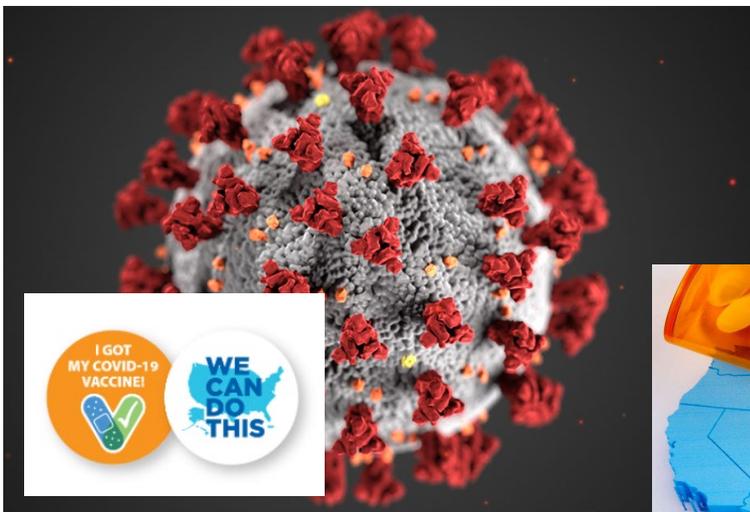




Public Health
Prevent. Promote. Protect.

Greene County Public Health Department

Annual Report 2022



Submitted: April 5, 2023

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Director of Public Health
& Public Health Staff**

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MISSION

Serving the community to prevent disease, promote and protect health, and provide education supporting healthy lifestyles.

VISION

Greene County Public Health Department will be a trusted partner in education, preparedness, surveillance, testing, and resources supporting the health of the community.

VALUES

- **Dedication** to excellence.
- **Professionalism** in everything we do.
- **Prepared** to respond to health emergencies.
- **Teamwork** to ensure optimal resources.
- **Compassion** to all those served.
- **Collaboration** with local agencies to promote community health.

TEN ESSENTIAL PUBLIC HEALTH SERVICES



1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

SIX CORE SERVICES OF PUBLIC HEALTH:

- Communicable Disease Control
- Community Health Assessment
- Chronic Disease Prevention
- Emergency Preparedness and Response
- Environmental Health
- Family Health



Local Health Departments:

Are Prepared

- Public Health Emergency Preparedness and Response is a core public health service
- Emergency Response plans include pandemic planning
- Plans are regularly drilled or activated to respond to local emergencies and outbreaks, allowing for lessons learned and plan improvements

Are Communicable Disease Experts

- Activities routinely conducted:
 - Epidemiological investigations
 - Contact tracing
 - Monitoring of suspected cases
 - Mass clinics
 - Isolation and Quarantine

Are Experienced

- Have responded to emerging disease threats over the last few decades and learn and improve the response each time, leveraging staff experience, technology and added expertise

Build Strong Partnerships

- Working hand-in-hand with NYSDOH and CDC to protect the public's health
- Build and maintain strong community partnerships with local hospitals, clinicians, colleges, school districts, businesses, community-based organizations, and individual volunteers
 - All partners are then ready and able to work together in a public health emergency

Are Responding Every Day

- A strong public health response is our best protection against emerging infections, such as COVID-19
- Making sure that the public health infrastructure is well-funded for everyday work assures that local public health experts act quickly and effectively to mitigate the risks posed by new disease threats.

New York State has strong Public Health Laws

Public Health Law grants authority to local health officials to respond to disease threats. While other health care sectors play a role, New York's local health departments are the only on-the-ground entities legally responsible for the control of communicable diseases. Local health officials are mindful of their legal authorities and obligations and work closely with their County Attorneys and the NYSDOH to assure the balance of protecting the public while being mindful of individual rights.

We continue to be grateful to the members of the community as we strive towards a healthy Greene County. This annual report covers the work of the department and each of the branches, but we begin with a review of our 2022 goals.

Review of 2022 Public Health Department GOALS:

1. Resume the work of the Strategic Plan for Public Health to incorporate the processes and lessons learned throughout the COVID-19 pandemic and going forward:

- Revised Mission, Vision and Values
- Determination of Strategic Issues and Goals, utilizing a Strengths, Opportunities, Aspirations and
- Mapping of Strategies, Actions and Timelines

Due to the competing priorities of COVID-19, this goal was not achieved.

2. Continue to provide cross-training opportunities between branches within Public Health.

Cross training remains a strategy to compensate for staff vacancies. Our Maternal Child Health nurse cross trains and covers both Public Health and the Family Planning clinic. Our front desk reception area is also covered via cross training.

3. Data management and evaluation related to COVID-19.

In 2022 we reported daily on COVID-19 cases through our social media pages. A link to our website was created so people could self-report their cases and obtain isolation orders. A project for population level COVID-19 data evaluation was conceived in 2022 with the assistance of a Public Health Fellow from the NYSDOH, but remains under progress in 2023.

4. Preparedness Response, including asset management and medication distribution.

Due to the competing priorities of COVID-19 and staffing shortages, no point of distribution drills were conducted in 2022.

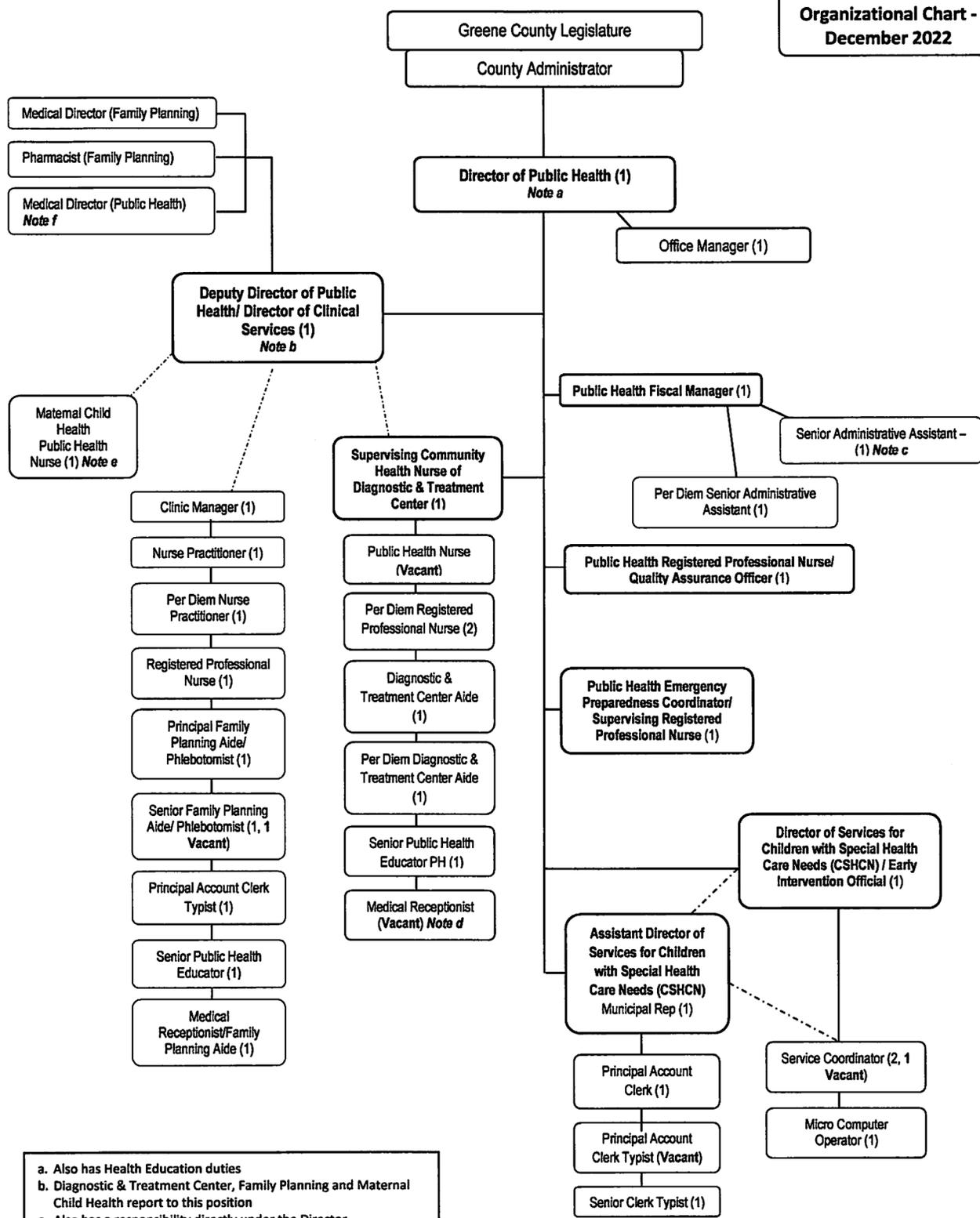
5. Participation in an updated Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for Greene and Columbia Counties, and well as the regional assessment.

Staff have been working closely with our Columbia Memorial Hospital and Columbia County Health Department partners on the 2022-2024 CHA and CHIP.

