



Public Health
Prevent. Promote. Protect.

Greene County Public Health Department

Annual Report 2024



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**Prepared by: Laura Churchill, DNP, FNP-BC
Director of Public Health
& Public Health Staff**

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*For Family Planning, please see separate report.

Introduction: In 2024, Greene County Public Health staff were able to refocus their efforts on our core mission and work. We undertook several new initiatives with our community partners and were glad to be out serving the community again providing primary prevention, health education and clinical services. The department is pleased to report on the work of this past year and set goals for 2025 as we look ahead.



MISSION

To achieve health equity for all through health promotion, disease prevention, education, and services to support safe and healthy lifestyles.

VISION

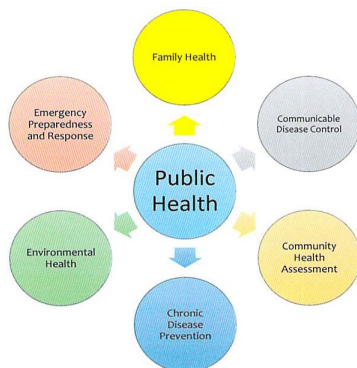
Greene County Public Health envisions a healthy community through equitable access to services.

VALUES

- **Commitment:** We are dedicated to providing support and resources to all individuals for a healthy and safe community.
- **Professionalism:** We conduct ourselves with excellence, accountability, and integrity.
- **Excellence:** Our knowledgeable staff continually improve to seek out the best evidence-based practices for all individuals.
- **Inclusion:** We honor the dignity and worth of everyone in our community and aim to uplift equal health access for all.
- **Collaboration:** We communicate effectively with community partners to accomplish our mission.

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	Are Communicable Disease Experts	Are Experienced
<ul style="list-style-type: none">○ 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	<ul style="list-style-type: none">○ Activities routinely conducted:<ul style="list-style-type: none">▪ Epidemiological investigations▪ Contact tracing▪ Monitoring of suspected cases▪ Mass clinics▪ Isolation and Quarantine	<ul style="list-style-type: none">○ 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	Are Responding Every Day
<ul style="list-style-type: none">○ 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<ul style="list-style-type: none">▪ All partners are then ready and able to work together in a public health emergency	<ul style="list-style-type: none">○ 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.

Review of 2024 Public Health Department GOALS:

- 1. Address the opioid epidemic with new tools and strategies by partnering with public safety, EMS, Albany Medical College, and other county partners to form an overdose fatality review team that will examine the root causes of overdose deaths and recommend strategies to save lives.**

In 2024, we officially kicked off our overdose fatality review (OFR) team to address the opioid overdose epidemic with two OFR team meetings with multiple community stakeholders. These multi sector meetings included partners from public safety, coroners, EMS, hospitals, clinics, and community-based organizations. In these meetings, cases of overdose deaths were confidentially reviewed as a team to find gaps in care, services, and look for solutions. These “North Star” principles guide the shared goal of reducing overdose deaths for our OFR work:

- a. Overdose deaths are preventable.*
- b. Substance use disorder is treatable.*
- c. Use of multisector data to identify gaps in healthcare, educational, environmental, community, and economic systems through the lens of an individual whose death was not prevented.*
- d. Build response strategies that speak to those systemic gaps and facilitate adoption of them in respective sectors and agencies.*
- e. Public health and safety responses are stronger when health and safety agencies work together.*
- f. Factors across the social determinants of health are interconnected and you cannot consider the health outcomes of an individual without considering the breadth of social determinants in an individual’s life.*

Through this work, we identified and implemented several strategies including hiring a certified peer recovery coach in the clinic, provided Narcan to food pantries, and increased awareness through media campaigns about the availability of low threshold buprenorphine. For the second year in a row, overdose deaths have dropped in Greene County, and we hope this continued work will lead to further declines.

- 2. Use the newly acquired Mobile Clinic Van to provide education, outreach, and mobile clinic services to those who lack access.**

We were eager to use the van around Greene County in 2024. Twenty members of our staff were trained to staff the mobile van and provide health education, outreach, and clinical services. The van allowed us to access communities that are not often served and helped to rebuild trust in the community. In 2024, we served 3,264 people and provided clinical services to 52 people using the mobile clinic. We encountered a setback in July 2024, when the DOH required us to apply for a certificate of need in order to provide clinical services in the van, a process still in progress.

- 3. Promote Project Safe Streets, an incentive from the NYSDOH to leverage public health to look for ways communities can improve health activities such as walking and cycling to prevent chronic disease and promote health.**

Throughout 2024, Public Health worked with the New York State Department of Transportation, Greene County Economic Development and Planning, and the Town of Durham to do an assessment of transportation related health, pedestrian and bike safety. The assessment revealed gaps and concerns for a 7-mile length of State Route 145 in the Town of Durham. Our partnership leveraged state DOT money to conduct a formal corridor study of this 7-mile section. The county awarded the study to Colliers Engineering & Design, and we await the findings to determine the next steps.

- 4. Increase the capacity for data collection and analyzing data by training a new public health fellow in epidemiology under the mentorship of a public health epidemiologist.**

*In 2024 one of our public health fellows completed a review of Greene County data examining leading causes of morbidity and mortality (see the **Chronic Disease** section). This data was presented to the Medical Professional Advisory Committee and shared with the legislature. This fellow also supports surveillance of overdose data and assisted with data metrics to improve clinic operations and support deliverables of the Federal Dept. of Justice grant addressing the opioid epidemic.*

5. Explore Public Health accreditation with strategic planning utilizing a public health fellow under the mentorship of a PH supervisor.

One of our public health fellows first addressed strategic planning with all staff. Using an employee focus, a new mission, vision and values were created (see page 3). She then presented this to all staff and the Medical Professional Advisory Committee. She initiated the accreditation process with all branches of public health. This is an extensive process that will extend into 2025.

Other highlights:

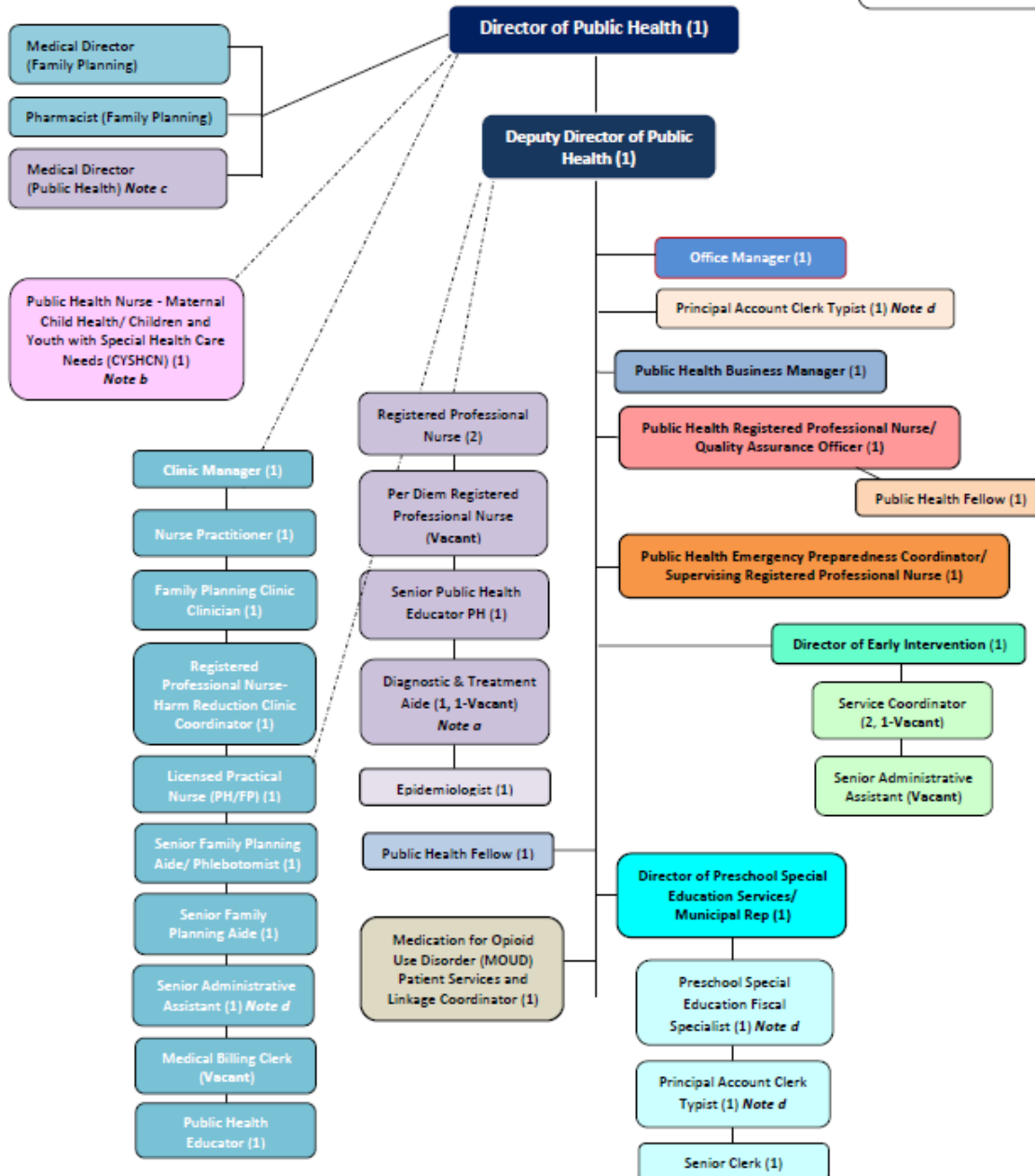
Public Health, partnered with Albany School of Pharmacy Students, a retired pharmacist, and the Department of Human Services provided medication education to seniors at the Catskill Senior Center. One pharmacy students' words about the experience:

