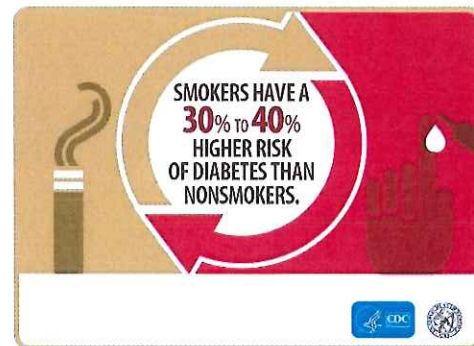
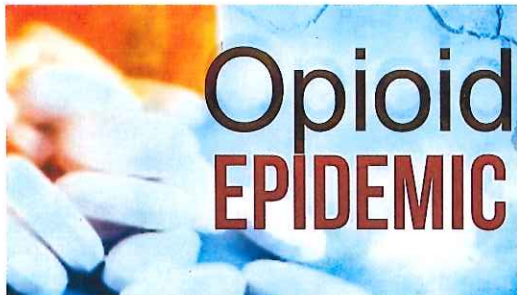




Public Health
Prevent. Promote. Protect.

Greene County Public Health Department

Annual Report 2017



Submitted: March 30, 2018

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

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Abbreviation Glossary:

C/D – Communicable Disease	LHCSA – Licensed Home Care Services Agency
D&TC / DTC – Diagnostic & Treatment Center	MCH – Maternal Child Health
DSRIP – Delivery System Reform Incentive Payment Program	NYSDOH – New York State Department of Health
EI – Early Intervention	NYSACHO – New York State Association of County Health Officials
HIV – Human Immunodeficiency Virus	

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.

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.

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.

Greene County Public Health Department has worked diligently to successfully achieve the goals of the 2014-2017 Strategic Plan and will be updating the plan this year. Strategic Planning is a requirement for Public Health Accreditation, and is an ongoing process.



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.



Review of 2017 GOALS:

1. To continue to move forward towards Public Health Accreditation:

In the fourth quarter of 2016, Public Health began the submission process for the 2017 Performance Incentive Award through the Office of Public Health Practice. The Focus Area for this submission is chronic disease prevention, with an additional focus on Accreditation Standards as enumerated by the Public Health Accreditation Board (PHAB). Completion of this submission will move us towards alignment with PHAB Measures and Standards.

The Performance Incentive Award was successfully submitted and the Department was awarded \$5000.

2. To implement the Information Management and Quality Improvement Committee, our third Strategic Planning goal:

This committee met once during 2016 and will continue on a biannual schedule. Our goals for 2017 will include upgrades to computer operating systems for staff who are working with "old" operating systems. This change will enhance communications and efficiency within Public Health.

This goal was successfully achieved in 2017.

Goals for 2018:

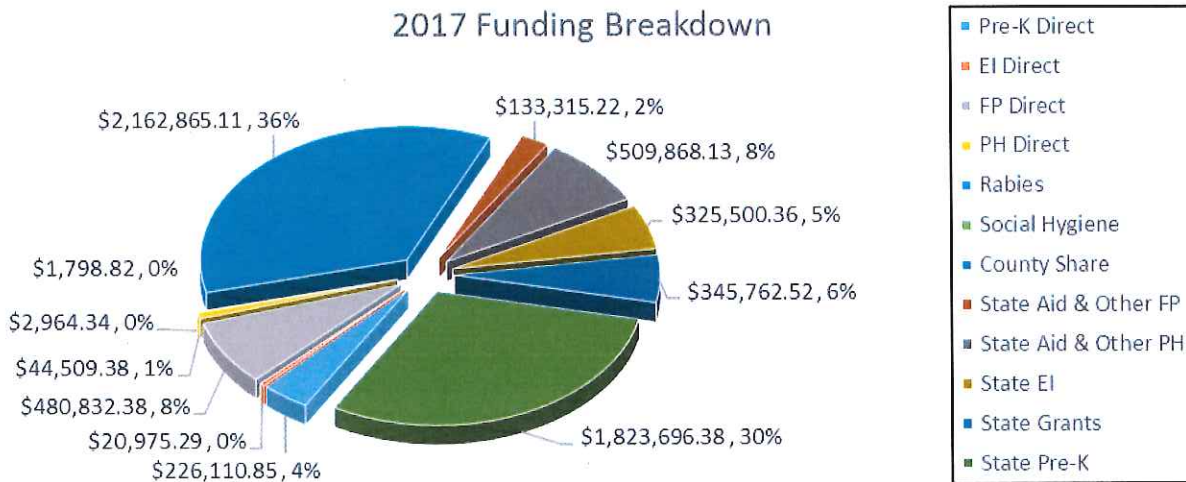
- Review and revision of the original Strategic Plan and implementation of a new Plan which will reflect our current goals.
- Continued preparation for Public Health Accreditation including:
 - The required Quality Improvement Plan, Community Health Needs Assessment and Community Health Improvement Plan, and
 - A comprehensive review of PHAB Standards, Measures and documentation requirements.

Fiscal Report

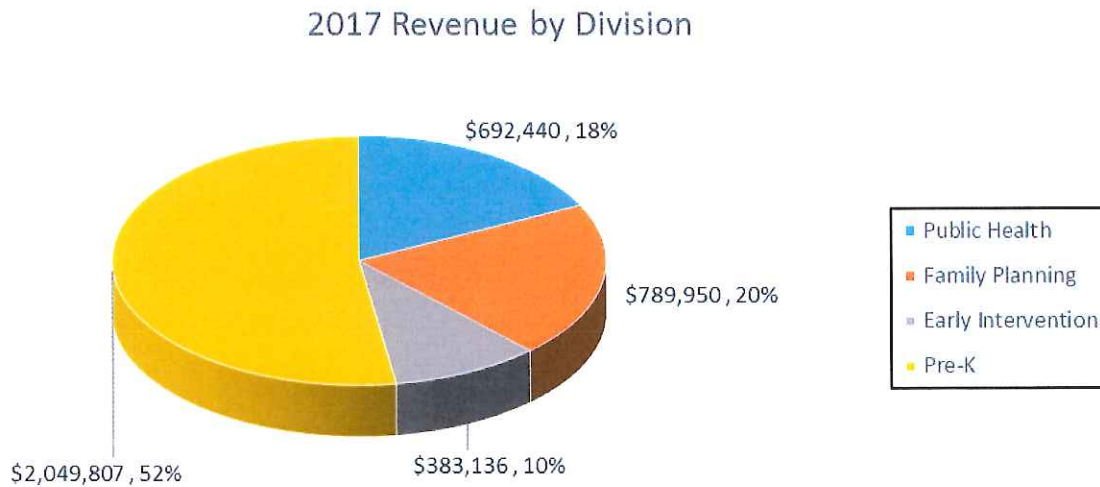
The Fiscal Division prepares and monitors the entire Department's budget of just over \$6 million. This includes fiscal responsibility for all programs and divisions including the Diagnostic & Treatment Center, Early Intervention, Emergency Preparedness, Family Planning, Preschool Special Education,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

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

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

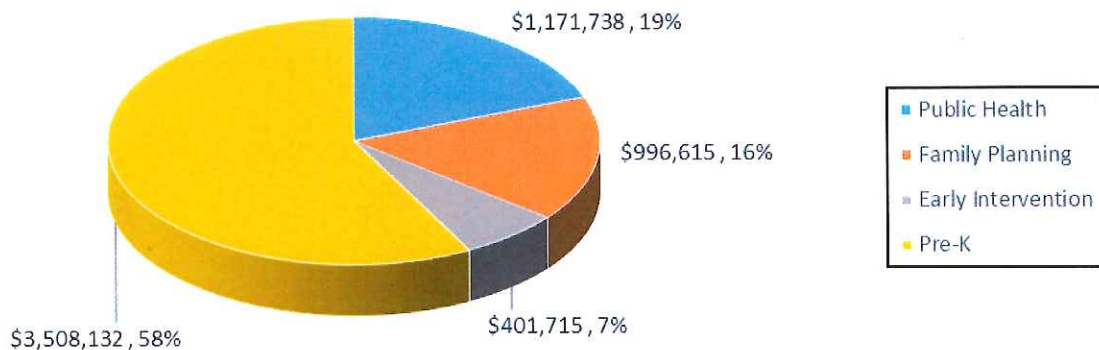


The County Share was 44% in 2016



Overall 9% increase from 2016

2017 Expenditures by Division



Overall 5% decrease from 2016

2017 Mentionable Achievements:

1. Completed review of NYSDOH fiscal data from Early Intervention claims dated December 2010 through April 1, 2013, recouping \$63,000 for the County;
2. Member of Committee which reviewed insurance contracts to increase revenue, especially immunization administration rate;
3. Extension of Preschool transportation contracts.

