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Greene County Public Health Nursing Service Annual Report 2012

*Sub*mitted: March 29, 2013

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RN,MS,CDE Director of Public Health
& Public Health Staff

GCPHNS Branches:

Contribution from all Greene County Public Health Branches (Total of 9) is included in the Public Health Annual Report. Attachments include branch supervisory reports which contain 2012 accomplishments as well agency goals for 2013. The Director of Public Health has included an overview of the entire department including highlights which will be followed by the individual branch reports. Our department of health adheres to an ongoing balance of requirements of the regulatory agencies such as the New York State Department of Health (NYSDOH), Center for Disease Control (CDC) as well as Public Health Law and Greene County specific guidelines.

1. Early Intervention- refer to report, submitted by Lauren Clark, Director of Services for Children with Special Health Care Needs, as this program does have its own budget. It is included in this report as early intervention is a branch of public health.

2. Pre School/Special Education Program- refer to report included by Anna Papadakis, Assistant Director of Services for Children with Special Health Care Needs (Pre-School Municipal Representative).

3. Diagnostic and Treatment Center (D & TC)/Communicable Disease & Maternal/Child Health- refer to report included by Kerry Miller, Supervising Community Health Nurse (SCHN)

4. Certified Home Health Agency- refer to report included by Liz Cole, Director of Patient Services – Part Time, and Nancy Martin Supervising Public Health Nurse.

5. Public Health Emergency Preparedness (PHEP) -refer to report included by Kerry Miller, as PHEP Coordinator vacancy is anticipated to be filled April/May 2013.

6. Billing/Fiscal Report for GCPHNS is managed at this time, by the public health billing department. Please refer to report included from Tanya Skinner and Patty Sulkey which is included.

Other:

7. Health Education for public health includes all of the above areas, except Family Planning. The Public Health Educator completes many NYS Dept. of Health mandatory reports and activities linked to State Aid reimbursement.

8. Quality Assurance/Compliance Officer for GCPHNS and Safety Officer for Greene County also includes all of the above areas. Refer to report included by Dan King.

9. Family Planning- refer to separate annual report, this report is submitted by Laura Churchill, as this program has its own budget. However it is included in this report as family planning is a branch under the public health diagnostic and treatment center.

HIGHLIGHTS OF 2012 PUBLIC HEALTH ACCOMPLISHMENTS:

(See individual branch reports for details)

We have an excellent team of dedicated staff committed to ensuring optimal public health to our county residents. It is an honor to direct such a competent group of individuals who pride themselves on quality and compassionate work.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Recruited 10 Emergency Volunteers from registered official Serv NY utilizing website. Successful activation through ServNY assisted mobilization of professional staff downstate during Hurricane Sandy.

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

Three Public Health employees received NIMS training. Lower level trainings remain online for staff and upper level classes can be schedule for those needing the training. Ongoing training continues throughout the year as offered and mandated by NYS DOH.

TROPICAL STORM SANDY – October 2012

Greene County Public health assisted the Emergency Services office and other departments during Hurricane Sandy. While the predicted impact was less than anticipated Public Health employees staffed the Emergency Operations Center for the entire time it was open assisting with deployment of resources to the flooded river communities. There were no significant health concerns raised during this event.

KIOSK PROGRAM

Collection of 1,257 pounds of used needle/syringes. The Kiosk program is proving to be an important measure to remove needle stick injury and related risk of disease in our County.

HEALTHY WEIGHT INITIATIVE

The Healthy Weight Initiative (HWI) represents a partnership between the Greene County Rural Health Network and Greene County Public Health Nursing Service. Our goal is to help our residents reach and maintain a healthy weight by creating programs that improve nutrition and increase opportunities for physical activity. The HWI is a community level intervention and we have worked in schools, worksites, restaurants, and the community at large to reach as many people as possible.

WORKSITE WELLNESS

Public Health Educator is the Coordinator for the Worksite Wellness Committee for Greene County. This is a collaborative initiative between the Greene County Wellness Committee, BlueShield of Northeastern New York, and The Healthy Weight Initiative. Many health related activities for Greene County employees have been organized, managed, and implemented with Public Health leading the efforts.

PUBLIC HEALTH ACCREDITATION BOARD

In the future all local health departments in New York State will be expected to have this standard of accreditation through the Public Health Accreditation Board in order to receive grant funding. Director of Public Health and Supervisor of the Diagnostic & Treatment Center, Emergency Preparedness, and Compliance Officer attended programs on this new standard soon to be implemented. Other NYS counties have already applied for Accreditation. Livingston County is the first local health department in NYS to become Public Health Accredited and the bar has now been raised for all counties in NYS to reach this goal in the near future. State and Federal grants will be linked to Public Health Accreditation and not available to those counties not accredited.

STUDENTS

GCPHNS continues to serve as a clinical site for students from Columbia Greene Community College, (28 students) Russell Sage College, (5 students), Delhi Department of Nursing (2) and the SUNY School of Public Health (1 intern for two semesters). This is a way of networking, training and recruiting future employees, and educating the public and youth about our agency and public health activities in the community.

SUNY School of Public Health Student Intern, worked two semesters on the Social Media Project Part 1 and Part 2.

SOCIAL MEDIA INTERN PROJECT

In 2012 over the Spring and Summer semester, a comprehensive investigation and description of social media tools (Facebook, Twitter, YouTube, and LinkedIn) and a directory of New York State county health departments' social media streams was developed.
Social media best practices were researched and translated into specific recommendations for the application of social media within Greene County Public Health Nursing Service. Development of a process structure, policies and procedures are underway.
Our goal is to implement a social media program representing the department, which will build upon the conducted research and the designed strategy. Through popular social media websites we will be able to deliver real-time information specifically tailored to our audience regarding upcoming clinics, family planning services, early intervention services, general public health information, and special events and announcements. In addition, we are planning to conduct an ongoing process and outcome evaluation of the social media program and to use the obtained information for adjusting the program execution as needed. Development of the program includes to:

- Create and launch a social media page
- Work with sub-departments to develop pertinent content for the page (events, clinics, educational information, etc.)
- Ensure all required policies are implemented in order to control the access to the social media
- Ensure the recommended mechanisms for regularly updating the social media page are in place
- Social Media Process and Outcome Evaluation
- Apply quality and performance improvement concepts in association with the use of social media to address potential organizational performance issues
- Establish metrics and measures to evaluate the delivery and the outcome of the social media
- Evaluate analytical information provided by the social media page and draw conclusions
- Reporting of Outcomes
- Oral presentation to staff outlining outcomes of the project.

We have applied for School of Public Health Social Media Intern #3 for Summer 2013 and will be working with Greene County Attorney and Social Media Committee.

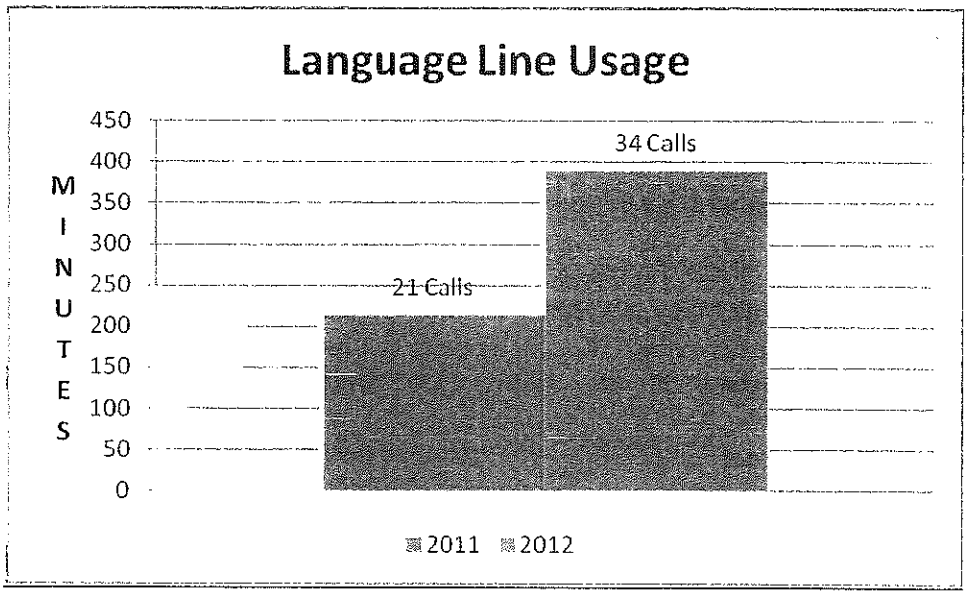
COUNTY DEPARTMENT HEAD/PUBLIC HEALTH SUPERVISOR MEETINGS

Department Head Meetings were held nearly monthly by Shaun Groden, County Administrator and Public Health Supervisor meetings were scheduled monthly as well. Issues discussed at Department Head meetings were reviewed with public health branch supervisors as appropriate. Public health team building, information sharing, networking and collaboration resulted from this activity. Agendas and minutes of public health meetings were generated. Visits from various Greene County and community agencies were included for education and collaboration.

Also a Supervisory Non – Union Meeting follows Public Health Supervisor's Meeting for management specific issues including civil service laws and other staffing concerns.

CULTURAL DIVERSITY

Development of cultural diversity and minority sensitivity training was mandated and attended as appropriate for staff as follow up to CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES (CLAS) grant received in previous years. Language Line continues to be utilized by all departments of Public Health (inclusive of Family Planning) as needed for non English speaking clients. In 2011 the Language Line usage was 215 minutes for 21 calls, and in 2012 the usage was 390 minutes for 34 calls. This is a 62% increase of calls from 2011 – 2012.



COMMUNICABLE DISEASE

Greene County Public Health D&TC staff processed over 1,300 state reportable lab results this year; following up with providers regarding signs, symptoms and treatment of these diseases. Diseases of most concern for Greene County in 2012 are: Sexually transmitted diseases such as Chlamydia which continues to increase, Chronic Hepatitis C decreased, Rabies decreased slightly, and Salmonellosis increased. Public health staff continued to perform daily monitoring of all communicable diseases utilizing the State electronic surveillance system.

The agency continues to provide rabies clinics for animals and provides all follow up on exposures to humans and animals. There has been an overall decrease in rabies for Greene County over the past year which may be related to increased awareness and education and enhanced guidance for treatment issued by NYS DOH, clinic schedule and economic fiscal crisis.

DIAGNOSTIC & TREATMENT CENTER

Lead poisoning continues to be a concern for Greene County however this year's new cases of lead poisoning were down. GCPHNS initiated a new lead initiative known as the 5-9 program. Staff is now contacting and providing education to any family whose child noted a lead level between 5-9, despite the mandate of those 10 and higher. As illustrated in the previous annual report, GCPHNS decided to discontinue our Well Child Clinic and Orthopedic/Scoliosis clinics in 2012 due to the lack of need noted in the previous years. Both on and offsite immunization clinics noted 874 immunizations were administered to County residents. NYSDOH Lyme grant funds were eliminated to local health departments in 2012. However, NY Statewide media educational ads are continuing. Lyme disease incidence in Greene County remains higher than

most counties. Changes in NYS DOH reporting and surveillance of Lyme disease could result in a slight decrease in staff time designated on follow up of tick bites. As noted in the Lyme chart, Lyme numbers appear much lower however; labs are only required to report 20% of the positive Lyme results to the counties. The DTC continues to conduct the mandatory OSHA bloodborne pathogen training for outside agencies for a fee generating some revenue for the department.

DIAGNOSTIC & TREATMENT CENTER CONSOLIDATED VISIT

Staff from the New York State Department of Health's Capital District Regional Office conducted a Consolidated Monitoring Survey at Greene County Public Health Nursing Service Diagnostic and Treatment Center on May 22-25, 2012. We were commended on the numerous improvements since the last survey. No issues were identified that required a written Corrective Action Plan.

FAMILY PLANNING:

Despite many staffing changes, Family Planning client numbers rise and have increased by 11% with an increase in number of persons below 100% federal poverty level from 87 – 89% over the last year.

STD (Sexually Transmitted Disease) testing reflects 152 visits and 83 HIV tests performed.
Chlamydia and Gonnorrhea rates have continued to rise over the last 5 years.
Teen pregnancy rates have decreased. A special teen clinic has been added on 2 days each week.

New health educator is working closely with school nurses, health teachers, and outreach with specialized outreach with family planning education efforts for females, males, low income, teens, and twin county services

Third Party revenue increased by 5.5% resulted from billing private insurance, Medicaid, patient fees and credit card usage billing capabilities were incorporated.

Family Planning lead the Medent (Electronic Medical Record) implementation with other public health areas to be completed in early 2013. Meaningful use of funding of $65,000 and $21,500 each year for 5 additional years resulted from the implementation of the electronic medical record.

QUALITY ASSSURANCE/AGENCY COMPLIANCE OFFICER

The Quality Assurance Officer serves as Chairperson of Policy Quality Improvement Committee, (PQIC) liaison to Emergency Medical Services, Medicaid Compliance Officer for Public Health, and Greene County's Safety Officer. PQIC continues to meet weekly for one hour or more as needed to create, review policies and procedures for implementation for the entire public health agency.
Assisted with the CHHA RFP proposal, reviewed proposals for management agreement, and assisted with application for licensure as LHCSA.

SYNTHETIC MARIJUANA (POT)

Order by NYS DOH Commissioner of Health to report and have Synthetic POT removed from sales shelf from markets by all NYS local health departments and district offices.
Greene County's Quality Assurance /Compliance Officer performed an exemplary job and inspected Greene County establishments suspected of selling the dangerous product and reported accordingly. This was not a routine activity of our partial service county health department and many hours of effort were extensive and no training and little guidance was incorporated to assist in the process.

FAITH BASED OUTREACH

Faith based mailing list was generated over the last year. Outreach has resulted in active participation of churches and other faith based organizations in areas of emergency preparedness, immunization, the Mobilization for Action through Planning and Partnership (MAPP) process and other public health efforts.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS

As part of the MAPP process, there was a focus group activity to assist in the selection of two health priority areas as required by NSYDOH utilizing data and self evaluation of Greene County's current status. The indicators were from the NYSDOH 2010 - 2013 prevention agenda goals. The two priorities, (1) Access to Quality Healthcare and (2) Physical Activity & Nutrition, were chosen for the Community Health Assessment (CHA). In 2013 the new Prevention Agenda Goals are (1) Prevent Chronic Disease and (2) Promote Mental Health and Prevent Substance Abuse.

MUNICIPAL PUBLIC HEALTH SERVICES PLAN (MPHSP)

The MPHSP, a requirement of NYSDOH was completed as required with collaboration and networking from the community and all public health branches. This fiscal document with fees, revenue, and services supports the work of public health requirements with funding attached.
In the Governor's budget, there is a potential to change the MPHSP in 2014. The current plan will end December 31, 2013. NYS DOH has indicated with new Legislation for 2014 for Article 6 a decrease in items with a shorter format.

SUDDEN INFANT DEATH SYNDROME (SIDS) VISITS

The Greene County Public Health Nursing Service will continue to provide SIDS visits when requested by the parent even though this program is no longer funded by NYS. This was insisted by the Director of Public Health, discussed and supported by the previous county administrator, and at Medical Professional Advisory Committee.
This service is too important to eliminate when a need is so overwhelming for the family at a most devastating time.

MIGRANT HEALTH

GCPHNS collaborated with Columbia County on a migrant health grant. The grant provided migrant health to Greene County farm workers. This joint venture increased our outreach to an underserved population. This program increased from two farms to three in 201 and continued in 2012.
Funding was abruptly stopped after February 2012. Greene County Public Health continues to attend the Migrant Health meetings and the migrant clinics in Greene County. This will support our local farmers, migrant population, and reduce potential disease outbreaks. Tuberculosis and other diseases are commonly found in this population due to international health care differences in testing, treatment, and follow up.

UNION COLLABORATION

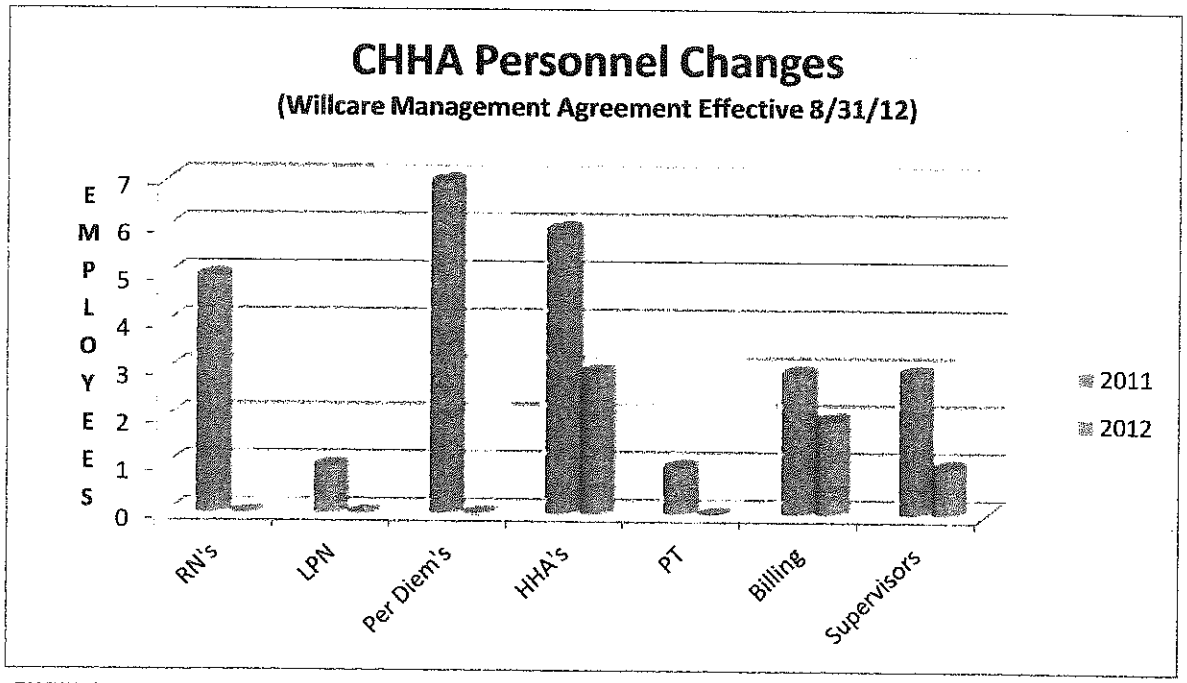
Improved Union Relationships through Negotiations, Labor Management Meetings, Grievances, Hearings and Testimonies. One grievance filed in August 2012 regarding work schedules was withdrawn.

CERTIFIED HOME HEALTH AGENCY SURVEY

On June 5-7, 2012, the Certified Home Health Agency had a site survey in which deficiencies were sited and a Plan of Corrections was submitted. The State reviewed the Plan of Correction and all items were found to be acceptable.

CHHA entered into Management Agreement with Willcare as of August 31, 2012.
In process for CHHA Closure and transition to LHCSA estimated to be finalized in late spring 2013.

