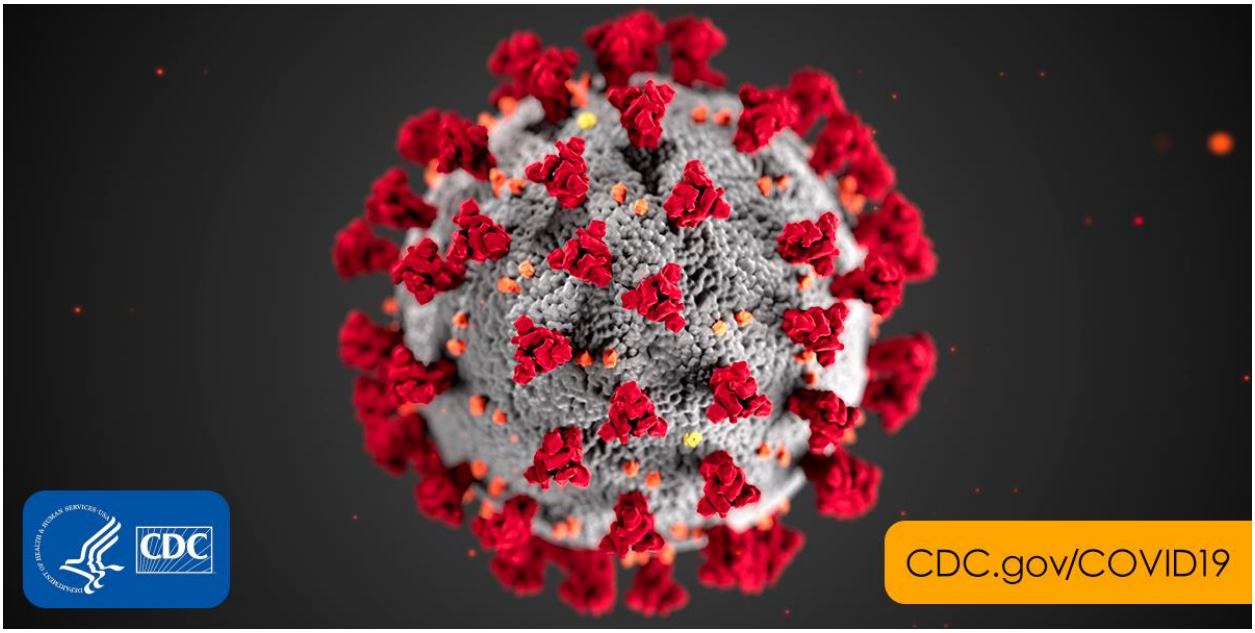
Greene County
Public Health Department

Annual Report 2020



Submitted: August 3, 2021

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

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MISSION

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

VISION

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

VALUES

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

TEN ESSENTIAL PUBLIC HEALTH SERVICES

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

SIX CORE SERVICES OF PUBLIC HEALTH:

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

Local Health Departments:

- **Are Prepared**
  - Public Health Emergency Preparedness and Response is a core public health service
  - Emergency Response plans include pandemic planning
  - Plans are regularly drilled or activated to respond to local emergencies and outbreaks, allowing for lessons learned and plan improvements

- **Are Communicable Disease Experts**
  - Activities routinely conducted:
    - Epidemiological investigations
    - Contact tracing
    - Monitoring of suspected cases
    - Mass clinics
    - Isolation and Quarantine

- **Are Experienced**
  - Have responded to emerging disease threats over the last few decades and learn and improve the response each time, leveraging staff experience, technology and added expertise

- **Build Strong Partnerships**
  - Working hand-in-hand with NYSDOH and CDC to protect the public's health
  - Build and maintain strong community partnerships with local hospitals, clinicians, colleges, school districts, businesses, community-based organizations, and individuals volunteers
    - All partners are then ready and able to work together in a public health emergency

- **Are Responding Every Day**
  - A strong public health response is our best protection against emerging infections, such as COVID-19
  - Making sure that the public health infrastructure is well-funded for everyday work assures that local public health experts act quickly and effectively to mitigate the risks posed by new disease threats.

New York State has strong Public Health Laws

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

Review of 2020 Public Health Department GOALS:

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

Public Health continues to respond the needs of our community through daily attention to our COVID-19 positive citizens, identifying contacts, providing the most up-to-date health guidance and prevention information available, and monitoring information from the New York State Department of Health, Centers for Disease Control and Prevention, Johns Hopkins, and the World Health Organization.

Within this ever-changing health climate, we continued our work in such diverse areas as: Family Planning; tick-borne disease; childhood lead exposure; Rabies post-exposure vaccination and preventive animal vaccination, communicable disease prevention, detection and response; immunization (childhood and adult); children's programs (from birth to 5 years of age); maternal infant health; substance abuse treatment, prevention and response; and Public Health Emergency Preparedness.

Goals for 2021:

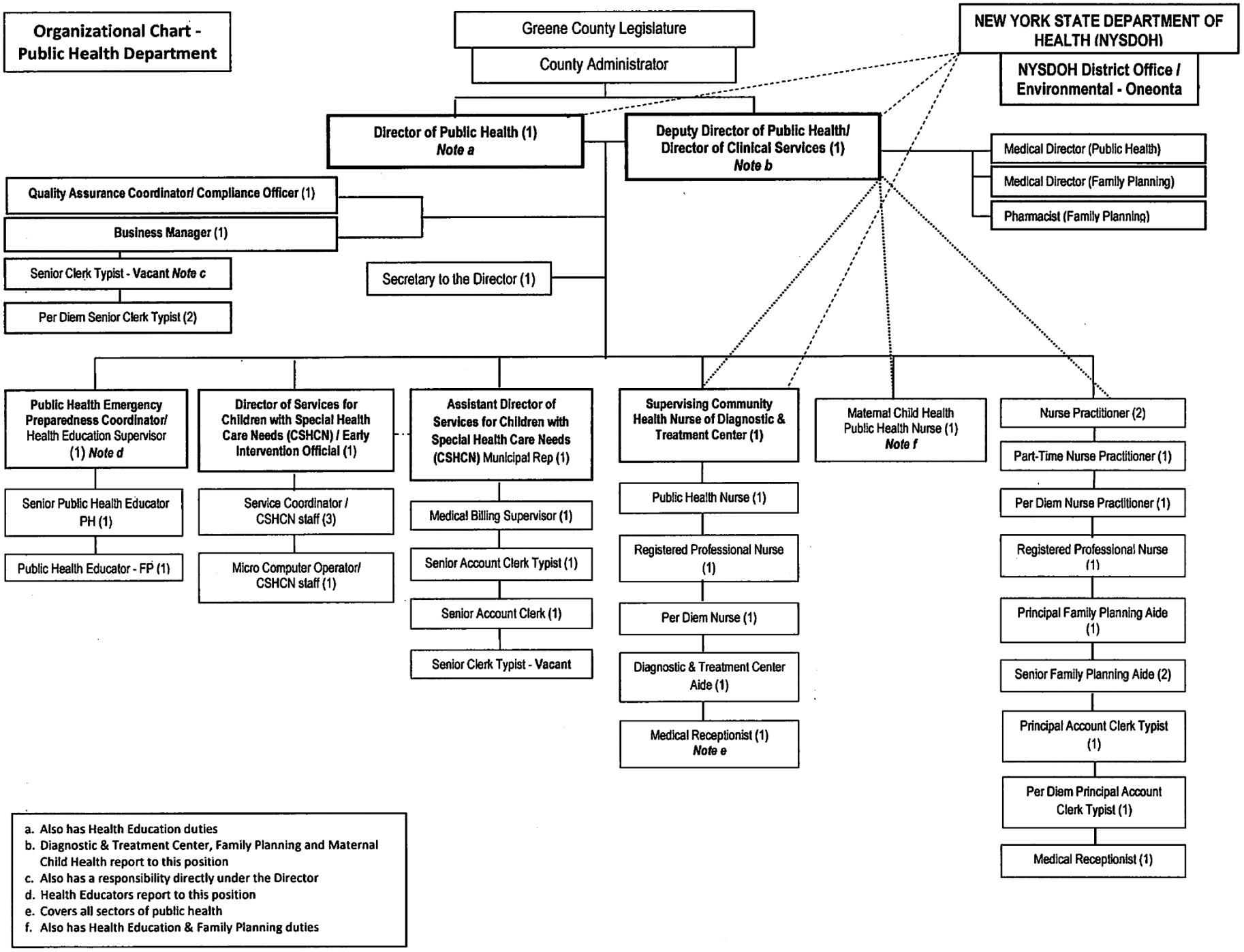
Continued focus on COVID-19 response:

