

Greene County Public Health Department

Annual Report 2015

Submitted: April 1, 2016



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
D&TC / DTC – Diagnostic & Treatment Center
EI – Early Intervention
GCPHD – Greene County Public Health Department
HIV – Human Immunodeficiency Virus
LHCSA – Licensed Home Care Services Agency
MCH – Maternal Child Health
NYSDOH – New York State Department of Health
NYSACHO – New York State Association of County Health Officials

Greene County Public Health Department undertook a strategic planning process during mid-2014. Strategic Planning is a requirement for Public Health Accreditation.

MISSION STATEMENT:

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

VISION STATEMENT:

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

VALUES:

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

STRATEGIC ISSUES AND GOALS:

Issue 1: Education and Community Engagement

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

Issue 2: Workforce Development and Internal Collaboration

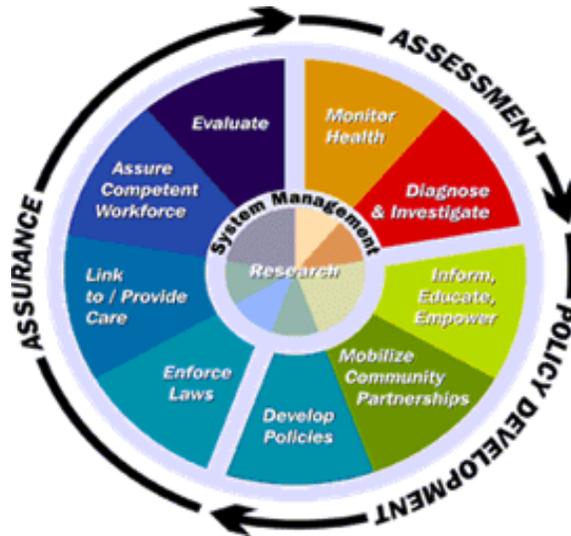
Goal: Develop and maintain a knowledgeable, adaptable, and collaborative workforce.

Issue 3: Information Management and Quality Improvement

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

SIX CORE SERVICES OF PUBLIC HEALTH:

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



TEN ESSENTIAL PUBLIC HEALTH SERVICES:

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

GOALS for 2016:

1. To continue to move forward towards Public Health Accreditation.
2. To implement the Information Management and Quality Improvement Committee, our third Strategic Planning goal.

Implementation of all three groups was postponed in 2014, due to the work necessitated by Ebola planning and preparedness. In 2015, the Social Media Committee, working on education and community engagement, and the Workforce Development Committee were started with help from a SUNY School of Public Health intern.

Fiscal Report

The Fiscal Division prepares and monitors the entire Department's budget of just under \$6 million. The Agencies consist of Early Intervention, Preschool, Family Planning plus Public Health and cover approximately 33 staff which includes clinicians and several programs.

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

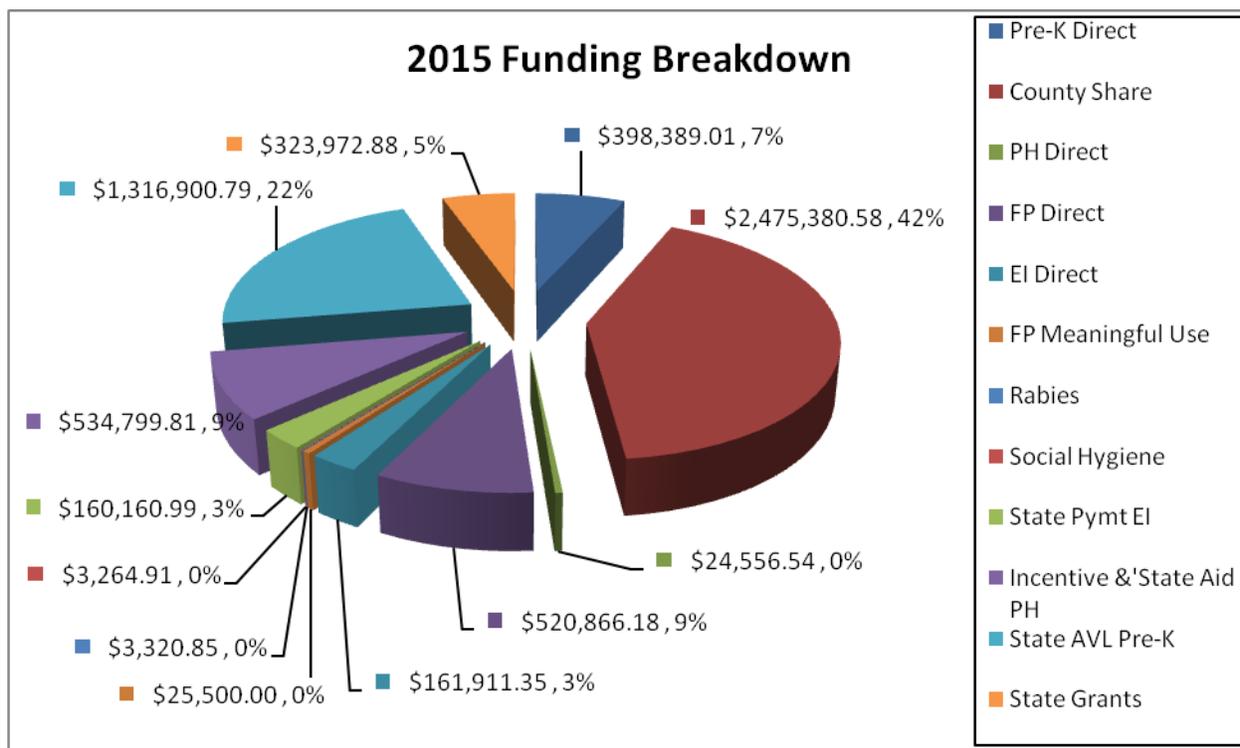
Other responsibilities include processing, entering and validating all departmental information into the New World System for accounts payable and employee payroll. In addition auditing expenses, revenues, reconciling bank statements and employee bi-weekly time sheets and reports are supplemental duties.

2015 Mentionable Achievements:

1. Hardship waivers approved for 2 out of 4 recertifications (2 pending);
2. Ebola Grant funding;
3. EFT for Early Intervention escrow deposits;
4. Collaboration with Venesky's to retain MILOR(maintenance in lieu of rent) as state aid eligible;
5. Smooth transition to ICD-10 for maximum revenue.