"The most impactful learning experience on this IPPE was attending the senior center "brown bag" event. I accompanied other healthcare providers where we performed medication reconciliations and answered any medication related questions they had. We wrote down each medication/dose/indication/time of day to be taken and encouraged them to fill out the rest of the "first 48 hours" packet which includes emergency information, family information, pet information, etc. and gets hung on the patient's fridge so anyone entering their residence in the event of an emergency can be aware of vital information or for patient reference. It will test your knowledge, teach you new things, and make you feel like you made a difference in the community."

Our goals for 2025:

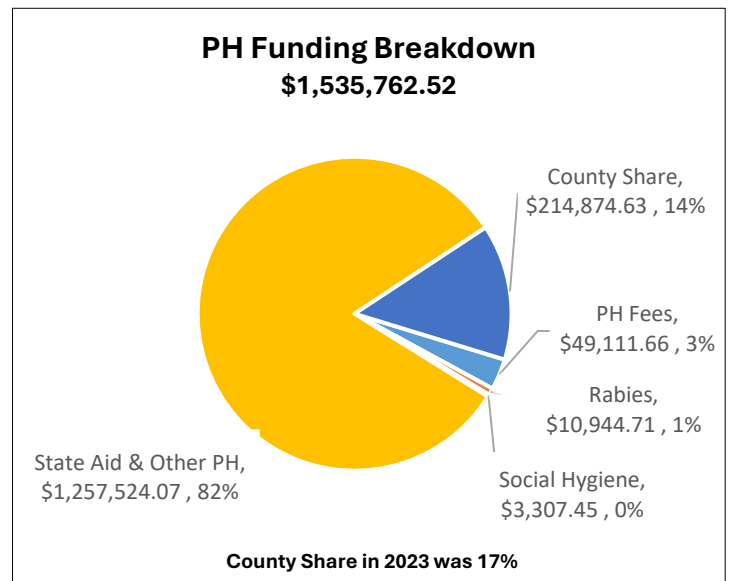
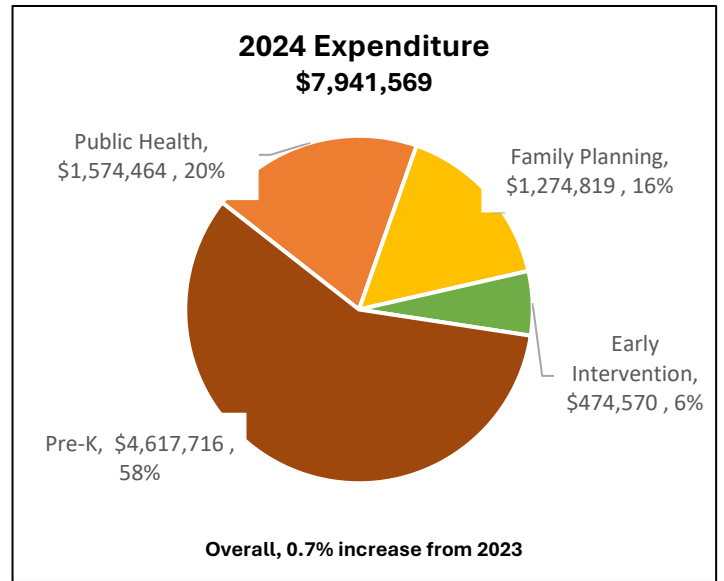
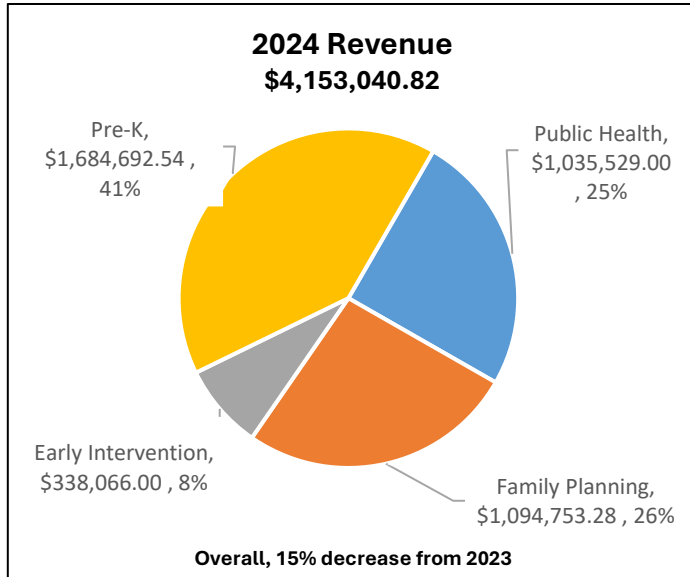
- Complete the Public Health Accreditation process with the support of one of our Public Health fellows.
- With our partners, Columbia Memorial Health and Columbia County Department of Health, submit a joint Community Health Improvement Plan that addresses the most impactful public health issues facing our community.
- Address the juuling epidemic among youth by leveraging medical providers, schools, law enforcement, and our community partners to work collaboratively to reduce youth access to and use of vape products, educate about risks, and assist providers to help youth to quit.
- Address chronic disease by partnering with the community to increase access to safe streets for pedestrians and bicycles. Specifically, leverage the findings from the engineering study of State Route 145 in the Town of Durham to see where improvements to pedestrian, bike and school safety can be implemented by applying for a federal transportation grant.

Organizational Chart -
December 2024



- a. Covers all sectors of public health
- b. Also has Health Education & Family Planning duties
- c. Advises Director of Public Health and Diagnostic & Treatment Center
- d. Oversight by Business Manager

Fiscal



In 2024, there were several staffing changes which allowed for transparency among the different departments. Staff now have a better understanding of their grants and expenses that occur within their department.

Goals for 2025:

1. Continue to work with Budgeting to ensure accurate calculations.
2. Review insurance contracts to maximize revenues.

Quality Assurance

The purpose of Public Health Quality Assurance (QA) is to improve patient care and service by improving quality processes and maintaining program integrity. The QA Officer evaluates systems of care, identifies problems, and works collaboratively to develop solutions and improve performances. New York State Department of Health, federal, and programmatic regulatory requirements are the cornerstone of this work.

Quality assurance duties include:

- 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: Diagnostic & Treatment Center (D&TC), the Licensed Home Care Service Agency (LHCSA), and Family Planning.

Policies for both Public Health and Family Planning are located on their respective Share Points for easy access by staff.

