



Greene County Public Health Department

Annual Report 2021



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Director of Public Health
& Public Health Staff**

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MISSION
<i>Serving the community to prevent disease, promote and protect health, and provide education supporting healthy lifestyles.</i>

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

VALUES
<ul style="list-style-type: none"> ➤ 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.

Thank you to the staff of Greene County Public Health who have worked tirelessly and endlessly through the days, weeks, and now years of COVID-19. Testing, vaccinating, calling all who tested positive and their contacts; advising, assisting, and connecting to services and help. We delivered food, medicine, and hope.

Thank you to our fellow Greene County employees who worked with us answering phones, calling contacts, and picking up vaccines and supplies.

Thank you to our Volunteers who worked with us week after week, testing and vaccinating, picking up supplies, and bringing tests to the NYS lab in Albany.

Thank you to our NYS case investigator and to our School Specialists who helped us through our time of greatest need and continue to work with us.

We have all been witness to tragedies, great and small. The year 2021 began in fear, turning to hope as the medical tools became available to prevent illness and improve outcomes. Tragically, Greene County has lost many lives to COVID over the past two years.

We don't yet know what 2022 will bring for COVID-19 or other public health issues. There are areas of continuous concern and risk, and threats not yet fully anticipated. We will continue to look towards our Public Health staff to navigate these issues, to pursue our goal of disease prevention, and to promote and protect the health of our community.

Review of 2021 Public Health Department GOALS:

Goals for 2021 reflect our **continued focus on COVID-19 response:**

- Rapid management of newly reported cases
 - *Response was based on continued utilization of the NYSDOH CommCare case management system.*
 - *Public Health managed the database and kept pace with frequent updates as the science and regulatory guidance evolved.*
 - *Recognition of outbreaks and clusters of cases became a focus.*
 - *Cases were managed by Public Health staff, while contacts transitioned to the NYSDOH Contact Tracing Team.*
- COVID -19 Vaccination
 - *COVID-19 vaccine first became available in late 2020 and the response from our community was immediate, with an overwhelming surge in people desiring the vaccine with limited quantities available.*
 - *Public Health began vaccination in January of 2021 as soon as vaccine became available and within the stringent guidelines of the NYSDOH.*
 - *The Greene County community received administration of 20,200 vaccines.*
 - *Additionally, Greene County is fortunate to have many pharmacies located throughout the County who participated in the COVID-19 vaccination program.*
- Contact tracing and quarantine of contacts including the resolution of unmet needs
 - *Public Health continued throughout 2021 to respond to the needs of our community, working closely with our schools, nursing homes, and other vulnerable settings.*
- Response to outbreaks
 - *Public Health worked with many congregate settings and worksites to respond to outbreaks, provide testing and vaccination as available.*
- Data management and evaluation
 - *All COVID-19 records are, and continue to be, securely stored.*
 - *Utilization of CommCare (a NYSDOH electronic medical records system) and continued integration of this system into our daily work.*
- Enhanced reporting
 - *Positivity, contacts, hospitalizations, and deaths were counted and reported daily.*
- Education and outreach
 - *Public Health worked closely with worksites, schools, and other facilities to assist with the constantly evolving guidance and best practices in managing an evolving infectious disease.*
 - *Each case and contact received guidance on prevention and protection.*

- Testing and referral
 - *Testing was an ongoing issue throughout the County with limited test sites available.*
 - *Public Health, along with our dedicated volunteers, provided testing throughout 2021.*

Resume the work of the Strategic Plan for Public Health to incorporate the processes which continue to evolve regarding response to the COVID-19 Pandemic:

- 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

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

The goal of updating the Strategic Plan for GCPH was postponed due to the ongoing and escalating requirements of COVID-19 response.

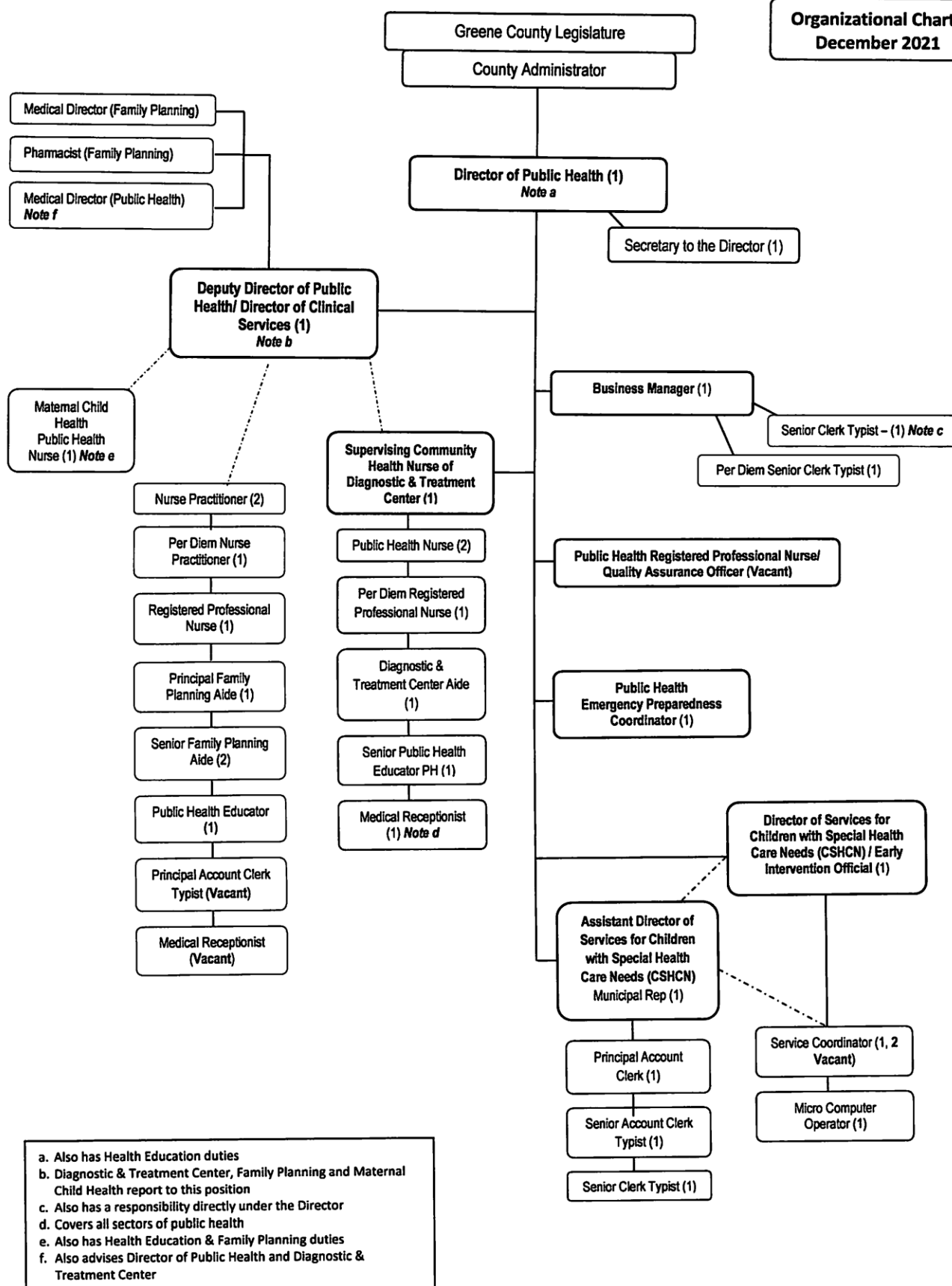
Goals for 2022:

2022 will be a year of transition to the normal business of Public Health within the context of new and evolving COVID-19 requirements. Our goal is to work smarter, better, and to anticipate the needs of our community.

Much has changed in regulation and practice governing our many areas of service which include Emergency Preparedness; Services for Children with Disabilities; Communicable Disease; Lead Case Management and Lead Poisoning Prevention; Tick-borne Disease Prevention and Reporting; Rabies Response and Prevention; Family Planning and Reproductive Health Services for Men and Women; Medication Assisted Treatment for Substance Use Disorder; Cancer Screening; Maternal Child Health; Safe Syringe Disposal; and Health Education.

