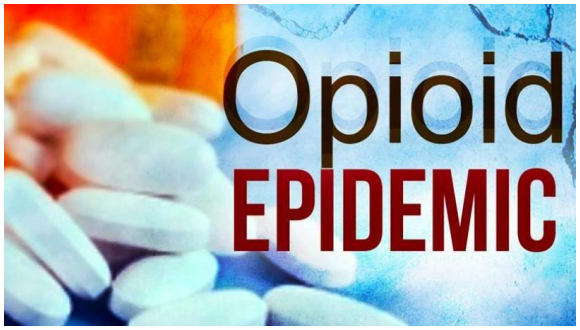
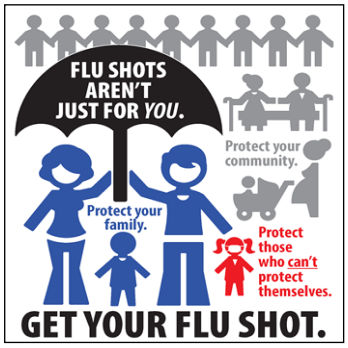
Greene County
Public Health Department

Annual Report 2018





Submitted: April 1, 2019

Prepared by: Kimberly Kaplan, MA, RN, CPH
Director of Public Health
& Public Health Staff

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MISSION

To serve the community collaboratively to prevent disease, promote and protect health, and to provide education that supports healthy lifestyles.

VISION

The community will recognize, value and respect us as a trusted resource and partner, relying on our knowledgeable and committed staff to support a healthy Greene County.

VALUES

***Dedication**: We go the extra mile to find the answer and follow up until the job is done.*
***Professionalism**: We demonstrate and treat others with respect in our presentation and behavior.*
***Excellence**: Our knowledgeable staff continually strives to improve and seek out best practices.*
***Compassion**: We are caring, non-judgmental and understanding.*
***Teamwork**: Our team works effectively and communicates with each other and our community 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

Review of 2018 Public Health Department GOALS:

1. **Review and revision of the original Strategic Plan and implementation of a new Plan which will reflect our current goals.**

   Throughout 2018, Public Health continued the dedicated work of our Strategic Planning Committees: Workforce Development, Social Networking, and Information Management/Quality Improvement. The Committees continue to actively pursue the goals and objectives of the 2014-2017 Strategic Plan, while the Workforce Development Committee has additionally begun the process of assessing current strategies and setting goals and objectives for the next phase of Strategic Planning.

   Notable Achievements include:
   - The establishment of an effective and proactive approach to social media, fostering greater community engagement and enhancing our ability to disseminate health information;
   - Enhanced staff training and development;
   - Expanded and strengthened our clinical, agency and community partnerships.

2. **Continued preparation for Public Health Accreditation including:**

   - **The required Quality Improvement Plan**

   Staff participated in a guided comprehensive process sponsored by New York State Association of County Health Officials (NYSACHO) and are currently working on the plan in association with the next phase of Strategic Planning.

   - **Community Health Needs Assessment and Community Health Improvement Plan (CHIP)**

   All requirements were met for annual reporting on Prevention Agenda health focus areas identified in the 2016-2018 CHIP: Obesity prevention and Mental Health with a focus on substance abuse. Requirements for coalition building and collaboration were met through the Mobilizing for Action through Planning and Partnership (MAPP) Committee.

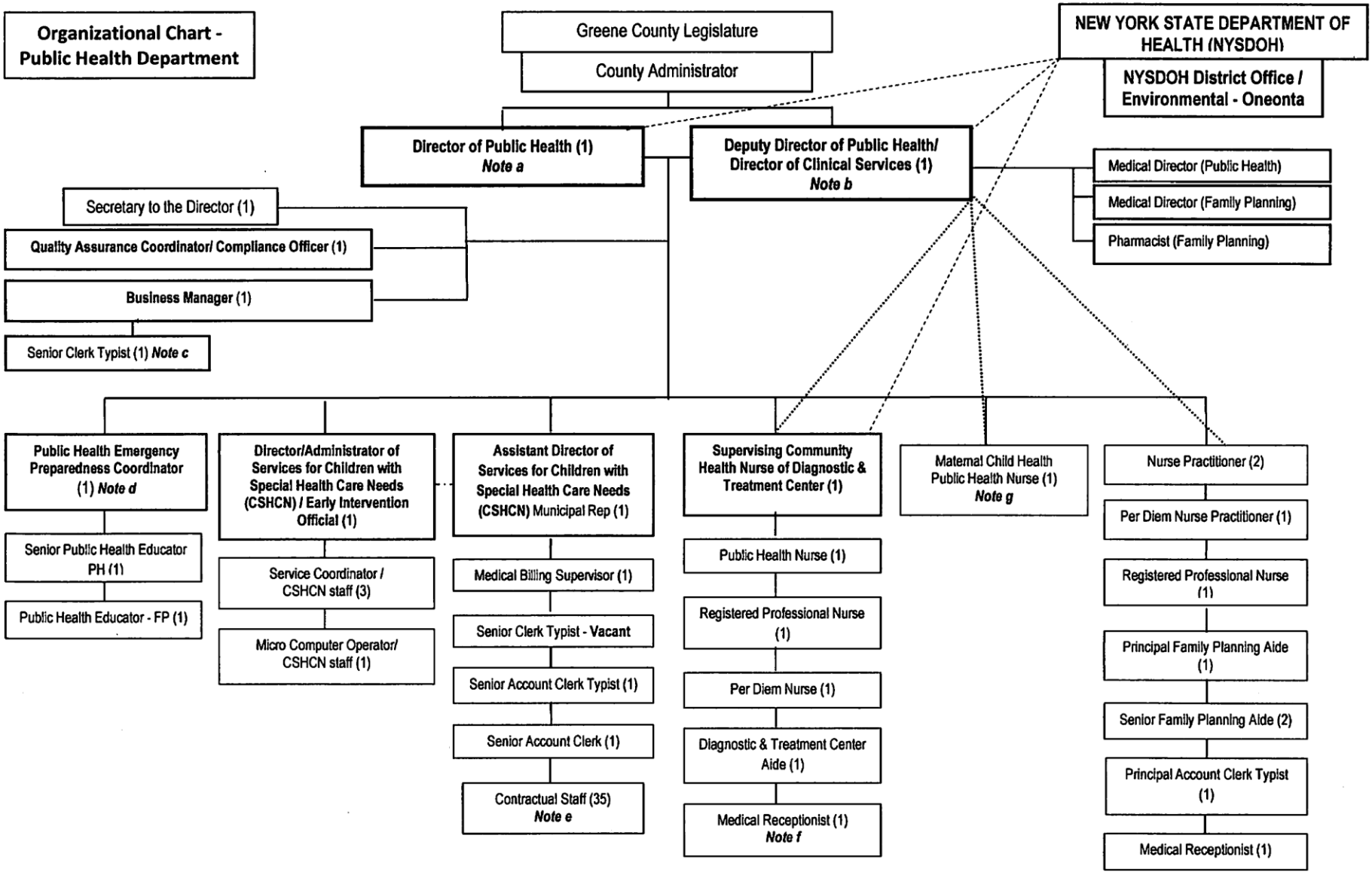
   - **A comprehensive review of PHAB Standards, Measures and documentation requirements**

   Public Health Accreditation Board (PHAB) standards related to Strategic Planning were reviewed to ensure that our process continues to adhere to those guidelines.

Goals for 2019:

- Work towards completion of a new Strategic Plan for Public Health, including:
  - Revised Mission, Vision and Values
  - Determination of Strategic Issues and Goals, utilizing a Strengths, Opportunities, Aspirations and Results (SOAR) Analysis
  - Mapping of Strategies, Actions and Timelines
- Prevention Agenda 2019-2024:
  - Complete Community Health Needs Assessment (CHNA) for 2019-2021
  - Develop Community Health Improvement Plan (CHIP) for 2019-2021
  - Initiate and maintain the collaborative implementation of the CHIP workplan
- Continue to prepare for Accreditation in compliance with PHAB Standards.

Organizational Chart - Public Health Department



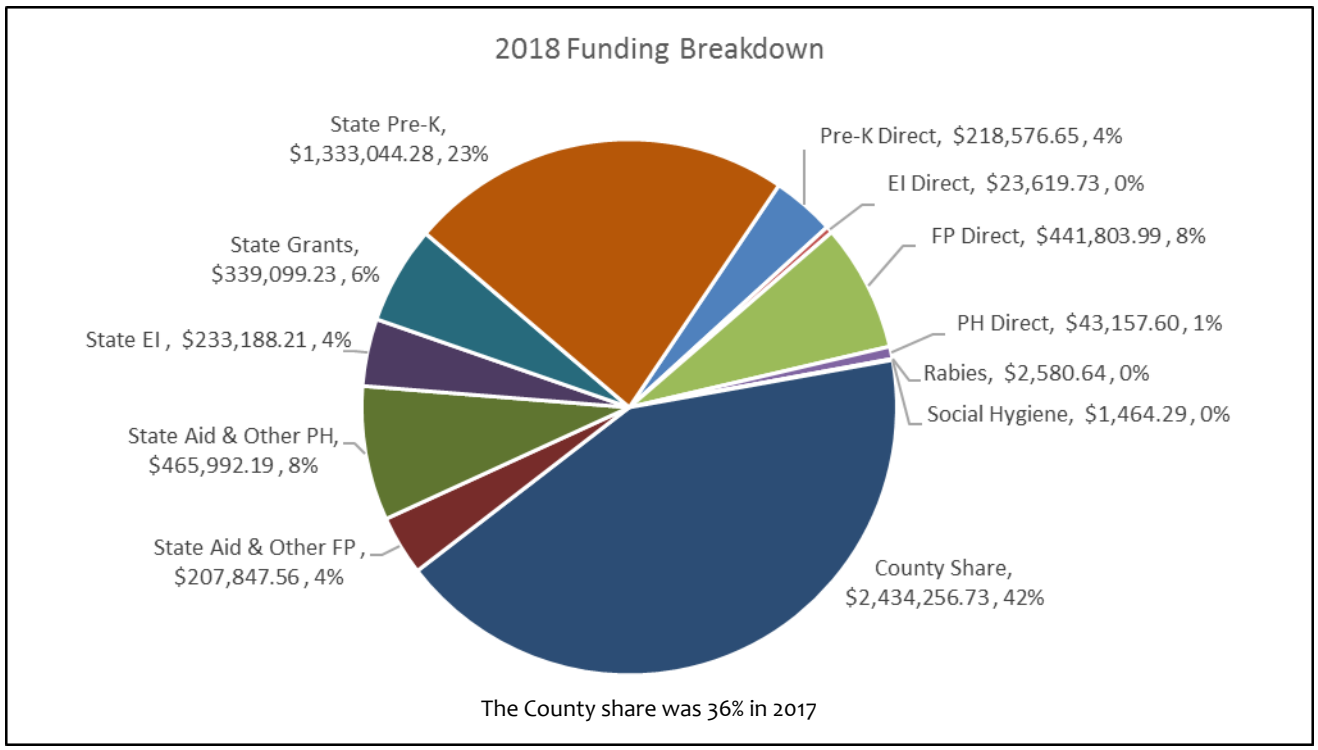
a. Also has Health Education duties
b. Diagnostic & Treatment Center, Family Planning and Maternal Child Health report to this position
c. Also has a responsibility directly under the Director
d. Health Educators report to this position
e. Clinical professional, physical and occupational therapy, speech
f. Covers all sectors of public health
g. Also has Health Education & Family Planning duties