- Rapid management of newly reported cases
- COVID -19 Vaccination
- Contact tracing and quarantine of contacts including the resolution of unmet needs
- Response to outbreaks
- Data management and evaluation
- Utilization of CommCare (a NYSDOH electronic medical records system) and continued integration of this system into our daily work
- Enhanced reporting
- Education and outreach
- Testing and referral
- Assisting the public and our community with management of COVID Guidance

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

- Revised Mission, Vision and Values
- Determination of Strategic Issues and Goals, utilizing a Strengths, Opportunities, Aspirations and Results (SOAR) Analysis
- Mapping of Strategies, Actions and Timelines

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


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

Quality Assurance/Compliance

Public Health Quality Assurance (QA) and Agency Compliance is designed to improve patient care and service by improving quality processes and maintaining program integrity. The QA Coordinator/Compliance Officer should evaluate systems of care, identify problems, and work collaboratively to develop solutions, with a focus on NYS and federal regulatory requirements.

Quality assurance duties include:

- Policies
    - Continued new policy development when need identified, or new State or Federal mandate
    - Annual review of previously developed policies and existing practices, making recommendations for combining and revision when necessary for 3 areas within Public Health: Family Planning, Diagnostic & Treatment Center (D&TC), and the Licensed Home Care Service Agency (LHCSA)

  Public Health policies have also been placed on the Public Health SharePoint for easy access at any time. A master policy binder is maintained by the QA Coordinator/Compliance Officer.

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

2020 Accomplishments:

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

Staff Education (Annual In-Services):

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

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

Goals for 2021:

- Maintain LHCSA compliance within New York State Department of Health (NYSDOH) regulations. Public Health was due for an onsite visit from surveyors in 2019; since this did not occur, we anticipate a visit at some time in 2021.
- Maintain Family Planning and D&TC compliance with Article 28 NYSDOH regulations. Surveyors could come in 2020 for their review as well.
- Continue to participate and support Public Health's new strategic plan and mission with participation in the monthly Workforce Development and Policy Quality Improvement Committee (PQIC) meetings
- Provide excellent, competent care and services to the clients of Public Health and Family Planning.

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

COMMUNICABLE DISEASE CONTROL

Diagnostic & Treatment Center (DTC)

The Diagnostic and Treatment Center (DTC) within Public Health encompasses Communicable Disease, Lead Poisoning and Prevention and Immunization. Typically, our staff of 4 covering program areas is extremely busy. No one could imagine how this Pandemic would alter the daily operations of Public Health.

COVID-19 came to our attention in December of 2019 on our weekly Epidemiology calls with NYSDOH. The lead Epidemiologist, Bryan Backenson at the tail end of the call stated "There is something happening in China. We are not sure if it will develop into something; we will keep you all posted."

COVID-19 Case Investigation and Contact Tracing:

In the beginning of the pandemic, the DTC staff was able to handle the mandatory traveler quarantines and did our best to maintain communication with those quarantined to be sure they were not developing symptoms. This was all done via phone calls and paper records. By Mid-March of 2020, positive cases were rolling in 7 days a week. It was at that time we needed to develop teams which incorporated everyone that worked in Public Health, Early Intervention, Preschool Special Education, and Family Planning to streamline our cumbersome paperwork. Staff was trained in case investigations and contact tracing, and we were looking to recruit anyone that was willing to learn to be a part of our Medical Reserve Corps (MRC).

Positive cases needed to be called daily to check on their progress. Early in the pandemic, ill people were staying home too long as their symptoms worsened. Often, Public Health called an ambulance for those patients. Staff were responsible to track the positives, and if they met the criteria to be discharged from isolation after their 10 days, a release email would be sent.

Hospitalized patients were tracked daily by one of the PHN's as well as any Nursing Home residents in isolation.

The public at first was very cooperative with our outreach, but before long, some positive cases would not return our calls for an interview, refuse to participate, or just not reveal contacts. In those instances, an isolation letter would be mailed with a note to please contact Public Health.

Maintaining paper records was a challenge for all Local Health Departments (LHD). By June of 2020, NYS acquired a data collection software system that all LHD's were highly encouraged to use; Public Health went live on the nationwide CommCare system on June 2, 2020. There were certain kinks that needed to be worked out, but once staff became used to using the system, it streamlined our workflow.

As numbers increased over time, staff and volunteer case investigators needed support to keep up with the Contact and traveler interviews. Some positive cases had in excess of 20 contacts, all of whom needed to be interviewed and instructed to quarantine for 10 days from last exposure, as well as tracking them throughout their quarantine to see if they reported symptoms. Contacts were not just family members and coworkers, but could include the church they attend, classmates at school, restaurants, salons, ride shares etc. Greene County reached out to the NYSDOH Virtual Call Center (VCC) which was set up across the state to assist counties with contact tracing efforts. The VCC had a robust staff and handled all contact and traveler interviews connected to Greene County positive COVID-19 cases. Their assistance provided relief to Public Health staff working 7 days a week, sometimes in excess of 12 hour days.

Numbers started to diminish in the summer, but the predicted next wave started again in October; by the end of 2020, we had a total of 1335 positive COVID-19 cases. 251 were active cases at the end of the year and that trend continued through the winter of 2021.

Greene County COVID-19 Daily Update

Totals as of 12/31/2020 at 4:30 PM

Total Number of Positives:	1335
Active Positives:	251
Correctional Facilities:	29
Adult Care Facilities:	59
New Positives Today:	50
Hospitalized:	23
Deaths:	28
Residents on Quarantine:	541
Greene County Residents Tested (from 12/29):	41,920
Percentage of Tests that have come back positive (from 12/29):	3.0%
Seven (7) day Rolling Positive Rate (from 12/29):	10.5%

Information will be updated daily.
Due to limited testing capability, the number of positive cases does not fully reflect current illness.

If you have any questions, please call Greene County Public Health at 518-719-3600, option 1

Work Flow:

All supervision worked in the office throughout the pandemic and the agency was operational 24/7. There were concerns about our staff becoming ill, and the need to maintain social distance at work was difficult, so schedules were modified to have staff work from home.

