

Greene County Public Health Department Annual Report 2013

Submitted: April 14, 2014



Public Health
Prevent. Promote. Protect.

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Interim Director of Public Health
& Public Health Staff**

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Abbreviation Glossary:

C/D – Communicable Disease
CEIPAC – County Early Intervention and Preschool Administrator Committee
CHHA – Certified Home Health Agency
D&TC / DTC – Diagnostic & Treatment Center
EI – Early Intervention
GCPHD – Greene County Public Health Department
GCPHNS – Greene County Public Health Nursing Service
LHCSA – Licensed Home Care Services Agency
NYSDOH – New York State Department of Health
NYSAC – New York State Association of Counties
NYSACHO – New York State Association of County Health Officials

MISSION STATEMENT:

Greene County Public Health is dedicated to providing sufficient resources to protect and improve the overall health and well-being of its residents.

VISION STATEMENT:

Our 6 Commitments:

➤ **Commitment to People:**

We are committed to encouraging growth, self-improvement, and support for all residents of Greene County.

➤ **Commitment to Service:**

We are committed to supporting existing services and the promotion of equitable access to high quality health care and preventative care.

We are committed to providing support for our vulnerable populations.

➤ **Commitment to a Healthy Community:**

We are committed to providing a safe and nurturing environment for residents of all ages with the necessary tools to work towards optimal health.

We are committed to offer improved availability of healthy food options and educational opportunities to facilitate healthy choices.

We support existing substance abuse programs and will work actively toward prevention.

We are committed to ensure mental health outreach, treatment, and services that are available and accessible to all residents.

➤ **Commitment to Preservation:**

We are committed to the preservation and responsible promotion of our county's clean and healthy environment.

We are committed to providing educational access and incentives to promote environmentally sound programs for the community, fostering respect for our scenic environment.

➤ **Commitment to Growth:**

We are committed to the responsible expansion of resources which create an educated, skilled and economically sound community, in a healthy and environmentally prudent way.

We are committed to sensibly planned growth, to attract visitors, and new residents and encourage current residents to remain within the Greene County community

➤ **Commitment to Leadership:**

We are committed to serving our population with respect and dedication, and to promoting innovative and responsible solutions, so that our residents may have the resources to achieve health, wellness and a satisfying quality of life at every stage.

Our vision for the future...

We are Committed to Opportunity, Equality and the Continual Betterment of Greene County.

SIX CORE SERVICES OF PUBLIC HEALTH:

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



TEN ESSENTIAL PUBLIC HEALTH SERVICES:

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

GOALS for 2014:

1. To move forward towards Public Health Accreditation.
2. Complete a strategic planning process which will allow us to:
 - ✓ Evaluate our Public Health vision and mission statement
 - ✓ Examine our goals for the future of Public Health
 - ✓ Formulate strategies for improvement

Fiscal Report

The Business Department provides oversight, planning and management for the Public Health Department's annual budget of more than \$7.2 million. These departments include Early Intervention, Preschool, Family Planning plus Public Health and consist of approximately 38 staff, clinicians and several programs within these departments.

In 2013 the County's financial software, New World, went live. Many services were decentralized and placed at the department level. This required addition business department staff time to process, enter and validate vouchers plus process, enter and validate payroll. Also, the Diagnostic and Treatment Center launched the Medent Practice Management Software. This automated billing and reports for the D&TC.

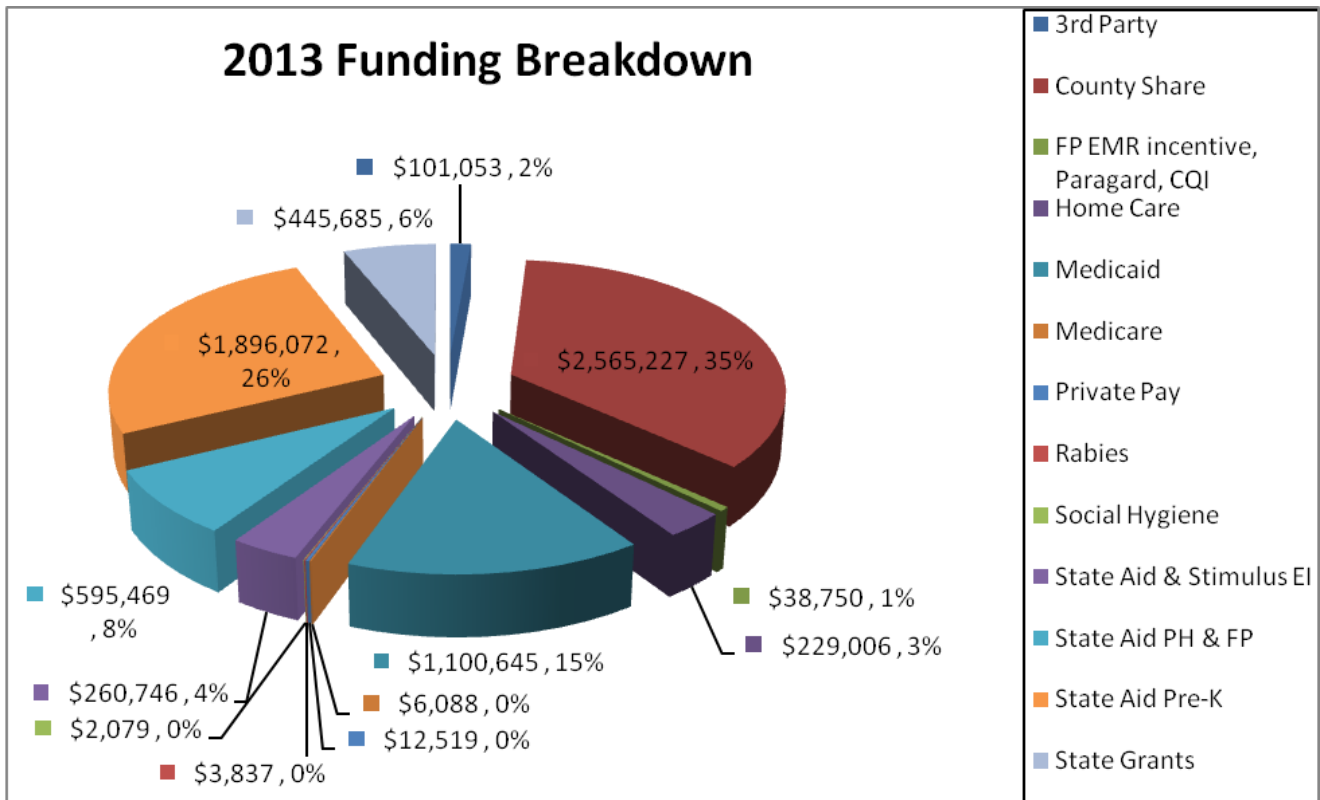
Although Public Health continues to evolve since the closure of the CHHA, the department is committed to decreasing expenses, increasing efficiency and revenue while trying to ensure sustainability. Efforts to attain the maximum revenue reimbursement continue despite State and Federal cutbacks, take-backs and reductions. Ongoing attempts to contract with insurance companies continue as needed in order to increase revenue.

2013 Mentionable Achievements:

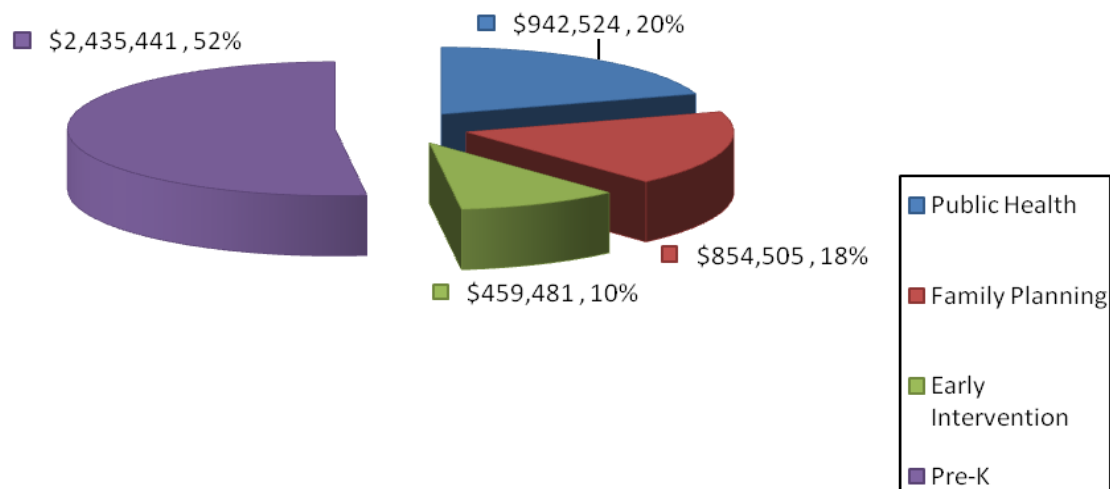
1. Medent (practice management system)
2. New World Software