PERSONNEL CHANGES:



CHHA Staff Changes:

Retirement:
Registered Nurse 06/30/12

Resignation:
Registered Nurse 03/09/12
Registered Nurse 07/12/12

Lay Offs:
Per Diem, Director of Patient Services 08/28/12
Supervising Public Health Nurse 08/30/12
Physical Therapist 09/05/12

Terminations:
Per Diem, Registered Nurse 04/23/12
Per Diem, Registered Nurse 07/09/12

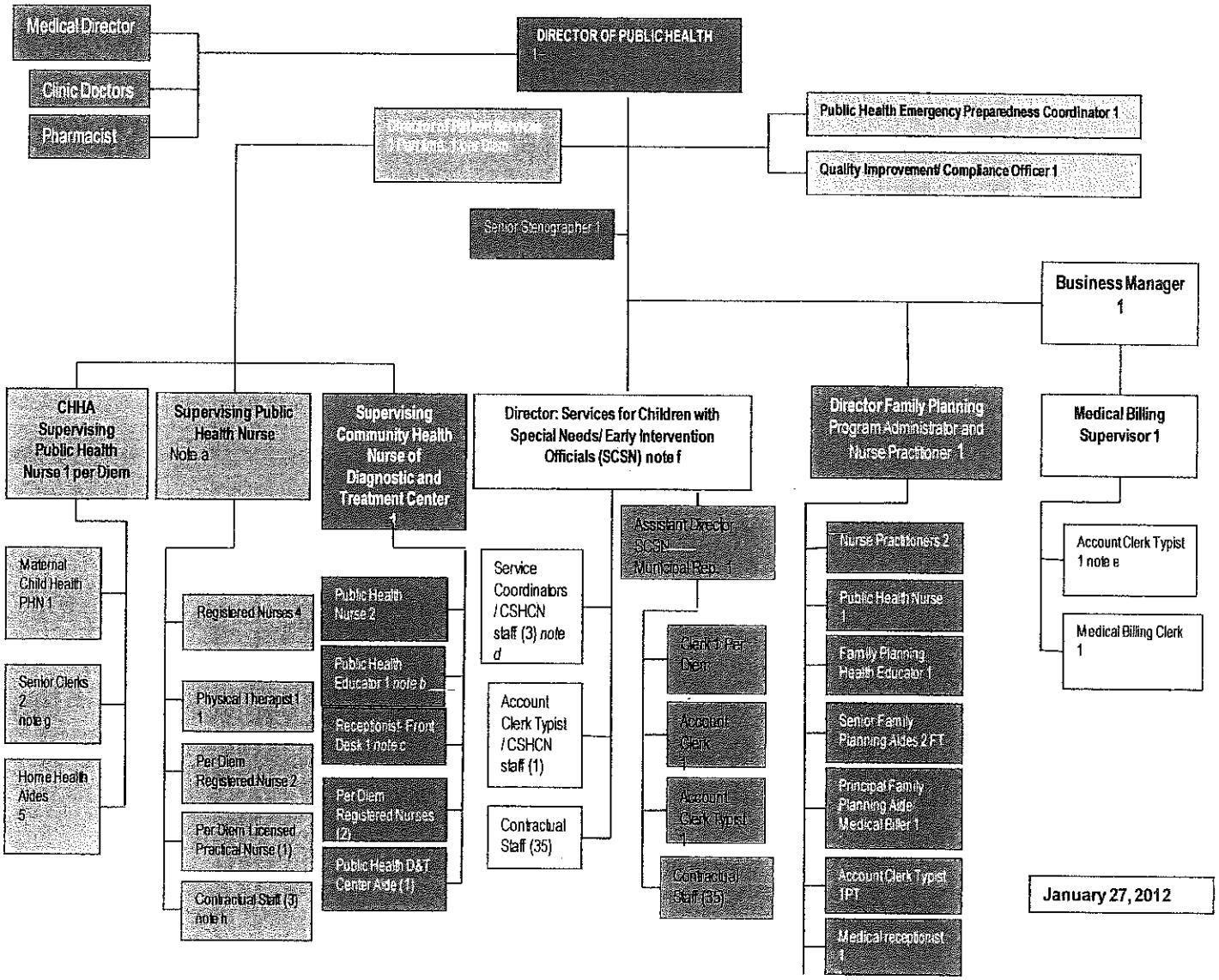
Departmental Transfers:
Home Health Aide to Human Services 04/09/12
Home Health Aide to Buildings & Grounds 08/13/12
Registered Nurse to Human Services 07/16/12

Based on the above staffing changes the estimated budgetary savings for 2012 was $67,529.24

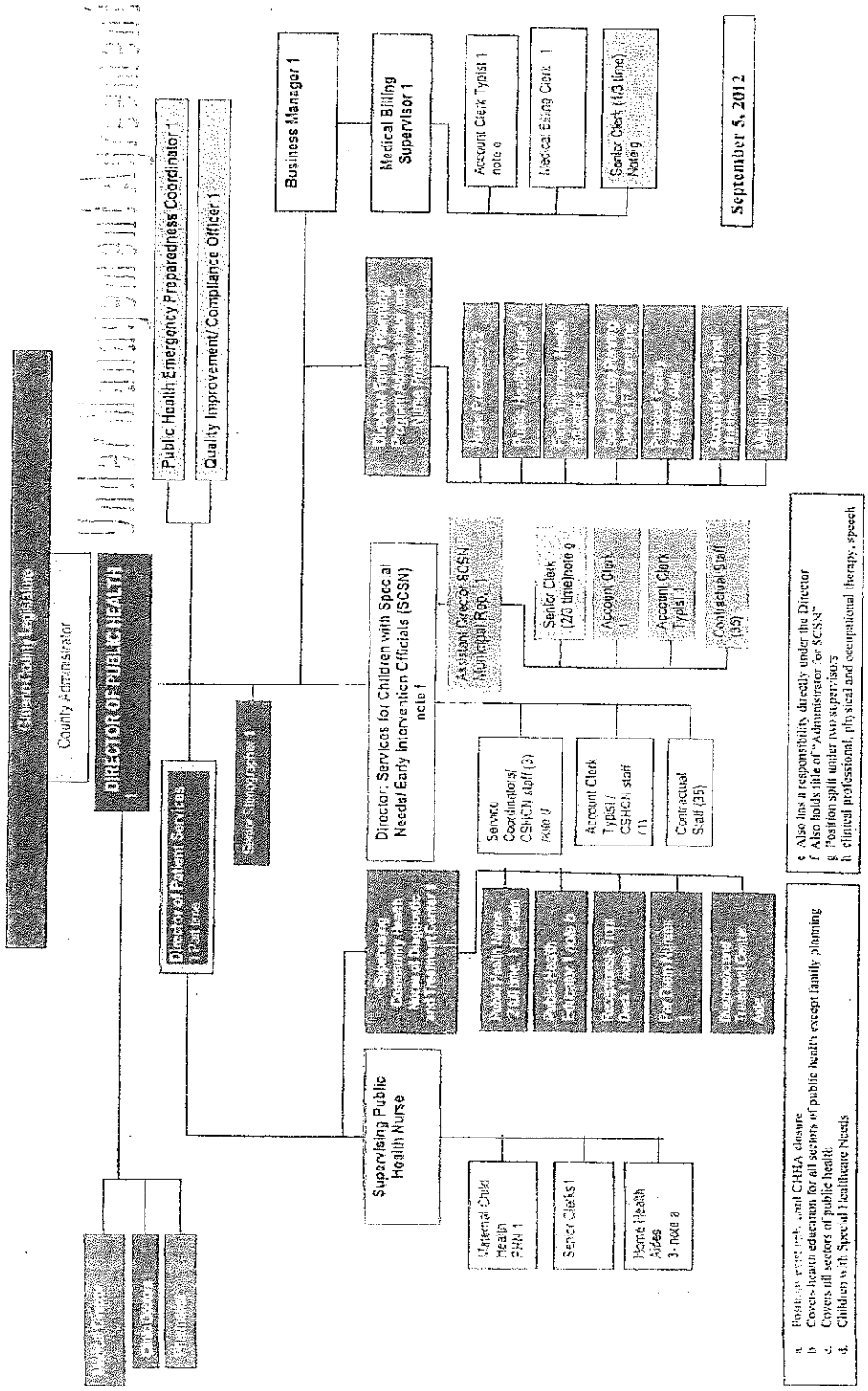
Tables of Organization on the following 3 pages of Tables of Organization note the dates of current March 2012, September 5, 2012, and Pre-Layoff Status respectively.

Public Health personnel numbers have decreased yet many of the New York State, Federal, Center for Disease Control, and County mandates continue. The Public Health Director would like to commend staff on their hard work, commitment, and dedication to the department and county through tough economic fiscal times with dramatic increases in work load.

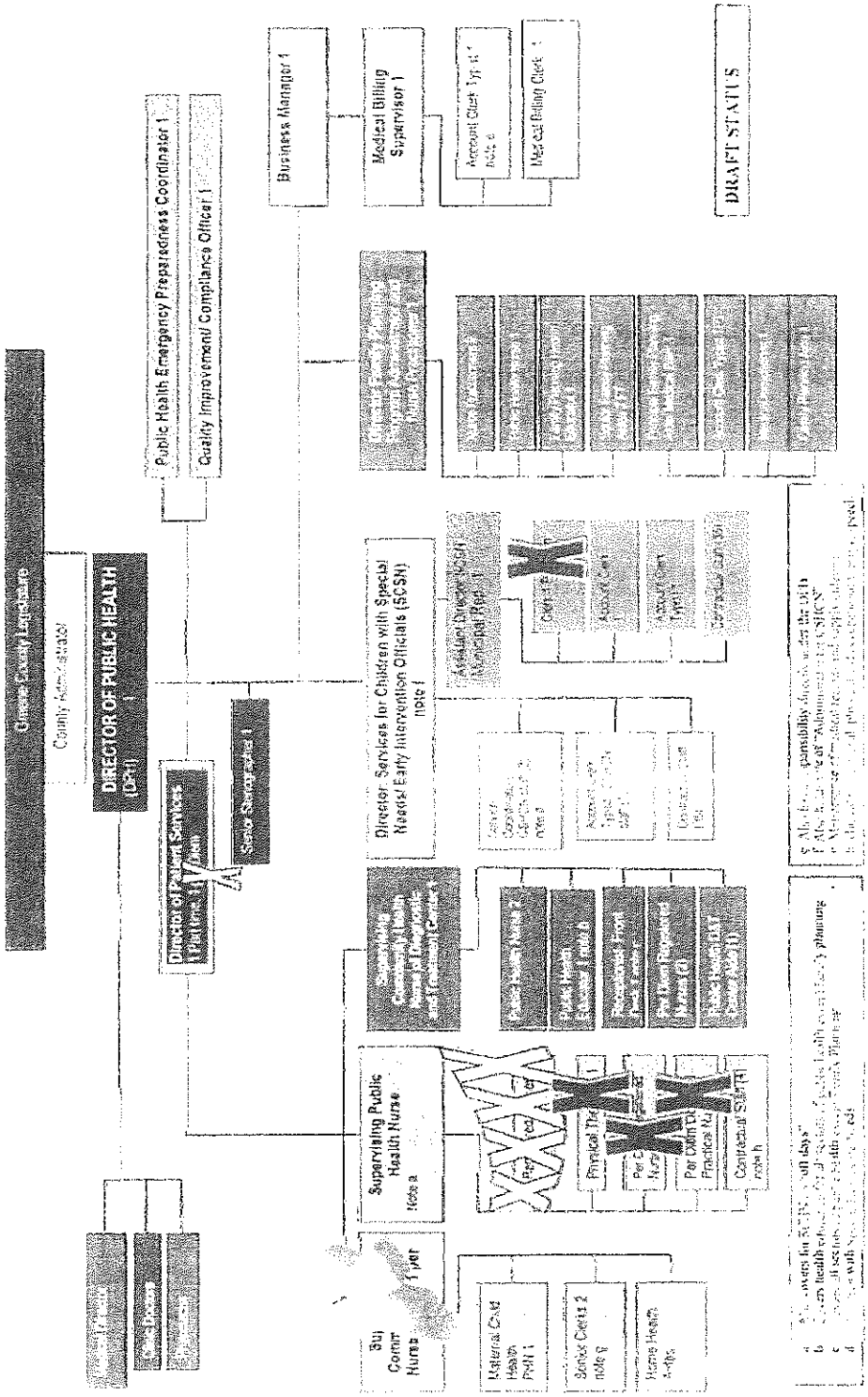
GREENE COUNTY PUBLIC HEALTH NURSING SERVICE (ORGANIZATIONAL CHART AS OF MARCH 8, 2012)



Please note: (Full CHHA staff complement) in purple shaded area



Please Note: CHHA staff removed except 3 Home Health Aides and 1 Supervisor as required by NYSDOH to "maintain one discipline in its entirety" during CHHA closure transition.



Please Note: "X" areas indicated as "lay off positions" with impending CHHA Management agreement before August 31, 2012.

BUDGETARY CONCERNS:

Certified Home Health Agency:
- CHHA Closure, Management Agreement, and Transition to LHCSA
- Staffing Layoffs / Subsequent shortage for other public health activities, i.e., clinics, outreach, etc.

Early Intervention:
- State fiscal agent for early intervention
- Early Intervention Administration Grant reduction
- Ability to meet capacity with Early Intervention Providers

Pre-School 3 – 5 Program:
- Preparation Pre-School Transportation Bid

D&TC Vaccine for Children (VFC) cannot be administered to children with insurance. This is strictly adhered to by the Immunization staff of the LHD to assure medical home follow up and is closely advised and monitored by NYS DOH.

COST SAVINGS/REVENUE for PUBLIC HEALTH in 2012:

Cost Savings Accomplishments: In 2012 Public Health focused on fiscal management "More Business-like Approach to PH"; examples of these activities are below:

Based on vacancies and staffing changes the estimated budgetary savings was $67,529.24.

Continuation of Restructured of Early Intervention & Pre School Program
This was adopted due to an impending retirement and overall goal of improving efficiency. The programs previously had an administrator for each and now one administrator oversees the two closely related programs. This model is used in other Counties and has proven to be very effective.
COST SAVINGS: $ 7,529 per year

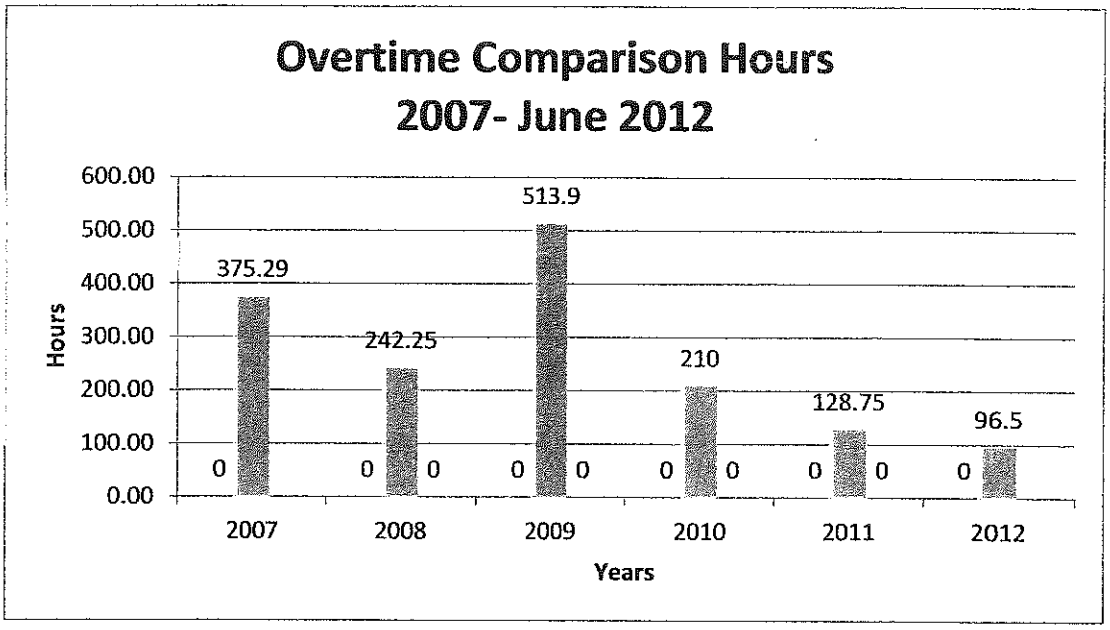
REVENUE GENERATION:

Administration fee collected for Vaccine for Children (VFC) and American Recovery & Reinvestment Act (ARRA) is now collected in the clinic setting at the time of service.
REVENUE: $500 per year Reduced due to change in VFC vaccine eligibility criteria.
Note: The NYS and CDC perspective is to have patients/children receive vaccine at their medical home not the public health department. Public Health Department is to serve as a "safety net" for those who have no other option to get health immunization services.

Electronic Records – supported Family Planning efforts to secure Electronic Medical Records for meaningful use and increased reimbursement activities. Family Planning initiated and Public Health's goal is to activate electronic medical records in 2013.
Potential for savings- amount unknown at this time

Rabies Clinic Veterinarian Services out to Bid – Potential Savings $6,500
As County Vet is no longer needed as per NYS Law. Public Health Director discovered this and discussed with the County Attorney and County Administrator when noted.

Overtime: **compared to the last two years has once again decreased. Overtime hours from 2010 – 2012 reflects a decrease of 51%. From 2011 – 2012 overtime decreased another 19%.**



Overtime hours due to Tropical Storm Irene in August 2011 totaled 147.75 hours are **NOT** included in the above bar graph.
CHHA entered into a Management Agreement with Willcare on August 31, 2012.
Evening and weekend on-call nursing coverage was provided by Supervisory Management staff showing a decrease in overtime costs.
COST SAVINGS: $6,050 (August 31 – December 31, 2012)

Newspaper and Newspaper, Subscription & Membership Monitoring: 2011 total cost was $2,319.11 compared to 2012 cost of $1,173.15. (49% decrease)
COST SAVINGS: of $1,145.96

Utilizing Student Interns to complete projects saves time and money and allows for staff to work on other activities, for example in the summer and fall of 2012, (2 semesters) SUNY Intern worked on Social Media Project. Utilizing interns gives the student experience at the local health department that could not be learned otherwise and also assists with future recruitment of staff.
COST SAVINGS: $12,480 for 2012

Continue to utilize the Learning Management System (LMS) Mandatory Annual Education/Orientation Efficiency

The LMS system/Mandatory Annual Education/Orientation was implemented in October, 2011 with collaboration with SUNY intern, Public Health Educator, Director of Public Health, and Quality Assurance/Agency Compliance Officer.

The goal is to have new employees prior to employment utilize the Learning Management System (LMS) which is a NYSDOH, School of Public Health online computer program that local health departments can utilize for training, civil service requirements, and other educational opportunities. Greene County is the first County in NYS to initiate orientation and annual mandatory training on the LMS system for our employee access only. This has increased flexibility with orientation and mandatory annual in-service requirements. This new format also has reduced staff down time from being pulled from field work and decreased time spent meeting requirements. For example the Annual Fire Safety Module was offered on one day

out of the year and was an hour long presentation; with the online program the time spent on this module is between 20 to 40 minutes. Current 11 hour mandated annual training time will be 5 hours total. For approximately 39 full time plus additional contractual employees (Public Health, Family Planning, Early Intervention, and Pre-K) with an average salary of $26/hour. ($26 x 5 hours =$130 x 39 = $5,070)
COST SAVINGS: $5,070 per year

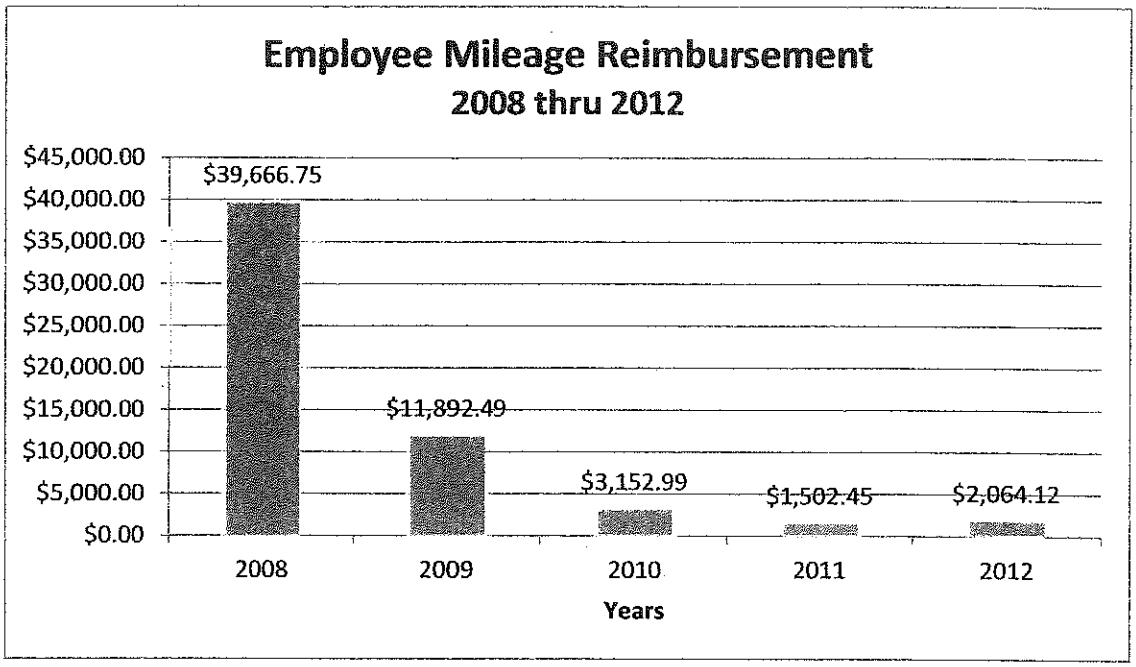
Home Health Aide TELEPHONY telephone data entry system has increased productivity, decreased paper generation, filing, and increases OMIG (Office of Medicaid Inspector General) audit compliance. OMIG fines include three times the noted financial error. TRIPLE THE FINDINGS.
COST SAVINGS: Difficult to estimate but significant impact expected until 08/31/12 then we entered into the Management Agreement with Willcare.