- Staff were assigned to teams which would rotate in the office to take case assignments and those working from home would handle the daily calls to the positives and Persons Under Investigation (PUI). Teams remained in the same cohort to ensure if someone tested positive, it would only quarantine that cohort of employees, which fortunately only affected our staff once throughout the pandemic.
- Staff and supervision were tested throughout the pandemic while working an enormous number of hours.
- The DTC assigned all Communicable Disease labs except for COVID-19 to one Public Health Nurse (PHN), who worked from home all the other state reportable diseases. That allowed the rest of the staff to focus on COVID-19.
- The Emergency Operations Center (EOC) in Cairo activated and opened a COVID-19 call center handling incoming calls. The call center was staffed with volunteers, PH staff and other county employees. EOC staff fielded calls from the public and emailed designated supervisors any calls that needed to be returned by PH staff. These emails came in all day long and call backs would be made to assist community members.

Public Health was assigned a School Specialist who worked weekly 2 days in the office/3 days remote (a grant funded position through HRI). He was a resource person for all Greene County school districts and would assist in disseminating the ever changing guidance to our superintendents and principals. Weekly Zoom meetings kept everyone informed, and provided a platform for questions the school specialist could research. Although he couldn't interview cases or students, he could interview faculty and staff contacts to determine exposure which bypassed the VCC. He was a retired teacher and a resident of Greene County and knew the players which made this an effective fit.

Public Health also acquired one part-time RN who worked case investigations remotely (also grant funded through HRI from the State). We also had 2 part-time volunteer case investigators that worked remotely during the high volume days. Their assistance lightened the burden on staff.

Testing:

At the onset of the Pandemic, getting tested was a challenge; essentially it was only being done at the hospitals, and if every other condition was ruled out. Greene County does not have a hospital, which put our residents at even more of a disadvantage. The County worked with Wadsworth Center to arrange for Public Health to do their own testing and have them processed through the State Lab at Wadsworth Center in Albany. The county legislature approved the purchase of COVID testing supplies, which started to arrive along with NYSDOH testing supplies. Staff nurses, volunteers, and other county employees started testing on Wednesday evenings, initially at drive-through clinics throughout the county, then centrally at the County building. Tests were driven up to the lab after each clinic, either by staff or MRC volunteers. In additional to Polymerase Chain Reaction (PCR) testing, NYSDOH provided Public Health with six (6) rapid molecular testing machines; and staff was trained to run the

tests and upload them to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS). This testing went on 10 months and was very well received. It ended as vaccines were rolling out and the demand was diminishing.

Outbreaks:

Greene County experienced several large outbreaks of COVID-19 in our Nursing Homes and NYS Correctional Facilities, as well as the local Dialysis Center, and many other businesses. These outbreaks were challenging for the facility but also for Public Health: logistically cohorting the ill, managing staff working with the ill and not being used in other parts of their facility, staff shortages due to illness, and then household members becoming ill. Public Health worked with Infection Control in the facilities, HR directors, NYSDOH, and the New York State Department of Corrections & Community Supervision (NYSDOCCS) to streamline reporting and contact tracing.

Rethinking the delivery of Public Health services:

The Pandemic halted normal operations of the health department, but it was important to be creative in order to deliver essential services to our residents. Public Health suspended in-person vaccinations through a large portion of the pandemic. Our team worked with localities to set up drive-through influenza clinics in Catskill, Coxsackie, and Windham. Those interested either pre-registered online or contacted the Public Health directly. The clinics went very well and were well received and appreciated.

LHD's are also mandated to host at least 3 rabies clinics a year. Normally Public Health hosts 7, but with staff working 24/7 and the restrictions of social distancing, our normal rabies clinics at local firehouses were not an option. Public Health worked with the Town of Cairo and set 3 dates for drive-through rabies clinics at Angelo Canna Town Park in Cairo. New Baltimore Animal Hospital provided the Veterinarian and Vet technician. All participants needed to pre-register and remain in their vehicles. All three clinics went very smoothly, and residents were pleased to be able to have this opportunity to vaccinate their animals during the pandemic.

Lead:

Lead testing and care coordination was a bit different in 2020. Provider offices saw fewer in-person patients and performed more virtual visits. Parents were hesitant to bring their children to labs for follow-up testing fearing they would be exposed to COVID-19, and in-home lead visits were suspended.

At the end of 2019, there were some regulation changes for lead care coordination. The biggest change was that a child who has a 5 µg/dL blood level is now considered to have an elevated lead level. Once a child has a venous test with a result of 5 µg/dL or higher, all follow-up testing should be venous. Along with the routine follow-up care, hemoglobin, hematocrit, and iron tests are part of the requirements for care coordination.

The discharge criteria had also changed. Now two consecutive venous lead tests at least 3 months apart and below 5 µg/dL are required along with the successful completion of all lead remediation tasks assigned by the NYSDOH Environmental team.

With the regulatory changes occurring a few months prior to the COVID-19 pandemic emerging, care coordination has been more difficult. In addition to the regulatory changes, healthcare providers have had to adapt their practice to minimize possible exposures to COVID-19.

Communicable Disease:

Despite COVID-19, other state reportable diseases continued to circulate in Greene County. The DTC processed over 6,400 lab reports, 1335 positive COVID-19, 703 additional positive state reportable diseases, and 176 confirmed cases of arthropod diseases. This was quite challenging since diagnosing and treating and/or managing them and following up on them created logistical issues. Communication with Providers was difficult since many Providers weren't seeing patients and were trying to transition to Telehealth visits. Patients with any symptoms were assumed to possibly have COVID-19, and ultimately after testing negative, would then start testing for other illnesses which would delay diagnosis and treatment. Many Providers changed their schedules

drastically and only available on certain days, limited hours, and limited staff. So a lot of messages back and forth and "phone tag" occurred.

It was also challenging since all of our usual NYSDOH contact personnel were working remotely and also working on COVID-19. That resulted in delayed communication for General Communicable Disease follow up. It took much more time to get responses to questions and guidance due to this. Public Health managed to get all issues and questions resolved.

During 2020, General Communicable Disease cases, STD's, and arthropod cases reported, investigated and entered into CDESS included:

- Enteric Diseases (Salmonella, Campylobacter)
- Group A and B Strep infections
- Hepatitis A, B, and C (Many new cases of Hepatitis C)
- Lyme disease, Anaplasmosis, Ehrlichiosis, and Babesiosis.
    - All through the year, not just during regular tick season (May through September), due to the year's weather conditions and people spending more time outdoors.
- STD's- Increased cases of Chlamydia, Gonorrhea and Syphilis throughout the pandemic and across various age groups.

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

In summary, Public Health faced many challenges during 2020 to be thorough and complete with all of the state reportable disease investigations during the COVID-19 Pandemic, and managed to successfully get the work done.

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

Project Needle Smart "Kiosk Program"

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

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

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

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

Kiosk Outreach and Education:

Information about the program and how to access sharps containers is given to:

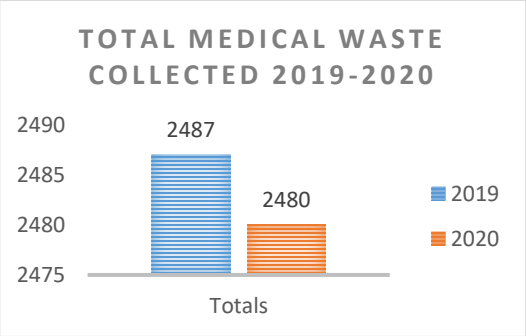
- Visitors and callers at Public Health, Family Planning, and Social Services
- Public Health outreach events (rabies clinics, Youth Fair, etc.)
- Kiosk sites
- New mothers through the Maternal Child program
- Families through Early Intervention.