2014 Goals:

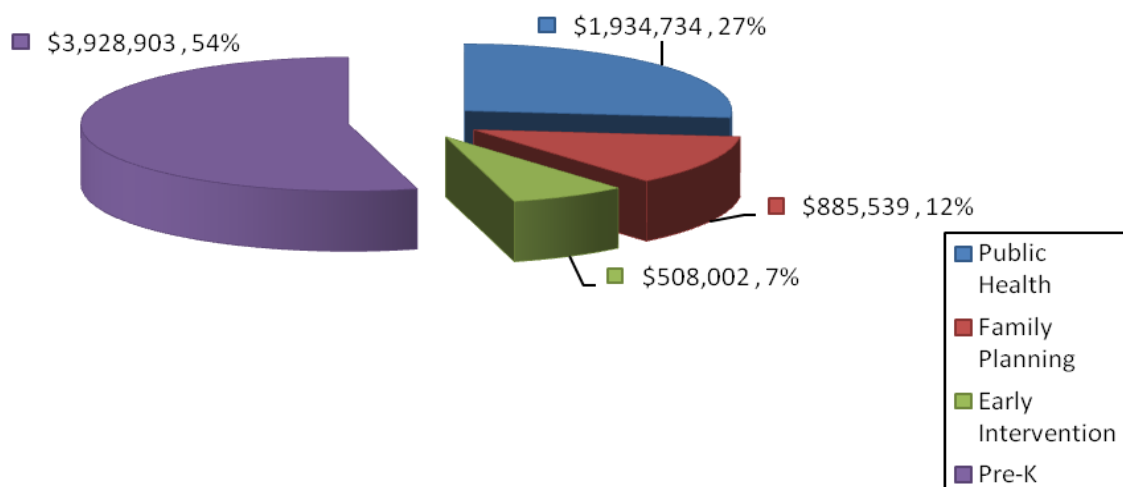
1. Be effective, efficient and strive for sustainability;
2. Maintain Agency Statistics as a consequence of the I-Series phase out;
3. Acquire McGuinness Software for Preschool to automate & increase revenue;
4. Strive to increase reimbursement for all Public Health Agencies;
5. Become proficient with the Minute Traq Software.



2013 Revenue By Department



2013 Expenditure Breakdown



Respectfully Submitted,
Tanya Skinner, Business Manager

FAMILY HEALTH

Children's Services

Program Highlights/Changes

Early Intervention Program (EI):

The EI Program is a free voluntary program for children from birth to age three that provides evaluations and services for children who qualify. New York State regulations determine the eligibility for the program. Evaluations and services are provided by independent and agency providers. Services in EI include: speech therapy, physical therapy, occupational therapy, social work, special education and service coordination. All services are provided through home based services. The role of the county is to administer this program and to ensure all regulatory requirements are being met. The county also provides service coordination for children in EI. This is a billable service and is a crucial way that the county can help maintain a sufficient provider capacity and cost controls.

There is no cost to families for this program. In order to cover the costs of the program, families are asked to provide health insurance information. Medicaid and third party insurance is billed through a newly implemented State Fiscal Agent (SFA). Parents are informed about whether their insurance is state regulated and given the choice to consent to that insurance being billed. If insurance is not state regulated, families could have an impact to their lifetime cap or deductible. The remainder to the cost of the program is covered by a county (51%) and state share (49%). The county is required by public health law to be the payer of first instance. This is done through an escrow account that is accessed by the SFA to pay EI providers.

Referrals to the EI program come from a variety of sources which include but are not limited to: doctors, parents, Department of Social Services and other counties. Because EI is a voluntary program, referrals can only be made with a parent's consent. Referrals to the EI program have been steady over the past 5 years, ranging from 120 to 140 children.

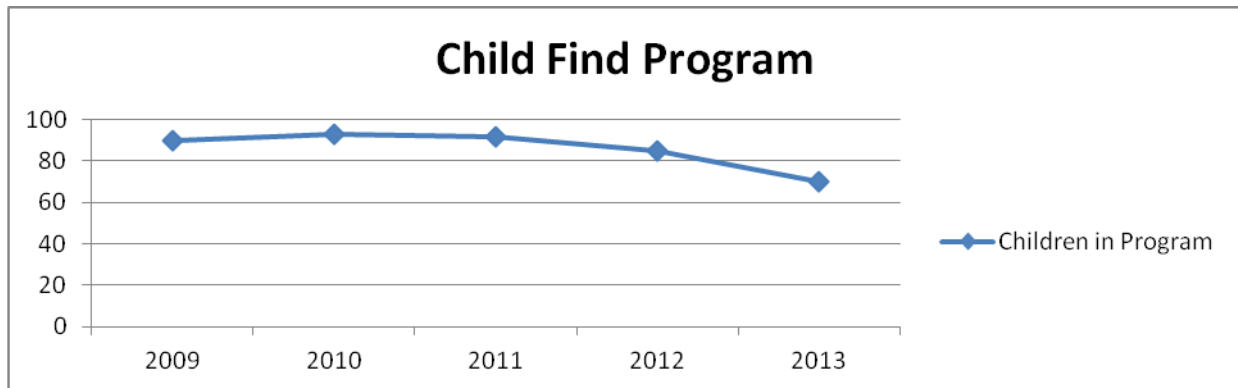
In 2013, there were 160 children evaluated. Of that number, 116 (about 75% of children) were found eligible to receive services in the program. Program reports have been a great challenge in the EI program since the inception of NYEIS. Reports that were thought to be valid were found to be invalid over the past year. Therefore, a comparison to past years is difficult in numbers that were typically tracked in the state data system. For 2013, the average number of children who were in the program receiving services was 76. There is no current mechanism to track utilization of services in the program. This has been a great challenge in managing recent capacity issues particularly in OT and speech services.

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

The Child Find Program, a requirement in EI, tracks and provides developmental surveillance to identify "at risk children" who may be potentially eligible for the EI program. All birth certificates in Greene County are reviewed, and families are mailed out developmental screening questionnaires. Families mail the questionnaires back and the screenings are reviewed. If the questionnaire reveals that the child may have a delay, the family is contacted and offered a referral for a full evaluation in EI.

The Maternal Child Health (MCH) program has taken an active role in this program in 2013. Families are offered a phone call with an MCH nurse instead of completing the form on paper. This has increased the return rate of the questionnaires.

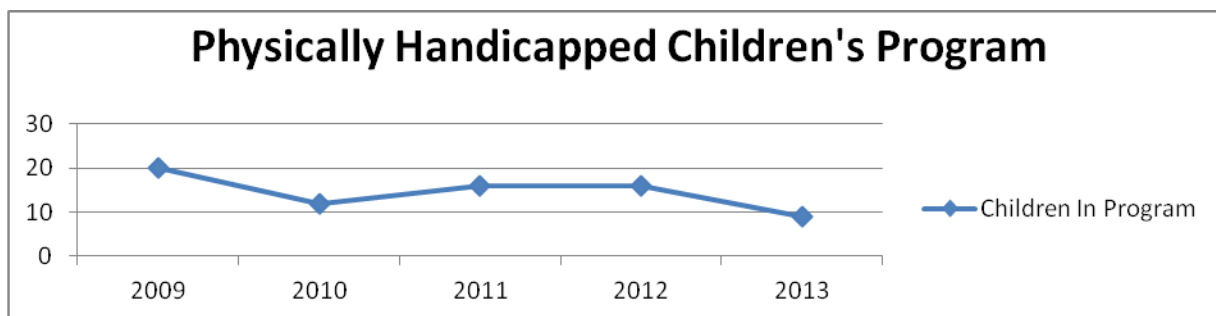
The graph below reflects the number of children in the Child Find Program. You will notice that there is a slight decrease in the amount of children; this may be related to a slight decrease in the birth rate.



Physically Handicapped Program:

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

Please see the below graph for the number of children in the program. It appears to be trending down. This is also thought to be related to the distance of the only provider in the program.