- Resume the work of the Strategic Plan for Public Health to incorporate the processes and lessons learned throughout the COVID-19 pandemic and going forward:
 - Revised Mission, Vision and Values
 - Determination of Strategic Issues and Goals, utilizing a Strengths, Opportunities, Aspirations and
 - Mapping of Strategies, Actions and Timelines
- Continue to provide cross-training opportunities between branches within Public Health.
- Data management and evaluation related to COVID-19.
- Preparedness Response, including asset management and medication distribution.
- Participation in an updated Community Health Assessment and Community Health Improvement Plan for Greene and Columbia Counties, and well as the regional assessment.

**Organizational Chart -
December 2021**



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 should evaluate systems of care, identify problems, and work collaboratively to develop solutions, with a focus on New York State department of Health, federal and programmatic regulatory requirements.

Quality assurance duties 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)

Public Health policies have also been placed on the Public Health SharePoint for easy access at any time.

2021 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.

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.

Significant cross training occurred throughout 2020 and 2021 related to COVID-19, with many GCPH staff conducting contact tracing and case investigation. This highlights a focus area of the Strategic Planning Initiative for GCPH, which was in process prior to the onset of COVID-19. Greene County Public Health will continue this initiative with an emphasis on training of staff between branches to better adapt to emergencies of all types.

Goals for 2022:

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

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

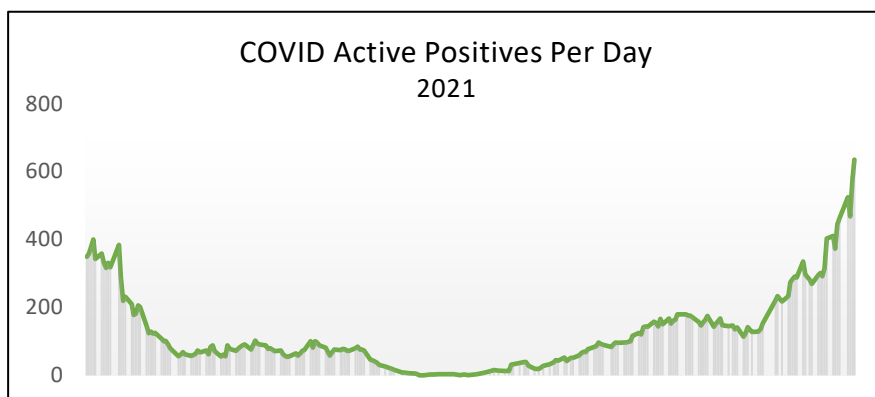
COMMUNICABLE DISEASE CONTROL

Diagnostic & Treatment Center (DTC)

COVID-19 continued to be the primary focus throughout 2021 for Public Health with the number of cases surpassing the previous year.

Combating COVID-19 – Vaccine Rollout:

By January 3, 2021, Public Health received its first 1000 doses of Moderna COVID-19 mRNA vaccine. Between Public Health and Greene County's Office of Emergency Management (OEM), plans were quickly put in place to administer this vaccine within 7 days. A quick turnaround time of vaccine gave the County priority for additional shipments of vaccine as the initial rollout began. OEM established an online registration on the Greene County website for eligibility of the priority groups and emailed those that were randomly selected for vaccine. Within the first three weeks and with additional vaccine, Greene County vaccinated over 2000 people in the designated priority groups. By the end of February, 2,800 additional first and then second doses had been administered. This trend continued through the spring, including vaccine clinics for students at schools.



There was huge burden on the LHD during the beginning of this rollout. Local providers did not want the responsibility of the vaccine storage cold chain requirements, the mandatory upload to the New York State Immunization information System (NYSIIS), or having patients come to their offices with the fear of contracting COVID. The LHD was initially the only provider to administer vaccine. The priority

groups handed down by the Governor were also not well received among our most vulnerable. First responders, frontline health care workers, law enforcement, teachers, those in congregate living facilities and other essential workers were prioritized before those 65 years and older.

Public Health participated in a Capital Region Vaccine Hub headed up by Albany Medical Center, where vaccine could be readily available to Local Health Departments (LHD), pharmacies, hospitals, and nursing homes in the Capital Region. This was a wonderful resource for getting much needed extra vaccines for larger Points of Dispensing (PODs) or clinics with short notice. It was neighbor helping neighbor; Greene County utilized this group and they in turn utilized Greene County. It was a great partnership for all the members and a very good way to avoid vaccine waste. The vaccine was transported to the HUB's that had deep freeze capacity or drop shipped directly to facilities frozen. Once removed from the deep freeze, the vaccine was only viable in the refrigerator for 30 days, hence the need to administer to the public quickly.

Pharmacies were unable to receive vaccine until the last week of March 2021, and that was when the LHD started to feel the relief from being the primary vaccinators in the County. Our homebound residents were also serviced by Public Health, the majority of them receiving the one-dose Janssen vaccine, with the assistance of the Greene County Department of Human Services and OEM.

Greene County primarily administered Moderna vaccine but held 2 large Pfizer clinics for the public and numerous clinics for those 12-17 years old. By November 2021, the FDA gave Emergency Authorization Use of Pfizer COVID vaccine with different dosing for children 5-11 years old.


By the end of 2021, Greene County provided 100 PODs administering 20,200 vaccines, and 14 separate homebound vaccination dates administering 175 COVID vaccines to those homebound within the County. This

was done with the help of many community partners, our six school districts, our local municipalities, religious community, local resorts, local law enforcement, EMS, Paramedics, Medical Reserve Corps (MRC) volunteers, and Public Health staff.

COVID-19 Case Investigation and Contact Tracing:

COVID hit hard during the 2020 holidays and followed into the winter and spring months of 2021. One week into 2021, cases jumped to a daily high of 400 cases. We were averaging 30 plus new cases per day during January which started falling in February.

Staffing became a real issue in the late summer/early fall as most branches of Public Health had transitioned back to their own work (i.e. Pre-K, Family Planning and Early Intervention). Cases were increasing and there was a handful of DTC and clerical staff to manage the huge volume. By the fall, staffing was decreasing due to COVID infections and exposures in Public Health staff. We had one state-provided case investigator to assist, but the numbers by the holidays of 2021 were overwhelming and unmanageable, requiring us to prioritize who needed to be called. We decided our priority groups were school-ages children ages 18 and younger, and those 65 and older; this too was even difficult to manage. Contact tracing was reduced to household contacts, vulnerable populations, and specific medical and worksite settings.

 Greene County COVID-19 Daily Update		
	Totals as of 12/31/2020	Totals as of 12/30/2021
Total # of Positives since March 2020:	1335	6410
Active Positives:	251	635
New Positives Today:	50	93
Hospitalized:	23	21
Deaths:	28	93
*Percentages below are as of:	12/29/20	12/29/21
Total % of tests with positive results:	3.0%	17.9%
Seven (7) day Rolling Positive Rate in Greene:	10.5%	14.1%

On December 27th, Governor Hochul announced that the NYSDOH would assume management of all COVID related cases and contacts, and the LHD would no longer be responsible. It was not that easy; that transition would happen in 2022, but Public Health continues to monitor, oversee, and facilitate COVID management on a daily basis.

Work Flow:

Although work flow for 2021 was streamlined, staffing remained a concern. Only a few DTC staff worked COVID each day with the help of a state-provided case investigator and another appointed in late 2021. The 24/7 schedule continued through the entire year with Supervision heading a small team of Public Health staff every weekend and holiday. Burnout was evident and the need was relentless. This was 2 years of COVID work on top of the other Public Health mandated programs: rabies, CD, immunizations, and Lead poisoning and prevention.

Testing:

Late spring and summer 2021 noted a low infection rate of COVID-19. Residents were getting vaccinated and spending more time outdoors. However, as warned, the next wave (Delta variant) started in early September, which required additional testing in the County. Schools were requiring students with any symptoms be excused and provide a negative test to return. Families were being charged multiple times for testing (due to exposures) at local pharmacies and Urgent Cares. Greene County purchased additional Molecular PCR machines and ordered testing supplies through the COVID grant and started testing both at the County building and through OEM's Mobile Command vehicle. The use of the Command vehicle allowed Public Health to move to different locations around the County during the warm weather months. The County owned building in Coxsackie, formerly the temporary Sheriff's Office, was quickly turned into a makeshift testing lab for the colder months. MRC volunteers, paid per-diem staff, and Public Health staff manned the lab two days per week with a pre-registration component prior to testing. This testing allowed children to return to school faster and was convenient for parents. Public Health processed thousands of COVID specimens and uploaded results through the NYS Electronic Clinical Laboratory Report System (ECLRS). Greene County was the ONLY Health Department in NYS that initiated testing throughout the Pandemic.

