

# **Greene County Public Health Department**

## **Annual Report 2014**

**Submitted: March 31, 2015**



**Public Health**  
Prevent. Promote. Protect.

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

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### Abbreviation Glossary:

C/D – Communicable Disease  
 CHHA – Certified Home Health Agency  
 D&TC / DTC – Diagnostic & Treatment Center  
 EI – Early Intervention  
 GCPHD – Greene County Public Health Department  
 LHCSA – Licensed Home Care Services Agency  
 MCH – Maternal Child Health  
 NYSDOH – New York State Department of Health  
 NYSACHO – New York State Association of County Health Officials

Greene County Public Health Department (GCPHD) undertook a strategic planning process during mid-2014. The New York State Association of County Health Officials (NYSACHO) provided funding and hired the New York Council of Nonprofits (NYCON) to assist with the planning process. NYCON's staff consultant, Susan Weinrich, worked with GCPHD throughout the planning process and in the development of the strategic plan.

### **MISSION STATEMENT:**

*Our mission is to serve the community collaboratively to prevent disease, promote and protect health, and to provide education that supports healthy lifestyles.*

Greene County Public Health modified its mission statement slightly to better emphasize the Department's purposes, rather than how it carries out those purposes.

### **VISION STATEMENT:**

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

Greene County Public Health's vision statement reflects the importance of building strong working relationships with community members and partners and increasing people's awareness of the role the Department plays to support a healthy county.

### **VALUES:**

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

### **STRATEGIC ISSUES AND GOALS:**

#### **Issue 1: Education and Community Engagement**

**Goal:** Individuals, families, and community partners will have a better understanding of public health and be active participants in creating a healthier Greene County.

#### **Issue 2: Workforce Development and Internal Collaboration**

**Goal:** Develop and maintain a knowledgeable, adaptable, and collaborative workforce.

#### **Issue 3: Information Management and Quality Improvement**

**Goal:** Establish and maintain effective systems to track, analyze, and communicate data to ensure the highest quality health outcomes.

## **SIX CORE SERVICES OF PUBLIC HEALTH:**

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



## **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.

## **GOALS for 2015:**

1. To move forward towards Public Health Accreditation.
2. Strategic Planning is an important step in the Public Health Accreditation process. During 2014, the Public Health staff, in collaboration with our partners and stakeholders, completed the Strategic Planning process. Implementation was postponed due to the work necessitated by Ebola planning and preparedness which is ongoing. For 2015, Public Health has applied for a SUNY School of Public Health Intern to work with staff to facilitate the process.
3. Transition to ICD-10 medical coding.

## **Fiscal Report**

The Business Department provides oversight, planning and management for the Public Health Department's entire budget of more than \$7 million. The departments include Early Intervention, Preschool, Family Planning and Public Health and consist of approximately 33 staff, clinicians and several programs within these departments.

2014 was another year of numerous challenges inclusive of an Office of Medicaid Inspector General audit, Office of Professional Affairs on-site visit, office reconstruction, staff turnover and State Aid cutbacks. Even with all this, the department made many advances forward through obtaining multiple transporters for preschool children, resolution to the Willcare Management Contract, and Electronic Health Records for the Diagnostic and Treatment Center (D&TC). This completed the process of automating the D&TC.

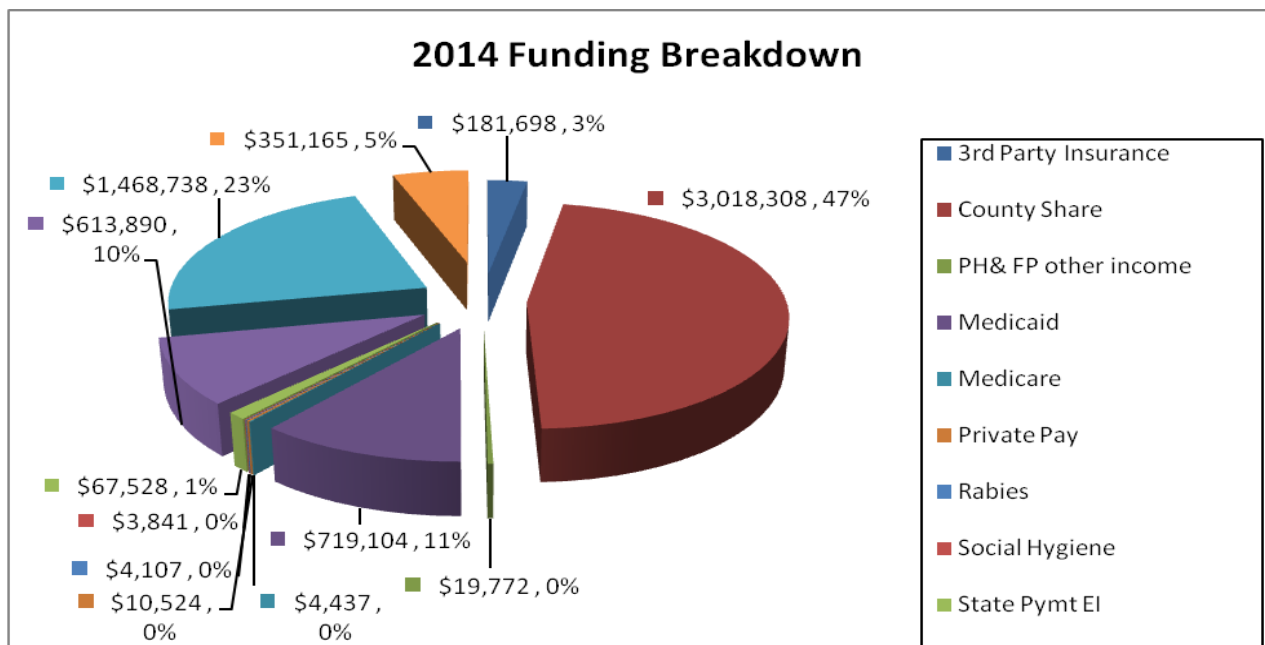
Although Public Health continues to evolve, the department is committed to changing things for the better, decreasing expenses, increasing efficiency and revenue while trying to ensure sustainability. Efforts to attain the maximum revenue reimbursement continue despite State and Federal cutbacks, take-backs and reductions.

### **2014 Mentionable Achievements:**

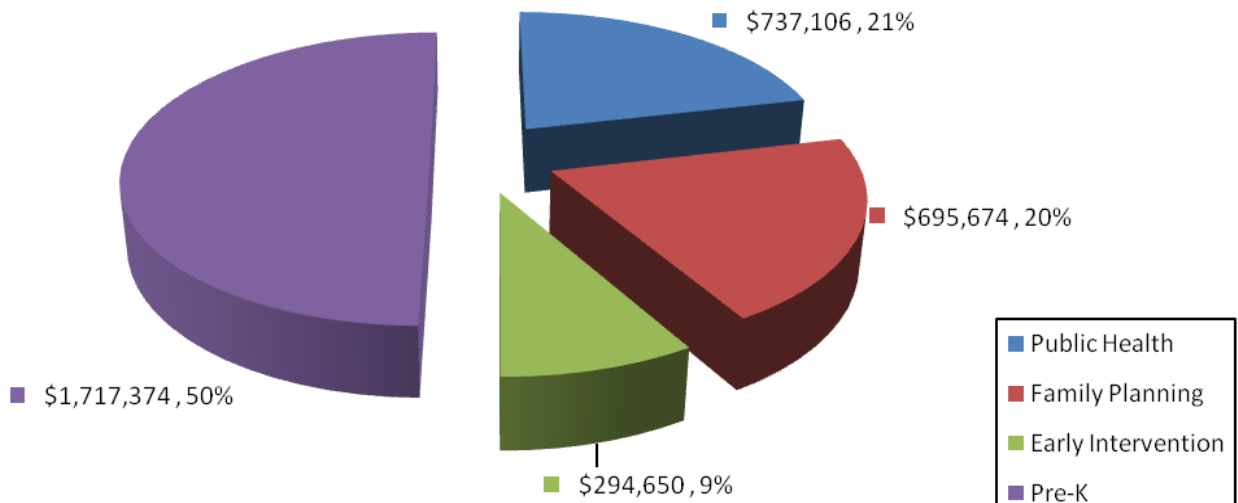
1. OMIG Audit of Preschool with no findings;
2. Multiple Transporters contracted for Preschool Children;
3. OPA on-site visit for Family Planning – Positive outcome;
4. Departmental Statistic Tracking without I-Series;
5. Electronic Health Records for D&TC.

### **2015 Goals:**

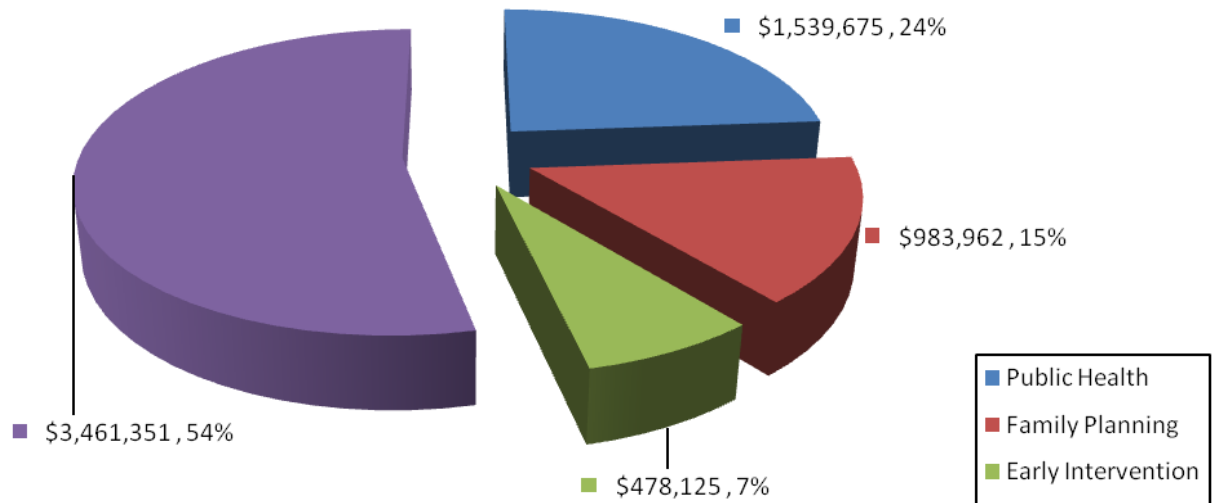
1. Stay efficient, effective and strive for sustainability;
2. Continue to evaluate the acquisition of McGuinness Software for Preschool to automate & increase revenue;
3. Continue to try to obtain the maximum revenue for all Public Health Agencies.