2018 Goals:

- Streamline Preschool Provider contract and renewal process.
- Strive to contain costs and obtain maximum revenue for all Public Health divisions in order to reduce taxpayer burden.
- Stay efficient and effective in order to remain sustainable as the current reimbursement structure proposes a shift from "Fee for Service", or "Ambulatory Patient Group" methodology, to a Value Based Payment System.

Respectfully Submitted,
Tanya Skinner, Business Manager

Quality Assurance/Compliance

The goal for Public Health Quality Assurance (QA) and Compliance is to protect patients from harm and provide excellent patient care and service by improving quality processes and maintaining program integrity and compliance. As a Registered Nurse in the role of QA Coordinator, all aspects of systems of care are evaluated, problems identified, and solutions developed while working collaboratively with staff. Attention is also directed to fiscal accountability and program compliance so programs function with accuracy and within appropriate regulatory parameters. This position also prepares related records and reports, with findings reported to the Director of Public Health and the Director of Clinical Services.

As a newer member of Greene County Public Health Department (Public Health), learning and understanding the specific guidelines and policies for each branch within the department was a priority in 2017, as well as setting goals and expectations for 2018.

Quality assurance duties include:

- Policies
 - Continued new policy development when a need is identified (i.e. Home Visit Safety)
 - Review of previously developed policies and existing practices, making recommendations for combining and revision when necessary – Total of 50 Policies & Procedures reviewed in 2017.
 - Annual re-evaluations will determine practicality & effectiveness of revisions.
- Delivery System Reform Incentive Payment (DSRIP) Program, or Medicaid Redesign
 - As we passed the halfway mark for this NYSDOH project, duties related to deliverables and reporting have increased:
 - Family Planning staff were trained on, and then instituted, PHQ-9 Depression screening for all patients;
 - A Client complaint process specific to DSRIP enrollees was amended; and
 - New contracts/Memorandums of Understanding specific to facilitation of supportive care for DSRIP patients were created.
 - Public Health was awarded revenue for compliance in the above areas.

Additional duties of this position include: medical chart review/audit for 340B, Sexually Transmitted Disease and Diagnostic & Treatment Center; Office of Inspector General (OMIG) compliance and certification; orientation of new staff; and required annual in-service training for staff.

2017 Accomplishments:

- ✓ As a result of an Article 28 NYSDOH audit successfully completed in May 2017, a Registered Health Information Technician (RHIT) accredited chart reviewer was hired to review samplings of D&TC charts on lead, rabies, immunizations, TB, as well as a few MCH & STD charts. This review of records will continue on an annual basis.
- ✓ Public Health, along with eight other NYS local health departments, took part in a free web-based training, conducted by Ohio State University and coordinated through NYSACHO, on Quality Improvement (QI) Planning from August to October 2017. The first draft of the Public Health QI Plan will be presented to staff in early 2018. The creation of a formal QI Committee in 2018 will provide the opportunity to continue to align programs/policies for Public Health Accreditation Board (PHAB) Accreditation in the future.

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 file to assure all staff remain compliant with State and Federal guidelines.

In-services were updated to reflect current standards, including: Infection Control (updated Oct 2016), HIV-AIDS (updated Oct 2016), Culturally Linguistic Appropriate Services – CLAS (updated 2017), Hazard Communication (updated May 2017), CMS Healthcare Fraud & Program Integrity (updated Aug 2017), Fire & Safety Prevention (updated 2017), Workplace Violence & Title 6 (provided by in-house counsel), Mandated Reporter for Child Abuse (provided by DSS), and Domestic Violence/Reporting Adult Abuse (provided by Community Action). A new annual mandatory in-service on Influenza will be added in 2018.

In 2017 the Diagnostic and Treatment Center (D&TC), Maternal Child Health (MCH) and Family Planning (FP) received training for Medent, our Electronic Medical Records (EMR) program, in a single combined session. For 2018, these branches will each have an opportunity to review program updates specific to their clinical and administrative needs.

Goals for 2018 for Annual In-Servicing and Quality Assurance:

- Continue to keep in-services and trainings current and factual, updating and revising as necessary. This includes annual Medent updates for all staff who document in the EMR, Basic Life Support training for all clinical staff, annual Respiratory fit testing for all staff, and yearly Bloodborne Pathogen training through Stericycle for “at risk” staff.
- Maintain Licensed Home Care Service Agency (LHCSA) compliance with NYSDOH regulations.
- Maintain D&TC compliance with Article 28 NYSDOH regulations.
- Continue to perform quarterly 340B audits to include Plan B and Nexplanon medications, and maintain compliance within the 340B program.
- Monthly Policy Quality Improvement Committee (PQIC) meetings utilizing current technology aids so that policies and procedures for both Public Health and Family Planning are kept up to date and accessible to staff in a timely manner.
- Formulate a QI Plan for 2018 as we align our organization with PHAB Accreditation standards. A quality improvement component will be added to each employee’s job checklist as most job descriptions did not include this.
- Continue to participate and support Greene County Public Health Department’s strategic plan and mission with the Workforce Development, Social Networking and Information Management/Quality Improvement workgroup committees (PQIC is a subgroup of this last committee).
- Increase revenue collection from local insurance programs through current, updated contracts for Family Planning and Public Health.
- Provide excellent, competent care and services to the clients of Greene County Public Health and Family Planning.

Respectfully Submitted,

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

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 the EI program 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 EI is a voluntary program, referrals can only be made with a parent’s consent. Referrals have been steady over the past 5 years, ranging from 94 to 146 children annually. For 2017 the average number of children in the program at any one time was 56. All referred children must be evaluated to determine eligibility according to NYS regulations.

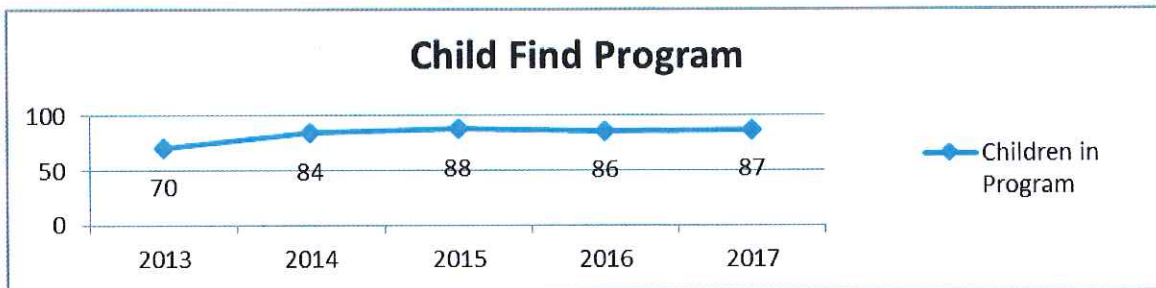
Families are asked to provide health insurance information to cover the costs of the program, but at no time do families incur any costs. Parents are informed as to whether their insurance is state regulated and given the option to consent to have insurance billed. If insurance is not state regulated,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

In 2017, the NYSDOH identified fiscal data from all claims submitted and approved for payment from the inception of the NYEIS system in December 2010 through April 1, 2013 (Prior to the SFA). EI and Fiscal staff reviewed a file based on this data in order to validate payments to providers, third-party reimbursements, and review denials received by the municipality. All necessary corrections to claims data were made, and Greene County was able to recoup over \$63,000 for this time period.

A shortage of providers available for EI evaluations and services continues. The county and state have made ongoing efforts to recruit and maintain providers. This could affect our ability to meet the state’s timeline to complete initial evaluations and commence the Individual Family Service Plan (IFSP), as well as the timeline to initiate services after the initial IFSP.

