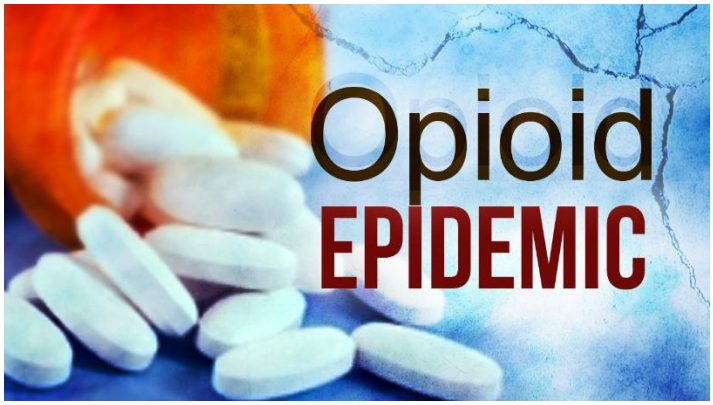
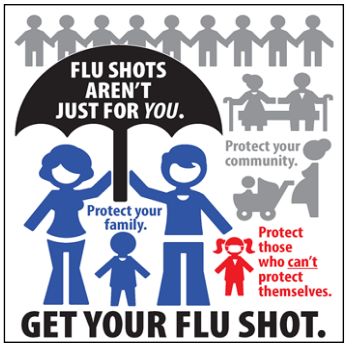
Greene County
Public Health Department

Annual Report 2019





Submitted: August 7, 2020

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

TABLE OF CONTENTS

MISSION

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

VISION

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

VALUES

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

TEN ESSENTIAL PUBLIC HEALTH SERVICES

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

SIX CORE SERVICES OF PUBLIC HEALTH:

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

Local Health Departments:

- **Are Prepared**
  - Public Health Emergency Preparedness and Response is a core public health service
  - Emergency Response plans include pandemic planning
  - Plans are regularly drilled or activated to respond to local emergencies and outbreaks, allowing for lessons learned and plan improvements
- **Are Communicable Disease Experts**
  - Activities routinely conducted:
    - Epidemiological investigations
    - Contact tracing
    - Monitoring of suspected cases
    - Mass clinics
    - Isolation and Quarantine
- **Are Experienced**
  - Have responded to emerging disease threats over the last few decades and learn and improve the response each time, leveraging staff experience, technology and added expertise
- **Build Strong Partnerships**
  - Working hand-in-hand with NYSDOH and CDC to protect the public's health
  - Build and maintain strong community partnerships with local hospitals, clinicians, colleges, school districts, businesses, community-based organizations, and individuals volunteers
    - All partners are then ready and able to work together in a public health emergency
- **Are Responding Every Day**
  - A strong public health response is our best protection against emerging infections, such as COVID-19
  - Making sure that the public health infrastructure is well-funded for everyday work assures that local public health experts act quickly and effectively to mitigate the risks posed by new disease threats.

New York State has strong Public Health Laws

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

Review of 2019 Public Health Department GOALS:

1. **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**

Notable achievements include:

- A revision of our Mission Vision and Values to more accurately reflect the work of Public Health and our Department, with an enhanced focus on disease prevention, emergency response, cross training and teamwork.
- An updated approach to our Strategic issues and Goals with strengthening of Agency response to outbreaks, preparedness communication, Public Health messaging, Medical Reserve Corps development, telehealth, community and professional outreach and cross training of staff. Monthly Strategic Planning meetings and the finalizing of the new Strategic Plan for Greene County Public Health has been delayed due to the ongoing work of the department in response to COVID-19.

2. **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**

Notable achievements include:

- Successful completion of the comprehensive Community Health Needs Assessment in cooperation with Columbia Memorial Health and The Columbia County Department of Health (pending approval from The New York State Department of Health). Similarly to the 2016 CHNA, this comprehensive assessment of the health of our community was authored by The Healthy Capital District Initiative and took a regional approach, examining local data within the context of the Capital Region.
- Collaborative development of the CHIP for Greene County Public Health, Columbia Memorial Health and The Columbia County Department of Health in response to needs identified in the CHNA. For the 2019-2024 CHIP The planning coalition will continue work in two previously addressed Priority Areas to build upon and expand our current work:
    - Priority Area: Chronic Disease Prevention:
        - Focus Areas (1) Healthy Eating and Food Security and (2) Physical Activity. A disparity area to be addressed will be adults with disabilities.
    - Priority Area: Promoting Well-Being and Preventing Mental Substance Use Disorders
        - Focus Areas: (1) Promote Well-being and (2) Prevent Mental Health and Substance Use Disorders.
- Implementation of the CHIP workplan has been interrupted by the ongoing response to COVID-19 by the Greene County Public Health, Columbia Memorial Health and The Columbia County Department, which began in January of 2020.

3. **Continue to prepare for Accreditation in compliance with Public Health Accreditation Board (PHAB) Standards.**
    - In late 2019 due to the expanded demands of Departmental participation in the Delivery System Reform Incentive Payment (DSRIP) program, it was decided that the pursuit of agency accreditation was not appropriate at this time. However, we continue to incorporate PHAB standards into the work of the department in preparation for future Accreditation.

Goals for 2020:

Goals for 2020 are driven by the demands of the Coronavirus (COVID-19) pandemic and the responsibilities of Greene County Public Health as the science and our regulatory guidance evolve. During our pre-pandemic Strategic Planning sessions there was an increased focus on the potential need for a calculated and practiced response to a broad and at the time unspecified threat to the health of our community. Many of these strategies have been put into practice, both at an organizational and individual basis, including cross training, preparedness response drills including asset management and medication distribution.

GCPH continues to respond the needs of our community through daily attention to our COVID-19 positive citizens, identifying contacts and travelers, providing the most up-to-date health guidance and prevention information available, and monitoring information from the NYSDOH, CDC, Johns Hopkins, and the World Health Organization (WHO).