### 2014 Revenue by Department



### 2014 Expenditure by Department



Respectfully Submitted,

Tanya Skinner  
Business Manager

## QUALITY ASSURANCE/COMPLIANCE



Greene County Public Health Department/Family Planning implemented a new position in August 2014 of Quality Assurance Coordinator/Agency Compliance Officer (QA/CO).

The closure of the Certified Home Health Agency and elimination of the Director of Patient Services position afforded Greene County Public Health Department this opportunity. The need and difference between Quality Assurance and Quality Control is:

Quality Assurance is meant to prevent problems; whereas  
Quality Control detects problems that occur and attempts to resolve or not repeat them.

This position is evolving with time. Understanding and learning the specific guidelines and workings for each department located within Public Health has been a priority. As a Public Health Nurse (Registered Nurse), instead of assessing and evaluating a patient's condition, the QA/CO has had to evaluate all aspects of systems of care and identify problems and collaboratively develop solutions.

The ultimate goal for Public Health having a QA/CO is to prevent patients from harm by improving quality processes and maintain program integrity and compliance. In this current fiscal environment, attention is also directed to fiscal accountability and program compliance so that programs are not fined or sanctioned for non-compliance. Quality assurance duties include policy development, review of previously developed policies and existing practices, making recommendations for change when necessary, then re-evaluating to determine how effective the changes were.

Other duties of this position include medical chart review for 340B and Sexually Transmitted Disease chart audits, Office of Inspector General (OMIG) compliance and certification, orientation of new staff and annual required in-service review for staff. Staff trainings include: Health Insurance Portability and Accountability Act (HIPAA), Confidentiality, Advance Directives, Bloodborne Pathogens, Whistleblower, Universal Precautions, Domestic Violence and Hazardous Communication. This position also prepares related records and reports. Findings are reported to the Interim Director of Public Health and the Director of Clinical Services.

Respectfully Submitted,

Nancy J. Martin RN, BSN  
Quality Assurance Coordinator/Agency Compliance Officer

## **FAMILY HEALTH**

### **Children's Services**

#### **Program Highlights/Changes**

##### **Early Intervention (EI):**

Early Intervention is a free voluntary program for children from birth to age three that provides evaluations and services for children who qualify. New York State regulations determine the eligibility for the program. Services in EI include: Speech Therapy, Physical Therapy, Occupational Therapy (OT), Social Work, Special Education and Service Coordination. All services are provided through home based services. Evaluations and Services are provided by independent and agency providers. A recent change that has occurred excluded school psychologists from the evaluation team. Although clinical psychologists can be used, regionally this is not a credential that many psychologists that work with children have. Special Education teachers and Social Workers are able to evaluate the domains previously evaluated by School Psychologists. However, children that are referred close to the age of three are required to have additional evaluations to be found eligible in the Preschool (Pre-K) Program based on regulations. The role of the county is to administer this program and to ensure all regulatory requirements are being met.

The county also provides service coordination for children in EI. This is a billable service and is a crucial way that the county can maintain a sufficient provider capacity and cost controls. There has been recent staff turnover with coordination. All efforts are being made to provide resources and support to staff to maintain appropriate caseloads during this time of transition in order to ensure adequate services to children and their families. Service Coordinators in Greene County also can also perform the duties of Early Intervention Official (EIO) designee. When the EIO is unavailable, a Service Coordinator is able to authorize services according to Early Intervention Regulations. The county receives reimbursement for this through the Early Intervention Administrative Grant. There has also been a great deal of information related to code 35 denials for service coordination. These denials occur when children with Medicaid have DSS Case Management in addition to EI Service Coordination. Based on new information and guidance from the state, EI fiscal staff will follow up with DSS, both in Greene and other counties, to resolve these denials and recoup more revenue.

In order to cover the costs of the program, families are asked to provide health insurance information. Providers enter billing onto the New York Early Intervention System (NYEIS). Medicaid and third party insurance is billed through a State Fiscal Agent (SFA). Parents are informed whether their insurance is state regulated and given the choice to consent to that insurance being billed. Families could have an impact to their lifetime cap or deductible if their insurance is not state regulated. The remainder of the cost of the program is covered by a county (51%) and state share (49%). The county is required by public health law to be the payer of first instance. This is done through an escrow account that is accessed by the SFA to pay EI providers. There has been recent discussion within the inter-county subcommittees on how to ensure that the state share has been paid and received. More information is expected from the state on this topic

Referrals to the EI program come from a variety of sources which include but are not limited to: doctors, parents, DSS and other counties. Because EI is a voluntary program,

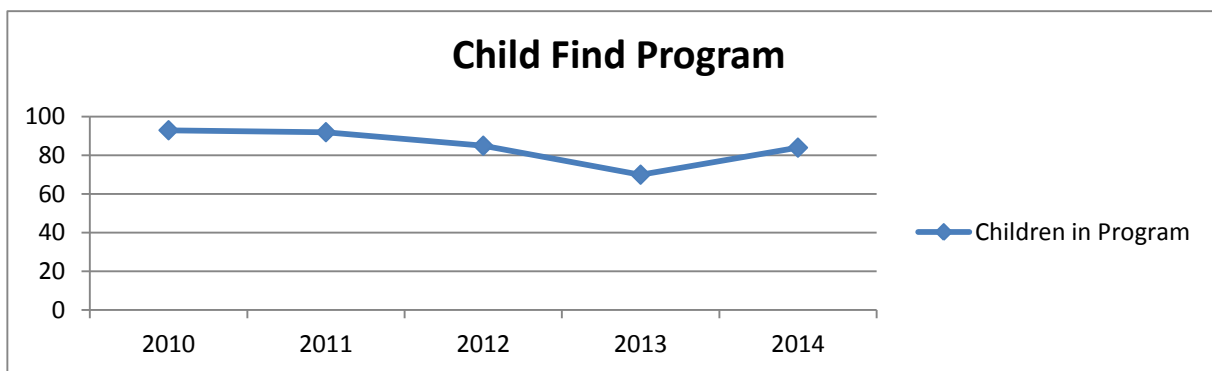


referrals can only be made with a parent's consent. Referrals to the EI Program have been steady over the past 5 years ranging from 120 to 146 children.

Program reports have been a great challenge in the EI program since the inception of NYEIS. Due to inaccuracies within the NYEIS system in 2011 and 2012 (which we became aware of in 2014), a comparison to past years is difficult. For 2014 the average number of children receiving services was 76, an increase from 68 in 2013. This has been a great challenge in managing recent capacity issues particularly in OT and Speech services. When situations arise where children are on waiting lists for services, emails are sent out to providers to seek availability as well as the New York State Bureau of Early Intervention (NYSBEI) Provider unit.

**Child Find:** (Developmental screenings mailed to parents to identify children needing services)

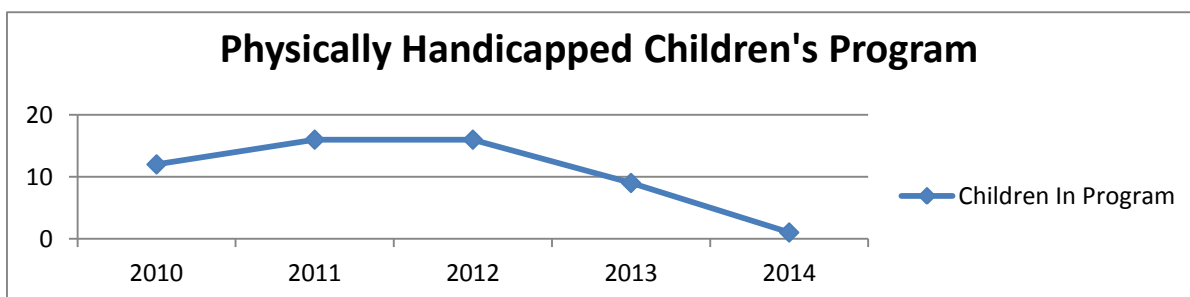
Child Find, a requirement in EI, is a program that tracks and provides developmental surveillance to identify "at risk" children who may be potentially eligible for Early Intervention. All birth certificates in Greene County are reviewed and families are mailed out developmental screening questionnaires. When families mail the questionnaires back, screenings are reviewed. If the questionnaire reveals that the child may have a delay, the family is contacted and offered a referral for a full evaluation in EI. Families are offered a phone call with a Maternal Child Health (MCH) nurse instead of completing the form on paper. The graph below reflects the number of children in the Child Find Program.



### **Physically Handicapped Children's Program (PHCP):**

This program, available to all Greene County residents, is to help with the cost of orthodontia and hearing aids. Families who do not qualify for Medicaid and do not have these services covered under their health insurance may apply. Fees are determined on a sliding scale. The greatest challenge in PHCP is that there is only one orthodontia provider for the program located in Amsterdam. Despite efforts to enroll other providers who are located closer to Greene County, no new providers have been found. This program is not a state required service. Consideration of the longevity of this program is affected by the lack of providers. A recommendation has been submitted to the county to submit a closure plan for the PHCP. NYS reimburses 50% of the cost of the program.