Outbreaks:

Outbreaks continued with a large number of breakthrough infections happening at a variety of facilities. Public Health continued to work with these facilities. The frustration of fully vaccinated persons getting infected put a strain on all the healthcare facilities, schools, and businesses.

It Takes A Village:

The pandemic was not just about illness and well checks, it was also lending an ear to those that were devastated by its grip. COVID crippled many in our community financially, emotionally, and psychologically. Public Health staff listened and successfully linked those struggling to resources.

Public Health teamed with community partners:

- *Community Action* championed food for many of our isolated and quarantined residents,
- *Department of Social Services* housed those without shelter, and
- *Department of Human Services* delivered meals on wheels to those unable to prepare their own food.

Public Health delivered food ordered online, picked up prescriptions for those isolating, and linked those in need to Mental Health services. Many were also provided with resources to assist with their financial crisis.

Rethinking the delivery of Public Health services:

In 2021 Public Health opened our doors for immunization clinics twice a week. A screening process was done for everyone entering the clinic, and mandatory masking was in place and remains today because of our Article 28 status.

Flu Clinics in 2021 were returned to indoor settings. Public Health utilized our senior meal sites to conduct clinics and maintained social distancing for the protection of all who participated.

Drive-through rabies clinics continued at Angelo Canna Park in Cairo due to the success and positive response from the public in 2020. Counties in NYS are required to provide at least three rabies clinics per year; due to the Pandemic, we could only commit to those three. Pre-registration was required and the clinics ran smoothly with the help of Town of Cairo, New Baltimore Animal Hospital staff, along with Public Health staff; 288 animals were vaccinated in 2021.

Lead:

The COVID-19 Pandemic has greatly affected all of healthcare over the last two years including the management of children with elevated lead levels. For a time, home visits were suspended and only phone/virtual guidance could be provided by the LHD and the NYSDOH environmental team. Recently it was approved to resume home visits, but the pause has caused a backlog of children meeting the criteria for a visit. Public Health has been working with the NYSDOH Environmental team to complete home visits for children unable to be seen due to the pandemic and keep up with new cases as they arise.

Communicable Disease:

Despite COVID-19, other state reportable diseases continued to circulate in Greene County. The DTC processed over 8,136 lab reports, 4223 positive COVID-19, 394 additional positive state reportable diseases, and 189 confirmed cases of arthropod diseases. This was quite challenging since diagnosing, treating, and/or managing and following up had several logistical issues. Communication with Providers was difficult since many weren't seeing patients and trying to transition to Telehealth visits. Patients with any type of symptoms were assumed to have COVID-19, and after testing negative would then test for other illnesses, to ultimately return positive for a different disease delaying diagnosis and treatment. Many Providers changed their schedules drastically and would only be available on certain days, limited hours, and limited staff. So, a lot of messages back and forth and "phone tag" resulted.

It was also challenging since all of our usual NYSDOH contact personnel were working remotely and also working on COVID-19. That resulted in delayed communication for General Communicable Disease follow-up since many

of our contacts changed their roles as well. Despite taking much more time to get responses to questions and guidance, Public Health managed to get all issues and questions resolved.

During 2021, General Communicable Disease cases, STD's, and arthropod cases reported, investigated and entered into the NYSDOH Communicable Disease Electronic Surveillance System (CDESS) included:

- **Enteric Diseases** (Salmonella, Campylobacter, Giardia, E. Coli, Amebiasis, and Cryptosporidiosis)
- **Group A and B Strep infections, Strep Pneumococcal infections**
- **Meningitis/Encephalitis**
- **Hepatitis B and C**
 - o Hepatitis C chronic cases were about the same, 21 cases in 2020 and 24 cases in 2021, a significant decrease in trend from 45 cases in 2019 and 42 cases in 2018
- **Active Tuberculosis**
 - o Managed two active cases this year completing Direct Observed Therapy (DOT) at the patient's home as well as video visit to reduce staff exposure
- **Lyme Disease, Anaplasmosis, Ehrlichiosis, and Babesiosis**
 - o Babesiosis cases including probable and confirmed status saw a significant increase from 6 cases in 2020 to 24 cases in 2021, there were 20 cases in 2019.
- **STD's: Chlamydia, Gonorrhea, and Syphilis**
 - o Both Gonorrhea and Syphilis increase significantly this year compared to previous years

In addition to all of the above, Public Health continued to stay updated on all of the COVID-19 situations, guidance and guidelines that were implemented throughout the year. (NYSDOH weekly updates, CDC updates regarding guidance, CommCare training and updates, etc.)

Reflecting back on the vaccine and testing clinics, managing outbreaks, contacting positives, managing school cases, working with businesses, and continuing to do the mandated work that is required of an LHD, it is simply amazing what our small department was able to accomplish.

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

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.

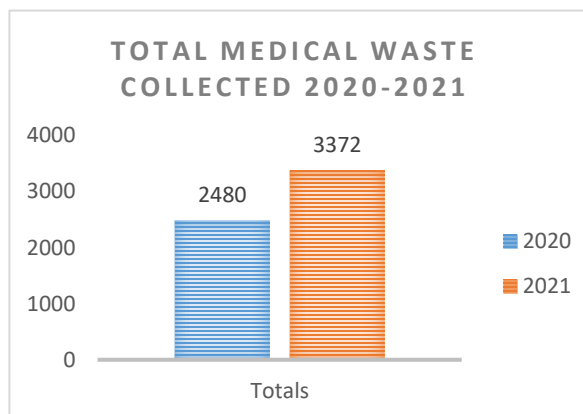
Sharps containers are distributed to each kiosk site upon routine pick up and are handed out upon request. Social media postings on sharps safety and kiosk locations were put on the Public Health Facebook and Twitter pages.

2021 Statistics:

Solid Waste collected 352 containers with a total weight of 3,372 pounds, an increase of 892 pounds (**35.97%**) from 2020's total of 2480 pounds.

Since its inception in mid-2011, the Kiosk Program has collected **21,769 pounds** of residential medical sharps, creating a safer environment for the people of Greene County.

Public Health reports quarterly to the NYSDOH AIDS Institute with information on amounts collected per location and any outreach performed for the program.



Kiosk Site	2021	2020	Increase/Decrease in Pounds	% Change
Kelly's Pharmacy, Greenville	1009	606	+403	66.5% ↓
County Office Building, Catskill	684	413	+271	65.6% ↑
EmUrgent Care, Coxsackie	568	358	+210	58.7% ↑
CVS Pharmacy, Cairo	463	430	+33	7.7% ↑
Windham Pharmacy	308	356	-48	13.5% ↓
Hannaford, Cairo	257	255	+2	0.8% ↑
Hunter Ambulance	72	48	+24	50% ↑
Durham Town Hall	11	14	-3	21.4% ↓

2021 Challenges:

Due to the supply chain shortage during 2021, it was difficult for the NYSDOH AIDS Institute to send the County the free sharps containers (1-quart size to hand out at kiosk sites, and the 8-gallon size for Solid Waste to collect from kiosk sites) needed to keep the program running smoothly. The shortages are continuing into 2022.

Respectfully Submitted,
Jennifer Passero, Secretary to the Director

COMMUNITY HEALTH ASSESSMENT / **CHRONIC DISEASE PREVENTION**

Community Health Education

Over the course of 2021, the majority of health education provided by Greene County Public Health Department was regarding COVID-19. Since few other locations such as schools, senior centers, and community settings were open/accessible, health education was completed via phone and the internet/Google Classroom, 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.

Involvements in agency meetings were done via phone/internet conference:

Meetings/Task Force Involvement:

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

The total number of individuals reached across Greene County in 2021 was approximately 16,000, an increase of 15,000 (**1500%**) from the previous year at 1,000 individuals. This increase is due to the community outreach in the form of frequent COVID-19 Vaccine and Testing Clinics throughout the county, as well as the Youth Fair and other community events.

Goals for 2021:

- **Continue to increase public knowledge of general hygiene/wellness information to combat potential communicable illnesses.**
Through several community outreach events, the health educators were able to increase and spread knowledge regarding hygiene/wellness.
- **Increase access to education and information regarding Lyme disease, especially in more rural communities in Greene County.**
This goal was not met during 2021, as all efforts were directed towards COVID-19.
- **Increase access to education, prevention, and cessation of tobacco products for all Greene County residents.**
This goal was not met during 2021, as all efforts were directed towards COVID-19.