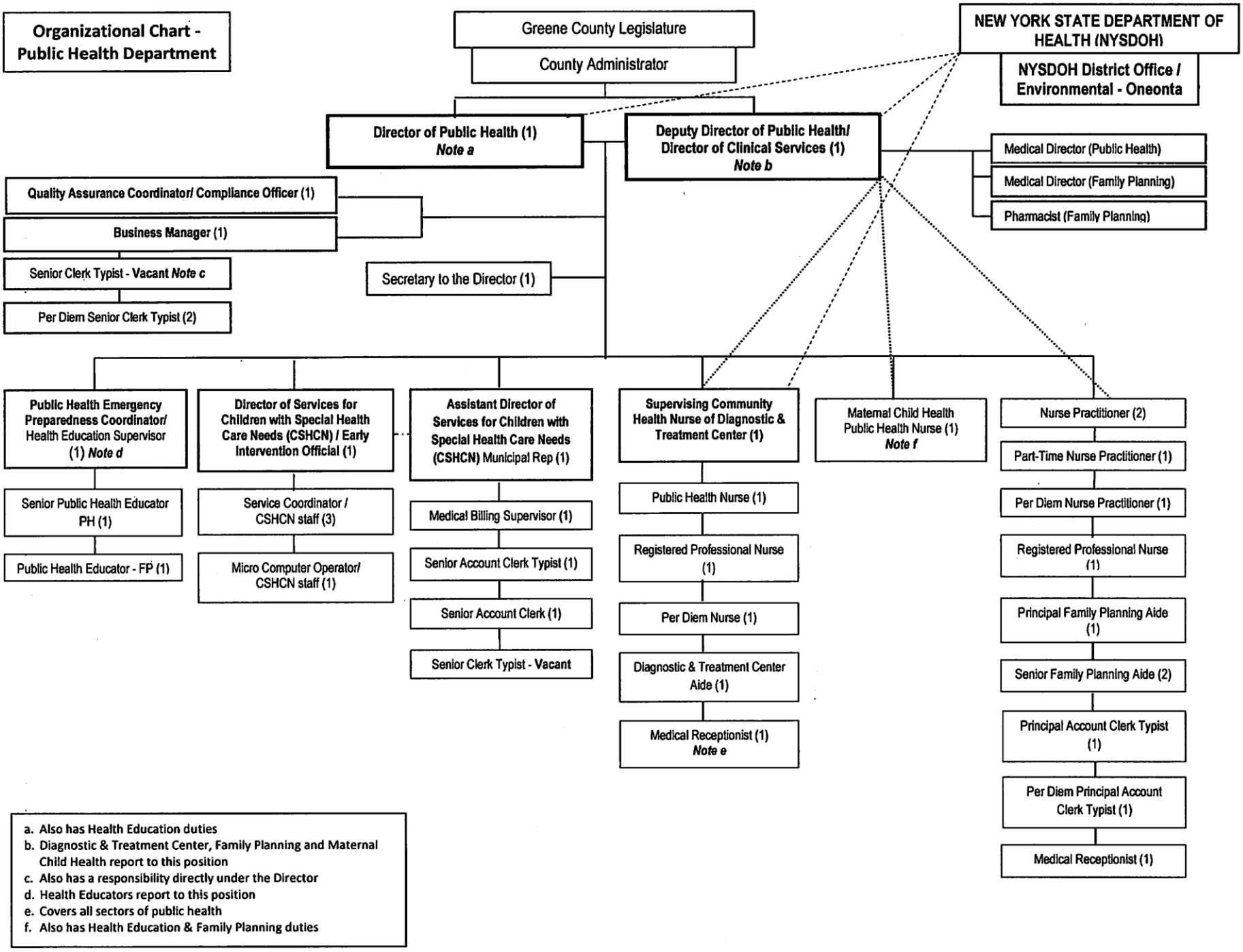
Within this ever-changing health climate, we continue our work in such diverse areas as Family Planning, tick-borne disease, childhood lead exposure, communicable disease prevention and detection, immunization (childhood and adult), children's programs (from birth to 5 years of age), maternal infant health, substance abuse treatment, prevention and response, and emergency preparedness.

2020 Goals continue our focus on COVID-19 response:

- Rapid management of newly reported cases
- Contact tracing and quarantine of contacts including the resolution of unmet needs
- Quarantining of Domestic and International travelers
- Response to outbreaks
- Data management and evaluation
- Utilization of CommCare (a NYSDOH electronic medical records system) and continued integration of this system into our daily work
- Enhanced reporting
- Education and outreach
- Testing and referral

Our goal is always to work smarter and better and to anticipate the future needs of our community.