Fiscal

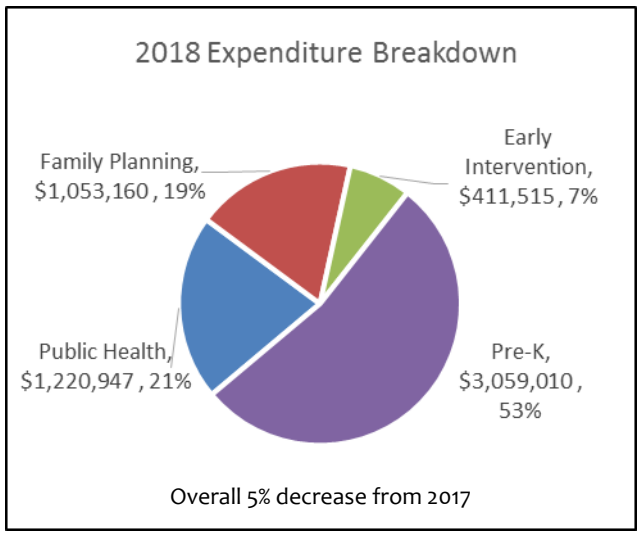
The Fiscal Division prepares and monitors the entire Department's budget of just under $6 million. This includes fiscal responsibility for all programs and divisions including the Diagnostic & Treatment Center (D&TC), Early Intervention, Emergency Preparedness, Family Planning, Preschool Special Education, the Licensed Home Care Services Agency (LHCSA), and Quality Assurance, encompassing a staff of 34.

The Fiscal Division is responsible for timely preparation and submission of all vouchers to various state agencies for reimbursement of state aid and federal/state grants. Also, all departmental revenue must be reported in a timely manner to the Treasurer's office for appropriation.

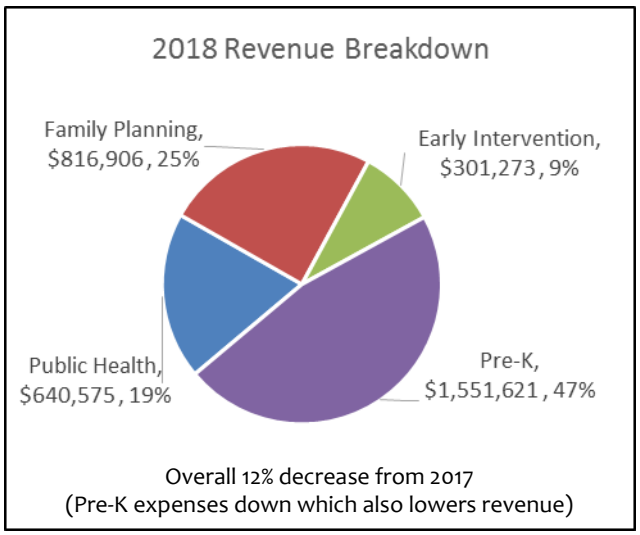
Other responsibilities include processing, entering and validating all departmental information into the New World System for accounts payable and employee payroll. Supplemental duties include auditing expenses and revenues, reconciling bank statements, and employee bi-weekly timesheets and reports.



The County share was 36% in 2017



Overall 5% decrease from 2017



Overall 12% decrease from 2017
(Pre-K expenses down which also lowers revenue)

2018 Mentionable Achievements:

- Streamlined Preschool Provider contracts and program audits;
- Negotiated contract with Stericycle for Solid Waste and Kiosk Program;
- Participated in Family Planning Program review to increase rates and obtained "Ambulatory Patient Group" (APG) contract rate with Fidelis.

2019 Goals:

- Finalize Medicaid contract for the D&TC.
- Strive to contain costs and obtain maximum revenue for all Public Health programs in order to reduce taxpayer burden.
- Stay efficient and effective in order to remain sustainable as the current reimbursement structure proposes to shift from "Fee for Service" or APG methodology to a Value Based Payment System.

Respectfully Submitted,
Tanya Skinner, Business Manager

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 and compliance. The QA Coordinator/ Compliance Officer should evaluate systems of care, identify problems and work collaboratively to develop solutions. Attention is also directed toward fiscal accountability and program compliance so that programs function with accuracy and within appropriate state and federal regulatory parameters. The QA Coordinator/ Compliance Officer is required to prepare related records and reports, and all findings are reported to the Director of Public Health and the Director of Clinical Services.

Quality assurance duties include:

- Policies
    - Continued new policy development when need identified, or new State or Federal mandate (i.e. Human Trafficking, Palliative Care)
    - 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)

- Quality Improvement
    - Introduced the PDSA (Plan, Do, Study, Act) quality improvement cycle to all staff
    - Encouraged completion of PDSA modules within the NYS Learning Management System to improve processes in all areas of Public Health.

- Delivery System Reform Incentive Payment (DSRIP) Program or Medicaid Redesign
  Family Planning staff was tasked with a change in their practice pattern to deliver care to underserved patients, keeping in mind social determinants of health, cultural and language differences, and improved clinical competencies (hypertension identification, cancer screens, and depression screens).
  Public Health was awarded increased revenue for compliance in all of these areas.

- Additional duties:
    - Medical chart review/audit for 340B, Sexually Transmitted Disease and D&TC
    - Office of the Medicaid Inspector General (OMIG) compliance and certification
    - Orientation of new staff
    - Required annual in-service training for all staff

2018 Accomplishments:

- ✓ Annual record reviews, performed by either a NYS Article 28 Registered Health Information Technician (RHIT) accredited reviewer or a medical record coding specialist, determined that Public Health staff that document in the Electronic Medical Record (EMR) are performing well above their peers.

- ✓ A home visit safety policy was instituted, then tested with live demonstration support from Greene County Law Enforcement for staff education & improved compliance.

- ✓ Family Planning had a successful IPRO audit in August 2018. Recommendations based on this audit will be instituted for the 2019 calendar year.

Staff Education (Annual In-Services):

Core annual in-services and education are accessible to all staff on the Public Health SharePoint. This allows everyone to review and complete at their own pace. Once completed, an attestation is submitted; this remains in staff personnel files to assure compliance with State and Federal guidelines. In-services were updated 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.

Public Health policies have been placed on the Public Health SharePoint for easy access at any time. A master hard copy binder of all policies are maintained by the QA Coordinator/Compliance Officer.

Other binders include:

- Administrative policies kept in the Library,
- D&TC policies kept in their staff office, and
- LHCSA policies kept in the Maternal Child Health/QA Coordinator's office.

Goals for 2019 for Annual In-Servicing and Quality Assurance:

- Seek & maintain contracts and Memorandums of Understanding (MOU) with providers of care as well as insurance companies.
- Maintain LHCSA compliance within New York State Department of Health (NYSDOH) regulations. Public Health is due for an onsite visit from surveyors in 2019.
- Maintain Family Planning and D&TC compliance with Article 28 NYSDOH regulations.
- Continue to perform necessary branch audits: quarterly 340B audits, HIXNY, MAT
- Continue to participate and support Public Health's new strategic plan and mission with participation in the monthly Workforce Development and Policy Quality Improvement Committee (PQIC) meetings
- Increase revenue collection now that current contracts are in place.
- Provide excellent, competent care and services to the clients of Public Health and Family Planning.

Respectfully Submitted,
Patricia M. Caporta, RN, Quality Assurance Coordinator/Agency Compliance Officer

COMMUNICABLE DISEASE CONTROL

Diagnostic & Treatment Center (DTC)

The Diagnostic and Treatment Center handles 3 major programs: Lead Poisoning and Prevention, Adult and Childhood Immunization, and Communicable Disease.

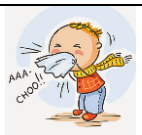
Lead Poisoning and Prevention:

- This year, 30 families benefited from our 5-9 lead initiative, which provides parents with lead prevention information via phone and mail if their child has a lead level between 5-9µg/dl. Data is still being collected on the one- and two-year olds, but it appears that the program is resulting in lower lead levels by the 2 year old lead test.

Blood Lead Levels (BLL) processed through Lead Web	673
Reminder letters sent to parents to contact health care provider to test child for lead	247
Children with BLL over 15 µg/dl, requiring case management by Public Health Nurses and Environmental Staff in 2018	2

Immunization:

- Clinic numbers for childhood vaccines remains low as Public Health can only vaccinate children who are uninsured, underinsured, or covered by a managed Medicaid company.
- In mid-2018, Public Health began participating in the New York State Vaccines for Adults (VFA) program, providing 40 vaccines to an additional 33 adults who were uninsured. This program helps lighten the burden of the county who subsidizes these immunizations.
- Fees for immunizations are adjusted annually, reflecting the changing cost of vaccines.
- Administrative fees continue to be collected and billed, providing additional revenue.