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

2020 Statistics:

Solid Waste collected 293 containers with a total weight of 2,480 pounds, a decrease of 7 pounds **(0.2%)** from 2019's total of 2487 pounds.

Since its inception in mid-2011, the Kiosk Program has collected **18,397 pounds** of residential medical sharps, creating a safer environment for the people of Greene County.



Site	2020	2019	Increase/Decrease in Pounds	% Change
Kelly's Pharmacy, Greenville	606	644	**-38**	5.9% ↓
CVS Pharmacy, Cairo	430	421	**+9**	2.1% ↑
County Office Building, Catskill	413	309	**+104**	33.6% ↑
EmUrgent Care, Coxsackie	358	463	**-105**	22.6% ↓
Windham Pharmacy	356	383	**-27**	7.0% ↓
Hannaford, Cairo	255	198	**+57**	28.7% ↑
Hunter Ambulance	48	30	**+18**	60% ↑
Durham Town Hall	14	39	**-25**	64.1% ↓

2020 Challenges:

Public Health generates a monthly report to the NYSDOH AIDS Institute with information on amounts collected per location and any outreach performed for the program.

During the Coronavirus (COVID-19) pandemic, locations were just as busy as prior years. Reporting to NYSDOH slowed down at the end of the year. Numbers for monthly reporting for August through December were received in mid-January 2021 and submitted in March 2021.

Respectfully Submitted,
Jennifer Passero, Secretary to the Director

COMMUNITY HEALTH ASSESSMENT / CHRONIC DISEASE PREVENTION

Community Health Education

Throughout 2020, the majority of health education provided by Greene County Public Health Department was regarding COVID-19. Since few other locations such as schools, senior centers, and community settings were open/accessible, the majority of health education was done via phone and the internet. This work was completed by multiple Public Health Employees, including the Senior Public Health Educator, Family Planning Health Educator, Maternal Child Health Nurse, Emergency Preparedness Coordinator, and Public Health Nurses.

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

Meetings/Task Force Involvement:

- Columbia Greene Addiction Coalition
- Columbia Greene Addiction Coalition – Prevention Workgroup
- Columbia Greene Addiction Coalition – Multimedia Workgroup
- Greene County Networking Committee
- Medical Professional Advisory Committee (MPAC)
- Out of the Darkness Committee
- Suicide Prevention Committee

The total number of individuals reached across Greene County in 2020 was approximately 1000, a decrease of 6600 (**86.8%**) from the previous year's reach of 7600. This severe decrease was due to the cancellation of multiple community events due to COVID-19.

Goals for 2020:

- **Increase public knowledge of general hygiene/wellness information to combat potential communicable illnesses (i.e. Influenza/COVID-19).**
  This work was done on a daily basis via phone and internet to provide information for the community.
- **Increase access to education and information regarding Lyme disease, especially in more rural communities in Greene County.**
- **Increase access to education, prevention, and cessation of tobacco products for all Greene County residents**.
  These goals were not on the forefront for health education during the height of COVID-19. They will be resumed in 2021.

Goals for 2021:

- Continue to increase public knowledge of general hygiene/wellness information to combat potential communicable illnesses.
- Increase access to education and information regarding Lyme disease, especially in more rural communities in Greene County.
- Increase access to education, prevention, and cessation of tobacco products for all Greene County residents.

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

Greene County Public Health Department submitted a joint CHNA/CHIP report with the Columbia County Department of Health and Columbia Memorial Health, which was accepted at the beginning of 2020. Over the year, the efforts of the two departments and the hospital were immediately directed towards COVID-19. For 2021, our efforts will slowly return to the original plan laid out in the Community Service Plan (CSP).

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

New York State's Prevention Agenda goals are:

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

There are multiple committees and community agencies which work together to promote these goals. The Columbia-Greene Healthy People Partnership was formed in 2019 to combine the efforts and strengths of the Greene County MAPP & Columbia County PHLT committees.

Goals for 2021:

Resume the work of the Prevention Agenda 2019-2024:

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

Priority Area: Chronic Disease Prevention:	**Priority Area: Promoting Well-Being and Preventing Mental Substance Use Disorders**
Focus Areas: Healthy Eating and Food Security, and Physical Activity. A disparity area to be addressed will be adults with disabilities.	Focus Areas: Promote Well-being; and Prevent Mental Health and Substance Use Disorders.

- Maintain the collaborative implementation of the CHIP workplan.

Columbia-Greene Healthy People Partnership (Formerly Mobilizing for Action through Planning and Partnership (MAPP)-Greene County and Public Health Leadership Team (PHLT)-Columbia County)

The joint group meets quarterly to assess and track the progress of the community work plans (CHNA/CHIP) to be reported to the NYSDOH. Due to the COVID-19 pandemic, this group did not meet during 2020; meetings will resume in 2021.

Goals for 2020:

- **Quarterly Healthy People Partnership meetings with input from community and local stakeholders.**
- **Assess and track the progress of the joint work plan across the first year of implementation.** *These goals were not met during 2020, as all efforts were directed towards COVID-19.*

Goals for 2021:

- Hold meeting with Healthy People Partnership to receive input from the community and local stakeholder on resuming activities which were paused during COVID-19.
- Assess and track the progress of the joint work plan across the first few years.

Worksite Wellness – "Go Greene for Wellness" Committee

In partnership with the employee insurance company Empire Blue Cross Blue Shield, and multiple agencies, the "Go Greene for Wellness" Committee works to improve the health and wellness of Greene County employees and

their families, through coordinated education and wellness opportunities. This group did not meet in 2020, with goals to meet within the year. The Biggest Loser Contest, held by the Rural Health Network (part of the Go Greene for Wellness Committee) still took place during the year of 2020.

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

Goals for 2020:

- **Continue to provide current wellness initiatives for all employees.**
  This group was not able to meet during 2020.

Goals for 2021:

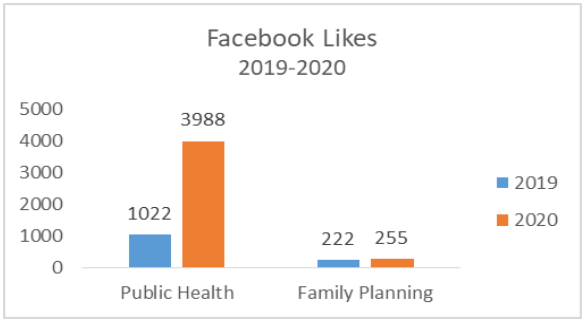
- Initiate a meet with the group to determine the steps to take for the following year.

Social Media Outreach

Greene County Public Health Department has active Facebook and Twitter accounts with a combined total of 4359 followers, an increase of 3017 (**224.8%**). Almost all information/education shared during the year was regarding COVID-19. Other topics included, but were not limited to, lead poisoning, Lyme disease, opioid addiction, healthy eating and exercise, heart health, stress, and smoking cessation. Events held or attended by Public Health (COVID-19 testing and rabies clinics) were advertised on social media in order to encourage participation.

Goals for 2020:

- **Increase public participation on social media sites through interactive posts.**
- **Increase total number of individuals reached through social media.**
  These goals were met as we increased our page interactions and followers greatly over 2020.



Likes – total individual users who have liked the page

Goal for 2021:

- Maintain the number of Facebook followers and interactions while increasing the range of health education topics shared on social media.