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

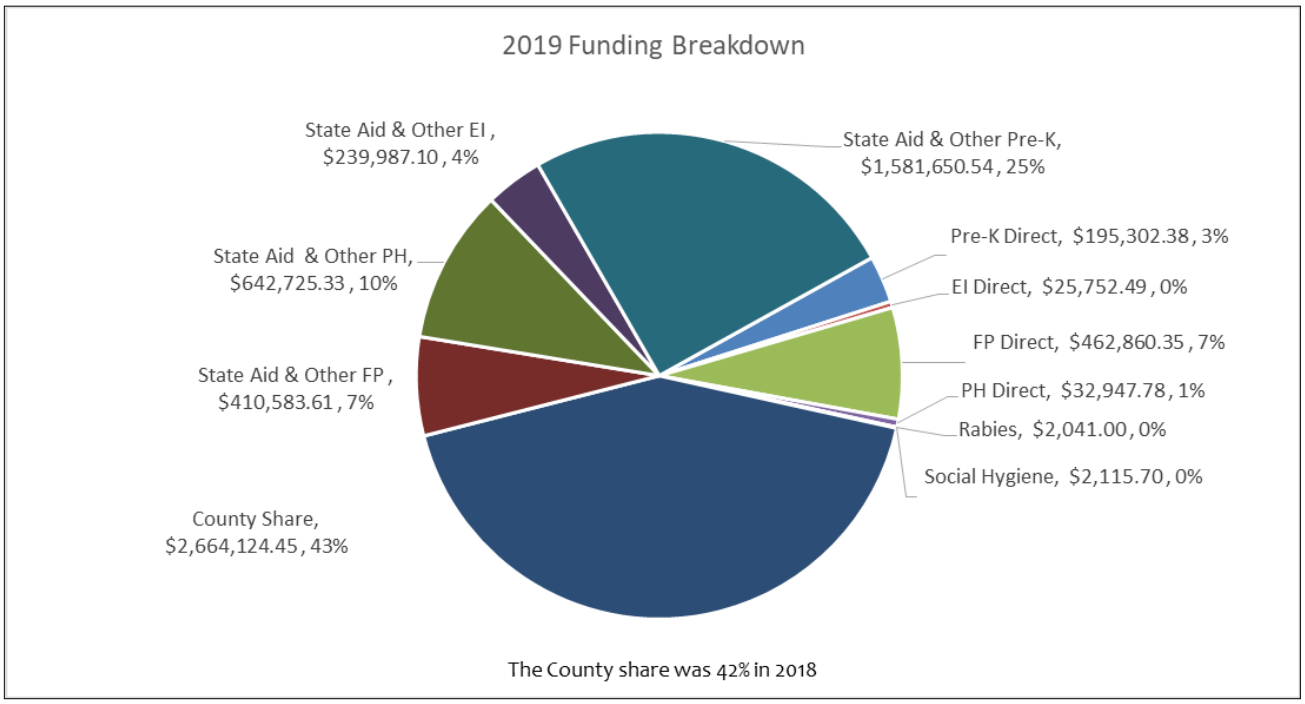

Organizational Chart - Public Health Department
Greene County Legislature
County Administrator
NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH)
NYSDOH District Office / Environmental - Oneonta
Director of Public Health (1) Note a
Deputy Director of Public Health/ Director of Clinical Services (1) Note b
Medical Director (Public Health)
Medical Director (Family Planning)
Pharmacist (Family Planning)
Quality Assurance Coordinator/ Compliance Officer (1)
Business Manager (1)
Senior Clerk Typist - Vacant Note c
Per Diem Senior Clerk Typist (2)
Secretary to the Director (1)
Public Health Emergency Preparedness Coordinator/ Health Education Supervisor (1) Note d
Senior Public Health Educator PH (1)
Public Health Educator - FP (1)
Director of Services for Children with Special Health Care Needs (CSHCN) / Early Intervention Official (1)
Service Coordinator / CSHCN staff (3)
Micro Computer Operator/ CSHCN staff (1)
Assistant Director of Services for Children with Special Health Care Needs (CSHCN) Municipal Rep (1)
Medical Billing Supervisor (1)
Senior Account Clerk Typist (1)
Senior Account Clerk (1)
Senior Clerk Typist - Vacant
Supervising Community Health Nurse of Diagnostic & Treatment Center (1)
Public Health Nurse (1)
Registered Professional Nurse (1)
Per Diem Nurse (1)
Diagnostic & Treatment Center Aide (1)
Medical Receptionist (1) Note e
Maternal Child Health Public Health Nurse (1) Note f
Nurse Practitioner (2)
Part-Time Nurse Practitioner (1)
Per Diem Nurse Practitioner (1)
Registered Professional Nurse (1)
Principal Family Planning Aide (1)
Senior Family Planning Aide (2)
Principal Account Clerk Typist (1)
Per Diem Principal Account Clerk Typist (1)
Medical Receptionist (1)
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. Covers all sectors of public health
f. Also has Health Education & Family Planning duties

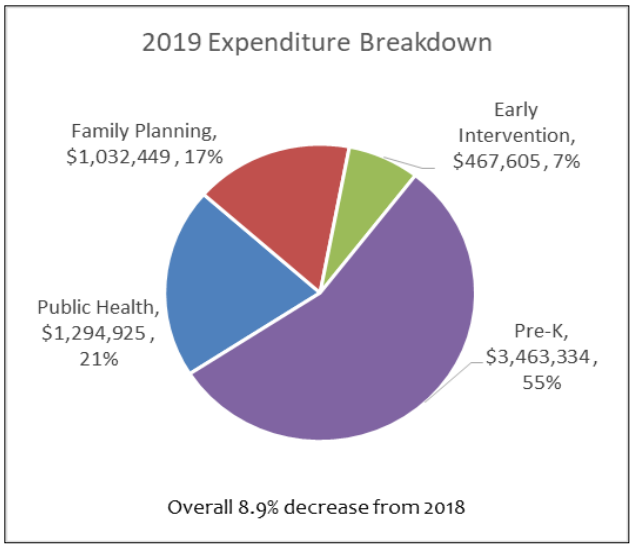
Fiscal

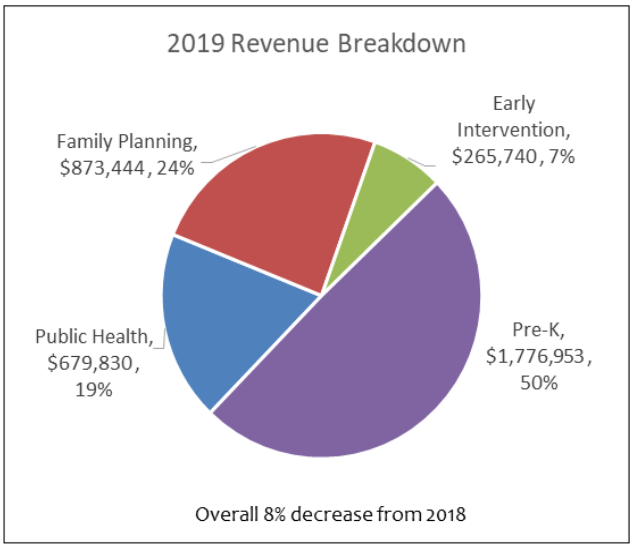
The Fiscal Division prepares and monitors the entire Department's budget of $6.2 million. This includes fiscal responsibility for all programs and divisions including the Diagnostic & Treatment Center (D&TC), Early Intervention, Emergency Preparedness, Family Planning, Preschool Special Education, the 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.







2019 Mentionable Achievements:

- Assisted Preschool program at CPSE meetings;
- Assisted Family Planning while staff member on FMLA with billing and revenue;
- Participated in meetings to increase contractual rates with insurance companies.

2020 Goals:

- Continue to review contractual rates with insurance companies to increase revenue.
- Strive to contain costs and obtain maximum revenue for all Public Health Agencies in order to reduce tax payer burden.
- Stay efficient and effective in order to remain sustainable.

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. 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
  - 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
  - Identify opportunities for process improvement within each branch
  - Encourage staff to become involved in identifying possible solutions based on the PDSA (Plan, Do, Study, Act) model.

- Delivery System Reform Incentive Payment (DSRIP) Program or Medicaid Redesign
  Family Planning staff continued to improve upon standards of patient care while keeping in mind social determinants of health, cultural and language differences, annual depression screenings with referral when needed, and improved clinical competencies. In response to identified need, GCFP provides Medication Assisted Treatment (MAT) in the clinic setting as well as a van utilized for outreach to those unable to travel to the clinic location. Public Health was awarded increased revenue for compliance in all of these areas. The final year for this portion of the Medicaid Redesign program is October 2019 – March 2020 with a decision from our PPS to continue reporting & data collection through October 2020.

- Additional duties:
  - Medical chart review/audit for 340B, Sexually Transmitted Disease, Maternal Child Health and D&TC
  - Office of the Medicaid Inspector General (OMIG) compliance and certification
  - Orientation of new staff
  - Oversee visiting student experience to all branches within the department

- Update and release of required annual in-service training for all staff

2019 Accomplishments:

- ✓ Annual record reviews of D&TC, LHCSA & Family Planning, performed by a NYS Article 28 Registered Health Information Technician (RHIT) accredited reviewer, determined that staff documentation in the Electronic Medical Record (EMR) are performing well.
- ✓ Family Planning quality improvement plan for pharmacy inventory.

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 are updated annually to reflect current State and Federal regulations and CDC guidelines.

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

Public Health policies have also been placed on the Public Health SharePoint for easy access at any time. A master policy binder is 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 2020 for Annual In-Servicing and Quality Assurance:

- Seek & maintain contracts and Memorandums of Understanding (MOU) with providers of care and insurance companies.
- Maintain LHCSA compliance within New York State Department of Health (NYSDOH) regulations. Public Health was due for an onsite visit from surveyors in 2019; since this did not occur, we anticipate a visit at some time in 2020.
- Maintain Family Planning and D&TC compliance with Article 28 NYSDOH regulations. Surveyors could come in 2020 for their review as well.
- 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 insurance 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:

- As of October 1, 2019, a Blood Lead Level (BLL) of ≥5µg/dl will be considered elevated and will require in person care coordination from GCPH and the New York State Department of Health (NYSDOH) environmental team. This is a huge change for the health department. Prior to this legislation, GCPH provided education via phone and mail for those with a BLL under 15µg/dl, and home visits for those with a BLL ≥15µg/dl. This change will increase staff time on lead significantly.