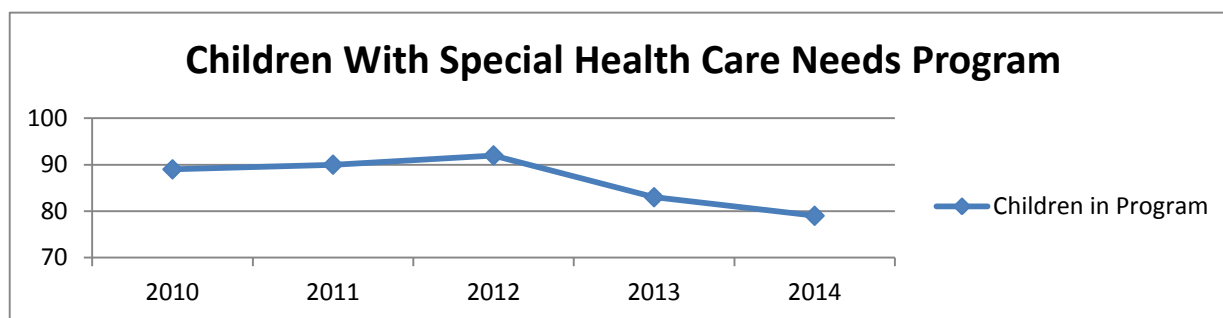
The graph on the next page represents the number of children in the program. It appears to be trending down. This is also thought to be related to the distance of the only orthodontics provider in the program.



**NOTE:** \*Decrease due to only one Medicaid accepting orthodontist in area.

### **Children with Special Health Care Needs (CSHCN):**

Children with Special Health Care Needs is a program funded by NYSDOH through an administrative grant. It provides resources and referrals to families of children birth to 21 who have any diagnosed disability or medical condition. The focus of this program is also to help families access a medical home and health insurance. Information is distributed to families in a variety of ways including telephone calls, emails and staff outreach in the community. In 2014 MCH nurses have continued to incorporate some of their outreach efforts within this program. The average caseload has been relatively steady over the past few years as seen in the chart below. Families are contacted on an annual basis to ensure that they wish to continue in the CSHCN program.



**NOTE:** Previous annual totals were updated. Numbers reflect complete number of children, not newly added children.

### **Goals for Early Intervention for 2014:**

- 1. To work to increase and maintain provider capacity through collaboration and assistance in the billing and claiming process:**

*Greene County EI continues to struggle with provider capacity, particularly in the areas of Speech Therapy, Occupational Therapy and Physical Therapy. The EI team has made efforts to support and assist providers in the billing and claiming process. Although most providers did continue to work in EI, many tend to take on a smaller caseload in EI than Pre-K because reimbursement in Pre-K is more steady and predictable. Though EI payments through the State Fiscal Agent to providers has somewhat improved, third party insurance reimbursement can take up to a few months. The county has worked with providers to help them develop and maintain their own system for EI billing and payment. These efforts will be continued in 2015 with a greater focus on provider education and collaboration with the NYSBEI, New York State Association of Counties (NYSAC), the New York State Association of County Health Departments (NYSACHO) and the County Early Intervention and Preschool Advisory Council (CEIPAC)*

**2. Capture revenue for the period between inception of the NYEIS system and the implementation of the SFA:**

*A great deal of progress was made in this area when NYSBEI developed an extraction file which revealed many claims which required follow up to move forward in insurance reimbursement. It was necessary to reconcile county payments to providers in the NYEIS system for the period before the implementation of the fiscal agent in order for payments to be processed. We will continue to work on this goal in 2015 as more information becomes available from NYSDOH. The main focus will be to attempt to ensure that the NYS share of 49% has been reimbursed on all claims that have gone through the NYEIS system.*

**3. To continue to improve quality assurance regarding policies and procedures as well as provider oversight through collaboration with NYSDOH and other counties:**

*These efforts are ongoing. There is a great deal of discussion with NYSDOH in various sub committees to clarify the impact of the many changes to the EI program over the past few years. The Local Early Intervention Coordinating Council (LEICC) is continuing to review and revise policies as necessary. The focus of this goal moving into 2015 will be on provider scripts as well as code 35 procedure which effects Service Coordination billing.*

**4. Greater utilization of Public Health resources to provide more efficient outreach for all programs:**

*EI outreach has been incorporated into the MCH Nurse's outreach efforts. This has given more frequent opportunities for both EI and CSHCN outreach.*

**Goals for 2015:**

1. To work to increase and maintain provider capacity through provider education and collaboration with the NYSBEI, NYSAC, NYSACHO and CEIPAC.
2. To capture revenue since the inception of the NYEIS system, specifically the state share of 49%
3. To continue to improve quality assurance regarding policies and procedures as well as provider oversight through collaboration of NYSDOH and other counties. Two important areas of focus are provider scripts and the management of code 35 denials for Service Coordination.
4. To work to develop and implement a closure plan for the PHCP program upon obtaining permission from the county.

Respectfully Submitted,

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

## **Pre-School Special Education Program**

### **Program Overview:**

The Greene County Preschool Special Education Program is a program mandated by the New York State Education Department (NY SED) to fund services for three to five year old disabled children 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 themselves 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 ages birth to three years old.

Eligibility is determined by the CPSE after an evaluation process is completed. Once eligibility is determined, the CPSE then determines what level of service is appropriate to meet the child's needs and an Individualized Education Plan (IEP) is created for that child. IEP services such as speech therapy, physical therapy, special education, etc. may be provided in the home, daycare, nursery school, etc., by NYS licensed providers or may be provided in NYS approved center-based special education programs. Although busing to center-based programs is an approved service, parents are encouraged to transport their own children to programs & they can receive reimbursement from the county for doing so.

Services for children are provided at no cost to parents. Providers bill Greene County at rates set by the county or by the NY SED. Greene County is able to recoup 59.5% of the cost of these services from the NYS State Education System to Track and Account for Children (STAC) Unit. Additional recoupment is done by billing Medicaid for services covered under the Medicaid School Supported Health Services Program (SSHSP) if a child is eligible for Medicaid.

### **Greene County Preschool Special Education Program Partners:**

Our ***school district partners*** are the eight school districts in Greene County. School districts take in referrals, track timeframes, send out legal notices to parents, schedule CPSE meetings, authorize services to begin and send us copies of all required documentation for children's files. Our ***center-based special education partners*** provide special education services to children in NY SED approved special education classrooms. Greene County currently contracts with nine agencies for center-based services. Our ***related service providers*** travel throughout Greene County and provide special education services in variety of settings. They provide services in children's homes, daycares, Universal Pre-K classrooms, etc. Related service providers may work for an agency or may be contracted as individuals. Greene County currently contracts with 11 agencies and 17 individuals for the provision of related services. Our ***evaluators*** are agencies approved by the NY SED to assess a child's developmental functioning. Although Greene County does not contract directly with these agencies for evaluation services, we work closely with them to obtain required documentation. Our ***transportation providers*** are Coxsackie Transport and Johnston & Pulcher, Inc. Greene County currently contracts with them to provide busing to our center-based sites. ***Parents, our most important partners***, provide the carry-over of recommendations by special education providers to assist in helping their children make progress toward their goals.

## **Greene County Preschool Special Education Services Provided in 2014:**

- ✓ **125** children received evaluations to determine eligibility for services
- ✓ **96** children attended special education center-based services
- ✓ **142** children received services in their home or childcare setting
- ✓ **91** children received transportation to special education programs
- ✓ **238** children in total received special education services this year

## **2014 Highlights for the Greene County Preschool Special Education Program:**

The Preschool Program participated in a Medicaid Audit of Greene County Preschool Medicaid Claims by the NYS Office of the Medicaid Inspector General (OMIG). The purpose of the audit was to determine whether: Medicaid reimbursable services were rendered for the dates billed; appropriate rate, procedure, or formulary codes were billed for services rendered; recipient related records contained the documentation required by the regulations; and claims for payment were submitted in accordance with regulations and the appropriate Provider Manuals.

The audit time period was from January 1, 2013 through December 31, 2013. A total of \$533,009.01 was paid to Greene County for 11,419 claims during that time. To complete the audit, a random sample of 100 claims paid by Medicaid from this time period was reviewed. The audit process included a review of all the necessary supporting documentation for each claim as well as a review of our individual provider contracts & qualifications. The audit revealed that for the period & scope reviewed, the Greene County Preschool Program “generally adhered to applicable Medicaid billing rules & regulations” and “it was determined that no further action was warranted.”

## **Other Activities**

- Updated & Recertified Medicaid Cost Reports for Prior Program Years: 2011-2012 & 2012-2013
- Completed & Certified Medicaid Cost Report for 2013-2014 Program Year
- Oriented Medical Billing Supervisor staff to department
- Attended mandatory Medicaid staff trainings
- Completed bid process for transportation providers & obtained contracts with two providers for busing through Program Year 2016-2017
- Completed contracts with 9 agencies & 17 individuals for the provision of services to children
- Received reimbursement for the county through the STAC system
- Continued provider payments through voucher process

## **Evaluation of 2014 Goals for the Greene County Preschool Special Education Program:**

- 1. Purchase McGuinness computer software program for tracking preschool data and assisting with provider claims and payments:**  
*We are continuing to evaluate the acquisition of the McGuinness software at this time.*
- 2. Update Preschool Provider Handbook for 2014-15 school year:**  
*The Preschool Provider Handbook is currently under revision.*

3. **Recruit service providers for underserved areas of Greene County:**

*Unfortunately this year we have continued to lose service providers for Greene County. We have lost three inclusion classrooms and 7 individual service providers. Due to the increased costs of health & liability insurances as well as other rising operating costs with no increases in rates, agencies and individual providers are under increasing financial stress. This situation has caused agencies to close classrooms & individuals to seek other employment. In turn, this has created an increased need for service providers. The Preschool Special Education Department as well as The Early Intervention Program continues to recruit providers for Greene County.*

4. **Monitor all areas to ensure maximum reimbursement possible for Greene County:**

*This is a goal that we are constantly working on. This year we have identified two areas to target our efforts on to increase revenue for Greene County: children in foster care whose services are reimbursed at 100% instead of 59.5% by the STAC system and prescriptions for therapies for Medicaid reimbursement.*

5. **Provide guidance to evaluation/ service agencies, school districts and individual providers on Medicaid and NYS State Education Regulations:**

*This continues to be an ongoing goal as we strive to keep ourselves & partners apprised of the ever changing regulations or re- interpretation of regulations.*

**2015 Goals for the Greene County Preschool Special Education Program**

- Continue to monitor STACs for Foster Care children and Prescriptions for therapies to ensure maximum reimbursement by NY SED & Medicaid for preschool special education services
- Schedule bi-annual meetings for CPSE staff and service providers to provide trainings and solve issues
- Provide cross training for preschool department staff on Medicaid & the STAC system
- Continue to find ways to best serve children in Greene County with the limited number of classroom slots and therapists available.