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

Delivery System Reform Incentive Payment (DSRIP) Program

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

Overall goals include:

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

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

Goals for 2020:

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

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

EMERGENCY PREPAREDNESS AND RESPONSE

Overview:

Emergency Preparedness is a mandated component of all local health departments. Greene County Public Health (GCPH) receives annual funding through the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) grant. This grant provides financial support as well as organizational structure to the preparedness program. The conditions of the grant require successful completion of quarterly deliverables. These deliverables include--but are not limited to--creating and updating planning documents, attending/providing trainings, and attending state meetings as well as executing exercises. Funding for the 2019-2020 year totaled $52,096.

Training:

The Emergency Preparedness Coordinator is required to attend numerous trainings throughout New York State which gives an in-depth knowledge of current practices in emergency preparedness, guidance on creating planning documents, grant development, effective communication, and exercise development. The coordinator is also responsible for ensuring all public health staff has completed the Incident Command System (ICS) courses: ICS-100, -200, and -700. Additionally, the coordinator is required to provide staff in-services, as well as community outreach & education sessions for recruitment of Medical Reserve Corp (MRC) and disaster preparedness/readiness information.

Trainings completed:

- CDMS updates for COVID response
- Ambulance driving in an emergency
- NYSDOH Specimen transport
- All other required NYSDOH OHEP-HepC, LEPC, EMS Council

Trainings and/or outreach provided:

- 2 Greene County school's staff development days presentations on COVID response
- CDMS for data entry to vaccine pod staff
- JITT at 70+ vaccine pod sites

Review of 2020 Goals:

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

Goals for 2021:

- Train the Greene County Legislature on the Incident Command System (ICS)

- Conduct trainings for GCPH and other County Department Supervisors on:
  - Crisis & Emergency Risk Communication (CERC); Psychological First Aid (PFA); ICS 100, 200, 700 for new employees, as well as staff review.
- Medical Reserve Corp (MRC) revitalization:
  - Retain MRC volunteers with quarterly trainings and updates, attend Dutchess County's MRC meetings, and complete the federal MRC unit reports.
- Update the following plans: PHEPRP, MCM ClinOPs, COOP, CEMP, Mass Fatality
- Gain access to County school safety committees.

Respectfully submitted,
Penny Martinez, Emergency Preparedness Coordinator

ENVIRONMENTAL HEALTH

As Greene County is a partial service county, all environmental issues are sent to the Oneonta District Office of the New York State Department of Health. They handle all restaurant, camp and water system inspections for Greene County.

		2020			2019		
Program Type	**# Current operations (3/30/2021)**	**# Operations**	**# Inspections**	**# Complaints**	**# Operations**	**# Inspections**	**# Complaints**
Agricultural Fairgrounds	1	1	0	0	1	2	0
ATUPA retail/vending/CIAA	69	N/A	44	0	N/A	103	1
Bathing Beaches	8	8	0	0	8	12	0
Campgrounds	19	18	8	2	16	17	1
Children's Camps	24	24	6	2	23	54	0
Environmental Lead	6	N/A	N/A	N/A	N/A	N/A	N/A
Food Service Establishments	326	345	265	34	332	362	12
Institutional Food Services	21	21	19	0	21	38	2
Mass gatherings	1	1	0	0	1	4	0
Migrant Farmworker Housing	1	1	2	0	1	2	0
Miscellaneous	6	N/A	0	0	N/A	0	0
Mobile Food Services	38	39	5	1	34	28	2
Mobile Home Parks	15	18	0	2	16	17	1
Non-public Water Supplies	1	N/A	0	0	N/A	0	0
Onsite Sewage Treatment	414	N/A	0	1	N/A	0	1
Public Gathering Sites	103	N/A	0	0	N/A	0	0
Public Water Supplies	251	N/A	32	1	N/A	121	2
Realty Subdivision (incl NYC)	23	N/A	0	0	N/A	0	0
Recreational Spray Grounds	1	1	1	0	1	2	0
SED Summer Feeding	7	7	3	0	7	8	0
SOFA-Office of Aging Food	5	5	4	0	5	6	0
State Agency Licensed Facilities	4	N/A	1	0	N/A	0	0
Swimming Pools	119	125	60	0	127	124	0
Tanning Facilities	4	4	2	0	6	4	2
Temporary Food Services	N/A	26	0	0	174	51	0
Temporary Residences	113	122	81	13	116	122	9
Total	**1580**	**766**	**533**	**56**	**889**	**1077**	**33**

Respectfully submitted,
Edward R. Bartos, Oneonta District Director

FAMILY HEALTH

Children's Services

Early Intervention (EI):

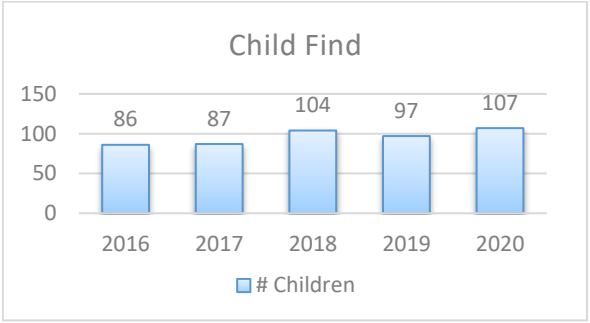
Early Intervention is a program for children from birth to age three that provides evaluations and services for those who qualify. Services in EI include: Speech Therapy, Physical Therapy, Occupational Therapy, Social Work, Special Education and Service Coordination. All services are home/community based, and may be provided by independent or agency providers. Referrals to EI come from a variety of sources, which include but are not limited to: doctors, parents, the Department of Social Services (DSS) and other counties. Because participation is voluntary, referrals can only be made with a parent's consent. All referred children must be evaluated to determine eligibility according to NYS regulations. Referrals have been steady over the past 5 years, ranging from 81 to 112 children annually. For 2020 the average number of children in the program at any one time was 43. Many aspects of the program were impacted by the COVID-19 pandemic.

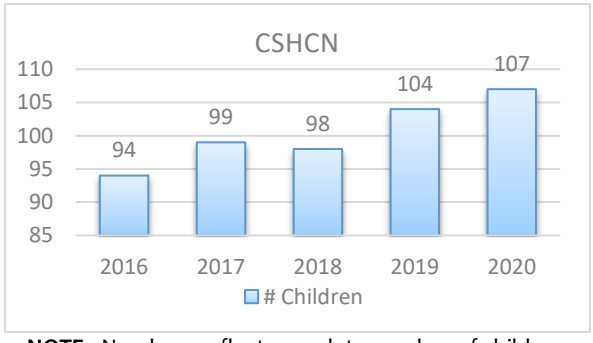
Families are asked to provide health insurance information to cover program costs, but at no time incur any costs. Parents are informed as to whether their insurance is state regulated and given the option to consent to have insurance billed. If insurance is not state regulated, families could have an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

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

Child Find:

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





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

Children with Special Health Care Needs (CSHCN):

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

Review of 2020 Goals:

1. **To continue to increase and maintain provider capacity through provider education and collaboration with the New York State Bureau of Early Intervention (NYSBEI), the New York State Association of Counties (NYSAC), the New York State Association of County Health Officials (NYSACHO) and the County Early Intervention and Preschool Advisory Committee (CEIPAC).**
    - *Telehealth services, which were newly initiated in the EI program as a safety measure for COVID-19, allowed providers to be available to children in difficult to serve areas.*
    - *There continued to be an ongoing need for in-person services, especially for some children who did not respond well to telehealth services.*
    - *EI staff also worked with families and the two main evaluators in Greene County to ensure children receive evaluations within a 45 day timeline starting after the referral date by conducting them in community based settings. Due to the pandemic, most evaluations were only available via telehealth in March 2020. One evaluator performed in-person evaluations beginning in July 2020; this required families to travel to their offices in Kingston.*

2. **Expand and promote the use of telehealth with Early Intervention providers and provide encouragement for families to utilize this service model**
   Many providers were able to successfully provide telehealth services to children. In some cases, it was reported that this model of service was more engaging for families as they were required to be more hands-on in telehealth sessions. For the families who expressed that this model was not working for them, every effort was made to locate providers that could see the children in person in a safe manner while following all health and safety recommendations.