Blood Lead Levels (BLL) processed through Lead Web	773
Reminder letters sent to parents to contact health care provider to test child for lead	242
Children with BLL over 15 µg/dl, requiring case management by Public Health Nurses and Environmental Staff through 9/30/2019	2
Children with BLL over 5 µg/dl, requiring case management by Public Health Nurses and Environmental Staff as of 10/1/2019	8

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 31 vaccines to an additional 31 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	96
Childhood Immunizations given	234
	
Adults seen at immunization clinics	288
Adult Immunizations given	249
PPD's given	62
	
Influenza clinics	16
Influenza vaccine given	338

Adult Immunizations Offered

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

Communicable Disease (C/D):

Rabies

Rabies exposure investigations	208
Human rabies post-exposure treatment given	9
Rabies vaccination clinics for animals	7
Total number of animals vaccinated at clinics	459

Lyme/Tick-borne Diseases

Positive Lyme reports investigated (20%)	88
Anaplasmosis	71
Babesia	19
Ehrlichia	4

- Local Health Departments (LHD) are required to investigate over 75 state reportable diseases and provide supporting documentation from providers to the NYSDOH. C/D staff processed over 1600 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.
- Measles: One of the largest Measles outbreaks nationwide in almost 20 years happened in 2019. NYC reported 702 cases while NYS reported another 412. Greene County had one case attributed, but this case contracted and convalesced in NYC for the duration of the illness. Local legislation requiring all campers and staff to have proof of Measles immunizations prior to attending camp in 2019 was a proactive way to ensure that children and staff remained free from infection. GCPH received 500 doses of MMR vaccine from the NYSDOH to use in the event of an outbreak, and we used it to vaccinate

international camp counselors in 2 overnight camps in the county. We administered 170 vaccines to those that were unvaccinated.

Goals accomplished in 2019:

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 began in 2018 and was 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:**
   Detailing visits with the County's Adult providers to assist with improving their adult immunization rates and the value of using NYIIS. GCPH reached out to 4 adult providers and met with them in person to demonstrate the value of using the electronic registry.

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. New this year was the use of video visits through Medent for our TB patient that required Direct Observed Therapy (DOT). This time savor allow the clinical staff to observe the patient take their medication without having to drive to the home.

5. **Meet the performance measures from NYSDOH on assessing local providers childhood immunization rates:**
   Public Health did not meet the recording time for this incentive performance measure although did complete each AFIX visit in a timely manner.

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 2019 at CGCC to educate students on Human Papilloma Virus (HPV) and HPV vaccination. Vaccines were offered and administered to any student that consented after the presentations. The collaboration met the criteria for the Immunization Action Plan objective for outreach to our Adult community promoting HPV vaccine.

7. **Expand insurance contracts to include reimbursement from straight Medicaid and MVP.**
   Unfortunately the Medicaid contract and the MVP contract have yet to be agreed upon.

Goals for 2020:

- 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.
- Offer rabies clinics and influenza clinics via CDMS.

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.

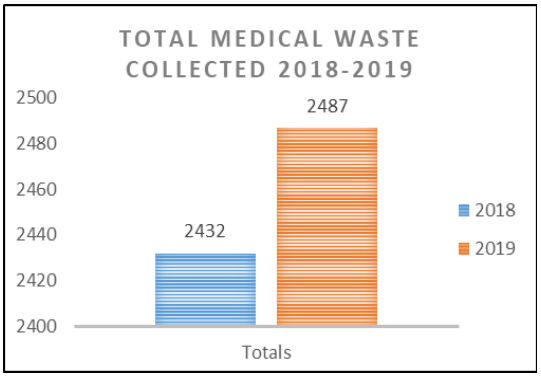
The Kiosk Program provides eight drop-off locations around Greene County:

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 **15,917 pounds** of residential medical sharps, creating a safer environment for the people of Greene County.

2019 Statistics:

Solid Waste collected 308 containers with a total weight of 2,487 pounds, an increase of 55 pounds (**2.2%**) from 2018's total of 2432 pounds.



Site	2019	2018	Increase/Decrease in Pounds	% Change
Kelly's Pharmacy, Greenville	644	637	**+7**	1.1% ↑
EmUrgent Care, Coxsackie	463	415	**+48**	11.5% ↑
CVS Pharmacy, Cairo	421	385	**+36**	9.3% ↑
Windham Pharmacy	383	420	**-37**	8.8% ↓
County Office Building, Catskill	309	293	**+16**	5.4% ↑
Hannaford, Cairo	198	214	**-16**	7.4% ↓
Hunter Ambulance	30	42	**-12**	28.5% ↓
Durham Town Hall	39	26	**+13**	50% ↑

2019 Challenges:

Public Health generates a monthly report to the NYSDOH AIDS Institute with information on amounts collected per location and any outreach performed for the program. With the new Stericycle contract, started in 2018, Solid Waste collects sharps from each kiosk and holds them at the Catskill Transfer Station until the scheduled Stericycle pickup.

The new process has led to more sporadic reporting. If a pickup is missed, there is a delay in report processing.

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
- Public Health outreach events (rabies clinics, Youth Fair, etc.)
- Kiosk sites
- New mothers through the Maternal Child program
- Families through Early Intervention.

Sharps containers are distributed to each kiosk site upon routine pick up and are handed out upon request. Social media postings on sharps safety and kiosk locations were put 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

Greene County Public Health Department has continued to support the mutual goals of the department and the New York State Prevention Agenda by providing education and outreach to our community. This work was completed by multiple Public Health employees, including the Senior Public Health Educator, Family Planning Health Educator, Maternal Child Health Nurse, Emergency Preparedness Coordinator, and Public Health Nurses.

A list of the education topics covered over 2019 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 2019:

Health Fairs/Events/Outreach Education:

- Senior Center Health Education
- Columbia Greene Community College orientations
- 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

Meetings/Task Force Involvement:

- Columbia Greene Addiction Coalition
- Columbia Greene Addiction Coalition – Prevention Workgroup
- Columbia Greene Addiction Coalition – Multimedia Workgroup
- 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
- Suicide Prevention Committee

The total number of individuals reached across Greene County in 2019 was approximately 7600, an increase of 100 **(1.3%)** from 2018's total reach of 7500.

Goals for 2019:

1. **Increase the Health Educators' involvement in local school districts, providing education for both students and teachers, especially regarding the "vaping/juuling" epidemic.**
   Health Educators did multiple public and school based education lessons on vaping.
2. **Provide access to education and information along local nature trails/parks regarding Lyme disease and rabies.**
   Multiple mountaintop location/trails were visited to distribute Lyme disease and rabies information.
3. **Increase access to education, prevention, and treatment for substance use disorders across Greene County.**
   Public and school based education was provided by both health educators regarding substance use and addiction.

Goals for 2020:

- Increase public knowledge of general hygiene/wellness information to combat potential communicable illnesses (i.e. Influenza/novel Coronavirus or COVID-19).
- Increase access to education and information regarding Lyme disease, especially in more rural communities in Greene County.
- Increase access to education, prevention, and cessation of tobacco products for all Greene County residents.