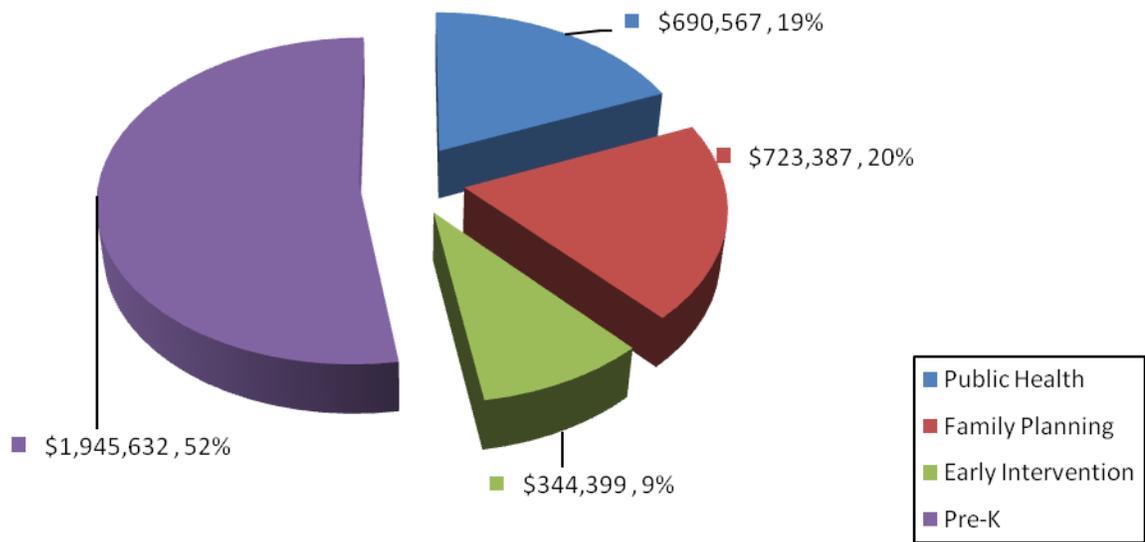
2016 Goals:

- Try to obtain the maximum revenue and pursue new revenue sources for all Public Health Agencies in order to reduce tax payer burden.
- Stay efficient and effective in order to remain viable;
- Continue to evaluate the need to acquire McGuinness Software for Preschool to automate and possibly increase revenue.

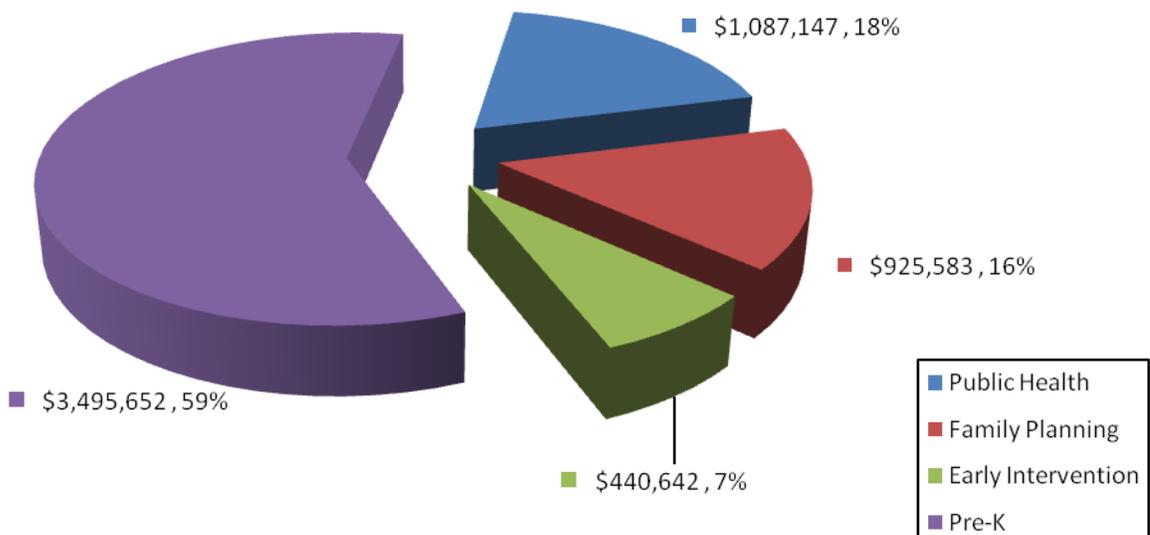


- County share in 2015 decreased by 12.5% compared to 2014

2015 Revenue by Department



2015 Expenditure by Department



- Total expenses in 2015 decreased by 7% compared to 2014

Respectfully Submitted,

Tanya Skinner
Business Manager

Quality Assurance/Compliance

The goal for Public Health Quality Assurance and Agency Compliance is to protect patients from harm by improving quality processes and maintaining program integrity and compliance. As a Public Health Nurse (Registered Nurse), instead of assessing and evaluating a patient's condition, the QA Coordinator evaluates all aspects of systems of care, identifies problems and collaboratively develops solutions. Attention is also directed to fiscal accountability and program compliance so that programs are not fined or sanctioned for non-compliance. This position also prepares related records and reports, and all findings are reported to the Interim Director of Public Health and the Director of Clinical Services.

The need and difference between Quality Assurance (QA) and Quality Control is:

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

This position continues to evolve. Understanding and learning the specific guidelines and workings for each branch within the department has been a priority in 2015.

Quality assurance duties include:

- Policy development
- Review of previously developed policies and existing practices, making recommendations for change when necessary
- Re-evaluation of the above to determine how effective the changes were.

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

Staff Education (Annual In-Servicing)

Core annual in-services and education are accessible to all staff on the Public Health Share Point. This allows everyone to review and complete at their own pace. Once completed, an attestation is submitted.

In-service trainings include: Health Insurance Portability and Accountability Act (HIPAA); Confidentiality Privacy & Information Security; Advance Directives; Bloodborne Pathogens; Whistleblower; Universal Precautions; Domestic Violence and Hazardous Communication (updated version May 2015).

Goals for 2016 for Annual In-Servicing and Quality Assurance:

1. Continue to keep the in-services and trainings current and factual, updating and revising as necessary.
2. Maintain Licensed Home Care Service Agency (LHCSA) compliance with NYSDOH regulations.
3. Continue to perform quarterly 340B audits to include Plan B and Nexplanon medications, and maintain compliance with the 340B program.
4. Ensure certain policies and procedures for both Public Health and Family Planning are up to date and accessible to staff when needed.
5. Provide Emergency Preparedness response as needed including Ebola, Zika and other Infectious Diseases.
6. Continue to participate and support Greene County Public Health Department and Family Planning's strategic plan and mission with the Workforce Development, Social Networking and Information Management/Quality Improvement workgroup committees.

7. Provide excellent and competent care and services to the clients of Greene County Public Health and Family Planning.

Respectfully Submitted,

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

FAMILY HEALTH

Children's Services

Early Intervention (EI):

Early Intervention is a program for children from birth to age three that provides evaluations and services for children who qualify. New York State Regulations determine the eligibility for the program. Services in EI include: Speech Therapy, Physical Therapy, Occupational Therapy, Social Work, Special Education and Service Coordination. All services are home based. Evaluations and services are provided by independent and agency providers. Referrals to the EI program come from a variety of sources which include but are not limited to: doctors, parents, the Department of Social Services (DSS) and other counties. Because EI is a voluntary program, referrals can only be made with a parent's consent. Referrals to the EI program have been steady over the past 5 years ranging from 119 to 146 children. For 2015 the average number of children in the program was 71, which was consistent with the number in 2014 (76).

Service coordination is provided for all children in EI. This is a billable service and is a crucial way that the county maintains a sufficient provider capacity and avoids arms length concerns. Service Coordinators also assisted with the conversion of the ICD 9 to ICD 10, which became a billing requirement for services that took place after October 2015.