Staff Education (Annual In-Services):

Required annual in-services and education are accessible to all staff on their respective Share Points, which allows everyone to review and complete at their own pace. Once completed, an attestation is submitted which remains their staff personnel file ensuring compliance with State and Federal guidelines. In-services are updated annually to reflect current State and Federal regulations and CDC guidelines.

2024 Accomplishments:

- ✓ Annual record review 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) was complete, and they are performing well
- ✓ Electronic surveys in place for Public Health patients in August 2024:
 - 29 surveys sent and completed
 - Average score: **4.5 out of 5**
- ✓ Onboarded and supervised 2 Fellows from the NYS Public Health Corps (PHC) program, whose duties include strategic planning, accreditation, harm reduction and epidemiology.
- ✓ Worked alongside IT and Records Management to implement the new IQS Archive Manager system.

Goals for 2025:

- Maintain compliance with Article 28 NYSDOH regulations and federal 340B program requirements.
- Continue to oversee Public Health Fellow working on the PH Accreditation process.
- Continue annual review/update of all departmental policies along with placing them all on Share drives instead of paper manuals. This will include the Early Intervention Department.
- Explore workflows to improve speed and accuracy of provider EMR charting.
- Continue to automate our processes from paper to computer using the new countywide IQS system.
- Compliance with Stericycle statutes for medical waste and staff safety.
- Update HIPAA to conform with 2026 mandates.

In-person training facilitated and provided in 2024 include the following: Language line, Van Training, Emergency box training.

We provide annual in-person training for Medent, our electronic medical record (EMR) program, improving documentation, efficiency and accuracy. This has allowed us to capture data for more accurate reporting and improve outcomes.

COMMUNICABLE DISEASE CONTROL

Diagnostic & Treatment Center (DTC):

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

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


COVID-19	MPox
Hepatitis B	Pneumococcal
TwinRix (combined Hepatitis A & B)	RSV
Influenza	Shingles
MMR	Tdap

School Vaccinations:

- This year, Public Health worked with each school district to assist in getting students up to date with vaccinations.
- All Superintendents agreed to have Public Health vaccinate in school with parents' permission completed prior.
- Vaccinating RN's saw students at:
 - Catskill Elementary
 - Catskill High School
 - Coxsackie Elementary
 - Cairo Elementary
 - Cairo-Durham High School, and
 - Hunter-Tannersville Elementary.

2024 Highlights:


- *Staffing: Hired a FT experienced RN and a FT D&T Aide*
- *Utilized Mobile clinic van to expand services and outreach in the county*
 - *Provided Flu and COVID vaccines to our Halcott and Lexington communities*
- *In-person outreach to providers for Immunization Quality Improvement for Providers (IQIP) continued.*
 - *Met and discussed strategies to improve vaccination rates their practices.*
 - *Conducted Adult detailing visits with local providers on all things immunization.*
- *Lead swab tests were mailed to the families of all newborns in 2024 for the purposes of identifying lead sources prior to exposure. The purpose is to identify lead sources and remove them from the home prior to the children becoming exposed. Feedback from parents has been very positive. We are currently tracking the now 1-year olds with their first lead tests.*
- *Provided case management services to patients admitted to our services by helping them acquire health insurance and link to other resources available.*
- *Provided guidance to school RNs on interpreting vaccine records and reviewed the validity of medical exemptions with the goal of keeping kids in school.*
- *Partnered with Greene County Human Services and a local Pharmacist to provide COVID, Shingles and RSV vaccines to the Senior Clubs within the county.*
- *Administered vaccines in schools and in-home visits, which allowed students to remain in school and avoid exclusion because they weren't up to date on required vaccines.*
- *Worked with local ACOs regarding animal bites and handled rabies exposure.*
- *Compiled health news and statistics on what is currently trending in our county for our annual newsletter to providers.*

	2023	2024			2023	2024
Children seen at vaccine clinics	160	116		Adults seen for vaccines and PPDs (on-site and off-site)	275	293
Total Childhood Vaccines given	291	252		Total Adult Vaccines given	294	426

Communicable Disease (C/D):

- NYS requires Local Health Departments (LHD) to investigate and provide supporting documentation from providers for over 75 state reportable diseases to indicate that cases are correctly managed
- Staff processed 2,937 positive state reportable lab results

Rabies

	2023	2024
Human rabies exposure investigations	208	165
Human rabies post-exposure treatment given	14	24
		
Rabies vaccination clinics for animals	4	5
Animals vaccinated at vaccine clinics	215	565

Lyme/Tick-borne Diseases



Investigations	2023	2024
Positive Lyme reports investigated (20%) *	450	400
Anaplasmosis	54	51
Babesia	31	25
Powassan	2	0

*Tests received reflect 20% of the total due to the high incidence in Lyme. NYSDOH uses Sentinel Surveillance for the high incident counties.

2024 Challenges

- Recruiting nursing and paraprofessionals due to low salaries.
- Burden of nursing time spent on disease investigations can be problematic when providers don't order full panel of labs consistent with CDC case definitions.
- NYSDOH changed workflow and shifted the burden of disease investigation on the LHD for Syphilis and hepatitis on the secure reporting platform, which is time intensive.
- We followed bird flu (H5N1) as it infected dairy and poultry across the US. Currently no cases in Greene County. The challenge is the unknown potential of a new pandemic while coming off the most recent one.

2024 Goal Review

- **Hiring DTC aide:**
This goal was achieved.
- **Increased Community Outreach:**
This goal was achieved using the new mobile clinic.
- **Negotiate MVP contract:**
This goal was achieved.
- **Contract rabies post exposure treatment out to EmUrgent Care:** *Goal moved to 2025.*
- **Continue to grow our community partnerships post-COVID:** *This goal was achieved.*
- **Pilot program for new moms regarding lead education/swabs** – Ongoing with results now coming in.
- **Inspecting the home prior to children getting lead poisoning:** *Goal moved to 2025.*
- **Partner with Greene County Paramedics to provide in-home services where permitted by statute:**
State statute did not pass in 2024.

2025 Goals

- Contract Rabies Post Exposure Prophylaxis out to AMC
- Require lead inspection to any home where young children will reside
- Partner with Greene County Paramedics to provide paramedicine in home services where permitted by statute
- Continue 'No Lead' initiative providing swabs to new parents- compiling lead results at age 1 & 2
- Reduce nosocomial infections in summer camps with training for camp staff
- Move to complete paperless department

COMMUNITY HEALTH ASSESSMENT

Community Health Improvement Plan (CHIP)

Greene County Public Health, in partnership with Columbia County Department of Health and Columbia Memorial Health, updated and submitted the final 2024 joint Community Health Improvement Plan to the New York State Department of Health. See the agenda below and the priority areas that were addressed.

NYS Prevention Agenda 2019-2024

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.

Priority Area 1: Chronic Disease Prevention

- Focus Areas: Healthy Eating and Food Security, and Physical Activity.
- Disparity Area: Adults with disabilities.

Priority Area 2: Promoting Well-Being and Preventing Substance Use Disorders

- Focus Areas: Promote Well-being and Prevent Mental Health and Substance Use Disorders.

Priority Area 3: Vaccine Preventable Diseases

- Focus Areas: Increasing access to COVID-19 immunizations

Review of 2024 Goals:

- **Continue meeting with Planning Partners to update progress of CHIP outcomes**
Planning Partners continued to meet monthly to update progress.
- **Submit Action Plan for the Year 12 NYSDOH Performance Incentive**
Action Plan for Year 12 was completed and submitted.

Goals for 2025:

- Develop new goals from the NYS Prevention Agenda under the new guidelines
- Involve community members and stakeholders to guide the goals of the upcoming CHIP

Community Health Education

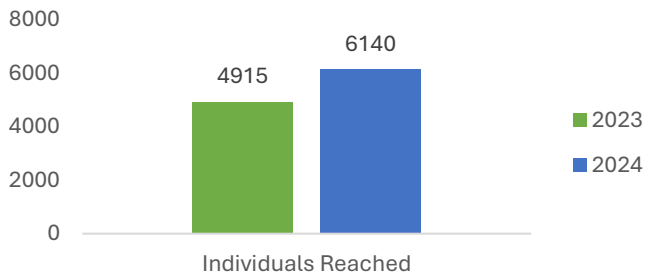
With the purchase of our Mobile Health Clinic in December 2023, health and reproductive services and education were able to be brought directly to community members across the county.