Children seen at immunization clinics	54
Childhood Immunizations given	101
	
Adults seen at immunization clinics	202
Adult Immunizations given	153
PPD's given	67
	
Influenza clinics	11
Influenza vaccine given	155

Adult Immunizations Offered

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

Communicable Disease (C/D):

- Local Health Departments (LHD) are required to investigate over 75 state reportable diseases and provide supporting documentation from providers to the New York State Department of Health (NYSDOH). C/D staff processed over 1984 positive lab results, working with Infection Control nurses at area hospitals, provider's offices, and our partners at the NYSDOH to achieve timely reporting and surveillance.

Rabies

Rabies exposure investigations	238
Human rabies post-exposure treatment given	22
Rabies vaccination clinics for animals	7
Total number of animals vaccinated at clinics	558

Lyme/Tick-borne Diseases

Positive Lyme reports investigated (20%)	388
Anaplasmosis	39
Babesia	14
Powassan	1

- Zika: In 2018, Public Health updated our Zika Action Plan (ZAP) to address the needs of residents should Zika become present in our area. Greene County D&TC staff acts as a resource for physicians with questions regarding Zika testing as well as assist physicians with the interpretation of results.

Goals accomplished in 2018:

1. **Explore services that can be provided to "hidden" population:**
   Began an initiative to engage special/underserved population – Collaborate with Family Planning and their Medication-Assisted Treatment population to ensure this group has access and receives adult vaccinations. Platform begun in 2018 and will be initiated in 2019

2. **Continue to assist County residents to get health insurance from the NY State of Health Marketplace via the Navigators:**
   The Healthcare Consortium continues to provide a Navigator twice a week in our health department to assist uninsured Greene County residents to apply for health insurance as part of the Affordable Care Act. In addition, a member of the Public Health staff is certified to assist residents as needed.

3. **Collaborate with Adult providers to utilize the New York State Immunization Information System (NYSIIS) for ALL their patients, not just children:**
   Initiated detailing visits with the County's Adult providers to assist with improving their adult immunization rates and the value of using NYIIS.

4. **Continue to utilize Medent Electronic Medical Records (EMR) to its full capacity:**
   Staff able to generate query reports to extract all kinds of data on patients utilizing Public Health to assist in guiding care. Medent training offered annually to staff that have access.

5. **Meet the performance measures from NYSDOH on the Legionella Incentive:**
   Public Health continues to meet the incentive performance measures each year put forth by the NYSDOH, receiving compensation for our efforts

6. **Collaborate with Columbia County Department of Health (CCDOH) to target college students at Columbia-Greene Community College (CGCC) in need of adult immunizations:**
   Worked with CCDOH on several occasions in 2018 at CGCC to educate students on adult immunizations and offered immunizations at the education events.

7. **Expand insurance contracts to include reimbursement from straight Medicaid and MVP.**
   The Medicaid contract is being processed currently and the MVP contract is on hold. Reimbursement terms from MVP are not sufficient at this time.

Goals for 2019:

- Continue to assist County residents to get health insurance from the Marketplace via the Navigators.
- Continue to engage Adult providers to utilize the New York State Immunization Information System (NYSIIS) for all their patients.
- Continue to utilize Medent EMR to its full capacity
- Meet the performance measures from NYSDOH Performance Incentive program.
- Continue to collaborate with Columbia County Dept. of Health (CCDOH) to target college students at CGCC in need of adult immunization.
- Expand Insurance contracts to include straight Medicaid.

Respectfully Submitted,
Kerry Miller, RN, Supervising Community Health Nurse

Project Needle Smart "Kiosk Program"

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

Project Needle Smart provides the residents of Greene County a safe way of disposing medical sharps without causing injury to others. It is a county collaboration between Public Health, Highway and Solid Waste, and is sponsored by the NYSDOH AIDS Institute in New York City.

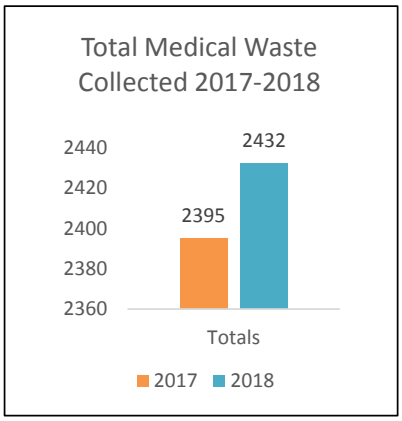
The Kiosk Program provides eight drop-off locations around Greene County:

1. **Greene County Office Building** (2011) – 411 Main St Rear (Water Street Side), Catskill
2. **Windham Pharmacy** (2011) – 68 Route 296, Windham
3. **CVS Pharmacy** (2011) – Routes 23 & 32, Cairo
4. **EmUrgent Care Coxsackie** (2011) – 11835 Route 9W, Coxsackie
5. **Kelly's Pharmacy** (2012) – 4852 Route 81, Greenville (inside)
6. **Hannaford Supermarket & Pharmacy** (2014) – 223 Main Street, Cairo
7. **Hunter Ambulance** (2015) – 5740 Route 23A, Tannersville
8. **Durham Town Hall** (2016) – 7309 Route 81, East Durham

Since its inception in mid-2011, the Kiosk Program has collected **13,430 pounds** of residential medical sharps, creating a safer environment for the people of Greene County.

2018 Statistics:

Solid Waste collected 293 containers with a total weight of 2,432 pounds, an increase of 37 pounds (**1.6%)** from 2017's total of 2395 pounds.



Site	2018	2017	Increase/Decrease in Pounds	% Change
Kelly's Pharmacy, Greenville	637	512	**+125**	24.4% ↑
Windham Pharmacy	420	409	**+11**	2.7% ↑
EmUrgent Care, Coxsackie	415	495	**-80**	16.1% ↓
CVS Pharmacy, Cairo	385	509	**-124**	24.4% ↓
County Office Building, Catskill	293	232	**+61**	26.3% ↑
Hannaford, Cairo	214	156	**+58**	37.2% ↑
Hunter Ambulance	42	20	**+22**	110% ↑
Durham Town Hall	26	62	**-36**	58.1% ↓

2018 Challenges:

In the beginning of 2018, one of the nursing homes accepting household sharps decided they no longer wished to participate in the program due to increased disposal costs. The Public Health Director and Business Manager worked with Solid Waste and Stericycle to negotiate a contract allowing Solid Waste to hold the containers at the Catskill Transfer Station until the scheduled Stericycle pickup.

Kiosk Outreach and Education:

Information about the program and how to access sharps containers is given to visitors and callers at Public Health, Family Planning, and Social Services, as well as at the Kiosk sites. Information is also given out to new mothers through the Maternal Child program and families through Early Intervention. Sharps containers are distributed to each kiosk site upon routine pick up and are handed out upon request.

In 2018, Health Educators and staff brought sharps containers and program flyers to outreach events and Rabies Clinics around the county. Social media postings on sharps safety and kiosk locations were posted on the Public Health Facebook and Twitter pages.

Respectfully Submitted,
Jennifer Passero, Secretary to the Director

COMMUNITY HEALTH ASSESSMENT / CHRONIC DISEASE PREVENTION

Community Health Education

Through education and outreach, Greene County Public Health Department has continued to support the mutual goals of the department and the New York State Prevention Agenda. This work was completed by a number of Public Health Employees, including the Senior Public Health Educator, Family Planning Health Educator, Maternal Child Health Nurse, and Emergency Preparedness Coordinator. A list of the education topics covered over 2018 includes:

- ✓ Arthritis
- ✓ Asthma
- ✓ Bloodborne Pathogens
- ✓ Breastfeeding
- ✓ Cancer
- ✓ Communicable Disease
- ✓ Diabetes
- ✓ Emergency Preparedness
- ✓ Head Lice/Bed Bugs/Cockroaches
- ✓ Healthy Weight/Nutrition/Exercise
- ✓ Heart Disease/Hypertension/Cholesterol
- ✓ Immunizations
- ✓ Infection Transmission
- ✓ Influenza
- ✓ Injury Prevention
- ✓ Lead Poisoning and Prevention
- ✓ Mental Health and Substance Abuse
- ✓ Poison Control
- ✓ Project Needle Smart
- ✓ Rabies
- ✓ Smoking Cessation
- ✓ Sun Safety
- ✓ Tick-borne Illnesses

Involvement, education, and outreach were provided at multiple locations and events throughout 2018:

Meetings/Task Force Involvement:

- Columbia Greene Addiction Coalition
- Columbia Greene Addiction Coalition – Prevention Workgroup
- Columbia Greene Addiction Coalition – Multimedia Workgroup
- Chronic Disease Task Force
- Delivery System Reform Incentive Payment (DSRIP) Program.
- Go Greene for Wellness Committee
- Greene County Networking Committee,
- Medical Professional Advisory Committee (MPAC)
- Mobilizing for Action through Planning and Partnership (MAPP) Committee
- Out of the Darkness Committee
- P.A.S. It On (Prevention, Awareness, Solutions)
- Public Health Educators Committee
- Public Health Improvement Plan Advisory Committee
- Public Health Leadership Committee
- Social Media Committee

Health Fairs/Events/Outreach Education:

- Bethany Village monthly education
- Columbia Greene Community College orientation
- DARE Day
- DSS parenting classes
- Greene County PROS monthly education
- Greene County Youth Fair
- Multiple Greene County school district health fairs and classroom education
- National Night Out
- Out of the Darkness Walk
- Rabies clinics
- School nurse updates and immunization education;
- School staff development day
- Women, Infants & Children (WIC)

The total number of individuals reached across Greene County in 2018 was approximately 7500, an increase of 2500 **(50%)** from 2017's total reach of 5000. This was due to increased programming by Public Health Educators at the county school districts.

