY STATS**

HEALTHY NEIGHBORHOODS PROGRAM	March 2025	YTD 2025	March 2024	TOTAL 2024*
# of Initial Home Visits (including asthma visits)	44	79	36	241
# of Revisits	2	4	0	24
# of Asthma Homes (initial)	10	14	3	38
# of Homes Approached	0	0	0	152

OUTREACH & TRAINING

- CNY Coalition for Healthy Indoor Air Meeting
- Lead Poisoning Prevention Network Meeting
- Presentation from the Cancer Services Program
- Health and Immigration Policy Implications for Community-Based Workforces

COVID-19

- Continued promotion of vaccination (age 65+, immune compromised eligible for 2nd dose of Fall 2024 booster).
- March was the 5-year anniversary of the start of the COVID-19 pandemic; followed up with media interest in covering pandemic history to date.

Media

SOCIAL MEDIA

- Introduction of new templates/formatting to social media content, working with staff to collect photographs depicting services/programs/staff
- Continued development of new Instagram @tcwholehealth
- Event promotion:
- Tompkins County Lead Poisoning Prevention Network quarterly meeting (March 20, 2025), presentation by Kirsten Kurtz, Assistant Director of Cornell Soil Health Lab: "Heavy Metals in Soil: Overview, Testing and Management".
- Free Lead Paint Safety EPA Certification Course: "Renovation, Repair and Painting" for EPA Lead Safety Certification, hosted by EH Event (March 31, 2025); conducted outreach to painters, contractors, landlords, etc. to participate in this free event in addition to social media promotion
- Begin promotion of Spring Rabies Clinic (May 7, 2025)
- Highlighting awareness for March:
 - National Nutrition Month
 - Colorectal Cancer Awareness Month
 - March 12: Registered Dietitian Day (a part of Nutrition Month)
 - March 20: World Oral Health Day
 - March 21: World Down Syndrome Day
 - National Poison Prevention Week: March 16-22
 - March 24: World TB Day
 - March 31: Trans Day of Visibility

PRESS RELEASES

- [Measles Cases Spreading Nationally, Vaccination Encouraged](#) (3/4/25)
- [TCWH Announces Findings from 2024 Tompkins County Oral Health Survey](#) (3/20/25)
- [TCWH Announces New Community Outreach Worker Program](#) (3/24/25)

Outreach & Training

Conducted by Health Promotion, PH Fellows, CSCN, and Mental Health staff

OUTREACH

- World Oral Health Day, Tompkins County Public Library (3/20/25)
- See CHW OUTREACH section above for additional dates/locations
- Planning underway for big spring/summer outreach events across the county, beginning April!

TRAINING

- Conference: Public Health Communications Collaborative: Insights to Practice – A Conference to Inspire Public Health Communications (March 26, 2025)
- Webinar: ECornell Culture of Wellbeing

Committee and Partnership Meetings

Group, Organization	Activity/Purpose	Date
Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Cte.	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	Quarterly
COFA Advisory Board	Updates and Age Friendly	Quarterly
Suicide Prevention Coalition	In partnership with the Sophie Fund	Monthly
Immunization Coalition	Quarterly meeting, updates about COVID-19 vaccine and discussion/feedback, youth vaccination promo	Quarterly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	Quarterly
Cayuga Health Data Governance Committee	Oversight/advisory committee for the health equity team at Cayuga Health, focus on data collection for health equity, We Ask Because We Care campaign.	Quarterly
TC Cancer Screening Working Group	Regular meeting	Monthly
Aging Services Network	Regular meeting	Monthly
Homeless & Housing Taskforce	Regular meeting	Bi-monthly
PICHC Partners Meeting	Weekly meeting to discuss community health worker roles, align program design, collaborate w/community partners	Weekly
PICHC State Call	Monthly meeting for PICHC programs in NYS	Monthly
LATCH: Lactation Alliance for Tompkins County Health	Monthly meeting of community partners/stakeholders. Mission: To protect, promote, & support breastfeeding/chestfeeding in Tompkins County, and to protect, promote, & support the rights of families to achieve their infant feeding goals.	Monthly
Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Cte.	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	Quarterly

Children with Special Care Needs (CSCN)