Respectfully Submitted,

Barbara Wallace

Assistant Director of Services for Children with Special Needs

**Certified Home Health Agency (CHHA):**

**Transition to Licensed Home Care Services Agency (LHCSA)**

During 2014, Greene County Public Health experienced significant changes, one of which was an official name change from ‘Greene County Public Health Nursing Service’ to ‘Greene County Public Health Department’.

Under the Greene County Nursing Service was the Certified Home Health Agency (CHHA) which closed in 2013. The “Bill of Sale” for the CHHA’s closure was finalized in the third quarter of 2014. This change allowed us to focus on our goals and planning. Greene County officially relinquished the CHHA’s Operating Certificate to New York State Department of Health during the fourth quarter of 2014.

Greene County Public Health Department now offers some of our programs under the Licensed Home Care Service Agency (LHCSA), also under the auspices of NYSDOH. Under the LHCSA, Public Health is able to provide:

- Maternal Child Health postpartum newborn health guidance home visits;
- Breastfeeding support and education;

These visits are from an experienced Maternal Child Nurse who provides education, linkage to community resources and an opportunity for a healthy safe start for optimal growth and development.

- Home visits to communicable disease patients;
- Childhood lead poisoning home visits; and
- Emergency Preparedness Ebola surveillance home visits (if needed in Greene County).

For 2014, Public Health received 116 referrals for Maternal Child Health visits from area providers; the majority of those referrals were received from Columbia Memorial Hospital.

Our mission is consistent throughout all service areas provided by Greene County Public Health Department: to focus on our community's health by addressing chronic disease prevention, health education and access to behavioral health.

Respectfully Submitted,

Nancy J. Martin RN, BSN  
Quality Assurance Coordinator/Agency Compliance Officer

## **Family Planning**

For more than 40 years, Greene County Family Planning (GCFP) has been an essential community partner providing comprehensive reproductive health care to women, men and teens of Greene County. The goals of GCFP are to:

1. Reduce unintended pregnancies and the need for abortions;
2. Curb the spread of STD's and HIV;
3. Improve birth outcomes; and
4. Facilitate early detection and treatment of breast, testicular, cervical and endometrial cancer.

Greene County Family Planning is also the County's provider for Sexually Transmitted Disease (STD) services.

## **Towards these goals we report the highlights of 2014**

1. Long Acting Reversible Contraceptive (LARC): We continue to have some of the highest rates of women (36% - 2014) leaving with a LARC method among the 49 New York State Title X funded agencies. (In 2013, the NYS average was 14.3% and the US average 11 %; GCFP's rate was 27%)

The tables below demonstrate how the goals to prevent unintended pregnancies and help promote and plan healthy births are being addressed by our agency.

Table 1 demonstrates improvement in the percent of desired pregnancies, as well as a reduction in the total percent of pregnancies.

**Table 1: Pregnancy rate percentage 2013-2014**

	<b>2014</b>	<b>2013</b>
Pregnancies as percent of total client count	7%	10%
Pregnancy desired now	43%	23%
Pregnancy not desired/desired later	49%	62%

Table 2 demonstrates an improvement in the numbers of pregnancies averted due to the counseling and services provided at Greene County Family Planning. (Ahlers data annual report, Greene County Family Planning, 2014)

**Table 2: Pregnancies averted 2013-2014**

	<b>19 and under</b>	<b>20 and over</b>	<b>Total</b>
<b>2013</b>	41	112	153
<b>2014</b>	46	126	172

2. Plan C: We have received NYS recognition for the success of our “Plan C” campaign. In 2014 as a result of our participation with the National Family Planning and Reproductive Health Association (NFPRHA), GCFP received a grant to implement the use of a copper intrauterine device (IUD) for emergency contraception. We geared our efforts towards educating patients about this most effective method of Emergency Contraception (EC) and took steps to implement same day access for our patients.
  - a. Any female patient seeking Plan B (the morning after pill) meets briefly with the Public Health Nurse (PHN). The PHN will review their contraceptive method, teach them about the difference in effectiveness of Plan B versus Plan C (copper IUD), and discuss the benefits to using a 10-year form of contraception. If they meet criteria guidelines, female patients who choose Plan C are given an immediate appointment with one of the Nurse Practitioners (NP) for the insertion.
  - b. During the six month grant period, 29% of women chose Plan C versus Plan B. This resulted in our clinic being ranked the highest of the five agencies in the United States who received the NFPRHA grant.
  - c. Our statistics show that 65% of women continue to use their IUD one year later.
  - d. The Deputy Director was asked to be a guest faculty presenter outlining our findings and procedures to other family planning providers. The goal was to encourage, educate, and, hopefully, implement these EC techniques to increase use within other practices.
3. Meaningful Use: We earned \$25,000 in meaningful use incentive funds for 2013 by meeting the stage one, year one measures specified. This was used to pay for capital improvements which included: structurally updating and enlarging our dirty utility room, acquiring space for a complete pharmacy with generator and alarm back up for the vaccine refrigerator, developing a designated nurse’s exam room and adding one additional exam/treatment room. The incentive money was also used to upgrade 5 outdated tablet computers essential for our clinicians to document patient Electronic



Medical Records (EMR) and upgrade all desktop computers from Windows XP to Windows 7, which was mandatory for compatibility with our EMR software and security.

4. Albany College of Pharmacy and Health Sciences (ACPHS): For the first time ever, Family Planning hosted four ACPHS students for one week clinical rotations. The students were highly motivated, educated, and interested in the workings of a family planning clinic. In addition to working directly with patients, counseling on education side effects, smoking cessation counseling and writing SOAP (subjective, objective, assessment, plan) notes, they prepared presentations for staffs of Public Health, Family Planning and the Dept. of Human Services on medication related topics.
5. Strategic Planning: In the spring of 2014, Family Planning and Public Health staff participated in a strategic planning process. During this process, it was identified that a public health Maternal Child Health (MCH) nurse could be cross trained to learn family planning and assist when we had staffing shortages. As a result of this cross training, the MCH nurse is available to cover when the GCFP PHN is not available; can meet prenatal patients in the clinic to assess their interest in home visits, and can be present in the clinic when the postpartum patients come in for their appointments. The presentation of a familiar face does much to ease patients' anxieties. An additional advantage for the MCH nurse is that when she sees postpartum women in their homes and discusses contraceptive options, she is fully versed in clinic operations and procedures.
6. Education & Outreach: Increased the total number of people reached from 2013 by 1000 due to additional health fairs visited, increased sessions with newly formed community-based collaborations and availability of the Health Educator during teen clinics to assist clients with visits and offer counseling. The clinic was promoted at all community events (as an extension of the public health department) to increase the knowledge of and accessibility to services, and to bring positive public relations to the department.

#### **A review of our work to achieve the 2014 goals:**

1. **In order to increase our revenue, increase the number of insurance providers with contracts who participate with GCFP:**  
*In 2014 we became credentialed with three additional insurance providers. Between that and the effects of the Affordable Care Act (ACA), our payer mix shifted with a slight increase in private insurance and Medicaid managed care clients. In 2014 our third party revenue increased by 26% over 2013.*
2. **Achieve meaningful use stage II:**  
*In 2014 we were in stage I, year two. To achieve meaningful use, the practice must meet standards set by the Health Information Technology for Economic and Clinical Health (HITECH) Act and the practice must conduct an annual security review. The security review revealed new requirements that all copiers/printers must be encrypted. This implementation delayed the certification until March of 2015 for the last quarter of 2014, but we anticipate the full amount of \$25,500 will be received.*
3. **Prepare and pass an anticipated 2014 program review by the Federal Governments Office of Population Affairs:**  
*Family Planning and Public Health staff spent several months preparing for the day long inspection and prepared many items for review before the team arrived. On September 12<sup>th</sup>, the program was reviewed by a team comprised of one NYS and four federal*

program evaluators. The areas reviewed were clinical, fiscal, administrative and general overall operations. The reviewers were impressed with the revenue increases, the percent of women who use a highly effective birth control method, those participants using a LARC, and the friendly caring atmosphere within the clinic.