Goals for 2018:

1. **Provide the community with the most current local data, trends, and education regarding the opioid epidemic, and its impact on Greene County.**
   A number of community education forums were held throughout 2018 to increase the public's knowledge of the opioid epidemic and local trends.
2. **Expand educational outreach and knowledge of services to underserved populations in Greene County.**
   Events/fairs throughout the county provided Public Health Educators with the opportunity to educate the public on the variety of services available through Public Health.
3. **Increase Public Health involvement in local task force and health related committees, in order to further develop the relationships with community agencies.**
   Public Health created, strengthened, and maintained multiple relationships with local community agencies, particularly the Greene County Sheriff's Office, and Twin County Recovery Services.

Goals for 2019:

- Increase the Health Educators' involvement in local school districts, providing education for both students and teachers, especially regarding the "vaping/juuling" epidemic.
- Provide access to education and information along local nature trails/parks regarding Lyme disease and rabies.
- Increase access to education, prevention, and treatment for substance use disorders across Greene County.

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

The CHNA and CHIP are reports that meet the New York State Department of Health (NYSDOH) requirements for Local Health Departments (LHD). The CHNA, authored by the Healthy Capital District Initiative (HCDI), provides an assessment of the health of the community, including demographics, health, and fiscal data, and provides the foundation for the formulation of the CHIP. The CHIP is an action plan which was fulfilled over the years 2016-2018.

During 2019, Greene County Public Health, in collaboration with the Columbia County Department of Health and Columbia Memorial Health, will create a CHIP for 2019-2021, responsive to the Prevention Agenda 2019-2024: New York State's Health Improvement Plan.

The Prevention Agenda identifies New York's most urgent health concerns and acts as a guide for hospitals and LHDs. Community agencies, hospitals, and LHDs work together to improve these parameters.

New York State's Prevention Agenda goals are:

- 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.

There are multiple committees and community agencies which work together to promote these goals. The Mobilizing for Action through Planning and Partnership (MAPP) Committee is coordinated and chaired by the Senior Public Health Educator in order to streamline the current process and discuss new ideas to improve health in the County. Other related committees, attended by the Senior Public Health Educator or the Director of Public Health, are Columbia County's Public Health Leadership Team and Chronic Disease Task Force, and HCDI's Community Health Prioritization Committee, and Prevention Agenda Work Groups.

Mobilizing for Action through Planning and Partnership (MAPP)

The Greene County MAPP Committee was established to facilitate collaboration of community agencies in the development of the CHNA and CHIP. This county-wide committee serves as a strategic planning tool for improving community health. Many agencies throughout the county, as well as Columbia County Department of Health and Columbia Memorial Health, are part of this team.

Based on New York State Prevention Agenda goals, the MAPP committee selected the following Priority Areas for 2016-2018:

- Prevent Chronic Disease: Focus on obesity prevention
- Promote Mental Health: Focus on preventing substance abuse

The MAPP committee updated the mental health area, which previously focused on access to mental health services, to prevention of substance abuse. This reflects the current opioid epidemic affecting the county. The evidence-based model, Project Lazarus, was chosen by the MAPP committee to benefit the community with education and resources regarding the opioid crisis.

Goals for 2018:

1. **Continued assessment and reporting of CHIP goals.**
2. **Review of participation and results of programs completed throughout the county.**
3. **Annual reporting of both obesity and substance abuse as required by NYSDOH.**
   Assessment and reporting of CHIP goals were completed quarterly by MAPP Committee and recorded by Senior Public Health Educator.

Goals for 2019:

- Involve local stakeholders with the decision-making process involving the Prevention Agenda Priority Areas.
- Prioritize two to three priority topics from the Prevention Agenda according to the needs of the community.
- Author the Community Health Improvement Plan for 2019-2021 in collaboration with Columbia Memorial Health, the Columbia County Department of Health and the Healthy Capital District Initiative.

Worksite Wellness – "Go Greene for Wellness" Committee

In partnership with Blue Shield of Northeastern New York (BSNENY) and the Greene County Rural Health Network, the "Go Greene for Wellness" Committee works to improve the health and wellness of Greene County employees and their families, through coordinated education and wellness opportunities.

Here is a list of highlighted programs through 2018:

- NutriSavings Program (nutrition benefit offered to BSNENY members)
- Biggest Loser Contest
- Exercise, fitness and wellness classes (Offered by BSNENY)
- Healthy vending options
- Route 66 summer walking challenge
- National Walk at Lunch Day
- GreeneWalks fall walking program
- Monthly Wellness Tips

Goals for 2018:

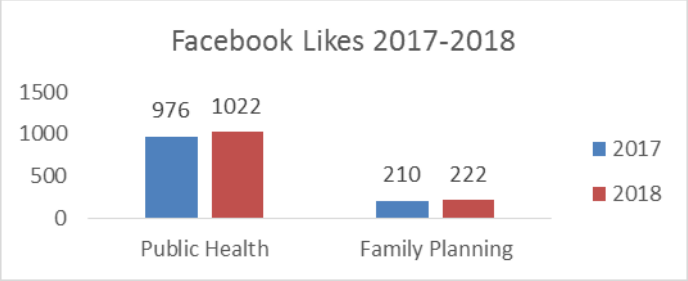
1) **Continue to offer health and wellness programs to Greene County employees through partnership with BSNENY and the Rural Health Network:**
   Greene County Employees were offered health and wellness programs over the course of the year, with participation by many employees.
2) **Employee interest survey for 2018:**
   There was insufficient participation in the survey.

Goals for 2019:

- Continue our employee wellness initiatives through the Rural Health Network and Empire Blue Cross, our newly contracted insurance provider.
- Employee interest survey for 2019.

Social Media Outreach

Greene County Public Health Department has active Facebook and Twitter accounts with a combined total of approximately 1,300 followers in Greene County. Topics included, but were not limited to, lead poisoning, Lyme disease, opioid addiction, healthy eating and exercise, heart health, stress, and other health topics. Events held or attended by Public Health (monthly rabies clinics and the Greene County Youth Fair) were advertised on social media in order to encourage participation.



Likes – total individual users who have liked the page

Goals of 2019:

- Promote public participation on social media, creating an interactive social media account.
- Increase total number of individuals reached through social media.

Respectfully Submitted,
Jillian Di Perna, MS, CHES, Senior Public Health Educator

Delivery System Reform Incentive Payment (DSRIP) Program

Related to Prevention Agenda goals, the Delivery System Reform Incentive Payment (DSRIP) program is the main mechanism by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP´s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years.

Overall goals include:

- Potentially Preventable Emergency Room Visits
- Potentially Preventable Readmissions
- Prevention Quality Indicators- Adult
- Prevention Quality Indicators- Pediatric

Greene County Public Health Department, along with many other local and regional agencies and entities including Columbia Memorial Health, became a participant in the Better Health of Northeast New York (BHNNY) Performing Provider System (PPS) through Albany Medical Center. The Director, Deputy Director and Quality Assurance Coordinator/Agency Compliance Officer sit on multiple DSRIP committees: Clinical and Quality Affairs, Primary Care, Workforce Development, Project Advisory Committee, and the Electronic Health Records (EHR) Sub-committee.

Goals for 2018:

DSRIP Phase Two encompasses the timeframe January 1, 2017 through March 31, 2018. Deliverables for Phase Two includes projects related to:

- ✓ Cancer Screening and Prevention
- ✓ Case Management
- ✓ Collection of data from multiple areas of practice
- ✓ Cultural Competency
- ✓ Depression Screening
- ✓ Flu Vaccine
- ✓ Health Information eXchange of New York (HIXNY) participation
- ✓ Health Literacy
- ✓ Hypertension Screening Protocol
- ✓ Patient Self -Management
- ✓ Tobacco Cessation
- ✓ Value Based Payment

DSRIP Phase Three deliverables (not contracted at the time of our last report) encompass the time frame April 1, 2018-June 30, 2019 and include projects related to:

- ✓ Cancer Screening and Prevention (Through October 30, 2018)
- ✓ Cultural Competency
- ✓ Depression Screening and Follow-up
- ✓ Emergency Department Utilization
- ✓ Health Information eXchange of New York (HIXNY) participation
- ✓ Hypertension Screening Protocol
- ✓ Patient Self -Management
- ✓ Preventive or Ambulatory Care for Adults (age groups 20-44 and 45-64)
- ✓ Primary Care 12-19 years of age
- ✓ Strategies to address Social Determinants of Health
- ✓ Value Based Payment
- ✓ Workforce Analysis

Greene County Public Health successfully completed all Phase Two and Phase Three contract deliverables, including monthly and quarterly reporting requirements, for the period January 1 – December 31, 2018.

Goals for 2019:

These include most Phase Three deliverables through June 30, 2019. Goals for the balance of 2019 will be determined when the next phase contract is received from BHNNY.

Respectfully Submitted,
Kimberly Kaplan, MA, RN, CPH, Director of Public Health

EMERGENCY PREPAREDNESS AND RESPONSE

Overview:

Emergency Preparedness is a mandated component of all local health departments. Greene County Public Health (Public Health) 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 the execution of drills and exercised. The funding for the 2017-2018 year totaled $52,096.

In September, the CDC selected Public Health to receive a grant through Emergency Preparedness in the amount of $75,000 to combat the opioid epidemic. This grant's three main performance objectives include:

- Increase the number of providers completing the initial four hour phase of buprenorphine waiver training;
- Provide training for certified recovery coaches;
- Provide data analysis on overdose surveillance.

The PHEP Coordinator has been facilitating the meetings for this surveillance by promoting the use of ODMAP for overdose surveillance by law enforcement and emergency management through the following organization: High Intensity Drug Trafficking Area (HIDTA).

Training:

The Emergency Preparedness Coordinator is required to attend numerous trainings throughout New York State, developing an in-depth knowledge of best practices in emergency preparedness, guidance on creating planning documents, grant development, effective communication, and emergency preparedness exercise development. The coordinator is also responsible for ensuring that all staff has completed the Incident Command System (ICS) courses: ICS-100, -200, and -700, and providing required staff in-services. Community outreach & education sessions and the recruitment and development of a Medical Reserve Corp (MRC) is also required.