STATISTICAL HIGHLIGHTS

- *See following pages.*

**Children with Special Care Needs Division
Statistical Highlights 2025
EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
Initial Concern/reason for referral:															
-- DSS Founded Case	2	0	1										3	1	0
-- Gestational Age	0	0	0										0	4	2
-- Gestational Age/Gross Motor	0	0	0										0	1	0
-- Global Delays	0	0	0										0	1	0
-- Hearing	0	0	0										0	4	1
-- Physical	0	0	0										0	0	0
-- Feeding	0	1	1										2	10	30
-- Feeding & Gross Motor	1	0	0										1	5	4
-- Feeding & Social Emotional	1	0	0										1	0	1
-- Gross Motor	6	7	3										16	32	48
-- Gross Motor & Fine Motor	0	0	0										0	1	5
-- Gross Motor, Speech & Social Emotional	0	0	1										1	5	2
Gross Motor, Speech& Hearing	0	0	0										0	4	0
-- Fine Motor	0	0	0										0	1	0
-- Social Emotional	0	0	0										0	3	5
-- Social Emotional & Adaptive	0	0	0										0	0	5
-- Speech	15	12	11										38	102	110
-- Speech & Cognitive	0	0	0										0	1	1
-- Speech & Feeding	1	0	0										1	3	3
-- Speech & Fine Motor	0	1	0										1	1	2
-- Speech & Gross Motor	0	1	0										1	6	13
-- Speech & Hearing	0	0	0										0	3	4
-- Speech & Sensory	1	2	0										3	2	0
-- Speech & Social Emotional	0	1	0										1	6	6
-- Speech, Feeding & Gross Motor	0	0	1										1	0	2
-- Speech, Fine Motor, Social/Emotional, Other	0	0	0										0	3	
-- Adaptive	0	0	0										0	0	0
-- Adaptive/Sensory	0	0	0										0	0	3
-- Adaptive/Fine Motor	0	0	0										0	0	3
-- Qualifying Congenital / Medical Diagnosis	0	2	0										2	0	8
-- Other -- Birth Trauma	0	0	0										0	3	3
-- Overall Development	0	1	1										2	4	
-- Sensory, Safety, Motor	0	0	1										1	1	
-- Child in Foster Care	0	0	0										0	2	
-- Maternal Drug Use	0	1	2										3	1	4
Total # of CYSHCN Referrals	0	2	4										6	10	13
Total # of Information and Referrals (I&R)	15	10	4										29	74	100
Total # of Child Find Referrals	1	0	1										2	3	7
Total Number of CSCN ProgramReferrals	43	41	31	0	0	0	0	0	0	0	0	0	115	297	385

Caseloads															
Total # of clients worked with during this month	183	197	195												
Average # of Cases per Full Time Service Coordinator	26.14	28.14	27.86												

EARLY INTERVENTION PROGRAM

Billable Expenses/Visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
-- Intake visits	27	18	29										74	175	225
-- IFSP Meetings	0	0	0										0	2	303
-- Initial IFSP	1	0	2										3	22	
-- Core Evaluations	2	4	8										14	83	191
-- Core Evaluations with IFSP	13	12	13										38	88	
-- Supplemental Evaluations	5	1	2										8	33	54
-- Supplemental Evaluations with Amendment	1	2	3										6	16	
-- Observation Visits	18	35	48										101	321	290
-- IFSP Change Visit	3	7	6										16	19	
-- IFSP Review Visit	19	16	14										49	186	
-- CPSE meetings	2	3	7										12	64	63
-- SC Discuss	24	39	51										114	263	88
-- SC Visits	17	11	19										47	131	
-- Family Training/Team Meetings	0	0	0										0	0	3
-- Phone Call	167	168	221										556	1814	
-- OSC-Transfer Chart to OSC	4	16	6										26	68	
-- Transition meetings	8	21	7										36	44	47
-- Home Visit for Signature	3	0	2										5	14	
Services and Evaluations Pending & Completed															
Children with Services Pending(Needs List)															
-- Feeding	7	7	7										21	84	67
-- Nutrition	0	0	0										0	0	0
-- Occupational Therapy	12	12	12										36	136	57
-- Physical Therapy	8	8	8										24	96	0
-- Social Work	4	4	4										12	48	55
-- Special Education	22	22	22										66	263	0
-- Speech Therapy	48	48	48										144	560	478

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
-- To CPSE	8	0	0										8	59	65
-- Aged out	1	0	2										3	14	30
-- Skilled out	1	1	0										2	22	27
-- Moved	1	1	0										2	9	13
-- Not Eligible/DNQ	3	1	6										10	62	62
-- Family Refused/Unable to Locate	1	4	2										7	26	36
--Child Deceased	0	0	0										0	0	1
Total Number of Discharges	15	7	10	0	0	0	0	0	0	0	0	0	32	192	234
Child Find															
Total # of Referrals	0	0	1										1	4	6
Total # of Children in Child Find	1	0	1										2	6	79
Total # Transferred to Early Intervention	0	0	0										0	3	2
Total # of Discharges	0	1	0										1	5	17