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

With the beginning of the New Year in 2019 also began the following cycle as directed by the New York State Department of Health (NYSDOH) for the CHNA, from 2019-2024. 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.

In previous cycles, the CHIP was primarily written within the local health department by the Senior Public Health Educator, solely for Greene County. However in this cycle, multiple partners worked together across Columbia and Greene Counties to create one document outlining the goals and plans for both counties and their joint

hospital, Columbia Memorial Health. This CHIP and Community Service Plan (CSP) for Greene and Columbia Counties and their hospital will be fulfilled over the years 2019-2021, when the plan will be revisited.

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. Previously, these meetings were held separately by Greene County, with the Mobilizing for Action through Planning and Partnership (MAPP) meetings, and the Public Health Leadership Team (PHLT) meetings in Columbia County.

Mobilizing for Action through Planning and Partnership (MAPP)

Greene County's MAPP Committee was initially 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.

As of 2019, the Greene County MAPP Committee and the Columbia County PHLT Committee were restructured from two separate groups to one joint committee, named the Columbia-Greene Healthy People Partnership. This meeting will meet similar to the previous schedule, gathering quarterly to assess and track local data regarding our work plan.

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.**
  These goals were achieved through the group effort of members of Greene and Columbia Health Departments as well as a representative from Columbia Memorial Health.

Goals for 2020:

- Quarterly Healthy People Partnership meetings with input from community and local stakeholders.
- Assess and track the progress of the joint work plan across the first year of implementation.

Worksite Wellness – "Go Greene for Wellness" Committee

In partnership with Empire Blue Cross Blue Shield and multiple agencies, 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 2019:

- Monthly Wellness Tips
- Biggest Loser Contest
- GreeneWalks Walking Program
- Vitality Greene Activity Challenge – *New for 2019!*
- Mini First Aid Kits – *New for 2019!*
- Health Screening – Body Mass Index (BMI), Glucose, Blood Pressure, Cholesterol – *New for 2019!*
- Great American Smoke Out 2019 – "Quit Kits" for Participants – *New for 2019!*

Wellness Team:

Empire BlueCross BlueShield, Greene County Administrator, Greene County Human Resources, Greene County Public Health, Karen Landau (HMS Agency, Inc.), Greene County Rural Health Network

Goals for 2019:

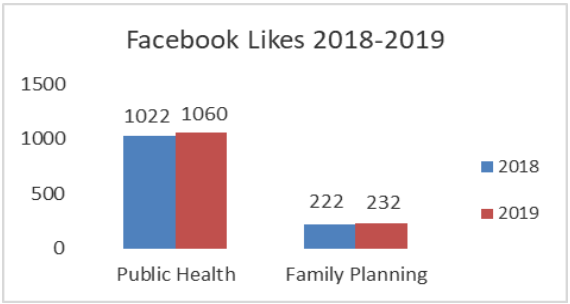
1. **Continue our employee wellness initiatives through the Rural Health Network and Empire Blue Cross, our newly contracted insurance provider.**
   Committee worked together to provide four new health initiatives for employees.
2. **Employee interest survey for 2019.**
   No survey results.

Goals for 2020:

- Continue to provide current wellness initiatives for all employees

Social Media Outreach

Greene County Public Health Department has active Facebook and Twitter accounts with a combined total of 1342 followers. Posted topics included, but were not limited to: lead poisoning, Lyme disease, opioid addiction, healthy eating and exercise, heart health, stress, smoking cessation, etc. 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:

1. **Promote public participation on social media, creating an interactive social media account.**
   Public's interaction with social media accounts has increased over the year.
2. **Increase total number of individuals reached through social media.**
   Total reach in 2019 was 53,447, a 23.2% decrease from 2018 (69,594).

Goals of 2020:

- Increase public participation on social media sites through interactive posts.
- 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, Care Coordination Care Management Services Primary Care, Behavioral Health, Workforce Development, Project Advisory Committee, and the Electronic Health Records (EHR) Sub-committee.

Goals for 2019:

DSRIP Phase Three deliverables encompass the time frame April 1, 2018-June 30, 2019 and include projects related to:

- ✓ Cancer Screening and Prevention – breast, cervical, colorectal,
- ✓ Chlamydia screening
- ✓ Depression Screening and Follow-up
- ✓ Emergency Department Utilization
- ✓ Health Information eXchange of New York (HIXNY) participation
- ✓ Substance Use Disorder
- ✓ 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
- ✓ Tobacco Cessation
- ✓ Workforce Analysis

DSRIP Phase Four deliverables encompass the time frame July 1, 2019 – October 31, 2020

Greene County Public Health successfully completed all Phase Three & Four contract deliverables, including monthly and quarterly reporting requirements, for the period January 1 – December 31, 2019.

Goals for 2020:

Greene County Public Health successfully met all Phase Four first and second quarter Contract reporting deliverables even though the focus of our response to the COVID-19 pandemic coincided with this effort. BHNNY placed the newest 2020 contract responsibilities for Phase Four as well as the new Cohort Management Initiative for tobacco cessation "on pause" for the months of April, May & June 2020 and changed the deliverable from pay for performance to pay for reporting. Attainment of future goals will be dependent on the continued length of duration of this pandemic. Greene County Family Planning was able to adopt telehealth during this time of pandemic and will to continue this care delivery option in the future.

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

EMERGENCY PREPAREDNESS AND RESPONSE

Overview:

Emergency Preparedness is a mandated component of all local health departments. Greene County Public Health (GCPH) receives annual funding through the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) grant. This grant provides financial support as well as organizational structure to the preparedness program. The conditions of the grant require successful completion of quarterly deliverables. These deliverables include--but are not limited to--creating and updating planning documents, attending/providing trainings, and attending state meetings as well as the execution of drills and exercised. The funding for the 2018-2019 year totaled $49,625.

Trainings and/or outreach provided:

- Created Youth Fair Emergency Preparedness Activities
- Attended all meetings of the Greene County Youth Bureau
- Attended all meetings of the Peer Court Board
- Presented the "Stop the bleed" program to law enforcement, all County employees, Community groups, and schools, and all Capitol District PHEP coordinators. (23 total)
- Provided Bloodborne Pathogens (BBP) annual training to the County Jail personnel
- Administration of the ODMAP tool and facilitated quarterly community stakeholder meetings.
- Created the New York State Department of Health's (NYSDOH) form on the Health Commerce System's (HCS) Clinical Data Management System (CDMS) for MMR vaccination clinics.
- Provided "High in Plain Site" session to all Capitol District PHEP coordinators and GCPH staff
- Evaluator for County Staging Site (CSS) drill in Albany County
- Vaping presentation w/ NYSDOH slides to Greenville HS/MS faculty
- JUULING presentations to H-T Elem.
- ODMAP presentation with Chief paramedic Brucato for "It takes a community" meeting
- MRC & County Animal Response Team (CART) sessions for new members
- Greene County RSVP volunteer training session on Medication Assisted Treatment (MAT), ODMAP bag filling, and Emergency Preparedness

Trainings completed:

- ICS 300, ICS 400 (Incident Command-Advanced level for Planning/Operations/Logistics/Finance & Administration. (6 days total)
- BDLS & ADLS (basic and advanced disaster life support)
- ACES
- PER 332 (Radiological)
- OHEP POD Safety
- Pediatric Emergency Preparedness
- Safe Talk Suicide
- Tall Cop Says Stop annual training
- County Supervisor's training
- Crowd Manager & NYS Fire certification
- Drone usage for Public Safety
- Disaster Mental Health-Assisting Children Following large-scale disasters and/or traumatic events
- Medical Counter Measures (MCM), ServNY
- All other required NYSDOH OHEP---monthly coordinators, HepC, LepC, EMS Council
- Completed Emergency Management Tier 3 Certification
- MCM Evaluator training
- National Opioid Fatality Review Team conference in DC

The position of PHEP Coordinator was changed in 2018 to include training and supervision of GCPH'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.