Goals for 2023:

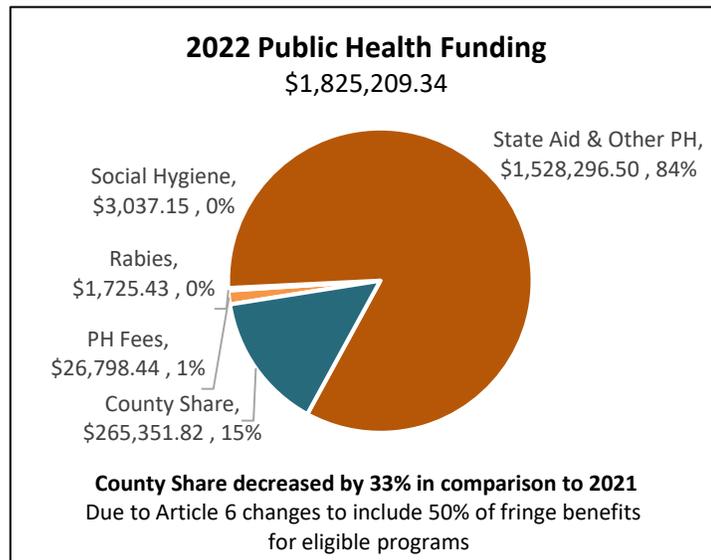
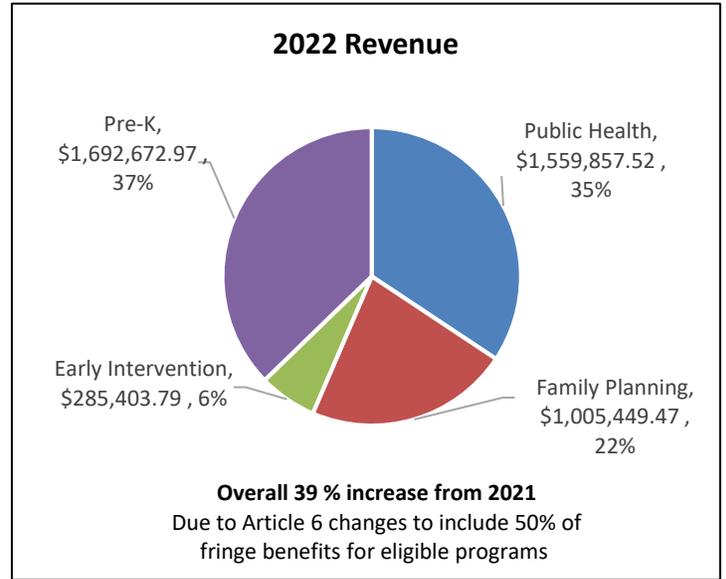
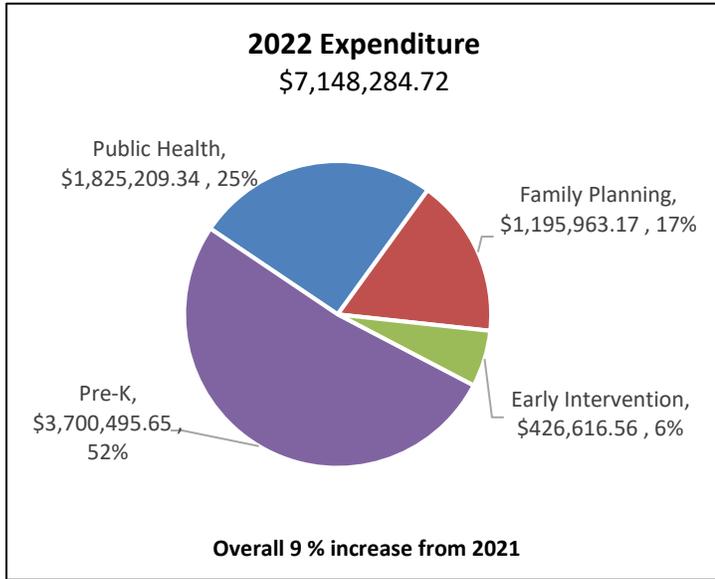
- Preparedness for the next possible pandemic utilizing novel strategies:
 - ✓ Wastewater surveillance
 - ✓ Electronic Syndromic Surveillance
- Return staffing to pre-pandemic levels with all branches full staffed and operational
- Improve communications between the Public Health Department and the community through targeted outreach to disseminate education, awareness, and prevention strategies
- Data Management improvements in public health utilizing the expertise and collaboration of the CDC Foundation epidemiologist
- Participation in an updated Community Health Assessment and Community Health Improvement Plan for Greene and Columbia Counties, as well as the regional assessment

Organizational Chart - December 2022



- a. Also has Health Education duties
- b. Diagnostic & Treatment Center, Family Planning and Maternal Child Health report to this position
- c. Also has a responsibility directly under the Director
- d. Covers all sectors of public health
- e. Also has Health Education & Family Planning duties
- f. Also advises Director of Public Health and Diagnostic & Treatment Center

Fiscal:



In 2022, Greene County Public Health Department (Public Health) gradually transitioned from the COVID-19 emergency to managing COVID and supporting the community and public health branches as they resumed their work. From July 2021 through July 2023, Public Health received \$1,392,830 in funding from the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Reopening Schools grant. With this grant, schools were supported in order to maintain in-person learning.

The primary goals of the ELC Reopening Schools grant are to:

1. Conduct K-12 screening testing in K-12 setting
2. Support for diagnostic testing, such as COVID testing machines and supplies
3. Promote vaccination
4. Disease mitigation strategies, including air filtration systems, masks, and gloves

Staff from Public Health worked closely with our regional BOCES and county school districts to support and implement these strategies. Weekly calls were held with school district staff to answer questions and disseminate up-to-date information on best practices.

Quality Assurance/Compliance

Public Health Quality Assurance (QA) and Agency Compliance is designed to improve patient care and service by improving quality processes and maintaining program integrity. The QA Assurance Officer should evaluate systems of care, identify problems, and work collaboratively to develop solutions, with a focus on New York State department of Health, federal and programmatic regulatory requirements.

Quality Assurance Duties:

Policies

- Continued new policy development when need identified, or new State or Federal mandates
- Annual review of previously developed policies and existing practices, making recommendations for combining and revision when necessary for 3 areas within Public Health: Family Planning, Diagnostic & Treatment Center (D&TC), and the Licensed Home Care Service Agency (LHCSA)
- Easy access to all staff: all policies are located on the corresponding SharePoint for Public Health and Family Planning

2022 Accomplishments:

- ✓ Annual record reviews of D&TC, LHCSA & Family Planning, performed by a NYS Article 28 Registered Health Information Technician (RHIT) accredited reviewer, determined that staff documentation in the Electronic Medical Record (EMR) are performing well.
- ✓ IPRO audit completed in Family Planning with a 98% Passing score.
- ✓ Medical Directors chart review / audit completed.
- ✓ Automating quarterly chart audits that target specific areas.

Staff Education (Annual In-Services):

Core annual in-services and education are accessible to all staff on their department's SharePoint, allowing everyone to review and complete at their own pace. Once completed, an attestation is submitted, which remains in staff personnel files to assure compliance with State and Federal guidelines. In-services are updated annually to reflect current State and Federal regulations and CDC guidelines.

Training for Medent, our Electronic Medical Records (EMR) program, has become an annual occurrence as Public Health looks to capture data for better reporting purposes, affecting outcomes.

Greene County Public Health will continue the process of the Strategic Planning Initiative. This initiative has an emphasis on cross-training staff between branches to better adapt to emergencies of all types.

Staff Education Goals for 2023:

- Maintain LHCSA compliance within New York State Department of Health (NYSDOH) regulations.
- Maintain Family Planning and D&TC compliance with Article 28 NYSDOH regulations.
- Update Public Health's Strategic Plan and Mission to reflect insight gained during the COVID-19 Pandemic.
- Recommence annual review/update of all Departmental policies.
- Provide excellent, competent care and services to the clients of Public Health and Family Planning.
- Continue to automate our processes from paper to computer.

COMMUNICABLE DISEASE CONTROL

Diagnostic & Treatment Center (DTC):

The Diagnostic and Treatment Center handles 3 major programs: The Lead Poisoning and Prevention Program, Adult and Childhood Immunization Program and Communicable Disease. All of these programs are very time intensive with required reporting to the New York State Department of Health (NYSDOH).

Lead Poisoning & Prevention

Blood Lead Levels (BLL) processed through Lead Web	693
Reminder letters sent to parents to contact health care provider to test child for lead	246
Children with BLL over 5 µg/dl, requiring case management by Public Health Nurses and Environmental Staff as of 10/1/2019	9
Children who met criteria for discharge	13

Immunization

- Provided free of charge by the NYSDOH or on a sliding fee:
 - Vaccines for Children (all childhood vaccines)
 - Vaccines for Adults (common adult vaccines)
- Criteria to receive free vaccines:
 - Uninsured
 - Under insured
 - Insured with Medicaid Managed Care

Adult Immunizations Offered

Hepatitis B
Influenza
MMR
Pneumococcal
Shingles
Tdap
TwinRix (combined Hepatitis A & B)

Children seen at immunization clinics	103
Childhood Immunizations given	202
	
Adults seen at on-site immunization clinics	252
Adults seen at off-site immunization clinics	103
Adult Immunizations given	247
PPD's given	17
	
Influenza clinics	11
Influenza vaccine given	195

Communicable Disease (C/D):

- Over 75 state reportable diseases in NYS requiring Local Health Departments (LHD) to investigate and provide supporting documentation from providers to the NYSDOH
- 2300 positive state reportable lab results

Active TB

- Responsible for Direct Observation Therapy (DOT) on Active TB patients
- Using “Face Time” (HIPAA protected telehealth) to communicate, which keeps nurses in house
- 2022: 2 cases

Monkeypox (MPOX)

- Emerged in Summer 2022
- Predominantly found in men who engage in sex with men, but not limited to this population
- Secured vaccine from NYSDOH and hosted several clinics
- 2022: 2 cases

Lyme/Tick-borne Diseases

- Still endemic in region
- NYSDOH has taken over case processing for the counties

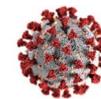
Positive Lyme reports investigated (20%)	195
Anaplasmosis	28
Babesia	18
Ehrlichia	0

Rabies

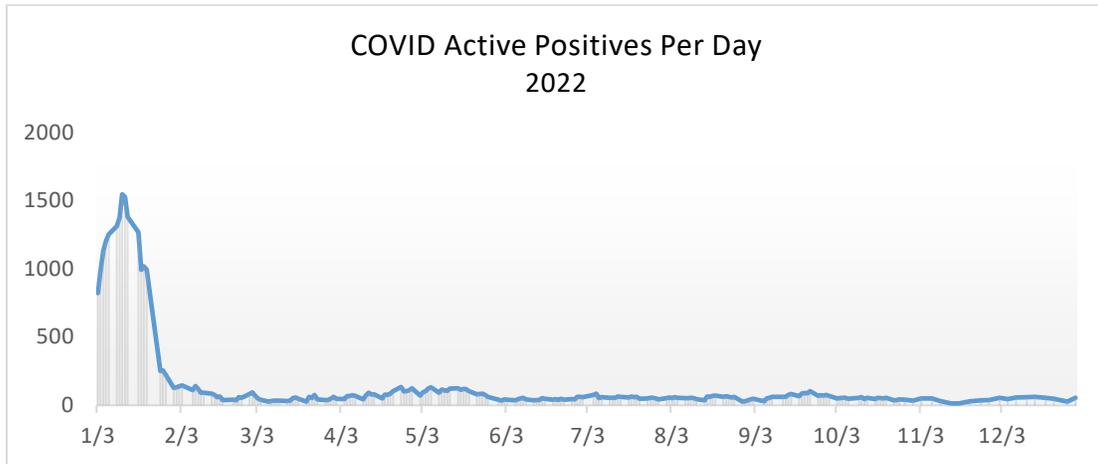
Rabies exposure investigations	143
Human rabies post-exposure treatment given	17
Rabies vaccination clinics for animals	4
Animals vaccinated	313