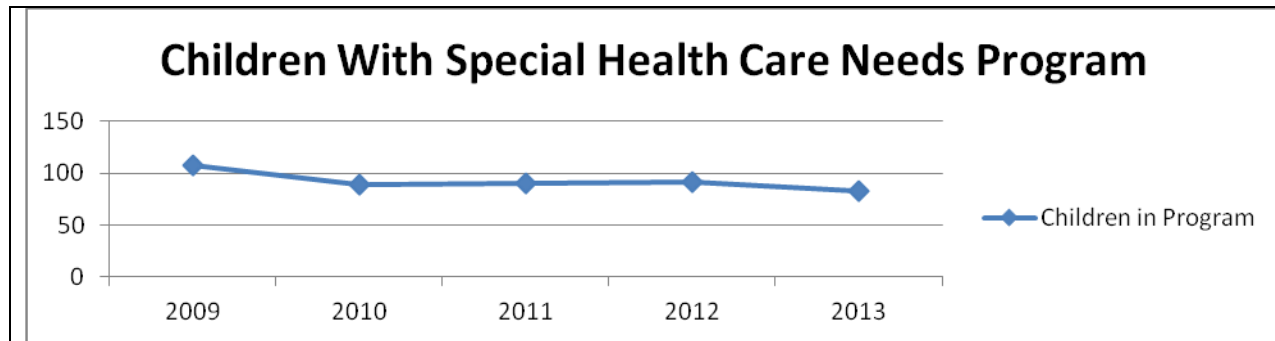
NOTE: Decrease due to new referral process and only one Medicaid accepting orthodontist in area. We are no longer tracking children that are covered by Medicaid since 2008.

Children with Special Health Care Needs (CSHCN) Program:

The CSHCN program is funded by the NYS Department of Health through an administrative grant. It provides resources and referrals to families of children birth to 21 who have any diagnosed disability or medical condition. The focus of this program is also to help families access a medical home and health insurance. Information is distributed to families in a variety of ways which include telephone calls, emails and staff outreach in the community.

In 2013, MCH nurses have incorporated some of their outreach effort within this program. The average caseload has been relatively steady over the past few years as seen in the

chart below. Families are contacted on an annual basis to ensure that they wish to continue in the CSHCN program.



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

The goals for Early Intervention for 2013 included:

1. To prepare for implementation of State Fiscal Agent (SFA):

Preparation for the implementation became difficult as information regarding new provider requirements were not shared until March 2013. Providers were required to enter into agreements with New York State as well as become Medicaid billing providers. The RFP (Request for Proposal) process to locate the SFA took longer than the changeover date of April 1, 2013 and an interim SFA was put in place. Providers struggled to learn the new requirements for their agreements with the state, and the county attempted to provide as much support as possible. Counties were required to set up an escrow account so that the SFA would pay providers in a very short amount of time. Despite the county fully funding the escrow account, many providers went unpaid or underpaid for months. This was in large part due to the inability of the New York Early Intervention System (NYEIS) to bill third party insurance. The permanent fiscal agent, Public Consulting Group (PCG), took over in September 2013. A separate EI billing website was established to help give providers reports and access to claim information to help overcome the shortfalls of NYEIS. Some providers had reported more timely payment since September of 2013.

2. To continue to work in conjunction with NYSDOH, NYSACHO, NYSAC and CEIPAC to resolve the billing and programmatic issues related to the NYEIS system:

Greene County was able to work in conjunction with all of the above agencies and helped raise awareness on the state level about the ongoing issues with the NYEIS system. As a result, a new statewide EI Billing System has been put in place to ensure that providers are receiving payment through claims that they have submitted. However, Greene County's as well as other counties' efforts in conjunction with the above agencies have led to the acknowledgement that there are programmatic issues with NYEIS on the state level.

3. To improve quality assurance through collaboration with NYSDOH and other county DOHs:

Quality assurance has become quite challenging in EI since the determination by NYSDOH that provider notes would no longer be maintained by the county. The monthly progress report format was updated to capture data necessary to maintain a new level of

oversight for Early Intervention providers. Changes in policy will be necessary as counties no longer hold contracts with providers. There has been little guidance on how providers will be monitored moving forward.

4. To update providers on any programmatic changes and encourage provider attendance at revised NYSDOH trainings:

Providers have been updated on an ongoing basis with the changes to the Early Intervention Program. Unfortunately, the information from the state regarding billing has changed a great deal over the course of the year. This could be seen during the changeover from the interim fiscal agent to the permanent fiscal agent. The most effective form of updating providers has been through emails as well as individual meetings and phone. Most information generated by the state appears to be emailed by the state directly to providers.

Goals for 2014:

1. To work to increase and maintain provider capacity through collaboration and assistance to providers in the billing and claiming process.
2. Capture Revenue for the period between inception of the NYEIS system and the implementation of the SFA. It will be necessary for the Greene County EI fiscal staff to go back and review all claims in order for the county to recoup the money.
3. To continue to improve quality assurance in relation to policies and procedures as well as provider oversight through collaboration of NYSDOH and other counties.
4. Greater collaboration with other elements of Public Health such as the Maternal Health Nurses as well as the Public Health Educator to provide more efficient outreach for all programs.

Respectfully Submitted,

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

Pre-School Special Education Program

Program Overview:

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

Parents choose from a list of NYS approved evaluators for testing to determine a child's developmental functioning. Evaluators send their findings in written reports to the parent of the child, the school district's CPSE office and Greene County. A child must meet strict eligibility criteria to receive special education services. Eligibility is determined by the Committee on Preschool Special Education and if a child is eligible, he or she is then classified as a "Preschooler with a Disability".

Once eligibility is determined, the CPSE then determines what level of service is appropriate to meet the child's needs and an Individualized Education Plan (IEP) is created for that child. According to the IEP, services such as speech therapy, physical therapy, special education, etc.

may be provided in the home, daycare, nursery school, etc. by NYS licensed providers or may be provided in NYS approved center-based special education programs such as The Early Childhood Learning Center, COARC, etc. Although busing to center-based programs is an approved service, parents are encouraged to transport their own children to programs & they can receive reimbursement from the county for doing so.

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

Parents are informed of their child's progress in written reports sent out quarterly by service providers. Annual assessments are also done to determine a child's progress in the program. A CPSE annual review meeting is scheduled in the spring by the child's school district to review progress and to determine if a child meets criteria for extended school year (summer services) as well as to determine the appropriate level of service for the next school year. Children who make progress and are no longer eligible to receive services are "declassified" and discharged from the program. Children who will attend kindergarten "age-out" of the program and are discharged as well. Children who are kindergarten age eligible and still require special education services receive services through their school district. The school district then becomes responsible for payment for services.

Greene County Preschool Special Education Program Partners:

The Greene County Preschool Special Education Program works hand in hand with multiple partners to provide high quality, cost effective special education services to preschool special needs children.

Our ***school district partners*** are the eight school districts in Greene County: Catskill, Coxsackie-Athens, Cairo-Durham, Greeneville, Windham-Ashland-Jewett, Hunter-Tannersville, Gilboa-Conesville and Ravena-Coeymans-Selkirk. In particular, we work closely with the CPSE chairpersons and their secretaries or special education specialists in their respective districts. School districts take in referrals, track timeframes, send out legal notices to parents, schedule CPSE meetings, authorize services to begin and send us copies of all required documentation for children's files.

Our ***center-based special education partners*** provide special education services to children in NYS Education approved special education classrooms that are also regulated by the NYS Office of Children & Family Services. As such, these classrooms require daycare licensing. Greene County currently contracts with the following ten agencies for center-based services: Center for Disability Services, Albany; Center for Spectrum Services, Kingston; Country Acres Child Resources, Saugerties; Early Childhood Learning Center, Ravena; Early Childhood Learning Center of Greene County/ Head Start, South Cairo; COARC The Starting Pace, Hudson; Ulster-Greene NYSARC Brookside School, Cottekill; Community Rehabilitation Center, Kingston; Advanced Therapy, Catskill Elementary School; and Early Childhood Education Center, Albany.

Our ***related service providers*** travel throughout Greene County and provide special education services in variety of settings. They may provide services in children's homes, daycares, Universal Pre-K classrooms, etc. Related service providers may work for an agency or may be

contracted as individuals. Greene County currently contracts with the following eleven agencies for the provision of related services: Achievements, Latham; Advanced Therapy, Albany; Capital District Beginnings, Troy; Center for Disability Services, Albany; Circle of Friends, Ravena; Complete Services, Greenville; Early Childhood Learning Center, South Cairo; Partnership for Education, Saugerties; Center for Spectrum Services, Kingston; TRAC Services, Albany; and Hyer Physical Therapy, Tannersville. In addition, Greene County currently contracts with 25 individuals to provide a variety of special education services to special needs preschool children. There is currently one social worker, one teacher of the visually impaired and one physical therapist under contract. There are six occupational therapists, and a total of sixteen speech-language pathologists contracted as well.

Our *evaluators* are agencies approved by the NYS Education department to assess a child's developmental functioning. Although Greene County does not contract directly with these agencies for evaluation services, we work closely with them to obtain required documentation.