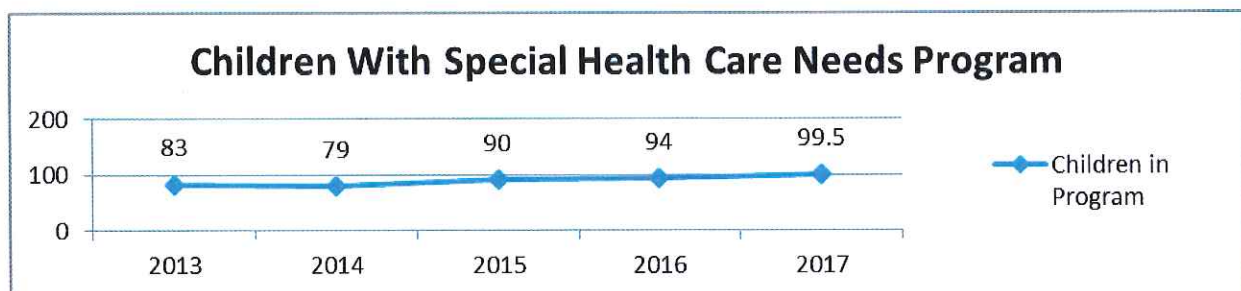
Child Find:

Child Find is a program requirement to track and provide developmental surveillance for “at risk” children who may be eligible for the EI program. All Greene County birth certificates are reviewed by a Maternal Child Health (MCH) nurse, and families are mailed an introductory letter and questionnaire. The MCH nurse assists families with completing this questionnaire by telephone and reviews questionnaires that are returned. If a developmental concern is identified through the questionnaire, a referral is made to the Early Intervention Program with parents’ permission. The graph below reflects utilization of the Child Find Program.



Children with Special Health Care Needs (CSHCN):

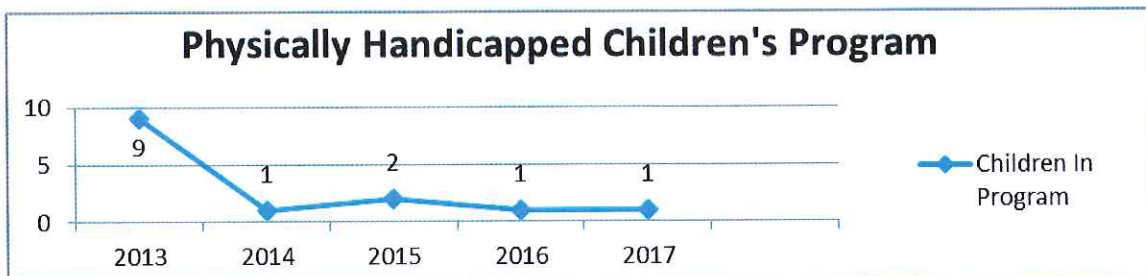
The Children with Special Health Care Needs program provides resources and referrals to families of children (birth to age 21) who have any diagnosed disability or medical condition. The program also focuses on helping families access a medical home and health insurance. Information is distributed to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



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

Physically Handicapped Children's Program (PHCP):

This program is in the process of closing due to significantly decreased participation; please see chart below. The closure plan was implemented in August 2015, referring providers were notified in writing, and referrals were no longer accepted after September 2015.



Review of 2017 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), 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 Council (CEIPAC).**

Greene County Early Intervention continues to face a shortage of providers for Initial Evaluations and services including Speech Therapy, Occupational Therapy and Physical Therapy. Despite ongoing efforts, no new providers have been found. One new special education provider has begun to provide services in our county. The Early Intervention Official worked diligently with the provider unit and prospective provider to ensure that he had the necessary access and training with the NYEIS system and EI billing system necessary for an independent provider. EI staff also works with families and the two main evaluators in Greene County to ensure that children receive evaluations within the 45 day timeline by conducting evaluations in community based settings when evaluators are not available to conduct evaluations in the children's homes.

- 2. To continue to increase Medicaid and Third Party Insurance reimbursement.**

Our team continues to support and assist providers in the billing and claiming process. The county works with providers in conjunction with the NYS fiscal agent to resolve issues. Staff received extensive training on a new insurance tool kit released in May 2017. Staff also engaged in meetings to update the insurance verification and billing procedure to ensure compliance with NYS standards. There is pending legislation proposing that the EI program not bill third party insurance. It is unclear if this will be approved.

- 3. To update policies and procedures through collaboration with NYSDOH and other counties.**

In addition to the insurance verification and billing procedures, all policies and procedures related to Greene County Provision of Initial and Ongoing Service Coordination have been updated and will be evaluated by Island Peer Review Organization in their upcoming review in 2018. Input and feedback from surrounding counties, as a part of the Policy Subcommittee of CEIPAC, was crucial in their development.

- 4. To keep informed about the implementation of the NYS Children's Health Homes program in Early Intervention.**

Though the Health Homes program was launched in 2017, the service component has been postponed until 2020. There has been some training regarding this; however, few details have been shared regarding how EI Service Coordination will be maintained for Children in Health Homes.

Goals for 2018:

- To continue to increase and maintain provider capacity through provider education and collaboration with the NYSBEI, NYSAC, NYSACHO and CEIPAC. A proposed rate increase in provider rates for 2018 in the governor's budget will hopefully maintain the current number of providers in Greene County. There will be further communication with evaluators to increase the number of evaluators if families are willing to travel to community locations and offices in surrounding areas.
- To continue to increase Medicaid and Third Party Insurance reimbursement. Our team continues to support and assist providers in the billing and claiming process. This will be done through collaboration with Public Consultant Group and NYSDOH.
- To continue to update policies and procedures through collaboration with NYSDOH and other counties, with a focus on policies that are related to Greene County as a Municipality.
- To stay informed regarding the implementation of the NYS Children's Health Homes program in Early Intervention. Staff will attend all trainings and meetings as they become available.
- Anticipate proposed legislation to improve the collection of third party reimbursement for EI.

Respectfully Submitted,

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

Pre-School Special Education Program

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 then discusses the related services or programs appropriate to meet the child's needs. Greene County's Municipal Representative is present at the meetings to ensure the 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, and an Individualized Education Plan (IEP) is created. 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. Transportation to center-based programs is an approved service; parents are encouraged to transport their children to programs & can receive compensation from the county.

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 services covered, if a child is eligible, under the Medicaid School Supported Health Services Program (SSHSP). Transportation services are reimbursed by the STAC unit at a significantly lower rate. Due to changes in Medicaid standards, Medicaid is no longer a source for reimbursement of transportation costs.

Greene County Preschool Special Education Program Partners:

There are eight *school district partners* 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.

There are currently nine contracted *center-based special education partners* that provide special education services to Greene County children in NYSED approved special education classrooms.

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 eleven agencies and 17 individuals for the provision of related services.

Evaluators are agencies approved by the NYSED 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.

Greene County currently contracts with two *transportation providers* 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.

Comparison of Greene County Preschool Special Education Services Provided:

	2016	2017
Children receiving evaluations to determine eligibility for services	119	112
Children attending special education center-based services	97	85
Children receiving services in their home or childcare setting	106	108
Children receiving transportation to special education programs	82	77
Total number of children receiving special education services with an IEP	203	193

Trends in Preschool Special Education Affecting Costs:

- Loss of 2.5 Hour Programs:
During the past several years, three center-based preschool providers have closed their 2.5 hour programs in our area due to a number of reasons, including fiscal viability. Currently none of the programs in our area offer this type of classroom. This has increased the cost of providing center-based services as eligible children now attend a 5 hour program at a higher tuition rate.
- Special Education Programing Costs:
Costs to provide special education services to preschoolers remain high. However, in 2017 we experienced a slight decrease in the number of children eligible to receive services corresponding with a slight decrease in the overall expense for the year.
- Transportation:
Transportation costs remain high. NYSED has a cap for county reimbursement, but no cap regarding what a transporter may charge. Children become eligible to receive transportation to and from a center-based special education program when approved for those services. Parents are encouraged to transport their own children and can receive reimbursement for mileage for

one round trip per day. In 2017, 10 parents assisted with transporting their children, helping offset some of our transportation costs.

Cost Saving Measures:

- Reviewing paperwork submitted from school districts & service providers carefully to ensure required items for NYSED and Medicaid are obtained to receive maximum reimbursement.
- Contacting districts and providers regarding paperwork errors, omissions, etc.
- Encouraging parents to provide transportation to center-based programs.
- Encouraging school districts to provide assistive technology devices for children through grants or equipment loans.
- Promoting participation in regular Head Start classrooms, Universal Pre-K programs at school districts, preschool programs & daycare settings at CPSE meetings. These programs provide opportunities for related services to be provided in the least restrictive environments for children as a less costly alternative to center-based programming when appropriate.
- Encouraging service providers to contact Greene County & the school district once a child's goals are accomplished- as opposed to waiting until the annual review meeting for declassification.
- Monitoring school districts and evaluation agencies to ensure *bilingual evaluations* are completed to guarantee that children are not classified as disabled due to speaking a language other than English.

Regulatory Change:

- NYSED has approved school districts as evaluators – districts declining due to low reimbursement rates.