SANFAX system generates paperless faxes sent to MD at the time of data entry. Productivity and efficiency is improved.
COST SAVINGS: $ 3,057 per year through 08/31/12 then we entered into the Management Agreement with Willcare.

Compliance Officer:
The Compliance and Quality Assurance program reduces exposure to fines and audits from NYS DOH and OMIG (Office of Medicaid Inspector General) and other. The Compliance and Quality Assurance program realizes agency wide financial savings through monitoring and revisions of programs, policies and systems within the department.
The Policy Quality Improvement Committee (PQIC) committee met weekly updating current policies and creating policies as needed to ensure fiscal responsibility, increase productivity and agency efficiency. New policy development focused on creation of LHCSA polices.
COST SAVINGS: Difficult to estimate savings but significant impact expected

LICE Inspection:
This service is provided to DSS clients needing head checks and removal of lice before court ordered foster care placement can be initiated. In the past, this service involved the cost of evening night call nurse hours, mileage to the placement home, DSS case worker time and mileage; with this new system in place there are beneficial savings with DSS and GGPHNS. Last year, this occurrence resulted in a visit - (4.5 hours & mileage = $214.38) plus DSS costs. In 2012 these services were not needed; however continue to be available to DSS clients as appropriate.
COST SAVINGS: $214 approximate per visit plus DSS costs

Employee Mileage Reimbursement:



NOTE: 2011 rates are lower because there were more NYS DOH webinars in 2011 due to Tropical Storm Irene and the Federal, State, and local fiscal crisis.

Greene County Lactation (Breastfeeding) Room

Section 206-c of the New York State Labor Law provides as follows:
"An employer shall provide reasonable unpaid break time or permit an employee to use paid break time or meal time each day to allow an employee to express breast milk for her nursing child for up to three years following child birth. The employer shall make reasonable efforts to provide a room or other location, in close proximity to the work area, where an employee can express milk in privacy. No employer shall discriminate in any way against an employee who chooses to express breast milk in the workplace."

County policy states: Any female employee of Greene County shall have the right to use the Lactation Room, located within the Public Health Department, for the purpose of expressing milk during their regularly scheduled work day.
COST SAVINGS: Availability of this room on site encourages employees to return from Post Partum FMLA without delay. Additionally reduces the amount of time an employee is away from their work duties.

PRO Act Prescription Card Program:

DPH attended conference and visited Pro Act booth reviewing prescription plan savings. Program started in the Fall 2010 Pro Act contacted county to set up a participating plan for all County residents. Savings are to individual county participants.

COST SAVINGS: With a total aggregate resident of the county savings of $273,398.58 for 2012

Month:	Total Claims	Total Cards Used	Member Rx Cost	Avg Member Rx Cost	Price Savings	Avg. Price Savings	% Price Savings
Total 2010-2011	**8,080**	**3,193**	**$ 311,330.46**	**$ 38.53**	**$ 209,669.06**	**$ 25.95**	**40%**
January-12	658	222	$ 23,074.44	$ 35.07	$ 19,857.24	$ 30.18	46%
February-12	706	227	$ 30,711.51	$ 43.50	$ 24,064.52	$ 34.09	44%
March-12	698	219	$ 21,574.26	$ 30.91	$ 20,761.94	$ 29.74	49%
April-12	687	238	$ 19,696.74	$ 28.67	$ 20,501.56	$ 29.84	51%
May-12	689	238	$ 17,592.90	$ 25.53	$ 17,988.89	$ 26.11	51%
June-12	692	224	$ 21,269.22	$ 30.74	$ 21,418.53	$ 30.95	50%
July-12	698	223	$ 17,973.90	$ 25.75	$ 21,686.51	$ 31.07	55%
August-12	714	244	$ 20,333.00	$ 28.48	$ 23,186.49	$ 32.47	53%
September-12	677	211	$ 20,983.35	$ 30.99	$ 24,042.24	$ 35.51	53%
October-12	741	238	$ 21,059.22	$ 28.42	$ 25,511.34	$ 34.43	55%
November-12	751	233	$ 20,535.92	$ 27.34	$ 27,322.44	$ 36.38	57%
December-12	746	208	$ 21,928.85	$ 29.40	$ 27,056.88	$ 36.27	55%
Total 2012	**8,457**	**2,725**	**$ 256,733.31**	**$ 30.36**	**$ 273,398.58**	**$ 32.33**	**52%**
January-13	705	202	$ 19,817.63	$ 28.11	$ 27,305.01	$ 38.73	58%
February-13	656	196	$ 20,143.86	$ 30.71	$ 24,687.85	$ 37.63	55%
Total 2013	**1,361**	**398**	**$ 39,961.49**	**$ 29.36**	**$ 51,992.86**	**$ 38.20**	**57%**
Total Program	**17,898**	**6,316**	**$608,025.26**	**$ 33.97**	**$ 535,060.50**	**$ 29.89**	**47%**

GOALS for 2013:

To experience a complete realistic, seamless transition with NYS DOH approval from Certified Home Health Agency (CHHA), Closure Plan, Willcare Management Agreement, and Decertification to Licensed Home Care Service Agency (LHCSA)

To have a Successful NYSDOH Pre-Survey for LHCSA

To expand MAPP (Mobilizing for Action through Planning and Partnership) and Public Health Education Committee to increase public health outreach and visibility including faith based and diverse groups and prepare for NYS Health Improvement Plan requirements.

To move towards Public Health Accreditation including re-examining the Public Health Vision, Mission, and begin to preparing a Strategic Plan as a future requirement to secure grants and funding

To provide and expand public health prevention based public health services

To maintain fiscal responsibility, increasing billing capabilities, revenue opportunities, and decrease spending in a transparent environment.

To prevent disease, disability and injury, and promote health and wellness throughout Greene County by providing professional, competent care.

To continue to collaborate with healthcare facilities, other local health departments and State agencies, Schools of Public Health, nursing, and other disciplines to provide optimal services.

To be aware and responsive to cultural diversity.

To implement Public Health Merit Badge to Boy Scouts of America and increase youth education of public health activities and career opportunities.

To continue monitoring, support, and expand as necessary the syringe kiosk program in the county at identified locations to decrease potential for harm to Greene County residents and environment.

To support the electronic medical record movement and other technological advances in healthcare.

To continue to implement online orientation and staff education program utilizing and collaborating with NYS DOH and SUNY School of Public Health Learning Management System.

Continue to support and increase staff morale, professionalism, and team building

To expand Worksite Wellness activities. Our goals for 2013 include greater program participation through a wider variety of programs and times, more "onsite" programming, and better utilization of the Health Risk Assessment.

To reorganize from a County Vet contract to proposals from local vets to provide rabies clinics and services.
Potential Savings $6,500 to County.

To award Pre-K Transportation Bid – Potential savings as bid specifications were changed to have bus monitor inclusive with rate. Improve the billing process for more transparency.

To improve Social Media access to public health programs. We have applied for Social Media Intern #3 for Summer 2013 and will be working with Greene County Attorney and Social Media County Committee.

Public Health Education Committee Resumption in 2013:
As a result of the development process for the 2010-2013 Community Health Assessment (CHA) and Municipal Public Health Services Plan (MPHSP), a Health Education Committee was initiated. The Committee which included both community and multi-agency participation, met quarterly until Tropical Storm Irene, when community response took precedence. For 2013, the Public Health Education Committee has been integrated into the MAPP subcommittees which are addressing the broad educational areas of "Preventing Chronic Disease" and "Promoting Mental Health/Preventing Substance Abuse". This group will ultimately formulate a four year Community Improvement Plan, and The Health Education Committee will continue as a crucial component of the plan.

To continue to have Public Health Director to attend NYSACHO monthly and annual meetings joined by branch supervisors (if appropriate) to keep current on Federal and State mandates, changes and updates related to Public Health . NYSACHO offers an opportunity for important networking between counties.

Initiatives:

Greene County Kiosk Program (Expanded Syringe Access Program (ESAP) sponsored by NYS DOH AIDS Institute)

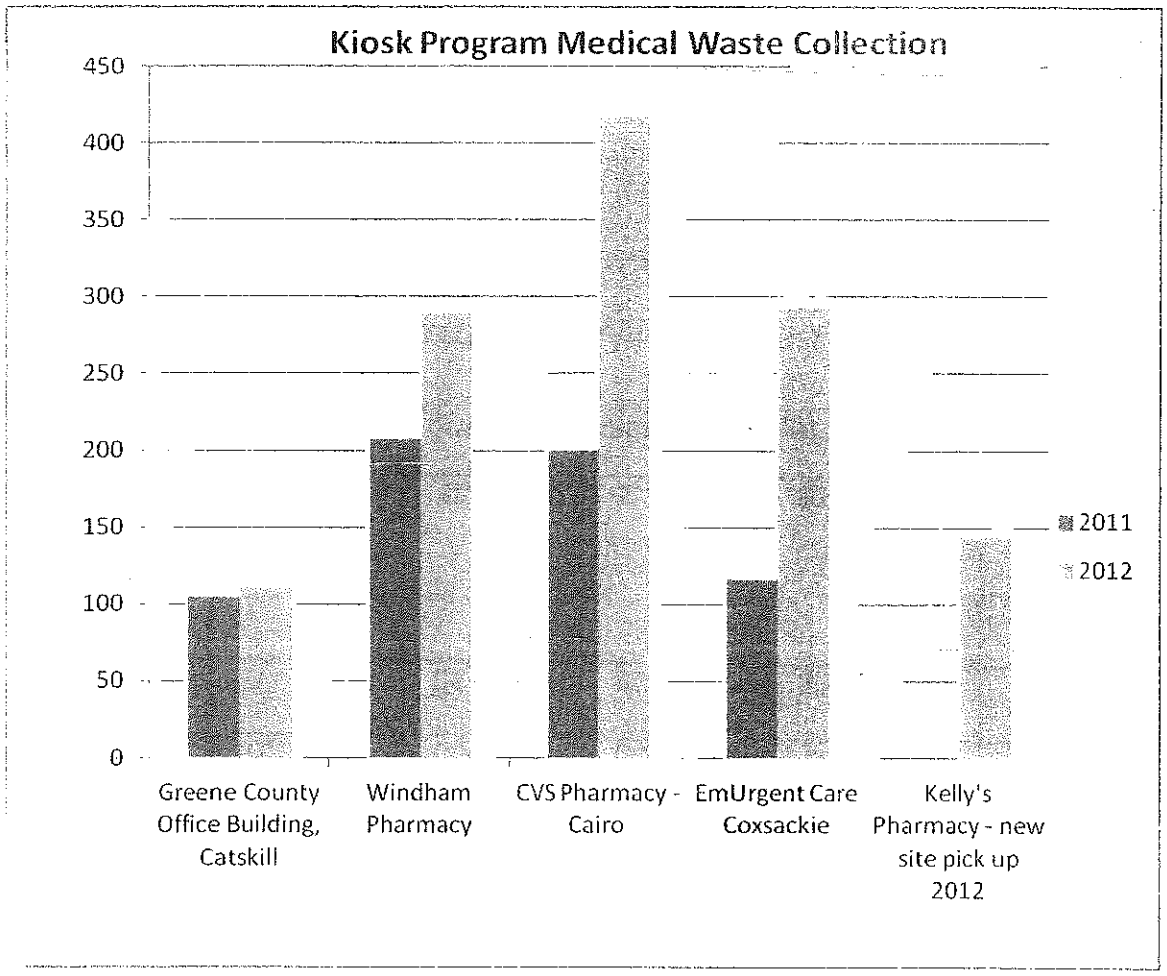
Initiation of Collection of used needle/syringe Program
The first KIOSK needle/ syringe disposal program pick up began June 7, 2011 initially with 4 sites that has expanded to 5 and delivery to alternating nursing homes. (The Pines and Kaaterskill Cares).

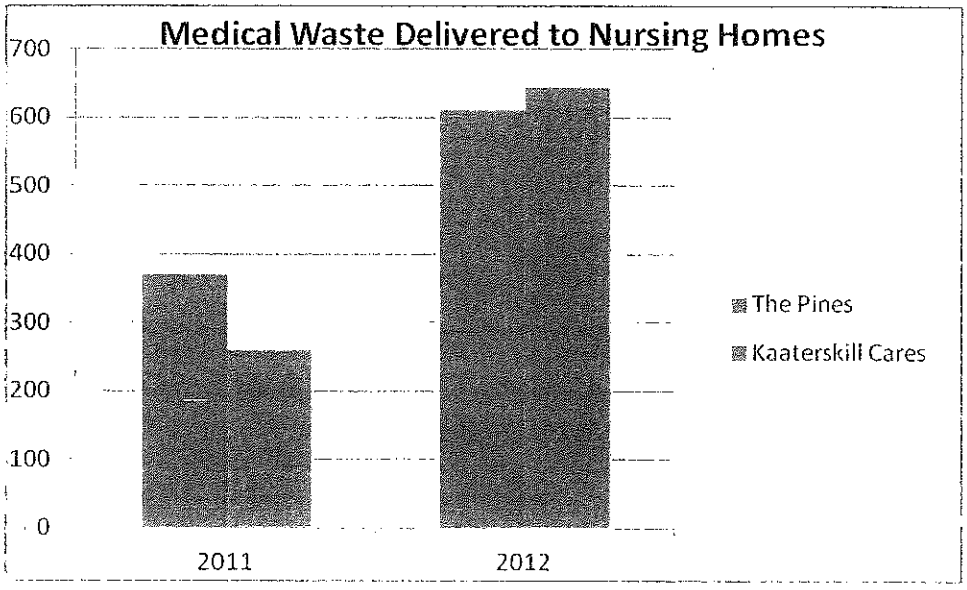
Kiosks Statistics:
In 2012 a total of 139 containers with a total weight of 1257 pounds have been collected and delivered to the nursing homes. (The Pines 612 pounds) and (Kaaterskill Cares 645 pounds).

The success of this program has been overwhelming and a special thanks to Greene County Highway Department – Solid Waste for excellent dedication and pick up services in collaboration with the Public Health Department.

Kiosk Sites	{ Pounds of Waste Picked Up }												
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Greene County Office Water St., Catskill	19	0	0	16	20	7	0	0	24	0	0	26	112
Windham Pharmacy	18	0	30	28	24 25	19	0	30	35	0	25 36	20	290
CVS Pharmacy – Cairo	27	0	32 50	0	40 35	30	0	60	45	38	14	47	418
EmUrgent Care - Coxsackie	16	0	45	39	25 16	44	0	32	26	0	50	0	293
Kelly's Pharmacy Greenville	12	12	10	15	13 10	5	0	32	0	0	35	0	144
TOTALS per column	92	12	167	98	208	105	0	154	130	38	160	93	1257
	Note: 0 means no pick up at that site during pick up run **TOTALS for all locations: 1257**												

Note: Kelly's Pharmacy in Greenville was added as a new site with the first pick up on January 31, 2012.


Kiosk Program Medical Waste Collection
450
400
350
300
250
200
150
100
50
0
2011
2012
Greene County Office Building, Catskill
Windham Pharmacy
CVS Pharmacy - Cairo
EmUrgent Care Coxsackie
Kelly's Pharmacy - new site pick up 2012


Medical Waste Delivered to Nursing Homes
700
600
500
400
300
200
100
0
2011
2012
The Pines
Kaaterskill Cares

Kiosk Program Education:

Continued ongoing education on the Kiosk program is presented at the following sites/meetings: Greenville School Employee Health Fair, Correctional Facility Health Fair, Greene County Employee Health Fair, Greene County Youth Fair, Athens Street Fair, Greene County Social Services, AG Fest, Columbia Greene Community College (Golden Gathering), Greene County Family Planning Clinic, WIC clinics, and Homecare clients are made aware of this program;

Events: such as United Way Bridge Event, "Out of Darkness Suicide Walk", Mountain Top Senior Health Day;

Meetings: Columbia Memorial Hospital (CMH) Board Meeting, CMH Substance Abuse Task Force, Greene County Networking , Nutrition Education Committee at Cornell Cooperative Extension, Bloodborne Pathogens Committee, Supervisor's Meeting, Medical Professional Advisory Committee, Mobilization for Action through Planning and Partnership Committee, Rural Health Network meeting, Long Term Care Committee, and the Early Childhood Learning Center Advisory Board meeting.

Total outreach contacts: 1,489
Distribution of syringe/needle containers: 270*
Educational Materials handed out on a one to one basis: 407

*Containers are available at each Kiosk site and have been made available at the above mentioned outreach opportunities.

HEALTHY WEIGHT INITIATIVE:

The Healthy Weight Initiative (HWI) represents a partnership between the Greene County Rural Health Network and Greene County Public Health Nursing Service. Director of Public Health is the Chairperson for the HWI. Our goal is to help our residents reach and maintain a healthy weight by creating programs that improve nutrition and increase opportunities for physical activity. The HWI is a community level intervention and we have worked in schools, worksites, restaurants, and the community at large to reach as many people as possible.

Schools: The Healthy Weight Initiative has been active in our local schools. We received external grant funding to work with Catskill and Cairo-Durham schools, where we were able to introduce unique nutrition and physical activity programs. We started a Food Lab in the Catskill Middle School in which students learn to make healthy snacks. We also implemented healthy community meals for Catskill residents. Served once per month, these meals are researched and prepared by high school students, then served to the community at large, accompanied by nutrition educational materials.

Weight Loss: To assist Greene County residents in reaching and maintaining a healthy weight, the HWI worked with the NYS Academy of Family Physicians to create a weight loss protocol. "Manageable Challenges" simplifies the process of losing weight and breaks it down into a step-by-step guide. The guide also includes information to help physicians work with patients who are in need of a weight loss program. In addition to distributing the Manageable Challenges guide to all 16 primary care physicians in the county, we also distributed packets to Community Action, Catholic Charities, and our county Family Planning clinic.

Worksite Wellness The HWI is continuing our work with the County's insurance carriers to create a comprehensive worksite wellness program. Employees are being encouraged to complete a Health Risk Assessment and a local fitness professional has been recruited to design free nutrition and exercise classes for employees. The programs have been running consistently for one year and have received positive feedback.

Farmers' Market: The HWI was instrumental in creating a farmers' market in the Village of Coxsackie in the summer of 2012. Though this started as a 'pilot' market, its success was recognized immediately and the market flourished throughout the season. Vendors are being recruited for 2013, which promises to be another successful year for the market.

Walking: The Healthy Weight Initiative continued its focus on walking in 2012. Walking is a relatively easy, inexpensive form of physical activity. To encourage residents to walk, we once again sponsored GreeneWalks, a free, 8-week walking program. Free pedometers and walking logs were distributed to participants and prizes were given to those who completed the program. GreeneWalks was held in June 2012 and over 40 people registered for the program.

Media: We once again created a series of cable television ads to combat obesity in Greene County. The ads feature local doctors, EMS personnel, and Rural Health Network Board members and they introduce our Manageable Challenges program to Greene County residents. These ads encourage viewers to visit our website, where they can view the entire Manageable Challenges protocol and order calorie counting wheels.

Submitted by: Melissa Scheriff, Coordinator, Healthy Weight Initiative
Greene County Rural Health Network, Inc.