Our *transportation provider* is Cossackie Transport. Greene County currently contracts with them to provide bussing to our center-based sites.

Parents, our most important partners, provide the carry-over of recommendations by special education providers to assist in helping their children make progress toward their goals

Greene County Preschool Special Education Services Provided in 2013:

- ✓ 110 children received evaluations to determine eligibility for services
- ✓ 104 children attended special education center-based services
- ✓ 150 children received services in their home or childcare setting
- ✓ 93 children received transportation to special education programs
- ✓ 254 children in total received special education services this year

2013 Highlights for the Greene County Preschool Special Education Program:

- Completed Medicaid Cost Report for 2012-2013 Program Year
- Trained staff regarding Medicaid regulatory compliance issues
- Obtained contract with new speech-language pathologist
- Implemented new transportation contract
- Implemented new Medicaid consent form with Greene County school districts
- Hired new provisional assistant director
- Participated in Medicaid compliance review of Greene County preschool records

Evaluation of 2013 Goals for the Greene County Preschool Special Education Program:

- 1. Continue attendance at all CPSE meetings to ensure services to Greene County children are appropriate, cost-effective and provided in the least restrictive environment:**
This goal has been met. CPSE meetings are attended by phone or in person. Should scheduling conflicts occur, a designee may be appointed to attend the meeting.
- 2. Continue to provide guidance to agencies, school districts and individual service providers on Medicaid and NYS State Education Regulations:**
This goal has been met. Information is shared with all parties as soon as it becomes available from Medicaid alerts and trainings and the NYS Education Department

memorandums or guidance documents. Clarification and interpretation of this information remains a challenge; however, regional specialists are accessed to help with this process.

3. Assure that staff, agencies and individual providers are compliant with Medicaid and NYS Education regulations in order to maximize reimbursement to Greene County:

This goal has not been fully met to date. Staff have attended a training this year to learn more about the documentation requirements for billing Medicaid. Agencies, school districts and individual providers have been notified on a case by case basis to address compliance issues with Medicaid as they arise. We will continue to work on the Medicaid documentation required with all outside parties in the upcoming year. Our reimbursement from the NYS STAC Unit is continuing with no foreseen issues to date.

4. Develop and renew provider contracts that will expire in June:

This goal has been met. Provider contracts were developed and renewed for the continued provision of services for eligible special needs children in our county.

5. Conduct annual meetings for providers & CPSE Chairpersons:

This goal has been reassessed and redefined. Instead of holding large group meetings with providers and CPSE Chairpersons, we have been addressing issues on a case by case basis as they relate to a particular provider or school district. In this way we are able to see better results as we are specifically targeting the problems we have identified with the particular individual or entity.

2014 Goals for the Greene County Preschool Special Education Program

1. Purchase McGuinness computer software program for tracking preschool data and assisting with provider claims and payments
2. Update Preschool Provider Handbook for 2014-15 school year
3. Recruit service providers for underserved areas of Greene County
4. Monitor all areas to ensure maximum reimbursement possible for Greene County
5. Provide guidance to evaluation/ service agencies, school districts and individual providers on Medicaid and NYS State Education Regulations

Respectfully Submitted,

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

Certified Home Health Agency (CHHA)

Greene County Public Health Nursing Service was established in 1941. For 72 years, GCPHNS Certified Home Health Agency (CHHA) serviced over 600 plus miles of Greene County's residents, 365 days a year, twenty-four hours a day providing skilled nursing services. Greene County Public Health Nursing Service CHHA had always administered quality compassionate, health care, teaching, and expertise to the constituents of Greene County.

The year 2013 sadly marked the end of a 72 year history of direct CHHA services. Despite our intense efforts to contain costs and maximize revenue, the county was financially unable to withstand the ongoing losses, which were realized especially when NYS cut Public Health's

financial aid. The CHHA's goal was always to provide the best care possible to the residents of Greene County and that goal was met with pride.

While pending NYS approval for the closure and sale of Greene County's Certified Home Health Agency and successful pre-survey application for licensure, a management agreement was established with WILLCARE (a not-for-profit agency CHHA located in Ulster County, NY). The management agreement allowed WILLCARE to provide the professionals who would render skilled care to Greene County clients under Greene County's medallion. In May of 2013, NYSDOH Home Care Program office granted GCPHNS permission to implement Greene County's closure plan, which officially closed on July 15, 2013. As of this writing, the "Bill of Sale" has yet to be completed.

The emphasis now in Public Health is to look towards healthier communities. Public health is now charged with focusing our efforts on improving the health of all persons living in Greene County. Under the Licensed Home Care of Greene County, home visit services are provided for interested postpartum mothers and their infants. An experienced Public Health Nurse (PHN) offers a health guidance home visit which includes postpartum and newborn care, infant feeding instruction and encourages breastfeeding. Additionally, the PHN provides a growth and development assessment, environmental and infant safety and reinforces positive parenting skills. Maternal Child Health prevention health guidance activities are an integral part of our mission for a healthy community.

Despite the significant changes experienced by Greene County Public Health Department during the year 2013, we look towards a renewed focus on our community's health by chronic disease prevention, community health education and improved access to behavioral health care.

Respectfully Submitted
Nancy Martin, Director of Patient Services

Family Planning

Greene County Family Planning (GCFP) is one of 207 sites funded by the New York State Department of Health through Federal Title X funds to provide accessible reproductive health care services to women and men. Under direction of our Medical Director, Dr. Lawrence Perl, our programs provide services to men and women, especially low-income individuals and those without health insurance. For every one dollar spent on preventing a pregnancy, \$5.68 is saved in Medicaid costs that would have gone to pregnancy related care. In 2010 that amounted to a net government savings of \$10.5 billion, and, of those, Title X clinics saved \$5.3 billion. (2014 Guttmacher report). When GCFP staff provides a visit for a long acting contraceptive method, Medicaid pays \$336.00 for the visit, insertion and STD tests; and \$189-\$325 for devices that last from 5-10 years, compared to the average uncomplicated delivery cost of \$9,000.00.

Our program provides:

- Contraceptive (birth control) education, counseling and methods to reduce unintended pregnancies and to improve birth spacing and outcomes;
- Counseling and testing for HIV and hepatitis C;
- Testing and treatment for sexually transmitted infections;
- Routine screening for breast and cervical cancer; and,

- Health education in community settings to promote reproductive health, to prevent unintended pregnancy and to promote access to reproductive and preventive health services.

Toward that end, we describe below the highlights of 2013, and review the outcomes of the goals we had set for the year.

Highlights of 2013:

1. We were one of seven NYS agencies selected to participate in a family planning collaborative with the goal of increasing the numbers of women leaving with an effective method and to increase of the numbers of women using a long acting reversible contraceptive method (LARC) method. These methods include the intrauterine devices and the Nexplanon rod. These methods are highly effective (99%) and once placed require no further effort on the part of the client. They are referred to as “get it and forget it” methods and at baseline 14.8 % of our clients were using LARC’s. Over six months time, the entire staff worked on this goal and were rewarded by being recognized as having the highest percent of clients in all of New York State using a long acting reversible method at 36%. The national and NYS averages are 12%; we are excited to be 3 times higher than the national average. The end result of the utilization of these LARC methods is a reduction in pregnancy rates as many of the national studies have shown, and we are hopeful that outcome will prevail in Greene County.
2. We achieved the second year of meaningful use stage one by successfully meeting many measures for consistent, competent patient care using our electronic medical record system. These measures are set by the Centers for Medicare and Medicaid and staff worked hard as a team to ensure they were all met. The second year incentive payment was \$25,500, which will be used to maintain and upgrade the software and hardware needed to continue using electronic records.
3. Participation by our health educator on the “P.A.S. It On” community based task force to increase the awareness of, and prevention of, heroin use and prescription drug overdoses in Greene County. Organizing community forums throughout the county high schools in conjunction with PTSA’s is the goal for 2014.
4. In September of 2013, we received a grant for the National Family Planning and Reproductive Health Association to increase the awareness and availability of using the Copper IUD for emergency contraception. This paralleled our participation in the collaborative where the use of a copper IUD for emergency contraception (EC) was discussed and encouraged. Prior to July 2013, we had not ever offered the copper IUD for EC. In July 2013, the Centers for Disease Control released their first ever guidelines outlining best practice for contraceptive use, which included offering the copper IUD for emergency contraception. With this grant money, we:
 - a. Hired a consultant from locally owned KathodeRay, to start a Facebook page specifically for the copper IUD and named it ‘Plan C’ as a spin off from plan B. The page has been steadily growing in the number of likes, and the promotional advertising has been well received. If the person wants to learn more, they click into the connection which brings them into the Plan C page on our website. Our advertiser has been keeping track of the engagement rate and feels the campaign is growing appropriately. www.planc4mefacebook.com
 - b. Hired Channel 10 news to create a You-Tube video, made in our office with our staff, that describes the use of a copper IUD for emergency contraception. This video is shown randomly to a targeted audience of women aged 18-44 who reside in a 50 mile radius of the clinic. If after watching the 15 second video (which they cannot shut