Prior to the current PHEP Coordinator's hiring, the former coordinator was in the position from January to April. During this time, a Mass Violence Training at the Healthcare Association of New York State (HANYS) was attended, along with a Tabletop exercise for a radiological event with Columbia County. The "Dangers of Fentanyl" training was facilitated with an attendance of 40 key stakeholders from Greene County, and numerous meetings on the New York State Department of Health's (NYSDOH) Countermeasure Data Management System (CDMS) were conducted to organize the Medical Counter Measures (MCM) drill for April. After the Point Of Dispensing (POD) exercise on April 3rd was successfully completed, the PHEP Coordinator resigned, and the position was vacant until June with Public Health supervisory staff filling in.

The new PHEP Coordinator was hired in June 2018, and the position was changed to include training and supervision of the Department's two Health Educators (Public Health and Family Planning). All health education outreach efforts are coordinated, monitored, and evaluated for effectiveness, and a quarterly report is given to our Medical Professional Advisory Council (MPAC). Monthly Health Education and Information (HEdI) meetings are also conducted to review and schedule the outreach efforts with key GCPH supervisors. Along with these new duties, the new PHEP Coordinator completed many NYS Office of Health Emergency Preparedness (OHEP) trainings.

Trainings completed (June-December 2018):

- Psychological First Aid Train-the-Trainer
- CTI-100, -200,-502,-101,-120,-201,-300
- Overview of EMS with Emergency Management specialist
- Medical Counter Measures (MCM)
- National Incident Management System (NIMS) refresher
- Continuity Of Operations Plan (COOP)
- Social Media for Disasters
- ServNY
- All other required NYSDOH OHEP---monthly coordinators, HepC, LepC, EMS Council
- Medication-Assisted Treatment (MAT) for the opioid grant
- Participated in Columbia County's Active Shooter tabletop exercise/training

Trainings and/or outreach provided (June-December 2018):

- Created Youth Fair Emergency Preparedness Activities
- Facilitated a high school peer mentoring program called RAPP
- Appointed to the Greene County Youth Bureau by the Legislature
- Appointed to the Peer Court Board
- Presented and provided updated drug trend information at the local community college for student athletes and staff and one health class, one high school gov't class, one substance use recovery center, one DSS parenting class, one county school nurse's annual meeting, one elementary school's PE classes, and to the entire GCPH staff.
- Provided BBP annual training to the County Jail personnel
- Compiled data for opioid outreach/staff time allotted since 2013

Review of 2018 Goals:

- **Closed Point Of Dispensing (POD) Development:**
  A closed POD is a controlled dispensing system that provides medical countermeasures for a pre-determined population. Closed POD customized agreements exist to ensure that an organization will receive either a vaccine or medication from the local health department, free of charge, to dispense to their pre-determined population. Operational guides must be created between the organization and

Public Health so that the organization's employees can operate their Closed POD while abiding by NY State regulations. The operational guides have not been completed because the NYSDOH Office of Public Health Emergency Preparedness is reviewing their guidance related to Closed PODS.

- **Provide Trainings:**
  Cyber Security for Public Health employees has been completed via email though the County's IT Director, and through informational postings on the Health Education & Information board outside the Coordinator's office. Fentanyl awareness for County Employees was completed through coordinator's "High in Plain Sight" presentation as per each department's Director.
- **Exercise/Drill:**
  The MCM exercise on April 3, 2018 was successfully completed at Coxsackie-Athens Middle School. Emergency notification drills (call-down) through the Integrated Health Alerting and Notification System (IHANS) were completed and reported, as well as a ServNY MRC non-medical volunteer test notification.
- **Advance CHEMPACK preparedness:**
  Due to the training of a new Coordinator, the annual training with Columbia County did not take place. The coordination to include Greene County into Margaretville and St. Peter's hospitals CHEMPACK caches also did not occur.
- **Develop MOU's:**
  The mountaintop pharmacies' agreements for POD measures did not occur since one pharmacy was sold and is under new management.
- **Update Public Health Emergency Plans:**
  Guidance was given by OHEP to update the Public Health Asset & Distribution (PHAD) plan and the Public Health Emergency Preparedness & Response Plan (PHEPRP). The Continuity of Operations (COOP) will be completed by an outside vendor, through the office of Emergency Management. The coordinator attended a full day training update on COOP. The Fit testing policy was rewritten after receiving guidance from OHEP and NYSDOH's Safety Director. It is no longer mandatory for ALL staff to receive an annual Fit test. The five Public Health nurses responsible for TB response will receive their training through Access Medical, and should an event occur, all affected staff will receive Just In Time Training (JITT) conducted by a NYSDOH OHEP certified staff.

Goals for 2019:

- Closed POD agreements and operational guides reviewed and possibly created.
- Conduct trainings for Public Health and other County Department Supervisors on Crisis & Emergency Risk Communication (CERC); Psychological First Aid (PFA); ODMAP; Evacuation codes & procedures for Greene County Offices; County Staging Site (CSS) set-up; "High in Plain Sight" updates; Drone usage for public safety; ICS 100,200,700 for new employees as well as staff review
- Complete the following trainings: Stop- the- Bleed Train- the- Trainer with Columbia County; ICS-300, ICS-400, BDLS, ADLS, FEMA-800
- Medical Reserve Corp (MRC) revitalization: Procure and retain MRC volunteers with quarterly trainings and updates, and attend Dutchess County's MRC meetings. Complete the federal MRC unit reports.
- Successfully complete the PHAD Distribution drill on April 11, 2019 with a CSS set-up. Also, perform 2 ServNY call-down drills and IHANS notification drills.
- Update the following plans: PHAD, PHEPRP, COOP, CEMP, Mass Fatality
- Gain access to County school safety committees

Respectfully submitted,
Penny Martinez, Emergency Preparedness Coordinator

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.

		2018			2017		
Program Type	**# Current operations (3/19/2019)**	**# Operations**	**# Inspections**	**# Complaints**	**# Operations**	**# Inspections**	**# Complaints**
Agricultural Fairs	1	1	5	0	1	2	0
ATUPA/Smoking/CIAA	70	N/A	105	0	N/A	75	0
Bathing Beaches	8	7	11	0	7	8	0
Campgrounds	16	16	19	0	13	20	0
Children's Camps	24	22	41	0	23	51	1
Environmental Lead	6	N/A	N/A	N/A	N/A	N/A	N/A
Food Service Establishments	309	321	385	23	323	327	9
Institutional Food Services	19	20	38	1	20	50	0
Mass Gatherings	1	2	10	0	2	10	0
Migrant Farmworker Housing	1	1	3	0	2	5	0
Miscellaneous	6	N/A	0	0	N/A	0	0
Mobile Food Services	28	29	31	0	37	20	0
Mobile Home Parks	15	15	1	0	15	3	0
Non-public Water Supplies	0	N/A	0	0	N/A	0	0
Onsite Sewage Treatment	424	N/A	0	1	N/A	1	0
Public Gathering Sites	90	N/A	1	0	N/A	0	0
Public Water Supplies	257	N/A	139	5	N/A	205	5
Realty Subdivision (incl NYC)	22	N/A	0	0	N/A	0	0
Recreational Aquatic Spray Grounds	1	1	2	0	1	1	0
SED Summer Feeding	7	7	7	0	9	8	0
SOFA-Office of Aging Food	5	5	6	0	5	5	0
State Agency Licensed Facilities	4	N/A	0	0	N/A	0	0
Swimming Pools	127	130	183	0	130	179	0
Tanning Facilities	5	5	2	0	7	5	0
Temporary Food Services	N/A	212	85	0	192	78	0
Temporary Residences	115	115	90	7	120	133	5
Total	**1561**	**909**	**1164**	**37**	**907**	**1186**	**20**

Respectfully submitted,
Edward R. Bartos, Oneonta District Director

FAMILY HEALTH

Children's Services

Early Intervention (EI):

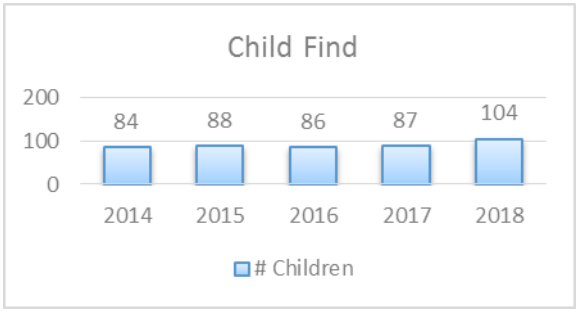
Early Intervention is a program for children from birth to age three that provides evaluations and services for those who qualify. Services in EI include: Speech Therapy, Physical Therapy, Occupational Therapy, Social Work, Special Education and Service Coordination. All services are home/community based, and may be provided by independent or agency providers. Referrals to EI come from a variety of sources, which include but are not limited to: doctors, parents, the Department of Social Services (DSS) and other counties. Because participation is voluntary, referrals can only be made with a parent's consent. All referred children must be evaluated to determine eligibility according to NYS regulations. Referrals have been steady over the past 5 years, ranging from 94 to 146 children annually. For 2018 the average number of children in the program at any one time was 62.

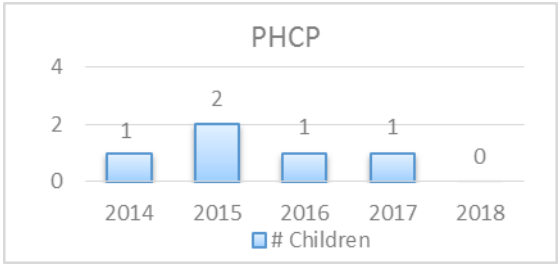
Families are asked to provide health insurance information to cover program costs, but at no time incur any costs. Parents are informed as to whether their insurance is state regulated and given the option to consent to have insurance billed. If insurance is not state regulated, families could have an impact to their lifetime cap or deductible. Claim information is entered into the New York Early Intervention System (NYEIS). Medicaid and third party insurance are billed through a State Fiscal Agent (SFA). The remainder of the program's cost is covered by a county (51%) and state share (49%). Payment is made through an escrow account accessed by the SFA to pay EI providers. Other funding sources are the New York State Department of Health's (NYSDOH) Early Intervention Administration grant and DSS Medicaid administrative funds.