Highlights and Other Activities:

- Completed & Certified Medicaid Cost Report for 2016-2017 Program Year
- Filled Senior Account Clerk Typist position on 9-18-17 due to staff turnover
- Attended mandatory Medicaid staff trainings
- Received reimbursement for the county through the STAC system
- Received reimbursement through Medicaid
- Continued provider payments through voucher process

Evaluation of 2017 Goals:

1. **Renew Transportation Contracts.**
This goal has been met. Contract extension agreements with both transportation companies have been signed and are in effect until June 30, 2020.
2. **Complete conversion for Medicaid billing from the Central New York Regional Information Center (CNYRIC) to the Electronic Provide Assisted Claim Entry System (ePACES).**
This goal has been met. Medicaid billing in ePaces began exclusively in the second quarter of 2017.
3. **Complete eMedNY Security Access Request for Medicaid**
This goal has been met.

Goals for 2018:

- Renewal of Preschool Service Provider Contracts.
- Continue to work with school districts & evaluators to obtain all necessary paperwork required to ensure timely reimbursement for evaluations.
- Continue to work with school districts & evaluators to ensure testing documentation is entered on IEP's to allow maximum Medicaid reimbursement.

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

Licensed Home Care Services Agency (LHCSA)

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

- Communicable disease patients
- Childhood lead poisoning

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

Public Health is also able to provide at no cost:

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

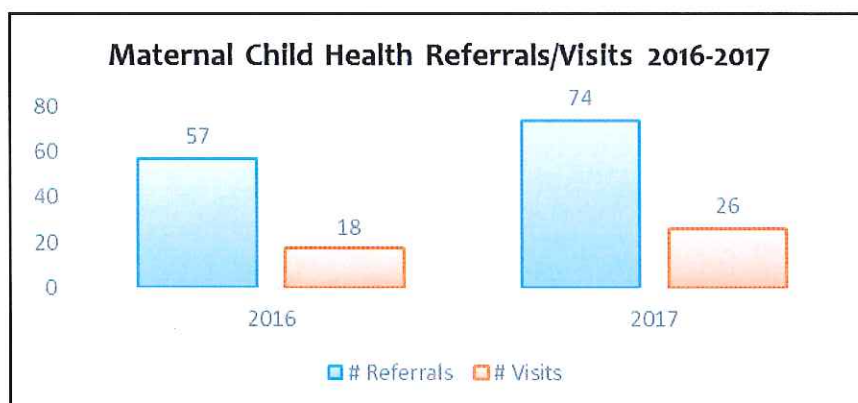
The health guidance home visit is provided by an experienced Public Health Nurse (PHN), who is also a Certified Lactation Counselor (CLC). The PHN-CLC provides instruction, breastfeeding and lactation support, and linkage to community resources, affording every mother and child an opportunity for a healthy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

This year, the PHN-CLC has trained the Registered Professional Nurse (RN) from Public Health's Diagnostic and Treatment Center (D&TC) regarding how to best assist new mothers and their babies. This cross training increases the knowledge of the D&TC's RN and provides broader MCH coverage.

Statistics:

In 2016, 57 MCH referrals were received with 18 clients accepting a health guidance home visit (31.6% acceptance rate).

In 2017, 74 MCH referrals were received with 26 clients accepting a health guidance home visit (35.1% acceptance rate); an increase of 3.5%.



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

Respectfully Submitted,

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

Family Planning

Greene County Family Planning (Family Planning) continues to provide excellent health services and educational outreach to the residents of Greene County as well as the surrounding area. Family Planning remains one of only nine New York State Title X funded family planning clinics located within a county health department. Opened in 1972, it serves men, women and teens embracing the same goals and objectives formulated at its inception. While the field of family planning continues to be thrust unfairly into the center of political debate, our clinic abides by the principles of the Title X program which prohibits abortion. At its very core, Family Planning is a public health program which has as its goals:

Reducing unintended pregnancies and the need for abortions:

A range of effective to highly effective contraceptive methods are offered with same day access.

In 2017:

- 83.5% of female clients chose an effective method of contraception, and
- 39.1%* chose a highly effective method (such as an IUD or Nexplanon).

*This second statistic is significantly higher than the NYS average of 21%.

Preventing the spread of Sexually transmitted diseases and HIV:

Testing and treatments for all of the most common STD's like chlamydia, gonorrhea, HPV and herpes are provided. All at-risk clients are encouraged to be screened for HIV each year, use condoms, and adopt safer sex behaviors to reduce their risks of HIV and STD's. We also offer HIV pre-exposure prophylaxis as a risk reduction measure to prevent the spread of HIV.

Improving birth outcomes:

Greene County has startling maternal child statistics. In 2016:

- 24% of women smoked in pregnancy,
- 12.93% had premature births (less than 37 weeks), and
- 8.7% of babies were born with low birth weights.

These numbers are all higher than the NYS averages.

All clients, men and women, are asked about their reproductive life plan, helping determine when they want to have their first child. We counsel and assist them to improve their health prior to conception by quitting smoking, avoiding illicit drugs, controlling their diabetes, high blood pressure and obesity. We have a strong referral system with our Maternal Child Health (MCH) Public Health Nurse who follows ante- and postpartum women to ensure healthy outcomes for mother and child.

Facilitating early detection and treatment of reproductive cancers:

Women are screened for colon, cervical, thyroid, breast, skin, endometrial and ovarian cancers; and, while much rarer, men are screened for colon, testicular and breast cancer. Because we are a small clinic, we can follow up with clients to make sure they are seen and cared for by specialists. In 2017, genetic testing was added to our growing list of services in an effort to detect those at risk of cancer.

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

Demographics:

In 2017, over 1,423 unduplicated clients were served in more than 2,816 visits; a 2% increase over 2016. Our clients are loyal with 65% returning and 35% new. Eighty six percent of our total clients are female, and 14% male. While we are Title X grant funded for Greene County, we also serve the surrounding counties (Greene-82%, Columbia-11%, Albany-2.7%, Ulster-1.5%). Out of our total patient base, 97% have services reimbursed by their health insurance.

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

- Race: White: 78.1%, Minority: 21.9% - reflecting a 2% increase in minorities over 2016
- Income: 60% of our clients are at or below 125% of the federal poverty level; down from 65% in 2016.
- Age: 48% of all clients were 24 or under, 21% are under 19
- Insurance: 58% use publicly sponsored health insurance
- High risk zip codes: The New York State Department of Health identifies high risk zip codes where the highest rates of teen pregnancy occur. In Greene County, they include Catskill and Cairo, and in Columbia County, the city of Hudson. In 2017, 30.5% of all patients seen were from Catskill, 8.5% from Cairo, and 8.5% from Hudson, indicating we are reaching the target populations.

We attempt to be fiscally sound by:

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

Review of 2017

2017 Goals:

- ✓ Educate and promote awareness of the National Title X program as a vital part of our financial sustainability.
- ✓ Promote the Responsible Adolescent Peer Program (RAPP) by increasing youth access and participation, and continually foster the relationships with school administrators and staff, as well as other county agency supervisors, to bring awareness to the program and our services. Continue to work with the Probation department in refining and updating programming for their clients and youth.
- ✓ Engage young people around social media messaging to ensure we are reaching our target population. Produce two YouTube video ads with RAPP students, and develop a new billboard for HIV prevention.
- ✓ Promote Maternal Child community participation by outreaching to MCH providers and strengthening the referral system for family planning, breastfeeding and smoking cessation resources.

2017 Highlights (accomplishing the above goals):

1. Community Provider Education and Outreach focused on maternal and infant health. The push to initiate arose after examining the maternal child statistics in the County. Working with a Masters of Public Health Intern and MCH staff, we hosted a training on the March of Dimes sponsored Implicit (Interventions to Minimize Preterm & Low birth weight Infants through Continuous Improvement Techniques) Model. This model focuses on four MCH initiatives to be assessed and implemented for the postpartum mother: postpartum depression, smoking cessation, folic acid supplementation, and

contraception. The training included a group of maternal child community stakeholders, comprised of six providers and four agencies. They were shown the Greene County Statistics on maternal child morbidities and given an outline of the Implicit Model initiatives, followed by discussion. The meeting was an excellent opportunity for agencies to become aware of each other, and work mutually on improving these birth outcomes.