In February 2024, we welcomed a new Family Planning Health Educator. With this additional educator, the number of outreach contacts and locations increased.

Public Health had a greater presence in the county school districts (Catskill, Cairo-Durham, Coxsackie-Athens & Hunter-Tannersville), reaching 790 students, parents, and educators, as well as Columbia-Greene Community College, reaching 810 students, parents, educators, and community members.

Outreach was provided on tickborne diseases to seniors at county meal sites and local social groups reaching 345 people. An easier-to-use tick remover was passed out at these sessions.

Health Education Reach 2023-2024



Review of 2024 Goals:

- **Increase the number of community members utilizing the Harm Reduction Order Form**
Utilization of the Harm Reduction Order Form was made; however, usage did not go up from the following year.
- **Participate in all county-wide outreach days to increase public knowledge of the department**
Participation in county-wide events increased due to the additional health educator.

2025 Goals:

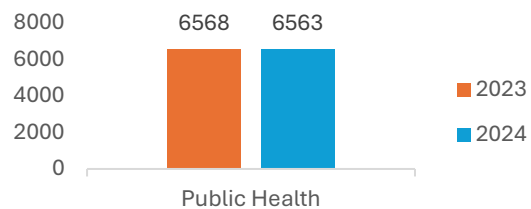
- Increase usage of mobile van in the community
- Increase local school and senior center educational programs

Social Media Topics:

A broad variety of health information was provided in 2024, such as:

- Lead poisoning prevention
- Immunizations
- Tick-borne illnesses
- Opioid addiction & resources
- Rabies education
- Healthy eating and exercise
- Heart health
- Stress
- Smoking cessation
- Mental Health – 988 Line
- National health holidays and weather information
- Public Health Events (Upcoming clinics)

Facebook Followers 2023-2024



Review of 2024 Social Media Goals:

- **Increase the frequency of posting Public Health Education on Social Media.**
This goal was completed in 2024.

2025 Goals:

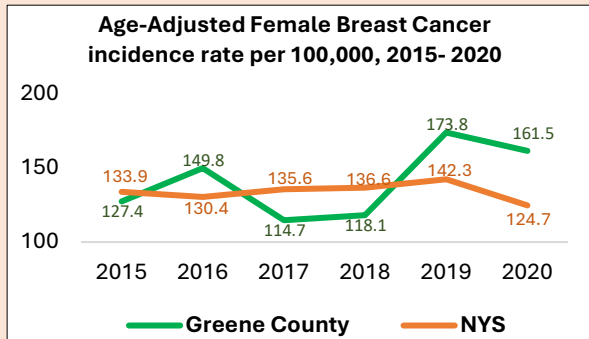
- Increase the reach of social media by boosting relevant/timely posts

CHRONIC DISEASE PREVENTION

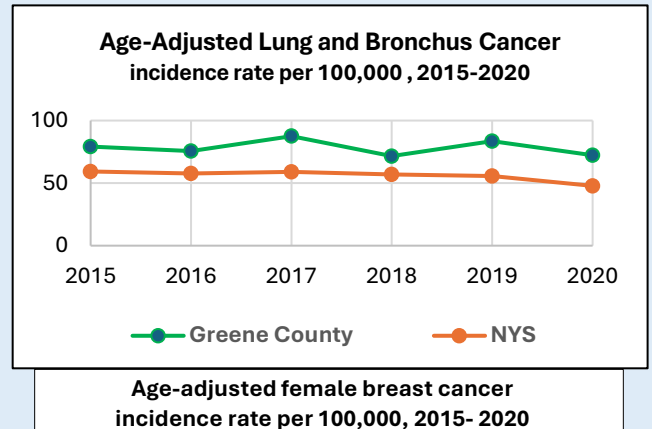
Epidemiology

Chronic Disease

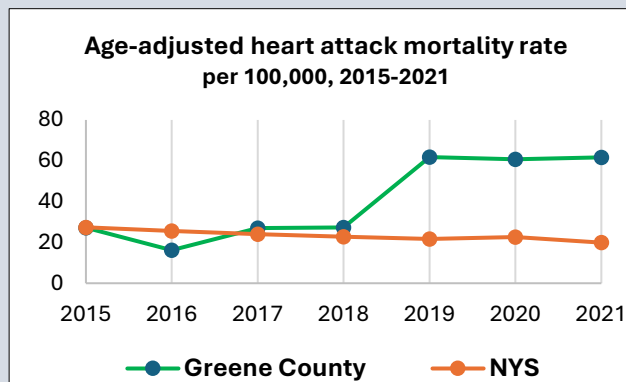
Breast Cancer: Mortality rates increased by 60.1% from 2014-2019, highlighting the need for enhanced early detection and treatment efforts.



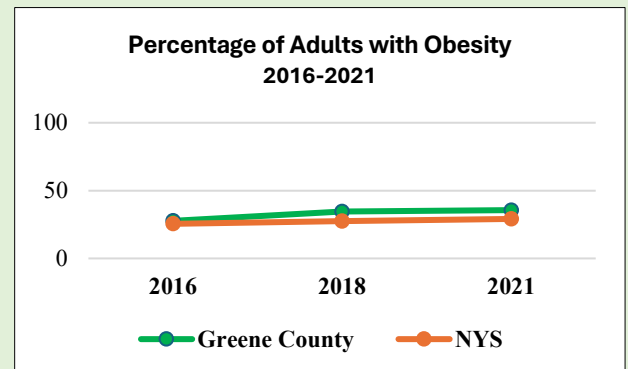
Lung and Bronchus Cancer: Incidence rates in Greene County (78.27 per 100,000) were 39.55% higher than the state average from 2015-2020 (Figure 1).



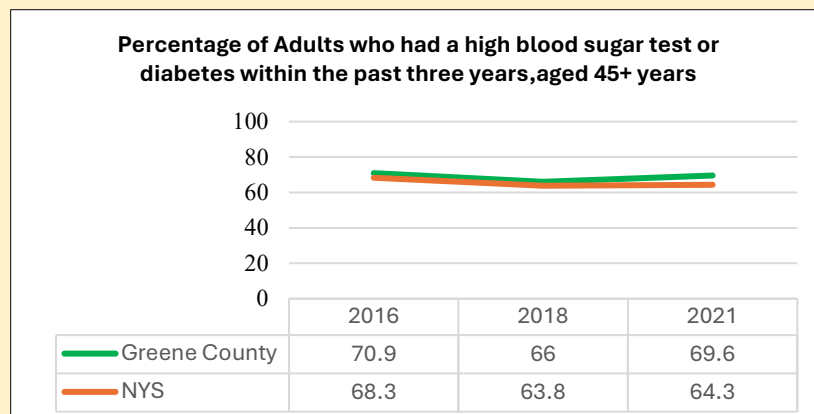
Heart Attack: Mortality rates surged by 126% from 2015-2021, contrasting with a 27.3% state decline (Figure 2). Hypertension prevalence (36.45%) exceeds the state average (30.5%).



Obesity: Rates increased by 22.19% in Greene County compared to a 12.37% rise statewide. The county's obesity rate is 18.98% higher than the state average, underscoring the need for improved nutrition and physical activity initiatives.

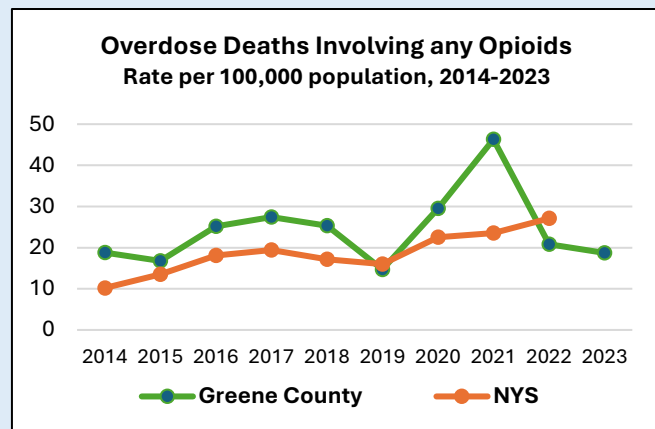


Diabetes: Prevalence remains 5.14% higher than the state average, with a smaller decline in rates (1.87%) compared to the state (6.22%) from 2016-2021.