Greene County Lactation (Breastfeeding) Room

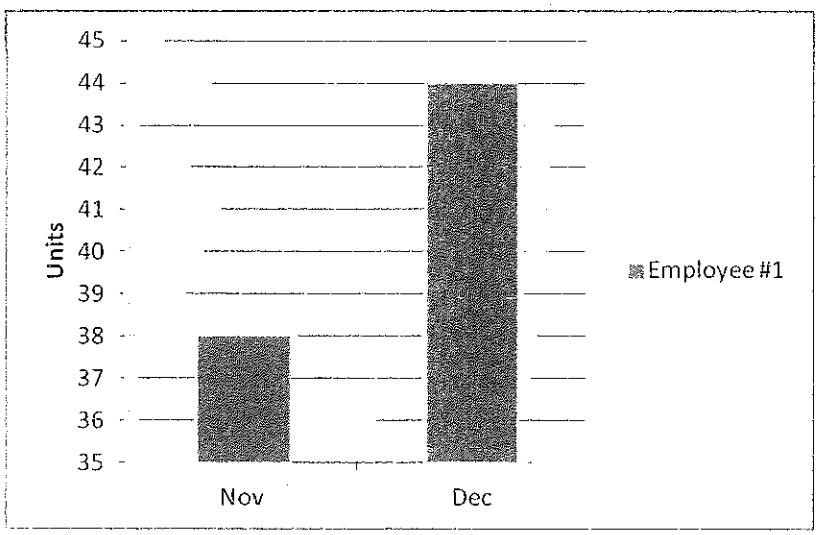
Section 206-c of the New York State Labor Law please refer to Cost Savings/Revenue section previously in this report.

County policy states: Any female employee of Greene County shall have the right to use the Lactation Room, located within the Public Health Department, for the purpose of expressing milk during their regularly scheduled work day. Usage of that room must be in accordance with the following procedure:

1. Arrange to use the room by contacting Public Health at 719-3600.
2. Employees using the room will be required to sign in at the Public Health Front Desk before they are issued the key for the room.
3. The key must be returned to the front desk after room use and employees must sign out.

The Lactation Room was first implemented in November 2011.

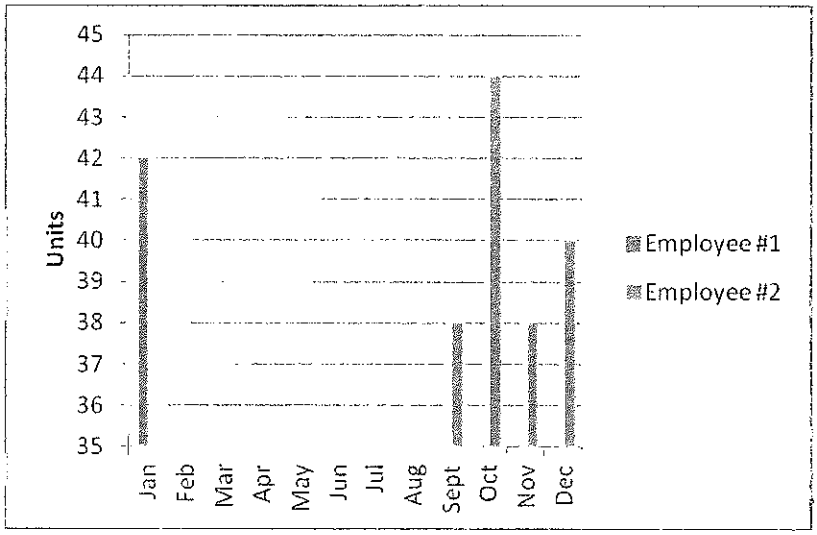
Usage for 2011:



1 unit = 15 minutes

Total Usage in 2011 = 82 Units

Usage for 2012 (First full year in implementation):



1 unit = 15

Total Usage in 2012 = 202 Units up by 41% from 2011.

BRANCH REPORTS

Early Intervention Program:

Children	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Year 2007	Change in last year
Number of Children	182	194	112	204	206	214	Decreased by 12

Physically Handicapped Program:

Children	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Year 2007	Change in last year
Number of Children	16	16	12	20	49	59	Remained the same

NOTE: *Decrease due to new referral process and only one Medicaid accepting orthodontist in area. We are no longer tracking children that are covered by Medicaid since 2008.

Children with Special Healthcare Needs Program:

	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Year 2007	Change in last year
Number of children	92	90	89	108	95	72	Increased by 2

- Previous Annual Totals were updated. Numbers reflect complete number of children not newly added children.

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

	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Year 2007	Change in last year
Identified Children	96	92	93	90	60	38	Increased by 4

Greene County Public Health Children's Services
Early Intervention (EI) , Children with Special Health Care Needs, (CSHCN) and Physically Handicapped Children's Program (PHCP)

ANNUAL REPORT 10/01/11 – 09/30/12

General:

- Parents are nearly universally happy with services.
- All staff continues to work to enhance the Children with Special Health Care Needs Program as well as the Child Find component of Early Intervention.
- Early Intervention Official provides back up supervision and on call coverage to Diagnostic and Treatment Center, back up supervision to family planning, assists with the development of agency policies & procedures, participates in panel pre -employment interviews, and is a member of the Culturally and Linguistically Appropriate Services Culturally and Linguistically Appropriate Services committee.
- The Early Intervention Official continues to oversee the Preschool program as The Director of Services for Children with Special Needs. She works very closely with the Preschool Municipal Representative/ Assistant Director of Children with Special Needs to ensure a smooth transition for all children from the Early Intervention program to the Preschool Special Education Program.
- The Early Intervention Official also works closely with the supervisor of the Diagnostic and Treatment Center as well as the Public Health Educator to enhance the collaboration between Early Intervention and the Lead and Immunization Programs.
- Early Intervention/Children with Special Health Care Needs/Physically Handicapped Children's Program prepared to assist in various areas of Greene County Public Health as restructuring has begun due to upcoming closure of the Certified Home Health Agency.
- The New York Early Intervention System (NYEIS), the new statewide computer system continues to present many unresolved issues to the Early Intervention staff of Greene County. Data entry has become more intensive as many of the screens are not pre-populated. Individualized Family Service Plan entry has remained a particular challenge. It was decided to resume a paper copy of the Individualized Family Service Plan and scan it into The New York Early Intervention System.
- The upcoming introduction of a state fiscal agent which will begin implementation in January 2013 will relieve counties of the administrative burden of provider payment and contracts. There has been very vague information from the state on this implementation as January is fast approaching. The projected date of the completion of implementation is April of 2013.

Training/Education/Meetings:

- All staff has attended mandated trainings provided by New York State and various county or community agencies; they include but are not limited to, fire safety, vision services, evaluation process, service coordination, Health Insurance Portability and Accountability Act /confidentiality, infection control/HIV, whistleblower, New York Association of Counties conferences, New York State Association of County Health Organization videoconferences and New York State Department of Health/ Children with Special Health Care Needs / Physically Handicapped Children's Program teleconferences. Annual trainings are on the Learning Management System (LMS) and are accessible online. These trainings are also available to the contracted Early Intervention and Preschool providers.
- The Early Intervention Official and Preschool Municipal Representative attend the Office for People with Developmental Disabilities subcommittee on autism services; the committee meets monthly September through June.

- The Early Intervention Official is also a member of the Public Health Medical Professional Advisory Committee.
- Greene County is represented at the North East County Early Intervention & Preschool Administrators Committee meetings and participates in telephone conferences with the Department of Health Bureau of Early Intervention.
- Training about Children's Services is given to all new employees of Public Health and students or interns who rotate through the agency.
- Staff and Providers have begun to attend all updated Early Intervention trainings being offered by New York State Department of Health.

Fiscal:

- Interim Provider Rates have remained unchanged since May 2012.
- Greene County has entered provider billing on The New York Early Intervention System for the past year. This had been the determined practice due to the great difficulty providers had with the great deal of difficulty entering onto the system and potential Medicaid issues with verifying claims being entered into the system. Due to the upcoming implementation of the State Fiscal Agent S, providers will begin entering claims onto The New York Early Intervention System at the beginning of October. These claims will be verified by the Early Intervention account clerk by checking paper copies of provider billing against The New York Early Intervention System submissions. It remains unclear how submissions will be verified after January 2013.
- The Early Intervention administrative grant will be reduced by approximately 20% in order to provide funding for the State Fiscal Agent. This is somewhat concerning as the County will remain responsible for the oversight of the program as well as 51% of the share of all services not covered by Medicaid and Third Party Insurance.
- The department remains fiscally responsible for the approved county budget.

Statistics:

- There were 182 children actively enrolled in Early Intervention (EI) during this time frame, including 125 referrals and 132 discharges. Referrals have decreased slightly. Enrollment has increased slightly.
- There were 85 newly enrolled children in the Child Find (CF) program (developmental screenings mailed to home for parent completion; once completed the parents mails the forms to us for scoring. We then send the results to the child's pediatrician and request appropriate follow up.)
- There are 92 children enrolled in the Children with Special Health Care Needs Program (CSHCN).
- There was an average of 1 children per quarter enrolled in the Physically Handicapped Children's Program (PHCP). Enrollment continues to significantly decrease. There are currently 16 children active in the Physically Handicapped Children's Program.
- As part of our outreach/public relations, there were 400 packets mailed to parents of newborns.

Policy & Procedures:

The entire Diagnostic and Treatment Center Policy and Procedure manual (including all Early Intervention policies) was approved by the legislature in December 2011. Several agency policies were also developed. All policies were also approved by The Local Early Intervention Coordinating Council and Medical Professional Advisory Council.

Quality Improvement:

- Island Peer Review Organization (IPRO), which is contracted with New York State Department of Health to perform quality reviews of all Early Intervention providers, notifies the Early Intervention Official of all Health & Safety issues they identify during their reviews of Greene County providers. Phone calls or letters are then made by the Early Intervention Official to each identified provider until remediation has been completed.

- There were two parent/provider concerns or incidents that occurred in this timeframe. All were investigated and appropriate remediation action was taken.
- All records are reviewed at discharge for completeness of documentation.
- All monthly provider billing and supporting service documentation is reviewed for appropriateness, completeness and correctness prior to payment authorization.
- Two records are reviewed by "in house" Early Intervention Providers for documentation of regulatory compliance as part of The Local Early Intervention Coordinating meetings. Parent satisfaction surveys are also reviewed and reported to The Local Early Intervention Coordinating.

Contracts:

Contracts with 12 agency and 27 individual providers of Early Intervention services are in process for the time frame of 01/01/13 through 12/31/14. New contracts continue to be sought, in particular for the "mountain top" areas. There are also ongoing efforts to increase bilingual speech services and Physical Therapists. The upcoming implementation of the State Fiscal Agent may eliminate the need for provider contracts with municipalities. New York State has indicated that there will be provider agreements with the state. Unsure of exactly how and when these agreements will go into effect, the Early Intervention Official in collaboration with the Greene County Attorney has decided to proceed with the contract process for the next two years. Provider contracts may be terminated with 30 days' notice when and if provider agreements go into effect.

Outreach:

Information on the Early Intervention/Children with Special Health Care Needs/Physically Handicapped Children's Program was brought to all health, county and youth fairs and mailed with all birth letters. Multiple physician/health care provider sites were visited by Children's Service staff this year. They also visited and distributed data to community organizations, and sites such as schools, hospitals, daycare providers, libraries and faith based organizations etc. Birth certificate review for suspected "at risk" children continues via HIN computer system. The resource manual for families lists local, state & federal programs and agencies which can assist families in finding services such as day care, physicians, peer support, financial assistance, etc.

Children with Special Health Care Needs:

The Children with Special Health Care Needs caseload has increased due to awareness of program. Intervention remains short termed. Assistance with procuring community resources remains the primary reason for referral. Staff participates in the Greene County for the Disabled has also been an integral part in keeping families in the Children with Special Health Care Needs program aware and informed about community resources. All children referred to the department are screened for medical homes/insurance. Staff has assisted clinic nurses in meeting patient health insurance needs. Participation in the Office of People with Developmental Disabilities subcommittee on autism has helped staff to remain current on information related to assisting individuals with disabilities in our area. An email list has been compiled from families in the Children with Special Health Care Needs program and information is distributed on a regular basis. Greene County Children with Special Health Care Needs program participates in the Annual Transition Fair for young people leaving high school and moving on to college or employment programs.

Physically Handicapped Children's Program:

The Caseload has been steady. There were two Albany orthodontic providers approached to see if there was any interest in becoming providers for the Physically Handicapped Children's Program. Unfortunately these providers were not accepting any new patients. The only orthodontic provider is located in Amsterdam. There has been some discussion with the state to find other providers. There were none found at this time.

The Local Early Intervention Coordinating Council:
The Local Early Intervention Coordinating Council, which consists of Early Intervention parents, community agencies and service providers and occasional State Department of Health representation met four times. Oversight is provided to the Early Intervention Official. There has also been some reciprocal participation between the Greene and Columbia County Local Early Intervention Coordinating Council's. There has been some planning for a screening day sometime in March 2013.

Provider Meetings:
There was one provider meeting/ training during this time period. This training was focused on working with families in poverty and crisis. There was also an in-service on the Learning Management System. The Learning Management System is a web based program that will provide trainings for Public Health. Providers completed mandatory trainings on the Learning Management System. Updated email addresses are requested from who have shared these email addresses so that non child specific communication can be quickly distributed. This is the primary method of information distribution. The Early Intervention Official continues to be available to all providers by email, phone or in person if providers have any question or concerns.

Greene County Public Health Children's Services
Early Intervention (EI), Children with Special Health Care Needs, (CSHCN) and Physically Handicapped Children's Program (PHCP)

ANNUAL REPORT ADDENDUM

GENERAL
2012

Children's Services is functioning well despite the continuing challenges that The New York Early Intervention System NYEIS has presented. Parents are pleased, costs are contained and the staff is generally content. The New York Early Intervention System has presented some ongoing problems and challenges to all counties in New York State. Many system "bugs" continue to go unresolved as they are being addressed on a priority basis. The functionality of the system is very low. There is a tremendous data entry component for both Early Intervention staff and Providers. Provider billing on the system has become mandatory for all providers in order to prepare for the implementation of a State Fiscal Agent (SFA) in April of 2013.

From 1/1/12 to 12/31/12 there were 216 referrals to the Children's Services programs. (120 to Early Intervention, 96 to Child Find), 81 discharges from Early Intervention, 92 initial core evaluations, 50 supplemental evaluations, 161 children with active Individual Family Service Plan (IFSP) and 32 children who did not qualify for Early Intervention services. Though the number of active children in the program has decreased in comparison to the previous year, it should be noted that the caseloads consist of complex cases that have required more time from the service coordinators. Data entry and trouble shooting on the New York State Early Intervention System continue to be quite time intensive for the Early Intervention Service Coordinators. It is important to note that the statistical reports generated by the New York State Early Intervention System have recently been found to be inaccurate by the Department of Health. Some of these reports were utilized in the above statistics. "Hand counting" was used when possible. Unfortunately, we rely on the New York State Early Intervention System when trying to identify active children within a specific time period. At this point there is not an alternative method for this.

Contracts with the New York State Department of Health for the Children with Special Health Care Needs administrative grant & the Early Intervention administrative grant for the year 10/01/12 -9/30/13 were submitted. The Children with Special Health Care Needs contract has been approved. The Early Intervention administrative contract budget is going through final approval from the state level.

The Early Intervention policy and procedure manual continues to be updated to reflect recommendations from Island Peer Review Organization/State Department of Health, & changes in legislation and practices. There may be some necessary policy changes in the coming year due to the implementation of the State Fiscal Agent which would dissolve all contracts between counties and providers.

Concerns identified by the parents were resolved by the department. All Health and Safety concerns, identified by Island Peer Review Organization/State Department of Health, during its review of Early Intervention providers are addressed by the Early Intervention official with the provider of service, upon Greene County Early Intervention notification by Island Peer Review Organization/State Department of Health. There have been no visits from Island Peer Review Organization in 2012.

No issues were identified by the state Department of Health during the New York State survey of Public Health in the Children with Special Needs and the Physically Handicapped Children's programs. Public Health in the Children with Special Needs and the Physically Handicapped Children's programs census are stable. Restructuring of the EI and preschool programs over the past year have resulted in a greater collaboration between Preschool and Early Intervention as well as a smoother transition process for families going from Early Intervention to Preschool.

FINANCE

2012

When looking at revenue for Early Intervention Services, 88% of all revenue was from Medicaid, and 12% was from Third Party Reimbursement, an increase of 25% from last year. There has been a large movement at the state level to increase third party reimbursement for Early Intervention services will result in the implementation of the state fiscal agent in April 2013.

Concurrent review of provider bills for time/ & date of service discrepancies continue. Content of documentation is also reviewed. Discrepancies that were found during the routine reviews have been addressed. Provider bills are not paid until discrepancies have been corrected. There will be additional billing entry requirements for providers with the New York State Early Intervention System. The resolution of billing issues in the New York State Early Intervention System has been quite challenging.

There are several elements of the Governor's state budget for 4/11/12-03/31/13 that may have impact on the Early Intervention Program that is yet to be determined.

Please see the previously submitted annual report (based upon the federal calendar 10/01/11 – 09/31/12) for additional information.

2013 Goals:

The goals for Early Intervention for 2013 include:

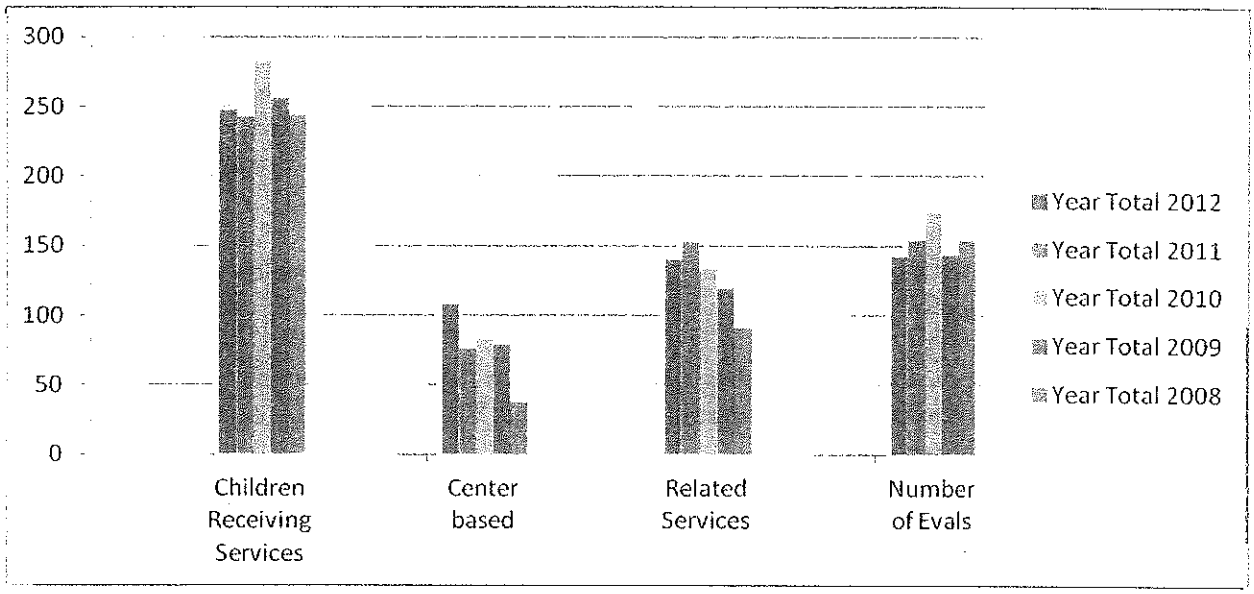
- To prepare for implementation of the state fiscal agent
- To continue to work in conjunction with the New York State Department of Health, New York State Association of County Health Officials, New York State Association of Counties and County Early Intervention and Preschool Administrators Counsel to resolve the billing and programmatic issues related to the New York State Early Intervention System
- To improve quality assurance through collaboration with New York State Department of Health and other counties
- To update providers on any programmatic changes and encourage provider attendance at revised New York State Department of Health trainings

Pre-School Special Education Program

Preschool Special Education 2011		Center Based (CB)	Related Services (RS)	Still receiving CB as of 12/31/11	Still Receiving RS as of 12/31/11	Total Count
END OF YEAR STUDENT COUNT	Coxsackie-Athens	4	14	10	16	44
	Catskill	4	17	13	27	61
	Cairo-Durham	8	16	13	27	64
	Gilboa-Conesville *	3	0	0	3	6
	Greenville	4	6	6	6	22
	Hunter-Tannersville	2	4	1	4	11
	Ravena-Coeymans-Selkirk*	1	0	4	1	6
	Windham-Ashland-Jewett	0	5	4	7	16
	Onteora*	0	0	0	0	0
	Margaretville*	0	0	0	0	0
		26	62	51	91	230

Note: ***Schools are out of County but children served are residents of Greene County**

Pre-School Special Education Program



CHILDREN SERVED	YEAR TOTAL 2012	YEAR TOTAL 2011	YEAR TOTAL 2010	YEAR TOTAL 2009	YEAR TOTAL 2008	Changes in Last Year
Total Number of Children Receiving Services	248	243	283	256	244	Increase 5
Center based	108	77	83	79	38	Increase 31
Related Services	140	153	134	120	91	Decrease 13
Enrolled in Dual Program	1	1	2	3	2	Same
Number of Evals	143	155	174	144	154	Decrease 12

Preschool Special Education
2012 Annual Report

Greene County Preschool Special Education Program is mandated by New York State to serve children ages 2.5 through 5 years of age with the classification of a "Preschool Child with a Disability". Children are evaluated through the school district of residence. If a child qualifies as a "preschooler with a disability" through the Committee for Preschool Special Education (CPSE), the child will receive educational services paid by the county. Services may be itinerant (in the home or daycare) or center-based (in a classroom). Center based services are tuition based. The New York State Education Department (NYSED) sets the rates for tuition.