COVID-19

- January 2022: NY Governor Hochul announced that NYSDOH staff would take over all case investigations and contact tracing for LHDs
- COVID home tests released to schools and LHDs to disseminate
- Priority cases managed by NYS due to high volume of positive cases:
 - 0-18 year
 - 65 and over
- Kathode Ray Media instituted self-reporting module on County website for county residents, which would generate Isolation/Quarantine Orders
- Hired 2 NYS Fellows through COVID grant funding to cover the above priority groups with overlapping schedules covering 7 days a week
- CommCare was decommissioned on January 3, 2023, so cases requiring paperwork had to self-report on the County website
- D&TC staff started the transition back to program work



Greene County COVID-19 Daily Update		
	Totals as of 12/30/2021	Totals as of 12/30/2022
Total # of Positives since March 2020:	6,410	14,191
Active Positives:	635	54
New Positives Today:	93	52
Hospitalized:	21	13
Deaths:	93	147
*Percentages below are as of:	12/29/21	12/28/22
Total % of tests with positive results:	17.9%	11.8%
Seven (7) day Rolling Positive Rate in Greene:	14.1%	10.2%



2022 Highlights

- In-person outreach to providers for Immunization Quality Improvement for Providers (IQIP) to discuss strategies to improve vaccination rates in their practices
- School audits:
 - Work with local Preschool programs to ensure all students were up to date with vaccines
 - Assuring students were following the guidance for in-process vaccination
 - Assisted them with the Public Health Laws for families to review
 - Establishing immunization policies
 - Connecting them with the Health Commerce System to view real-time vaccine records
- Case managing patients: assisting to acquire health insurance, rides to doctor appointments, and link them to other resources available to them
- Constant communication with school RN's on interpreting vaccine records, titers drawn, and validity of medical exemptions
- Fielding calls from the public and offering guidance with environmental issues
- Working with local Animal Control Officers regarding animal bites and handling rabies exposures
- Compiling health news and statistics on what is currently trending in our county for our annual provider newsletter

2022 Challenges

- Staff absences due to COVID infection
- Reduced staffing due to promotion/retirement
- Difficulty in recruiting nursing and paraprofessionals due to low salaries
- Acclimating to program work post- COVID work/retraining

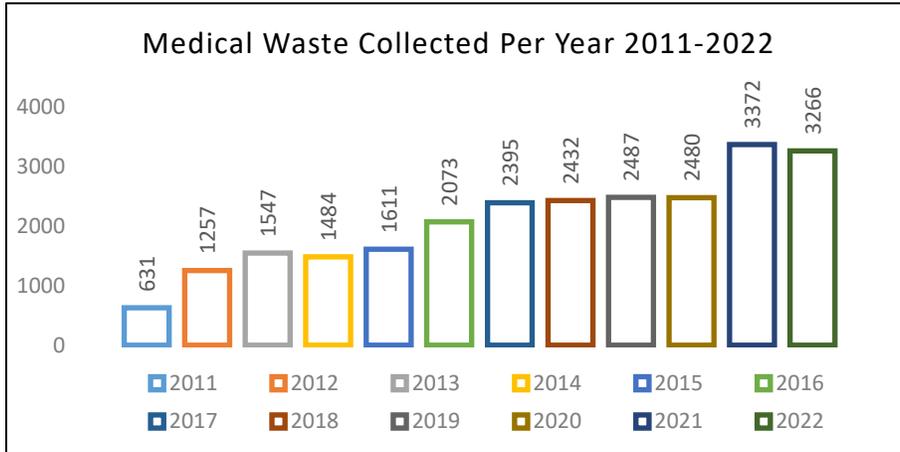
2023 Goals

- Active recruitment of nursing staff and an Epidemiologist
- Increase Community Outreach
- Negotiate MVP contract
- Contract for rabies post-exposure treatment with EmUrgent Care
- Expanding immunization clinics/school clinics
- Offer physicals to assist some of our Preschool providers
- Continue to grow our community partnerships post-COVID

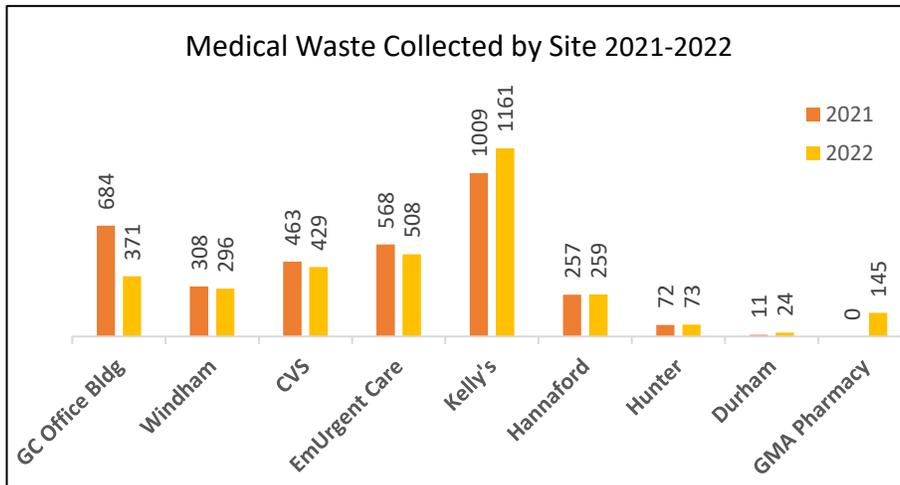
Project Needle Smart “Kiosk Program”

(Expanded Syringe Access Program [ESAP] sponsored by NYSDOH AIDS Institute)

- A county collaboration between Public Health, Highway and Solid Waste
- Provides a safe way of disposing medical sharps without causing injury to others
- Amounts collected per location and outreach performed are reported quarterly to the NYSDOH AIDS Institute



- The Kiosk Program has collected **25,035 pounds** of residential medical sharps since mid-2011



2022 Statistics:

- **3.1% decrease** from 2021 (3372 vs. 3266 lbs.)
- 291 containers collected

2022 Challenges:

- Supply chain shortage of sharps containers continued

KIOSK LOCATIONS

- Greene County Office Building** (2011)
411 Main St Rear (Water Street Side), Catskill
- Windham Pharmacy** (2011)
68 Route 296, Windham
- CVS Pharmacy** (2011)
Routes 23 & 32, Cairo
- EmUrgent Care Coxsackie** (2011)
11835 Route 9W, Coxsackie
- Kelly's Pharmacy** (2012)
4852 Route 81, Greenville (inside)
- Hannaford Supermarket & Pharmacy** (2014)
223 Main Street, Cairo
- Hunter Ambulance** (2015)
5740 Route 23A, Tannersville
- Durham Town Hall** (2016)
7309 Route 81, East Durham
- Greene Medical Arts Pharmacy** (2022)
159 Jefferson Heights, Suite D102, Catskill



COMMUNITY HEALTH ASSESSMENT / CHRONIC DISEASE PREVENTION

Community Health Education

Throughout 2022, health education provided by Public Health reached a wider audience than in previous years. With many health education opportunities stalled since 2020 due to social distancing, more locations opened to outside visitors in 2022, and a variety of health education was brought to community locations for the first time in years (via phone/internet/Google Classroom, as well as in person).

Meetings/Task Force Involvement:

- Columbia Greene Addiction Coalition
- Columbia Greene Addiction Coalition – Prevention Workgroup
- Medical Professional Advisory Committee (MPAC)
- Columbia Greene Planning Partners
- Out of the Darkness Committee
- Suicide Prevention Committee
- Healthy People Partnership

The total number of individuals reached through Community Health Education in 2022 was approximately 565, drastically lower than 2021, and does not reflect the number of connections made with the community by other members of Public Health.

2022 Goals:

- **Increase public knowledge regarding COVID-19 vaccinations, and a layered approach to disease prevention.**
This goal was achieved through social media campaigns promoting COVID-19 vaccinations, masking, hand hygiene, and social distancing.
- **Increase access to education and information regarding Lyme disease, especially in more rural communities in Greene County.**
- **Increase access to education, prevention, and cessation of tobacco products for all Greene County residents.**
These goals were not met in 2022, as much effort was still focused on COVID-19.

2023 Goals:

- Increase access to education and information regarding Lyme disease, especially in more rural communities in Greene County.
- Increase access to education, prevention, and cessation of tobacco products for all Greene County residents.
- Increase public awareness and usage of the Opioid Dashboard

Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)

With COVID-19 rates on the decline, efforts are beginning to return to the original plan laid out in the Community Service Plan (CSP) and County CHIPs. An updated work plan with progress on the CHIP was sent to the state for review; this review should be returned by mid-2023.

CHNA/CHIP PARTNERS:

- Greene County Public Health Department
- Columbia County Department of Health
- Columbia Memorial Health

Columbia-Greene Healthy People Partnership (Formerly Mobilizing for Action through Planning and Partnership (MAPP))

- Meets quarterly to assess and track the progress of the community work plans to be reported to NYSDOH.
- Due to the pandemic, unable to meet in 2020-2021.
- Meetings resumed in 2022 in order to update the progress completed on the CHIP program over the most recent years.

Goals for 2022:

Resume the work of the Prevention Agenda 2019-2024:

- **Continue Collaborative development of the CHIP in response to needs identified in the CHNA. For the 2019-2024 CHIP, the planning coalition will continue work in two previously addressed Priority Areas to build upon and expand our current work:**

Priority Area: Chronic Disease Prevention:
 Focus Areas: Healthy Eating and Food Security, and Physical Activity.
 Disparity Area: Adults with disabilities.

Priority Area: Promoting Well-Being and Preventing Substance Use Disorders
 Focus Areas: Promote Well-being, and Prevent Mental Health and Substance Use Disorders.

This goal was completed in 2022.

- **Hold meeting with Healthy People Partnership to receive input from the community and local stakeholders on resuming activities outlined in the Community Service Plan.**

This goal was completed in 2022.