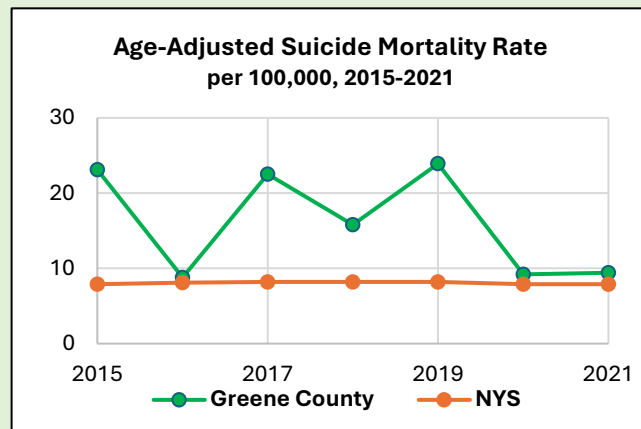


Substance Use and Mental Health

Opioid Overdose Deaths: Greene County's opioid-related mortality rate peaked at 46.3 per 100,000 in 2021 but dropped 59.61% to 18.7 by 2023, indicating successful interventions.

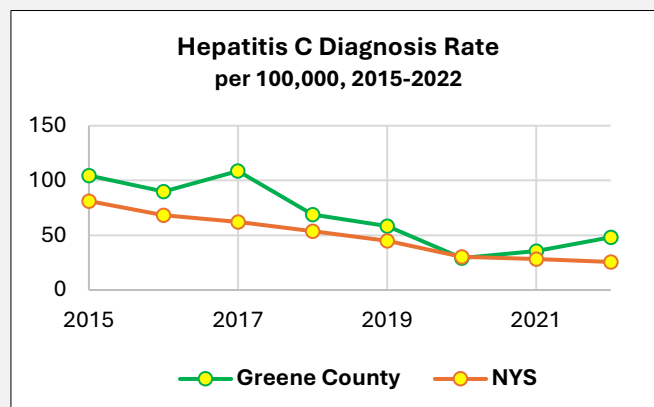


Suicide Mortality: Although higher than the state average, suicide rates declined by 59.31% from 2015-2021. Improved access to mental health services remains critical.



Infectious Disease

Hepatitis C: Greene County had 37.62% higher diagnosis rates than the state from 2015-2022. However, a 54.02% decrease was observed, likely due to increased screening at the Medication Assisted Treatment Clinic.



Conclusion: While progress has been made in smoking cessation, opioid overdose reduction, and STI prevention, rising rates of cancer, heart disease, and obesity remain concerns. Strengthening healthcare access, mental health services, and preventive screenings will be key to building a healthier community.

For more statistics and information on the health of our community, please see [Greene County Community Health Status](#).

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. Deliverables include creating and updating planning documents, attending required trainings, providing trainings, and executing exercises. Funding for the 2023-2024 year totaled \$52,099.

2024 Highlights:

- ✓ Emergency preparedness information given at the Greene County Youth Fair, the Catskill farmer's market, kindergarten folders, Pride night at the Athens Cultural Center, Interagency day at Columbia-Greene Community College, Fireman's convention, and flu clinics
- ✓ CPR and First Aid training to the Greene County 911 operators, GCPH, Catskill PROS, Greene County Human Services Department (**total provided=41**)
- ✓ AED training for GCPH
- ✓ Stop the Bleed trainings provided to Greene NY Medical Reserve Corps (MRC), and students at both Catskill and Greenville High Schools
- ✓ Stop the Bleed demonstrations at the Greene County Youth Fair and Columbia-Greene Community College
- ✓ Greene NY MRC Orientation for MRC volunteers
- ✓ N95 mask training and fit testing
- ✓ Naloxone training to GCPH staff, Greene County Board of Elections, Greene County Human Services, students at Catskill High School, and Foreland
- ✓ Bleeding control, AED, and Narcan training was provided to the Athens, Ashland, Freehold, Hunter, and Catskill Highway Departments. The same training was also provided to the Windham, Coxsackie, Hunter, and Catskill transfer stations.
- ✓ Participated in Trunk-or Treat at the Coxsackie Elementary School and the Oak Hill Fire Department



2024 Goal Review:

• Expand Emergency Trainings:

Trainings were provided to new areas of our community including other County departments while continuing to provide emergency training to MRC volunteers and schools throughout the county.

• Complete MRC Policies and Procedures:

The Volunteer Management Plan and the Volunteer Handbook were completed.

• Learn more about climate change:

Started to gain knowledge on climate change and how it affects Greene County.

2025 Goals:

- Start climate change outreach and education for the community.
- Complete the MRC Operations Playbook and Spontaneous Unaffiliated Volunteer Policy.

Disaster Preparedness Trainings:

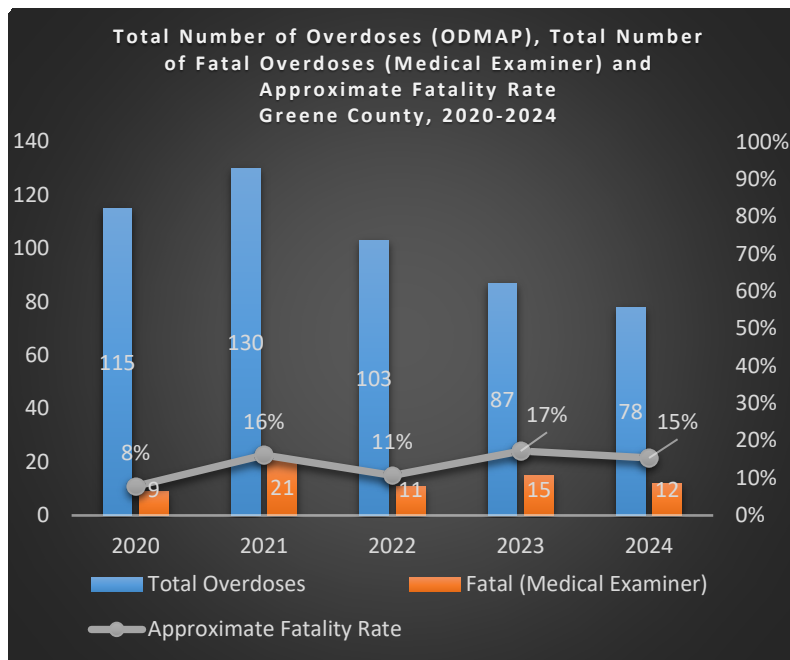
- Solar Eclipse Planning
- Annual Emergency Preparedness Summit
- Access and Functional Needs
- Chemical Surge tabletop
- CHEMPACK overview
- Critical Infrastructure
- Pediatric Emergency Preparedness
- Civil Unrest Preparedness Tabletop
- H5N1 Response
- Integrated Preparedness Plan

ENVIRONMENTAL HEALTH

Harm Reduction

Overdose deaths peaked in Greene County in 2021. That year, the rate of opioid involved overdose deaths was double the upstate New York average (46.3/100,000 vs. 23.5/100,000) and Greene County ranked 2nd of 57 upstate New York counties for overdose deaths involving opioids and it ranked 1st for deaths involving heroin.

Between 2021 and 2024, the volume of death has decreased by 34% (21 deaths in 2021 vs 12 deaths in 2024). However, over the last 5-year period, the average annual fatality rate was 13%, and last year it was slightly above average at 15%. As well, subcounty disparities in death rates persist; fatality rates are lowest in the Cossackie region (11%), followed by Catskill region (12%), Cairo region (16%) and highest in the Mountain Top region (26%). No deaths have been reported in the Greenville region.



In 2023, Greene County Public Health applied for and was awarded a 3-year federal grant in the amount of \$996,144 from the Bureau of Justice Assistance. The aim of the grant-funded project is to strengthen collaboration between public health and public safety partners to decrease county-wide overdose rates; decrease sub-county disparities in overdose death rates; and identify and address substance use related disparities among at-risk and marginalized populations.