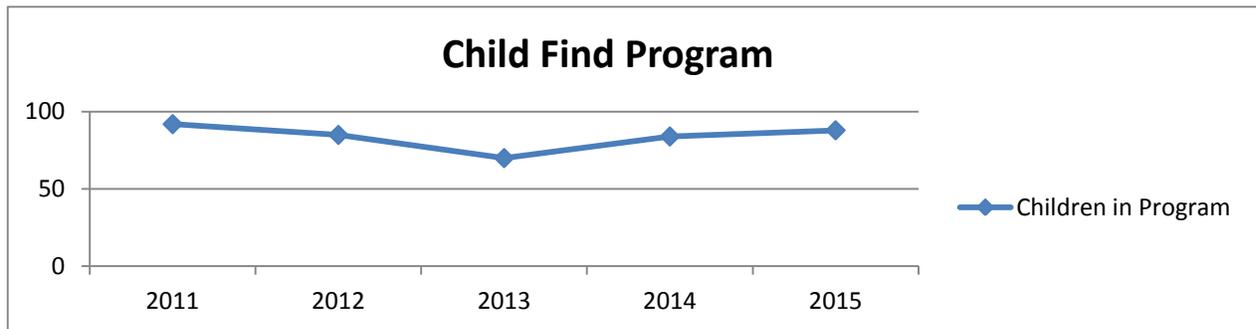
Families are asked to provide health insurance information to cover the costs of the program, but at no time are costs incurred by the family. Parents are informed as to whether their insurance is state regulated and given the option to consent to have insurance billed. If insurance is not state regulated, families could have an impact to their lifetime cap or deductible. Providers enter claim information into the New York Early Intervention System (NYEIS). Medicaid and third party insurance is billed through a State Fiscal Agent (SFA). The remainder of the cost of the program is covered by a county (51%) and state share (49%). The county is required by public health law to be the payer of first instance. This is done through an escrow account that is accessed by the SFA to pay EI providers. There is also the Early Intervention administrative grant from NYSDOH, which covers a portion of salaries and other administrative costs.

There continues to be capacity issues with evaluations and services. This could affect our ability to meet the state's 45 day timeline to complete initial evaluations and commence the Individual Family Service Plan (IFSP), as well as the 30 day timeline to initiate services after the initial IFSP. When situations arise where children are on waiting lists for services, emails are sent to providers to ascertain availability as well as to the NYSBEI Provider unit.

Child Find:

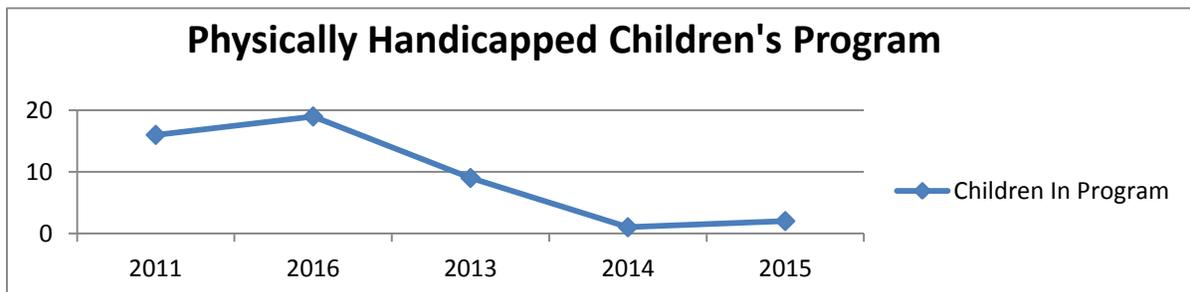
Child Find, a requirement in EI, tracks and provides developmental surveillance to identify "at risk" children who may be eligible for the EI program. All birth certificates in Greene County are reviewed by a Maternal Child Health (MCH) nurse, and families are mailed an introductory letter and 'Ages and Stages' questionnaire. The MCH nurse may assist families with completing this questionnaire by

telephone and will review questionnaires that are returned. If a developmental concern is identified through the questionnaire, a referral is made to the Early Intervention Program with parents' permission. The graph below reflects utilization of the Child Find Program.



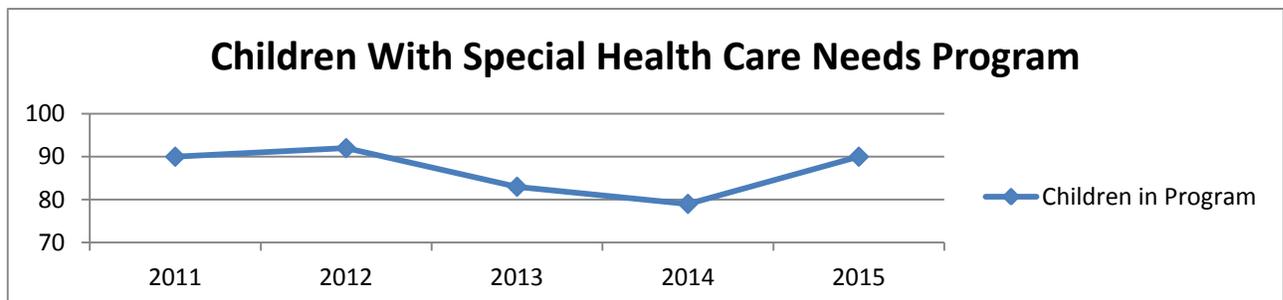
Physically Handicapped Children's Program (PHCP):

This is a program which was available to all Greene County residents who qualify for help with the cost of orthodontia and hearing aids. NYS reimburses 50% of the cost of the program. This program is in the process of closing due to significantly decreased participation; please see chart below. The closure plan was implemented in August 2015 and referring providers were notified in writing. Referrals were no longer accepted after September 2015.



Children with Special Health Care Needs (CSHCN):

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



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

Goals for Early Intervention for 2015:

- 1. To increase and maintain provider capacity through collaboration and assist in the billing and claiming process.**
Greene County EI continues to struggle with provider capacity, particularly in the areas of Speech Therapy, Occupational Therapy and Physical Therapy. Our team continues to support and assist providers in the billing and claiming process. The county works with providers in conjunction with the NYS fiscal agent to resolve issues that delay payments. These efforts will continue in 2016 with a focus on provider education and collaboration with the NYSBEI, New York State Association of Counties (NYSAC), the New York State Association of County Health Departments (NYSACHO) and the County Early Intervention and Preschool Advisory Council (CEIPAC).
- 2. To capture revenue for the period between inception of the NYEIS system and the implementation of the SFA.**
The most effective way to capture and maximize revenue is review of the escrow account for unpaid claims.
- 3. To continue to provide quality assurance regarding policies and procedures, as well as provider oversight, through collaboration with NYSDOH and other counties.**
Provider scripts were revised to reflect changes with billing codes (ICD-9 to ICD-10 transition). Providers were instructed via email that they were responsible for obtaining updated scripts. Code 35 denials were another area of focus; we worked with Greene County DSS to resolve as many denials as possible.
- 4. To develop a closure plan for the PHCP program.**
This goal was achieved. We will continue to serve the two remaining children in the program until their treatment is complete.

Goals for 2016:

- To increase and maintain provider capacity through provider education and collaboration with the NYSBEI, NYSAC, NYSACHO and CEIPAC.
- To evaluate the escrow payments and work towards increasing Medicaid and Third Party Insurance reimbursement.
- To improve quality assurance in relation to policies and procedures through collaboration with NYSDOH and other counties. In 2016 it was communicated by NYSDOH that Island Peer Review Organization (IPRO) will be reviewing counties, both as providers and as Municipalities.

Respectfully Submitted,

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

Pre-School Special Education Program

Program Overview:

The Greene County Preschool Special Education Program is a program mandated by the New York State Education Department (NY SED) to fund services for three to five year old disabled children in Greene County. Children suspected of having developmental delays or disabilities are referred to their local school district's Committee on Preschool Special Education (CPSE) office by parents who may have concerns themselves or are making a referral upon the advice of their pediatrician, Head Start Program,

daycare provider, etc. Children may also transfer in from the Early Intervention Program, which serves identified special needs children birth to three years old.