- off) they click for more information, they are directed to the Plan C page of our website for more information. The rate of clicks has steadily risen since it began in December and is in the 2.7% click range, which compares very favorably to 0.02%, which is the national average.
- c. Created a billboard that promoted the awareness of Plan C when “accidents happen.” The billboard was put in three separate locations in Greene County: one in Cairo, one in Hunter and one in Catskill.
5. Greene County Family Planning’s outreach and education program strives to improve the health of individuals by partnering with schools, colleges, community- based organizations (CBO’s), faith- based organizations (FBO’s), parent groups, PTSA groups, local government agencies, and other public health providers that work with vulnerable or at risk populations. We encourage the participation of families, parents, and/or other adults in the role of parenting in the decision of minors to seek family planning services and promote healthy, positive family relationships. Our Health Educator designs presentations and educational sessions on the basic understanding of reproductive health issues for all levels of education and comprehension and adapts them for specific needs. In 2013, our health educator provided:
- a. School education programs that reached 963 students from elementary to college level
 - b. Family education that reached 60 participants via parenting classes
 - c. Community education that reached 208 community members
 - d. Outreach activities that reached approximately 500 persons, including teens and adults

Review of goals set for 2013:

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:**
This goal has been met. We were fortunate that our 2013 budget lines were not impacted directly by sequestration cuts. We did incur additional third and fourth quarter expenses for the purchase of long acting reversible contraceptives that were beyond what we had predicted, but this was offset by the resulting additional revenue. As a result of the use of the electronic medical billing and the care taken when billing, our revenue from third party billing exceeded our predictions and was \$384,313, a 24 % increase over 2012.
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:**
Significant progress was made towards this goal:
 - a. *We used the electronic medical records system to maximize the schedule times to allow for us to fully book appointments. Our numbers of family planning clientele remained stable with 1157 unduplicated clients for 2513 visits; we had 108 STD, and 32 cancer services visits.*
 - b. *Our Nurse Practitioners share coverage of teen walk in clinic, which occurs each Wednesday from 3-6pm. No appointment is needed and teens are educated, counseled and offered the range of services to meet their needs. Since July 2013, we saw 36 teens through our walk in clinic.*

c. *We started a campaign for “Man up Monday” where men could walk in for appointments from 1-3PM. We advertised with fliers; our health educator promoted it, but we have not had the increased numbers of appointments that we had hoped for.*

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:

This goal has been met with the implementation of the patient portal in July of 2013, however, the roll out was slow at first. Those clients that do use it are able to view all of their labs, ask questions by private messages and request appointments. The clients are also able to review their own medical records, make updates and share copies of their labs with their other providers. This ownership of the medical record and the ability to share it with other providers is the cornerstone of the electronic medical record system which also reduces waste and cuts costs for the entire medical system.

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

This goal has been met. In the Fall of 2013, with the help of our consultant KathodeRay, we updated our website. It now contains a greater selection of information about our services, how to pay for them, and has the link to our patient portal. Additional social media outreach was described above. The leap from no use of social media to two separate types was an accomplishment, and we are hopeful to continue to expand this area and provide a richer sense of community.

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

This goal has been met. In April 2013, New York State passed legislation which for the first time permitted billing clients for STD services with their consent. We were pleased to be able to take advantage of this new law so we might collect increased revenue which for 2013 totaled \$2079. We continue to provide free services to those uninsured Greene County residents who can provide proof of income, and will never turn away someone who requires treatment for a communicable STD as that is one of the public health measures we are tasked to do.

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:

This goal was met in the end of December 2013. It dovetails nicely with the NYS law which went into effect January 1, 2014, which required all persons born between 1945 and 1965 to be offered a Hepatitis C test.

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

This goal was met. Staff was trained in the need to use the appropriate to capture reimbursement for a service we would otherwise have provided for free. The reimbursement of \$9.55 is a set rate regardless of the number of minutes spent.

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

This goal was met. In 2013 we provided staff: 21 web based trainings, 15 in house trainings, and 11 off site trainings. The majority of the trainings are required by the Title X program to keep staff updated with current practice. We generally schedule trainings

on Wednesday mornings during staff administrative time to minimize any interruption to the clinic schedule.

Goals for 2014:

1. In order to increase our revenue, increase the number of insurance providers with contracts who participate with GCFP. As a result of the Affordable Care Act, Greene County has additional insurers that our clients are participating with and we want to be able to continue to provide them services. We have been steadily increasing our insurance contracts and will continue to pursue them.
2. Achieve meaningful use stage II. Stage II MU requires an even greater number of clinic measures being met; for example, 50% of our clients have to have signed up to participate in the patient portal, and of those 50% have to be active users. In order to receive this year's incentive money, all measures must be successfully met for us to qualify.
3. Complete the anticipated 2014 site inspection by the Federal Government's Office of Population Affairs, anticipated for September 2014, in conjunction with the NYS DOH.
4. Implement the newest Title X guidelines for practice which are anticipated to be released on June of 2014.
5. Where it is appropriate and desired by jail staff, collaborate with the Greene County jail by offering free STD, HIV and Hepatitis C testing, as well as share our experience with medical billing and insurance enrollment.
6. Have one of our staff become a Certified Application Counselor which will utilize the insurance marketplace to allow us to sign uninsured men and women up for Medicaid. We currently have a memorandum with the NYSDOH to enroll men and women in the Family Planning Benefit program, a Medicaid carve out program, as well as assist pregnant women with obtaining full Medicaid when they become pregnant so that they can have early prenatal care and a safe birth outcome, so this additional training is in keeping with in our work goals.
7. Continue to provide staff training, primarily by web based technology, to keep our staff abreast of current medical care, policies and best practices.
8. Expand the outreach and education provided by our Family Planning Health Educator with the goal of increasing the number of clients seen in the clinic, and increasing the number of community educational sessions by the following:
 - a. Organize community forums in all county high schools in correlation with the "P.A.S. It On" coalition.
 - b. Increase the number of sessions at substance abuse recovery centers to include more adolescent and adult healthy relationships along with STD's and contraception.
 - c. Develop a teen focus spot in either schools or at our family planning clinic to serve as an educational/counseling area, with hopes of starting a peer mentoring program for our comprehensive sex education program.
 - d. Increase the awareness of STD's with the African-American high risk groups through church affiliations and tabling events.
 - e. Launch and monitor our Family Planning Facebook page to help reach the targeted populations.

Respectfully submitted,
Laura Churchill MS, FNP-BC
Program Administrator

COMMUNICABLE DISEASE CONTROL

Diagnostic & Treatment Center:

The Diagnostic and Treatment Center on the Public Health side handles 3 major programs: The Lead Poisoning and Prevention Program, Adult and Childhood Immunization Program and Communicable Disease.

Lead Poisoning and Prevention:

- GCPHD staff processed through Lead Web over 800 blood lead levels from providers of Greene County children. The parents of those children, noted not to have a lead test as required by law, received a reminder letter to contact their provider for this test. GCPHD staff sent 318 reminder letters to parents of children who had not been lead tested. GCPHD did not have any lead level above 15 ug/dl in the county requiring case management by the County and Environmental staff.
- GCPHD continues our 5-9 lead initiative, providing those parents with lead prevention information via phone and mail if their child notes a lead level between 5ug/dl-9ug/dl. Data is still being collected on the one and two year olds. 42 families benefited from our 5-9 initiative this year.

Immunization:

- Clinic numbers for childhood vaccines remained low in 2013 because GCPHD can only vaccinate those children who are uninsured or underinsured as well as any child who is covered by a managed Medicaid company. 75 children were seen at immunization clinics giving 150 vaccines.
- GCPHD offers the following adult immunizations: Influenza, Pneumococcal, Shingles, Tdap, Hepatitis A and Hepatitis B. 210 adults were seen at our immunization clinics giving 218 vaccines.
- GCPHD provided 12 off site electronic clinics throughout the County for Influenza giving 208 doses of vaccines.
- GCPHD continues to collect and bill for administration fees on all vaccines to provide additional revenue.
- A credit card process for the convenience of patient pays was introduced. The credit card alone has allowed us to collect over \$700.
- GCPHD was successful in obtaining a contract with United Health Empire Blue Cross (NYSHIP-New York State Health Insurance Plan), which became effective November 21, 2013. With the addition of the Empire Plan insurance, GCPHD can accommodate more county residents with no out of pocket costs to the patient.
- Fees for immunizations are adjusted annually, reflecting the changing cost of vaccines.