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
Children per School District															
-- Ithaca	140	143	152												
-- Dryden	33	33	36												
-- Newfield	22	24	24												
-- Groton	29	29	32												
-- Moravia	0	0	0												
-- Lansing	34	34	34												
-- Trumansburg	12	15	15												
-- Cortland	0	0	0												
-- Homer	0	0	0												
-- Odessa-Montour	1	1	1												
-- Spencer VanEtten	0	0	0												
-- Candor	1	1	1												
-- Newark Valley	0	0	0												
Total # of Qualified and Receiving Services	272	280	295	0	0	0	0	0	0	0	0	0			

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025	2024	2023
Services /Authorized by Discipline															
-- Speech Therapy (individual)	150	155	161										466		
-- Speech Therapy (group)	10	14	17										41		
-- Occupational Therapy (individual)	68	70	75										213		
-- Occupational Therapy (group)	0	0	0										0		
-- Physical Therapy (individual)	30	32	33										95		
-- Physical Therapy (group)	2	2	2										6		
-- Transportation	70	72	73										215		
-- Birnie Bus	21	22	21										64		
-- Dryden Central School District	7	7	8										22		
-- Ithaca City School District	36	36	37										109		
-- Parent	6	7	7										20		
-- Counseling	31	31	26										88		
-- Parent Counseling	23	21	20										64		
-- Service Coordination	20	18	19										57		
-- Assistive Technology	0	0	0										0		
-- Special Ed Itinerate Teacher (SEIT)	35	37	42										114		
-- 1:1 Tuition Aide (CB)	8	8	9										25		
-- Audiological Services	1	1	1										3		
-- Nutrition (OTHER)	0	0	0										0		
-- Teacher of the Deaf	1	1	1										3		
-- 1:1 Aide	3	3	9										15		
-- 1:1 Teacher Assistant	0	0	0										0		
-- Music Therapy	0	0	0										0		
-- Skilled Nursing	0	0	0										0		
-- Teacher of Visually Impaired	0	0	0										0		
Total # of children rcvg. home based related svcs.	199	203	217	0	0	0	0	0	0	0	0	0	619		

PRESCHOOL SPECIAL EDUCATION PROGRAM

Number of Children Served Per School District Attending Tuition Based Programs	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025	2024	2023
-- Ithaca	38	40	41												
-- Dryden	12	12	12												
-- Newfield	6	6	6												
-- Lansing	7	7	7												
-- Moravia	0	0	0												
--Groton	6	7	7												
-- Cortland	0	0	0												
--Newark Valley	0	0	0												
-- Trumansburg	4	4	4												
-- Homer	0	0	0												
-- Odessa Montour	0	0	0												
-- Spencer -Van Etten	0	0	0												
--Candor	1	1	1												

-- # attending Franziska Racker Centers	38	40	39												
-- # attending Ithaca City School District	28	30	31												
-- # attending Dryden Central School	7	7	8												
-- # attending South Seneca School District	0	0	0												
Total # attending Special Ed Integrated Tuition Progr.	73	77	78	0	0	0	0	0	0	0	0	0	0	228	

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Totals	2024 Totals	2023 Totals
-- Ithaca	18	23	24										65	243	225
-- Candor	0	0	0										0	3	2
-- Dryden	1	3	10										14	57	53
-- Groton	1	3	13										17	44	43
-- Homer	0	0	0										0	0	0
-- Lansing	1	1	2										4	30	22
-- Newfield	2	0	2										4	26	26
-- Trumansburg	0	0	4										4	16	13
-- Spencer VanEtten	0	0	0										0	1	1
-- Moravia	0	0	0										0	0	1
Total CPSE Meetings Attended	23	30	55	0	0	0	0	0	0	0	0	0	108	420	386