3. **To continue to increase Medicaid and Third Party Insurance reimbursement. Our team continues to support and assist providers in the billing and claiming process.**
    - *The county works with providers in conjunction with the NYS fiscal agent to resolve issues. Payments by the county are scrutinized to determine if there is any potential for insurance reimbursement.*
    - *Staff continue to coordinate with the NYS fiscal agent to work through third party insurance issues when providers report payment issues.*

4. **To continue to update policies and procedures through collaboration with NYSDOH and other counties, with a focus on policies that are related to Greene County as a Municipality.**
   NYSBEI released new guidelines for telehealth and COVID-19 in April 2020. The county, in conjunction with contiguous counties, ensured that providers were kept up to date and informed and facilitated clarifications that were necessary.

5. **To continue to stay informed regarding the implementation of the NYS Children's Health Homes program in Early Intervention. Staff will attend all trainings and meetings as they become available.**
   *No changes related to health homes took place in 2020***.**

6. **To prepare for the launch of the new computer system called EI Hub which will replace both the NYEIS system and EI billing. This system scheduled to launch in 2020 has been pushed to spring of 2021 due to the COVID-19 pandemic. It is anticipated that Greene County staff will be able to participate in focus groups and trainings as they become available.**
   There was limited time to prepare for this launch. NYS has postponed this until Spring 2022.

Goals for 2021:

- To continue to increase and maintain provider capacity through provider education and collaboration with the NYSBEI, NYSAC, NYSACHO and CEIPAC.
- To continue to expand and promote the use of telehealth with Early Intervention providers and provide encouragement for families to utilize this service model and reintegrate face-to-face services as much as feasible.

- To continue to increase Medicaid and Third Party Insurance reimbursement through collaboration with Public Consultant Group and NYSDOH.
- To continue to update policies and procedures through collaboration with NYSDOH and other counties, with a focus on policies that are related to Greene County as a Municipality and in consideration of the current health and safety challenges presented by the current .
- To continue to stay informed regarding the implementation of the NYS Children's Health Homes program in Early Intervention.
- To continue to prepare for the launch of the new computer system called EI Hub, which will replace both the NYEIS system and EI billing.

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

Preschool Special Education Program

Overview:

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

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

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

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

Comparison of Services Provided:

	Children receiving evaluations to determine eligibility for services	Children attending special education center-based services	Children receiving services in their home or childcare setting	Children receiving transportation to special education programs	Total number of children with an IEP receiving special education services
2019	92	82	98	72	180
2020	65	65	88	51*	153

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

Greene County Preschool Special Education Partners:

School Districts (8)

Responsibilities include:

- Taking in referrals
- Tracking timeframes
- Sending out legal notices to parents
- Scheduling CPSE meetings
- Authorizing services to begin
- Sending Greene County copies of all required documentation for children's files

Evaluators (9)

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

Related Service Providers (15 Agencies/17 Individuals)

These are people who either work for an agency or contract individually with Greene County. They travel throughout the county providing special education services in a variety of settings:

- Children's homes
- Daycares
- Universal Pre-K classrooms
- Head Start, etc.

Center-Based Programs (11)

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

Transportation Providers (2)

Companies who contract with Greene County to bus children to their CPSE approved center-based programs.

Parents & Legal Guardians
Our Most Important Partners

Provide the carry-over of recommendations by special education providers to help their children make progress toward their goals.

Trends Affecting Costs:

- NYSED Mandated Costs:
  There are costs associated with the preschool special education budget over which the county has no control:
  - NYSED sets the tuition rates for center-based programs. These rates can range:
    - A 10-month special education program: $28,474 - $49,966
    - A 6 week Extended School Year (ESY) or summer program: $4,746 to $8,328
  - NYSED also adjusts the rates previously approved for center-based programs in prior years. This requires center-based programs & the county to reconcile amounts previously paid out in past budget cycles.
  - There are chargebacks to the preschool special education program that may be unrelated to preschool services. One example is the 10% chargeback of ESY or summer special education costs for students 5-21 years old who are Greene County residents.

- Transportation:
  Although the provision of preschool special education transportation is costly, parents are encouraged to transport their own children and receive reimbursement for mileage for one round trip per day.
  - In 2020, 10 parents (no change from 2019) transported their children which helped offset some of our costs in this area.

- Enrollment:
  Enrollment numbers for the preschool special education program have been trending downward, most likely due to the decline in the birth rate. Our numbers could also have been impacted by factors associated with COVID-19. Lower enrollment means lower associated costs to administer our program.

Cost Saving Measures:

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

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

Challenges

- COVID-19:
    - Assisting providers & parents adjust to service provision using telehealth/virtual learning with preschoolers.
    - Keeping pace with the changes in state of emergency guidance for special education service provision in daycares, center-based preschool settings, Head Start, UPK Programs, & transportation.
    - Creating policies & procedures for parents, providers & transporters for COVID-19 safety.
    - Assisting Public Health response to the demands of tracking & tracing while continuing to administer the preschool special education program.

Highlights and Other Activities:

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

Evaluation of 2020 Goals:

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

Goals for 2021:

- Carryover three goals listed above from 2020
- Contract with additional special education providers to increase service availability

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

Licensed Home Care Services Agency (LHCSA)

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

- Communicable disease patients
- Childhood lead poisoning

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

Public Health is also able to provide at no cost:

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

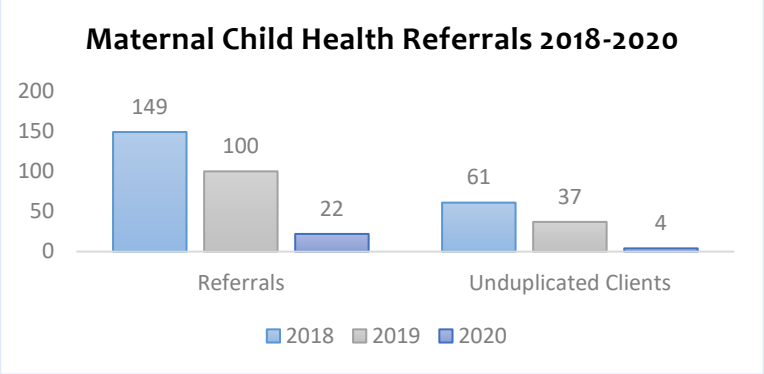
The health guidance home visit is provided by an experienced Public Health Nurse (PHN), who is also a Certified Lactation Counselor (CLC). The PHN-CLC provides instruction, breastfeeding and lactation support, and linkage to community resources, affording every mother and child an opportunity for a healthy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

COVID-19:

The pandemic meant changes for all staff, including the MCH PHN. Due to COVID restrictions implemented in March, we received no new referrals and were unable to perform home visits. New responsibilities for staff PHNs from March through December included:

- Case investigation
- Contact tracing
- COVID testing
- Point person for updates on hospitalized COVID patients at regional hospitals

Statistics:



- In 2018: 149 individual MCH referrals were received with 61 clients accepting a home visit (40.9% acceptance rate).
- In 2019: 100 MCH referrals were received with 37 clients accepting a home visit (37% acceptance rate).
- In 2020: 22 MCH referrals were received with 4 accepting a home visit (18% acceptance rate)
- While the decrease from 2018 to 2019 was 9.5%, the decrease increased dramatically to **51.3%** from 2019 to 2020, due to the COVID-19 pandemic.