A shortage of providers continues for Initial Evaluations and services including Speech Therapy, Occupational Therapy and Physical Therapy. This could affect our ability to meet the state's timeline to complete initial evaluations within 45 days of referral, and to commence the Individual Family Service Plan (IFSP) as well as the timeline to initiate services after the initial IFSP within 30 days. The county and state have ongoing efforts to recruit and maintain providers.

Child Find:

Child Find is a program requirement to track and provide developmental surveillance for "at risk" children who may be EI eligible. All Greene County birth certificates are reviewed by a Maternal Child Health (MCH) nurse, and families are sent a variety of Public Health Educational and Outreach materials. The MCH nurse may identify children with potential developmental delays and refer to EI with parental permission.



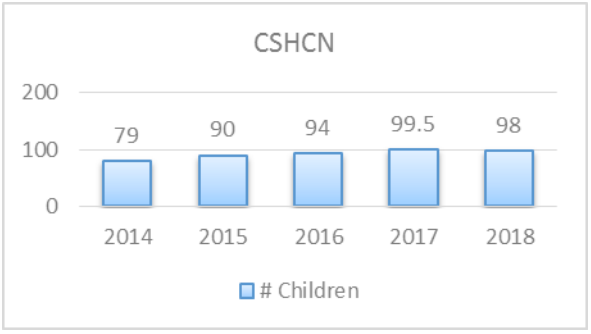


Physically Handicapped Children's Program (PHCP):

This program closed in April of 2018 due to significantly decreased participation. The closure plan was implemented in August 2015, referring providers were notified in writing, and referrals were no longer accepted after September 2015.

Children with Special Health Care Needs (CSHCN):

The Children with Special Health Care Needs program provides resources and referrals to families of children (birth to age 21) who have any diagnosed disability or medical condition. It also helps families access a medical home and health insurance. Information is distributed to families in a variety of ways, including telephone calls, emails and community outreach. MCH nurses and Public Health Educators continue to incorporate CSHCN into their outreach efforts. The average caseload has been relatively steady over the past few years. There is also a grant that covers administrative costs.



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

Review of 2018 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).**
   - *All providers were required to renew their NYS agreements with the state in early 2018. The Early Intervention Official (EIO) assisted providers by clarifying what was required so that no agreements for active providers lapsed.*
   - *One new speech provider has begun to provide services in our county through a new agency. The EIO worked diligently with the provider unit and prospective provider to ensure that he had the necessary access to the NYEIS system.*
   - *EI staff also works with families and the two main evaluators in Greene County to ensure children receive evaluations within the 45 day timeline by conducting them in community based settings when unable to conduct evaluations in the children's homes. There will be further communication with evaluators to facilitate this process.*
   - *A provider rate increase has been proposed as a part of the upcoming 2019-2020 state budget.*

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 insurance reimbursement. Staff updated the insurance verification and billing procedure to ensure compliance with NYS standards.

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.**
   All policies were reviewed and updated as needed. Island Peer Review Organization conducted a survey in February 2018 with no major findings identified.

4. **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.**
   Though the Health Homes program was launched in 2017, the inclusion of EI children has been postponed until 2020. There has been some training; however, few details have been shared regarding how EI Service Coordination will be maintained.

5. **Anticipate proposed legislation to improve the collection of third party reimbursement for EI.**
   Regulatory changes require that claims must be billed within 90 days of service. Procedural updates ensure timely filing of insurance claims (Medicaid and Third Party).

Goals for 2019:

- To continue to increase and maintain provider capacity through provider education and collaboration with the NYSBEI, NYSAC, NYSACHO and CEIPAC.
- To continue to increase Medicaid and Third Party Insurance reimbursement through collaboration with Public Consultant Group and NYSDOH.
- 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.
- To stay informed regarding the implementation of the NYS Children's Health Homes program in Early Intervention.
- Evaluate and see how the newly imposed 90 day provider billing requirement impacts payments from the county escrow account.

Respectfully Submitted,
Lauren Clark, RN, BSN, Director of Services for Children with Special Needs

Pre-School Special Education Program

Overview:

The Preschool Special Education Program is mandated by the New York State Education Department (NYSED) to fund services for three to five year old children with disabilities in Greene County. Children suspected of having developmental delays or disabilities are referred to their local school district's Committee on Preschool Special Education (CPSE) office by parents who may have concerns, or are making a referral upon the advice of their pediatrician, Head Start Program, daycare provider, etc. Children may also transfer in from the Early Intervention Program, which serves identified special needs children from birth to three years old.

Eligibility is determined by the CPSE after an evaluation process is completed and in accordance with Section 200 of the Regulations of the Commissioner of Education. Once eligibility is determined, the CPSE will discuss the appropriate services or programs to meet the child's needs. Greene County's Municipal Representative is present at the meetings to ensure regulations are followed and services are provided in the least restrictive environment. The CPSE Chairperson, a member of the local school district, makes the final determination of the program or services, then an Individualized Education Plan (IEP) is created. IEP services (speech therapy, physical therapy, special education, etc.) may be provided either by NYSED licensed providers in the home, daycare, nursery school, etc., or in NYSED approved center-based programs.

Evaluations and services for children are provided at no cost to parents. Providers are reimbursed at rates set by the county or the NYSED. Greene County is able to recoup 59.5% of the cost of evaluations and services from the NYSED's System to Track and Account for Children (STAC) Unit. Additional recoupment is done by billing Medicaid for covered services, if a child is eligible, under the Medicaid School Supported Health Services Program (SSHSP).

Transportation to center-based programs is an approved service; parents are encouraged to transport their children to programs & can receive compensation from the county. Transportation services are only reimbursed by the STAC unit and that reimbursement rate is significantly lower than the cost the county incurs for transportation services.

Comparison of Services Provided:

	Children receiving evaluations to determine eligibility for services	Children attending special education center-based services	Children receiving services in their home or childcare setting	Children receiving transportation to special education programs	Total number of children with an IEP receiving special education services
2017	112	85	108	77	193
2018	104	74	116	68*	189

*This number includes a child whose family also assisted with transportation

Greene County 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 Greene County copies of all required documentation for children's files

Evaluators (9)

- NYSED approved Agencies who contract with Greene County to assess a child's developmental functioning
- Greene County works closely with evaluators to obtain required documentation to determine children's needs at CPSE meetings

Related Service Providers (13 Agencies/16 Individuals)

These are people who either work for an agency or contract individually with Greene County. They travel throughout the county providing special education services in a variety of settings:
- Children's homes
- Daycares
- Universal Pre-K classrooms
- Head Start, etc.

Center-Based Programs (10)

Agencies who contract with Greene County to provide special education services in NYSED approved center-based classrooms.

Transportation Providers (2)

- Companies who contract with Greene County 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 goals.

Trends Affecting Costs:

- NYS SED Mandated Costs:
  There are costs associated with the preschool special education budget over which the county has no control:
  - NYSED sets the tuition rates for center-based programs. These rates can range:
    - A 10-month special education program: $28,019 - $47,470
    - A 6-week summer program: $4,670 to $7,912
  - NYSED also adjusts the rates previously approved for center-based programs in prior years. This requires center-based programs & the county to reconcile amounts previously paid out in past budget cycles.
  - There are chargebacks to the preschool special education program that may be unrelated to preschool services. One example is the 10% chargeback of summer special education costs for students 5-21 years old who are Greene County residents.

- Eligibility for Services:
  In 2018, we experienced a slight decrease in the number of children eligible to receive services corresponding to a slight decrease in the overall expense for the year.

- Transportation:
  Transportation costs remain high; parents are encouraged to transport their own children and receive reimbursement for mileage for one round trip per day. In 2018, 7 parents transported their children, which helped offset some of our costs.

Cost Saving Measures:

- Reviewing paperwork submitted from school districts & service providers to ensure required items for NYSED and Medicaid are obtained to receive maximum reimbursement.
- Contacting districts and providers regarding paperwork errors, omissions, etc.
- 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 & 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.

Regulatory Change:

- NYSED has approved school districts as evaluators
    - Districts are declining to provide this service due to the low reimbursement rates

Highlights and Other Activities:

- Completed & Certified Medicaid Cost Report for 2017-2018 Program Year
- Attended mandatory Medicaid staff trainings
- Received reimbursement through the STAC system and Medicaid
- Continued provider payments through voucher process

Evaluation of 2018 Goals:

1. **Renewal of Preschool Service Provider Contracts:**
   Provider contracts were revised this year to consolidate the comprehensive range of services into one document. These contracts have been fully executed and are in effect through June 30, 2022.

2. **Continue to work with school districts & evaluators to obtain all necessary paperwork required to ensure timely reimbursement for evaluations:**
   Reimbursement for evaluations is being made in a timelier manner as preschool staff works closely with districts & providers to obtain all required documentation. This goal will continue in 2019.

3. **Continue to work with school districts & evaluators to ensure testing documentation is entered on IEP's to allow maximum Medicaid reimbursement:**
   With reminders from Preschool staff, districts and evaluators are working more collaboratively to enter evaluation data on children's IEP's. This goal will continue in 2019.

Goals for 2019:

- Collaborate with Early Intervention (EI) staff to ensure timely transition of EI children to CPSE to offset delays due to the limited availability of evaluators & providers.
- Continue to work with school districts & evaluators to obtain all necessary paperwork required to ensure timely reimbursement for evaluations.
- Continue to work with school districts & evaluators to ensure testing documentation is entered on IEP's to allow maximum Medicaid reimbursement.

Respectfully Submitted,
Barbara Wallace, Assistant Director of Services for Children with Special Needs

Licensed Home Care Services Agency (LHCSA)

Greene County Public Health Department's Licensed Home Care Service Agency (LHCSA) operates under the auspices of the NYSDOH. The LHCSA operating certificate allows Greene County to provide visits for:

- Communicable disease patients
- Childhood lead poisoning

Emergency Preparedness may also include services under the LHCSA certificate, for example, Ebola and Zika virus education, guidance, and community preparedness.

In 2018, the New York State Department of Health (NYSDOH) requested that all PH nursing staff hired after 2008 complete a one-time only Mandated Continuing Education for Staff training. The LHCSA and D&TC staff have complied with this requirement.