NYS Prevention Agenda

Identifies New York’s most urgent health concerns and acts as a guide for hospitals and LHDs, and are worked on in conjunction with community agencies.

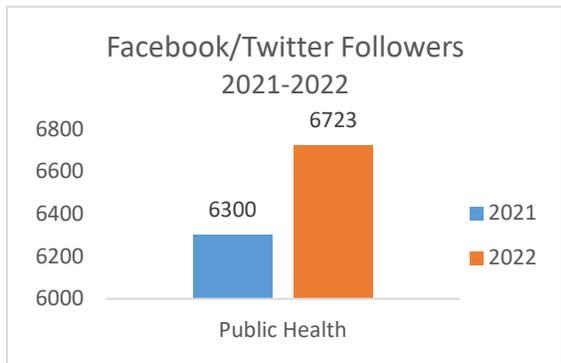
Goals:

- Prevent Chronic Disease;
- Promote a Healthy and Safe Environment;
- Promote Healthy Women, Infants and Children;
- Promote Mental Health and Prevent Substance Abuse; and
- Prevent HIV, Sexually-Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare-Associated Infections.

Goals for 2023:

- Engage Healthy People Partnership Meeting in order to provide a multi-agency update for all providers in Greene and Columbia County
- Provide data for/update the revised CHIP plan for the 2023 year

Social Media Outreach



An increase of 423 followers (6.7%)

Social Media Topics:

A broad variety of health information was provided in 2022, such as:

- Lead poisoning
- Lyme disease
- Opioid addiction
- Healthy eating and exercise
- Heart health
- Stress
- Smoking cessation
- Public Health Events (COVID-19 testing and vaccinations, Rabies Clinics)

Goals for 2022:

- **Increase the frequency of social media posts regarding all health related topics.**

This goal was met in 2022.

Goals for 2023:

- Increase the variety of social media postings including all health related topics.

Overdose and Substance Use

The impact of opioids is stark and growing in Greene County. In 2014, the rate of opioid-involved overdose deaths in Greene County was 18.8/100,000—1.9 times higher than the then average rate of upstate New York counties (10.2/100,000). That rate grew by 146% and in 2021 the rate of opioid involved overdose deaths was double the upstate New York average (46.3/100,000 vs. 23.5/100,000). That same year, Greene County ranked 2nd of 57 upstate New York counties for overdose deaths involving opioids and it ranked 1st for deaths involving heroin.¹

The total volume of overdose deaths did decrease between 2021 (21 deaths) and 2022 (11 deaths), but fentanyl remains the leading cause of overdose locally. According to toxicology data from the county coroners and medical examiner, 88% of overdose deaths in the last 2 years have involved fentanyl; 86% of deaths in 2021 involved fentanyl compared to 91% last year. About 1/3 of deaths involve fentanyl alone. More often deaths are attributed to fentanyl in combination with another substance; mostly cocaine and heroin.

By volume, the greatest number of overdoses and overdose deaths occur in more populated regions of the county. Between 2019 and 2022, 47% of deaths occurred in or near Catskill and 32% occurred in or near the county's next largest municipalities (Cairo and Coxsackie). 20% occurred in the Mountain Top region. Meanwhile, considering the regional volume of fatal to non-fatal overdoses, fatality rates are highest in the Mountain Top region—42% of reported overdoses are fatal in this region compared to 12% fatal in Catskill, 14% fatal in Cairo and 21% fatal in Coxsackie.^{2,3} The probability of surviving an overdose is much lower in the Mountain Top region, which may suggest disparities due to the remoteness of the region. Travel times for first responders to arrive on scene are longer, as are travel times to transport a person who has overdosed to a hospital.

Greene County Public Health (Public Health) achieved many overdose prevention related milestones in 2022 through grant support from the NYSDOH's Overdose to Action (OD2A) initiative, as well as through staffing support from the CDC Foundation.

- Reached data sharing agreements with County Coroners and Medical Examiner to receive overdose decedent demographic and toxicology data.
- Performed analysis and quality improvement activities for First Responder Overdose Data entered into ODMAP and contracted with the First Responder Electronic Health Record vendor to automate real-time entry of data into ODMAP platform.
- Compiled available data to create a standard set of metrics and created an online, public facing Opioid Data Dashboard which includes information on overdose volume and fatality rates at the county and sub-county level, as well as demographics of overdose decedents and substances involved in deaths. The dashboard sits on the Columbia-Greene Addiction Coalition website [here](#).
- Created an Overdose Spike Response Plan which details the role of Public Health in identifying and alerting stakeholders of potential overdose spikes and convened over 20 partner agencies to review the plan and agree on partner roles.

- Enrolled 56 new patients into the Greene County Family Planning MAT program for buprenorphine treatment.
- Developed application to the NYSDOH to operate a Second Tier Syringe Distribution Program that will be embedded within the MAT program.
- Hosted the first of 4 scheduled Community Listening Sessions in November in partnership with Greener Pathways and the Youth Clubhouse. 10 community members with lived experience with substance use attended and provided feedback on department priorities and overdose prevention strategies.
- Trained community members in overdose prevention and overdose reversal strategies and distributed harm reduction tools, including naloxone kits and fentanyl test strips, through the MAT Program and through community outreach events.
- Identified funding opportunities to pursue for on-going overdose surveillance and prevention work and to expand services offered through the MAT program as well as build linkages between the MAT program and public safety programs.

1. *New York State County Opioid Quarterly Report*. New York State Department of Health, 1 Jan. 2023, www.health.ny.gov/statistics/opioid/data/pdf/nys_jan23.pdf.

2. Greene County Coroner's Office. February 1, 2023. *2022 Greene County Overdose Decedent Data*

3. HIDTA, ODMAP <https://odmap.hidta.org/NationalMap>. Accessed 20230301.

EMERGENCY PREPAREDNESS AND RESPONSE

Overview:

Emergency Preparedness is a mandated component of all local health departments. Greene County Public Health (GCPH) receives annual funding through the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) grant. This grant provides financial support as well as organizational structure to the preparedness program. The conditions of the grant require successful completion of quarterly deliverables. These deliverables include--but are not limited to--creating and updating planning documents, attending/providing trainings, and attending state meetings as well as executing exercises. Funding for the 2021-2022 year totaled \$52,099.

Training:

The Emergency Preparedness Coordinator is required to attend numerous trainings throughout New York State which gives an in-depth knowledge of current practices in emergency preparedness, guidance on creating planning documents, grant development, effective communication, and exercise development. The Coordinator is also responsible for ensuring all public health staff has completed the Incident Command System (ICS) courses: ICS-100, -200, and -700. Additionally, the Coordinator is required to provide staff in-services, as well as community outreach & education sessions for recruitment of Medical Reserve Corp (MRC) volunteers and disaster preparedness/readiness information.

A new PHEP Coordinator was hired as of June 2022; the position was vacant from January-May with GCPH supervisory staff filling in. The position was updated to include an active nursing role, which will allow the participation in more roles throughout an emergency and bring medical knowledge to the preparedness role.

Trainings and/or Outreach Provided:

- ✓ Emergency preparedness information disseminated at GCPH flu clinics, the Greene County Youth Fair, and the Catskill farmer's market
- ✓ 2 Monkeypox vaccination Points of Dispensing (PODs)
- ✓ Stop the Bleed trainings provided to Greene County Mental Health and students at the Catskill High School

Trainings Attended and/or Completed:

- ✓ MRC Orientation and monthly trainings
- ✓ CTI-200, -800.D, -300, -2200, -29.A, -703.B
- ✓ NYSDOH Specimen transport
- ✓ ServNY, IHANS, ClinOps, CDMS
- ✓ Pediatric Emergency Preparedness Training
- ✓ Opioid Overdose Prevention: Training the trainers
- ✓ Psychological First Aid
- ✓ All other required NYSDOH OHEP-HepC, LEPC, EMS Council

2022 Goal Review:

- **Conduct trainings for GCPH:**
Trainings were placed on hold due to the COVID-19 Pandemic efforts.
- **Medical Reserve Corp (MRC) revitalization:**
MRC volunteers were utilized during the COVID-19 pandemic and were provided Just In Time Training (JITT) at the beginning of each shift. Further trainings and outreach will be implemented in the coming year.
- **Update of plans as required by the NYSDOH Office of Emergency Preparedness:**
Site specific plans were created for all of the GCPH's active POD site. The CEMP plan is in the process of review and updates from all agencies are being compiled.

2023 Goals:

- Medical Reserve Corp (MRC) revitalization:
 - Re-engage MRC volunteers with quarterly trainings, newsletters, and updates. Complete the federal MRC unit reports.
- Update the following plans:
 - PHEPRP, MCM ClinOPs, COOP, CEMP, Pandemic Flu



ENVIRONMENTAL HEALTH

As Greene County is a partial service county, all environmental issues are sent to the Oneonta District Office of the New York State Department of Health. They handle all restaurant, camp and water system inspections for Greene County.

Program Type	# Current operations ¹ (3/21/2023)	2022			2021		
		# Operations ²	# Inspections ³	# Complaints ⁴	# Operations	# Inspections	# Complaints
Agricultural Fairgrounds	1	1	2	0	1	2	0
ATUPA retail/vending/CIAA	69	N/A	117	1	N/A	59	1
Bathing Beaches	5	5	8	0	9	7	0
Campgrounds	16	16	10	0	19	18	1
Children's Camps	16	16	42	12	26	49	1
Environmental Lead	6	N/A	N/A	N/A	N/A	N/A	N/A
Food Service Establishments	317	358	230	12	366	265	24
Institutional Food Services	20	22	27	0	21	28	1
Mass gatherings	0	0	0	0	1	0	0
Migrant Farmworker Housing	7	6	13	0	6	13	0
Miscellaneous	6	N/A	0	0	N/A	0	0
Mobile Food Services	31	47	13	0	49	19	0
Mobile Home Parks	16	16	7	4	17	4	0
Non-public Water Supplies	3	N/A	1	0	N/A	1	0
Onsite Sewage Treatment	401	N/A	0	1	N/A	1	3
Public Gathering Sites	121	N/A	0	0	N/A	0	0
Public Water Supplies	232	N/A	88	1	N/A	73	1
Realty Subdivision (incl NYC)	23	N/A	0	0	N/A	0	0
Recreational Spray Grounds	1	1	1	0	1	1	0
SED Summer Feeding	9	9	10	0	9	7	0
SOFA-Office of Aging Food	5	5	5	0	5	5	0
State Agency Licensed Facilities	4	N/A	0	0	N/A	0	0
Swimming Pools	110	115	110	0	124	105	0
Tanning Facilities	4	4	2	0	8	4	0
Temporary Food Services	N/A	156	11	0	96	6	0
Temporary Residences	107	116	81	9	125	83	10
Total	1530	893	778	40	883	750	42

1. Currently active operations are as of 3/21/2023.
2. Operations active at any time during 2022.
3. Inspections include the following service types: pre-operational inspection, inspection, re-inspection, field visit, HACCP, ATUPA checks and sanitary survey.
4. Only complaints against a specific operation are included due to the need for county. Complaint year is based on the date of the complaint.