2. Smoking Cessation as a Health Measure and goal was addressed by Family Planning. Once staff and Senior Public Health Educators were trained, we were better prepared to assess more clients as to their interest in quitting, provide more prescriptions and consistent follow up than last year.
3. Depression Screening:
We started to use the PHQ-9 depression screening tool for all initial and annual exams in persons 12 and older. We were not surprised that many clients screened positive for depression. We implemented a protocol that enabled us to refer clients to Greene County Mental Health or a provider of their choice. If the PHQ-9 screen indicated an emergent concern, we were able to utilize the Mobile Crisis Assessment Team.
4. Genetic Testing:
We started educating, assessing and counseling clients, ages 25 and older, about the option of screening for a genetic predisposition for cancer. Those identified and eligible were offered My Risk genetic testing. This service, previously available in private medical offices, is now available to our lower income population. Screening and managing cancer genetic risks reduces overall health care disparities and expenses, providing better care.
5. Colposcopy:
Colposcopy is a diagnostic procedure to identify cervical cancer in women with abnormal pap smears. In 2017, one of our Nurse Practitioners attended training to perform colposcopy, was mentored on the procedure by our former Medical Director and has nearly completed her proctorship. Clients were very happy not to be referred offsite for the procedure and were more likely to follow through when it was offered in house.
6. Social Media Outreach:
Two YouTube videos starring our own RAPP students addressed topics of concern to the youth population: sexual coercion and bullying. The video campaign was very successful with the following results:
 - 59,463 persons reached,
 - 31,854 people viewed the video from start to finish, and
 - 2.45% click thru rate for mobile devices. (Industry average is .04%).

We also updated a billboard reflecting our services, however, print media of this type is significantly more expensive and available for a shorter time frame for viewer exposure.

7. RAPP:
There are 35 active RAPP students in 5 County high schools (Coxsackie-Athens, Cairo-Durham, Catskill, Greenville, and Hunter-Tannersville). Students meet once a month at their schools to come up with ideas for prevention and outreach messaging, tabling events during lunch, and assist with school events. In addition, students attend monthly all-county meetings at our facility to discuss the issues happening at their respective schools, learn more about other community agencies and resources, learn what to say to their peers, help with social media messaging, and create new tabling questionnaires, surveys, and games to foster participation and outreach. Many of the students help with events for other community agencies like P.A.S. It On (Prevention Awareness Solutions substance use coalition), Tobacco-Free Coalition, American Legion, Public Health Rabies Clinics, and various other clubs that ask for assistance. The students are learning to become good stewards of their communities. There will be 12 Senior

RAPP ambassadors receiving graduation acknowledgement and cords this year for service at their school's scholarship recognition programs.

8. Student Internships:

We continue to be a sought after site for students from multiple disciplines to complement their education. In 2017, we hosted the following:

- Five Albany College of Pharmacy Students for one week placements;
- One Russell Sage Graduate Nurse Practitioner student for semester long placement;
- One School of Public Health Masters student for a 6 credit internship;
- Nine Russell Sage Nursing students in the BS and RN-to-BS programs for 1-2 day sessions;
- Four students from Columbia Greene Community College for 1 day introductions to Public Health; and
- One SUNY Delhi RN-to-BS student for a 24-hour internship project for public health.

9. Incentive Money:

- Meaningful Use (MU): We received \$25,000 in funding for meeting MU guidelines in Stage 3, Year 2.
- DSRIP participation: \$12,151

10. Pregnancy Prevention:

Our agency goals are to both prevent unintended pregnancies, and help promote and plan healthy births.

Table 1 reflects the work in the prevention of unintended pregnancies.

Table 1: Unintended Pregnancies Prevented 2013-2017

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

(Ahlers data annual report, Greene County Family Planning, 2013-2017)

Translated into dollars:

- In one year, the program has saved:
161 (2017 total) x \$12,770* = \$2,055,970 x 60%= **\$1,233,582****
- Over five years, the program saved :
826 (2013-2017 total) x \$12,770* = \$10,548,020 x 60%= **\$6,328,812****

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

***Amounts are based on Medicaid client estimates.*

Goals for 2018:

1. Improve screening rates initiated in 2017 around smoking cessation, maternal child health, depression and genetic testing.
2. Begin providing tele-health services to facilitate access to our services, and provide cost savings for our clients while maintaining revenue.
3. Address anticipated staffing changes around retirements, and replacement for the medical director.
4. Improve clinic efficiency by monitoring, scheduling, staffing, and revenue.

In closing I would like to thank the Legislature and County Administrator for all of their support for this vital program, and the dedicated staff who work tirelessly to provide these essential services.

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

COMMUNICABLE DISEASE CONTROL

Diagnostic & Treatment Center (DTC):

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

Lead Poisoning and Prevention:

- Public Health staff processed 696 blood lead levels through Lead Web from health care providers of Greene County children. Staff sent 260 reminder letters to parents of children, who had not been lead tested as required by law, to contact their health care provider for this test. In 2017, we had only 2 children with a lead level above 15 µg/dl in the county, requiring case management by Public Health Nurses and Environmental staff.
- Public Health 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 2017, 13 families benefited from our 5-9 initiative.

Immunization:

- Clinic numbers for childhood vaccines remains low in 2017 as Public Health can only vaccinate children who are uninsured, underinsured, or covered by a managed Medicaid company. There were 59 children seen at immunization clinics for a total of 139 vaccines.
- The following adult immunizations are available: Influenza, Pneumococcal, Shingles, Tdap, Hepatitis B, MMR, and TwinRix (a combined Hepatitis A and Hepatitis B vaccine). There were 370 adults seen at our immunization clinics for a total of 389 vaccines and 64 PPD's. Public Health vaccinated an additional 24 uninsured adults in the Vaccine for Adult (VFA) program, providing 35 vaccines from this program, lightening the burden of the county who subsidizes these immunizations.
- Influenza clinics were hosted at 13 offsite locations throughout the county; 172 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.
- Fees for immunizations are adjusted annually, reflecting the changing cost of vaccines.

Communicable Disease (C/D):

- State Reportable Diseases: NYS has over 75 state reportable diseases requiring Local Health Departments (LHD) to investigate and provide supporting documentation from providers to the New York State Department of Health (NYSDOH). C/D staff processed over 2500 positive state reportable lab results, working with Infection Control nurses at area hospitals and provider offices, as well as our state DOH partners in timely reporting and surveillance.
- Rabies: Human rabies post exposure treatment was given to 33 residents this year. Greene County hosted 7 rabies clinics, vaccinating 583 county animals with the assistance of the Veterinary professionals from the New Baltimore Animal Hospital.

- **Active TB:** Public Health is responsible for performing direct observed therapy on patients living in the community with Active Tuberculosis. Active TB is a slow growing bacterial infection transmitted through airborne droplets and is very communicable person to person. Public Health Law requires skilled nursing staff to watch these patients consume their medication daily. Public Health had one Active TB patient and has taken advantage of technology using “FaceTime” (HIPAA protected telehealth) to do this. This electronic technology is a cost saving measure for the county that keeps a nurse in D&TC without having to travel to perform a home visit.
- **Lyme:** Lyme disease is still endemic in our region, so much so that a Sentinel Surveillance system is in place. This means that only 20% of the positive labs are being reported to the LHD. When 100% reporting was the norm, the LHD was flooded with positive tests, requiring staff to investigate symptomology and treatment and report to the NYSDOH through the Health Commerce System (HCS), exceeding staff capacity. For 2017, Public Health investigated 388 positive Lyme reports, reflecting 20% of positive Lyme tests in Greene County. Anaplasmosis (39 cases) and Babesia (14 cases) and Powassan (1 case) are three other tick-borne diseases that can be debilitating and those confirmed positive cases have risen this year.
- **Zika:** Zika Virus is an emerging infection, transmitted to people primarily through the bite of an infected Aedes species mosquito (*Aedes Aegypti* and *Aedes Albopictus*). These are the same mosquitoes that spread Dengue and Chikungunya viruses. An infected mother can pass Zika to her fetus during pregnancy. Zika is a cause of microcephaly and other severe fetal brain defects. Zika can also be passed through blood transfusions and sex from a person who has Zika to his or her partners. Symptoms, if any, include fever, rash, joint pain, muscle pain, headaches and conjunctivitis. Those who have traveled to an active Zika transmission area and are pregnant and symptomatic are encouraged to be tested. Although there are no Aedes mosquitoes in our area, each county needed to develop a Zika Action Plan to address the needs of residents should these mosquitoes migrate to our area. Greene County DTC staff work with physicians arranging testing for their patients in the designated area laboratories. With the commercial laboratories now on board to test, physicians will now be able to test directly through them. LHD will act as a resource for physicians and assist with interpretation of results.