Public Health is also able to provide at no cost:

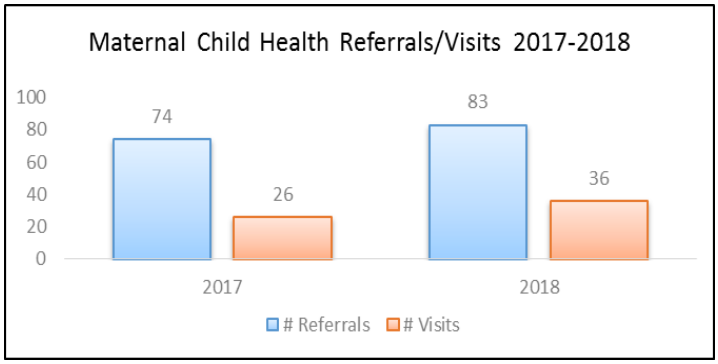
- Maternal Child Health (MCH) antepartum, postpartum and newborn health guidance home visits;
- Breastfeeding support and education.

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.

This year, the Registered Professional Nurse (RN) from Public Health's Diagnostic and Treatment Center (D&TC) who was trained by the PHN-CLC regarding how to best assist new mothers and their babies, has worked to support broader MCH coverage. She is currently working on her Bachelor of Science in Nursing, and is due to graduate in 2019.

Statistics:

- In 2017, 74 MCH referrals were received with 26 clients accepting a health guidance home visit (35.1% acceptance rate); an increase of 3.5%.
- In 2018, 83 MCH referrals were received with 36 clients accepting a health guidance home visit (43.3% acceptance rate); an **increase of 8.2%** over 2017.



Our mission is consistent throughout all service areas provided by Greene County Public Health Department's LHCSA: to focus on the health of our community by addressing prevention, chronic disease, health education and promotion, preparedness, infant environment safety and sleep and access to care. This is accomplished one visit at a time and by community outreach.

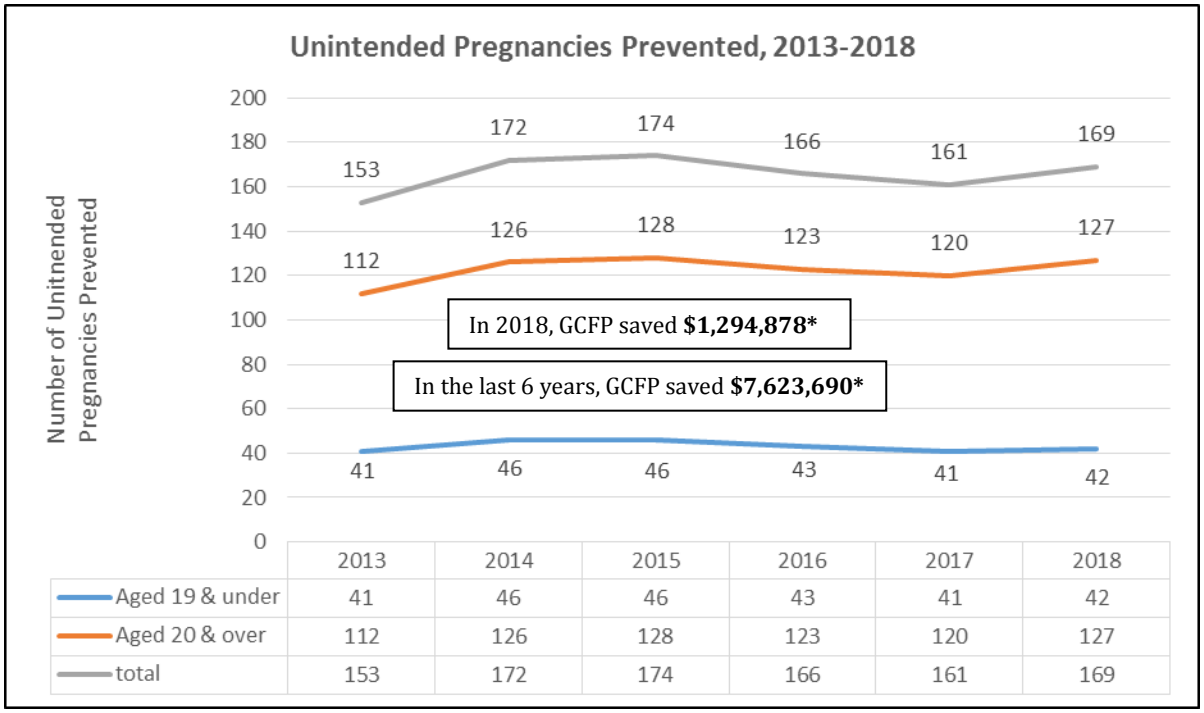
Respectfully Submitted,
Patricia M. Caporta, RN, Quality Assurance Coordinator/Agency Compliance Officer

Family Planning

Greene County Family Planning (Family Planning) is open for business despite a political climate where Title X Family Planning access is facing the most fundamental programmatic change since its inception in 1972. Pending lawsuits may prevent some or all of these changes from going into effect on May 3, 2019, and until we receive directives, we will continue to offer comprehensive reproductive and related services to the constituents of Greene and surrounding counties. While the field of family planning continues to be in the center of a political debate, abortion has always been prohibited by the Title X program.

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

Prevent unintended pregnancies and help promote and plan healthy births:
We offer a range of effective to highly effective contraceptive methods with same day access and low cost.



	2013	2014	2015	2016	2017	2018
Aged 19 & under	41	46	46	43	41	42
Aged 20 & over	112	126	128	123	120	127
total	153	172	174	166	161	169

Ahlers data annual report, Greene County Family Planning, 2013-2018

Translated into dollars:

- In one year, the program has saved:
  169 (2018 total) x $12,770* = $2,158,130 x 60%= **$1,294,878****
- Over six years, the program saved :
  995 (2013-2018 total) x $12,770* = $12,706,150 x 60%= **$7,623,690****

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.*

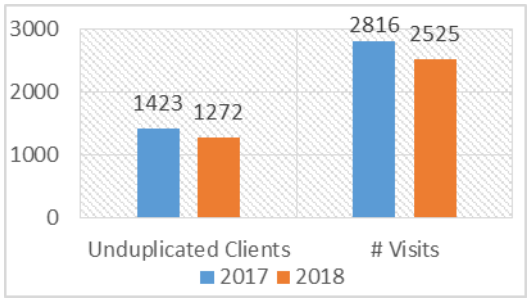
Prevent the spread of Sexually transmitted diseases and HIV:
We offer testing and treatments for all of the most common STD's including chlamydia (1,165 tests), gonorrhea (1,160 tests), HPV and herpes. All at-risk clients are encouraged to be screened for HIV. In 2018, 829 clients were given pretest counseling with 454 HIV test's performed**. We counsel on abstinence as primary prevention**, and then encourage the use of condoms and the 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 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 Maternal Child Health (MCH) Public Health Nurse who follows ante- and postpartum women to ensure healthy outcomes for mother and child.

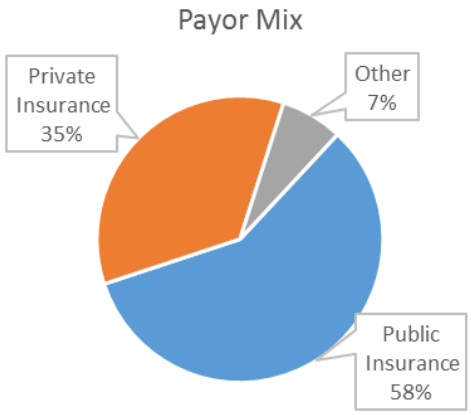
Facilitate early detection and treatment of reproductive cancers:
Women are screened for colon, cervical, thyroid, breast, skin, endometrial and ovarian cancers; and men are screened for colon, thyroid, and skin cancers, as well as the much rarer testicular and breast cancers. Since we are a small clinic, we can follow up with clients to make sure they are seen and cared for by specialists.

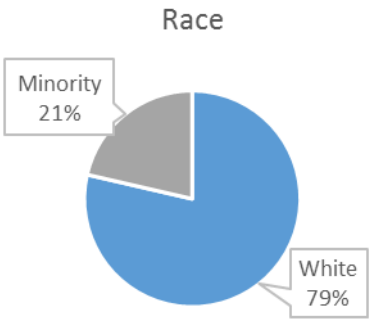
Without these vital services, Greene County residents would have no access to low cost, sliding fee, or free reproductive health care.

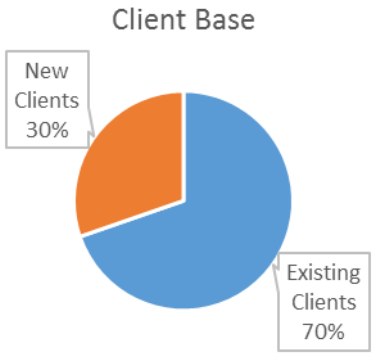
Demographic information:

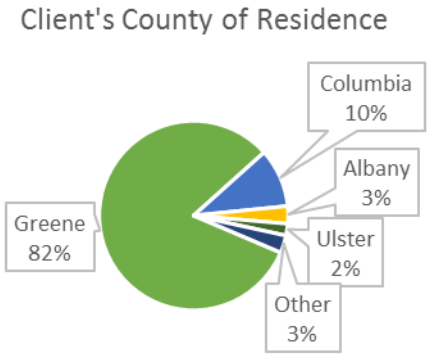


We had a three month absence of a provider in 2018



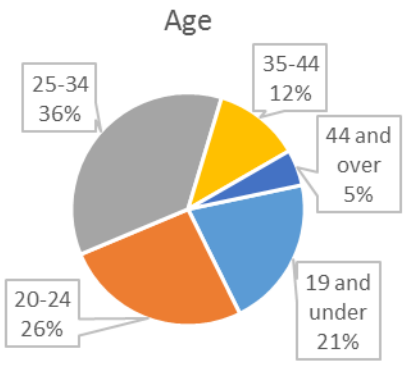


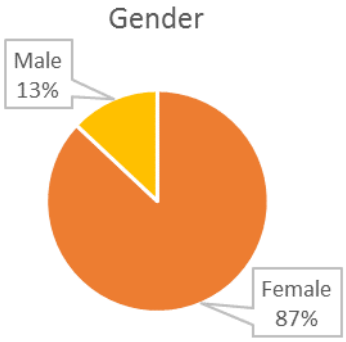




We continue to serve those with the highest needs:

- <u>Income:</u>
  - 47% of our clients are at or below 100% of the federal poverty level (FPL);
  - In Greene County, 16% of Greene County residents, and 21.3% of children under age 18 are under 100% of the FPL, indicating we are serving the targeted low income population.





