Greene County Family Planning 2019 Annual Report

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

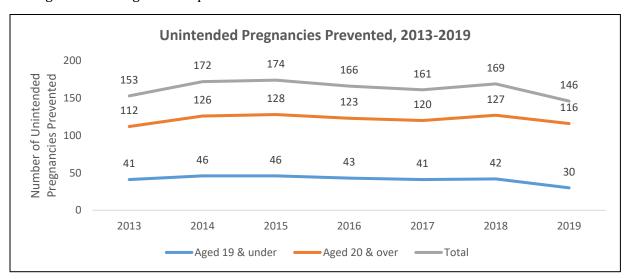
For 47 years Greene County Family Planning (Family Planning) has been a trusted source of reproductive health care for men, women, and teens of Greene County. We remain one of the only sources of reproductive health care in Greene County, and the only provider of low threshold access to life saving Medication Assisted Treatment (MAT) for opioid use disorder. Based on the needs of the community, Family Planning began offering low threshold access to MAT services in 2019 to women and men at risk. The primary goal of this service was to reduce overdose deaths and provide an entry into the health care system.

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.

The table below shows how this clinic's work prevents unintended pregnancies. The number of pregnancies averted by use of family planning services was calculated by Ahlers software. It is accomplished by estimating the number of pregnancies expected in the absence of the program (on the basis of preprogram contraceptive use) and subtracting the number of pregnancies expected among women using contraceptives.



(Ahlers data annual report, Greene County Family Planning, 2013-2019)

Translated into dollars:

- In one year, the program has saved: 146 (2019 total) x \$12,770* = \$1,864,420 x 60%= **\$1,118,652****
- Over seven years, the program saved:
 1,141 (2013-2019 total) x \$12,770* = \$14,570,570 x 60%= \$8,742,342**

^{*}The cost of a **publicly funded birth** in 2010 averaged \$12,770 for prenatal care, labor and delivery, postpartum care and 12 months of infant care. National and State Estimates for 2010, New York: Guttmacher Institute, 2015.

^{**}Amounts are based on Medicaid client estimates.

Prevent the spread of Sexually Transmitted Diseases (STD) and HIV:

We offer testing and treatments for all of the most common STD's including chlamydia (1,168 tests), gonorrhea (1,165), HPV and herpes. All at-risk clients are encouraged to be screened for HIV. In 2019, 787 clients were given pretest counseling with 446 HIV tests performed. **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:

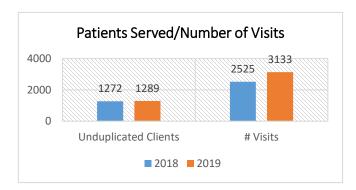
All clients, men and women, are asked about their reproductive life plan, helping them determine when they want to have their first child. We counsel and assist them to improve their health before conception by quitting smoking, avoiding illicit drugs, controlling their diabetes, high blood pressure and obesity. We have a strong referral system with our Public Health Maternal Child 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.

Facilitate early detection and treatment of reproductive cancers:

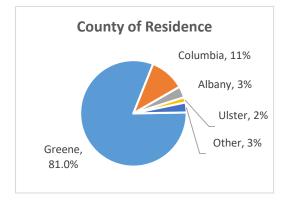
Women are screened for cervical, thyroid, breast, skin, endometrial, and ovarian cancers; and while much rarer, we screen men for testicular and breast cancer. Because we are a small clinic, our patients are followed to make sure they are seen and cared for by specialists.

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

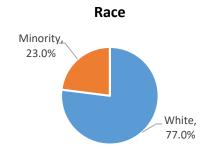
Demographics:

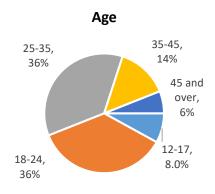




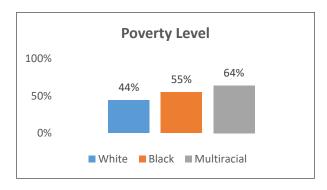


We continue to serve those with the highest needs as required by our grant:

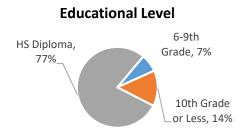


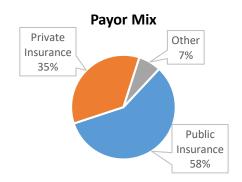


44% of all clients were 24 or under



• <u>Income:</u> 44% to 64% of our clients are at or below 100% of the federal poverty level; depending on their racial identity.





High risk zip codes: Catskill-27.5%, Cairo-9.4%, Hudson-6.6%, Coxsackie-5.4%, Greenville-4
%, and Leeds 3.4% match our top numbers of teens seen who are at highest risk for
pregnancy matched four of the top six high risk zip codes identified by the New York State
Department of Health (NYSDOH).