Communicable Disease:

- NYS has over 75 state reportable diseases that require local health departments to investigate and provide supporting documentation from providers to NYSDOH. C/D

staff processed over 1700 positive state reportable lab results, working with Infection Control nurses at area hospitals, provider offices as well as our state DOH partners in timely reporting and surveillance.

- GCPHD scored a 100% in timely reporting of C/D according to the Performance Improvement Report conducted by the NYSDOH from November 2013 to February 2014
- GCPHD successfully managed one gastrointestinal outbreak working with NYSDOH epidemiology and environmental staff.
- Human rabies post exposure treatment was given to 12 county residents this year.
- GCPHD managed 2 Active Tuberculosis (TB) disease cases requiring PHN's to perform direct observed therapy (DOT) of the patient's medication everyday at their home along with weekly nursing assessments and monthly blood draws. For this medication to be effective in killing TB, it must be taken and observed for 6 months.
- Lyme disease is still endemic in our region. So much so that a Sentinel Surveillance system is in place, which means that only 20% of the positive labs are being reported to the local health departments. When 100% reporting was the norm, the local health department was flooded with positive tests, requiring health department staff to investigate symptomology and treatment and report to the NYSDOH through the Health Commerce System (HCS), exceeding staff capacity. For 2013, GCPHD investigated 207 positive Lyme reports, reflecting the 20% of positive Lyme in the county.

GOALS accomplished from 2013:

1. **Electronic billing for immunization:**

This started in March of 2013. All insurances are able to be billed in this manner which provides time savings for billing staff.

2. **Initiate electronic medical records:**

Medent Electronic Medical Records (EMR) system was installed in the DTC that allows for scheduling patients electronically and also billing insurance. However, the full EMR system was not able to be purchased at this time due to the cost. DTC did apply for a grant to encumber the extra cost and unfortunately did not receive the grant.

3. **Obtain new Veterinarian services for GCPHD:**

GCPHD put out a Request for Proposal (RFP) for vet services for the county which encompasses vaccinating animals at the county rabies clinics as well as prepping specimens for testing. New Baltimore Animal Hospital agreed to a contract that included only the valley town clinics and all specimen preps. Dr. Leslie Nicosia accepted the mountain top clinics for 2013.

GOAL pending from 2013:

Explore additional services for migrant/hidden population:

Due to time constraints this did not happen. Currently GCPHD participates in the Migrant Program with Columbia and Rensselaer counties. This grant has some limitations; it only includes migrants in agriculture settings. Greene County has other migrant type workers in the county and it needs to be explored further if this population can benefit with immunization/education as well as other services.

Goals for 2014:

1. Explore service that can be provided to “hidden” population, i.e. horse farmers, nursery workers, landscaping workers
2. Assist County residents to get insurance via the Navigators from the Marketplace
3. Improve tracking system for services used in the DTC
4. Collaborate with Public Health Preparedness with drills
5. Continue to explore cost saving options for the DTC, i.e. sharing resources
6. To contract with more insurance companies to avoid out of pocket expenses for patients

Respectfully submitted,
Kerry Miller, RN, SCHN

Project Needle Smart Kiosk Program **(Expanded Syringe Access Program [ESAP] sponsored by NYSDOH AIDS Institute)**

Background:

The first KIOSK needle/syringe disposal program pick up began June 7, 2011 from 4 sites with delivery to alternating nursing homes, Kaaterskill Cares and The Pines. A 5th location site, Kelly’s Pharmacy in Greenville, was added with their first pick up in January 2012.

This county collaboration between Public Health and Solid Waste and sponsored by the NYSDOH AIDS Institute in New York City provides the residents of Greene County with a safe way to dispose of their medical sharps without causing injury to others.

Noteworthy:

In 2013, Greene County Public Health Department submitted the Kiosk Program to NACCHO (National Association of County and City Health Officials) to be considered as a Model Practice.

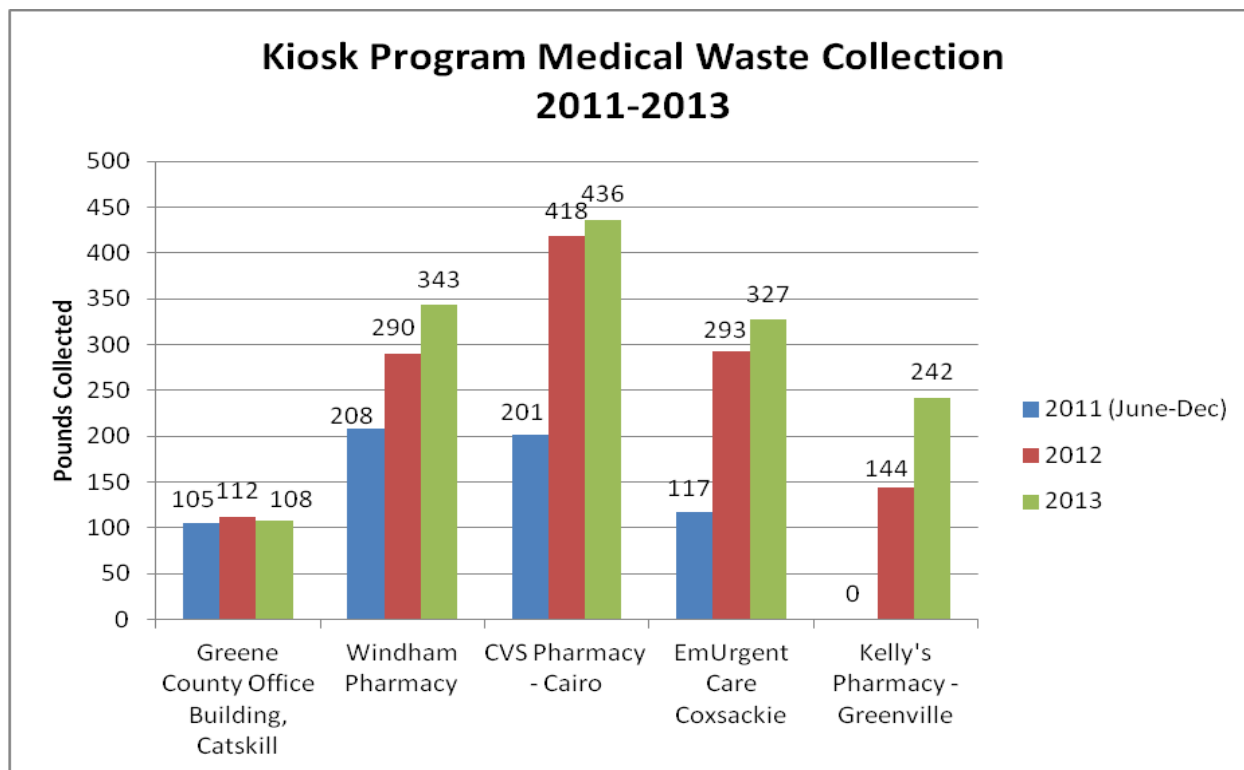
NACCHO’s Model Practice Program nationally honors and recognizes outstanding local public health department (LHD) practices which demonstrate how the LHD and their community partners effectively collaborate to address local public health concerns. All applications go through a two-step review and applicants will be notified in the spring of 2014.

Update 3/17/14: Greene County Public Health Department was just notified that the Kiosk Program was accepted as a Model Practice by NACCHO. We are very pleased and look forward to presenting our model to the association.

Kiosks Statistics:

In 2013, a total of 156 containers with a total weight of 1456 pounds have been collected and delivered to nursing homes for disposal. (The Pines - 612 pounds and Kaaterskill Cares - 645 pounds)

Kiosk Sites Pounds of Waste Collected per Site													
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Greene County Office Water St., Catskill	0	0	16 9	0	10	22	0	0	32	9	10	0	108
Windham Pharmacy	42	16	19	21	20	28	19	24	28	39 30	20	37	343
CVS Pharmacy - Cairo	28	28 18	26	51	47	11	21	38	31	36 11 20	35	35	436
EmUrgent Care - Coxsackie	43	50	28	48	10	14	17	29	17	19	17 13	22	327
Kelly's Pharmacy - Greenville	25	14	10	0	28	36	27	10	14	20	20 17	21	242
TOTALS per month	138	126	108	120	115	111	84	101	122	184	132	115	1456



Note: Kelly's Pharmacy joined in 2012.

Inquiries: Telephone callers and visitors at our office and other county offices as well as at the Kiosk sites are given information about the program and how to access containers. Containers are handed out at the sites as requested.