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 public health 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.

Review of 2019 Goals:

- **Closed POD agreements and operational guides reviewed and possibly created.**
  Deferred to 2020.
- **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**
  Deferred to 2020.
- **Complete the following trainings: Stop- the- Bleed Train- the- Trainer with Columbia County; ICS-300, ICS-400, BDLS, ADLS, FEMA-800**
  All trainings from NYSDOH OHEP were completed except for 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.**
  Through outreach, the GreeneNY MRC has gained 20+ members.
- **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.**
  All deliverables were successfully completed.
- **Update the following plans: PHAD, PHEPRP, COOP, CEMP, Mass Fatality**
  Sections of PHAD and PHEPRP were updated. Mass Fatality has been deferred to 2020.
- **Gain access to County school safety committees**
  Gained access to one school safety committee.

Goals for 2020:

- **C-POD agreements** and operational guides reviewed.
- **Conduct trainings** for GCPH and other County Department Supervisors on Crisis & Emergency Risk Communication (CERC); Psychological First Aid (PFA); Stop the Bleed; County Staging Site (CSS) set-up; "High in Plain Sight" updates; ICS 100, 200, 700 for new employees as well as staff review.
- **Complete the following trainings:** FEMA-800, all other OHEP scheduled trainings.
- **Medical Reserve Corp (MRC) revitalization:** Register 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 OHEP drill** with a CSS set-up and vaccine POD distribution. Also, perform 2 ServNY call-down drills and IHANS notification drills.
- **Update the following plans:** PHEPRP, MCM ClinOPs w/PHAD, COOP, CEMP, Mass Fatality
- **Gain access to County school safety committees.**
- **Establish a quarterly meeting schedule along with Emergency Management for the newly organized Residential Senior Living Facilities Group.**
- **Arrange an active shooter tabletop exercise (TTX) with Travis Richards and Tom Hoyt.**
- **Create and use CDMS form for Rabies vaccination clinics.**

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.

		2019			2018		
Program Type	**# Current operations (5/12/2020)**	**# Operations**	**# Inspections**	**# Complaints**	**# Operations**	**# Inspections**	**# Complaints**
Agricultural Fairs	1	1	2	0	1	5	0
ATUPA/Smoking/CIAA	72	N/A	103	1	N/A	105	0
Bathing Beaches	8	8	12	0	7	11	0
Campgrounds	16	16	17	1	16	19	0
Children's Camps	23	23	54	0	22	41	0
Environmental Lead	6	N/A	N/A	N/A	N/A	N/A	N/A
Food Service Establishments	323	332	362	12	321	385	23
Institutional Food Services	21	21	38	2	20	38	1
Mass Gatherings	1	1	4	0	2	10	0
Migrant Farmworker Housing	1	1	2	0	1	3	0
Miscellaneous	6	N/A	0	0	N/A	0	0
Mobile Food Services	34	34	28	2	29	31	0
Mobile Home Parks	15	16	17	1	15	1	0
Non-public Water Supplies	0	N/A	0	0	N/A	0	0
Onsite Sewage Treatment	418	N/A	0	1	N/A	0	1
Public Gathering Sites	101	N/A	0	0	N/A	1	0
Public Water Supplies	253	N/A	121	2	N/A	139	5
Realty Subdivision (incl NYC)	22	N/A	0	0	N/A	0	0
Recreational Aquatic Spray Grounds	1	1	2	0	1	2	0
SED Summer Feeding	7	7	8	0	7	7	0
SOFA-Office of Aging Food	5	5	6	0	5	6	0
State Agency Licensed Facilities	4	N/A	0	0	N/A	0	0
Swimming Pools	122	127	124	0	130	183	0
Tanning Facilities	5	6	4	2	5	2	0
Temporary Food Services	N/A	174	51	0	212	85	0
Temporary Residences	112	116	122	9	115	90	7
Total	**1577**	**889**	**1077**	**33**	**909**	**1164**	**37**

Respectfully submitted,
Edward R. Bartos, Oneonta District Director

FAMILY HEALTH

Children's Services

Early Intervention (EI):

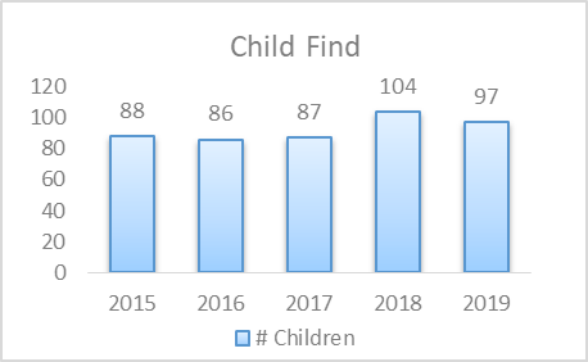
Early Intervention is a program for children from birth to age three that provides evaluations and services for those who qualify. Services in EI include: Speech Therapy, Physical Therapy, Occupational Therapy, Social Work, Special Education and Service Coordination. All services are home/community based, 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 81 to 120 children annually. For 2019, the average number of children in the program at any one time was 64.

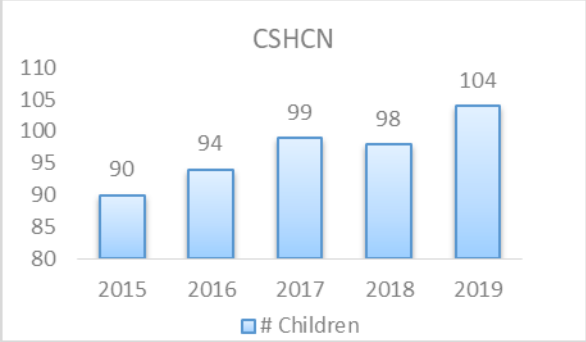
Families are asked to provide health insurance information to cover program costs, but at no time incur any costs. Parents are informed as to whether their insurance is state regulated and given the option to consent to have insurance billed. If insurance is not state regulated, families could have an 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.





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

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.