Goals for 2022:

- Increase public knowledge regarding COVID-19 vaccinations, and a layered approach to disease prevention.
- 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)

Greene County Public Health Department submitted a joint CHNA/CHIP report with Columbia County Department of Health and Columbia Memorial Health, which was accepted at the beginning of 2020. Over the last two years, the efforts of the two departments and the hospital were directed towards COVID-19. With COVID-19 rates recently decreasing, efforts are beginning to return to the original plan laid out in the Community Service Plan (CSP) and County CHIPs.

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.

Columbia-Greene Healthy People Partnership

(Formerly Mobilizing for Action through Planning and Partnership (MAPP))

Multiple committees and community agencies work together to promote the goals of the CHNA/CHIP. The Columbia Greene Healthy People Partnership meets quarterly to assess and track the progress of the community work plans to be reported to NYSDOH. This group did not meet in 2020 or 2021 due to the pandemic; meetings will resume in 2022.

Goals for 2021:

- **Hold meeting with Healthy People Partnership to receive input from the community and local stakeholder on resuming activities, which was paused during COVID-19.**
This goal was not met during 2021, as all efforts were directed towards COVID-19.
- **Assess and track the progress of the joint work plan across the first few years.**
This goal was not met during 2021, as all efforts were directed towards COVID-19.

Goals for 2022:

Resume the work of the Prevention Agenda 2019-2024:

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

<p>Priority Area: Chronic Disease Prevention:</p>	<p>Priority Area: Promoting Well-Being and Preventing Substance Use Disorders</p>
<p>Focus Areas: Healthy Eating and Food Security, and Physical Activity.</p>	<p>Focus Areas: Promote Well-being, and Prevent Mental Health and Substance Use Disorders.</p>
<p>Disparity Area: Adults with disabilities.</p>	

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

Worksite Wellness – “Go Greene for Wellness” Committee

In partnership with the employee insurance company Empire BlueCross BlueShield, 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. This group did not meet in 2020 or 2021, with goals to meet within the following year. The Biggest Loser Contest, held by the Rural Health Network (a part of the Go Greene for Wellness Committee), still took place during the year of 2021.



Wellness Team:

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

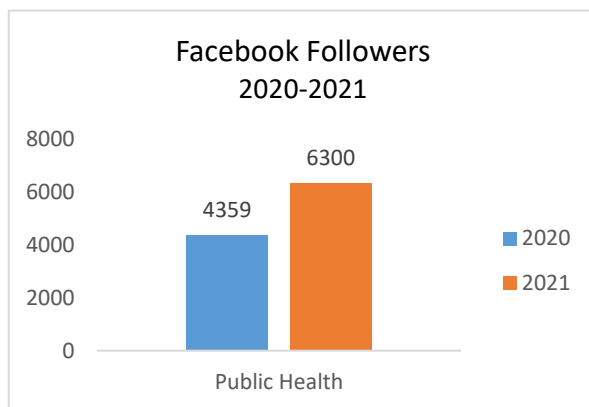
Goals for 2021:

- **Initiate a meeting with the group to determine the steps to take for the following year.**
This goal was not met during 2021, as all efforts were directed towards COVID-19.

Goals for 2022:

- Initiate a meeting with the group to determine the steps to take for the following year.

Social Media Outreach



Greene County Public Health Department has active Facebook and Twitter accounts with a combined total of 6,300 followers in Greene County, an increase of 1941 **(44.5%)**. Almost all information/education shared during 2021 was regarding COVID-19.

Other topics included, but were not limited to, lead poisoning, Lyme disease, opioid addiction, healthy eating and exercise, heart health, stress, smoking cessation, and other health topics. Events held or attended by Public Health (COVID-19 testing and vaccinations, and rabies clinics) were advertised on social media to encourage participation.

Goals for 2021:

- **Maintain the number of Facebook followers and interactions while increasing the range of health education topics shared on social media.**
This goal was met in 2021.

Goals for 2022:

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

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

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 NYS meetings as well as executing exercises.

Training:

The Emergency Preparedness Coordinator is required to attend numerous trainings through the New York State Department of Health's Office of Health Emergency Preparedness, which gives an in-depth knowledge of current practices in emergency preparedness, guidance on creating planning documents, grant development, effective communication, and public health preparedness exercise development. The PHEP Coordinator ensures that all Public Health staff have completed the Incident Command System (ICS) courses: ICS-100, -200, and -700, and provides required staff in-services. Community Outreach for development of our local Medical Reserve Corp (MRC), and to promote community level disaster preparedness, is an ongoing focus.

Trainings completed:

- ❖ CDMS updates for COVID response
- ❖ NYSDOH Specimen transport
- ❖ All other required NYSDOH OHEP-HEPC, LEPC, EMS Council

Trainings and/or outreach provided:

- ❖ Ongoing training for Medical Reserve Corps
- ❖ CDMS for data entry to vaccine pod staff
- ❖ JITT at 80+ vaccine pod sites

Review of 2021 Goals:

The entire year was dedicated to the Planning, Facilitating, and Operating Responses to COVID-19.

Goals for 2022:

- Conduct trainings for GCPH:
 - Crisis & Emergency Risk Communication (CERC); Psychological First Aid (PFA); ICS-100, -200, -700 for new employees, as well as staff review.
- Medical Reserve Corp (MRC) revitalization:
 - Retain MRC volunteers and promote active participation
 - Conduct MRC meetings, and complete federal MRC unit reports.
- Update of plans as required by the NYSDOH Office of Health Emergency Preparedness

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

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.

		2021			2020		
Program Type	# Current operations (3/24/2022)	# Operations	# Inspections	# Complaints	# Operations	# Inspections	# Complaints
Agricultural Fairgrounds	1	1	2	0	1	0	0
ATUPA retail/vending/CIAA	72	N/A	59	1	N/A	44	0
Bathing Beaches	9	9	7	0	8	0	0
Campgrounds	17	19	18	1	18	8	2
Children's Camps	27	26	49	1	24	6	2
Environmental Lead	6	N/A	N/A	N/A	N/A	N/A	N/A
Food Service Establishments	336	366	265	24	345	265	34
Institutional Food Services	21	21	28	1	21	19	0
Mass gatherings	1	1	0	0	1	0	0
Migrant Farmworker Housing	6	6	13	0	1	2	0
Miscellaneous	6	N/A	0	0	N/A	0	0
Mobile Food Services	40	49	19	0	39	5	1
Mobile Home Parks	16	17	4	0	18	0	2
Non-public Water Supplies	3	N/A	1	0	N/A	0	0
Onsite Sewage Treatment	412	N/A	1	3	N/A	0	1
Public Gathering Sites	112	N/A	0	0	N/A	0	0
Public Water Supplies	248	N/A	73	1	N/A	32	1
Realty Subdivision (incl NYC)	23	N/A	0	0	N/A	0	0
Recreational Spray Grounds	1	1	1	0	1	1	0
SED Summer Feeding	9	9	7	0	7	3	0
SOFA-Office of Aging Food	5	5	5	0	5	4	0
State Agency Licensed Facilities	4	N/A	0	0	N/A	1	0
Swimming Pools	118	124	105	0	125	60	0
Tanning Facilities	3	8	4	0	4	2	0
Temporary Food Services	N/A	96	6	0	26	0	0
Temporary Residences	113	125	83	10	122	81	13
Total	1609	883	750	42	766	533	56

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

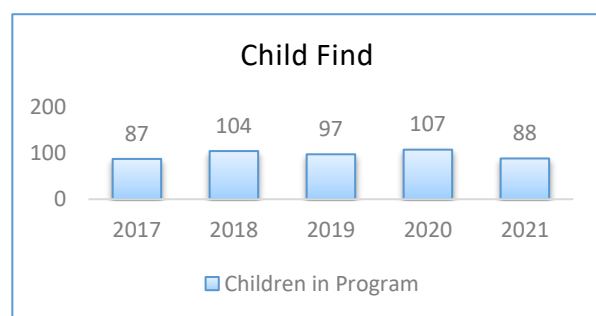
voluntary, referrals can only be made with a parent's consent. All referred children must be evaluated to determine eligibility according to NYS regulations. Referrals have been steady over the past 5 years, ranging from 81 to 112 children annually. For 2021 the average number of children in the program at any one time was 52. Many aspects of the program continue to be impacted by the COVID-19 pandemic.