Outreach and Education:

Greene County Social Services, Greene County Family Planning Clinic and Women, Infants & Children (WIC) clinics are some of the few departments/groups educating their clients of this program.

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

Athens Street Fair, Columbia Greene Community College, Correctional Facility Health Fair, Greene County Employee Health Fair, Greene County Youth Fair, Mountain Top Senior Health Day, Patient Safety Presentation at Columbia Memorial Hospital, Rural Health Network Health Fair, Rabies Clinics, Senior Health Fair in Coxsackie, Town Hall Meetings in Hunter and Greenville Village, and Worksite Wellness;

Events: Agfest in New Baltimore, DARE Day, Golden Gathering at Columbia Greene Community College, Greene County Networking, Interagency Awareness Day, MLK Senior Day, "Out of Darkness" Suicide Walk, Parents Partners & Pancakes Event at Catskill Schools, Reach "Night Out" Event, Senior Day at Catskill Point, Shriners Hospital Event at Dr. Pope's Office, and World Breastfeeding Day;

Meetings: Aging Advisory Committee, Bloodborne Pathogens Committee, Columbia Memorial Hospital Board, Medical Professional Advisory Committee, Mobilization for Action through Planning and Partnership Committee, Nutrition Educators Committee, Rural Health Network, Public Health Educators Committee, Public Health Leadership Committee, Out of Darkness Committee, Substance Abuse Task Force at Columbia Memorial Hospital and Supervisor's Meeting.

Total outreach contacts in 2013: 2546

Distribution of syringe/needle containers: 115

Educational Materials handed out on a one to one basis: 545

*A bag full of small red containers are distributed to each Kiosk site upon routine pick up schedule, and have been made available at the above mentioned outreach opportunities.

Respectfully Submitted,
Jennifer Passero, Secretary to the Director

COMMUNITY HEALTH ASSESSMENT / CHRONIC DISEASE PREVENTION

Public Health Education

Goals for 2013:

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

These reports meet the NYSDOH requirements for local departments of health. The CHA provides an assessment the health of the community, including demographic, health and fiscal

data, and provides the foundation for formulation of the CHIP, an action plan to be fulfilled during the four year cycle 2014-2017.

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

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

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

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

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

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

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

The MAPP committee chose the broad areas:

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

The specific goals and action plan were formulated, and submitted to the NYSDOH in November of 2013.

All goals related to the CHA, CHIP and MAPP Committee were met for 2013.

Goals for 2014:

- 1. CHA:** Revision and update as requested by the NYSDOH, upon completion of their review.
- 2. CHIP:** Goals as determined by the MAPP committee include reduction of adult obesity in Greene County from the most recent indicator of 29.2%, and an increase in capacity for mental health screening and treatment in the primary care setting.

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

3. MAPP: Ongoing action by the MAPP Committee to achieve our stated goals.

Community Education:

Program	2010	2011	2012	2013
School visits: Contacts	85	570	502	495
Medical offices	5	5	5	2
Health Fairs /Public Events	22	23	68	58
Clinics – Rabies	7	7	7	7
Churches/Faith Based Contacts	30	30	5	5
Health Education: Consumer Contacts	2,115	2,170	2,986	3,885
Media: outreach: Billboard, Radio, TV (based on consumer reach statistics)	62,390	582, 760	No direct funding to support media outreach	No direct funding to support media outreach
Press Release Public Service Announcement Bulletin Boards	20	234 Grant related - In partnership with Cornell Cooperative Extension	20	20

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

These activities support educational requirements of Public Health programs as well as the New York State Prevention Agenda. Topics include:
Greene County Public Health Department information including services, clinics and schedules; tick and Lyme disease and other tick borne illness; vaccine recommendations for adults, teens, children and babies; lead poisoning awareness for parents, agencies, homeowners, construction and businesses; emergency preparedness; asthma; cancer facts for women and men; heart disease; hypertension; arthritis; cholesterol; healthy weight and nutrition; diabetes; exercise for health and weight management; injury prevention – Project Needle Smart kiosk program, fall prevention, toddler choking prevention, recreational sports and helmet safety, poison prevention; flu and seasonal illness; food allergy; rabies; mental health and substance abuse, and smoking cessation.

Goals for 2014:

1. Maintenance of outreach activity with an increase in the realms of physical activity, nutrition and mental health to further prevention agenda goals.
2. Increased collaboration with the Columbia County Department of Health to maximize the reach of our initiatives.

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

Goals for 2014: The Senior Public Health Educator will be working with the Greene County Emergency Preparedness Coordinator to look at alternatives for annual staff training requirements.

Orientation for Agency staff and interns: Ongoing as needed.

- A Cortland student intern was hosted during the summer of 2013 to assist with the MAPP processes.
- An intern from Cornell University was hosted during the summer of 2013 for part 3 of our Social Media implementation. He contacted other local health departments about their social media use and helped us construct our Social Media policy. We are hoping to host another intern during the spring of 2014 for part 4 of the implementation.

Coordination of the Go Greene for Wellness Worksite Wellness Committee:

This Committee supports the Prevention Agenda initiatives.

In partnership with Blue Shield of Northeastern New York (BSNENY) and The Rural Health Network's Healthy Weight Initiative (HWI), Greene County has initiated a wellness program for employees and families. The "Go Greene for Wellness" employee wellness initiative includes fitness and yoga classes, health and wellness seminars, and participation in HWI's community-wide health initiatives, such as the "Biggest Loser Contest" and "Greenwalks". The Go Greene for Wellness Committee includes representatives from Greene County Public Health Department, Greene County Human Resources, The Greene County Administrator, Blue Shield of Northeastern New York, Fitness Professionals on Demand and The Healthy Weight Initiative. The Committee is dedicated to promoting the health and wellbeing of the Greene County workforce, through coordinated educational and wellness opportunities.

Goals for 2013:

1. Greater program participation through a wider variety of programs and times.
2. More "onsite" programming.
3. Better utilization of the Health Risk Assessment (HRA).

While program participation for 2013 has been good with 195 participation "contacts" (an employee participating in more than one program, will be counted for each activity), participation for 2012 will need to be determined for comparison. Onsite program offerings were expanded for 2013, with yoga offered onsite after work. HRA participation remained low.

Goals for 2014:

1. Greater participation with increased program evaluation (the Senior Public Health Educator has applied for a CDC training to address this goal).
2. Wider utilization of the HRA. The Wellness Committee is planning a series of HRA trainings at both the Catskill and Cairo offices with a "take charge of your health" focus, and additional wellness activities.

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

ENVIRONMENTAL HEALTH

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

Greene County		2013		
Program Type	# Operations Current 3/31/2014	# Operations in 2013	# Inspections in 2013	# Complaints in 2013
Agricultural Fairs	1	1	1	0
ATUPA/Smoking/CIAA	73	N/A	18	0
Bathing Beach	5	5	7	0
Campground	14	14	14	0
Children's Camps	19	19	40	0
Public Water Supply	265	N/A	196	1
Food Service Establishment	304	330	380	4
Institutional food	20	20	29	0
Mass Gathering	5	2	2	0
Migrant Farm worker Housing	2	2	7	0
Mobile Food Service	36	40	24	0
Mobile Home Park	15	15	6	0
Non-public Water Supplies	1	N/A	1	0
Onsite Sewage Treatment	429	N/A	0	1
SOFA	5	5	5	0
Spray grounds	1	1	1	0
Summer feeding	3	3	2	0
Swimming Pool	139	141	180	0
Tanning	8	8	9	0
Temporary Foods	N/A	203	99	0
Temporary Residence	113	122	152	5
Total	1458	931	1173	11

1. Inspections include the following service types: Pre-operational inspection, inspection, re-inspection, field visit, HACCP, ATUPA checks and Sanitary surveys
2. Operations include all operation active at least some point during the stated calendar year
3. Current operations are as of 3/31/14
4. Only complaints against a specific operation are included.
5. Complaint year is based on the date of the complaint.

Respectfully submitted,
Audrey V. Lewis
Oneonta District Director

EMERGENCY PREPAREDNESS AND RESPONSE

Public Health Emergency Preparedness

Greene County Public Health Department continues to receive annual funding from the Centers for Disease Control and Prevention through the Public Health Emergency Preparedness (PHEP) grant. PHEP funding for the 2012-2013 grant year totaled \$53,500 with the grant year ending June 30, 2013. Funding for the 2013-2014 PHEP grant year totals \$50,825 – representing a 5% reduction in total program funding for the year, July 1 2013 – June 30, 2014.