- a. Clinically there were no areas that required a plan of correction and we were praised for the comprehensive nature of the care provided and the robust quality assurance program.
  - b. The fiscal audit revealed we needed to: revise the financial form to include an assessment of family income (vs personal income, a federal statute), have a mechanism in place to verify the data collection and reporting to the federal agency was correct, and follow the federal grant guidelines to slide the co-pays for those that meet the guidelines. A plan of correction for each of these areas was accepted by the auditors.
  - c. The administrative audit cited us for our community committees not having enough representation from our target populations. A plan of correction for this involves holding focus groups within each of four areas: a co-ed substance abuse recovery group, teen high school group, a predominantly African-American housing project apartment group, and a male residential substance abuse recovery group. The findings of these focus groups will be reported to the combined Educational Materials Advisory Committee and the Program Review committee. This plan of correction was accepted by the evaluators as well.
4. **Implement the newest Title X guidelines for practice which are anticipated to be released on June of 2014:**  
*In April 2014, the Title X guidelines changed for the first time in 21 years. We have incorporated several of these new standards including: incorporating the question of the clients reproductive life plan into the electronic health record, removing the barrier of a complete exam to start contraception, and developing a plan for when a client needs preconception counseling. A requirement to have formal linkages for primary care has not yet been met, and we continue to work towards fully incorporating all of the recommended changes.*
5. **Collaborate with the Greene County jail by offering free STD, HIV and Hepatitis C testing, as well as share our experience with medical billing and insurance sign ups where it is appropriate and desired by jail staff:**  
*In September of 2014, an NP and PHN have made monthly to bi-monthly visits to the jail to screen inmates for STD's including chlamydia, gonorrhea and syphilis, provide rapid HIV and Hepatitis C finger stick testing, and offer risk reduction education. Our certified application counselor has also been meeting with inmates to pre-enroll them into Medicaid so when they are released, or if they become hospitalized, they will have health insurance.*
6. **Have one of our staff become a Certified Application Counselor utilizing the insurance marketplace, allowing us to sign up uninsured patients for Medicaid:**  
*In 2014, our principal senior family planning aide, whose job duties entail medical billing and insurance applications, became a NYS certified application counselor. This has been a tremendous asset to our clinic and community. She regularly meets with uninsured clients and assists them with understanding the marketplace, presenting insurance options, and enrolling them in health insurance. With this change, we have fewer clients who are full fee and private fee.*

7. **Continue to provide staff training, primarily by web based technology, to keep our staff abreast of current medical care, policies and best practices:**  
*In 2014 we held 19 in house/web based trainings, and staff attended 9 off site trainings.*
8. **Expand the outreach and education provided by our Health Educator with the goal of increasing the number of clients seen in the clinic, and increasing the number of community educational sessions by the following:**
  - a. **Organizing community forums in all county high schools in correlation with the Prevention Awareness Solutions (PAS) coalition:**  
*Our Health Educator assisted the PAS coalition with community forums in Catskill and Greenville that increased awareness of the problem of heroin use and abuse in our community. The Deputy Director has been a speaker at the forums presenting the risks of STDs, HIV and Hepatitis C from IV drug use, and the risk reduction, screening, and treatment offered at the clinic.*
  - b. **Increasing the number of sessions at substance abuse recovery centers to include more information regarding healthy relationships (adolescent and adult), STDs and contraception:**  
*In 2014 our Health Educator provided 28 sessions reaching 130 people in a predominantly male residential facility, as well as attending co-ed mandated group therapy sessions.*
  - c. **Develop a teen focus location, either in schools or at our family planning clinic, to serve as an educational/counseling area, to initiate a peer mentoring program for our comprehensive health education program:**  
*This goal was not achieved as the primary focus area; Columbia Greene Community College was not able to commit to the space for us and our partner agencies.*
  - d. **Increasing the awareness of STDs within the African-American community through church affiliations and tabling events:**  
*Our Health Educator participated in 8 tabling events reaching close to 300 people. These were conducted at the local community college, a church fellowship day, a Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) People of Color national conference, a housing project's community awareness fair, and a women's cancer services project's Federally Qualified Health Center (FQHC) event.*
  - e. **Launch and monitor our Facebook page to help reach targeted populations:**  
*In the spring of 2014, we hosted a SUNY Albany Public Health student to develop the Greene County Family Planning Facebook page. Prior to that, we had a Facebook page dedicated to our Plan C campaign. She did an excellent job synthesizing the services and creating the page. Our page can be viewed at: [www.facebook.com/mygcfp](http://www.facebook.com/mygcfp)*

### **Unmet goals/challenges of 2014:**

1. Reductions in New York State aid formula: our increase in third party revenue had the unfortunate impact of reducing the state aid based on the new formula initiated in 2014. Our state aid was reduced by \$83,567.00 from 2013 to 2014.
2. Higher rates of sexually transmitted infections including Chlamydia, gonorrhea and syphilis reported in 2014 versus 2013 for our clinic.
3. We were unable to obtain an agreement for primary care.
4. We were unable to receive the meaningful use incentive money in the year it was earned
5. Our Medical Director, Dr. Lawrence Perl, retired after over 35 years of service with our agency.

### **Goals for 2015**

1. Continue to maintain a high percent of women who use a LARC method with a goal to increase the rate of usage to 38%.
2. Maintain fiscal integrity by maximizing third party billing and keeping close track of our budget.
3. Continue to utilize cross coverage of staff for maximum efficiency.
4. Successfully apply for and procure the competitive Family Planning grant for 2016-2020.
5. Participate with the Family Planning Center for Excellence to ensure that we are meeting the needs of our target population. This performance measure is the focus of the NYSDOH for 2015.
6. Work diligently towards a formal linkage agreement for primary care services.
7. Expand our education, outreach, and knowledge of the STD prevention services available at GCFP.
8. Launch the new Responsible Adolescent Peer Program (RAPP) initiative in the schools. This peer to peer mentoring program was written and developed by our Health Educator with help from a public health intern. The goal is to train peer educators/leaders to become ambassadors not only for GCFP, but for a collaborative of community agencies, all working to foster accurate information on the following: reproductive health, prevention & awareness of substance abuse, and the tobacco free alliance.

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

Respectfully submitted,

Laura Churchill, MS, FNP-BC

Deputy Director of Public Health / Director of Clinical Services

## **COMMUNICABLE DISEASE CONTROL**

### **Diagnostic & Treatment Center:**

The Diagnostic and Treatment Center within Public Health encompasses 3 major programs: The Lead Poisoning and Prevention Program, Adult and Childhood Immunization Program and Communicable Disease.

### **Lead Poisoning and Prevention:**

- GCPHD staff processed over 750 blood lead levels through Lead Web from health care providers of Greene County children. The parents of those children, noted not to have a lead test as required by law, received a reminder letter to contact their health care provider for this test. Staff sent 430 reminder letters to parents of children who had not been lead tested. In 2014, we had 3 children with lead levels above 15 µg/dl in the county, requiring case management by Public Health Nurses and Environmental staff.
- GCPHD continues our 5-9 lead initiative, providing parents with lead prevention information via phone and mail if their child has a lead level between 5µg/dl-9µg/dl. Data is still being collected on the one and two year olds but it appears that the program is resulting in lower lead levels by the 2 year old lead test. In 2014, 21 families benefited from our 5-9 initiative this year.

### **Immunization:**

- Clinic numbers for childhood vaccines remained low in 2014. GCPHD can only vaccinate those children who are uninsured or underinsured, as well as any child who is covered by a managed Medicaid company. 75 children were seen at immunization clinics, for a total of 159 vaccines.
- GCPHD offers the following adult immunizations: Influenza, Pneumococcal, Shingles, Tdap, Hepatitis A and Hepatitis B. 298 adults were seen at our immunization clinics, for a total of 404 vaccines.
- GCPHD provided 8 off site Influenza clinics throughout the county; 162 doses of vaccines were given.
- Administrative fees continue to be collected and billed successfully to the managed care companies for children and on all adult vaccines providing additional revenue.
- The convenience of credit card payments continues to be used and has allowed us to collect over \$1300.00, a \$600.00 increase from 2013.
- A contract with United Health Empire Blue Cross (NYSHIP-New York State Health Insurance Plan) became effective November 21, 2013, accommodating more county residents with no out of pocket costs to the patient. This year NYSHIP paid GCPHD \$1906.79 for immunization services.
- Fees for immunizations are adjusted annually, reflecting the changing cost of vaccines.

### **Communicable Disease (C/D):**

- NYS has over 75 state reportable diseases that require local health departments to investigate and provide supporting documentation from providers to NYSDOH. C/D staff processed over 1803 positive state reportable lab results, working with Infection Control nurses at area hospitals, provider offices, as well as our state DOH partners in timely reporting and surveillance.
- GCPHD scored a 100% in timely reporting of C/D according to the Performance Improvement Report conducted by the NYSDOH from November 2013 to February 2014.
- Human rabies post exposure treatment was given to 19 county residents this year.
- Lyme disease is still endemic in our region. So much so that a Sentinel Surveillance system is in place, which means that only 20% of the positive labs are being reported to the local health departments. When 100% reporting was the norm, the local health department was flooded with positive tests, requiring health department staff to investigate symptomology and treatment and report to the NYSDOH through the Health Commerce System (HCS), exceeding staff capacity. For 2014, GCPHD investigated 235 positive Lyme reports, reflecting 20% of positive Lyme tests in Greene County.
- In the summer of 2014, the United States experienced a nationwide outbreak of Enterovirus D68 (EV-D68) associated with severe respiratory illness. From mid-August 2014 to January 15, 2015, CDC or state public health laboratories confirmed a total of 1,153 people in 49 states and the District of Columbia with respiratory illness cause by EV-D68. Almost all the confirmed cases were among children, many of whom had asthma or a history of wheezing. This resulted in heightened surveillance for the C/D staff, who acted as a resource for local physicians. Risk communication was crucial during this event as parents were extremely concerned.
- In 2014 the Ebola (EVD) epidemic was the largest in history, affecting multiple countries in West Africa. Two imported cases, including one death and two locally acquired cases in healthcare workers were reported in the U.S. CDC and its partners were taking precautions to prevent additional Ebola cases in the US. CDC began working with other US government agencies, the World Health Organization (WHO), and other domestic and international partners to initiate a global plan to reduce the spread of this disease. This initiative led to mandated intense EVD planning which was ordered by the NYSDOH Commissioner. The DTC worked in conjunction with Preparedness as well as senior staff to initiate awareness and preparedness at the local public health level. This planning continues currently.