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

Evaluations and services for children are provided at no cost to parents. Providers are reimbursed at rates set by the county or by the NY SED. Greene County is able to recoup 59.5% of the cost of evaluations and services from the NY SED’s 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. Transportation services are reimbursed by the STAC unit at a significantly lower rate. Medicaid is no longer a source for reimbursement for transportation costs due to changes in Medicaid’s standards.

Greene County Preschool Special Education Program Partners:

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

Comparison of Greene County Preschool Special Education Services Provided:

	2014	2015
Children receiving evaluations to determine eligibility for services	125	119
Children attending special education center-based services	96	82
Children receiving services in their home or childcare setting	142	141
Children receiving transportation to special education programs	91	72
Total number of children receiving special education services	238	223

2015 Highlights for the Greene County Preschool Special Education Program:

The ICD Medical Billing Code Conversion from ICD 9 Codes to ICD 10 Codes began on October 1st, 2015. This was a significant change for the medical community as well as for those of us working in the preschool special education field. This conversion occurred with minimal issues. As a result, we were able to continue billing Medicaid without interruption.

Provider Contracts were renewed for three years beginning July 2015 through June 2018.

Provider & Chairpersons meetings were held this year to enhance collaboration with our program partners on various topics related to preschool special education. Trainings at these meetings were provided at no cost to the county by Early Childhood Specialists from the NYS Early Childhood Direction Center. Meetings were held on January 28th, April 2nd, and October 30th. Meeting topics included Early Intervention to Pre K Transition, Prior Written Notice, Office for People With Developmental Disabilities (OPWDD) Eligibility, the Annual Review Process, Foster Care, and Documentation on IEP Direct (an educational software program). Attendees included Chairs and administrative staff from Greene County school district Committees on Preschool Special Education (CPSE), Greene County contracted preschool providers, Chris Lewoc, Chair of the Greene County OPWDD Subcommittee, Ellen Burns and Laurie Wightman from the Early Childhood Direction Center (ECDC), Tina Minehan, Regional Associate from the NYS Department of Special Education (NYSED) and trainers from the IEP Direct software company.

Other Activities

- Completed a Comprehensive Desk Review of Medicaid Cost Report for 2013-2014 Program Year
- Completed & Certified Medicaid Cost Report for 2014-2015 Program Year
- Senior Account Clerk Typist staff retirement
- Attended mandatory Medicaid staff trainings
- Received reimbursement for the county through the STAC system
- Received reimbursement through Medicaid
- Continued provider payments through voucher process

The NYS Department of Education released several important memorandums this year that affect Policy & Practices in Preschool Special Education. They are listed as follows:

On 7-16-15 a memorandum was released that provided important information regarding federal and state policy to limit & eliminate the practices of suspension and to ensure that challenging behaviors are addressed in a comprehensive approach designed to teach, nurture & encourage positive behaviors. See <http://www.p12.nysed.gov/specialed/publications/2015-memos/preschool-suspensions-expulsions-memo-july-2015.html>.

On 8-27-15 a memorandum was released relating to a change in NYS law authorizing a certified school psychologist employed by a Preschool Multidisciplinary Evaluation Program to conduct evaluations of preschool children suspected of having a disability.

On 9-15-15 an announcement was made regarding regional professional development workshops. The workshops are designed to inform schools about the most effective types of behavioral interventions. For more information please see <http://www.p12.nysed.gov/specialed/publications/pbis-regional-forums-2015-16.html>.

On 10-13-15 an Advisory Memo from NYS Education Department regarding Special Education Itinerant Services (SEIS) was released and can be found on the Office of Special Education's website at <http://www.p12.nysed.gov/specialed/publications/2015-memos/SpecialEducationItinerantServicesforPreschoolChildrenwithDisabilitiesSEIS.html>

Evaluation of 2015 Goals:

- 1. Continue to monitor STACs for foster care children and prescriptions for therapies to ensure maximum reimbursement by NY SED & Medicaid for preschool special education services:**
This goal has been met. Preschool staff, evaluators & providers are more aware and have become diligent in obtaining the proper paperwork for children in foster care as well as prescriptions for evaluations & services to allow for maximum reimbursement.
- 2. Schedule bi-annual meetings for CPSE staff and service providers to provide trainings and solve issues:**
This goal has been met. Three meetings were held this year as previously noted in highlights section.
- 3. Provide cross training for preschool department staff on Medicaid & the STAC system:**
This goal continues for preschool staff. We will be interviewing to fill this vacancy following the retirement of our senior account clerk typist.
- 4. Continue to find ways to best serve children in Greene County with the limited number of classroom slots and therapists available:**
This continues to be an ongoing goal, however, we are pleased to report that Advanced Therapy opened a special class with 8 openings in the Catskill Elementary School this year.

Goals for 2016:

- Continue to work with evaluators, service providers & school districts to ensure all SED and Medicaid requirements are listed on a child's IEP to enable maximum reimbursement possible to the county for children's evaluations and services.
- Continue to explore ways to recruit service providers to contract with Greene County or local agencies to work in underserved areas of our county.
- Interview and hire for vacant senior account clerk typist position

Respectfully Submitted,

Barbara Wallace

Assistant Director of Services for Children with Special Needs

Licensed Home Care Services Agency (LHCSA)

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

- Communicable disease patients
- Childhood lead poisoning

Emergency Preparedness is another service provided, such as Ebola and Zika virus education, guidance and community preparedness.

Public Health is also able to provide at no cost:

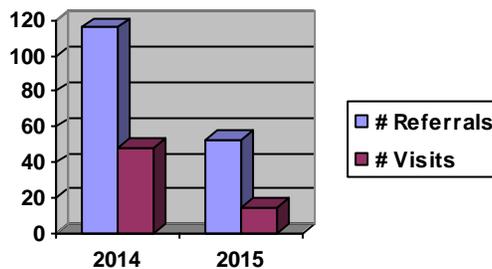
- Maternal Child Health postpartum, and newborn health guidance home visits;
- Breastfeeding support and education.

The health guidance home visit is provided by an experienced Public Health Nurse (PHN). The PHN furnishes instruction, support and linkage to community resources, affording every mother and child an opportunity for a healthy safe start for optimal growth and development. Although health guidance home visiting is a valuable service, it does not provide revenue for the LHCSA due to changes in New York State home care regulations.

For 2014, Public Health received 116 referrals for MCH referrals. Of those referrals received, 48 clients accepted a health guidance home visit.

In 2015, the numbers have declined: 53 MCH referrals were received with 15 clients accepting a health guidance home visit. * Please see graph below

Maternal Child Health Referrals/Visits Made 2014-2015



There are likely many reasons the number of MCH referrals has decreased, one speculation is that:

1. LHCSA's cannot provide skilled care, so the agencies are not sending referrals.
2. People are reluctant to let someone into their home. The perception is the visit is to "check up on their parenting."

A noted finding from information obtained from the Capital Region Hospital Discharge Planners: there is not enough available qualified MCH staff from Certified Home Health Agencies to provide skilled care to the MCH population in Greene County. Subsequently, clients are experiencing longer hospital stays or having to make alternative arrangements for teaching and/or care. This is a continuing concern that requires watching.

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

Respectfully Submitted,

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

Family Planning

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

1. Reduce unintended pregnancies and the need for abortions;

2. Curb the spread of STD's and HIV;
3. Improve birth outcomes; and
4. Facilitate early detection and treatment of reproductive cancers.