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.

Review of 2018 Goals:

1. **Improve the rates of screenings initiated in 2017 around smoking cessation, maternal child health, depression screening and genetic testing.**

Smoking Cessation	Maternal Child Health Referrals	Depression Screenings		Genetic Testing
148 counseling sessions	12	56% screened	20% screened positive and were referred	28 women eligible and screened

2. **Begin providing telehealth services to facilitate access to our services, and provide cost savings for our clients while maintaining revenue:**
   We were unable to accomplish this goal in 2018 due to competing priorities.

3. **Address anticipated staffing changes around retirements, and replacement for the Medical Director.**
   In 2018 we hired a new Medical Director and a new health educator, promoted a staff nurse who completed her training and became a clinic Nurse Practitioner (NP), hired the RN from the county jail after it closed, and one full-time NP retired and returned per-diem.
   - *The Medical Director, Dr. Suzanne Mesidor, previously worked as a staff OB/GYN at Columbia Memorial Hospital, and is currently the medical director of the women's clinic at the Stratton VA hospital in Albany. She is very knowledgeable and helped complete the colposcopy orientation of one of our NP's, reviewed and assisted with the updates all of our policies, and reviewed our Quality Improvement program to ensure our readiness for our NYSDOH IPRO review in August 2018.*
   - *Our health educator is newly graduated with her Masters of Public Health, but is known to us from her summer 2017 internship focusing on maternal and child health. She brings an enthusiasm and the evidence based lens to apply to the work. She is also interested and savvy regarding social media and has started a Family Planning Instagram page to keep abreast with current trends.*

4. **Improve clinic efficiency by monitoring, scheduling, staffing, and revenue.**
   In 2018 we received:
   - *Cost and fee analysis:*
     Through the NYS Family Planning training center, we received technical assistance to take an in-depth look at our fees and costs. A new fee schedule was implemented for the first time in six years, keeping us competitive and financially sound.
   - *Technical assistance and review to prepare for value based payment system:*
     Technical assistance from the Healthcare Association of New York State (HANYS) through Delivery Service Reform Incentive Payment (DSRIP) funding provided an in-depth look at the services we provide and the value they bring to the community. It was beneficial to see patients' top diagnosis codes outside of family planning. This information was instrumental in securing a contract with Fidelis.

2018 Highlights:

1. Screening Brief Intervention and Referral to Treatment (SBIRT) is a screening process to elicit information regarding alcohol and substance abuse by our patients, counsel on options to reduce use, and refer for services outside of our scope. Training was held for all clinical staff in 2018 and SBIRT screening was added as part of the intake process. This has been a big lift for staff, but having internal knowledge of and access to harm reduction services has been beneficial to increasing staff comfort.

2. Medication Assisted Treatment (MAT) was initiated after we received a Public Health grant in response to the high rate of overdose deaths in Greene County (one of the highest in NYS). Our clinic is uniquely situated as a "low threshold clinic," defined as a program where harm reduction strategies are a goal of

services. In 2018, we identified a gap in providers prescribing buprenorphine; clients reported buying it on the streets because they could not access it anywhere in our county. In response, two NPs completed the required training, and in January 2019, we began offering MAT services with buprenorphine. Our first two patients were accessing routine family planning care when screening revealed they were current opioid users not in treatment.

By providing this service in our clinic, we are not only addressing the lack of Substance Use Disorder (SUD) providers, but helping at-risk clients to assess their reproductive life plan, including the decision to plan for a healthy pregnancy or prevent an unplanned pregnancy. Services also include screening and treatment for STDs, HIV, and Hepatitis C, for which clients are at increased risk. Our walk-in access reduces barriers to care and promotes an environment without stigma, and our approach of "No wrong door" creates another path for at-risk individuals in our community.

3. Social Media and advertising:

INSTAGRAM (new) **Stats as of March 2019**				
Followers	Profile Views	Impressions	Website Clicks	People Engaged
46	175	1,012	2	157

YouTube Video	
Impressions	109,119
Engagements	70,032
Click Thru Rate	.283

YouTube: A video was created to showcase the clinic and clinic staff. The wide reach of this video demonstrates that this is an effective way to engage people in the community. https://youtu.be/UMfTmAphd0Q

Facebook: In 2018 the greatest number of post likes came from:

- Females ages 18-24 (22,004 likes), and
- Males ages 18-24 (12,871 likes)

Facebook	
People Reached	83,378
Impressions	118,773
Likes	222

4. We were interviewed and staff was given credit in an article featured during breast cancer awareness month: https://www.hudsonvalley360.com/article/breast-cancer-survivor-runs-awareness

5. DSRIP: We were featured as a best practice for screening and follow up for depression and were asked to present on a DSRIP regional call. Through our participation in DSRIP, we now are sent a discharge summary from local emergency rooms when our patients are seen. This data sharing allows us to follow up with patients who we have not seen recently who may be in need of a checkup, and if we know they have no primary care provider, work towards connecting them to services.

6. Our poster presentation titled "*Improving Health Outcomes for Mothers and Babies in Greene County*" won first place at the New York State Perinatal Association annual conference in June 2018. This featured work started in July 2017 with our public health intern, now current health educator.

7. Student Interns: We continue to be a sought after site for students from multiple disciplines to learn about the work of Public Health in the community, hosting several nursing students from Columbia Greene Community College, The Sage Colleges, and SUNY IT in 2018.

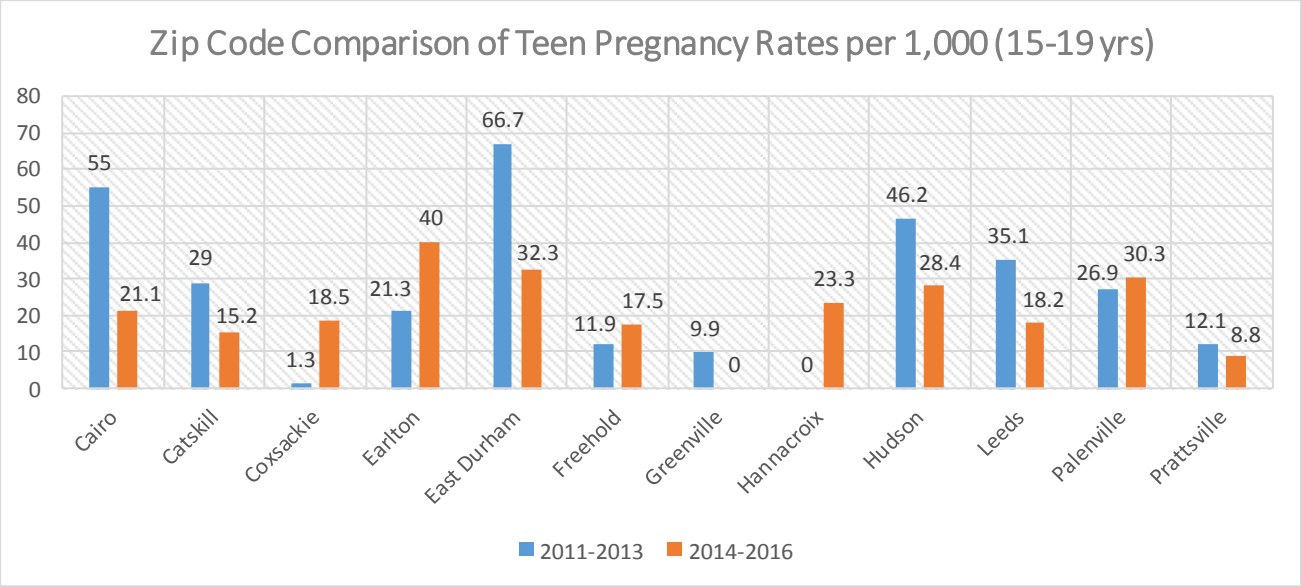
The following is an excerpt from a Sage BSN student after spending a day in our clinic.

"My clinical day at the Greene County Public Health's Family Planning Clinic reignited my passion for respectful and ethical healthcare. In all interactions with clients the staff strove to provide

care without bias or judgment to the clients seeking screening or treatment for STIs, diagnosis of pregnancy, HIV screening or pre-exposure prophylaxis (PrEP).
In my own nursing practice, I hope that I can gracefully navigate ethical dilemmas as the nurses and NPs at the Greene County Public Health Family Planning Clinic do. I am inspired by the quality of their patient education, devotion to follow up with clients in need, and deep respect for their patients' choices. These principles should guide ethical healthcare practices at all institutions."

2019 Challenges:

The graph below represents the changes in teen pregnancy rates within the towns we serve. Overall, the County rate decreased from 19.5% to 15.4%. The towns/school districts where we have had the most outreach efforts (Catskill, Cairo, and Greenville) show the biggest drops in teen pregnancy rates. Based on this information, we will target those areas with significant increases, which include Hannacroix, Earlton, Coxsackie, and Freehold.



Source: NYS Vital Statistics Data 2011-2013 from June 2015 and 2014-2016 from June 2018

2019 Goals:

- Stay abreast of programmatic and training requirements that may accompany the initiation of the new Title X guidelines, including a competitive grant re-application.
- Begin providing telehealth services to facilitate access to our services, and provide cost savings for our clients while maintaining revenue.
- Improve screening for intimate partner abuse and human trafficking.
- Partner with our mental health and substance abuse community providers to improve recovery for patients seen for opioid use disorder treatment**.**
- Target our outreach to the communities and schools identified above through social media, community events, and in-school events to increase knowledge and access of our services and decrease teen pregnancy rates in the long term.

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 & Clinical Services