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

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

Family Planning

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

For 48 years Greene County Family Planning (Family Planning) has been a trusted source of reproductive health care for men, women, and teens of Greene County.

Coronavirus (COVID-19):

In 2020, the COVID-19 pandemic forced us to change our business model, meet our clients where they were, and provide the best care possible. Despite multiple constraints, our clinic remained open every day for in-person urgent needs. In March, we implemented a telemedicine model of providing care to enhance in-person care. Telemedicine provided a secure platform to see patients in their homes and provide ongoing support to all patients, but especially those in our Medication Assisted Treatment (MAT) program. The number of overdoses in Greene County went up dramatically in 2020, and the demand for our MAT services rose as well. Greene County Family Planning remains one of the only sources of reproductive health care in Greene County, and the only provider of low threshold access to life saving MAT for opioid use disorder.

In 2020 we saw 1,037 clients for 2,770 in-person visits, including 539 telemedicine visits (19.4% of all visits). While the total number of clients seen was down 24% from 2019, we had a 34% increase in MAT visits in April 2020 at the onset of the pandemic and continued to add new MAT clients, a reflection of the growing opioid crisis in the community.

2020 Challenges/Barriers:

1. Access to services: COVID-19 health and safety protocols greatly diminished access to clients; to offset this, we initiated telehealth services. This was well received and has continued to be an option for health care delivery today.

2. COVID-19 screening: The increased scrutiny needed to screen incoming clients for illness, and not offering walk-ins contributed to a decrease in visits. Initially we did not allow walk-ins so that we could prescreen for COVID-19, but we are happy to be offering them again.

3. Free condom access: Prior to COVID-19, clients and the public could access free condoms at our front desk. To reduce exposure and barriers, we moved condoms to the rear entrance of the county building.

4. Teens: The pandemic provided barriers to obtaining care especially for adolescents who were not in school. Our health educator was unable to provide in-person outreach after March. As a result, the numbers of teens (19 and under) attending our clinics fell by 28%. In an effort to counteract this, we released a YouTube video (https://youtu.be/5kVR3SbuJIs) highlighting our telemedicine services, which ran from June through November. The video had a unique reach of 135,035 people for a total of 135,053 impressions, for a video completion rate of 98.5%.

5. STD diagnosis and treatment: During 2020, gonorrhea rates went up by 57% in Greene County. If left untreated, Gonorrhea is an infection that can lead to health complications and poor reproductive outcomes. In an effort to overcome this, we promoted the expanded CDC policy of expedited partner treatment for gonorrhea and trichomoniasis, and began to dispense gonorrhea treatments for partners directly from our pharmacy stock to reduce rates.

6. Funding: The New York State Family Planning program withdrew from the federal Title X program. Fortunately the loss of federal funds was offset by the NYSDOH, keeping our grant at the same rate.

7. Staffing: The workload from the pandemic was undertaken by all branches of Public Health including Family Planning. From the beginning, Family Planning staff collaborated and volunteered to work weekends to support COVID-19 contact tracing efforts, deliver quarantine orders, and answer phones. In 2020, Family Planning staff provided 2,567 hours for COVID-19. This increased workload was in addition to staffing shortages due to one Nurse Practitioner's medical leave and another's retirement.

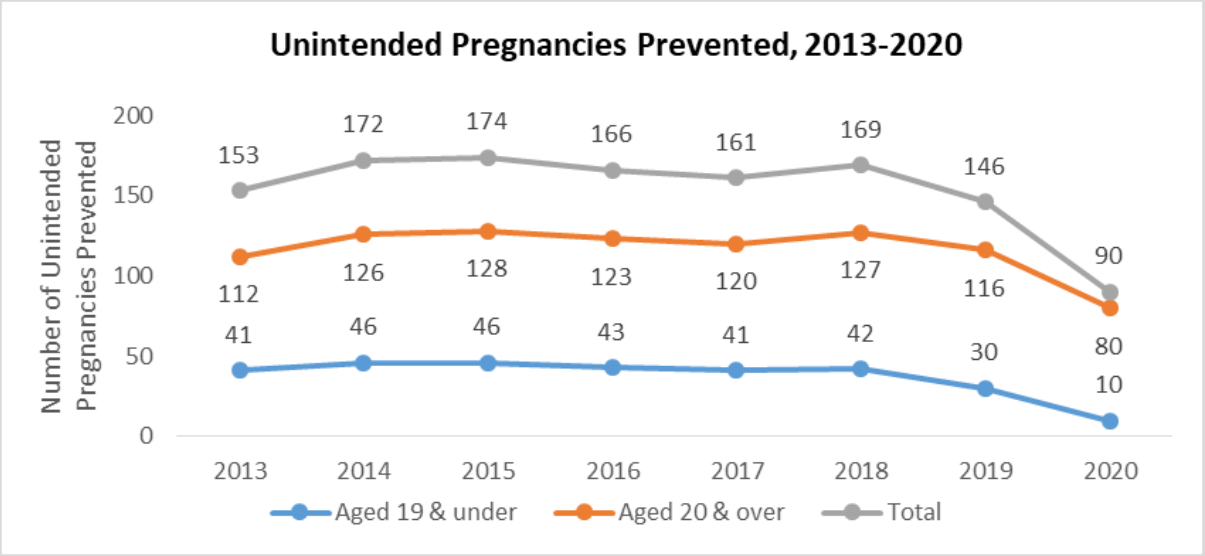
Despite the above barriers, the goals for 2020 were modest and achieved:

1. Continue to provide safe, confidential care through clinic visits and telemedicine to meet the needs of the community we serve in spite of the obstacle of the pandemic.
2. Maintain fiscal responsibility to the community by maximizing our resources and working diligently to keep costs down, and still provide safe compassionate care.
3. In July 2020, Family Planning and Greene County Mental Health began meeting bi-weekly with the goal of increasing collaboration to improve access for our clients. Staff sent bi-directional referrals using the same electronic medical record, Medent, which led to improvements in care for some of the most vulnerable citizens of Greene County. The goal of co-location of services was advanced in 2021 with an MSW and NP seeing clients in the Family Planning clinic in Catskill.

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

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

The table below shows how this clinic's work prevents unintended pregnancies. The number of pregnancies averted by use of family planning services was calculated by Ahlers software. It is accomplished by estimating the number of pregnancies expected in the absence of the program (on the basis of preprogram contraceptive use) and subtracting the number of pregnancies expected among women using contraceptives.



(Ahlers data annual report, Greene County Family Planning, 2013-2020)

Translated into dollars:

- In one year, the program has saved:
  90 (2020 total) x $12,770* = $1,149,300 x 52%= **$597,636****

- Over eight years, the program saved:
  1,231 (2013-2020 total) x $12,770* = $15,719,870 x 60% = **$9,431,922****

The cost of a **publicly funded birth in 2010 averaged $12,770 for prenatal care, labor and delivery, postpartum care, and 12 months of infant care. (National and State Estimates for 2010, New York: Guttmacher Institute, 2015)*
***Amounts are based on Medicaid client estimates.*

Prevent the spread of Sexually transmitted diseases and HIV:
We offer testing and treatments for all of the most common STD's including chlamydia (923), gonorrhea (924), HPV, and herpes. Because of COVID-19, the number of STD tests performed was down by 21%.