We attempt to be fiscally sound by:

- Enrolling uninsured clients in eligible health plans through our on-site certified application counselor,
- Billing third party insurances, and
- Ensuring all claims are accurate and timely.

All revenue we generate is used to offset the county share for our services. Because we are not a mandated county service, we are mindful of the costs to the taxpayers of Greene County and look for opportunities to remain sustainable.

- In 2019, we generated the majority of our revenue from third party health insurance billing and we successfully contracted with Fidelis. We were the first Family Planning agency in NYS to contract with Fidelis for our services.
- By participating in the Delivery Service Reform Incentive Payment (DSRIP) program, we earned over \$39,649 in additional revenue.
- With the implementation of MAT for patients with opioid substance use disorder, we generated \$74,145.59 in additional revenue.

2019 Highlights:

- **Medication Assisted Treatment (MAT)** was initiated after we received a Public Health grant to assist with high overdose deaths. In January our clinic began offering treatment for opioid use disorder with buprenorphine and Vivitrol. The need was great with 87 persons served, 93% of whom were from Greene and Columbia County. The program continues to be in demand and all of our Nurse Practitioners have completed the training.

In 2019 - 87 clients were seen

Male: 47 Female: 40

Greene County: 59 Columbia

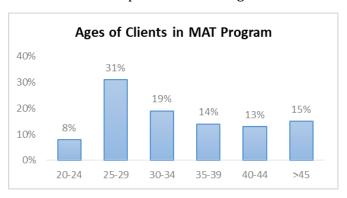
County: 22

93% from the Twin Counties

Age range: 22-60 (see graph) 80 white / 7 total minorities

Hepatitis C Antibody positive: 31%

positive



The Administrator and a Nurse Practitioner presented on our MAT program at the National Family Planning and Reproductive Health Association Annual Conference in Washington, DC in February 2019 and at the NYSDOH Office of Drug User Health in Albany, NY in April 2019 titled Community Strategies, Confronting the Opioid Epidemic

- **Hepatitis C**: We collaborated with Project Safe Point, a division of Catholic Charities of Albany NY, to co-locate their Hepatitis C peer coordinator in our office Monday afternoons. From September to November she connected Hepatitis C positive patents with treatment. We found that 50% of our patients receiving treatment for their opioid use disorder had a positive Hepatitis C antibody, and 33% had active viral loads. It had been a challenge with no Hepatitis C treatment provider in Greene County to connect them to care. This collaboration was very helpful to the patients and our staff. After November the case manager stopped being available on site weekly and now meets with clients in their homes, in the clinic or where desired to manage their access to treatment and follow up.
- **Breastfeeding Coalition**: In May we began hosting the Columbia and Greene County Breastfeeding coalition meetings, which includes staff from WIC, midwives from Columbia Memorial Health, certified lactation nurse consultants from each county, a representative from the Healthy Capital District Initiative (HCDI), La Leche members, and Early

Intervention. There were presentations from HCDI on the Greene County metrics for breastfeeding, and other maternal child indices including low birth weight, preterm birth, and maternal substance abuse. The committee has retained its primary breastfeeding focus but includes other conditions affecting maternal child outcomes for both counties including improving pre and inter conception care for women of childbearing age.

- **Social Media and Advertising**: We continue to utilize social media as a strategy to outreach to our target population. In 2019 we released a YouTube video highlighting the importance of pregnant women, and those considering a pregnancy, who use opioids finding medication instead of illicit drug use during or before their pregnancy. The video had a unique reach of 30,943 people for a total of 218,124 impressions, for a video completion rate of 96.5%.

Review of 2019 goals:

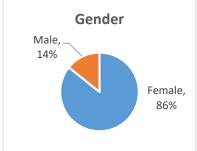
1. Begin providing telehealth services to facilitate access to our services, and provide cost savings for our clients while maintaining revenue.

While we did not start this in 2019, we began to provide robust telehealth services in 2020 with the onset of the pandemic.

2. **Improve screening for intimate partner abuse and human trafficking**:

Because of the competing priorities of providing MAT care, no formal changes to prior screening were made in 2019

3. Increase the numbers of male clients served: The number of males seen increased in 2019 to 14.3%, compared to 11.3% in 2018.



4. Stay abreast of the programmatic and training requirements that may accompany the initiation of the new Title X guidelines.

In 2019, the New York State Department of Health withdrew from the Federal Title X program, but continued to fund us at 100% of the previously contracted rate.

Goals for 2020:

- 1. Continue to provide safe, confidential care through clinic visits and telemedicine to meet the needs of the community we serve in spite of the obstacle of the pandemic.
- 2. Maintain fiscal responsibility to the community by maximizing our resources and working diligently to keep costs down, and still provide safe compassionate care.

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

Respectfully submitted, Laura Churchill, DNP, FNP-BC Deputy Director of Public Health