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 (49%) share. 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.

Provider shortages continue 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 commence the Individual Family Service Plan (IFSP), as well as the timeline to initiate services within 30 days of the initial IFSP. The county and state have ongoing efforts to recruit and maintain providers.

COVID-19 Activities:

Early Intervention staff continued to participate in COVID-19 activities within the 1st quarter in addition to their regular job duties. This presented a great deal of work as regular in-person services had started to resume. The Director of Services for Children with Special Needs (DSCSN) continued to provide supervision coverage for the COVID team on weekends and holidays, and during regular work hours as needed based on staffing and caseloads. In addition, the DSCSN worked with daycare providers, EI and Preschool providers, as well as school districts in implementing COVID guidance to maintain the safety of both students and staff. Scheduling for both Early Intervention and Preschool Special education evaluations and services continued to be challenging due to various scenarios of positive, exposed, and symptomatic individuals.

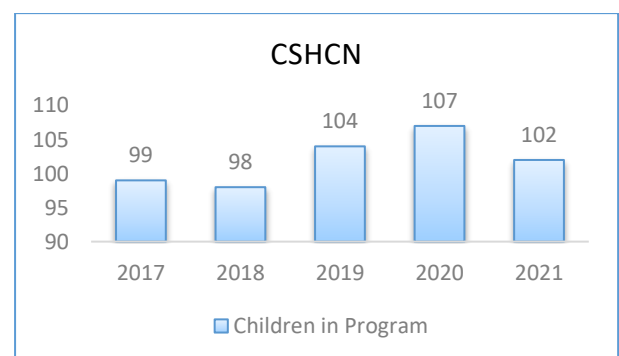


Child Find:

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.

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.

Training and preparation was provided in late 2021 to transition to a web based database Personal Electronic Response Data System (PERDS) which is located on the NYS Health Commerce System (HCS).

Review of 2021 Goals:

1. **To continue to increase and maintain provider capacity through provider education and collaboration with the New York State Bureau of Early Intervention (NYSBEI), the New York State Association of Counties (NYSAC), the New York State Association of County Health Officials (NYSACHO) and the County Early Intervention and Preschool Advisory Committee (CEIPAC).**

- *Telehealth services, previously implemented in the EI program as a safety measure for COVID-19, continue to enable providers to be available to serve children in difficult to serve areas.*
- *Families that require in-person services are challenged with fitting into very tight provider scheduling which does not have much flexibility. Some families are having to travel to community based sites in order to obtain in-person services.*
- *EI staff also works with families and the two main evaluators available to Greene County. The children must receive evaluations within a 45-day timeline starting after the referral date. Both providers have resumed in person evaluations with availability in both home and community settings; however due to extremely high demand, they are often booking out past the 45-day timeline.*
- *Service Providers and Evaluators are unable to bill for services when families do not show for services. This has been an ongoing challenge when families repeatedly cancel at the last minute.*

2. **Expand and promote the use of telehealth with Early Intervention providers and provide encouragement for families to utilize this service model.**

Telehealth has continued to be available to families, however the overall preference appears to be in-person services for most families. As mentioned above, telehealth continues to be crucial in order to serve families where travel distance is a barrier for providers. NYSBEI had stated that telehealth was only temporarily approved during COVID; the consensus among the counties is to leave it in place as an option when in-person services are not available.

3. **To continue to increase Medicaid and Third Party Insurance reimbursement. Our team continues to support and assist providers in the billing and claiming process.**

Insurance Billing is a challenge as it is sometimes difficult to trace missing provider payments within the EI billing system. Greene County staff facilitates communication between providers and the SFA in instances where providers have not received payments and try to assist if any changes need to be entered to facilitate a resolution. Payments by the County are scrutinized to determine if there is any potential for insurance reimbursement. These issues are another reason the County has trouble maintaining providers for the EI program.

4. **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.**

Although NYSBEI released new guidelines for telehealth and COVID-19 in April 2020, no new guidance was released in 2021. Clarifications were provided by NYSBEI via All County telephone calls. It is anticipated that new updated guidance will be released as CDC guidelines change.

5. **To continue to stay informed regarding the implementation of the NYS Children's Health Homes program in Early Intervention. Staff will attend all trainings and meetings as they become available.**

No changes related to health homes took place in 2021. Staff remain vigilant in any updates that may be available

6. **To prepare for the launch of the new computer system called EI Hub which will replace both the NYEIS system and EI billing.**

There was limited time to prepare for this launch. NYS has postponed this until Spring 2022.

Goals for 2022:

- 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 and in consideration of the current health and safety challenges presented by the current pandemic.
- To continue to stay informed regarding the implementation of the NYS Children's Health Homes program in Early Intervention.
- To continue to prepare for the launch of the new computer system called EI Hub, which will replace both the NYEIS system and EI billing.
- Implement new data entry system for the Children and Youth with Special Health Care Needs (CYSHCN) Program.

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

Preschool 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 NYS 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
2020	65	72	99	51	171
2021	83	93	86	75*	179

*This number includes children whose family members 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 Provider

Company who contracts 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:

• NYSED 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: \$25,371 - \$62,672
 - A 6 week Extended School Year (ESY) or summer program: \$4,229 to \$10,445
- 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 ESY or summer special education costs for students 5-21 years old who are Greene County residents.

• Transportation:

Although the provision of preschool special education transportation is costly, parents are encouraged to transport their own children and receive reimbursement for mileage for one round trip per day.

- In 2020, 10 parents transported their children, which offset costs for our program.
- In 2021, 14 parents transported 20 children (this number includes siblings), a **40%** increase from 2020.

• Enrollment:

Enrollment has increased slightly this year from 171 children receiving services in 2020 to 179 children in 2021 (**4.7%**).

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.

Challenges:

- COVID-19:
 - Keeping pace with the changes in state of emergency guidance for special education service provision in daycares, center-based preschool settings, Head Start, UPK Programs, and transportation.
 - Assisting Preschool providers, parents, and our transporter with quarantine notices/timeframes for children exposed to/diagnosed with COVID-19 for school attendance.
 - Assisting Public Health response to the demands of tracking and tracing while continuing to administer the Preschool Special Education Program.
- Classroom Availability:
 - In 2021, we lost a classroom providing Special Class programming due to issues the agency had providing this service.
 - We also lost two classrooms providing Special Class Integrated Setting (SCIS) placements due to fiscal & staffing issues at the agency providing this service.
- Related Service Availability:
 - This year, we lost an agency providing SEIT and related services due to fiscal & staffing issues.
 - We also lost an OT provider who moved out of state.
- Transportation Availability:
 - This year we lost a transportation provider who declined to bid to renew their contract.
 - Although we had many inquiries when our transportation service went out to bid this year, we only received an offer from one bidder.

Highlights and Other Activities:

- Completed a contract with a center-based agency through June 2022
- Completed a transportation contract for services beginning July 2021 through June 2026.
- Welcomed a new staff member due to reassignment of duties.
- Participated in a Medicaid Documentation Training Review by PCG with no findings.
- Resolved IT issues with the Medicaid billing module ePaces to allow Medicaid reimbursement to continue.
- Completed & Certified the 2019-2020 School Year Medicaid Cost Report
- Completed the 2018-2019 School Year Medicaid Cost Report Summary. The report was approved by PCG & the Certified Public Expenditure Form signed.

Evaluation of 2021 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 with transition timelines.

2. **Continue to work with school districts & evaluators to obtain all necessary paperwork required to ensure timely reimbursement for evaluations.**

Progress has been made obtaining paperwork.

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 –documentation on IEP's has improved.

Goals for 2022:

- Renew provider contracts beginning with the 2022-2023 school year.
- Contract with additional special education providers to increase service availability.
- Contract with school districts where possible for preschool evaluations & related services.

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

Emergency Preparedness may also include services under the LHCSA certificate (i.e. Ebola and Zika virus education, guidance, and community preparedness).