In 2015, we served over 1300 unduplicated clients in more than 2691 visits through the Family Planning Clinic, a 10% increase over 2014. Eighty eight percent of our clients are female, and 12% male.

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

- Income: 69% of our clients are at or below 125% of the federal poverty level;
- Age: 53% of our clients are under age 24;
- Insurance: 66% use publicly sponsored health insurance;
- Race: 18% are minority populations;
- High risk zip codes: our top numbers of teens seen who are at highest risk for pregnancy matched four of the top six high risk zip codes identified by the NYSDOH.

2015 Highlights:

1. Long Acting Reversible Contraceptive (LARC): We continue to have some of the highest rates of women using a LARC method (34%) among the 49 New York State Title X funded agencies, with 43% of our female patients under the age of 19 using a LARC. This compares to 18.5% for New York State.
2. Pregnancy prevention: Our agency goals are to both prevent unintended pregnancies and help promote and plan healthy births.

Table 1 reflects an increase in the percent of planned pregnancies. Currently in NYS, 49% of all pregnancies are unintended.

Table 1: Pregnancy Rate by Percent 2013-2015

	2013	2014	2015
Pregnancies as percent of total client count	10%	7%	9%
Pregnancy desired now	23%	43%	46%
Pregnancy not desired/desired at a later date	62%	49%	47%

Table 2 shows an increase in the prevention of unintended pregnancies. (Ahlers data annual report, Greene County Family Planning, 2015)

Table 2: Unintended Pregnancies Prevented 2013-2015

	2013	2014	2015
Age 19 and under	41	46	46
Age 20 and over	112	126	128
Total	153	172	174

3. Meaningful Use (MU): We earned \$25,000 in meaningful use incentive funds by meeting the stage one year two measures. This was used to pay for equipment and capital improvements, which included creating a secure reception office staffed by the Public Health medical receptionist. That position has been trained to cover the phone for Family Planning, increasing efficiency. Another security measure was key coded entrances for all staff beyond the main reception area.

4. Certified Application Counselor (CAC): We have a NYS certified insurance application counselor on staff that enrolled 91 persons for health insurance through the exchange and pre-enrolled 38 Greene County jail inmates so they would be insured once released or if hospitalized.
5. Responsible Adolescent Peer Program (RAPP): Led by our Health Educator, the RAPP program became active this year with 25 high school students participating from 5 out of 6 county school districts. Student leaders promote accurate information on reproductive health care, prevention & awareness of alcohol, tobacco and substance abuse, mental health, intimate partner violence prevention and healthy relationships. The student mentors received training from local agencies and have created resource cards to share with their peers. They are excited to be advising our clinic on teen social media and outreach strategies. Within their schools they produce morning announcements on relevant topics, represent the program at community events and obtain community service hours.

Update on achievement of 2015 goals:

1. **Continue to maintain a high percent of women who use a LARC method with a goal to increase the rate of usage to 38%:**
Our rates are currently at 34%; we will continue to offer same day and walk in appointments and enroll eligible persons in health insurance.
2. **Maintain fiscal integrity by maximizing third party billing and keeping close track of our budget:**
In 2015, we received a total of \$546,366 in revenue from third party insurance which reflects a 14% increase over 2014.
3. **Continue to utilize cross coverage of staff for maximum efficiency:**
Examples of cross coverage include: the Maternal Child Health (MCH) Public Health Nurse (PHN) working in the Family Planning Clinic once a week and for any Family Planning PHN absences; the medical reception areas of Family Planning and Public Health are being cross covered; our CAC pre-enrolls jail inmates, and our staff provides STD/HIV screening in the jail.
4. **Successfully apply for and procure the competitive Family Planning grant for 2016-2020:**
The NYSDOH extended our five year contract for one year, so we will competitively re-apply for the Family Planning grant in 2016, for the five year period 2017-2021.
5. **Participate with the Family Planning Center for Excellence to ensure we are meeting the needs of our target population. This performance measure was the focus of the NYSDOH for 2015.**
Clinic staff has been participating in a collaborative with 10 other family planning agencies with the goal of increasing the numbers of men and women served under age 24. We have changed our schedules to accommodate daily walk in visits and updated our marketing and outreach strategies towards these goals.
6. **Work diligently to have a formal linkage agreement for primary care services:**
Currently in process.
7. **Expand education, outreach, and knowledge of the STD prevention services available at GCFP:**
 - a. *In collaboration with the communicable disease program of Public Health, we ran a series of television ads and billboards around the county identifying the problem of Chlamydia/STD's and the need for persons at risk (under age 25) to be tested and treated.*
 - b. *Through our Facebook page and school programming, we promoted abstinence as the best prevention with risk reduction measures taught. In 2015 we reached 38,850 contacts with our Family Planning Facebook page, up from 4,487 in 2014.*

c. *Our Health Educator provided comprehensive outreach and education:*

	2014	2015
Family Education	62	68
Community Education Programs	740	668
Community Outreach Activities	1,686	1,973
School Education (11 schools)	1,111	1,635

Goals for 2016:

1. Work collaboratively with the community, providers, educators and young people at risk to decrease the growing problem of communicable diseases/STDs with our focus on Chlamydia and gonorrhea.
2. Receive \$25,000 in meaningful use funds for MU stage 2, year 1.
3. Enroll in the Health Information Xchange of New York (HIXNY), the regional health information organization, to improve efficiency of care and management for our patients.
4. Participate in the Delivery Service Reform Incentive Payment (DSRIP) process by actively engaging in selected projects with the goal of reducing Medicaid costs and improving health outcomes for our patients.
5. Respond to the threat of Zika by educating our patients of the associated risks and how to reduce them by having a reproductive life plan.
6. Successfully apply for and procure the competitive Family Planning grant for 2017-2021.
7. Fully initiate and implement an HIV pre-exposure prophylaxis program for high risk individuals to align with the NYSDOH goals of reducing new cases of HIV to zero by 2020.
8. Health educator goals: increase the awareness and utilization of RAPP mentors in their schools and community through marketing and outreach. Students will be used a resource by guidance and administration to give accurate confidential information to fellow students.
9. Continue to participate in community partnerships with the Prevention Awareness Solutions (PAS) coalition, Cancer Services Program, Reach Center, Hope House, Twin County Recovery Services, Greene County Mental Health, Greene County Human Services, Mobile Crisis Assessment Team, Community Action of Greene County, Columbia Greene Community College and High School administration and staff from all six school districts.

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

Respectfully submitted,

Laura Churchill, MS, FNP-BC
Deputy Director of Public Health / Director of Clinical Services

COMMUNICABLE DISEASE CONTROL

Diagnostic & Treatment Center (DTC):

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 over 790 blood lead levels through Lead Web from health care providers of Greene County children. Staff sent 372 reminder letters to parents of children who had not been lead tested, as required by law, to contact their health care provider for this test. In 2015, we had 1 child with a lead level above 15 µg/dl in the county, requiring case management by Public Health Nurses and Environmental staff.
- GCPHD continues our 5-9 lead initiative, providing parents with lead prevention information via phone and mail if their child has a lead level between 5µg/dl-9µg/dl. Data is still being collected on the one and two year olds but it appears that the program is resulting in lower lead levels by the 2 year old lead test. In 2015, 24 families benefited from our 5-9 initiative this year.