FAMILY HEALTH

Children’s Services

Early Intervention (EI):

- A program for children from birth to age three that provides evaluations and services for those who qualify
- Services include:
 - Speech Therapy
 - Physical Therapy
 - Occupational Therapy
 - Social Work
 - Special Education
 - Service Coordination
- Referrals come from a variety of sources:
 - Doctors
 - Parents
 - Department of Social Services (DSS)
 - Other counties
- Voluntary participation (only with parental consent)
- Must be evaluated to determine eligibility according to NYS regulations
- Families are asked to provide health insurance information to cover program costs, but at no time incur any costs
- Average number of children in 2022: 66

2022 Updates:

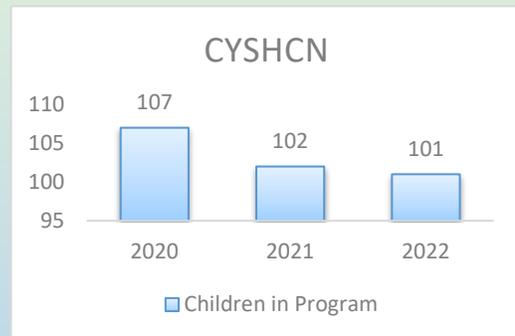
- In January, Third Party insurance no longer billed by the State Fiscal Agent (SFA) in an effort to expedite provider’s payments
 - This was to be replaced with Covered Lives Funding. However, there have been no clarifications from New York State Bureau of Early Intervention (BEI) or Department of Budget (DOB)
- Provider shortages continuing to affect our ability to meet the following state timelines:
 - 45 days from referral to initial evaluation
 - Commence the Individual Family Service Plan (IFSP)
 - Initiate services within 30 days after initial IFSP
- Ongoing efforts to recruit/maintain providers
 - In October, NYS increased the EI provider rate 1%, which doesn’t appear sufficient (in 2010, provider rates decreased by 10%)
 - Only NYS has the ability to increase these rates

Child Find:



- Program requirement to track and provide developmental surveillance for “at risk” children who may be EI eligible
- All birth certificates are reviewed and families sent outreach material
- MCH nurse may identify children with potential developmental delays and refer with parental permission

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



NOTE: Numbers reflect complete number of children, not newly added children.

- Provides resources/referrals to families of children birth to age 21 with a diagnosed disability/medical condition
- Training and preparation was provided in late 2021 to transition to a web based database Personal Electronic Response Data System (PERDS), located on the NYS Health Commerce System (HCS)

Review of 2022 Goals:

1. **To continue to increase and maintain provider capacity through provider education and collaboration with the New York State Bureau of Early Intervention (NYSBEI), the New York State Association of Counties (NYSAC), the New York State Association of County Health Officials (NYSACHO) and the County Early Intervention and Preschool Advisory Committee (CEIPAC).**
 - *Telehealth services continue to be an option for families in remote locations.*
 - *Families that require in-person services are challenged with fitting into very tight provider scheduling which do not have much flexibility and/or having to travel to community based sites.*
 - *Main challenges:*
 - *The two main evaluators available to Greene County are often booking out past the 45-day timeline due to extremely high demand and being located outside of Greene County.*
 - *Families repeatedly canceling at the last minute so Service Providers and Evaluators are unable to bill for services.*
 - *Difficulty in tracing missing provider payments in the EI billing system run by the SFA. Greene County staff facilitates communication between providers and the SFA in instances where providers have not received payments and try to assist if any changes need to be entered into the NYEIS system to facilitate a resolution.*
2. **To continue to increase Medicaid and Third Party Insurance reimbursement. Our team continues to support and assist providers in the billing and claiming process.**
 - *The county works with providers in conjunction with the NYS fiscal agent to resolve issues. Payments by the county are scrutinized to determine if there is any potential for Medicaid reimbursement.*
 - *New legislation ceased billing of third party insurance at the beginning of 2022 but this was not implemented until February. Greene County has participated on fiscal calls to ascertain when the Covered Lives funds will be distributed to counties to offset the additional county costs incurred as a result of not billing third party insurance.*
3. **To continue to update policies and procedures through collaboration with NYSDOH and other counties, with a focus on policies that are related to Greene County as a Municipality.**
 - *Not addressed in 2022*
4. **To continue to stay informed regarding the implementation of the NYS Children's Health Homes program in Early Intervention. Staff will attend all trainings and meetings as they become available.**
 - *No changes related to health homes took place in 2021. Staff remain vigilant in any updates that may be available*
5. **To prepare for the launch of the new computer system called EI Hub which will replace both the NYEIS system and EI billing.**
 - *There was limited time to prepare for this launch. NYS has postponed indefinitely.*
6. **Implement new data entry system for the Children and Youth with Special Health Care Needs (CYSHCN) Program.**
 - *This has been completed and data is now being entered into the NYS Health Commerce System (HCS) in the PERDS (Person-based Electronic Response Data System) application.*

Goals for 2023:

- Staffing retention and active recruitment.
- To increase and maintain provider capacity through provider education and collaboration with the NYSBEI, NYSAC, NYSACHO, and CEIPAC.
- To update policies and procedures through collaboration with NYSDOH and other counties, with a focus on policies that are related to Greene County as a Municipality and in consideration of the current health and safety challenges.
- To prepare for the launch of the new EI Hub.
- Implement new HERDS entry system for the Children and Youth with Special

Preschool Special Education Program

Comparison of Services

Evaluations		Transportation	
2021	83	2021	86
2022	89	2022	89

Center-Based Services		Related Services	
2021	93	2021	75*
2022	73	2022	53*

Children with an IEP	
2021	179
2022	162

*This number includes children whose family members also assisted with transportation

Challenges:

Staffing:

There is one vacancy within our office, which we are actively seeking to fill.

Related Service/Evaluation Availability:

Children are currently on waitlists for the following services:

- A Special Education Itinerant Teacher (SEIT)
- Related services
- Evaluations

Classroom Availability:

- Circle of Friends opened a Special Class Program, replacing the option lost in 2021 that was provided by Advanced Therapy. As we still have children waitlisted, another Special Class Program is needed.
- Due to the closure of the ECLC special education program, two classrooms providing Special Class Integrated Setting (SCIS) were lost and have yet to be replaced in Greene County. Children continue to be waitlisted for these classrooms.

Transportation Availability:

- Our contracted transporter experienced difficulties adding new runs due to a staffing shortage.
- To offset the demands on the transporter, we have actively encouraged parents to assist with transporting their child, which is also a cost saving measure to the County.
- The time children spent in the classroom was diminished due to the need to cover transportation runs.

Preschool Special Education Partners:

- School Districts (8):

Responsibilities include:

- Taking in referrals
- Tracking timeframes
- Sending out legal notices to parents
- Scheduling CPSE meetings
- Authorizing services to begin
- Sending copies of required documentation for children's files

- Evaluators (10):

- NYSED approved Agencies and/or School Districts who assess a child's developmental functioning

- Center-Based Programs (11)

Agencies that provide special education services in NYSED approved center-based classrooms.

- Related Service Providers (11 Agencies/14 Individuals)

Teachers and/or therapists, either working individually or for an agency, providing services in a variety of settings throughout the county:

- Children's homes
- Daycares
- Universal Pre-K classrooms
- Head Start, etc.

- Transportation Provider

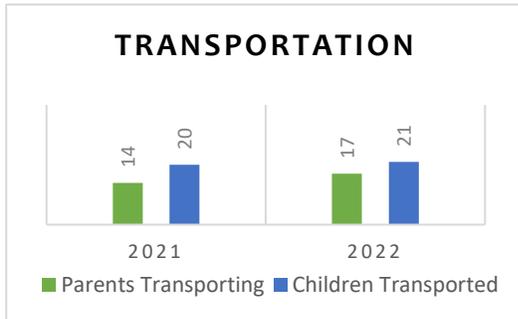
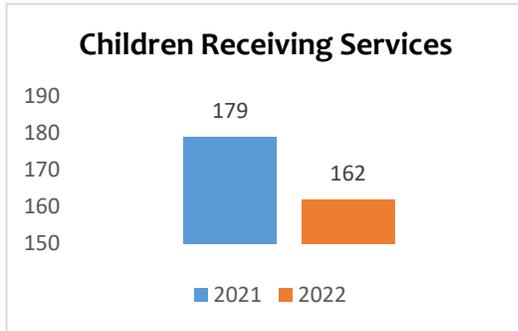
Company to bus children to their CPSE approved center-based programs

- Parents & Legal Guardians (Our Most Important Partners)

Provide the carry-over of recommendations by special education providers to help their children make progress toward their IEP goals.



Trends Affecting Costs:



Cost Saving Measures:

- Encouraging parents to provide transportation to center-based programs.
- Encouraging school districts to provide assistive technology devices for children through grants or equipment loans.
- Promoting participation in regular Head Start classrooms, Universal Pre-K programs at school districts, preschool programs, and daycare settings at CPSE meetings. These programs provide opportunities for related services to be provided in the least restrictive environments for children as a less costly alternative to center-based programming when appropriate.
- Encouraging service providers to contact Greene County & the school district once a child's goals are accomplished, as opposed to waiting until the annual review meeting for declassification.
- Monitoring school districts and evaluation agencies to ensure *bilingual evaluations* are completed to guarantee that children are not classified as disabled due to speaking a language other than English.

NYSED Mandated Costs:

Costs associated with the preschool special education budget over which the County has no control:

- Tuition rates for center-based programs (set by NYSED) for 2022 ranged between:
 - A 10-month (regular year) special education program: \$33,770.00 to \$57,978.00
 - a 6 week Extended School Year (ESY) or summer program: \$5,628.00 to \$9,663.00
- Chargebacks that may be unrelated to preschool services.