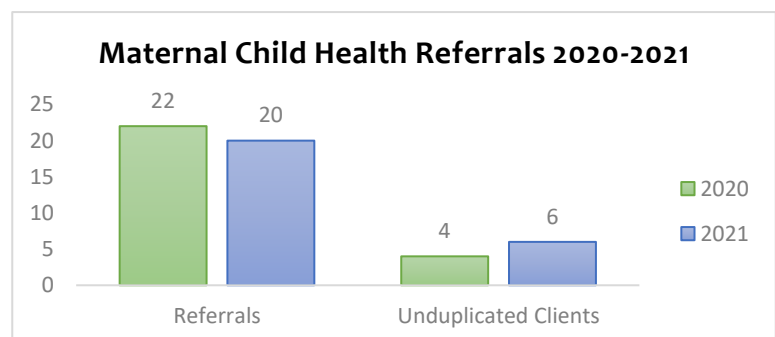
The health guidance home visit is provided by an experienced Public Health Nurse (PHN), who is also a Certified Lactation Counselor (CLC). The PHN-CLC provides instruction, breastfeeding and lactation support, and linkage to community resources, affording every mother and child an opportunity for a healthy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

COVID-19:

The second year of the pandemic brought hope to many with the newly developed COVID vaccine. Public Health Nurses staffed vaccine clinics around the County. Home visits were still on hold due to state restrictions.

Statistics:

- In 2020: 22 MCH referrals were received with 4 accepting a home visit (18% acceptance rate)
- In 2021: 20 MCH referrals were received with 6 accepting a home visit (30% acceptance rate)



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.

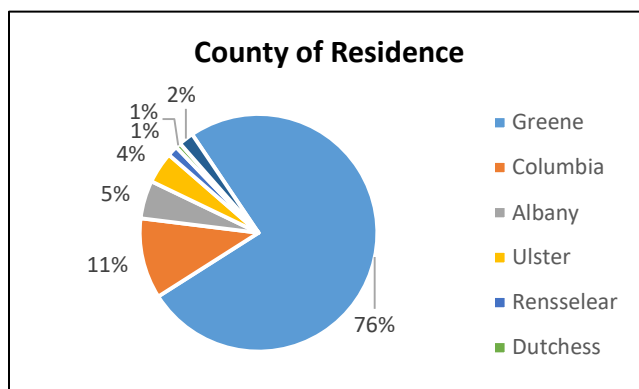
Respectfully Submitted,

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

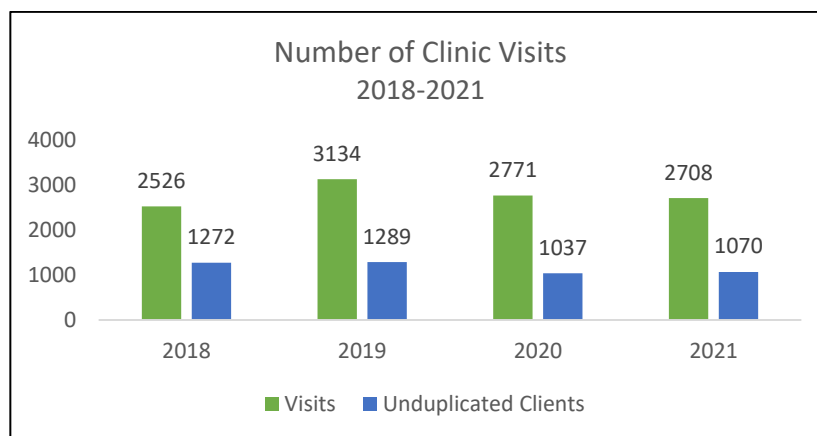
Family Planning

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

For 49 years Greene County Family Planning (Family Planning) has been a trusted source of reproductive health care for men, women, and teens of Greene County. Our clinic serves primarily Greene County but also serves people from the surrounding counties.



In 2021 we saw 1,070 clients for 2,708 in-person visits, including 539 telemedicine visits (19.4% of all visits). Our unduplicated client count was up but the reduced number of total visits is a product of staffing shortages due to COVID-19 illness and quarantines.



Review of 2021 goals:

- **Increase access for minorities by applying a reproductive justice framework:**
Due to the competing challenges of COVID 19, the Deputy Director was informed and trained on this, but no further progress was made.
- **Explore the option of adding a second clinic site by co-locating with Greene County Mental Health:**
This was not formally addressed in 2021, although the blue prints for the Community Services building are in process. We did however have a LMSW in our family planning clinic one day per week seeing joint patients.
- **Partner with Greener Pathways to provide mobile services via telemedicine and the Van:**
Due to COVID-19 and repairs to the van, there was no joint outreach conducted in 2021. There is a schedule for 2022 in process.
- **Advertise STD prevention and treatment to reduce rates:**
We conducted a YouTube and DirecTV campaign that was very successful in educating our community about expedited partner treatment for Chlamydia, gonorrhea, and chlamydia. This video was played on various TV networks and platforms, like Roku TV, and was very successful reaching the community and surrounding communities that we serve, as indicated by the high rate of completion for the video. We had great success with Connected TV.

Video Performance:

July- August

- 57,206 impressions
- 56,310 completions
- 98.43% completion rate

December

- 28,577 impressions
- 28,117 completions
- 98.39% completion rate

○ **Attract new clients:**

In 2021, we increased our new client count by 9.5%.

○ **Secure support for reimbursement for telemedicine, and advocate for expansion of internet band width supports so clients can access our services remotely:**

The Greene County Government has been working diligently this year with local partners to strengthen the infrastructure and make broadband more accessible in the County. This increases access to telemedicine options for all of our patients.

2021 Challenges/Barriers:

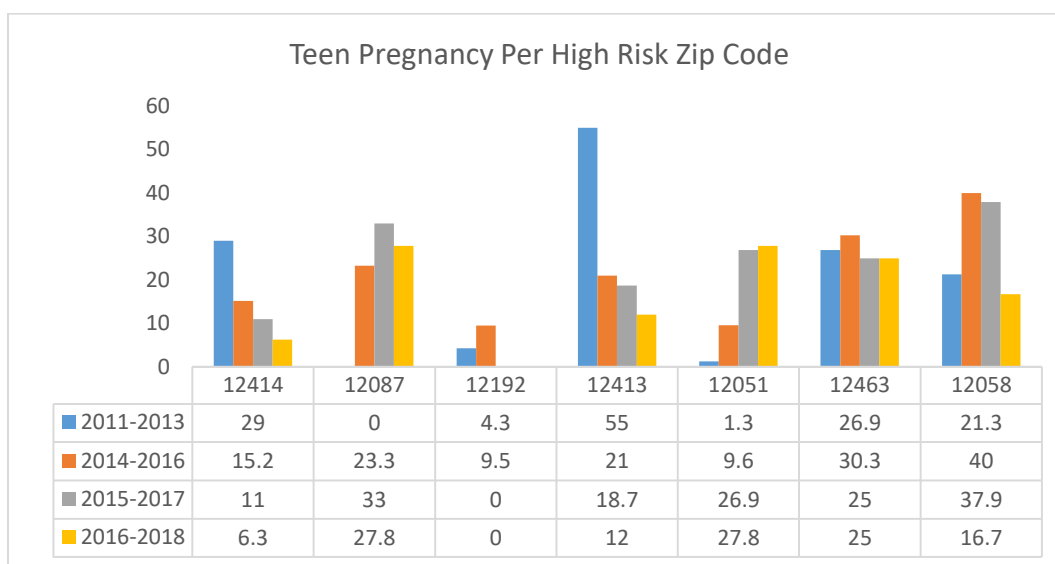
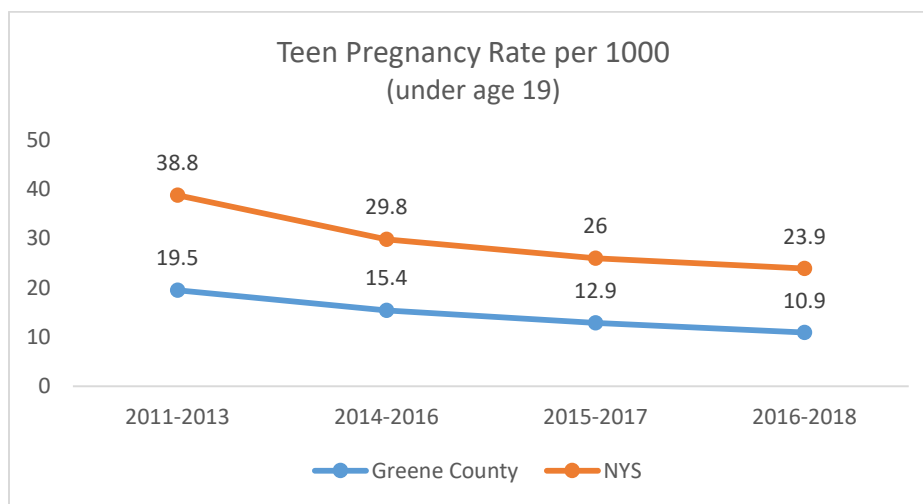
1. Access to services: COVID-19 health and safety continued to be a deterrent to people seeking in-person care in the clinic, however we continued telemedicine visits. We added online scheduling and advertised it to new and existing patients. We also started a newsletter in the fall of 2021 to showcase our services and introduce our new Midwife.
2. Teens: The pandemic continued to pose barriers to obtaining care especially for adolescents who were not in school the full year. To overcome this, we engaged the following:
 - a. Walk-in teen clinics were advertised for Wednesdays from 3-6pm through social media, the Greene County website, and classroom sessions.
 - b. Our Health Educator:
 - i. Created Zoom sessions specific to high school aged youth which were advertised to school nurses, health teachers, and on our social media platforms; unfortunately no one showed up.
 - ii. Created posts on social media about the new online scheduling, and informed students of our services during virtual and in-person sessions.
 - iii. Held sessions with 5-6 youths from the MHA Youth Clubhouse, an after-school program for at-risk youth, where she discussed relevant topics and our services. These youths toured the clinic, and one of them participated in our Expedited Partner Therapy video: <https://youtu.be/0D1qje04GhQ>
 - iv. Provided outreach at the Greene County Youth Fair.
3. Staffing:
 - **COVID-19**: The workload from the pandemic was undertaken by all branches of Public Health including Family Planning. From the beginning, Family Planning staff collaborated and volunteered to work weekends to support COVID-19 contact tracing efforts, deliver quarantine orders, and answer phones. In 2021, Family Planning staff provided 1,124 hours of COVID-19 work. This increased workload was in addition to staffing shortages due to one Nurse Practitioner's extended medical leave.
 - **Nurse Practitioners (NP)**: In 2021 one NP separated from our department, and a new per-diem nurse midwife was hired. One of our two fulltime NPs, one was out on an extended medical leave from August through January 2022. This resulted in a reduction of the number of people we could see and is reflected in our lower number of visits and unduplicated visits this year.
 - **Medical Receptionist**: We had two separations for this challenging position in 2021. The Kiosk was valuable for offsetting the gaps in staffing as a limited back-up to a human.
 - **Principal Account Clerk Typist**: In October our Principal Account Clerk Typist also separated from County employment.