The Assistant Director of Services for Children with Special Needs supervises the preschool program. The Assistant Director attends CPSE meetings for new referrals, program reviews, and evaluations of preschool children with disabilities.
Meetings are conducted at the eight districts that serve Greene County children: Catskill, Coxsackie-Athens, Cairo-Durham, Greenville, Windham-Ashland-Jewett, Hunter-Tannersville, Gilboa-Conesville and Ravena-Coeymans-Selkirk.
Major tasks of Greene County preschool department include: chart development and maintenance for each preschooler with a disability receiving services, obtaining paperwork from school districts and providers, and assurance that charts comply with Medicaid and NYSED regulations.
The department is responsible for submitting Automated Voucher Listings (AVLs) to NYSED for a reimbursement of 59 ½ % and for billing Medicaid for qualified services.
The department is responsible for contracting with providers in order to provide the mandated services and monitoring the provision of services to be in compliance with each child's Individual Education Plan.
The county is also responsible for providing transportation to children that attend center-based programs. Transportation is also reimbursable through the AVL system but is capped at amount determined by NYSED each year.

Preschool Special Education Program includes three full-time and one shared staff.

1. Assistant Director of Services for Children with Special Needs
2. Senior Clerk Typist (21 hours per week) - Maintains children's files by requesting mandated information from providers and/or school districts. Chart audits for compliance with NYSED.
3. Account Clerk Typist (full time) - Billing Medicaid. Verifying transportation costs and setting up transportation for children. Maintenance of contract files. Internal chart audits for Medicaid compliance.
4. Account Clerk (full time) - Processing monthly vouchers. Entering data for NYSED. Submitting AVL's, checking all billing for accuracy. Resolving discrepancies.

Greene County Children with CPSE Services for the year of 2012:

Center-based evaluated/eligible	108
Related Services evaluated/eligible:	140
Total children receiving services and/or evaluations:	248
In dual programs:	1

Accounts Payable January-December 2012

Center Base:	$1,857,402.50
Related Service/Special Education Itinerant Teacher:	$ 567,103.50
Evaluations:	$ 74,002.00
Reconciliation Billing:	$ 25,788.26
Transportation:	$ 822,638.03
Excess Administration:	$ 82,099.00
Supplies:	$ 2,266.50
Conference:	$ 125.00
TOTAL:	$3,431,424.97

Accounts Receivable

Automated Voucher Listing:	$2,267,915.02
Medicaid:	$ 128,180.49
Reimbursed County Admin.	$ 41,550.00
Reimbursed CPSE Admin.	$ 54,260.42
Refunds:	$ 12,433.66
	$2,504,339.59

2012 Highlights for the Preschool Program

- Updated relevant employee checklist for Medicaid and confirmed compliance with training mandates with all eleven Greene County agencies and individual providers.
- Accomplished goal of developing training on progress monitoring for providers with assistance from Regional Education Technical Assistance Center of NYSED.
- Ensured Medicaid compliance by developing internal audit system for charts specifically geared towards Medicaid rules/mandates.
- Updated preschool policy and billing procedure handbook for providers.
- Developed a new contract for transportation in order to contain costs.
- Trained new senior clerk typist.
- Continual training/monitoring of providers in Medicaid and NYSED regulations

Goals for 2013

- ✓ Continue attendance at all CPSE meetings in the eight districts that enroll Greene County children to ensure that services to Greene County children are cost effective, appropriate and in the "least restrictive environment."
- ✓ Continue to train and provide guidance to agencies, school districts and individual providers on Medicaid and New York State Education regulations.
- ✓ Assure that staff, agencies and individual providers are compliant with Medicaid and State Education regulations, in order to maximize the amount of reimbursement to Greene County.
- ✓ Develop and renew provider contracts that will expire in June.
- ✓ Conduct annual meetings for providers and CPSE chairpersons.
- ✓ Continue to monitor and resolve billing issues.
- ✓ Set up transportation for children attending Center Based Programs.
- ✓ Recruit Greene County providers that are residents of Greene County.
- ✓ Monitor and Assess new transportation contract and system for billing.

D&TC Communicable Disease

Disease	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Year 2007	Change in last year
Hepatitis A	0	0	0	0	0	1	Same
Hepatitis B, Acute	0	0	0	0	0	0	Same
Hepatitis B, Chronic	0	2	4	2	2	3	Decrease 2
Hepatitis C, Acute	0	0	0	0	0	0	Same
Hepatitis C, Chronic	31	31	52	41	49	47	Same
Campylobacteriosis	7	10	7	2	9	6	Decrease 3
Cryptosporidiosis	0	0	0	0	0	1	Same
Listeriosis - Death	1	0	0	0	0	0	Increase 1
Active Tuberculosis	0	0	0	2	1	0	Same
Latent Tuberculosis	3	5	5	3	0	5	Decrease 2
Pertussis	13	0	0	1	1	1	Increase 13
Influenza A	59	13	4	78	17	1	Increase 46
Influenza B	6	7	1	5	18	1	Decrease 1
Meningitis (bacterial)	0	0	0	0	0	0	same
Meningitis (aseptic)	3	4	2	2	3	4	Decrease 1
Mumps	0	0	0	0	0	0	same
Lyme Disease *	110	219	124	247	312	157	Decrease 109
West Nile Virus	1	0	0	0	7	0	Increase 1
Chlamydia	132	121	106	87	74	79	Increase 11
Gonorrhea	14	15	5	5	12	6	Decrease 1
Syphilis	3	4	1	1	3	1	Decrease 1
E-Coli	1	0	0	1	0	1	Increase 1
E. Coli 0157:H7	0	0	0	0	0	0	same
Giardiasis	7	9	6	4	6	4	Decrease 2
Salmonellsis	8	1	9	4	1	1	Increase 7
Shigellosis	0	1	0	0	0	0	Decrease 1

Note: Change in Lyme Reporting from previous years.
* Only 20% of positive Lyme results are being reported to the Counties due large numbers of physicians testing.

Please Note: Pertussis decrease may be due to an increase in immunization and new vaccine availability

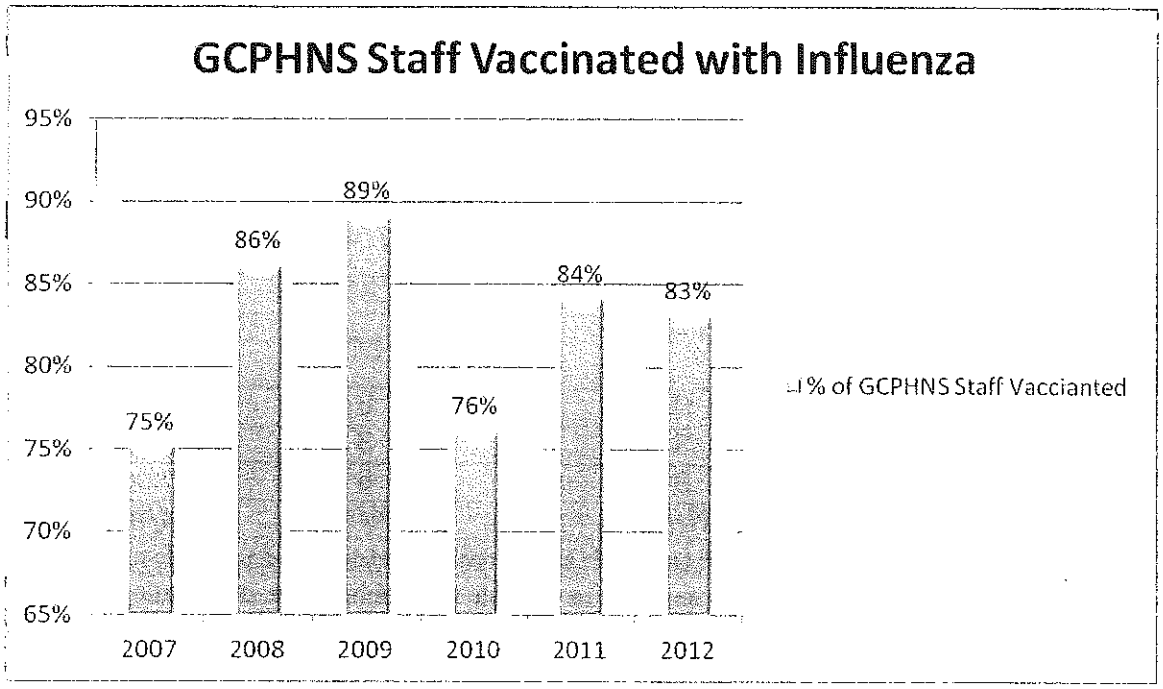
Note: Change in Lyme Reporting from previous years.
* Only 20% of positive Lyme results are being reported to the Counties due large numbers of physicians testing.

Flu (Influenza) Immunizations (Private, ARRA, & POD):

Clients	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Change in last year
Adults vaccinated @offsite clinics	373	267	424	678	750	Increase 106
Adults at PH clinic	88	45	55	59	n/a	Increase 43
Homebound Adults	1	4	4	4	6	Decrease 3
Children @ clinics	12	10	19	2	n/a	Increase 2
POD clinic	0	155	175	2122 (H1N1)	360	N/A
GCPHNS PH Employee	34	44	38	52	n/a	Decrease 10
Total Adult Flu shots Given	496	670	715	2917 (H1N1)	1163	Decrease 45

NOTE: Flu Vaccination campaign began very early and the vaccine was being offered throughout the community, i.e. all pharmacies, banks, supermarkets early in 2012. In addition, GCPHNS did not conduct a FLU POD due to the fact that the agency was not provided with free influenza vaccine. Instead, the agency ran a Tdap POD utilizing the remaining Tdap vaccine supplied to the County from the State for Hurricane Irene.

Staff receiving the flu vaccine has decreased however; the number of employees working at GCPHNS has decreased since the closing of the CHHA earlier this year.



NOTE: NYS DOH Healthcare Worker Influenza Vaccine Mandate not in effect in 2012.
However, Public Health Staff is encouraged to get vaccinated with influenza to protect patients and families, decrease sick days, and increase productivity.

Rabies Immunization:

Type	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Change in last year
Referrals	231	169	214	185	198	Increase 62
Humans Treated	9	12	15	11	17	Decrease 3
Animals Tested	21	24	31	24	37	Decrease 3
Animals tested positive	1	3	0	2	3	Decrease 2
Clinics	7	7	7	7	8	same
Animals Vaccinated	990	1131	862	944	974	Decrease 141

Note: Increased animals vaccinated for rabies due to economical fiscal decline.

West Nile Virus:

	Year 2010	Year 2009	Year 2008	Year 2007	Changes
Infected Birds	n/a	0	0	0	Same
Bird Reports	n/a	8	0	6	Decrease 8
Birds Tested	n/a	0	7	16	Decrease 7
Mammals Tested	n/a	0	0	0	*Not testing*

Note: The NYSDOH is no longer testing birds for West Nile Virus

Lead:

Children	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Change in last year
Lead Trac Tests	751	802	701	711	708	Decrease 51
Letters	390	414	347	27	24	Decrease 24
Telephone Calls	n/a	n/a	n/a	54	68	n/a
Home Visits	2	5	9	8	8	Decrease 3
Level >15	5	6	3	3	3	Decrease 1
Level 10-14	2	6	8	5	6	Decrease 4
Level 5-9	25	N/A	N/A	N/A	N/A	N/A

Note: NYSDOH is assisting GCPHNS with methods to increase maternal child referrals and lead screenings. Community and inter-agency networking to educate the public on lead screening efforts have been implemented. The environmental division of the NYSDOH for Greene County, located in Oneonta has worked closely with GCPHNS staff to address the above statistics, treatment and abatement. In addition, GCPHNS initiated a new lead initiative known as the 5-9 program in June. Staff is now contacting and providing education to any family whose child noted a lead level between 5-9, despite the mandate of those 10 and higher.

Well Child Clinics:

Note: Well Child Clinics discontinued in 2012. Decrease in well child clinics may be due to families enrolling in Child and Family Health Plus and establishing a medical home as per NYS DOH Directive.

Office Visits: Immunization Clinics:

	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Change in last year
Number of children seen at clinic	48	73	132	152	163	Decrease 25
Number adults seen at clinic	351	245	182	145	262	Increase 106

Note: Expanded clinic hours have proven to assist with outreach to providers, schools, Department of Social Services and Community based organizations assist in our clinic numbers. Child Health Plus sign up available at our clinics for those with no insurance.

Tuberculosis:

	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Change in last year
Number of PPD's given (Screening)	95	111	109	143	114	Decrease 16
Number Latent Treated	3	5	5	3	0	Decrease 2
Number Active Treated	0	0	0	2	1	same

Note: Most of Latent TB are foreign born

Deaths: (cases)

Causes	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Change in last year
Total	215	265	396	380	385	Decrease by 50
Cardiac Illness	n/a	42%	43%	46%	50%	n/a
Cancer	n/a	27%	28%	14%	16%	n/a
Pulmonary Disease	n/a	19%	16%	12%	19%	n/a
Other	n/a	12%	13%	28%	15%	n/a

Note: Despite efforts to receive notice of all deaths regarding Greene County, we are aware that not all reports are sent to our office. In addition the ability to accurately calculate percentages on cause is too subjective to be accurate. BFRSS will calculate these percentages as the data is compiled.

Births:

Births	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Change in last year
Total	336	370	441	433	426	Decrease 34

Note: Despite efforts to receive notice of all birth notices regarding Greene County, we are aware that not all reports are sent to our office.

Diagnostic and Treatment Center Annual Report 2012

The Diagnostic and Treatment Center (D&TC) continued to be busy in 2012. Staffing has changed this year, and now consists of two full time Public Health Nurses (PHN), one per diem Public Health Nurse, one D&TC Aide and a Supervising Community Health Nurse. The addition of the full time PHN and D&TC Aide has really allowed the professional staff to concentrate on their work and less time performing the clerical duties that were required of them with less staff. Increased staff in the D&TC was a goal in 2012 and it has aided in our outreach and education programs in the community. With the closing of the CHHA earlier this year, it also eliminated the weekend and holiday rotation, as well as covering on call previously required as part of the NYSNA union contract so nursing staff is now available on week days.

The staff in the D&TC is responsible for three extensive Public Health Programs. They include The Immunization Program (for Adults and Children), Childhood Lead Poisoning Prevention Program, and Communicable Disease Surveillance and reporting, which includes rabies, Lyme and tuberculosis, as well as all other reportable and communicable diseases.

Immunization clinics for adults and children are held two afternoons and one evening per month. The D&TC continues to offer extended clinic hours to meet the needs of our residents and fulfill our commitment to the Immunization Action Plan grant administered through the New York State Department of Health (NYS DOH). The D&TC administered 839 vaccinations throughout the year inclusive of the Flu Season. The numbers for children seen at the clinic continue to decrease this year. This decrease may be directly related to more children and families qualifying for Children and Family Health Plus insurance. Adults utilizing the clinic has increased in 2012; due to the state of the economy, many residents have expressed being laid off and have lost their health insurance benefits.

The flu season and how residents receive their flu vaccine has changed. Like last year, Flu vaccine was made available to pharmacies and providers for administration and released to these venues very early noting a reduction in those vaccinated at our off site flu clinics. Again in 2012, the flu vaccine receiving community appeared to take advantage of the flu shot being offered earlier than normal and utilizing the convenience of getting it while they pick up their prescriptions. In 2012, 496 flu vaccinations were administered by GCPHNS while in 2011 the D&TC vaccinated 670 persons for influenza and 715 in 2010.

Our compliance rate for Public Health staff receiving flu immunization has remained about the same this year noting 83%, with 2011 noting 84% compliance as opposed to 2010 noting 76% compliance. New York State healthcare worker influenza vaccination mandate was not in effect this year and it is important to note, that total staff numbers have decreased with the closing of the CHHA. All staff, and especially clinical staff (RN/aide), are aware of the importance of vaccination. Employees who decline the injection are required to sign a declination form. We will continue to vaccinate staff throughout the winter months, and encourage our co workers to accept immunization.

Well Child Clinics continued to be held throughout 2011 with Dr. Catalina Alegre. However, they were not well attended with only 4 children seen at the 3 clinics. In NYS, all children are eligible for health insurance, and due to the very low numbers in last year's clinic it is assumed more children are being covered by insurance. Through much discussion with Dr. Alegre as well as school nurses, it was decided that these clinics are no longer needed and if a family does need a physical for their child, Dr. Alegre would accommodate them on a case by case basis. The same held true for our orthopedic/scoliosis clinics. In 2011, only 3 children were seen and benefited from this clinic. With much discussion with Dr. Czajka, it was decided that these clinics were no longer needed and were discontinued in 2012.

The D&TC along with the billing department have been focusing on a billing project for our Clinics. In the past, the D&TC did not seek reimbursement for administration fees for those utilizing the federally funded Vaccine for Children Program (VFC). This year however, a $17.85 administration fee per vaccine was instituted for anyone receiving VFC and $20.00 administration fee on all adult vaccines in order to assist in generating revenue. In addition, billing personnel have been exploring contracts with third party insurers to allow the D&TC to bill for adult vaccine. GCPHNS offers a variety of adult vaccines for residents such as Influenza, pneumonia, Hepatitis A and B as well as Zostavax.

Greene County Public Health continues to participate in the Migrant and Seasonal Farm Workers (MSFW) Program with the Columbia County Health Department. However, due to constraints within the grant which is fiscally managed by Columbia County, the GCPHNS D&TC staff was not utilized for the Greene County farms. CCHD provided health care teaching, outreach, TB testing and immunizations to MSFW. GCPHNS is currently exploring avenues to assist our own migrant population the best way we can.

In the Lead Poisoning Prevention Program, time is reserved for lead testing every month by appointment. There were 2 children tested through the County in 2012. Most physicians now are testing in their offices with the new Lead Care II machines which have proven to be quite accurate. Any child that notes a lead level in the office greater than 8 ug/dl will be sent to the lab for confirmatory venipuncture. There were 751 results forwarded to Leadweb in 2012, 802 in 2011, 701 in 2010, 711 in 2009, and 708 in 2008. Again, providers should be testing the children in their offices, the "medical home". D&TC staff sends out reminder letters to all parents of 1 and 2 year olds who have not been recorded on Lead web each quarter; 390 letters were sent to those county residents who have not been tested for 2012. These letters advise parents of the need to have their children tested at ages 1 and 2.

In 2012, 2 home visits were made to those children who noted a lead level of 15ug/dl and higher. Greene County noted 2 new active cases of children with lead poisoning and 3 cases being case managed from 2011, but were able to discharge all 5 children from the agency because they had met the criteria for discharge. Lead Program case management includes 1-2 home visits for education and assessment of the child and the home. Many of these children can remain on the caseload for several years until their levels come down to the under 10 range. Essentially some are carried over from year to year. A new policy and procedure was developed for the Lead Program to reflect current guidelines under Public Health Law. GCPHNS also instituted a new lead initiative known as the 5-9 program. Staff are monitoring lead levels of children who note between 5ug/dl – 9ug/dl and providing the families with the same education and resources given to families of children with lead levels 10ug/dl and higher. No lead level is a good lead level so it is our hope that we will begin to see these children's lead level decline with subsequent tests due to diligence with cleaning and diet.