2013 Accomplishments & Highlights:

- Public Health Preparedness program facilitated necessary National Incident Management System / Incident Command System training to achieve 97% compliance for existing employees – a 54% increase from January 1, 2013.
- Collaboration with Department of Emergency Services to assist with administration of the WebEOC Crisis Emergency Management System including training of county staff and programming the system to meet the public health and emergency preparedness needs of Greene County.
- Coordinated with the Texas A&M University Engineering Extension Service (TEEX) to have two of their instructors provide a 2-day training on mass prophylaxis planning and operations at the Emergency Services & Training Center in Cairo. This training was attended by seventeen (17) Greene County employees from Public Health, Mental Health and Aging, as well as seven (7) ServNY registered volunteers and two (2) school nurses.
- Public Health Preparedness collaborated with Diagnostic & Treatment Center during the 6 seasonal influenza clinics and 2 Greene County employee & family clinics.
 - Electronically documented influenza and pneumonia vaccinations for 233 clients
 - Observed 88% success of employee and family member pre-registration appointments for 2 clinics
 - Provided training and shadowing opportunity for four (4) Columbia-Greene Community College nursing students
- Public Health staff participated in monthly preparedness webinars and seven (7) multi-day trainings throughout the year

This year's purchases continued expansion of the electronic Point-of-Dispensing (ePOD) kit, which was initially purchased in 2011. This equipment allows the GCPHD to set up and run an electronic POD and capture all patient information and relevant data electronically. Additional equipment is available for use through a request to the New York State Department of Health. The setup and equipment contained in Greene County's ePOD kits are nearly identical to the supplies provided by the NYSDOH which offers ease of transition in the event that multiple POD operations are needed in Greene County. For 2013, five (5) new laptops were purchased to supplement existing units and expand the capabilities of ePOD kits.

The SMART interactive whiteboard was purchased in December 2013 for use in the GCPHD conference room. This will assist with planned emergency preparedness training courses, some of which have previously required travel by Public Health staff, to receive training locally on a

more frequent basis. The board will be configured to allow for presentations, integration with the County's WebEOC Crisis Emergency Management System, and collaborative training on emergency preparedness delivered to the Public Health Department.

Evaluation of 2013 Goals for Public Health Emergency Preparedness:

1. Draft a Greene County Radiological Response Annex Plan:

This goal was not met. The goal of drafting a Greene County Radiological Response Annex was not met during 2013 as counties are still awaiting final guidance from both New York State Department of Health and Department of Homeland Security and Emergency Services on required annex information. Radiological emergencies are currently addressed in the County's All-Hazard Emergency Operations Plan.

2. Continue to revise the Greene County Strategic National Stockpile Plan and the Medical Countermeasures component of the plan:

This goal was met. Updates continue on the Strategic National Stockpile and the Medical Countermeasures plans and supporting training was provided from the Texas A&M University Engineering Extension Service.

3. Implement electronic employee tracking system to test system:

This goal was met. Beginning in May 2013, all Public Health Department employees began using the Electronic In/Out Board for daily operations and providing accountability for all personnel in the event of an emergency.

4. Begin utilizing Medical Emergency Response Inventory Tracking System (MERITS) for Point-of-Dispensing (POD) inventory and preparedness equipment:

This goal was met. MERITS utilization began in 2013 and provides inventory management for Emergency Preparedness supplies and equipment, especially in times of emergency where emergency supplies may be sent to the County by the Centers for Disease Control and Prevention or New York State Department of Health.

5. Continue to recruit and engage volunteers in preparedness activities and events:

This goal was partially met. Current, registered volunteers were engaged throughout the year during notification drills. Seven (7) volunteers attended the 2-day mass prophylaxis training course. There were no large-scale recruitment activities completed for 2013.

6. Continue to send appropriate staff to Incident Command System training as needed:

This goal was met. Public Health Department staff completed a total of 22 training courses to ensure compliance with National Incident Management Systems guidelines.

Goals for 2014:

1. Support creation of a Medical Reserve Corps in Greene County, affiliated with the GCPHD, to provide training and education to both medical and non-medical volunteers in advance of a public health emergency
2. Expand utilization of MERITS for inventory tracking of supplies and equipment
3. Utilize the Clinical Data Management System (CDMS) to support electronic records for mass vaccination or dispensing clinics.
4. Conduct planning of emergency preparedness drills and exercises to both test and validate current emergency management plans along with Department of Emergency Services

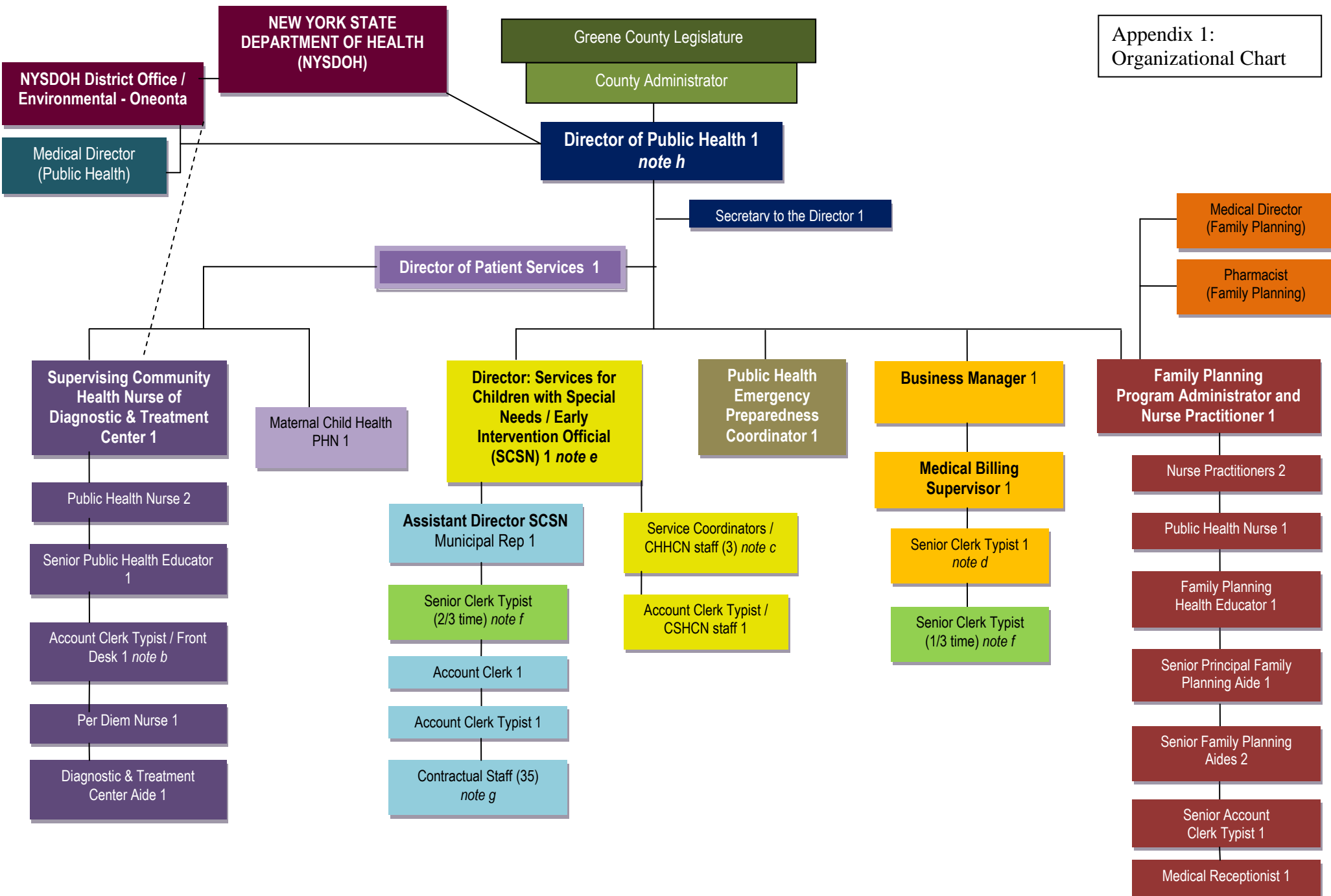
5. Continue to provide relevant training to Greene County employees, volunteers, and general public relevant to public health emergency preparedness activities
6. Continue to revise public health emergency response plans as required by guidance received from New York State Department of Health

Respectfully submitted,

W. Sean Holland

Public Health Emergency Preparedness Coordinator

Appendix 1: Organizational Chart



a. Covers health education for all sectors of public health except Family Planning
 b. Covers all sectors of public health
 c. Children with Special Healthcare Needs
 d. Also has a responsibility directly under the Director
 e. Also holds title of "Administrator for SCSN"

f. Position split under two supervisors
 g. Clinical professional, physical and occupational therapy, speech
 h. Interim Director appointed February 2014; also has Family Planning Program Administrator duties

March 2014