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

Prevent unintended pregnancies and promote and plan healthy births:

We offer a range of effective to highly effective contraceptive methods with same day access, low cost, and counseling to plan a healthy pregnancy.

The following table show **a 44% drop** in teen pregnancy rates from the past 7 years in Greene County. The second table indicates the changes in teen pregnancy rates in the high risk zip codes identified by our NYSDOH grant.



Prevent the spread of Sexually transmitted diseases and HIV:

We offer testing and treatments for all of the most common STD's including chlamydia (821), gonorrhea (824), HPV, and herpes. Because of COVID-19, the number of STD tests performed was down by 10%.

All at-risk clients are encouraged to be screened for HIV. In 2021, 787 clients were given pretest counseling with 446 HIV tests performed. Our rates of HIV testing went down by 14%.

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

Improve birth outcomes:

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

Facilitate early detection and treatment of reproductive cancers:

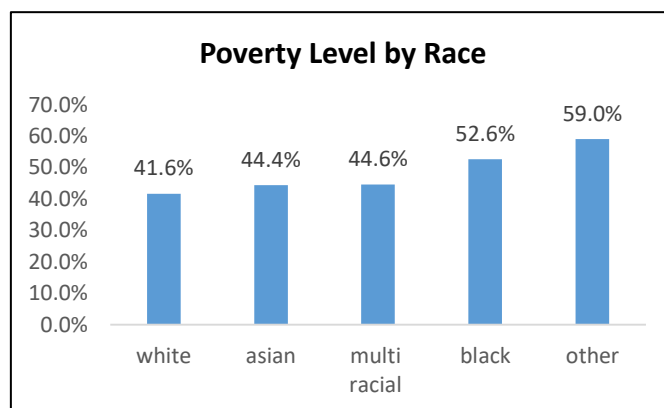
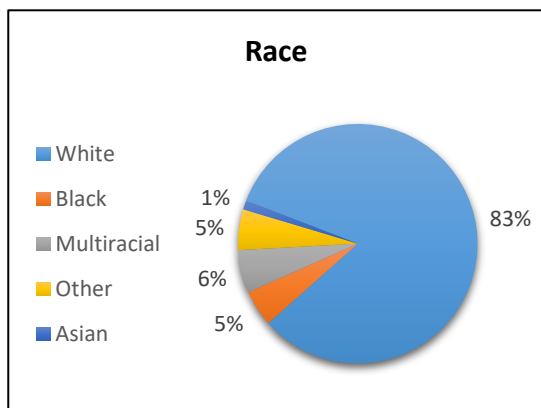
Women are screened for cervical, thyroid, breast, skin, endometrial and ovarian cancers; and while much rarer, we screen men for testicular and breast cancer. Since we are a small clinic, our patients are followed to make sure they are seen and cared for by specialists. One of our Nurse Practitioners offers colposcopy on-site, and performed 19 in 2021.

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

Our Family Planning grant specifically funds us to provide outreach and services to the following vulnerable populations in our community:

- **Racial/Ethnic minorities:** The clinic is in a predominantly Caucasian County. However, as the graph below depicts, the clinic serves a greater percentage of minorities as compared to the County census data, and minorities represent an even greater percentage of those in poverty.

According to County census data, 89.8% of Greene County residents are white, 6.1% black, and 6.3% Hispanic. In 2021, the average number of minorities served by the clinic was 20.6% down slightly from 22.9% from 2017-2019.



- **LGBTQ identified individuals:** Family Planning staff has participated in training to be culturally sensitive when serving patients who identify as LGBTQ. With the pandemic, we have seen an increase in LGBTQ persons from NYC relocating upstate and seeking HIV testing and Pre-Exposure Prophylaxis (PrEP.). Our Electronic Medical Record now has a mandatory screen for a person to identify their gender and sexual preferences. This became mandatory in late 2021 and thus far 5% of patients identified as LGBTQ, but we anticipate a more accurate number in 2022.
- **Refugees/immigrants:** The number of refugees and immigrants is not easy to determine. One barrier to them accessing our services in the county building is the need to go through a security check at the door, and have a normal temperature (due to COVID screening protocols). Walking past armed sheriffs is very likely a barrier to those seeking services with an undocumented immigration status. The County

Administrator and Sheriff have both been contacted with these concerns. This author has had conversations with deputies about the needs of our clients as they access our services.

- **Individuals with limited English proficiency:** In 2021, 3.4% of all patients seen indicated a primary language other than English with Spanish being the most common. In 2021, 2.8% of patients required translation services, the same rate as the past two years.

All staff is trained to offer the language-line service for interpretation for our non-English speaking clients and we post signage in Spanish in our clinic and on our website. In 2018 we upgraded to video language services which we have found clients and staff like better.

- **Individuals with disabilities:** The majority of those with disabilities who seek care are those with an intellectual disability, including women in residential facilities. Some are at risk for unintended pregnancy because they are sexually active and lack the intellectual capacity to plan for pregnancy prevention. These clients are offered client-centered care in a compassionate manner.