2024 Milestones

- Continued routine monitoring and surveillance of overdose trends using data from ODMAP, paramedic electronic health records, coroner/medical examiner records.
- Developed partnership with the Greene County Sheriff's Office to increase linkages from Sheriff's Office Impacted Citizens Program and Law Enforcement Assisted Diversion Program to peer services and Medication Assisted Treatment (MAT) treatment at Greene County Family Planning (GCFP) and developed data and information sharing between Sheriff's Office and Public Health to facilitate case narrative development for Overdose Fatality Review.
- Maintained 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.
- Maintained the Overdose Spike Response Plan which details the role of Public Health in identifying and alerting stakeholders of potential overdose spikes.
- Increased prescribing capacity at the GCFP MAT program through hiring a new Physician Assistant and Medication for Overdose Use Disorder (MOUD) Patient Services and Linkage Coordinator.
- GCFP's MAT program for buprenorphine treatment served 122 patients, including 32 newly enrolled patients.
- Established an Overdose Task Force, Overdose Fatality Review Team and Health Equity Committee.
- 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.
- Distributed 1572 naloxone kits, 1516 fentanyl test strips and 1476 xylazine test strips.
- Maintained a [website](#) and online ordering form for shipping harm reduction supplies to Greene County residents. In 2024, 22 orders were received and completed.

2024 Funding Usage:

- Increase MOUD capacity at the GCFP Clinic. A Physician Assistant was hired in July of 2024 to increase capacity to see patients and prescribe MOUD. An MOUD Patient Services and Linkage Coordinator was hired in November 2024 to provide peer services to patients receiving MOUD at the clinic and to provide outreach and linkage to care to connect additional individuals needing services to care at the clinic. In 2024, the clinic provided MOUD treatment services to 32 new patients in addition to those previously enrolled. This was a 45% increase in the number of new patients over the prior year.
- Partner with the Greene County Sheriff's Office to provide warm handoffs for peer services and MOUD treatment between the GCFP Clinic's MOUD Coordinator and the Law Enforcement Assisted Diversion program, the Impacted Citizens Program, and the jail. A new Director of Community Wellness Programs was hired by the Sheriff's Office in June 2024. Overall last year, the program outreached to 117 high risk individuals, 98 of whom had experienced a non-fatal overdose.
- Establish data sharing agreements with Catskill Ambulance and Greene Paramedics that supports Public Health's Overdose Spike Response Plan by allowing investigation of potential overdose clusters and supports Public Health's Overdose Fatality Review process by allowing detailed case investigation for fatal overdose events.

Additionally, the project convenes three stakeholder groups:

Overdose Task Force

- Made up of county department heads from:
 - Public Health
 - Mental Health
 - Social Services
 - Sheriff's Office Wellness Programs Representative
 - County Administrator Representative
 - Partners at Albany Medical College
 - Leads from paramedic agencies
 - Director of the Columbia-Greene Addiction Coalition
- Served as a steering committee that provided feedback on project implementation and activities.
- Received policy and service recommendations from the two subcommittees below to implement action plans to address recommendations.

Overdose Fatality Review (OFR) Subcommittee

- Provided comprehensive reviews of overdose decedent cases to identify gaps and opportunities and made recommendations for policy and service changes to prevent future overdose deaths.
- To date, the group has met three times:
 - Once for a review of expectations and procedures and a mock case review, and
 - Twice to review decedent cases.
- Common themes and trends across cases have been documented and a preliminary set of recommendations has been developed and shared with the Overdose Task Force.

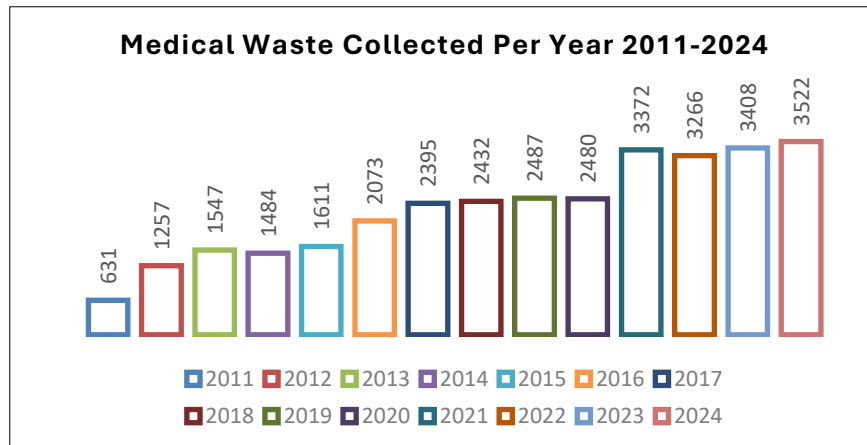
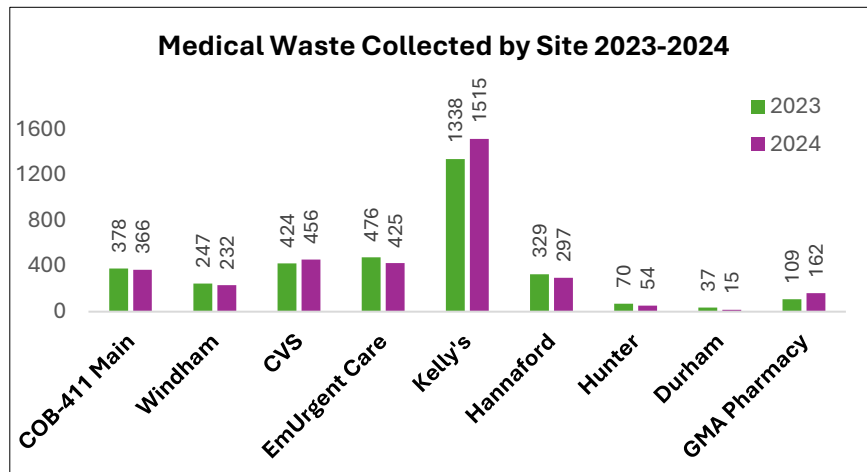
Health Equity Subcommittee

- Convened peers and community members to address stigma and inequities negatively impacting members of marginalized populations who use drugs.
- Met bi-monthly and coordinated in an active Discord exchange between meetings.
- In 2024 they began to expand non-traditional naloxone distribution through partnership with food pantries.

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
- Free sharps container are available at each location
- Amounts collected per location and outreach performed are reported quarterly to the NYSDOH AIDS Institute



The Kiosk Program has collected **31,965 pounds** of residential medical sharps since mid-2011.

2024 Statistics:

- **3.2% increase** from 2023 (3522 vs. 3408 lbs.)
- 293 containers collected

2024 Challenges:

- Delay in pickups by Stericycle caused lagged quarterly reporting to NYSDOH
- Lack of use of kiosk at Durham Town Hall
 - Contemplating moving kiosk to more populated area in East Durham

KIOSK LOCATIONS

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



Oneonta District Office:

In 1921, legislation was enacted that empowered New York State counties to create county health districts. The purpose of a county health district was to consolidate local authority for the oversight of public health work at the county level, rather than having public health activities dispersed to the constituent county cities, towns, and villages. Counties were not required to create such health districts, and as time passed, it became evident that many rural counties (including Greene) that had not formed a county health district would face increasing logistical and financial challenges that coincided with expanding public health needs and requirements. County health departments that operate in counties without county health districts are known as “partial services” county health departments.