Environmental Health

Division of Environmental Health
Summary of Activity (2025)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2024 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
Permitted Operations (550 Permitted Operations*)														
Inspections**	27	76	91										194	845
Critical Violations	3	13	24										40	130
Other Violations	27	40	68										135	303
Plans Approved	1	0	2										3	22
Complaints Received	4	1	6										11	32
Temporary FSE (150 Estimated Operations*)														
Permits Issued	2	1	6										9	162
Inspections**	0	0	5										5	79
Critical Violations	0	0	1										1	12
Other Violations	0	1	0										1	7
MOBILE HOME PARKS (38 Permitted Operations, 2019 Lots*)														
Inspections**	0	0	3										3	31
Critical Violations	0	0	0										0	19
Other Violations	0	0	6										6	70
Complaints Received	1	1	5										7	11
TEMPORARY RESIDENCES - Hotels & Motels (35 Permitted Operations, 2241 Rooms*)														
Inspections**	2	1	1										4	38
Critical Violations	0	0	5										5	45
Other Violations	0	0	7										7	36
Complaints Received	0	0	0										0	5
MASS GATHERING (Fingerlakes GrassRoots Festival)														
Inspections**	0	0	0										0	13
Critical Violations	0	0	0										0	10
Other Violations	0	0	0										0	131
Complaints Received	0	0	0										0	0
MIGRANT FARM WORKER HOUSING (1 Operation)														
Inspections**	0	1	0										1	2
Critical Violations	0	0	0										0	0
Other Violations	0	0	0										0	0
Complaint Investigations	0	0	0										0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (9 Operations, 598 Sites*)														
Inspections**	0	0	0										0	21
Critical Violations	0	0	0										0	4
Other Violations	0	0	0										0	16
Complaints Received	0	0	0										0	0
CHILDREN'S CAMPS (31 Operations)														
Inspections**	0	0	0										0	47
Critical Violations	0	0	0										0	1
Other Violations	0	0	0										0	1
Injury/Illness Investigations	0	0	0										0	0
Complaints Received	0	0	0										0	0
SWIMMING POOLS & BATHING BEACHES - (50 Operations*)														
Inspections**	10	0	4										14	83
Critical Violations	1	0	0										1	9
Other Violations	6	0	1										7	40
Injury/Illness Investigations	0	0	0										0	0
Complaints Received	0	0	0										0	0
PUBLIC WATER SYSTEMS (PWS) 88 Community PWS, 63 Other PWS*)														
Inspections**	6	7	7										20	131
Boil Water Orders Issued	3	2	3										8	30
Complaints Received	0	0	2										2	5

**Division of Environmental Health
Summary of Activity (2025)**

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2024 Totals
ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	7	6	21	0	0	0	0	0	0	0	0	0	34	231
New Construction/Conversions	4	2	11										17	118
Replacements	3	4	10										17	113
Completion Certificates Issued	9	3	9	0	0	0	0	0	0	0	0	0	21	178
New Construction/Conversions	6	2	3										11	70
Replacements	3	1	6										10	108
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0	0										0	1
OWTS	0	1	3										4	41
Collector Sewer	0	1	0										1	0
Public Water Systems	0	0	2										2	3
Water Main Extension	1	1	0										2	0
Cross-Connection Control Devices	0	0	1										1	8
Other Water System Modification	0	0	0										0	5
Other Engineering Reviews	0	0	0										0	0
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	41	20	39										100	685
Human Post-X Treatments	8	2	6										16	190
Animal Specimens Tested	12	5	4										21	168
Animals Testing Positive	1	0	0										1	7
Pet Quarantine	0	0	0										0	2
Rabies Clinics Offered	1	0	0										1	4
Dogs Vaccinated	89	0	0										89	380
Cats Vaccinated	53	0	0										53	197
Ferrets Vaccinated	0	0	0										0	2
CHILDHOOD LEAD PROGRAM														
# of New EH Referrals w/ Elevated BLL	0	0	0										0	2
# of Home Assessments Performed	1	0	0										1	2
# of Notice of Demands Sent	1	0	0										1	1
FOIL REQUESTS														
Total Received	4	5	5										14	59
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (65 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	0	0	70										70	60
Violations	0	0	1										1	4
CIAA Complaints	0	0	0										0	0
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	5	1	4										10	38
ENFORCEMENT ACTIONS														
Total Cases	1	3	2										6	16
Cases Related to FSE	0	1	1										2	9
BOH Penalties Assessed	\$0	\$1,000	\$800										\$1,800	\$14,750
BOH Penalties Collected	\$400	\$2,700	\$400										\$3,500	\$14,650
CUSTOMER SERVICE/SUPPORT														
Calls Received	417	383	532										1332	7002
Walk-In Customers	31	32	48										111	595
TCEH Emails Received	346	328	395										1069	5683
Applications Processed	124	99	202										425	1645
Payment Receipts Processed	46	81	160										287	1340
Renewals/Billings Sent	139	73	212										424	884

* As of 1/1/2025

** Includes Pre-op, Inspection, Re-inspection, HAACP, Sanitary Surveys (Doesn't include Co-Inspector/Field Visits)