Review of 2019 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).**
    - *Despite all efforts, there were no new EI providers identified for Greene County. Greene County had extensive communications with The Early Intervention Provider unit to correct several providers who were listed as available for Service Coordination and Evaluations, who in fact were not available.*
    - *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 of 5% was instituted for most providers. Unfortunately this increase did not apply to Service Coordinators, Special Educators, Evaluators, or Social Workers. The increase was not activated in the NYEIS or EI billing system but was expected to be retroactive in 2020 once NYS Department of Budget gave final approval. There was a great deal of pushback from providers and counties that this increase did not include all providers.*

2. **To continue to increase Medicaid and Third Party Insurance reimbursement through collaboration with Public Consultant Group and NYSDOH.**
   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 of the Greene County EI Program as a municipality in June of 2019 with no major findings identified.

4. **To stay informed regarding the implementation of the NYS Children's Health Homes program in Early Intervention.**
   Although the Health Homes program was launched in 2017, the inclusion of EI children did not begin until 2019. There has been some training regarding the introduction of this program; however, additional information was gathered via CEIPAC and a Health Homes provider serving Greene County children. While other counties have expressed concern regarding the complexity of Service Coordination in the context of the Health Homes program, Greene County has not yet encountered this issue as few children have qualified for the program. Staff will attend all trainings and meetings as they become available.

5. **Evaluate and see how the newly imposed 90 day billing requirement impacts payments from the county escrow account.**
   This change did not appear to have a significant impact.

Goals for 2020:

- To continue to increase and maintain provider capacity through provider education and collaboration with the NYSBEI, NYSAC, NYSACHO and CEIPAC.
- Expand and promote the use of telehealth with Early Intervention providers and provide encouragement for families to utilize this service model
- 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 and in consideration of the current health and safety challenges presented by COVID-19.

- To continue to stay informed regarding the implementation of the NYS Children's Health Homes program in Early Intervention.
- To prepare for the launch of the new computer system called EI Hub which will replace both the NYEIS system and EI billing. This system was scheduled to launch in 2020 but has been pushed to spring of 2021 due to the COVID-19 pandemic. It is anticipated that Greene County staff will be able to participate in focus groups and trainings as they become available.

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
2018	104	74	116	68*	190
2019	92	82	98	72	180

*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 (15 Agencies/17 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 (11)

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.

- 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 2019, 10 parents transported their children, an increase of 3 parents from 2018, which helped offset some of our costs in this area.

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.

Highlights and Other Activities:

- Completed new contracts with three new special education providers:
    - One individual provider of occupational therapy;
    - One center-based agency; and
    - One related service agency
- Received reimbursement through the STAC system and Medicaid
- Continued provider payments through voucher process

Evaluation of 2019 Goals:

1. **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.**
   Progress has been made - goal continues.

2. **Continue to work with school districts & evaluators to obtain all necessary paperwork required to ensure timely reimbursement for evaluations.**
   Progress has been made- goal continues.

3. **Continue to work with school districts & evaluators to ensure testing documentation is entered on IEP's to allow maximum Medicaid reimbursement.**
   Progress has been made- goal continues.

Goals for 2020:

- Carryover of the three above goals from 2019.
- Contract with additional special education providers to increase service availability.

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 (i.e. Ebola and Zika virus education, guidance, and community preparedness).

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.

2019 Updates:

- ✓ Measles: This past summer, Greene County joined in a mass immunizing effort to prevent a measles outbreak of this highly communicable disease. Public Health Nurses (PHN) provided two separate immunization clinics to two summer campsites to immunize out of state/country counselors to maintain NYSDOH standards.

  There was one documented case of measles in Greene County, but the individual was never in the county during the incubation period, yet acquired the illness and remained in Brooklyn; six exposed persons within Greene County were actively monitored.

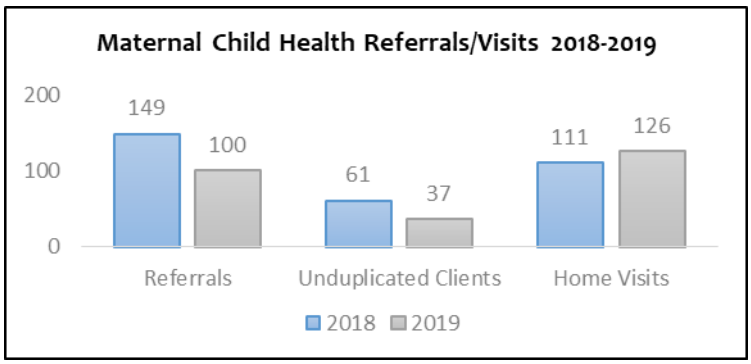
- ✓ Lead: As of October 2019, NYSDOH changed the lead poisoning surveillance levels for Public Health intervention which increased the home visit referrals:

  Quarters 1-3: 0 referrals with 0 clients accepting visits
  Quarter 4: 8 referrals with 5 clients accepting visits (62% acceptance rate)

- ✓ Maternal Child Health: In October 2019, Columbia Memorial Health (CMH) discontinued maternity delivery services. Greene County residents can still receive antepartum care at CMH but were directed to seek delivery services at hospitals in Albany, Schenectady, Ulster, or Duchess Counties. The Director of Clinical Services along with the PHN-CLC contacted many of the facilities within these counties in an effort to educate them on the services offered to Greene County moms and babies through Public Health.

Statistics:

- In 2018: 149 individual MCH referrals were received with 61 clients accepting a home visit (40.9% acceptance rate).
- In 2019: 100 MCH referrals were received with 37 clients accepting a home visit (37% acceptance rate); a **decrease of 3.9%** from 2018.



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

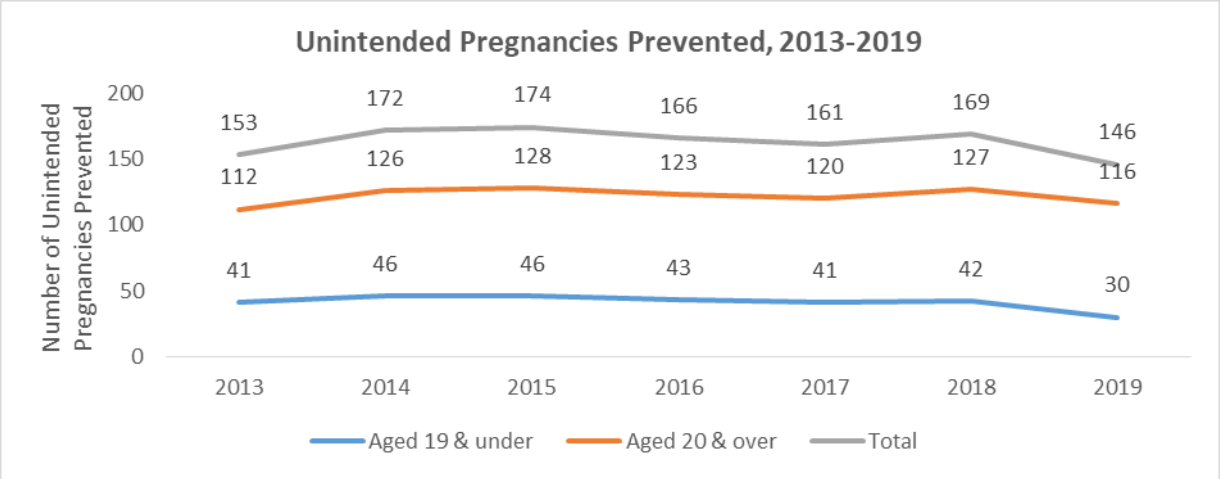
MISSION STATEMENT: *Providing confidential, compassionate, and professional care, we strive to promote positive health and sexual behaviors through education, prevention, and treatment.*

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.