As a matter of policy, not law, the New York State Department of Health (NYSDOH) addressed the need to preserve a baseline of public health in partial services counties by creating District Offices. Historically, District Offices have carried out environmental health protection programs in 21 counties that do not deliver environmental health services through county health departments. District Office staff ensure that suitable water, food, housing, and recreational facilities are provided to the public. Staff identify, investigate, and resolve actual and potential health hazards caused by environmental factors. Some of the programs protect the population at large, such as public drinking water quality, food safety in restaurants, bathing beach and swimming pool safety, as well as children's camps. Other programs are aimed at preventing illness in specific populations, such as lead poisoning prevention, migrant farmworker health, and reducing risks associated with smoking, vaping, and tanning. Currently, there are nine District Offices that operate in New York State, and in Greene County it is the NYSDOH Oneonta District Office (ODO) that provides the core environmental health programs and services to county residents and visitors

Regional staff perform other tasks involving these operations, including but not limited to, issuing operating permits, investigating complaints, providing training and education, performing pre-operational inspections, collecting water surveillance samples, completing illness investigations, and conducting enforcement activities. District office staff also conduct activities with jurisdictional mass gathering events, the Clean Indoor Air Act, realty subdivision planning and approval, regulated wastewater treatment systems, as well as emergency response.

Below is a breakdown of the Environmental Health Program inspections completed in Greene County in 2024:

Environmental Health Program	2024 Inspections	Environmental Health Program	2024 Inspections
Agricultural Fairgrounds	1	Migrant Farmworker Housing	7
ATUPA (Adolescent Tobacco Use Prevention Act) (Compliance Checks)	174	Mobile Food Service Establishments	6
Underage Compliance Checks ¹	79	Mobile Home Parks	3
Adult Compliance Checks ²	95	SOFA (Senior Citizen Feeding Site) Food Service Establishments	5
Bathing Beaches	5	Summer Feeding Food Service Establishments	9
Campgrounds	14	Public Water Systems (Sanitary Surveys)	60
Children's Camps	20	Community Water Systems (Sanitary Surveys)	28
Environmental Lead (Risk Assessments) ³	Details available in CLPPP quarterly reports	Non-Community Water Systems/ Transient Non-Community Water Systems/ Non-Transient Non-Community Water Systems (Sanitary Surveys)	32
*Food Service Establishments: High-Risk ⁴	79	**Swimming Pools	98
*Food Service Establishments: Medium-Risk ⁵	164	Tanning Facilities	4
*Food Service Establishments: Low-Risk ⁶	26	Temporary Residences ⁷	61

*Includes Institutional Food Services

**Includes Recreational Aquatic Spray Grounds

- Underage Compliance Checks are unannounced purchase attempts of restricted tobacco or vapor products by an underage (<21 years) individual.
- Adult Compliance Checks involve inspectors verifying that the remaining portions of NYS Public Health Law Article 13-F are in compliance, including but not limited to, prohibited flavored vapor products being offered for sale, storage & display requirements, out-of-package sales and distribution without charge or price reduction.

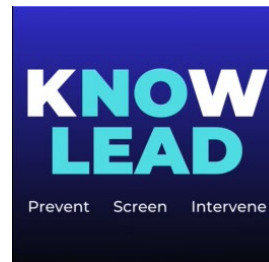
3. Risk assessments are environmental investigations of a private residence where a child with an elevated blood lead level resides. Childhood Lead Poisoning Prevention Program (CLPPP) reports are generated quarterly by the local health department.
4. High Risk Establishments serve potentially hazardous foods that require a great deal of onsite processing, including, but not limited to cooking, cooling, re-heating, and holding for service (hot or cold).
5. Medium Risk Establishments often serve potentially hazardous foods that do not require a lot of processing onsite. There is typically rapid turnover between preparation and service.
6. Low Risk establishments typically do not serve potentially hazardous foods with possible exceptions including prepackaged sandwiches, specialty items such as pickled meats or eggs, donuts, and other snack foods.
7. Temporary Residences are hotel/motel/cabin facilities.

Childhood Lead Poisoning & Prevention Program (CLPPP)

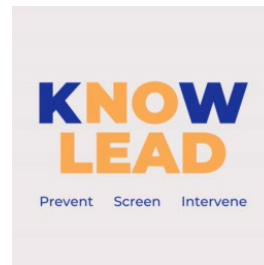
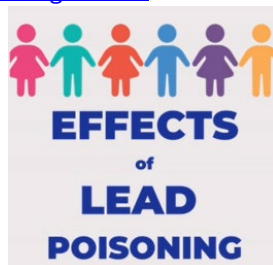
Blood Lead Levels (BLL) processed through Lead Web	622
Reminder letters sent to parents to contact health care provider to test child for lead	649
Children with BLL over 5 µg/dl, requiring case management by Public Health Nurses and Environmental Staff	17
Children who met criteria for discharge	9

'kNow' Lead Campaign

- Videos were created to educate the public about lead in the home and its effects
 - [kNow LEAD](#)



- [Lead Poisoning Effects](#)



- Campaign was conducted from July 22 to September 22, 2024:
 - Targeted Men & Women (18-65) in Greene County, NY
 - Delivered 637 New Users to the Lead Poisoning Prevention Landing Page
 - Seen 149,000 times by 15,167 people (average of 9.81 times over the campaign)
 - Viewers liked, shared, or reposted 9,279 times
 - Viewers skewed Female 3 to 1
 - Viewers over 45 accounted for ¾ of those who liked, shared or reposted the campaign creative.

FAMILY HEALTH

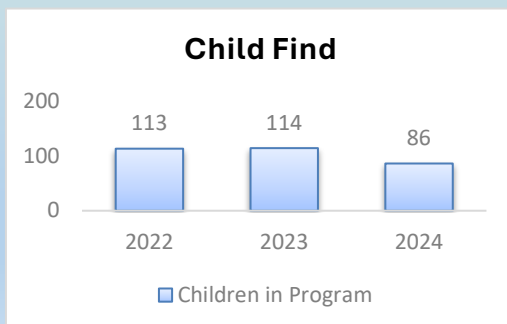
Early Intervention

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 2024: 60

Child Find:

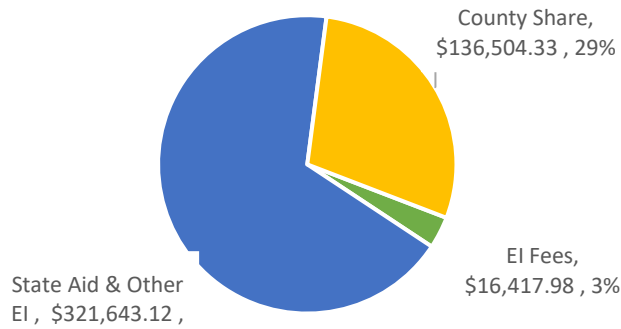
- Program requirement to track and provide developmental surveillance for “at risk” children who may be EI eligible
- All birth certificates are reviewed and families sent outreach material
- MCH nurse may identify children with potential developmental delays and refer with parental permission



Review of 2024 Goals:

1. **Staffing retention and active recruitment.**
2024 started with hiring a new EI Director and two new service coordinators as well as a senior administrative assistant. The senior administrative assistant recently resigned, leaving us with two vacant positions. One remaining Service Coordinator position and the Senior Administrative Assistant position.
2. **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).**
While telehealth services continue to be an option for families in remote locations, we have two agencies out of Westchester that are providing telehealth services and offering telehealth evaluations to children and families in Greene County.
3. **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.**
Policies are continually reviewed and updated as necessary.
4. **To prepare for the launch of the new EI Hub.**
The EI Hub launched on October 15, 2024, and has been catastrophic to the Early Intervention program, resulting in multiple providers no longer seeing children due to the numerous issues surrounding the Hub and billing processes.
5. **Shift the Children and Youth with Special Health Care Needs (CYSHCN) program from the Early Intervention program to our Maternal Child Health nurse to meet the needs of families.**
CYSHCN was successfully shifted to the Maternal Child Health nurse.

2024 Early Intervention Funding \$474,565.43



12% decrease in County Share in comparison to 2023

Here are a sample of comments from parent surveys from the past year:

- “Very helpful and very kind”
- “Appreciate the service providers and coordinator”
- “Since moving here, the service providers available are harder to find and must travel much farther”

Goals for 2025:

- Retain staff and hire a new Senior Administrative Assistant and Service Coordinator.
- Ensure providers have proper training and support from staff to be able to bill in the EI Hub with the goal of provider retention. Senior Administrative Assistant will successfully train and bill properly in the EI Hub for service coordination services.
- Creatively address provider shortages in Greene County so the needs of children can be met.
- Scan paper files into electronic records retention system.