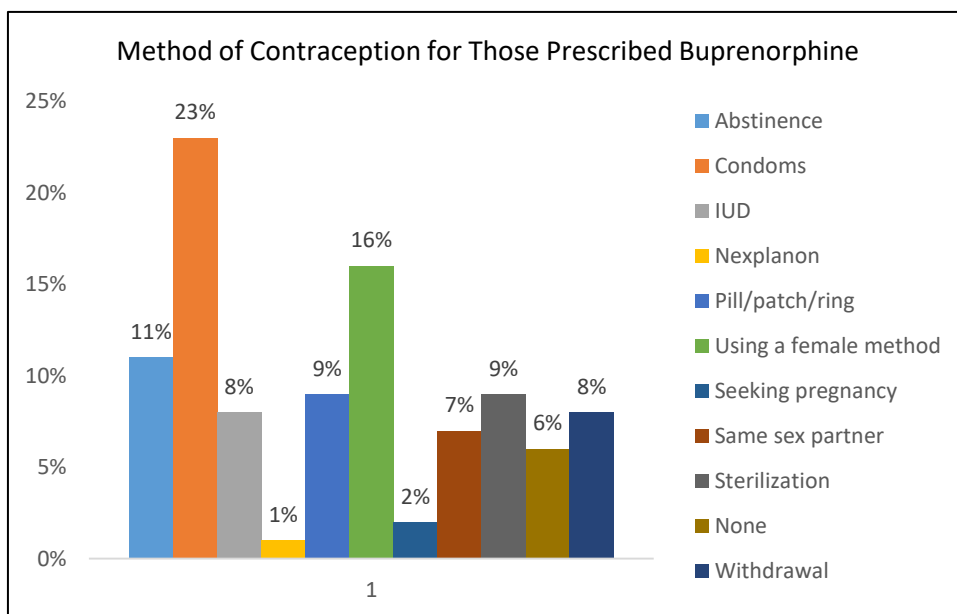
We have access for those with physical disabilities and have recently acquired an electric table to assist those with physical challenges to complete a physical and/or pelvic exam.

Our health educator conducts her *Respect Yourself/Protect Yourself* sex education program with special delivery to a high school's alternative learning programs.

- **Depression:** Since depression can lead to poor reproductive health outcomes, we screen all clients annually for depression. In 2021, 696 patients had a depression screening with 12.2% positive. This is down from 2019, when we screened 974 patients with 22% scoring positive. Clients who screen positive are counseled about resources in our community and referrals for treatment and evaluation are expedited and followed up.

Greene County Mental Health has been a wonderful partner to our clinic. They have co-located a social worker (MSW) in our clinic one day per week. She has been focusing on clients with a substance use disorder but also accepts referrals for all patients. A psychiatric Nurse Practitioner was co-located in our clinic from July to September, an amazing resource which was greatly appreciated. In addition, the Mobile Crisis Assessment Team provides a team of mobile clinicians who have come to the clinic for urgent assessments and follow up on any non-urgent cases through calls or home visits. We continue monthly meetings with Greene County Mental Health to improve access for all of our clients.

- **People in active drug use and recovery** are at higher risk of having adverse reproductive outcomes



which could include late or no prenatal care, polysubstance use during pregnancy, and inability to parent the child due to social and criminal history related to their substance use. Since 2019, our program has been offering direct Medication Assisted Treatment (MAT) for opioid use disorder by prescribing

buprenorphine, sublingual, and injectable formulations. At the end of 2021, we had 89 active clients receiving MAT. As it is our mission to discuss reproductive life goals with all patients, we found the following types of birth control were chosen by our MAT clients.

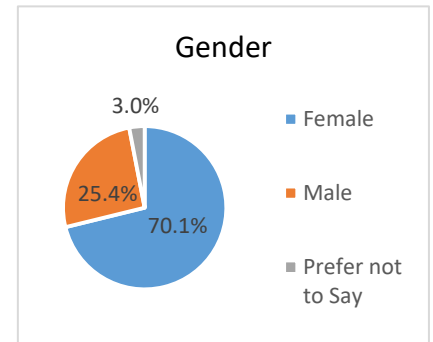
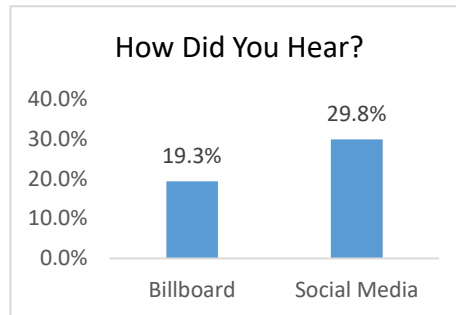
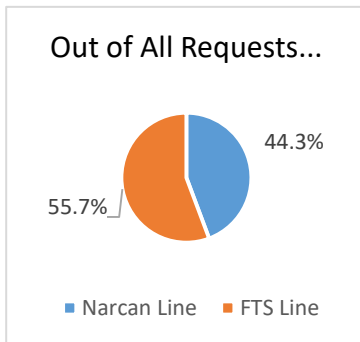
Working with the NYSDOH Overdose Data to Action (OD2A) grant, we had already been providing harm reduction supplies including Narcan and condoms, but in 2021 in response to a growing number of opioid overdose deaths from fentanyl, we began supplying fentanyl test strips to people in active drug use and their family and loved ones.

A targeted campaign to help bring awareness to the dangers of fentanyl was brought to the community thru multi-media advertising using billboards, social media, radio, direct TV, and palm cards. A person in need could text the number to receive the kits and lifesaving Narcan.

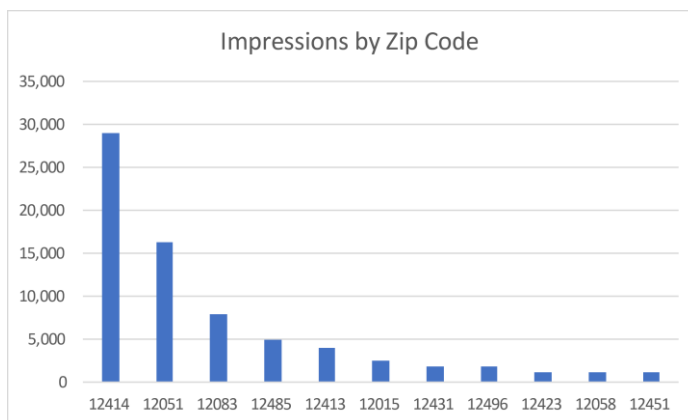
This was a partnership project undertaken with Twin County Recovery Services, Greener Pathways staff and with the Youth Club House, of the Mental Health Association of Greene and Columbia Counties. Palm Cards, Billboards and Stickers were made with the logo to the right and illustrate the results that show 2 lines are negative for fentanyl with a caution sign; and one line is positive and is encircled by a red stop sign.



- From August 1st to September 31st, we distributed test 1,380 strips
- 14 unique people received kits and training in the FP clinic, and 21 people received training from Greener Pathways after they texted the number



In August and September, the Greene County Public Health Over The Top (OTT) campaign through DirecTV served 83K overall impressions with a completed view rate of almost 93%.

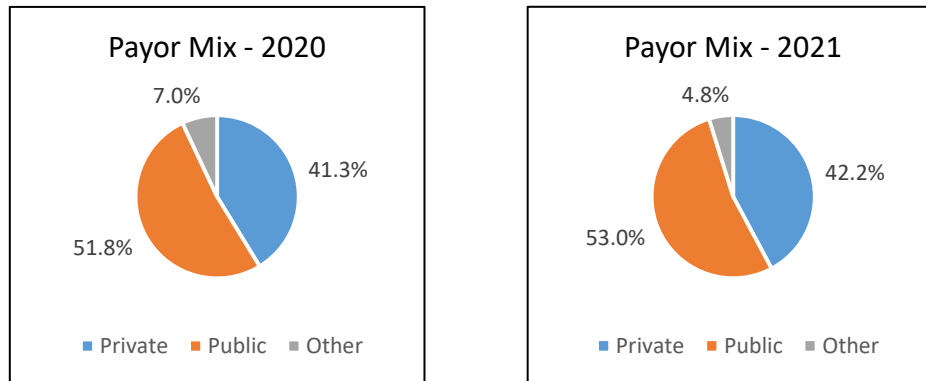


Of all the areas targeted through the campaign's duration, the 12414 Zip Code received the most Impressions by a large margin. This location was served 56% more Impressions than the next-highest ZIP code, 12051. The last five Zip Codes averaged between 1,000 and 2,000 Impressions served.

Revenue:

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

- In 2021, we generated the majority of our revenue from third party health insurance billing, and this graph illustrates that more of our clients had health insurance from the previous year.



- DSRIP ended in 2020, so we earned substantially less at \$3,962.
- We received \$37,500, from the Healing Communities Study Grant for salary to offset the costs of our per-diem NP, who prescribed Medication Assisted Treatment for people with opioid use disorder.

Goals for 2022:

- Increase the number of unduplicated visits and clients seen to pre-pandemic levels.
- Improve the patient experience through surveys, interviews, and focus groups.
- Increase community outreach to schools and community organizations through the mobile outreach van partnered with Greener Pathways.
- Obtain real time data on overdose deaths and respond in a timely manner with the county level overdose response plan.

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