2022 Highlights:

- Completed a total of 31 preschool contracts with individuals, agencies & school districts to provide special education services for Greene County children with IEP's. Contracts have a 5-year term: July 1, 2022 and continue through June 30, 2027.
- School Districts contracted to complete evaluations:
 - Coxsackie-Athens CSD
 - Hunter-Tannersville CSD

2022 Goals:

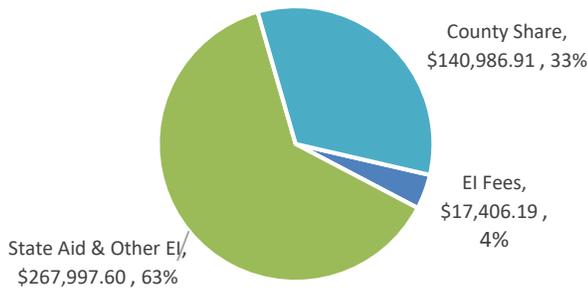
1. **Renew provider contracts beginning with the 2022-2023 school year.**
Contracts have been completed and will remain in force through June 2027.
2. **Contract with additional special education providers to increase service availability.**
Contract discussions are ongoing with two new individual preschool providers
3. **Contract with school districts where possible for preschool evaluations & related services.**
 - *Contracts for preschool evaluations were completed with Coxsackie-Athens and Hunter-Tannersville Central School Districts.*

2023 Goals:

- Fill vacant staff position.
- Contract with new providers to increase service availability.
- Contract with school districts where possible for evaluations & related services.

2022 Early Intervention Funding

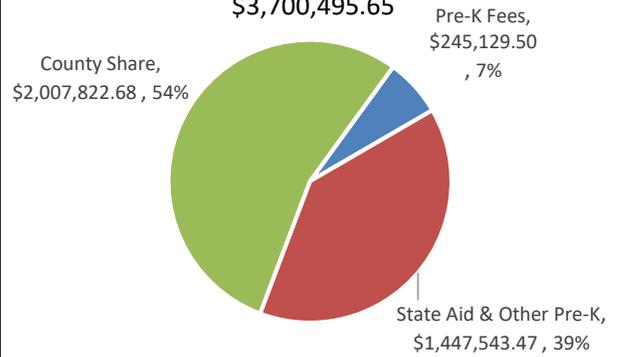
\$426,390.70



County Share decreased by 26% in comparison to 2021

2022 Preschool Funding

\$3,700,495.65



County Share decreased by 2% in comparison to 2021

Licensed Home Care Services Agency (LHCSA)

Provides visits for:

- Communicable disease:
 - TB
 - Rabies
 - Childhood lead poisoning
- Maternal Child Health (MCH):
 - Antepartum, postpartum and newborn health guidance home visits;
 - Breastfeeding support and education.

The health guidance home visit is provided by an experienced Public Health Nurse (PHN), who is also a Certified Lactation Counselor (CLC). The PHN-CLC provides instruction, breastfeeding and lactation support, and linkage to community resources, affording every mother and child an opportunity for a healthy safe start for optimal growth and development.

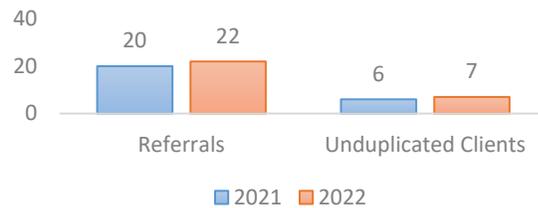
Also provided:

- Emergency Preparedness services (i.e. Ebola and Zika virus education, guidance, and community preparedness)



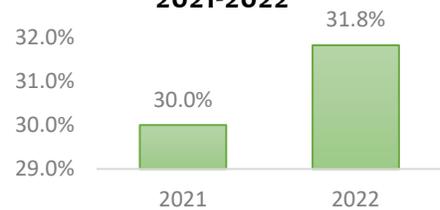
Maternal Child Health Referrals

2021-2022



Home Visit Acceptance Rate

2021-2022



MCH Referral Sources:

- Columbia Memorial Pediatrics – 7
- Newborn Screening Program – 7
- Greene County Family Planning – 3
- CMH Women’s Health – 2
- Albany Medical Center Hospital – 1
- Greene County DSS - 1

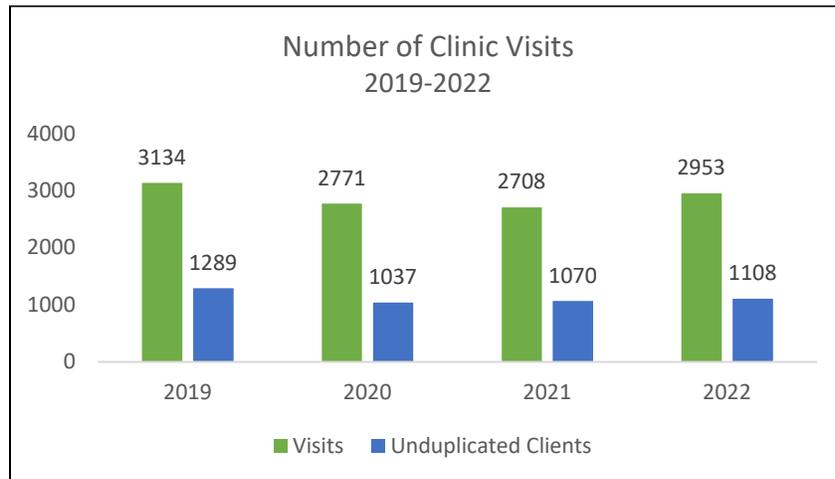
Family Planning

MISSION STATEMENT: *Providing confidential, compassionate, and professional care, we strive to promote positive health and sexual behaviors through education, prevention, and treatment.*

2022 marks the **50th year** Greene County Family Planning (Family Planning) has been providing highly skilled, trusted reproductive health care for men, women, and the teens of Greene County. We are proud to report on the work of the past year where we were able to achieve all of our goals from 2021:

- **Increase the number of unduplicated visits and clients seen to pre-pandemic levels:**

This graph demonstrates that the numbers have rebounded from 2020 and 2021, but are not yet at 2019 pre-pandemic levels.



- **Improve the patient experience through surveys, interviews, and focus groups:**

a. *We collected 212 patient surveys in clinic:*

- 98% reported it was easy to schedule an appointment*
- 96% were highly likely to recommend us to friends or family*

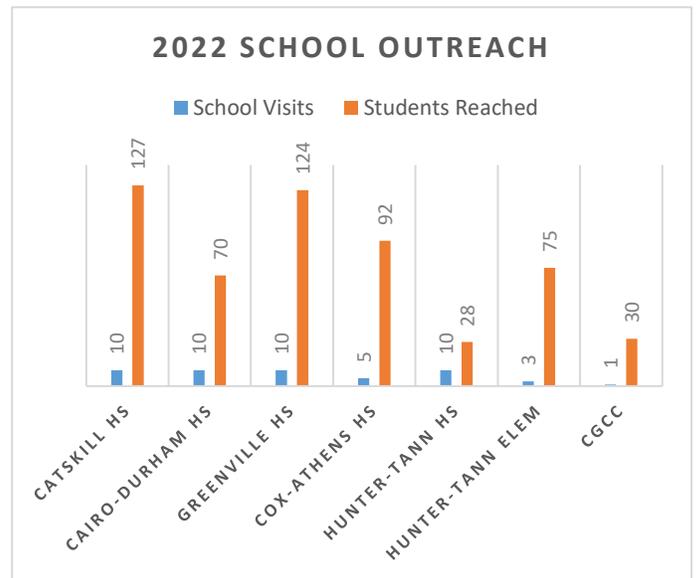
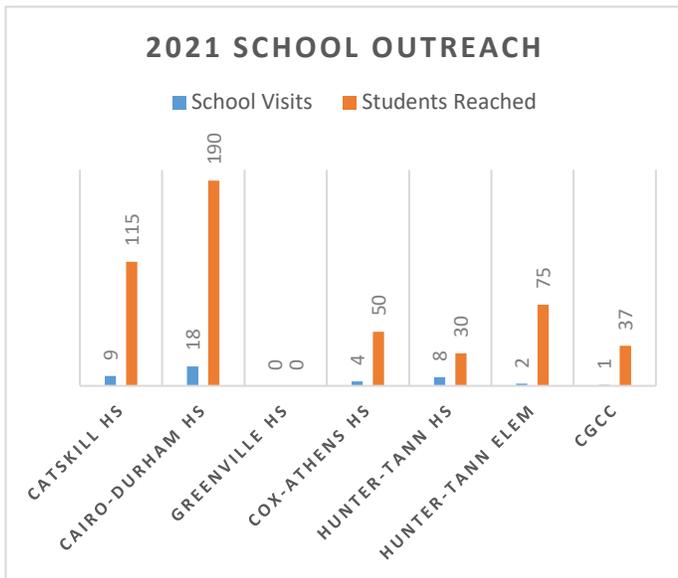
b. *When surveyed about barriers accessing our care clients identified:*

- Lack of transportation to clinic-7, ("transportation down here is hard-there is nowhere closer that offers same services")*
- Lack of healthcare insurance-4*
- Other barriers included: Lack of money to pay for services, work, childcare, trying to get here discretely, updated info, wasn't ready, not taking new Medication Assisted Therapy (MAT) patients*