### **GOALS accomplished from 2014:**

#### **1. Electronic Medical Records (EMR):**

*Medent was introduced in 2013 for scheduling and billing insurance only. In August of 2014, it expanded to documenting immunizations. We anticipate full patient chart recording to be initiated early in 2015.*

**2. Performance Incentive for Communicable Disease:**

*All LHDs in New York were evaluated by NYSDOH regarding the timeliness and completeness of communicable disease records meeting CDC case definitions. Reporting was tracked by NYSDOH via the secure Health Commerce System. Greene County was successful with this initiative and was awarded \$12,000, which was used to purchase the EMR package for patient charting.*

**3. Veterinarian services:**

*Our current contract with New Baltimore Animal Hospital was expanded; they now provide vaccinations at all county sponsored animal rabies clinics in 2014. This contract also includes prepping specimens for rabies testing.*

**GOAL pending from 2014:**

**Explore additional services for migrant/hidden population:**

*Due to staffing limitations and time constraints, this project has not been started.*

**Goals for 2015:**

1. Explore services that can be provided to “hidden” population, i.e. horse farmers, nursery workers, landscaping workers.
2. Continue to assist County residents to get health insurance from the Marketplace via the Navigators.
3. Become fully operational with electronic medical records on all DTC charts, reducing paper waste.
4. Provide outreach in all areas of DTC utilizing current staff.
5. Continue to explore cost saving options for the DTC, i.e. sharing resources.
6. To successfully meet the 90% reporting goal for the 2015 STD Performance Incentive Initiative.

Respectfully Submitted,

Kerry Miller, RN, SCHN

## Project Needle Smart Kiosk Program

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

### 2014 Highlights:

- In March of 2014, Greene County Public Health Department's Kiosk Program was chosen as a Model Practice by NACCHO (National Association of County and City Health Officials).

NACCHO's Model Practice Program nationally honors and recognizes outstanding local public health department (LHD) practices which demonstrate how the LHD and their community partners effectively collaborate to address local public health concerns.

- Two new collection sites joined the program in 2014:
  - Hunter Ambulance in Tannersville was approved in April 2014; the kiosk is currently waiting to be installed (February 2015); and
  - Hannaford Supermarket & Pharmacy in Cairo was approved in May; this site is across the street from CVS-Cairo, the busiest site of the program.



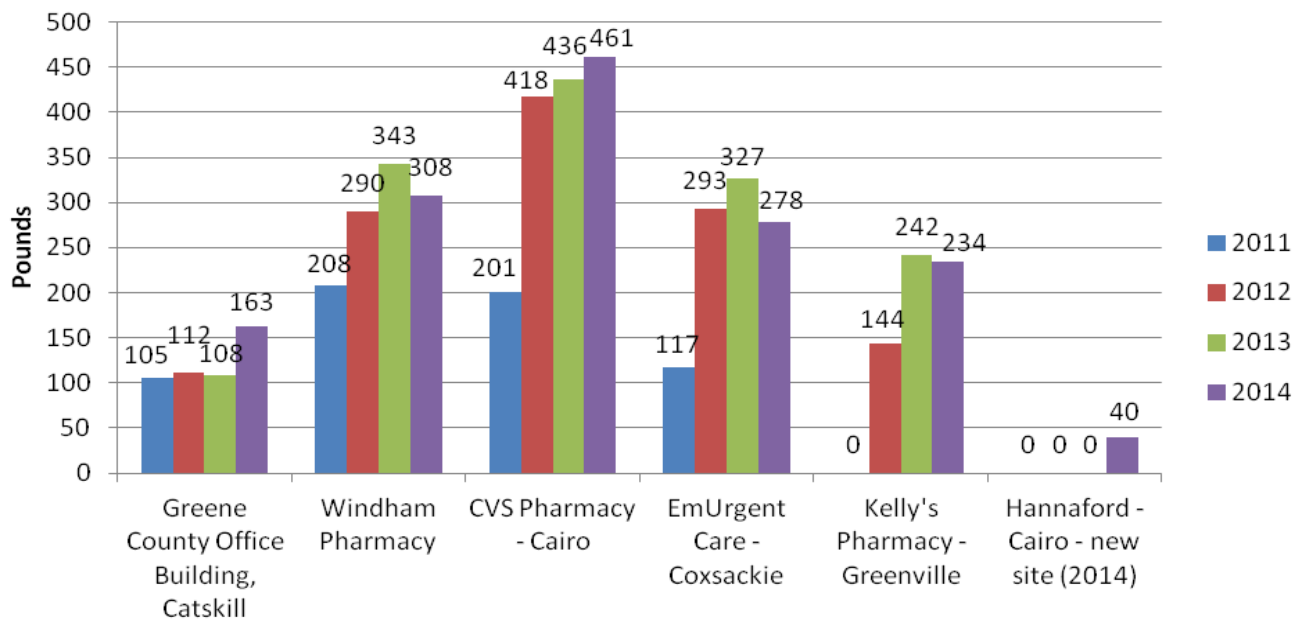
### Statistics:

In 2014, a total of 153 containers with a total weight of 1484 pounds have been collected and delivered to nursing homes for disposal; this was an increase of 28 pounds from 2013 (1456 pounds). The Pines took 908 pounds while Kaaterskill Cares accepted 576 pounds.

Kiosk Sites Pounds of Waste Collected per Site													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Greene County Office Bldg., Water St., Catskill	15	0	26	48	0	0	13	20	8	20	0	13	<b>163</b>
Windham Pharmacy	28	16	28	10	24	32	33	25	27	10 26	0	40 9	<b>308</b>
CVS Pharmacy - Cairo	35	28	55	43	38	24	45	49	28	37	9	49 21	<b>461</b>
EmUrgent Care - Coxsackie	21	0	29 29	19	31	0	29	34	22	31	11	22	<b>278</b>
Kelly's Pharmacy - Greenville	17	0	20 10	23	22	0	44	30	15	10	20	23	<b>234</b>
Hannaford Supermarket - Cairo	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5	7	8	9	11	<b>40</b>
<b>TOTALS per month</b>	<b>116</b>	<b>44</b>	<b>197</b>	<b>143</b>	<b>115</b>	<b>56</b>	<b>164</b>	<b>163</b>	<b>107</b>	<b>142</b>	<b>49</b>	<b>188</b>	<b>1484</b>
<b>2013 TOTALS</b>	<b>138</b>	<b>126</b>	<b>108</b>	<b>120</b>	<b>115</b>	<b>111</b>	<b>84</b>	<b>101</b>	<b>122</b>	<b>184</b>	<b>132</b>	<b>115</b>	<b>1456</b>



## Kiosk Program Medical Waste Collection



### Outreach and Education:

Telephone callers and visitors to Public Health and Family Planning, other county offices (Greene County Social Services), as well as at the Kiosk sites are given information about the program and how to obtain containers. Small red sharps containers are distributed to each kiosk site and are handed out upon request.

Public Health staff attended the following sites/meetings while providing materials on the Kiosk program as well as other agency programs:

Early Childhood Learning Center in South Cairo; Greene County Employee Health Fair; Greene County Youth Fair; Rural Health Network Health Fair; Rabies Clinics; Town Hall Meeting in New Baltimore; Women, Infants & Children (WIC) clinics in Coxsackie and Windham, and Worksite Wellness;

Events: Bloodborne Pathogens Training, Golden Gathering at Columbia Greene Community College, Greene County Networking, Interagency Awareness Day, New Baltimore Senior Exhibit, "Out of Darkness" Suicide Walk, Outreach at Windham Library, Parents Partners & Pancakes at Catskill Schools, and Senior Day at Catskill Point;

Health Fairs: Cairo-Durham High School, Catskill Health Fair, COARC Health Fair at Columbia Greene Community College, Greene Correctional Facility in Coxsackie, Greene Medical Arts, and MLK Health Fair at Catskill Senior Center;

Meetings: Aging Advisory Committee, Bloodborne Pathogens Committee, Health Ed Meeting with Columbia County DOH, Columbia Memorial Hospital Board, Medical Professional Advisory Committee, Mental Health Subcommittee, Mobilization for Action through Planning and Partnership Committee, Nutrition Educators Committee, Rural Health Network, Prescription Drug Abuse Task Force-Prevention Committee, Public Health Educators Committee, Public

Health Leadership Committee, Out of Darkness Committee, Substance Abuse Task Force at Columbia Memorial Hospital and Senior Staff Meeting.

Total outreach contacts in 2014: 1075 (compared to 2546 in 2013)

Educational Materials handed out on a one to one basis: 300 (compared to 545 in 2013)

The drop in total contacts is due to the transition of the Senior Public Health Educator to Interim Director in July 2014. Outreach activities have been picked up by the MCH nurse, EI service coordinators and D&TC nurses.

Respectfully Submitted,

Jennifer Passero, Secretary to the Director

## **COMMUNITY HEALTH ASSESSMENT /** **CHRONIC DISEASE PREVENTION**

### **Public Health Education**

#### **Goals for 2014**

#### **1. The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) –**

These reports meet the NYSDOH requirements for local departments of health. The CHA provides an assessment the health of the community, including demographic, health and fiscal data, and provides the foundation for formulation of the CHIP, an action plan to be fulfilled during the four year cycle 2014-2017.

New for this cycle – the Local Health Department must partner with local hospitals on their Community Services Plan and align efforts within the framework of the Prevention Agenda for New York 2013-2017.

The Prevention Agenda identifies New York’s most urgent health concerns and suggests ways that local health departments, hospitals and partners can work together to solve them. To further the Prevention Agenda initiative, local health departments have been charged with task of improving local health parameters in specific and measurable ways, in collaboration with local agencies, organizations and stakeholders.