Preschool Special Education

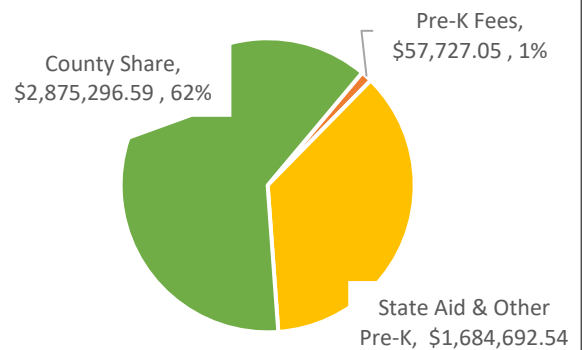
Children with an Individualized Education Plan (IEP)	
2023	163
2024	164

Center-Based Services Enrollment		Related Services Enrollment	
2023	81	2023	82
2024	75	2024	89

Children Evaluated		Children Transported by Bus	
2023	116	2023	81*
2024	158	2024	57*

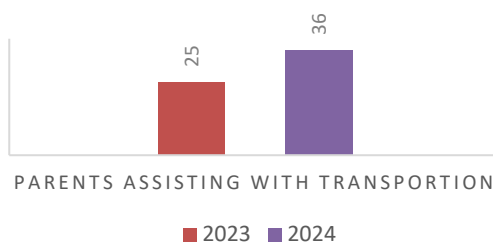
*This number includes children whose family members also assisted with transportation, i.e. meeting at bus stops or driving child one way to school

2024 Preschool Funding \$4,617,716.18



5% increase in County Share in comparison to 2023

TRANSPORTATION



Challenges:

Availability of Services:

- Children continue placement on waitlists for the following services:
 - Special Education Itinerant Teacher
 - Related Services (Speech, Occupational, Physical Therapies, etc.)
 - Center-Based Services & Evaluations

Classroom Availability:

- Classrooms providing Special Class Integrated Setting have yet to be replaced in Greene County and children continue to be waitlisted.
- An interim federal contractor was assigned to administer the Greene County Head Start program until a permanent grantee is found. Head Start did open a classroom this year serving “at risk” children.
- Despite Circle of Friends opening a special class program in 2022, another is needed, as we still have children waitlisted.

Transportation Availability:

- **Due to driver/aide shortages:**
 - Our contracted transporter continues to experience difficulties adding new runs, leading to children spending more time than appropriate on vehicles for their age.
- **To help shorten children’s times on vehicles:**
 - We actively encourage parents to assist with transporting their own children to school.
 - We also assist parents in finding places to meet the transporter along the route to school.
 - We work with our transporters and parents to find the most efficient bus routes for our children.

Trends Affecting Costs:

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 2024 ranged between:
 - A 10-month (regular year) special education program: \$36,601.00 to \$61,758.00
 - A 6-week Extended School Year (ESY) or summer program: \$6,100.00 to \$10,293.00
- Chargebacks that may be unrelated to preschool services.

Cost Saving Measures:

- Encouraging parents to provide transportation to center-based programs for their children.
- 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.

Preschool Special Education Partners:

- School Districts (9):

Responsibilities include:

- Taking in referrals
- Tracking timeframes
- Sending out legal notices to parents
- Scheduling Committee for Preschool Special Education (CPSE) meetings
- Authorizing services to begin
- Sending copies of required documentation for children’s files

- Evaluators (18):

- NYS Education Department (NYSED) approved Agencies and/or School Districts who assess a child’s developmental functioning

- Center-Based Programs (13):

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

- Related Service Providers (13 Agencies/16 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 Providers:

Companies that 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.

Review of 2024 Preschool Goals:

1. Staff training and retention.

Staff training completed for transportation billing, parent agreements & NYSED transportation reimbursement. Department has successfully retained the same staff for this past year.

2. Contract with new providers to increase service availability.

Completed contracts with 7 new service providers.

3. Contract with school districts where possible for preschool evaluations & related services.

Contracts completed with two school districts (Catskill CSD & Margaretville CSD)

2025 Goals:

- Complete staff training re: Medicaid billing, contract files & provider insurance/credentials.
- Continue to contract with additional providers to address service shortages.
- Encourage school districts to open preschool special education classrooms to alleviate the number of children waitlisted for this service.

Licensed Home Care Services Agency (LHCSA):

2024 Update:

In November, we officially closed our licensed home care services agency. This was due to a change in the regulation for local health departments which freed us from burdensome reporting requirements and allowed us to continue the services listed below.

- Communicable disease, where we provide home visits for:
 - Tuberculosis (TB) Directly Observed Treatment;
 - Rabies post-exposure vaccination;
 - Childhood lead poisoning – conduct joint visits with the NYSDOH Oneonta District Office for children with elevated lead levels.
- Maternal Child Health (MCH):
 - Antepartum, postpartum, and newborn health guidance visits;
 - Breastfeeding support and education.

Maternal Child Health (MCH) Visits

The MCH health guidance home visit is provided by an experienced Public Health Nurse (PHN), who is also a Certified Lactation Counselor (CLC).

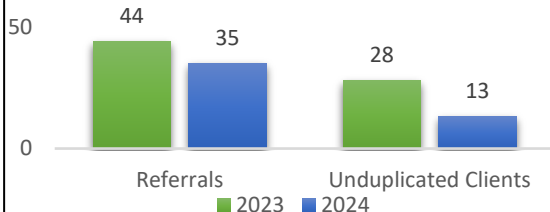
The PHN-CLC provides instruction, breastfeeding and lactation support, and linkage to community resources, affording every mother and child an opportunity for a healthy safe start for optimal growth and development.

MCH Referral Sources:

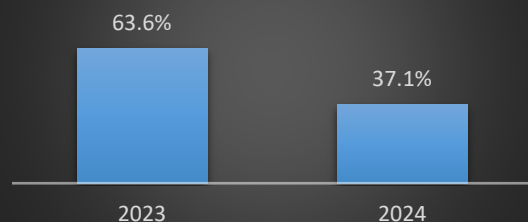
- Columbia Memorial Pediatrics – 16
- Newborn Screening Program – 8
- Schoolhouse Pediatrics – 5
- Health Alliance Hospital – 2
- Albany Medical Center Hospital – 1
- Children's Medical Group, Kingston – 1
- Greene County Family Planning – 1
- RBK The Children's Medical Group - 1



Maternal Child Health Referrals 2023-2024



Home Visit Acceptance Rate 2023-2024



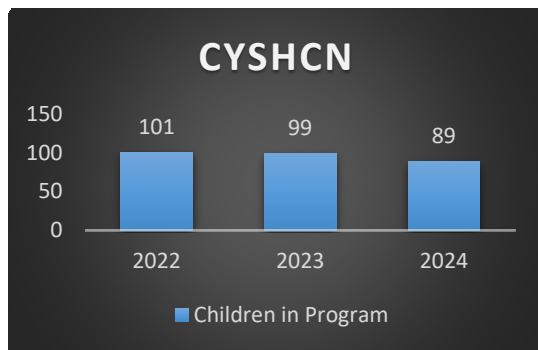
Children and Youth with Special Health Care Needs (CYSHCN) Program:

- Provides resources/referrals to families of children, birth through age 21, with a diagnosed disability/medical condition
 - Examples include autism, Down syndrome, hearing loss, and diabetes
- This grant supports families on their child's journey, rather than providing direct services.

2024 Goals:

- **Integrate the Children and Youth with Special Health Care Needs (CYSHCN) program into the work performed by the Maternal Child Health nurse to meet the needs of families.**

With the departure of the former Early Intervention Official in early 2024, the work was transitioned from the Early Intervention program to the General Public Health branch under Maternal Child Health. This program has a large data tracking requirement, which in 2024 was accomplished by the Public Health Office Manager, who assisted with entering quarterly information into the Health Commerce System's Health Electronic Response Data System (HERDS) and Person-based Electronic Response Data System (PERDS).



2025 Goals:

- Partner with Cornell University to provide technical assistance and enhance and expand the resources we can provide to families.
- Host a successful Family Engagement Event titled 'Youth Health Fair' for CYSHCN families on May 31, 2025.
- Complete a survey of families to determine their unmet needs.