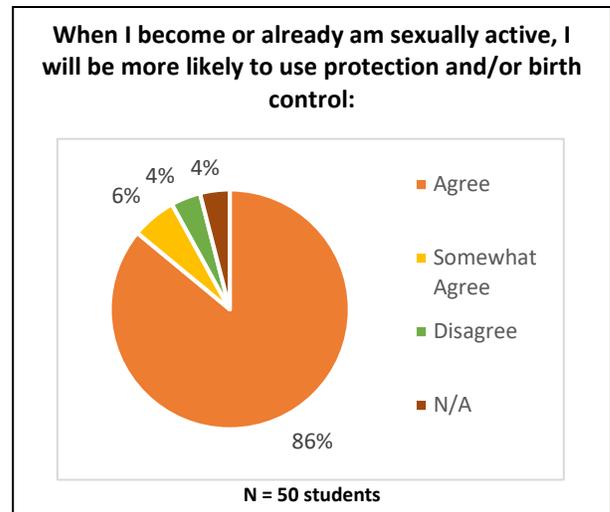
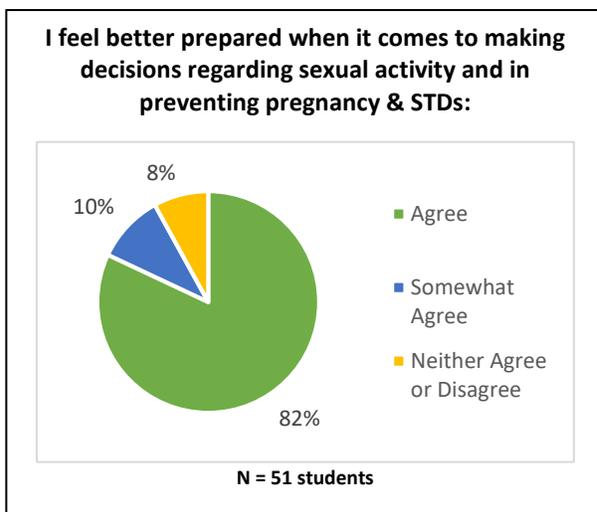
c. *A sample of comments:*

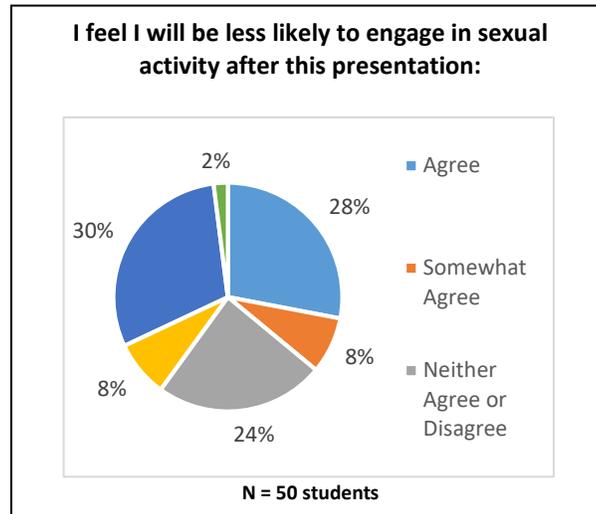
- **GCFP saved my life**
- *I'll be forever grateful for every single staff member here*
- *The staff here is the best and they care for people*
- *My care was excellent!*
- *I appreciate the time she took to get me referrals for my concerns*
- *This place is a great place the staff really care about you*
- *Great Staff very thorough and friendly, always treated with courtesy*
- *Everyone was very friendly and approachable*
- *Thank you all for what you do, you guys are awesome!*
- *Great Clinic awesome people*
- *The staff always go out of their way to make sure everyone is on the same page and no gets left behind*

- Increase community outreach to schools and community organizations through the mobile outreach van partnered with Greener Pathways.**
 - We partnered with Greener Pathways to bring mobile services back to Columbia-Greene Community College. While at the college, they were able to distribute Narcan, Fentanyl Strips, and condoms as well as educating students and staff about the services that we provide.
 - The quarterly newsletter was created and then distributed among patients. The newsletters feature important family planning topics, such as birth control. Also featured is a staff member and the great work they provide at the clinic.
 - The charts below show the schools that the health educator went into during the 2021 and 2022 year. In 2021, COVID still affected the health educator visiting school districts, but virtual or in-person education. In 2022, the health educator was able to return to the schools. Also, all of the school districts that are listed cover the high risk zip codes that NYSDOH has identified for teen pregnancies.



- Students are presented with surveys to complete at the end of the session. They provide valuable information and helps to improve future presentations.





- **Obtain real time data on overdose deaths and respond in a timely manner with the county level overdose response plan.** With the assistance of an epidemiologist and data manager from the CDC Foundation, a dashboard was created and now sits on the Public Health page and the Columbia-Greene Addiction Coalition websites. Updated weekly, the dashboard offers real-time information about overdoses, and links to connect to recovery services. *See the Opioid Dashboard [here](#).*

At its very core Family Planning is a public health program with the following goals:

Prevent unintended pregnancies and promote and plan healthy births:

We offer a range of effective to highly effective contraceptive methods with same day access, low cost, and counseling to plan a healthy pregnancy. As the graph below demonstrates, the teen birth rate in the United States has fallen dramatically from its high in the early 1990's.

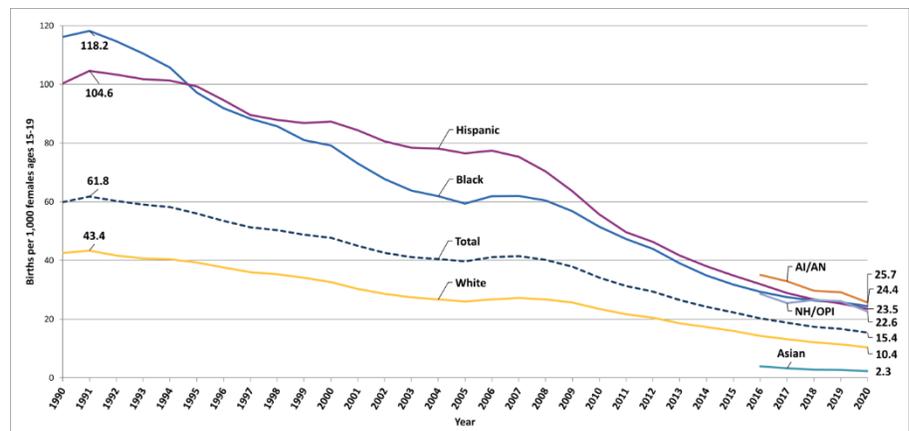


Figure 1: Birth rates per 1,000 for females ages 15-19, by race and Hispanic origin of mother, 1990-2020

Sources:

- For 1990-2015: Centers for Disease Control and Prevention. (2017). Births: Final data for 2015. National Vital Statistics Reports, 66(1). https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf
- For 2016-2020: Centers for Disease Control and Prevention. (2022). Births: Final data for 2020. National Vital Statistics Reports, 70(17). <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf>

Prevent the spread of Sexually transmitted diseases and HIV:

We offer testing and treatments for all of the most common STD's including chlamydia and gonorrhea.

STD Testing		
	2021	2022
Chlamydia	821	1108
Gonorrhea	824	1110

HIV		
	2021	2022
Tests performed	446	525
Clients on pre-exposure prophylaxis	13	18

All at-risk clients are encouraged to be screened for HIV. In 2022, our rates of HIV testing increased 17.7%.

We counsel on **abstinence as primary prevention**, then encourage the use of condoms and adoption of safer sex behaviors to reduce the risk of HIV and STD's. We also offer HIV pre-exposure prophylaxis as a risk reduction measure to prevent the spread of HIV.

Improve birth outcomes:

All clients, men and women, are asked about their reproductive life plan, helping them determine when they want to have their first child. We counsel and assist them to improve their health prior to conception by quitting smoking, avoiding illicit drugs, controlling their diabetes, high blood pressure, and obesity. We have a strong referral system with our Public Health Maternal Child Health nurse who follows ante- and postpartum women, and local OB providers to ensure they and their babies have the healthiest outcomes. Women who were actively using heroin were successfully referred into treatment for their opioid use disorder and OB care and had successful outcomes.

	2021	2022
Smoking Cessation counseling	135	118
Prenatal vitamin scripts	43	54

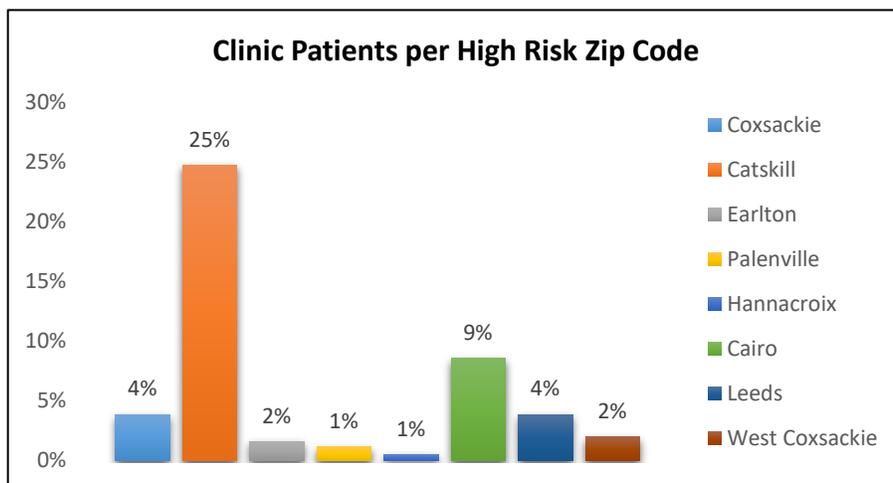
	2021	2022
Colposcopies	19	22
Pap Smears	199	213
Abnormal Pap Smears	45	84
Mammogram referrals	82	102

Facilitate early detection and treatment of reproductive cancers:

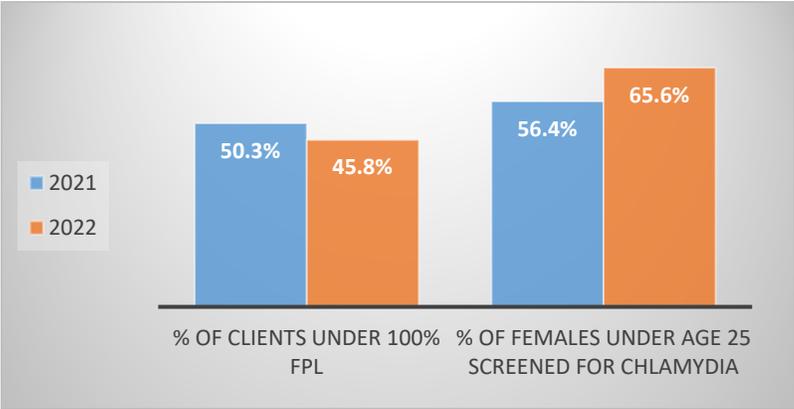
Women are screened for cervical, thyroid, breast, skin, endometrial and ovarian cancers; and while much rarer, we screen men for testicular and breast cancer. Since we are a small clinic, our patients are followed to make sure they are seen and cared for by specialists. One of our Nurse Practitioners offers colposcopy on-site.

Without these vital services, Greene County residents would have no access to low cost, sliding fee or free reproductive health care.