Immunization:

- Clinic numbers for childhood vaccines remained low in 2015. GCPHD can only vaccinate those children who are uninsured or underinsured, as well as any child who is covered by a managed Medicaid company. 64 children were seen at immunization clinics, for a total of 122 vaccines.
- GCPHD offers the following adult immunizations: Influenza, Pneumococcal, Shingles, Tdap, Hepatitis A and Hepatitis B. 167 adults were seen at our immunization clinics, for a total of 176 vaccines.
- GCPHD provided 8 off site Influenza clinics throughout the county; 216 doses of vaccines were given at these sites.
- Administrative fees continue to be collected and billed successfully to the managed care companies for children and on all adult vaccines providing additional revenue.
- Fees for immunizations are adjusted annually, reflecting the changing cost of vaccines.

Communicable Disease (C/D):

- NYS has over 75 state reportable diseases that require Local Health Departments (LHD) to investigate and provide supporting documentation from providers to NYSDOH. C/D staff processed over 2033 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 2014 to February 2015.
- Rabies: Human rabies post exposure treatment was given to 18 county residents this year.
- Lyme: Lyme disease is still endemic in our region, so much so that a Sentinel Surveillance system is in place. This means that only 20% of the positive labs are being reported to the LHD. When 100% reporting was the norm, the LHD was flooded with positive tests, requiring staff to investigate symptomology and treatment and report to the NYSDOH through the Health Commerce System (HCS), exceeding staff capacity. For 2015, GCPHD investigated 286 positive Lyme reports, reflecting 20% of positive Lyme tests in Greene County.
- Ebola: In 2014 the Ebola virus disease (EVD) epidemic was the largest in history, affecting multiple countries in West Africa and continued into 2015. Two imported cases, including one death and two locally acquired cases in healthcare workers, were reported in the US. The Centers for Disease Control (CDC) and its partners were taking precautions to prevent additional Ebola cases in the US. CDC began working with other US government agencies, the World Health Organization (WHO), and other domestic and international partners to initiate a global plan to reduce the spread of this disease. This initiative led to mandated intense EVD planning which was ordered by the NYSDOH Commissioner. The DTC worked in conjunction with Emergency Preparedness staff, as well as senior staff, to initiate awareness and preparedness at the local public health level. All NYS LHD's had to adhere to the Commissioner's order regarding screening people for travel to EVD affected areas upon arrival to the Department, monitoring

affected EVD travelers returning to our county, and completing monthly scenario drills including donning/ doffing of specified personal protective equipment (PPE). As the outbreak started to decline abroad, due to intense screening and surveillance, the WHO declared the West African countries were free of EVD transmission. The CDC and NYSDOH Commissioner modified the intense EVD screening at patient registration, effective 12/18/15, to only those that may present as acutely ill. In person training for covered personnel was reduced from monthly to once per year. Emerging Infections continue to be monitored.

GOALS accomplished in 2015:

1. Electronic Medical Records (EMR):

Medent was introduced in 2013 for scheduling and billing insurance only. In August of 2014, its use was expanded to documenting immunizations. As of 2015, all charting is done electronically through Medent.

2. Performance Incentive for Communicable Disease:

All LHDs in New York were evaluated by NYSDOH regarding the timeliness and completeness of communicable disease reporting, meeting CDC case definitions. Reporting was tracked by NYSDOH via the secure Health Commerce System. Greene County was successful again with this initiative and was awarded \$13,000, which was used for STD outreach (billboards throughout the county), STD testing costs, and it assisted with the purchase of an encrypted copier for Family Planning.

3. NY State of Health:

The Columbia Greene Healthcare Consortium provided a Navigator once a week in our health department to assist uninsured Greene County residents to apply for health insurance as part of the Affordable Care Act. In addition a member of the Public Health staff is certified to assist residents as needed.

4. Outreach:

DTC staff did outreach and education on a variety of topics with providers, court mandated parenting class participants, persons in recovery, domestic violence survivors and those suffering from mental health issues. This outreach was expanded due to the lack of a public health educator.

5. Cost saving measures:

With the DTC fully electronic, paper costs are reduced, sharing of chart information is instantaneous between staff, making their time more efficient; this uses grant funding effectively, decreasing the County costs.

GOAL pending from 2015:

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

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

Goals for 2016:

- Explore services that can be provided to “hidden” population, i.e. horse farmers, nursery workers, landscaping workers.
- Continue to assist County residents to get health insurance from the Marketplace via the Navigators.
- To successfully meet the 90% reporting goal for the 2015 STD Performance Incentive Initiative.
- Hiring of a Per Diem RN to replace our retired Per Diem Nurse.

Respectfully submitted,

Kerry Miller, RN
Supervising Community Health Nurse

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

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

The first kiosk pickups began in June 2011 from 4 sites with delivery to alternating nursing homes, Kaaterskill Care and The Pines, for disposal. Kelly’s Pharmacy in Greenville was added in January 2012. Hannaford Supermarket and Pharmacy became our 6th location, and second in Cairo, in August 2014. September 2015 marked the installation of the latest collection site, Hunter Ambulance in Tannersville

This makes two locations on the mountaintop and seven in total:

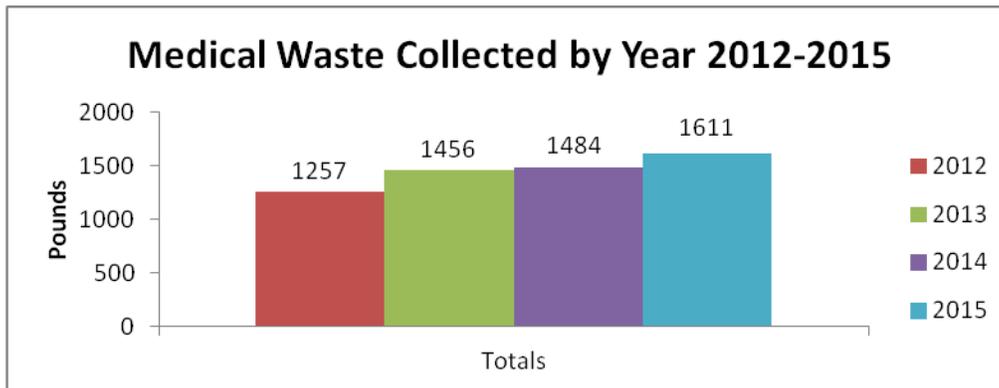
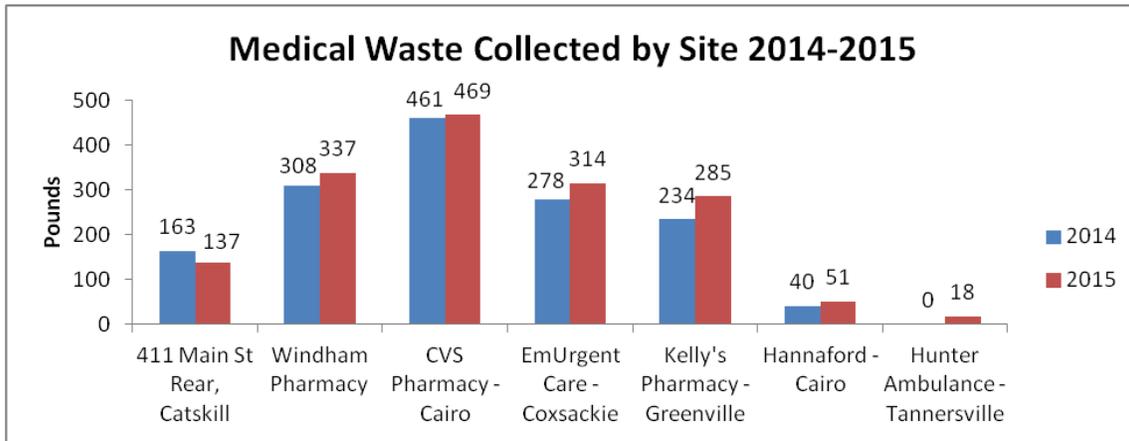
1. **Greene County Office Building** – 411 Main St Rear (Water Street Side), Catskill
2. **Windham Pharmacy** – 68 Route 296, Windham
3. **CVS Pharmacy** – Routes 23 & 32, Cairo
4. **EmUrgent Care Coxsackie** – 11835 Route 9W, Coxsackie
5. **Kelly’s Pharmacy** – 4852 Route 81, Greenville
6. **Hannaford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

Statistics:

In 2015, a total of 177 containers with a total weight of 1611 pounds were collected and delivered to nursing homes for disposal, an increase of 127 pounds from 2014 (1484 pounds). The Pines took 678 pounds while Kaaterskill Care accepted 725 pounds.