The Interim Director serves on multiple committees in collaboration with community agencies and organizations including the Columbia County Department of Health and Columbia Memorial Hospital as indicated in the Community Health Improvement Plan for Greene County. This supports Public Health program requirements as well as those of the Prevention Agenda, and facilitates ongoing collaboration between organizations.

#### **2. Mobilizing for Action through Planning and Partnership (MAPP) –**

In fulfillment of the CHA and CHIP, Greene County Public Health established The Mobilizing for Action through Planning and Partnership or MAPP Committee. MAPP is a community-wide strategic planning tool for improving community health. It is a method to help communities prioritize health issues, identify resources for addressing them and take action. The Senior Public Health Educator coordinates this committee to meet requirements for the CHIP for Greene County.

Through the MAPP process, the local health department partners with local agencies, government, academia, schools, the business community and the public to make decisions and take action regarding local health initiatives.

New for this reporting cycle – Public Health takes a lead role in planning and initiating a 4 year collaborative project which demonstrates a 5-10% health improvement within a specified area.

The MAPP committee chose the broad areas:

- Prevent Chronic Disease
- Promote Mental Health and Prevent Substance Abuse
  - o With a further focus on adult obesity and the support of mental health services in primary care.

The specific goals and action plan were formulated, and submitted to the NYSDOH in November of 2013, with program initiation and follow-through continuing through 2014. Program details were reported to the New York State Department of Health in November of 2014, in compliance with reporting requirements. Particular strengths include partner collaboration in the areas of programming, reporting and participation. All goals related to the CHA, CHIP and MAPP Committee were met for 2014.

### **Goals for 2015:**

1. **CHA:** Revision and update as requested by the NYSDOH, upon completion of their review. As of the date of this report we have not received a review/response to the Greene County Public Health CHIP for Greene County.
2. **CHIP:** Goals as determined by the MAPP committee include reduction of adult obesity in Greene County from the most recent indicator of 29.2%, and an increase in capacity for mental health screening and treatment in the primary care setting. Progress in both of these areas continue as indicated in the CHIP, with year two progress reporting due in November of 2015

Additional goals for the CHIP include timely data collection and reporting.

3. **MAPP:** Ongoing action by the MAPP Committee for programmatic progression and reporting to achieve our stated goals. Additional benefits of MAPP participation include the timely sharing of information, and updating of the CHIP objectives as needed.

### **Community Health Education:**

Educational and outreach initiatives for the public and professional community of Greene County; meeting reporting requirements for the New York State Department of Health (NYSDOH) and in response to community interest and requests.

These activities support educational requirements of Public Health programs as well as the New York State Prevention Agenda. Topics include: Greene County Public Health Department information including services, clinics and schedules; tick and Lyme disease and other tick borne illness; communicable disease; vaccine recommendations for adults, teens, children and babies; lead poisoning awareness for parents, agencies, homeowners, construction and businesses; emergency preparedness; asthma; cancer facts for women and men; heart disease; hypertension;

arthritis; cholesterol; healthy weight and nutrition; diabetes; exercise for health and weight management; injury prevention – Project Needle Smart kiosk program, fall prevention, toddler choking prevention, recreational sports and helmet safety, poison prevention; flu and seasonal illness; food allergy; rabies; mental health and substance abuse, and smoking cessation.

Additionally to the outreach at events as indicated above, health and safety educational materials are distributed to Hardware stores, libraries, schools and municipalities, throughout the county.

<b>Program</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
School visits: Contacts	85	570	502	495	347
Health Fairs /Public Events	22	23	68	58	49
Clinics – Rabies	7	7	7	7	7
Churches/Faith Based Contacts	30	30	5	5	0
Health Education: Consumer Contacts	2,115	2,170	2,986	3,885	3,128
Media: outreach: Billboard, Radio, TV (based on consumer reach statistics)	62,390	582, 760	No direct funding to support media outreach	No direct funding to support media outreach	No direct funding to support media outreach; 2 radio spots

**Health Education staff update 2014:** Due to the transition of the Public Health Educator to the position of Interim Director in July 2014, many outreach activities are carried out by our Maternal Child Nurse, with assistance from a Diagnostic and Treatment Center Public Health Nurse, and Early Intervention Service Coordinators, in addition to all regular duties. The Diagnostic and Treatment Center Aide orders all educational materials relevant to that program, and organizes outreach materials for staff to distribute at events and in the field.

**Health Education staff update 2015:** Due to the resignation of the Public Health Preparedness Coordinator, and the necessity for extensive community outreach within that area, that position will expand to include Public Health Outreach.

#### **Goals for 2015:**

1. Maintenance of outreach activity and targeted collaboration, with an increase in the realms of physical activity, nutrition and mental health to further prevention agenda goals.
2. Increased expansion of Social Media usage to efficiently enhance outreach and to expand the reach of our message
3. With the hire of a Public Health Emergency Preparedness and Outreach Coordinator, our goal is to enhance outreach in the areas of Emergency Preparedness as well as Public Health branches and topics.

#### **Social Media Outreach:**

As part of the Strategic Planning process in 2014, Greene County Public Health created the Social Media Networking Group. The group focuses on providing information from all branches

of the department to increase residents understanding of who Public Health is and what we do, from promotion of services to updates on current health topics (i.e. Ebola, Enterovirus).

Primary social media outlets utilized are:

Facebook –	Public Health	<a href="http://www.facebook.com/GreeneNYHealth">www.facebook.com/GreeneNYHealth</a>
	Family Planning	<a href="http://www.facebook.com/MYGCFP">www.facebook.com/MYGCFP</a>
Twitter -	Public Health	<a href="http://www.twitter.com/GreeneNYHealth">www.twitter.com/GreeneNYHealth</a>

**Staff Education (Annual in-servicing):** Use of the Learning Management System (LMS - available through the NYSDOH), which was thought to improve time efficiency in the provision of staff training, has been problematic with no capability for the system to provide annual training – individuals can access a program only once. The program has also been ineffective as a tracking mechanism.

**Goals for 2014:** The Senior Public Health Educator will be working with the Greene County Emergency Preparedness Coordinator to look at alternatives for annual staff training requirements. Because of the continued limitations of the LMS system, annual in-services were e-mailed to all staff, and completed by individual review of trainings.

**Goals for 2015:** Responsibility for staff in-servicing responsibility will be taken over by the Public Health Quality Assurance Coordinator/ Agency Compliance Officer.

**Coordination of the “Go Greene for Wellness” Worksite Wellness Committee:**

This Committee supports the NYSDOH Prevention Agenda initiatives.

In partnership with Blue Shield of Northeastern New York (BSNENY) and The Rural Health Network’s Healthy Weight Initiative (HWI), Greene County continues to offer a wellness program for employees and families. The “Go Greene for Wellness” employee wellness initiative includes fitness and yoga classes, health and wellness seminars including healthy nutrition, healthy sleep and stress reduction, as well as participation in HWI’s community-wide health initiatives, such as the “Biggest Loser Contest” and “GreeneWalks”. The “Go Greene for Wellness” Committee includes representatives from The Greene County Public Health Department, Greene County Human Resources, The Greene County Administrator, Blue Shield of Northeastern New York, and The Healthy Weight Initiative. The Committee is dedicated to promoting the health and wellbeing of the Greene County workforce, through coordinated educational and wellness opportunities.

**Goals for 2014:**

- 1. Greater participation with increased program evaluation (the Senior Public Health Educator has applied for a CDC training to address this goal).**

*The wellness contacts for 2013 were 195. The wellness contacts for 2014 were 254, a 30% increase. The Senior Public Health Educator completed the Work@Health worksite wellness training through the Centers for Disease Control and Prevention.*

- 2. Wider utilization of the Health Assessment. The Wellness Committee is planning a series of Health Assessment trainings at both the Catskill and Cairo offices with a “take charge of your health” focus.**

*The Health Assessment and trainings were completed for 2014.*

### Goals for 2015:

1. Completion of an interest survey to capture employee health related interests and health concerns.
2. Continued development of the employee wellness program to reflect changing interests, information and opportunities.

Respectfully submitted,

Kimberly Kaplan, MA, RN  
Interim 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.

Greene County		2014			2013		
Program Type	# Current operations as of 3/11/2015	# Operations in 2014	# Inspections in 2014	# Complaints in 2014	# Operations in 2013	# Inspections in 2013	# Complaints in 2013
Agricultural Fairs	1	1	1	0	1	1	0
ATUPA/Smoking/CIAA	71	N/A	99	0	N/A	18	0
Bathing Beach	6	6	9	0	5	7	0
Campground	14	14	17	0	14	14	0
Children's Camps	22	22	69	0	19	40	0
Public Water Supply	263	N/A	212	5	N/A	196	1
Food Service Establishment	300	324	398	6	330	380	4
Institutional food	20	21	32	1	20	29	0
Mass Gathering	2	3	6	0	2	2	0
Migrant Farmworker Housing	1	2	4	0	2	7	0
Mobile Food Service	36	41	40	0	40	24	0
Mobile Home Park	15	15	10	0	15	6	0
Non-public Water Supplies	0	N/A	0	0	N/A	1	0
Onsite Sewage Treatment	428	N/A	2	0	N/A	0	1
SOFA-Office of Aging Food	5	5	6	0	5	5	0
Spraygrounds	1	1	1	0	1	1	0
Summer feeding	4	4	4	0	3	2	0
Swimming Pool	138	137	184	0	141	180	0
Tanning	7	9	0	0	8	9	0
Temporary Foods	N/A	195	91	0	203	99	0
Temporary Residence	116	124	186	10	122	152	5
<b>Total</b>	<b>1450</b>	<b>924</b>	<b>1371</b>	<b>22</b>	<b>931</b>	<b>1173</b>	<b>11</b>

Respectfully submitted,

Audrey V. Lewis, Oneonta District Director

## **EMERGENCY PREPAREDNESS AND RESPONSE**

### **Public Health Emergency Preparedness**

Greene County Public Health Department continues to receive annual funding from the Centers for Disease Control and Prevention (CDC) through the Public Health Emergency Preparedness (PHEP) grant. Funding for the 2013-2014 PHEP grant year totals \$50,825 – representing a 5% reduction in total program funding for the year, July 1 2013 – June 30, 2014. Funding for the 2014-2015 PHEP year totals \$52,096.