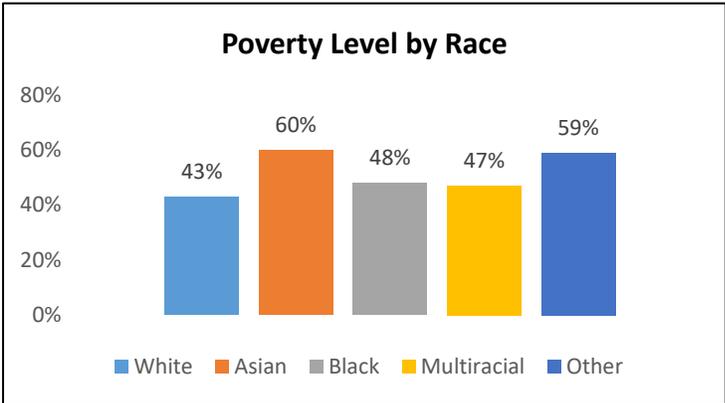
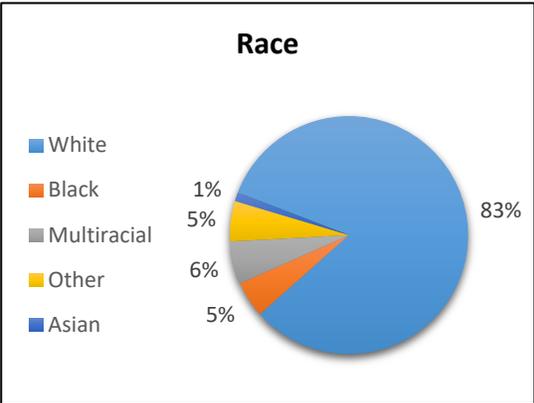
Our Family Planning grant specifically funds us to provide outreach and services to the following vulnerable populations in our community. The following performance measures are tracked on a quarterly basis to ensure we are reaching the intended population served: percent of people served under 100% of the federal poverty level, % of females screened for chlamydia under aged 25, and high risk populations' including the following Greene County Zip codes with disproportional levels of maternal health outcomes



Chlamydia is the number one cause of infertility and often has no symptoms. Screening young women is an evidence-based strategy to reduce the burden of disease and improve birth outcomes.



Racial/Ethnic minorities: The clinic is in a predominantly Caucasian County; however, we serve a greater percentage of minorities than the county with the high-risk zip codes representing even higher percentages of minorities served. According to County census data, 89.8% of Greene County residents are white, 6.1% black and 6.3% Hispanic. In 2022, the average number of minorities served by the clinic was 19% down slightly from 20.6% in 2021. However the percentage of people with Hispanic origin rose to 16.5 % from 11% in 2021, and of those, 53% were under 100 of the FPL.



LGBTQ population: Family Planning staff has participated in training to be culturally sensitive when serving patients identifying as LGBTQ. In 2022 we continued to see an increase in LGBTQ persons from NYC re-locating upstate and seeking HIV testing and HIV Pre Exposure Prophylaxis (PrEP). Our Electronic Medical Record (EMR) now includes a mandatory screen for a person to identify their gender and sexual preferences. Because of this, we see that our numbers of patients identifying as LGBTQ has increased from 5% in 2021 to 9.1% in 2022, with 1% identifying as transgender.

Refugees/immigrants: We estimate that 2.5% of our patients are undocumented. One barrier to them accessing our services in the county building is the need to go through a security check at the door. Walking past armed sheriffs is very likely a barrier to those seeking services with an undocumented immigration status. The County Administrator and Sheriff have both been contacted with these concerns. This author has had conversations with deputies about the need to have access to our services and they have been receptive.

Individuals with limited English proficiency:

- Our medical receptionist/family planning aide is bilingual, which is a tremendous help for all of our Spanish speaking patients. She assists them at check in, and out, with paperwork (in Spanish), and for questions. We continue to use the Language Line for in-clinic visits by the providers.
- In 2022, our QA nurse performed an assessment of cultural competent services regarding language and identified that the pre-screening questions being sent out prior to a visit were not being done in languages other than English. With a simple click of a button in the chart, these documents are now sent in Spanish.
- Our electronic medical record tracks this information. In 2021 and 2022, 3.4% of all patents seen indicated a primary language other than English with Spanish being the primary one at 2.9%.

Depression: Since depression can lead to poor reproductive health outcomes, we screen all clients annually for depression. While more people were screened in 2022, the percentage scoring positive for depression is down from 2021. Those who screen positive are counseled about resources in our community and referrals for treatment and evaluation are expedited and followed up.

	2021	2022
Clients screened	696	776
Percent positive	12.2%	10.8%

Referrals to GCMH	
2021	2022
29	20

It has been especially helpful co-locating a social worker (MSW) from Greene County Mental Health in the clinic one day a week for referrals and consultations. In addition, the Mobile Crisis Assessment Team provides a 12 hour/day team of mobile clinicians who have come to the clinic for urgent assessments and follow up on any non-urgent cases through calls or home visits. We continue monthly meetings with Greene County Mental Health to improve access for all of our clients.

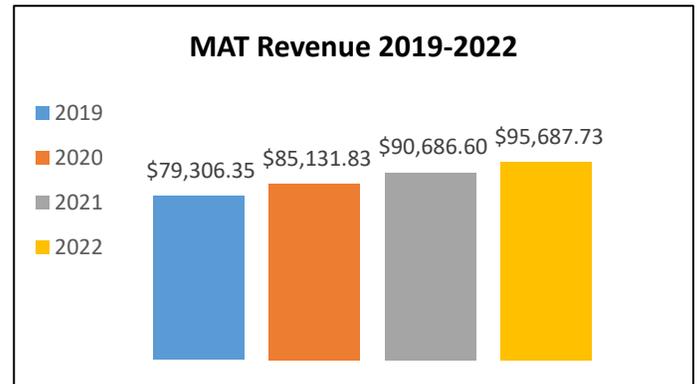
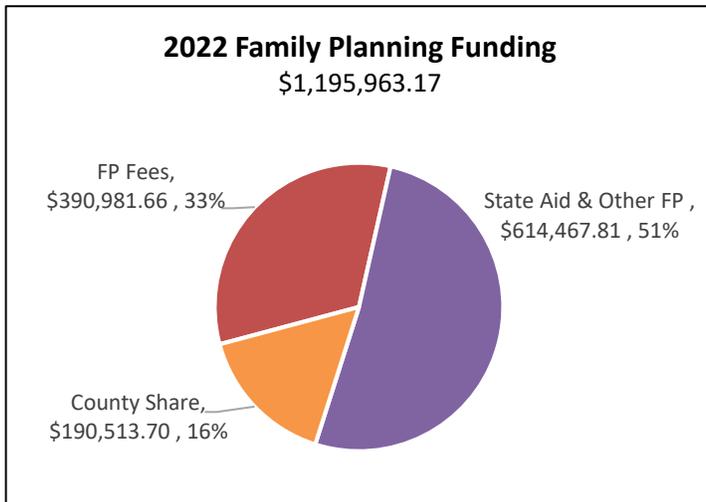
People in active drug use and recovery are at higher risk of having adverse reproductive outcomes which could include late or no prenatal care, polysubstance use during pregnancy, and inability to parent the child due to social and criminal history related to their substance use. Since 2019 our program has been offering direct Medication Assisted Treatment (MAT) for opioid use disorder by prescribing buprenorphine, sublingual and injectable formulations. Using our EMR reports we have 104 active clients receiving MAT up from 89 in 2021. A benefit to being treated in our clinic is that their reproductive intentions were discussed and access to highly effective contraceptives is supported if desired.

- In 2022, with the help of 2 contract staff from the CDC Foundation, we were able to look at the data from the clients treated for opioid use disorder in the clinic, including retention outcomes. Examining the total of 198 patients seen between 1/1/2019 and 3/3/2022, we found 60% of patients were retained for 6 months and more, which is higher than the national average. Additional findings were significant for Hepatitis C infection.
- Injection Drug Use is common among MAT program patients. Of a sample of 198 MAT patients, 67% have a history of injection drug use, and Hepatitis C status is known for 78% of them.
- Among patients with a history of injection drug use, the prevalence of Hepatitis C infection is 61%. 97% of patients with Hepatitis C have a history of injection drug use.
- This demonstrates a high prevalence of Hepatitis C within the community in Greene County that injects drugs.

Revenue:

All revenue we generate is used to offset the county share for our services. We are mindful of the costs to the taxpayers of Greene County and look for opportunities to remain sustainable.

- In 2022, the County share of funding decreased by 14% in comparison to 2021.



2022 Highlights:

1. In October, we promoted one of our Nurse Practitioners to the role of clinic manager. Her primary responsibilities are overseeing the laboratory, pharmacy and staff and learning the administrative tasks required for the program administration work.
2. Highlighted in the Arnold ventures: We had a visit from Michael Friedrich of Arnold Ventures who had been referred to us by the National Family Planning and Reproductive Health Association. He shadowed the staff on December 2nd to see what a “day in the life” of a Title X clinic was like. Here are links to the two articles: <https://www.arnoldventures.org/stories/a-federally-funded-clinic-fights-to-serve-its-community> <https://www.arnoldventures.org/stories/i-dont-think-you-can-put-a-number-on-how-valuable-it-is-to-the-community>
3. We had a mandatory family planning program review conducted virtually by IPRO on November 9-10. IPRO identified that we were not seeing enough people under 100% of the federal poverty level. In our Plan of Correction (POC), we identified in-reach and outreach strategies to improve this percentage. This POC was accepted in December and will be highlighted in 2023.
4. A Security assessment was completed with gaps identified in the clinic and public health areas.
 - a. Step 1: Installing video cameras in the clinic hallways was completed in 2022.
 - b. Step 2: Secure key fob access via swipe was installed in January 2023.

2023 Goals:

1. Increase the number of clients seen below the poverty level to 50% consistent with our IPRO POC.
2. Secure the Bureau of Justice Assistance Grant which will support the harm reduction work of the clinic.
3. Hire a new family planning aide and nurse practitioner so that we are fully staffed.
4. Transition our quality assessment work to fully digital by all staff.
5. Host a successful 50th Anniversary celebration on June 2nd, 2023, which will increase community awareness of our services.

In closing, we would like to thank the Legislature and County Administrator for all of their support for this vital program.