Communicable disease statistics are attached for 2012. These cases must be entered electronically and updated periodically depending upon the disease and status of the case. CD surveillance and reporting is a tremendously time consuming part of what we do in the D&TC. 1391 lab reports were handled by the CD staff for 2012. This is slightly below last year's figures. However, in general these numbers appear lower due to some of the burden of Lyme Disease investigation being lifted from the high incidence counties. We are now required to investigate only the Lyme cases (20%), that the NYS DOH directs us to investigate. Greene County is in

the top five counties for Lyme in New York State. Please see the attached Communicable Disease Quarterly Report for Greene County.
We had no active tuberculosis cases in 2012. There was one active TB case in both 2009 and 2008. Three latent TB cases were on treatment in 2012; this requires an assessment on these patients each month and distribution of their medication during their 9 month treatment. The D&TC placed 95 PPD's this year and 111 PPDs in 2011, 109 in 2010, 148 in 2009 and 114 PPDs were given in 2008.
Rabies surveillance is another busy area of the D&TC. 231 referrals/bite reports were made to GCPHNS this year, 169 in 2011, 214 in 2010, 185 in 2009, 157 for 2008. Nine people were treated for post exposure prophylaxis to date, 12 in 2011, 15 in 2010, 11 in 2009, and 24 in 2008. 21 animals were submitted for rabies testing this year with 24 in 2011, 31 in 2010, 24 in 2009, and 27 in 2008. We continue to hold 7 rabies clinics per year with 990 animals vaccinated this year, 1131 in 2011, 706 in 2010, 944 in 2009, and 700 in 2008. The D&TC bills those undergoing post exposure prophylaxis to their insurance however, those under or uninsured cannot be denied access this care and the county receives partial reimbursement from the State.
Outreach efforts are ongoing, grant activities for our Immunization, Lead and Lyme Programs. Health promotion and Preventative education is included in all of our home visits, clinic visits, and visits to providers' offices and school nurses. Collaboration with the Health Educator to provide educational material to county physicians and other community resources is necessary for awareness and usage of public health programs.
The staff of the Greene County Public Health Diagnostic and Treatment Center is dedicated to the provision of quality Public Health Services. We look forward to another busy year in service to the people of Greene County.

In 2012 a credit card payment option was added for a small convenience fee.

GOALS for 2013:

Reimbursement in electronic billing for D&TC
Initiate electronic medical records
Explore additional service for our migrant "hidden" population
Rabies Clinic Veterinarian Services out to Bid – Potential Savings

Respectfully submitted,

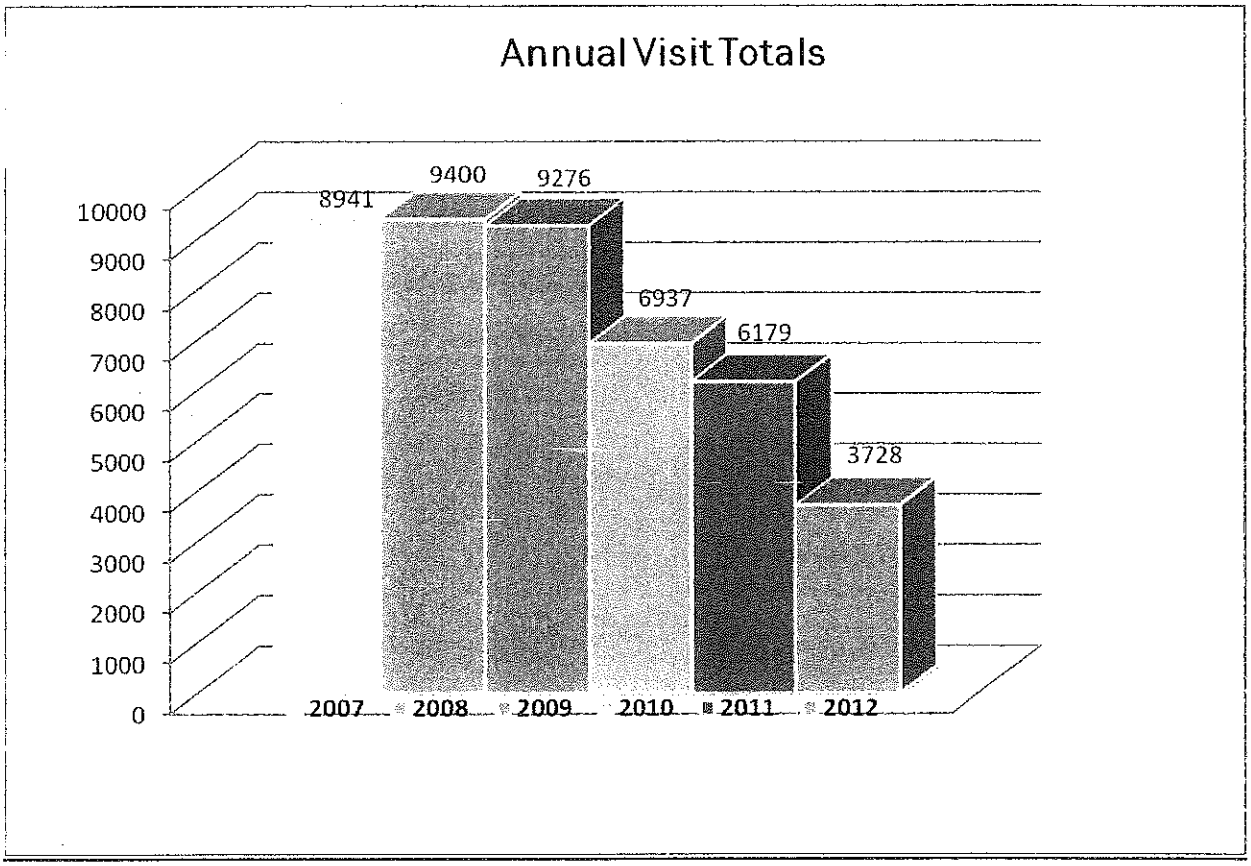
Kerry Miller, SCHN

CHHA: Maternal Child Health

MOTHER/BABY: NEWBORN MATERNAL CHILD VISITS							
YEAR	2012	2011	2010	2009	2008	2007	Difference from previous year
Referrals	173	178	170	157	164	179	Decreased by 5
Unduplicated Clients	58	58	74	92	86	68	No change
# Home Visits	162	164	174	301	243	161	Decreased by 2

CERTIFIED HOME HEALTH AGENCY: (per Scanhealth/Sansio data)							
YEAR	2012	2011	2010	2009	2008	2007	Difference from previous year
Referrals	180	269	330	544	426	392	Decrease by 89
Unduplicated Clients	156	241	279	356	309	282	Decrease by 85
*TOTAL VISTS (Includes Maternal/ Child) Visits)	3728	6179	9153	9276	9400	8941	Decrease by 2451

*TOTAL VISTS INCLUDES CERTIFIED HOME HEALTH AGENCY, MATERNAL CHILD HEALTH AND HOME HEALTH AIDE VISITS



Public Health Annual Visit Totals (Excludes Family Planning & Early Intervention)

Note: Numbers down due to CHHA evaluation and management agreement.

Greene County CHHA Annual Report for 2012

Greene County Public Health has a Certified Home Health Agency (CHHA) that provides intermittent skilled nursing, physical therapy, occupational therapy, medical social work and home health aide services to the residents of Greene County. The CHHA also provides contractual personal care services for the Office for Aging. These services are provided to fragile seniors who are in need of personal care aide services under the Extended In Home Services for the Elderly (EISEP) program.

Efforts to contain costs and maximize reimbursement have been ongoing. The goal has been to provide optimal quality care to the residents of Greene County. The Certified Home Health Agency is closely regulated by Center for Medicare and Medicaid (CMS) and The NYS Department of Health (NYSDOH). CMS determines the episodic reimbursement for the provided care. Center for Medicare and Medicaid has developed a broad initiative called Outcome Based Quality Improvement (OBQI). The OBQI program is based on collection and reporting of standardized data, subsequently determining an agency's public report card and fiscal remuneration. The Home Health Consumer Assessment of Providers and Systems (HHCAPS) program was initiated in 2010. This is a consumer satisfaction survey provided by an independent vendor. From January 2011 through December 2012 Greene County's Certified Home Health Agency has scored above NYS and National averages on the public reporting site. This site anonymously tracks a patient's response to specific questions about their care. Ultimately this data will determine at what level a Certified Home Health Agency will be reimbursed for care rendered. In 2012 CMS made additional cuts to Home Health reimbursement and NYS non funded mandates.

The OBQI and HHCAPS data is available to the public at:
www.medicare.gov/hhcompare.

Greene County Certified Home Health Agency statistics are as follows:

MOTHER/BABY: NEWBORN MATERNAL CHILD VISITS							
YEAR	2012	2011	2010	2009	2008	2007	Difference from previous year
Referrals	173	178	170	157	164	179	Decreased by 5
Unduplicated Clients	58	58	74	92	86	68	No change
# Home Visits	162	164	174	301	243	161	Decreased by 2

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*TOTAL VISTS (Includes Maternal/ Child) Visits)	3728	6179	9153	9276	9400	8941	Decrease by 2451

*TOTAL VISTS INCLUDES CERTIFIED HOME HEALTH AGENCY, MATERNAL CHILD HEALTH AND HOME HEALTH AIDE VISITS

Referrals have been decreasing due to expanded ownership of a large Capital area hospital and rehabilitation facility. Referrals from that hospital and rehabilitation facility were made to company owned agency.

Staff attrition due to pending closure of the CHHA caused decreased ability to service a larger number of patients.

Unable to accept Speech Therapy referrals due to difficulty obtaining a speech and Language pathologist.

As previously mentioned, Greene County's Certified Home Health Agency has scored above NYS and National averages consistently. This indicates that our patients were pleased with the services they received and legitimately did get better.

However, despite Greene County Public Health's optimal delivery of quality care to the county's constituents the decision was made that the county could no longer afford to operate the Certified Home Care Agency. This decision was primarily due to Article 6 and State Aid cuts. Prior to the cuts, 36% of home care costs were reimbursed.

The County Administrator, Legislators and Health Committee members analyzed and researched many options available for the Greene County Certified Home Health Agency to remain financially viable. The decision was made to sell the Certified Home Health Agency. A Request for Proposal (RFP) was posted and the potential buyers were interviewed extensively. Ultimately a decision was made on the potential buyer, and the lengthy process began to close the CHHA. With collaboration with NYS Department of Health, Greene County Public Health (GCPH) and WILLCARE a management agreement was established. Under the Management Agreement between GCPH and WILLCARE, Greene County patients continue to receive skilled care. The Management Agreement will remain in effect until GCPH CHHA closure is finalized with NYSDOH.

In addition, Greene County Certified Home Health Agency is required by New York State Department of Health (NYSDOH) to maintain one CHHA service in its entirety until the closure is final. Greene County's Certified Home Health Agency currently has 3 full time Home Health Aides. The 3 aides have continued to provide thorough, attentive personal care to CHHA patients in need, despite knowing their employment with GCPH (CHHA) is coming to an end. This includes patients receiving CHHA and EISEP services. The Home Health Aides have been and continue to be committed to providing quality care to their patients.

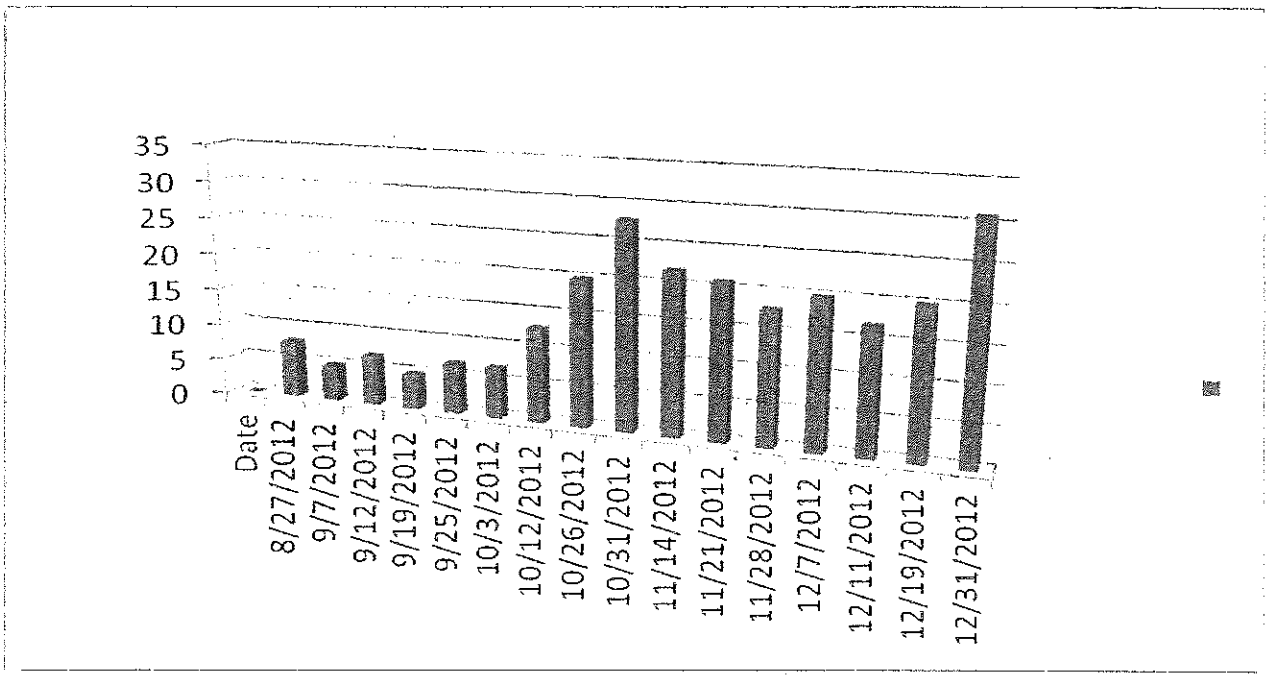
As of August 31, 2012 at 4:59 PM. Greene County's Certified Home Health Agency entered into a Management Agreement with WILLCARE. WILLCARE is a Certified Home Care Agency with a branch office located in Ulster County. WILLCARE is looking to expand services into Greene County. Currently WILLCARE has had a presence in Greene County rendering behavioral health in Greene County. At the time of this report the Management Agreement between Greene County Public Health Agency and WILLCARE continues. This means Greene County's Certified Home Health Agency remains responsible for the care patients receive.

During the Management Agreement with WILLCARE, August 31, 2012 through December 31, 2012 there have been 59 unduplicated referrals.

The following data is the Active Census Report for Greene County CHHA/ Willcare.

DATE	ACTIVE PATIENT GCPH/WILLCARE CENSUS REPORTED TO NYSDOH, NYS DOH REGIONAL HOME CARE OFFICE
8/27/12	8
9/7/12	5
9/12/12	7
9/19/12	5
9/25/12	7
10/3/12	7
10/12/12	13
10/26/12	20
10/31/12	28
11/14/12	22
11/21/12	21
11/28/12	18
12/7/12	20
12/12/12	17
12/19/12	20
12/31/12	31

ACTIVE PATIENT GCPH/WILLCARE CENSUS REPORTED TO NYSDOH, NYS DOH REGIONAL HOME CARE OFFICE



Respectfully Submitted

Nancy Martin SPHN.

CHHA CLOSURE PLAN TIME LINE

9/10/10	Article 6 State Aid 36% for optional services (CHHA). Cut retroactive to 7/2010
5/12/11	RFP planning meeting with Planning and IT departments
5/16/11	Staff meeting informing staff that county will be sending out RFP for CHHA sale
5/31/11	Conference call with NYSDOH regarding RFP and sale
6/13/11	Work group meeting- OFA, PH and Planning
7/6/11	CHHA RFP resolution approved at Health Committee
8/4/11	Staff meeting concerning RFP
8/5/11	RFP released
8/26/11	CHHA RFP proposal meeting with bidders
9/22/11	RFP due date
10/18/11	Meeting with WillCare
10/25/11	Staff meeting- RFP reviewed; no decisions yet
11/30/11	Interview meetings with HCR and WillCare
12/8/11	NYSDOH &Public Health and Hospital Planning Council passed CHHA emergency regulations Staff meeting with County Administrator concerning CHHA sale One Registered Nurse resigned
12/19/11	CHHA team and Health Committee meeting

	CHHA CLOSURE PLAN TIME LINE continues…
1/9/12	CHHA RFP meetings
1/12/12	CHHA RFP meeting
2/9/12	Conference call- CHHA sale versus closure. CHHA team and health committee
2/14/12	Conference with County Administrator, Willcare and PH Director
2/22/12	Discussion with NYSDOH regarding preliminary plan to enter in management agreement
2/23/13	Meeting with Willcare on management agreement
3/9/12	Another Registered Nurse resigned
3/19/12	Notice to staff about Willcare site visit
3/20/12	Willcare site visit for "due diligence"
3/29/12	WIllcare Chart review
4/1/12	One Home Health Aide resigned
4/12/12	Staff Mtg on status of CHHA
4/16/12	Health Committee approves resolution for sale of CHHA and WIllCare management agreement
4/18/12	Full legislature approves resolution of Sale of CHHA and WIllCare management agreement
5/10/12	Management agreement sent to NYSDOH for approval
5/18/12	NYSDOH lifts moratorium on CON requests for CHHA expansion of service into new counties or establishment of new CHHA's.
6/13/12	CHHA closure plan sent to County Attorney
6/29/12	NYSDOH approved WillCare and Greene County management agreement
7/5/12	CHHA closure plan sent to NYSDOH
7/10/12	Revisions to closure plan sent to NYSDOH
7/18/12	Resolution to approve LHCSA application by Greene County legislature
7/20/12	Closure plan changes resubmitted
7/24/12	LHCSA application submitted to NYSDOH and $2000.00 fee paid
8/9/12	NYSDOH notified Greene County that LHCSA application received
8/30/12	NYSDOH approval of CHHA closure plan
8/31/12	CHHA staff layoff. Remaining 3 home health aides and 1 part time director of patient services
9/1/12	Willcare begins management agreement operations. CHHA phone number rolled over to WillCare
9/21/12	Director and Business Manager attend LHCSA approval at Public Health Council Sub-Committee meeting in NYC.
10/11/12	Full Public Health Council approves LHCSA application
11/30/12	Letter NYSDOH Public Health Council Full Committee LHCSA application approval
1/25/13	NYSDOH received LHCSA policies for review
2/07/13	WillCare CON approved

Respectfully Submitted

Nancy Martin SPHN.

Greene County Public Health Emergency Preparedness Statistics

Column1	Year 2012	Year 2011	Year 2010	Year 2009	Year 2008	Year 2007	Change in Last Year
POD Drills	1	1	1	0	1	1	Same
# of Influenza Vaccinations @ POD	Tdap 29	152	175	n/a	360	340	Decrease of 23
H1N1 PODS	n/a	n/a	25	16	n/a	n/a	n/a
# Vaccinated H1N1	n/a	n/a	1,113	2,122	n/a	n/a	n/a
NIMS (National Incident Management System) # of employees completed one course or more	3	5	2	1	0	38	Decrease 2
Psychological First Aid training	n/a	n/a	n/a	n/a	16	6	n/a
HIN Access (NYSDOH Health Information Network)	2	7	6	1	0	38	decrease of 5
Pandemic Flu Road Show	0	0	3	9	0	7	same
Pandemic Flu Road Show-Town Boards	0	0	0	0	11	8	n/a
Emergency Preparedness Volunteers Recruited	10	11	13	10	115	105	Decrease of1

Public Health Emergency Preparedness 2012

- Public Health Emergency Preparedness Grant runs July 1, 2011-June 30, 2012
  - $53,500
  - Purchases
    - Pending purchases approved for the grant are Narrow-band VHF two way radios, and radio upgrades
    - Electronic In/Out Board Emergency roll call add-on
    - Office and Point of Distribution (POD) supplies, noise cancelling headsets and two way radio
- Office of Homeland Security Grant
  - $14,250
  - All funds transferred to Greene County Emergency Services to utilize on a project which will benefit the county as a whole, WEB-Emergency Operations Center (WEB EOC).

The Office of Homeland Security granted funds for Public Health Preparedness Programs again this year. However, post Hurricane Irene identified the need for a software system to assist in managing events throughout the county. To assist in the purchase of this system, WEB EOC, GCPHNS earmarked these funds for this system that will benefit all county agencies on a daily basis.