GOALS accomplished in 2017:

1. **Staffing:**
In January 2017, the D&TC hired a fulltime Registered Nurse to replace the retired PHN. Our retired PHN acts as a per diem nurse as needed.
2. **Electronic Medical Records (EMR):**
For 2017, Quality Assurance quarterly reports are completed using the EMR.
3. **NY State of Health:**
The Healthcare Consortium provides a Navigator twice a week in our health department to assist uninsured Greene County residents apply for health insurance as part of the Affordable Care Act. In addition, a member of the Public Health staff is certified to assist residents.

Goals for 2018:

- Explore services that can be provided to “hidden” population, i.e. horse farmers, nursery workers, landscaping workers.
- Continue to assist County residents to get health insurance from the Marketplace via the Navigators.
- Collaborate with Adult providers to utilize the New York State Immunization Information System (NYSIIS) for ALL their patients, not just children.
- Continue to utilize Medent EMR to its full capacity.
- Meet the performance measures from NYSDOH on the Legionella Incentive.

- Collaborate with Columbia County to target college students at Columbia-Greene Community College in need of adult immunizations.
- Expand Insurance contracts to include reimbursement from straight Medicaid and MVP.

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 sponsored by the NYSDOH AIDS Institute in New York City and is a county collaboration between Public Health, Highway and Solid Waste.

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

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

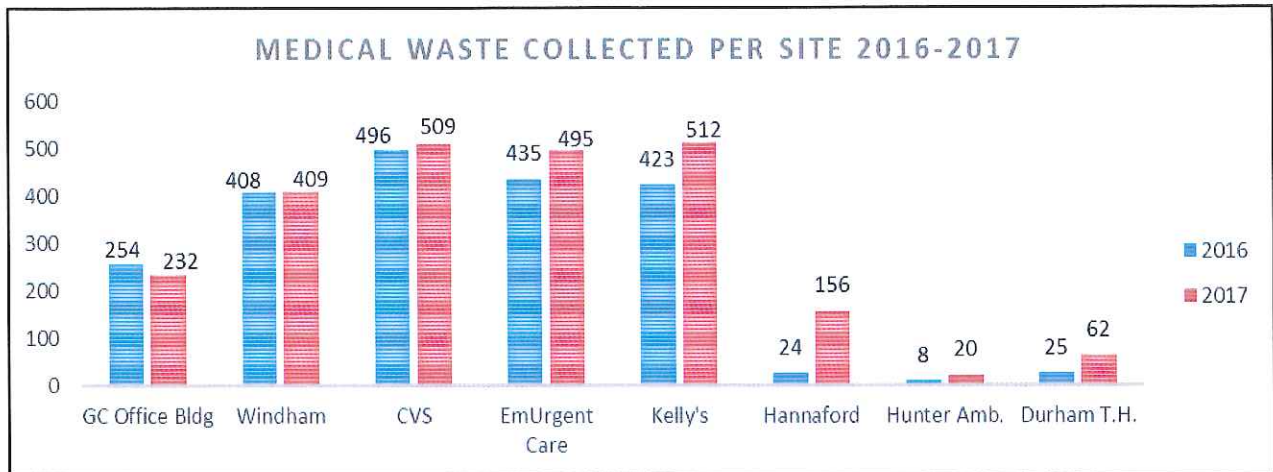
Since mid-2011, the Kiosk Program has collected **10,998 pounds** of residential medical sharps, creating a safer environment for the people of Greene County.

2017 Statistics:

Solid Waste collected 270 containers with a total weight of 2395 pounds, an increase of 322 pounds (15.5%) from 2016’s total of 2073 pounds. The containers were delivered to local nursing homes for disposal: The Pines took 1420 pounds while Greene Meadows accepted 975 pounds.



Kelly’s Pharmacy in Greenville became the location with the highest collection rate in 2017 with 512 pounds, followed by CVS Pharmacy in Cairo (509 lbs.), EmUrgent Care in Coxsackie (495 lbs.), and Windham Pharmacy (409 lbs.).



Kiosk Outreach and Education:

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

In 2017, Health Educators and staff brought sharps containers and program flyers to outreach events and Rabies Clinics around the county. Social media postings on sharps safety and kiosk locations were posted on the Public Health Facebook and Twitter pages. In August, training was provided by Centro Civico of Amsterdam for new Solid Waste employees and Health Educators regarding safe collection techniques at the kiosk sites.

Respectfully Submitted,
Jennifer Passero, Secretary to the Director

**COMMUNITY HEALTH ASSESSMENT /
CHRONIC DISEASE PREVENTION**

Community Health Education:

Greene County Public Health Department has continued to provide the community with education and outreach, to support the goals of the Department and as outlined by the New York State Prevention Agenda. This work was completed by the Senior Public Health Educator, with help from the Family Planning Health Educator, Maternal Child Health Nurse, and many other teammates.

Education topics were expanded upon during 2017, increasing the reach of Public Health to provide access to information on more health topics than before:

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

The total number of individuals reached in 2017 was 4962; approximately double the 2,590 individuals reached in 2016. This was due to the dedicated efforts of the Senior Public Health Educator, a position which had been vacant throughout most of 2016.

Involvement, education, and outreach were provided at multiple locations and events throughout 2017:

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

- Health Fairs/Events/Outreach Education:**
- Columbia Greene Community College orientation
 - DARE Day
 - DSS parenting classes
 - Greene County PROS monthly education
 - Greene County Youth Fair
 - Multiple Greene County school district health fairs and classroom education
 - National Night Out
 - Out of the Darkness Walk
 - Rabies clinics
 - School nurse updates and immunization education;
 - School staff development day
 - SPROUTS
 - TCRS Riverside Residence monthly education
 - Women, Infants & Children (WIC)

Goals for 2017:

1. **Expand the required health educational outreach to all Greene County community members, with a focus on the NYS Prevention Agenda and the health/educational needs of the community.**
The goal to expand the health education outreach has been achieved, and will continue to be ongoing.
2. **Increase the public’s knowledge of the services and resources available through the Greene County Public Health Department.**
This goal has been achieved by providing a larger public presence than before, and will continue to grow over time.
3. **Continue to follow social media trends, in order to provide the most accessible and accurate information for our populations.**
This goal will be ever evolving, as is social media. Public Health has been able to stay up to date on current trends in social media in order to remain relevant to the community.

Goals for 2018:

- Provide the community with the most current local data, trends, and education regarding the opioid epidemic, and its impact on Greene County.
- Expand educational outreach and knowledge of services to underserved populations in Greene County.
- Increase Public Health’s involvement in local task force and health committees, in order to further develop the relationships with community agencies.

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

The CHNA and CHIP are reports that meet the New York State Department of Health (NYSDOH) requirements for local health departments. The CHNA, provided by Healthy Capital District Initiative (HCDI), provides an assessment of the health of the community, including demographics, health and fiscal data, and provides the foundation for the formulation of the CHIP. The CHIP is an action plan to be fulfilled over three years from 2016 to 2018.

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

New York State's Prevention Agenda goals are:

- Prevent Chronic Disease;
- Promote a Healthy and Safe Environment;
- Promote Healthy Women, Infants and Children;
- Promote Mental Health and Prevent Substance Abuse; and
- Prevent HIV, Sexually-Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare-Associated Infections.

There are multiple committees and community agencies which work together to see that these goals are achieved. The Mobilizing for Action through Planning and Partnership (MAPP) Committee is coordinated and chaired by the Senior Public Health Educator in order to streamline the current progress and discuss new ideas to improve health in the county. Other committees attended by the Senior Public Health Educator or the Director of Public Health are the Public Health Leadership Team, HCDI's Community Health Prioritization Committee, Chronic Disease Coalition, and Controlled Substance Task Force.

Mobilizing for Action through Planning and Partnership (MAPP):

In order for community agencies to work collaboratively towards CHNA and CHIP requirements, Greene County Public Health established the Mobilizing for Action through Planning and Partnership Committee (MAPP) in 2012. This county-wide committee serves as a strategic planning tool for improving community health. Many agencies around the county, as well as Columbia County Department of Health and Columbia Memorial Health, are part of this team.

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

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

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

Goals for 2017:

1. **Ongoing review of programs tied to our CHIP goals. Although Public Health coordinates the committee, assessment, and reporting, the programs may be conducted by several different agencies and entities.**
2. **Review of program participation and results, relative to overall goals and objectives.**
3. **Annual report of progress in both obesity and substance abuse as required by NYSDOH.**

All of the goals regarding the CHNA, CHIP, and MAPP were successfully met for 2017. The CHNA and CHIP were submitted and approved by the NYSDOH.

Goals for 2018:

- Continued assessment and reporting of CHIP goals.
- Review of participation and results of programs completed throughout the county.
- Annual reporting of both obesity and substance abuse as required by NYSDOH.