Kiosk Sites													
Pounds of Waste Collected per Site													
Kiosk Sites	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals per Site
411 Main St Rear, Catskill	0	23	0	0	50	0	0	19	23	0	22	0	137
Windham Pharmacy **	0	25 18	16	42	34	35	35	0	28 32	42	0	30	337
CVS Pharmacy – Cairo **	28	31 10	24	39	40	56	48	0	61 40	44	27	21	469
EmUrgent Care - Coxsackie	22	11	22	27	28	42	22	0	40	47	27	26	314
Kelly’s Pharmacy - Greenville	10	23	22	25	44	26	0	45	36	28	0	26	285
Hannaford Supermarket – Cairo	0	8	0	0	8	0	6	0	0	0	12	17	51
Hunter Ambulance – Tannersville	n/a	7	0	0	11	0	0	0	0	0	0	0	18
Monthly Totals for 2015	60	156	84	133	215	159	111	64	260	161	88	120	1611
2014 Monthly Totals:	116	44	197	143	115	56	164	163	107	142	49	188	1484

** Windham Pharmacy and CVS had multiple pickups in February and September.



Kiosk Outreach and Education:

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

Respectfully Submitted,

Jennifer Passero
Secretary to the Director

**COMMUNITY HEALTH ASSESSMENT /
CHRONIC DISEASE PREVENTION**

Public Health Education

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 2013-2017.

New requirements for the 2013-2017 CHA include partnership with the local hospital on their Community Services Plan, as well as with the Columbia County Department of Health. CHIP efforts are required to align with 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 the task of improving local health parameters in specific and measurable ways, in collaboration with local agencies, organizations and stakeholders. The New York State Prevention Agenda goals are: Prevent Chronic Diseases; Promote a Healthy and Safe Environment; Promote Healthy Women, Infants and Children; Promote Mental Health and Prevent Substance Abuse; and Prevent HIV, Sexually-Transmitted Diseases, Vaccine preventable Diseases, and Healthcare-Associated Infections.

The Interim Director serves on multiple committees in collaboration with community agencies and organizations and coordinates the Mobilizing for Action through Planning and Partnership (MAPP) Committee 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.

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

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

Public Health became a participant in the Albany Medical Center performing provider system in 2014. The Interim and Deputy Directors both sit on the Project Advisory Committee and the Interim Director sits on the Workforce Development Committee.

Goals for 2016 will include continued committee participation, and possible participation in one or more of the 11 DSRIP projects.

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.

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. Through the MAPP Committee, Public Health takes a lead role in planning and initiating a 4 year collaborative project which demonstrates health improvement within a specified area.

The MAPP committee chose the broad areas for 2013-2017:

- 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, with program initiation and follow-through continuing through 2014 and 2015. Program details were reported to the NYSDOH in 2014 and 2015 in compliance with reporting requirements. Particular strengths include partner collaboration in the areas of programming, reporting and participation.

During 2015, NYSDOH made the decision to change the 2013-2017 timeframe for the current CHA/CHIP cycle, to coincide with the Hospital's Community Services Plan. The next CHA/CHIP will be due in December of 2016. The MAPP Committee will be responsible for a comprehensive review of all of the Prevention Agenda areas, and the selection of focus areas, goals and projects for the new 2016-2018 cycle. The MAPP Committee is now actively engaged in data review and on schedule for the new reporting cycle.

All goals related to the CHA, CHIP and MAPP Committee were met for 2015.

Goals for 2015:

1. **CHA:** Revision and update as requested by the NYSDOH upon completion of their review.
The current plan, as well as all updates and reporting has been approved.
2. **CHIP:** Goals as determined by the MAPP committee include programs to address obesity in Greene County 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:** The MAPP requirements for 2015 include ongoing review of programs and data and a plan for the transition to the new 2016-2018 CHA-CHIP schedule.
The MAPP committee has fulfilled all meeting and reporting requirements and has begun data review for Columbia and Greene Counties as required for the new planning cycle.

Goals for 2016:

- Review of health data for Greene County, and presentation to the MAPP committee for prioritization, and establishment of goals and projects for the 2016 CHIP.
- Collaboration with the Healthy Capital District Initiative, the Public Health Improvement Plan provider for Greene County on data collection and review.
- Creation of the Community Health Assessment and Community Health Improvement Plan for Greene County in collaboration with Columbia Memorial Health, the Columbia County Department of Health and the MAPP Committee, in compliance with NYSDOH regulations.

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

The “Go Greene for Wellness” Committee supports the NYSDOH Prevention Agenda initiatives. In partnership with Blue Shield of Northeastern New York (BSNENY) and the Rural Health Network's Healthy Weight Initiative (HWI), Greene County continues to offer a wellness program for employees and families. The “Go Greene for Wellness” employee wellness initiative includes: fitness and yoga classes; health and wellness seminars including healthy nutrition, healthy sleep and stress reduction; and participation in HWI's community-wide health initiatives such as the “Biggest Loser Contest” and “GreeneWalks”.

The Committee includes representatives from the Greene County Public Health Department, Greene County Human Resources, the Greene County Administrator, BSNENY, and the HWI. The Committee is dedicated to promoting the health and wellbeing of the Greene County workforce, through coordinated educational and wellness opportunities.

Goals for 2015:

1. Completion of an interest survey to capture employee health related interests and health concerns:

This goal was accomplished in the 1st quarter of 2015 with 119 surveys completed compared to 47 participants in the last survey.

- *Areas of interest were used to guide program planning for 2015. These include:*
 - *Physical activity*
 - *Weight management*
 - *Nutrition education*
 - *Stress management*
- *New programs Greene County for 2015 include:*
 - *Maintain Don't Gain – A healthy weight and nutrition program to give employees the tools and knowledge to go from Thanksgiving to New Years without gaining weight.*
 - *More Exercise, Fewer Meds*

2. Continued development of the employee wellness program to reflect changing interests, information and opportunities:

- *The wellness program has been progressing steadily. Participation for 2014 was 254. Worksite Wellness contacts for 2015 were 287, a 13% increase over 2014.*

Goals for 2016:

- Healthy vending machine options (this project is in progress).
- Continued progress in the areas of healthy nutrition and exercise, weight management and stress management.

Respectfully submitted,

Kimberly Kaplan, MA, RN
Interim Director of Public Health

Social Media Outreach:

As part of the Education and Community Engagement goal from the Strategic Planning process in 2014, the Social Networking Group was formed. Their focus is on providing information from all branches of the department to increase community understanding of what Public Health is and what we do, from promotion of services to updates on current health topics (i.e. Zika).