Medical Emergency Response Inventory Tracking System (MERITS) - The MERITS system was developed by the New York State Department of health to assist counties in creating and maintaining an online database and inventory management system. MERTIS is an effective method of monitoring supplies, especially in times of emergency where outside supplies may be sent to the county on a regular basis. All necessary equipment for MERITS has been delivered and will soon be initiated by GCPHNS.

The electronic tracking system that was purchased, Electronic In & Out Board (EIO) will be utilized by GCPHNS staff to develop proficiency in using the system. The EIO system can be used during public health emergencies and/or at the emergency operations center for electronic record of staff and volunteer hours.

Other 2012 Accomplishments & Highlights:

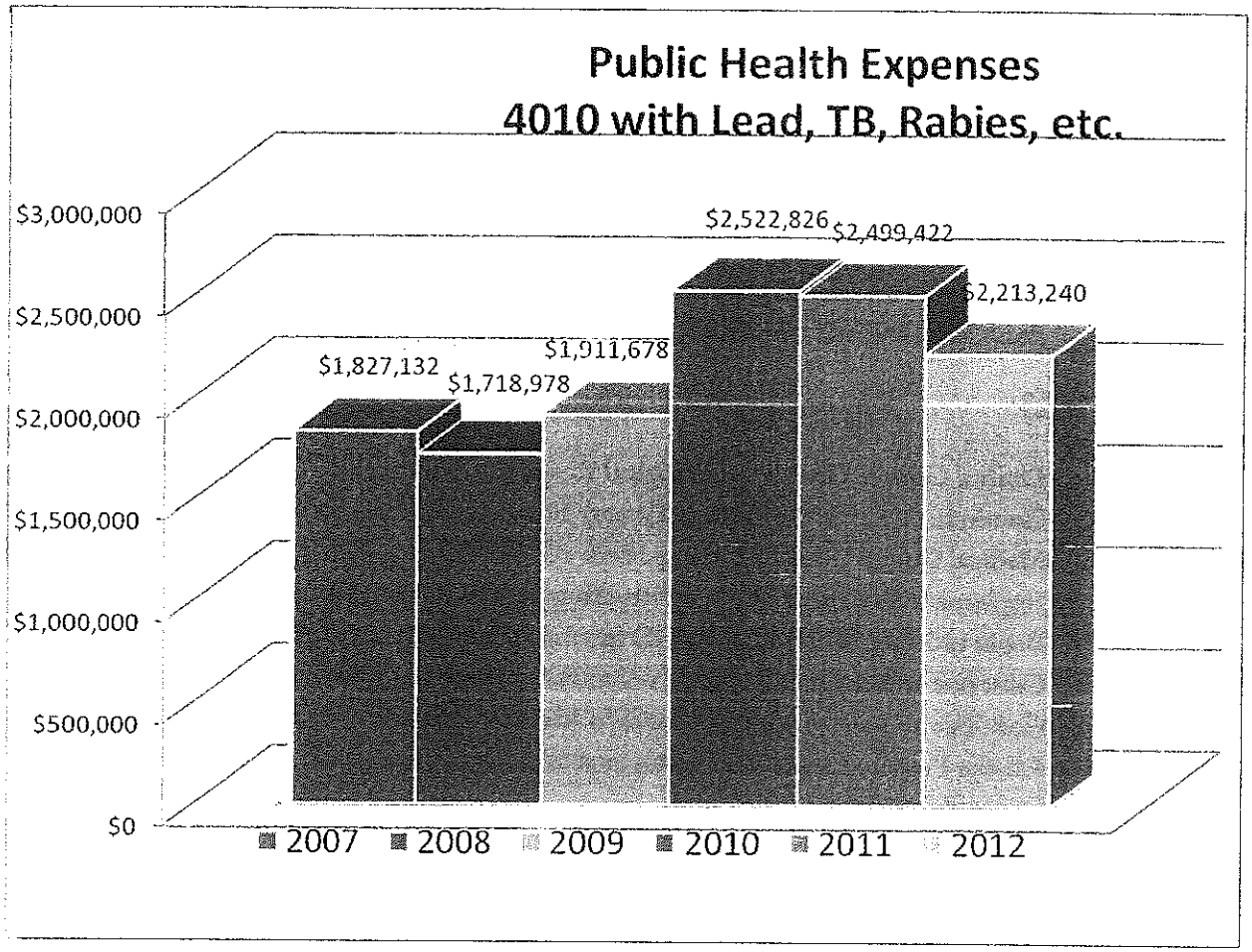
- The Public Health Preparedness Program participated in ServNY Webinar trainings which elaborated on the rollout of the new Incident Response Management component, which allows volunteer coordinators to create and manage schedules with task specific roles for ongoing events through ServNY.
- Drafted the annex to the Strategic National Stockpile Plan (SNS), Medical Counter Measures plan (MCM)was submitted to NYSDOH in June outlining GCPHNS clinical operations in the event that the county will need to supply medication, vaccine, biological therapy or device given to an at risk person to protect them from a hazardous agent.

- GCPHNS initiated the new Electronic In/Out sign in board in the department in May. Currently supervision using the new device and will it will be rolled out to the entire Public Health staff in early 2013.
- Public Health Preparedness conducted a community engagement activity in May where a survey was distributed and taken by all program attendees consisting of local planners and GIS professionals which asked for input on preparedness activities within the county as well as gauged the readiness of this group in dealing with public health response.
- Public Health staff participated in many preparedness webinars and trainings throughout the grant year.
- Public Health Preparedness conducted a live, electronic Tdap mass vaccination point of dispensing (POD) on November 13, 2012 at the Greene County Municipal Building
    - Vaccinated 29 people
    - Deliverable mandated pre-registration online
    - Public Health staff and ServNY volunteers staffed the POD

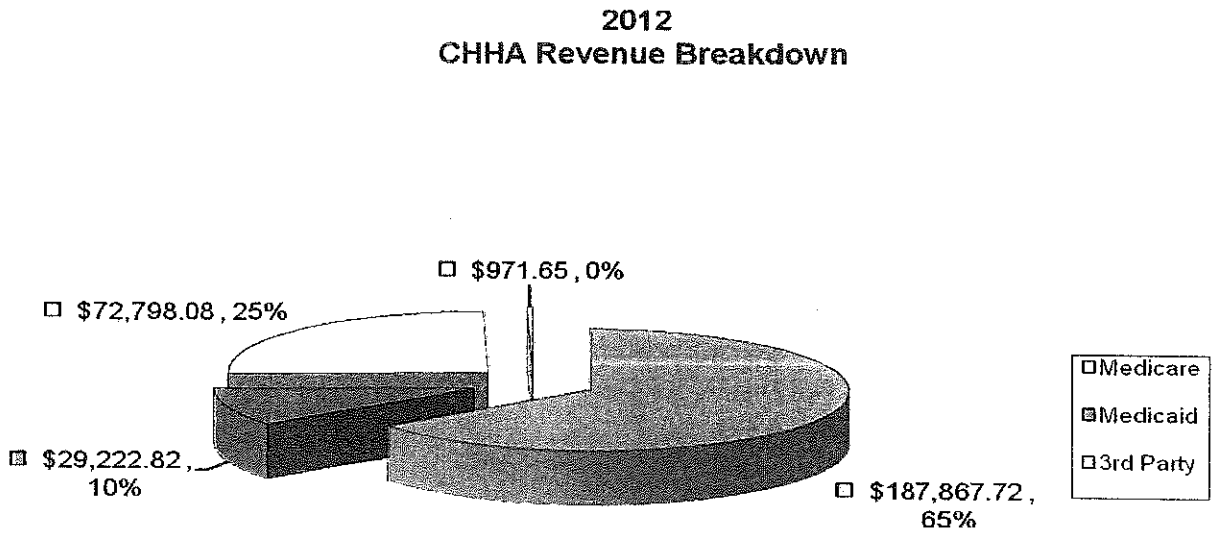
Goals for 2013:

- Draft a Greene County Radiological Response Annex Plan
- Continue to revise the Greene County Strategic National Stockpile Plan and the Medical Countermeasures component of the plan
- Implement electronic employee tracking system to test system
- Begin utilizing MERITS for POD inventory and preparedness equipment
- Continue to recruit and engage volunteers in preparedness activities and events
- Continue to send appropriate staff to Incident Command System training as needed.
- Fill the Preparedness Coordinator position after Megan Dole's resignation in December 2012.

Public Health Fiscal Report



Note: 2009 – 2010 A drastic increase in total expense was caused due to the fact that fringe benefits were added to department costs.



Fiscal Report Annual 2012

Patty Sulkey/Tanya Skinner

2012 was another year faced with financial adversities and staff changes. A resolution was made to sell the CHHA to Willcare. As a result of the resolution, a decision was made to enter into a management/staffing agreement to continue the service until the sale was complete. Significant staff changes resulted from the agreement with Willcare. Due to the decision, many fiscal and billing issues occurred. All services provided by Willcare were audited to ensure billing and insurance regulations were followed. This was very time consuming and will continue throughout the duration of the agreement. Greene County Public Health continued to provide nursing service and bill for MCH patients. Expenses were maintained and under budget but also was the revenue.

The Diagnostic and Treatment Center experienced many changes. Medent (practice management system) contract was completed for the diagnostic and treatment center. This will automate the process for scheduling, billing and obtaining reports for the program. Medent will improve the ability to access data for the cost report. The immunization administration fee was increased based on a recommendation by the auditors. Ongoing attempts to contract with insurance companies were performed as needed in order to increase revenue. Credit cards became accepted payment of D&TC services for patient convenience. The VFC eligibility criteria changed for the distribution of VFC vaccine. Efforts to attain the maximum revenue reimbursement continued despite State and Federal cutbacks, take-backs and reductions.

Audits for EI and Pre-K contracted provider's billing were performed and will continue on a monthly basis. After a staff retirement, monthly vouchering and billing was completed for the EI program. Assisted with training the new employee hired in the EI program.
With financial and economic challenges in mind, our emphasis was to pursue new ways to complete tasks more efficiently and increase revenue.

2012 Mentionable Achievements

1. Credit Card acceptance;
2. Medent (practice management system) ;
3. D&TC Fidelis Contract;
4. Vaccine Administration rate increase;
5. Hardship Waiver accepted for MC 855A revalidation;
6. Audit of EI and Pre-K contracted providers;

2013 Goals

1. Conserve and pursue new ways to complete tasks more efficiently;
2. Create a spreadsheet for Agency Statistics as a consequence of the I-Series phase out;
3. Electronic Health Record System for D&TC;
4. Increase reimbursement for D&TC;
5. Obtain insurance contracts for D&TC and EI Billing, if appropriate;
6. Increase staff cross training with EI, Preschool and Family Planning;

Public Health Education and Outreach 2012

Program	2010	2011	2012
School visits: Contacts	85	570	502
Medical offices	5	5	5
Health Fairs /Public Events	22	23	68
Clinic-Well Child and Orthopedic in Agency	7	7	7
Clinics-Immunization	6	7	8
Clinics-Rabies	7	7	7
Churches/Faith Based Contacts	30	30	5
Health Education: Consumer Contacts	2,115	2,170	2986
Media: outreach: Billboard, Radio, TV (based on consumer reach statistics)	62,390	582, 760	No direct lyme funding to support media outreach
Press Release Public Service Announcement Bulletin Boards	20	234	20

Public Health Education 2012

- Educational and outreach initiatives for the public and professional community of Greene County. Topics include:

  Greene County Public Health Nursing Service Agency information including services, and Clinic schedules, Tick and Lyme Disease and distribution of tick removal kits, other tick borne illness, vaccine recommendations for adults, teens, children and babies, Lead Poisoning awareness for parents, agencies, homeowners, construction and businesses, Emergency Preparedness, Cancer facts for women and men, Heart Disease, Hypertension, Controlling Your Cholesterol, Healthy weight and nutrition, Diabetes, exercise for health and weight management, Injury prevention – Project Needle Smart kiosk program, and Sharps Containers, FEMA, and recovery information, how to stay healthy during Cold/flu season.
- The Learning Management System, a web based program, or staff and intern orientation, and annual staff in-services. Re-format the learning modules for 2012 in-service requirements. Annual in-servicing of all Public Health Staff.
- Orientation for 1 staff. Update Orientation checklist to include LMS training.

- RN Students: Orientation and clinical experience provided for 4 Russell Sage and 28 Columbia Greene Students
- Mobilizing for Action Through Planning and Partnerships (MAPP) –
  Meetings have resumed for the 2013-2017 reporting cycle, including Prevention Agenda Sub-committees:
  Prevent Chronic Disease
  Promote Mental Health and Prevent Substance Abuse
- Worksite Wellness – Initiative of the Greene County Greene County Wellness Committee:
  2012 Participation:
  - Health fair 106 participants (94 Catskill, 12 Cairo)
  - Interest Survey July 2012: 125 respondents
  - Interest Survey 2, November 2012: 43 respondents
  - HRA participation: 21 participants with raffle chances as incentive
  - Program participation:
    63 Distinct participants
    13 Participated in more than 1 class
    47 Participated in a seminar (includes weight management)
    36 Participated in exercise (includes walking)
    Interest Survey
    43 responded
    76% Interested in worksite wellness program
    Top 5 interest areas: Physical activity (4.17), Weight Management (4.03), Nutrition (3.84), Cancer Prevention (3.63), and Stress Management (3.50).

- Utilization Review Committee – URC patient chart review – 6 patient charts reviewed

Goals for 2013:

Community Health Assessment (CHA) – NYSDOH requirement assessing the health of the community, includes all demographic, health and fiscal data. New for this cycle – the Local Health Department must partner with local hospitals on their Community Services Plan, and align goals within the framework of the Prevention Agenda for New York 2013-2017. Report to be submitted to the NY State Department of Health by November of 2013.

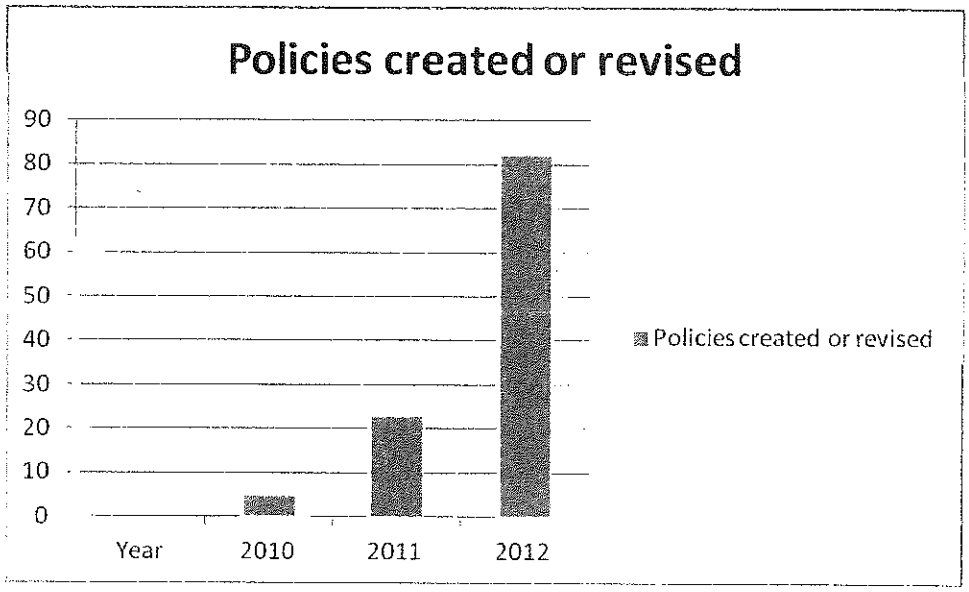
Mobilizing for Action through Planning and Partnership (MAPP): As a requirement of the CHA, the Local Health Department must partner with local agencies, government, academia, schools, the business community and the public to make decisions and take action regarding local health initiatives. New for this reporting cycle- Public Health takes a lead role in planning and initiating a 4 year collaborative project which demonstrates a 5-10% health improvement within a specified area. Our MAPP committee has chosen the broad areas:
Prevent Chronic Disease
Promote Mental Health and Prevent Substance Abuse
The specific goals and action plan will be formulated, and report submitted to the NY State Department of Health by November of 2013.

Worksite Wellness: Our goal for 2013 includes greater program participation through a wider variety of programs and times, and more "onsite" programming.

Respectfully submitted, Kimberly Kaplan, MA, RN Senior Public Health Educator

Quality Assurance/ Compliance
2012 Annual Report

Policy work consumed a great part of 2012. A total of 82 polices were rewritten or created new for the LHCSA application. PQIC meetings were held and many people in the department played a role in managing the policy writing process.



Car usage was monitored on a daily basis through the GPS system. Identified speed and travel route issues identified were addressed with staff and corrections made. After the CHHA went under the management contract, car usage was significantly lower.

The Medicaid Compliance committee met a couple of times and participated in one investigation. In that case the accused was cleared and no compliance issue was found to exist.

Worked with E.I. and Pre-K staff along with the business manager and her staff to address the issues of overlapping times with service providers. Meetings and one to one conversations were held with numerous providers to ensure that they were in compliance. Many instances of overlapping times necessitated that the provider give us additional documentation to address the errors.

Synthetic Marijuana was a public health concern in 2012 and I visited several places known to be selling the substance. Findings were reported to the Oneonta office of the Department of Health.

As I also chair the county Local Emergency Planning Committee, four committee meetings and several other related events were attended. I have been working with our Emergency Preparedness Coordinator and the county emergency services office on issues of mutual concern and long-term planning.

Vision for 2013:

In the face of significant changes in the public health department and the county government, this position is expected to see alterations in its duties. Quality assurance for the Pre-K and Early Intervention programs will need to be increased. The accreditation process will need to begin after the CHHA closure is final and the E.I. billing component is fully absorbed by the State. The role of compliance officer will be significantly less than what it had been. However, the Quality Improvement/Quality Assurance Program will need extensive work to prepare for Public Health Accreditation in the near future.

Greene County Family Planning
2012 Annual Report

2012 was a year of great effort and change for the staff of Greene County Family Planning. There were changes in staffing and personnel, a changeover to electronic medical records, an audit by the NY State Health Department, and continued fiscal tightening from the County. For several years in a row Greene County Family Planning has seen an increase in the numbers of persons at or below 100% of the federal poverty level. Currently 89% of our clients are at this Federal Poverty level- up from 87% in 2011. Despite the challenges, staff was successful in fulfilling the mission of *providing Comprehensive Reproductive Health care for the women and men in our community*, and our program continued to grow in its number of clients served, our revenue and the number of educational presentations in the community.

In 2012 we had four long term employees move on to retirement and other employment. They averaged 17 years working for Family Planning so their collective loss was a challenge for the clinic. Fortunately through promotions and hiring, we were able to find highly qualified staff that is doing excellent work. We have reduced one of our positions to part time, and that position remains unfilled at the current time.

Our hardworking staff includes: Board Certified Nurse Practitioners: Marianne Powers and Brenda Maccio, Public Health Nurse: Wendy Johnson, Health Educator: Jennifer Boland, Principal Senior Family Planning Aide: Kayla Eacott, Senior Family Planning Aides: Meghan Kelly and Tara Hall, Medical Receptionist: Charissa Bagley, and Account Clerk Typist: Dolores Boutin.

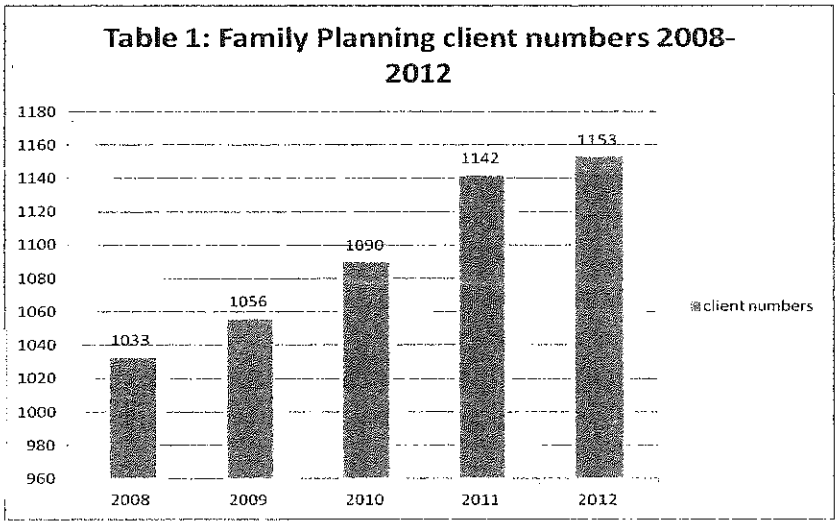
One full time Program Administrator/Nurse Practitioner oversees the clinic and provides Patient care, and our Medical Director, Dr. Lawrence Perl, provides onsite care to our clients, as well as, acting as a consultant to our Clinical Staff. The Patient Care Review committee meets monthly and consists of Dr. Perl and the three Nurse Practitioners. Dr. Perl performs a quality assurance review on four clients' charts each quarter. In addition any cases the NP's wish to review are discussed and a summary of his recommendations is charted in the medical record. Also discussed at the meeting are the findings of all of the Quality Assurance activities of the clinic, the collated results of the monthly client surveys, any policy and procedure updates, and recently released research articles.