Table 1 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.*

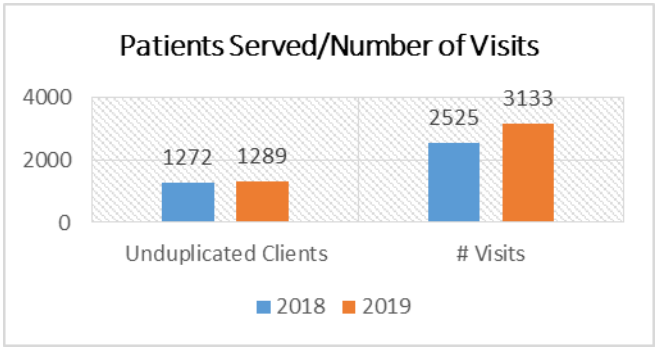
Prevent the spread of Sexually Transmitted Diseases (STD) and HIV:
We offer testing and treatments for all of the most common STD's including chlamydia (1,168 tests), gonorrhea (1,165), HPV and herpes. All at-risk clients are encouraged to be screened for HIV. In 2019, 787 clients were given pretest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

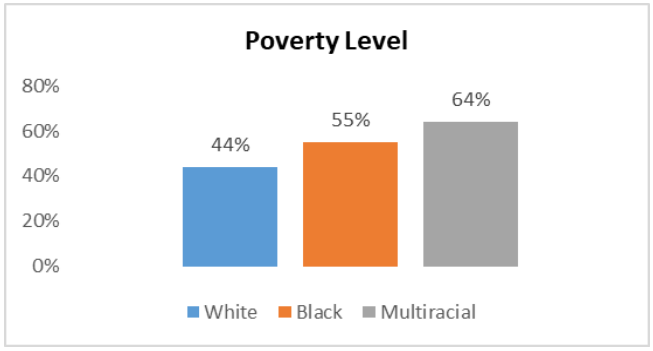
Improve birth outcomes:
All clients, men and women, are asked about their reproductive life plan, helping them determine when they want to have their first child. We counsel and assist them to improve their health before conception by quitting smoking, avoiding illicit drugs, controlling their diabetes, 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.

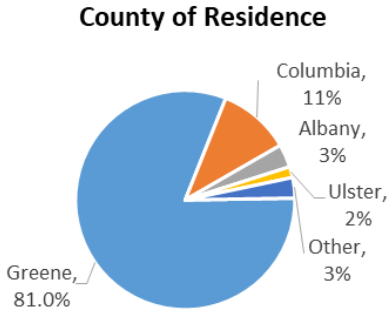
Without these vital services, Greene County residents would have no access to low cost, sliding fee or free reproductive health care.

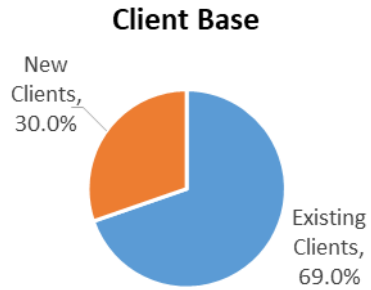
Demographics:

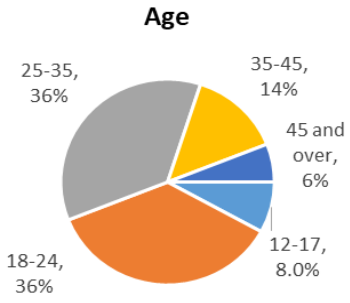




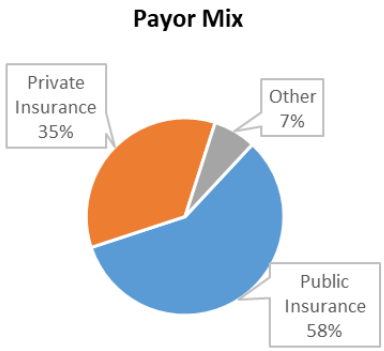
44% to 66% of our clients are at or below 100% of the federal poverty level (depending on their racial identity)

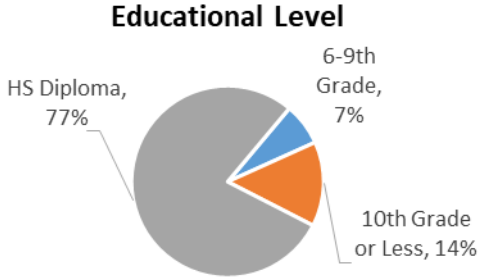


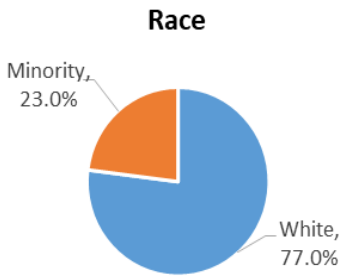




44% of all clients were 24 or under







- 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 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.

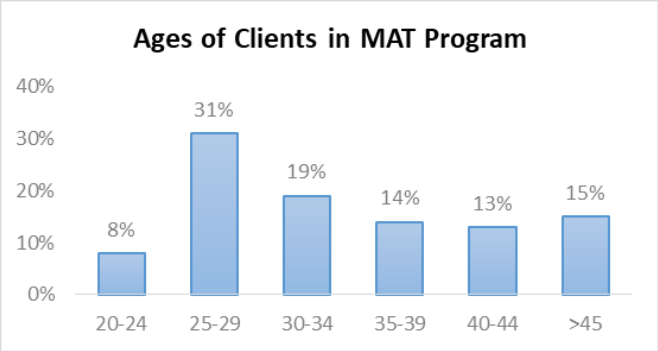
All revenue we generate is used to offset the county share for our services. Because we are not a mandated county service, we are mindful of the costs to the taxpayers of Greene County and look for opportunities to remain sustainable:

- 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 New York State Department of Health 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.

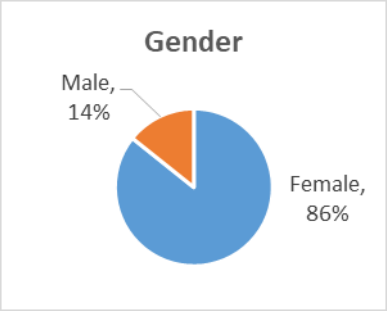
- **Social Media and Advertising**: We continue to utilize social media as a strategy to outreach to our target population. In 2019 we released a YouTube video highlighting the importance of pregnant women, and those considering a pregnancy, who use opioids finding medication instead of illicit drug 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 & Clinical Services