Beginning in May 2014 this position broadened to include the responsibilities of Safety Coordinator. This role included review of Incident/Accident reports for Greene County as well as safety planning.

### **2014 Public Health Emergency Preparedness Accomplishments & Highlights:**

- GreeneNY Medical Reserve Corps: Public Health worked with a SUNY School of Public Health Intern to develop the GreeneNY Medical Reserve Corps (MRC). The GreeneNY MRC is the largest recent change to the PHEP program in Greene County. Prior to the creation of the MRC, volunteers had been minimally utilized on an ad hoc basis in *response* to emergencies only. With the creation of the MRC, a major program goal was to improve *preparedness* capabilities and be able to magnify both preparedness and day-to-day public health activities within Greene County. For 2015, funding has been approved through the NACCHO/MRC Capacity Building Award to provide \$3500 to grow the program.
- Enterovirus: In the summer of 2014, the United States experienced a nationwide outbreak of enterovirus D68 (EV-D68) associated with severe respiratory illness. From mid-August 2014 to January 15, 2015, CDC or state public health laboratories confirmed a total of 1,153 people in 49 states and the District of Columbia with respiratory illness cause by EV-D68. Almost all the confirmed cases were among children, many of whom had asthma or a history of wheezing. This resulted in heightened surveillance for the C/D staff and acting as a resource for local physicians. Risk communication was crucial during this event; GCPH utilized the WebEOC Crisis Emergency Management System to post all communication/guidance from CDC, NYSDOH, and local concerns. This allowed all ESF-8 personnel (Public Health and Medical Services) to follow the event in real time.
- Ebola: In 2014 the Ebola Virus Disease (EVD) epidemic was the largest in history, affecting multiple countries in West Africa. Two imported cases, including one death and two locally acquired cases in healthcare workers were reported in the US. CDC and its partners were taking precautions to prevent additional Ebola cases in the US; CDC began working with other US government agencies, the World Health Organization (WHO) and other domestic and international partners to initiate a global plan to reduce the spread of this disease. This initiative led to mandated intense EVD planning which was ordered by the NYSDOH Commissioner. The DTC worked in conjunction with Preparedness as well as senior staff to initiate awareness and preparedness on the local public health level. This planning continues currently.

- Public Health Preparedness program facilitated necessary National Incident Management System/Incident Command System (NIMS/ICS) training to maintain 97% compliance for existing employees.
- Collaboration with Department of Emergency Services to assist with administration of WebEOC including training of county staff and programming the system to meet the public health and emergency preparedness needs of Greene County. For 2014 the usage of WebEOC has expanded throughout Public Health.
- Co-Chair the Volunteer Committee with the Hospital Emergency Preparedness Consortia (HEPC) for the Capital District Region.
- Provided ICS training to county employees in conjunction with the Greene County Emergency Operations Center (GCEOC).
- Continue to participate as an active member on the Greene County EMS Council and the Greene County Local Emergency Preparedness Committee (LEPC).
- Conducted an EBOLA table top with all county stakeholders.
- Conducted Greene County MRC orientation for members at the GCEOC.
- Public Health staff participated in monthly preparedness webinars and meetings in compliance with PHEP deliverables.

#### **Goals for 2014:**

- 1. Support the Greene NY Medical Reserve Corps, affiliated with the GCPHD, to provide training and education to both medical and non-medical volunteers in advance of a public health emergency:**  
*This goal was initiated in 2014.*
- 2. Expand utilization of the Medical Emergency Response Inventory Tracking System (MERITS) for inventory tracking of supplies and equipment:**  
*This goal was met with enhanced tracking of PHEP inventory. This is ongoing, inventory entered in MERITS and other staff being trained.*
- 3. Utilize the Clinical Data Management System (CDMS) to support electronic records for mass vaccination or dispensing clinics:**  
*This goal was not met for 2014. Due to the Ebola response beginning in 2014, the scheduling of a mass vaccination drill was extended by New York State Office of Emergency Preparedness through September of 2015.*
- 4. Conduct planning of emergency preparedness drills and exercises to both test and validate current emergency management plans along with Department of Emergency Service:**  
*This goal is ongoing and meets the requirements of the Ebola plan for Greene County.*
- 5. Continue to provide relevant training to Greene County employees, volunteers, and general public relevant to public health emergency preparedness activities:**  
*This goal is ongoing.*
- 6. Continue to revise public health emergency response plans as required by guidance received from New York State Department of Health:**  
*This goal is ongoing.*



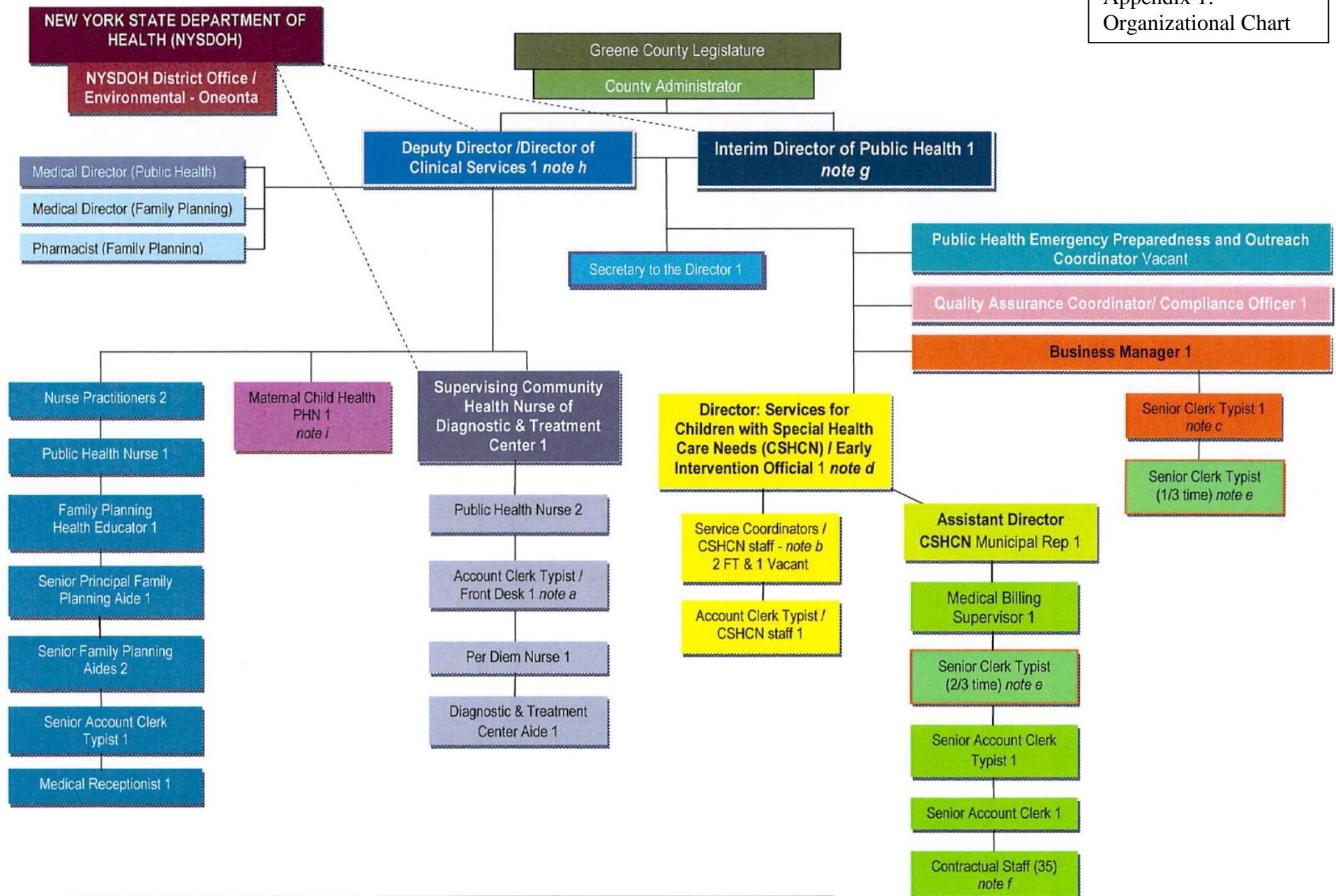
**Goals for 2015:**

The Public Health Emergency Preparedness and Safety Coordinator resigned the position in February 2015. Because of the extensive outreach requirements of both Public Health and Emergency Preparedness, the position is now titled “Public Health Emergency Preparedness and Outreach Coordinator.” Goals will include the global outreach and education needs of Public Health for all branches as well as the requirements of the Prevention Agenda, including obesity and access to mental health services. Goals for Emergency Preparedness include continued compliance with the grant deliverables for both Public Health preparedness and Ebola response. For 2015 this will include a Closed Point of Dispensing (POD) mass vaccination drill.

Respectfully submitted,

Kerry Miller, RN, SCHN

Appendix 1:  
Organizational Chart



a. Covers all sectors of public health  
b. Children with Special Health Care Needs  
c. Also has a responsibility directly under the Director  
d. Also holds title of "Administrator for CSHCN"  
e. Position split under two supervisors

f. Clinical professional, physical and occupational therapy, speech  
g. Interim Director appointed July 2014; also has Health Education duties  
h. Diagnostic & Treatment Center, Family Planning and Maternal Child Health report to this position  
i. Also has Health Education & Family Planning duties

March 2015