Worksite Wellness – “Go Greene for Wellness” Committee:

The Go Greene for Wellness Committee works in partnership with Blue Shield of Northeastern New York (BSNENY) and the Rural Health Network to provide a wellness program for Greene County employees and their families. The committee is dedicated to promoting health and wellbeing for the Greene County workforce, through coordinated education and wellness opportunities.

Here is a list of highlighted programs through 2017:

- NutriSavings Program: Nutrition benefit offered to BSNENY members
- Biggest Loser Contest (5th Anniversary) - Bigger than ever!
- Exercise, fitness and wellness classes
- Healthy vending options
- Cancer services prevention education
- WalkingWorks summer walking program
- National Walk @ Lunch Day
- GreeneWalks fall walking program
- Lunch and Learn: Fitting in Fitness
- Maintain Don't Gain (Thanksgiving through New Year's)
- Monthly Wellness Tips

Goals for 2017:

1. **Continue to offer wellness programming to Greene County employees through partnership with BSNENY and community health programs offered by the Rural Health Network.**
This goal is ongoing and was completed successfully for 2017
2. **Employee interest survey for 2017**
This goal was not completed but will be reviewed in 2018.

Goals for 2018:

- Continue to offer health and wellness programs to Greene County employees through partnership with BSNENY and the Rural Health Network
- Employee interest survey for 2018

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

Delivery System Reform Incentive Payment (DSRIP) Program

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

Overall goals include:

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

Greene County Public Health Department, along with many other local and regional agencies and entities including Columbia Memorial Health, became a participant in the Albany Medical Center Performing Provider System (PPS) in 2016. This PPS is now known as Better Health of Northeast New York (BHNNY). The Director, Deputy Director and Quality Assurance Coordinator/Agency Compliance Officer sit on the Project Advisory Committee and the Director sits on the Workforce Development Committee.

2017 encompassed much of DSRIP Phase Two, which includes three periods with distinct deliverables; Phase Two extends from January 1, 2017 through March 31, 2018. Deliverables for Phase Two includes projects related to:

- Health Information eXchange of New York (HIXNY) participation
- Health Literacy
- Cultural Competency
- Tobacco Cessation
- Case Management
- Flu Vaccine
- Depression Screening
- Blood Pressure Screening
- Value Based practice
- Collection of data from multiple areas of practice

Greene County Public Health successfully completed contract deliverables for the period January 1 – December 31, 2017.

Goals for 2018 will be determined when the 2018 contract is received from BHNNY, and will include the Cancer Screening and Prevention Project.

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

Social Media Outreach:

The Social Networking Committee was formed as part of the Strategic Planning process in 2014. Their focus has been on providing information to the public about what Public Health does and the services offered. The growth and expansion of our social media presence is and will continue to be a goal of this committee.

Social Media Highlights for 2017:

This year, the Senior Public Health Educator has taken over creating posts on our Facebook page, including monthly tips and timely information throughout the year. Some of the many topics included: Zika virus, ticks and tick-borne diseases, the opioid epidemic and local Narcan trainings, weight loss tips on diet and exercise, influenza and other immunizations, domestic violence, and smoking cessation.

Social Media Outreach Comparison for 2016 and 2017:

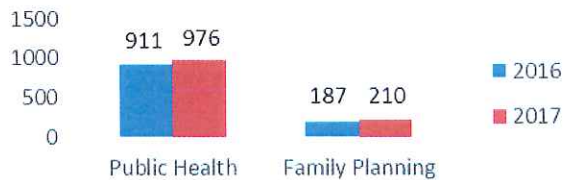
Though the total reach on the Public Health Facebook page went down 44.9% (142,101 in 2016 vs. 78,305 in 2017), the number of likes rose from 911 to 976 (7.1% increase). The total reach in 2016 was due to the targeted educational campaigns on Chlamydia, Zika, Flu, Pneumonia, and HIV Pre-exposure Prophylaxis.

Family Planning's reach rose 56.6% from 2016 (99,526) to 2017 (155,814 - 20,014 organic reach [posted by FP] plus 133,838 paid reach [reach through paid advertising via Kathode Ray Media]). The total number of likes on the Family Planning page went from 187 to 210 (12.3% increase).

Facebook:

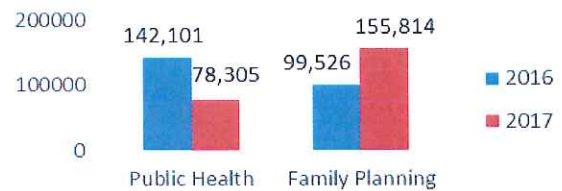
- Public Health www.facebook.com/GreeneNYHealth
- Family Planning www.facebook.com/MYGCFP

Facebook Likes 2016-2017



Likes – total individual users who have liked the page

Facebook Total Reach 2016-2017

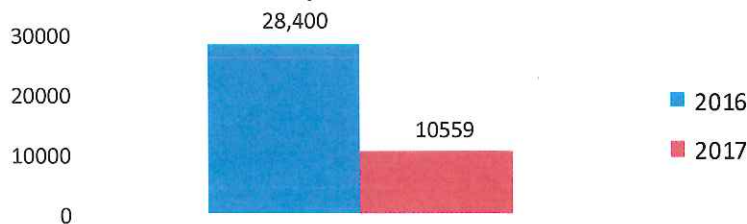


Total Reach - number of people who have seen any content of page

Twitter:

- www.twitter.com/GreeneNYHealth (Tweets are for both Family Planning and Public Health)

Twitter Impressions 2016-2017



Impressions – the delivery of a tweet to an individual's feed

Respectfully Submitted,
Jennifer Passero, Secretary to the Director

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.

Program Type	# Current operations 3/26/2018	2017			2016		
		# Operations	# Inspections	# Complaints	# Operations	# Inspections	# Complaints
Agricultural Fairs	1	1	2	0	1	2	0
ATUPA/Smoking/CIAA	72	N/A	0	0	N/A	89	0
Bathing Beaches	8	7	8	0	7	8	0
Campgrounds	13	13	20	0	14	17	0
Children's Camps	23	23	51	1	22	55	0
Food Service Establishments	307	323	327	9	305	375	14
Institutional Food Services	20	20	50	0	21	37	0
Mass Gatherings	2	2	10	0	2	8	0
Migrant Farmworker Housing	2	2	5	0	2	5	0
Mobile Food Services	34	37	20	0	36	27	0
Mobile Home Parks	15	15	3	0	15	5	1
Non-public Water Supplies	0	N/A	0	0	N/A	0	0
Onsite Sewage Treatment	427	N/A	1	0	N/A	1	2
Public Gathering Sites	83	N/A	0	0	N/A	1	0
Public Water Supplies	258	N/A	205	5	N/A	201	8
Realty Subdivisions	20	N/A	0	0	N/A	0	0
Realty Subdivisions-NYC Watershed	2	N/A	0	0	N/A	0	0
SED Summer Feeding	9	9	8	0	6	6	0
SOFA-Office of Aging Food	5	5	5	0	5	5	0
State Agency Licensed Facilities	4	N/A	0	0	N/A	0	0
Swimming Pools	130	130	179	0	134	173	0
Recreational Aquatic Spray Grounds	1	1	1	0	1	1	0
Tanning Facilities	5	7	5	0	6	4	0
Temporary Food Services	N/A	192	78	0	197	102	0
Temporary Residences	116	120	133	5	118	155	15
Environmental Lead	6	N/A	N/A	N/A	N/A	N/A	N/A
Total	1563	907	1111	20	892	1277	40

Respectfully submitted,
Audrey V. Lewis, Oneonta District Director

EMERGENCY PREPAREDNESS AND RESPONSE

Overview:

Emergency Preparedness is a mandated component of all local health departments. Greene County Public Health receives annual funding through the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) grant. This grant provides financial support as well as organizational structure to the preparedness program. The conditions of the grant require successful completion of quarterly deliverables. These deliverables include--but are not limited to--creating and updating planning documents, attending/providing trainings, and attending state meetings as well as executing exercises. The funding for the 2017-2018 year totaled \$52,096.

Training:

The Emergency Preparedness Coordinator attends numerous trainings throughout New York State. These trainings give an in-depth knowledge of current practices in emergency preparedness, guidance on creating planning documents, grant development, effective communication, and exercise development.

An additional requirement is to train staff in preparedness related topics. Trainings provided include Access and Functional Needs, Fire Drills, and on the Countermeasure Data Management System (CDMS), the NYSDOH application for data management during a response effort. The coordinator successfully FIT Tested all the department staff in 2017 as well as ensured all staff had completed the ICS-100, -200, and -700 courses.