Greene County Family Planning is also the Greene County provider of STD testing and treatment for Greene County residents. In 2012 there were 152 STD visits and 83 HIV tests performed. Currently those STD visits are provided free of charge but legislation is

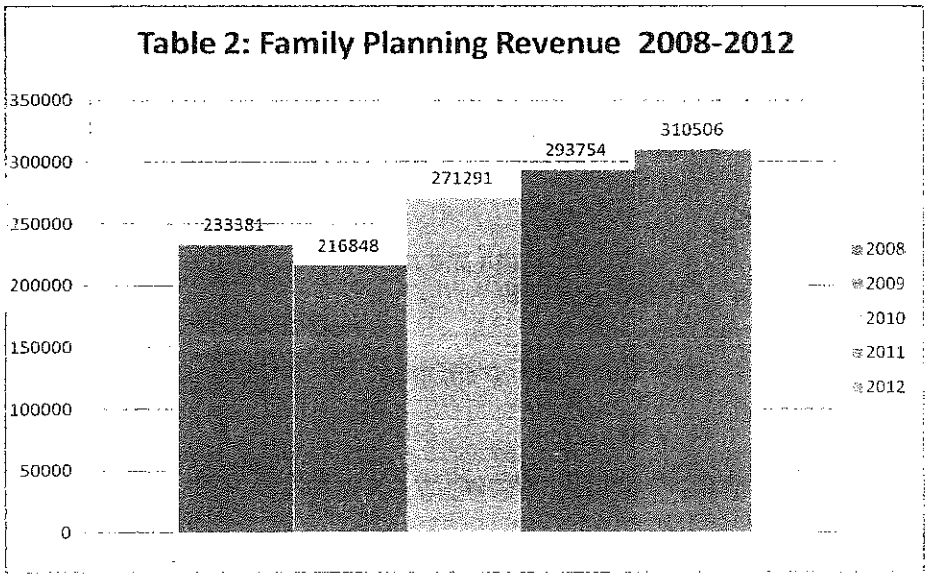
pending to change that in 2013. For the purposes of this report the remaining statistics are solely those of the Family Planning Clinic.

As Administrator I predicted in the fall of 2012 that we would be unable to meet our goal of seeing the same number of unduplicated Family Planning clients because of the impact of the above mentioned changes, however the staff prevailed and the unduplicated client count goal was surpassed.

In 2012, we saw 1153 unduplicated clients within our total of 2,580 Family Planning visits.



We were very pleased that in 2012 our third party revenue increased by 5.5%. This revenue is from billing private insurance, Medicaid and patients fees. Our Title X grant funding remained stable in 2012. Also in 2012 we began taking credit cards at the front desk to allow our clients to pay for their current visit charges and overdue accounts. We were pleased that we were able to provide this service to our clients and in turn it has allowed us to garner more revenue than we otherwise would have. A small convenience fee is charged to the client with their upfront consent which eliminates Family Planning incurring additional costs.



In 2012 we installed Medent, an electronic medical management record system including practice management, electronic billing software, and the electronic health record. Medent is used for all of our clients: Family Planning, STD and Cancer Services.

The challenges were great and included:

- the buy in from staff to implement this change
- the downtime that the training took
- the time it took to learn the new technology and become proficient as well as
- the impact it had on our ability to see the same numbers of clients

Though still in its early stages, the system has improved our ability to provide the following to our clients:

- the capability of sending all scripts electronically reducing errors
- Disease management reminder cues that pop up to indicate when a client is due for a Pap, mammogram, HIV test, rubella screening, Chlamydia for those under age 25, and clinic specific items we have created. We anticipate this to be advantageous to providing comprehensive ongoing care.
- Easier communication between our practice and our clients' primary care providers
- Reducing billing coding errors by producing legible visits summaries
- Providing all clients with a clinical visit summary complete with discharge instructions and educational handouts
- Standardization of what constitutes a level of service which enhances the ability for the NP's to code the visit correctly.
- Increased efficiency by our billing staff resulting in a reduction of the numbers of returned claims and a subsequent increase in revenue

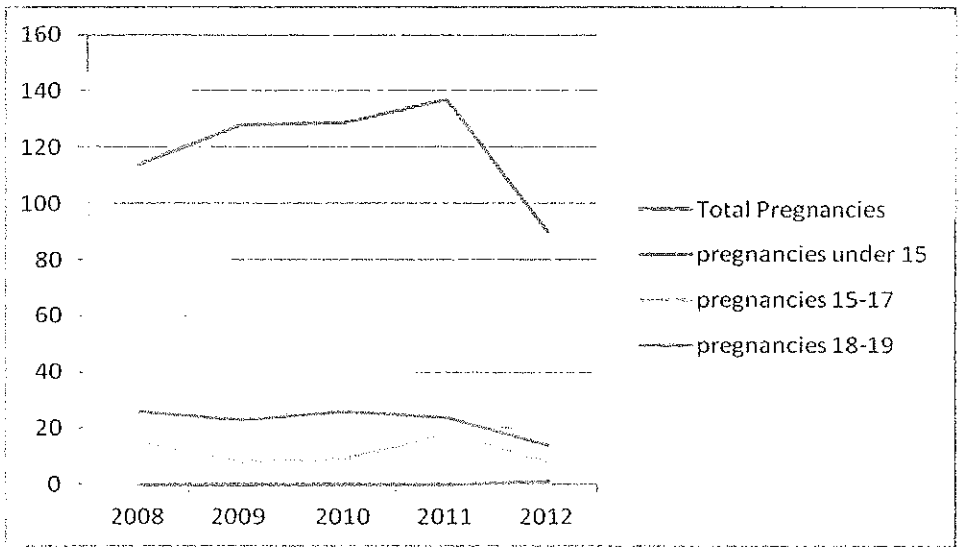
And most importantly, since we have certified that we have the electronic record and are actively using it, we will be receiving $65,000.00 in federal incentive reimbursement which will cover the costs of its purchase and training. As we move through years 2-6 and continue to achieve meaningful use, we will continue to receive incentive reimbursements up to $21,500 each calendar year. This money will be useful to offset the costs of maintaining and upgrading computer equipment and software necessary for the program.

At Family Planning we are tasked by the U.S. Office of Population Affairs, (from whom the Title X grant money is distributed at the federal level) to meet key public health objectives including:

1. *Reducing unintended pregnancies and the need for abortions*
2. *Curbing the spread of STD's and HIV*
3. *Improving birth outcomes*
4. *Facilitating early detection and treatment of breast, testicular, cervical and endometrial cancer.*

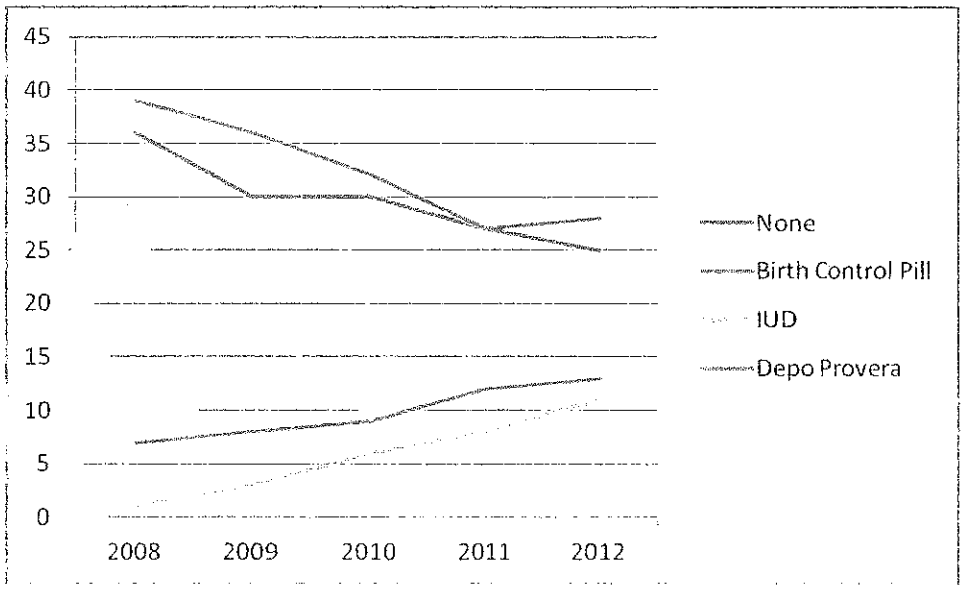
In 2012 we continued to see our overall pregnancy rates fall as well as our teen pregnancy rate.

Table 3: Pregnancy rate by age 2008-2012



We attribute this to a keen awareness by all staff to recognize that Clients seeking to prevent pregnancy are counseled on the most effective birth control method possible. Looking at the graph below one can see that the numbers of clients with no method upon leaving the clinic has steadily fallen, as the number using a highly effective reversible method has steadily risen.

Table 4: Percent by type of contraceptives 2008-2012



Family Planning statistics are gathered at each Family Planning visit. These are sent to a National data base which help the State and Federal government follow the outcome of the Title X money used by programs like ours. Each year a pregnancies' averted number is

calculated. For 2012, 172 pregnancies were estimated to be averted through our Family Planning Program

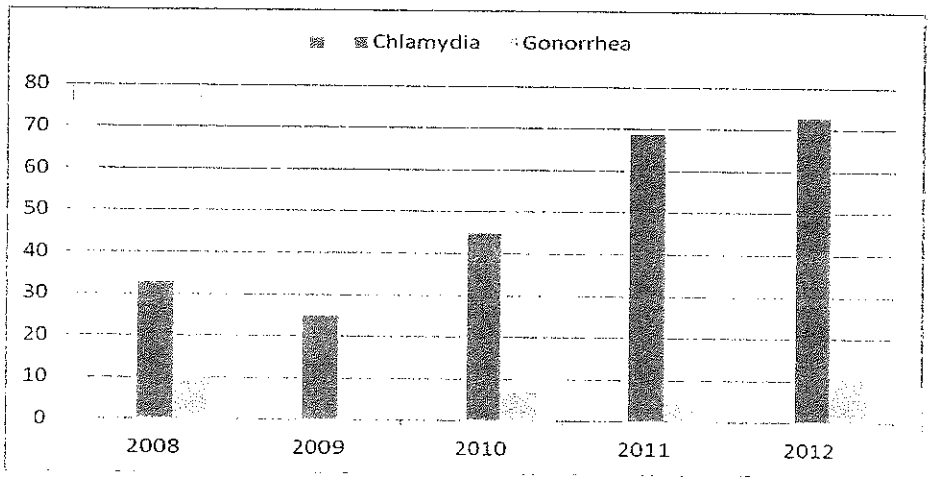
Curbing the spread of STD's and HIV is achieved through routine testing for Chlamydia, Gonorrhea and HIV at each visit for at risk clients or at their annual exam. All pregnant clients and those at risk clients are also screened for syphilis and our clinic offers testing for herpes, human papilloma virus (HPV) and Hepatitis C for those with risk factors.

HIV and STD prevention is integrated in the Family Planning by being a core value in all of our settings. From the classroom where our health educator provides lessons on HIV and STD prevention to the community organizations where she educates on the topics of HIV and STD's, prevention, it is always emphasized.

- All clinic clients receive HIV harm reduction counseling
- All clients are given the option to consent to an HIV test at their first visit and on an annual basis unless previously declined
- Medent disease management criteria in our new electronic records software system show a reminder pop up indicating when a client is due or overdue for an annual HIV test.
- Clients with high risk sexual behavior or those with current or previously diagnosed STD's are encouraged to have more frequent testing.
- Every pregnant woman is strongly encouraged
- Our agency has informal linkage agreements with Albany Medical Center to provide referrals and care to all clients who test positive for HIV. In addition we partner with The Aids Council of Northeastern NY and the Aids Services of Catholic Charities of Columbia and Greene Counties to refer HIV positive clients for case management and any additional services they might need.

As the table below shows the incidence of Chlamydia and Gonorrhea, two sexually transmitted diseases have continued to rise over the past five years. We continue to educate our clients about the risks of STD's and urge prevention strategies including abstinence, monogamous partnering and condom use.

Table 5: STD rates of treatment 2008-2012



Improving Birth outcomes continues to be a goal at Greene County Family Planning. In June 2012 after a successful site review by the NYS Health Department, we were urged to more

robustly screen for immunity to Rubella for all of our clients of childbearing age. In addition to that change we continue to offer pre-conception to all of our clients, and urge the cessation of drug use and alcohol before conceiving.

Facilitating early detection and treatment of breast, testicular, cervical and endometrial cancer continues to be a priority at Greene County Family Planning. In 2012 the screening intervals for the Pap smear, a test to detect cervical cancer, changed in accordance with new national guidelines issued by The American College of Obstetricians and Gynecologists. We continue to partner with the Cancer Services Program of Greene and Columbia counties to facilitate screening for breast, colon and cervical cancer for our uninsured women and men. Our Nurse Practitioners teach Breast Self Exam (BSE) and offer a clinical breast exam to all women but do not require it, thus removing a barrier to care and contraceptive initiation. We find that most women 21 and older consent to a breast exam and it is a good opportunity to teach about breast health and BSE. Family Planning clients between 40 and 50 are offered a yearly mammogram with the options given for them to make the decision. After aged 50 they are encouraged to have an annual mammogram.

Strategies that we implemented in 2012 or continue to provide to further our goal of prevention of pregnancy and STD's and in keeping with our Title X goals are outlined below.

Adolescents:

- Adjusted our Walk in Teen Clinic Hours from 1-4:30 Thursdays to 3pm-6pm on Wednesdays, making it more feasible for students to visit outside of their normal school day. We have seen an increase in the numbers of teens accessing our services as a result of this change. Our new Health Educator continues the past practice of sending advertisements to all of the school nurses and health teacher contacts. She also developed a walk up board situated in the lobby of the county building advertising the Teen clinic times.
- Removed the barrier of a pelvic exam: our policies were updated in 2012 to remove the need for a Pelvic exam in order to start and or continue with contraception in accordance with 2012 ACOG guidelines. With the widespread availability of urine based screening, we can easily provide STD testing without a pelvic exam. Our clients are advised of the need for an exam if they are having symptoms of a vaginal infection that a urine GC and CT testing cannot screen for, if they have undiagnosed irregular bleeding or they are 21 and need their first Pap smear.
- Created new brochures entitled "The Male Exam" and the "First Pelvic Exam" and distributed to High School programs in an effort to help with the "fear" barrier which teens have in seeking reproductive care
- Comprehensive High School Sexual Health Programs are given in the 6 Greene County Schools
- Abstinence Education Program is given in Greene County Middle Schools
- A puberty Program is offered to 5th grade girls in Greene County Schools
- An evening Puberty Program for girls grades 4-6 accompanied by a significant female adult is given in a Greene County School.
- Made provisions to make improvements on our website so that it is more appealing and useful to teen population. This project in ongoing.
- Fashioned a press release during May as Teen Pregnancy Prevention Month

Males

- The Nurse Practitioner/Administrator at the invitation of the Windham Ashland Jewett School staffed a booth at a teen health fair where she taught about the testicular self exam and brought a model to teach and practice with.
- A new brochure called "The Male Exam' was created and is distributed at H.S. and community based programs. This brochure spells out services for males at GCFP and also lessens the fear males have in seeking reproductive health care. It provides a play-by-play description of what takes place during a male exam.
- The updated Family Planning Clinic brochure now has a special section entitled Male Services.
- Various waiting room and easel displays target or include the male population.
- A section of the wall racks with brochures in the waiting room is specific to males.
- Added "The Impact of Fathers" to High School Lessons, Columbia Greene Community College, and Parenting classes which includes a video clip called "Knock-Knock".
- A discussion about reproductive services for males, which include information about urine based STD testing, is included in H.S. and community based programs
- 6 lesson series of programs presented to the men at the Red Door Recovery Residence.
- There is a link on the GCFP website for Male Services.
- Males are educated about and encouraged to enroll in the FPBP program

Low income men and women

- Our Nurse Practitioner/Administrator staffed a free screening day hosted by the Rural Health Network in August 2012 where she performed Clinical breast exams to male and females who were interested. Two uninsured women with abnormal exams were referred to Cancer Screening Services for follow up mammography as a result of the screening day.
- The Family Planning Benefit Program is advertised in many venues including schools, colleges, health fairs, DSS, Probation and in many departments within the Greene County Office Building
- Programs are presented to DSS at the mandated Parenting classes, Twin County Recovery Services, Head Start Programs, and at Networking meetings to get the word out that "no one will be turned away" due to their inability to pay.
- Pull off tab signs are posted around town, including at the Hop-Nose Public Housing, a low income housing complex in Catskill, with our phone # and a list of services.
- High school and college students are taught about the services at GCFP and payment options for these services.
- Our Health Educator was an Exhibitor at World AIDS Day Health Living Expo in Albany, NY
- Our Health Educator is a regularly scheduled speaker at counseling groups and at both the men's and women's residences of Twin County Recovery Services. Topics covered in her series of presentations include: Our Agency Overview and the Importance of Your Reproductive Health, HIV/AIDS, other STDs, Hepatitis C, barrier methods of disease prevention, other methods of contraception, the connection

between alcohol and other drug use and your increased risk of STD/HIV/and /or unintended pregnancy

Culturally Competent Services

- Signs hang in the clinic waiting room, Public Health waiting room and reception area in Spanish detailing a person's right to language translation services at no cost to them as well as the name of the Family Planning clinic
- We use the Language Line service for our non-English speaking clients
- We have a special section of our waiting room wall racks devoted to brochures written in Spanish
- We include ¿Habla usted Español? on the home page of our website so that there was an easy way to get to the page that explains in Spanish what services are available here
- Inclusion of Spanish language information in our brochure racks in DSS
- Gave out magnets with text in the Spanish language
- All staff reviews the policies for providing Culturally Competent services on an annual basis and take a post test

In 2012 the Administrator participated in joint meetings with several county agencies, for the purposes of being included in the Medicaid home model being set up for Greene County. Being part of the Medicaid home will allow our Medicaid clients with chronic medical conditions, mental health, and/or HIV to continue to receive their GYN and reproductive health care with our agency. We are fortunate enough to have a respected and collaborative relationship with Greene County Mental Health and we routinely see the same clients for services and communicate with a signed release to provide the best possible care for the client's reproductive health while preserving their treatment for their mental health disorder.

As we look ahead to 2013 we have the following goals:

1. To be fiscally sound and appropriate by keeping close tabs on our County and grant budgets. To be watchful of any budget reductions that may occur due to sequestration and anticipate areas that might need to be cut.

2. To meet the growing needs of our clientele, by improved efficiency with electronic records, having fully booked clinics, walk in teen clinic times, and explore the option of additional walk in times.

3. Implement a Medent Patient Portal which will allow our clients to access their lab and test results, receive confidential e-mails, schedule appointments and improve communication.

4. Implement social media campaign on the updated County website which will allow us to market our clients and continue to recruit new ones.

5. Implement billing for the STD clinic should NYS pass legislation which will allow it.

6. Implement policies for the screening and detection of Hepatitis C, a growing epidemic in our community for which we only test high risk clients at present.

7. Begin billing Medicaid for the use of language interpretation services, a service which we have always provided free but is now reimbursable.

8. Ongoing staff training, primarily by web based technology, to keep our staff abreast of current medical care, polices and best practices.

As always, we greatly appreciate the continued support of the Greene County Legislature which allows us to continue to provide our important services.

Respectfully submitted,

Laura Churchill MS, FNP-BC
Program Administrator