All at-risk clients are encouraged to be screened for HIV. In 2020, 787 clients were given pretest counseling with 446 HIV tests performed**.** Our rates of HIV testing went down by 19%.

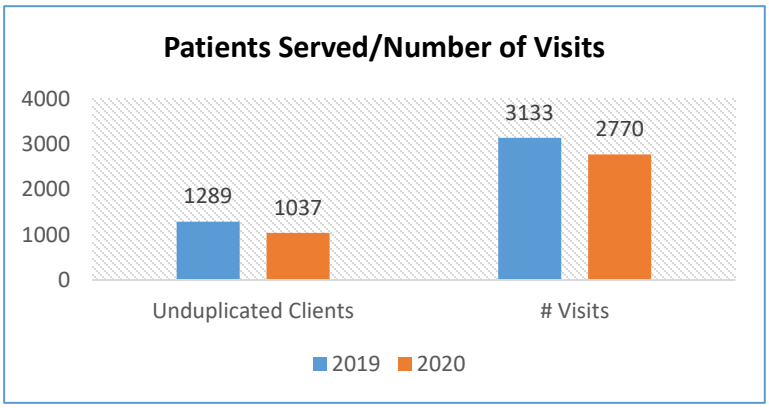
We counsel on abstinence as primary prevention, then encourage the use of condoms and adoption of safer sex behaviors to reduce the risk of HIV and STD's. We also offer HIV pre-exposure prophylaxis as a risk reduction measure to prevent the spread of HIV.

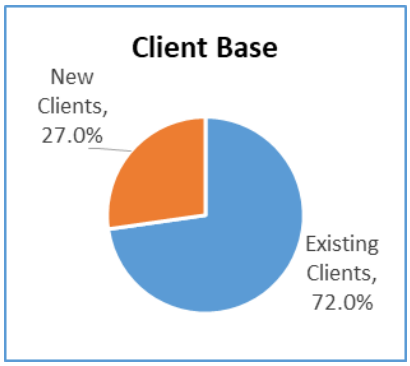
Improve birth outcomes:
All clients, men and women, are asked about their reproductive life plan, helping them determine when they want to have their first child. We counsel and assist them to improve their health prior to conception by quitting smoking, avoiding illicit drugs, controlling their diabetes,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

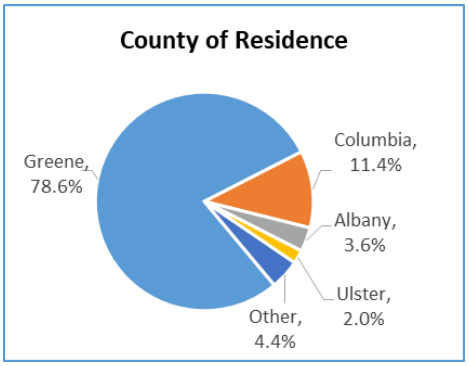
Facilitate early detection and treatment of reproductive cancers.
Women are screened for cervical, thyroid, breast, skin, endometrial and ovarian cancers; and while much rarer, we screen men for testicular and breast cancer. Since we are a small clinic, our patients are followed to make sure they are seen and cared for by specialists. One of our Nurse Practitioners offers colposcopy on-site, and performed 29 in 2020.

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

Demographics:

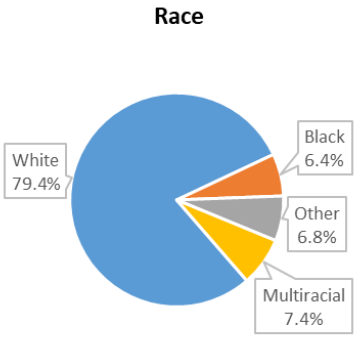


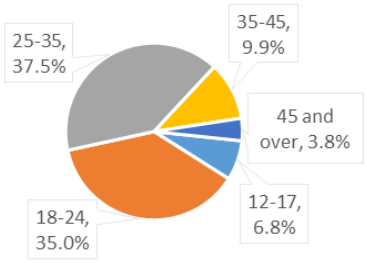


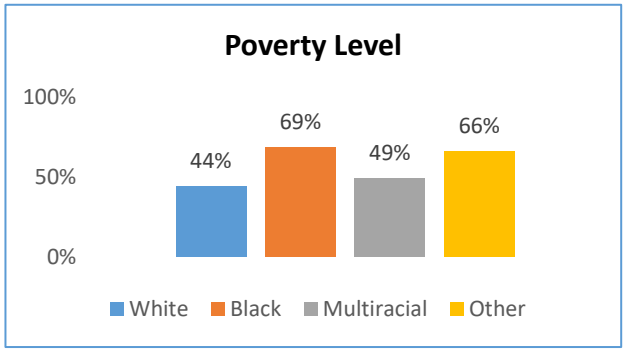


While grant funded for Greene County, we also serve the surrounding areas.

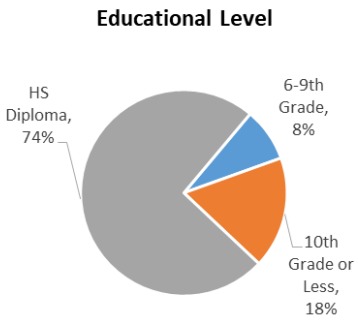
We continue to serve those with the highest needs as required by our grant:



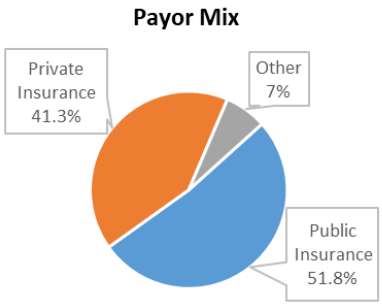




• <u>Income:</u> 44% to 69% of our clients are at or below 100% of the federal poverty level; depending on their racial identity.



23% of our clients have less than a high school education.



51.8% of our clients use publicly sponsored health insurance, while 41.3% use private insurance, indicating that we are not reaching our target population.

- High risk zip codes: Catskill-25.6%, Cairo-7.7%, Hudson-6.2%, Coxsackie-5%, Greenville-3.5%, and Leeds 3.4% match our top numbers of teens seen who are at highest risk for pregnancy matched five of the top six high risk zip codes identified by the NYSDOH.

We attempt to be fiscally sound by:

- Enrolling uninsured clients in eligible health plans using our on-site certified application counselor,
- Billing third party insurances, and
- Making sure all claims are accurate and timely. All revenue we generate is used to offset the county share for our services.

Because we are not a mandated county service, we are mindful of the costs to the taxpayers of Greene County and look for opportunities to remain sustainable.

- In 2020, we generated the majority of our revenue from third party health insurance billing.
- By participating in the Delivery Service Reform Incentive Payment (DSRIP) program, we earned over $113,213 in additional revenue of which $14,460 was reimbursement for MAT services.
- Through offering MAT for patients with opioid substance use disorder, we generated $85,131 in additional revenue, and received a $37.5K in grant funding from the Healing Community Study to support a per-diem Nurse Practitioner providing MAT services.

Goals for 2021:

- Increase access for minorities applying a reproductive justice framework
- Explore the option of adding a second clinic site by co-locating with Greene County Mental Health
- Partner with Greener Pathways to provide mobile services via telemedicine and the Van
- Advertise STD prevention and treatment to reduce rates
- Attract new clients
- Secure support for reimbursement for telemedicine, and advocate for expansion of internet band width supports so clients can access our services remotely

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

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