The coordinator provided numerous trainings to Greene County stakeholders in 2017. Notably, she coordinated a full training day on CHEMPACK for over 40 first responders in the region which brought in speakers from Albany Medical Center, Columbia County Department of Health, NYS Emergency Management, as well as our regional HAZMAT. Additionally, she coordinated a Detecting Terrorism Seminar which brought in security stakeholders from major retailers in Greene and Columbia Counties as well as law enforcement from Greene. In early 2018 she will be hosting a Special Agent from the Albany Drug Enforcement Agency who will come and speak to first responders and county employees regarding the dangers of Fentanyl. Lastly, due to the cyber events that affected some local health departments and hospitals throughout NYS in 2017, she has put together materials to disperse to the department staff in order to improve departmental cybersecurity measures and knowledge.

Review of 2017 Goals:

- 1. Greene County Public Health Department's Medical Countermeasures Clinical Operations Plan:**
This plan was reviewed and revised twice in 2017. Meetings were held with key stakeholders to discuss the logistics of POD operations based on this plan.
- 2. Point of Distribution (POD):**
Greene County successfully completed this exercise. Another POD exercise is planned for April 3rd, 2018 and this year we will be exercising a new location to further develop our Medical Countermeasures Plan and improve our departmental preparedness to utilize the location.
- 3. Development of Memorandum of Understanding (MOU) for Closed Points of Dispensing (C-POD):**
MOU's have been signed with the following private facilities to become C-PODs (a location operated by a private organization for a target group which may include employees and their families, and/or the people they serve) in the event the health department has to provide medical countermeasures to County residents:
 - *The Pines at Catskill Center for Nursing and Rehabilitation,*
 - *Greene Meadows Nursing and Rehabilitation Center,*
 - *The Eliot at Catskill, and*
 - *Columbia Memorial Health (CMH) Primary Care Offices in Greene County (awaiting final signature).*

An MOU was also signed with Community Life Church in Catskill to be our alternative operating location in the event our offices are unusable. This was a development that resulted from updating our Continuity of Operations Plan (COOP).

- 4. Chemical Hazards Emergency Medical Management (CHEMPACK):**
On November 18th, 2017 the coordinator hosted a full training day for Greene and Columbia County first responders on CHEMPACK and conducted a tabletop exercise based on CHEMPACK in the afternoon.

5. Medical Reserve Corps (MRC):

NYSDOH Office of Health Emergency Preparedness had a delayed rollout of the new ServNY 2.0 system. There were many deficiencies noted following its rollout throughout December. The preparedness coordinator is waiting until the improvements are made to organize volunteers into the new system.

6. Medical Sheltering:

The coordinator worked with her preparedness partners and created a Medical Sheltering Annex for our Greene County Sheltering Plan. It has been submitted to the State for review.

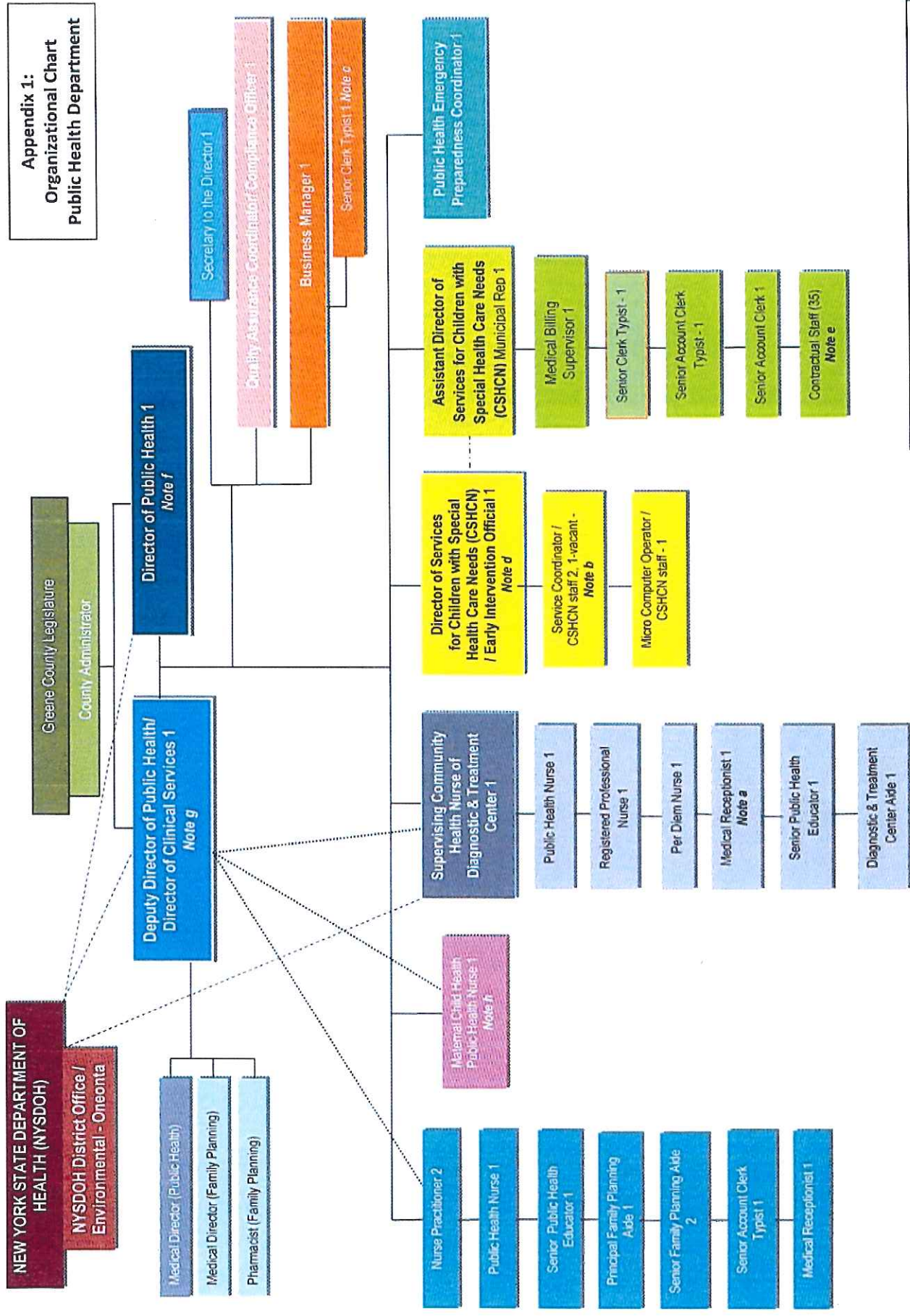
Goals for 2018:

- Closed Point of Dispensing (C-POD) Development: Create Operational Guides for each C-POD.
- Provide Trainings: Training areas should include Fentanyl Awareness for First Responders and County Employees, Cyber Security for Health Department Employees, training for C-POD partners.
- Exercise: Successfully complete the mandated annual POD drill on April 3rd, 2018. Additionally, conduct IHANS emergency notification drills within the department at least twice.
- Advance CHEMPACK Preparedness: Annual training with Columbia County Department of Health on CHEMPACK will now be the standard. In 2018 all improvement plan measures should be met that were listed in the 2017 CHEMPACK Tabletop After-Action Report (AAR). Priority this year should be the coordination with Margaretville and St. Peters Hospitals to have Greene County included in their CHEMPACK caches.
- Develop MOU's: Both leadership within the Health Department and Emergency Management have agreed that creation of agreements with key pharmacies in the mountaintop regions for POD measures will enhance our ability to provide countermeasures to the residents of Greene County. While dispensing through pharmacies can only be done for certain countermeasures, under certain conditions, our planning team feels that having agreements in place with particular pharmacies will enhance our preparedness toolkit for if and when we are able to utilize them in dispensing.
- Update Public Health Emergency Plans: Review and update all emergency preparedness plans including: Medical Countermeasures Clinical Operations Plan, CHEMPACK, COOP, Contacts for Closed PODs, Medical Sheltering Annex, Fit Testing Policy and Procedure, and any other preparedness related document.

Respectfully submitted,

Brielle Phillips, MGH, Emergency Preparedness Coordinator

**Appendix 1:
Organizational Chart
Public Health Department**



e. Clinical professional, physical and occupational therapy, speech
 f. Also has Health Education duties
 g. Diagnostic & Treatment Center, Family Planning and Maternal Child Health report to this position
 h. Also has Health Education & Family Planning duties

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"