Social Media Outreach Comparison for 2014 and 2015:

Facebook – Public Health

www.facebook.com/GreeneNYHealth

	2014	2015
Likes (individual users)	108	169
Total Reach (# people who have seen any content of page)	10,071	12,672

	2014	2015
Likes (individual users)	59	137
Total Reach (# people who have seen any content of page)	4,487	38,850*

*The 2015 total reach includes 5,343 organic reach (posted by FP) plus 33,507 paid reach (reach through paid advertising)

	2014	2015
Impressions (the delivery of a tweet to an individual’s feed)	17,203	16,271

*Twitter posts are for both Family Planning and Public Health

Respectfully Submitted,
 Jennifer Passero
 Secretary to the Director

Community Health Education:

By providing education and outreach to communities, Public Health is addressing chronic disease epidemics as well as support educational requirements outlined in the New York State Prevention Agenda and other programs. Beginning in June 2015, the position of Public Health Emergency Preparedness and Outreach Coordinator (PHEP & OC) was filled to enhance the outreach capabilities of the department by including both emergency and non-emergency information vital to maintaining good health and safety of communities. Prior to the position being filled, the department collaborated to provide education and outreach support. Various members of Greene County Public Health, each representing a different branch within Public Health under the coordination of the PHEP & OC and respective supervisors, continue to provide education and support on the services that are provided within the department as well as topics including:

- ✓ Tick borne illnesses
- ✓ Communicable disease
- ✓ Vaccine recommendations for all life stages
- ✓ Lead poisoning and safety
- ✓ Emergency preparedness
- ✓ Asthma
- ✓ Cancer
- ✓ Heart disease
- ✓ Hypertension
- ✓ Arthritis
- ✓ Cholesterol
- ✓ Healthy weight and nutrition
- ✓ Diabetes
- ✓ Injury prevention
- ✓ Project Needle Smart
- ✓ Prevention activities
- ✓ Influenza
- ✓ Rabies
- ✓ Mental Health and Substance Abuse
- ✓ Smoking Cessation

Health and safety educational materials are distributed through area public gathering spaces such as stores, libraries, schools and municipalities. Representatives from Public Health branches are present to answer questions at the following health fairs, meetings and public events:

Health Fairs: Cairo-Durham High School health classes, Catskill Health Fair, COARC Health Fair at Columbia Greene Community College, Greene Correctional Facility in Coxsackie, Greene County Employee Health Fair; MLK Health Fair at Catskill Senior Center; Rural Health Network Health Fair; and Windham-Ashland-Jewett Schools;

Meetings: Aging Advisory Committee, Bloodborne Pathogens Committee, Medical Professional Advisory Committee (MPAC), Mental Health Subcommittee, Mobilization for Action through Planning and Partnership (MAPP) Committee, Rural Health Network, Prescription Drug Abuse Task Force-Prevention Committee, P.A.S. (Prevention Awareness Solutions)-It-On Coalition, Public Health Educators Committee, Public Health Leadership Committee, Out of Darkness Committee, Substance Abuse Task Force at Columbia Memorial Hospital, Senior Staff Meeting and Worksite Wellness.

Events: Bloodborne Pathogens Training; Breastfeeding event; Columbia Greene Community College (CGCC) tabling events; DARE Day; Greene County Networking; Interagency Awareness Day; Greene County Youth Fair; Lyme disease presentation at CGCC; "Out of Darkness" Suicide Walk; Parents Partners & Pancakes at Catskill Schools; Rabies Clinics; Senior Day at Catskill Point; SPROUTS and Women, Infants & Children (WIC) clinics in Catskill, Coxsackie and Windham,

Total outreach for 2015 was 3116, compared to 1075 in 2014.

Goals for 2015:

- 1. Maintenance of outreach activity and targeted collaboration, with an increase in the realms of physical activity, nutrition and mental health to further prevention agenda goals.**
This goal is ongoing.
- 2. Increased expansion of Social Media usage to efficiently enhance outreach and to expand the reach of our message.**
This goal is ongoing but experienced considerable progress with the utilization of outside support promoting social media posts as well as the video informational campaigns that play during commercial spots on YouTube and other media outlets.
- 3. Enhance outreach in the areas of Emergency Preparedness as well as Public Health branches and topics.**
This goal is ongoing. The Emergency Preparedness and Outreach Coordinator joined the department in June of 2015 and has incorporated both realms into future outreach activities focused on school-age children.

Goals for 2016:

- Continue to provide outreach and educational support to community members, with a focus on health disparity among at-risk populations.
- Help communities maintain good health, prevent disease, and secure treatment for chronic and treatable illnesses.
- Expand Social Media presence and promotional videos/commercials to enhance our outreach capabilities and broaden our audience.

Respectfully Submitted,

Alyssa L. Benjamin, MA

Emergency Preparedness and Outreach Coordinator

ENVIRONMENTAL HEALTH

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

Greene County		2015			2014		
Program Type	# Current operations 3/30/2016	# Operations in 2015	# Inspections in 2015	# Complaints in 2015	# Operations in 2014	# Inspections in 2014	# Complaints in 2014
Agricultural Fairs	1	1	2	0	1	1	0
ATUPA/Smoking/CIAA	74	N/A	98	1	N/A	99	0
Bathing Beach	7	7	8	0	6	9	0
Campground	13	13	14	0	14	17	0
Childrens Camps	21	20	54	3	22	69	0
Public Water Supply	262	N/A	223	2	N/A	212	5
Food Service Establishment	297	310	431	15	324	398	6
Institutional food	21	21	34	0	21	32	1
Mass Gathering	2	3	12	0	3	6	0
Migrant Farmworker Housing	1	1	3	0	2	4	0
Mobile Food Service	31	33	32	1	41	40	0
Mobile Home Park	15	16	9	2	15	10	0
Non-public Water Supplies	0				N/A	0	0
On site Sewage Treatment	430	N/A	1	0	N/A	2	0
SOFA-Office of Aging Food	5	5	6	0	5	6	0
Spraygrounds	1	1	1	0	1	1	0
Summer feeding	7	7	6	0	4	4	0
Swimming Pool	136	138	189	1	137	184	0
Tanning	6	10	9	0	9	0	0
Temporary Foods	N/A	220	99	0	195	91	0
Temporary Residence	116	116	190	10	124	186	10
Realty Subdivision-NYC Watershed	2	0	0	0			
Realty Subdivisions	20	0	0	0			
State Agency Licensed Facilities	4	0	1	0			
Environmental Lead	6	0	0	0			
Total	1545	922	1422	35	924	1371	22

Respectfully submitted,
 Audrey V. Lewis
 Oneonta District Director

EMERGENCY PREPAREDNESS AND RESPONSE

Public Health Emergency Preparedness and Outreach

Greene County Public Health continues to receive annual funding through the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) grant, providing both financial support and organizational structure. Conditions of the grant include successful completion and submission of outlined deliverables, attending mandatory meetings, and participating in identified trainings. The funding for the 2015-2016 year totals \$52,096, matching the program funding of the 2014-2015 grant year.

The position was vacated in February of 2015 and reformed to meet the increasing needs of the department for outreach to the public and other agencies. The position is now titled "Public Health Emergency Preparedness and Outreach Coordinator." The position was filled in June of 2015 under this new title.

2015 Public Health Emergency Preparedness and Outreach Accomplishments & Highlights

- **Ebola**: Beginning in 2014, the Ebola crisis spread quickly throughout neighboring countries in Western Africa. Travelers returning to their home countries from these areas resulted in cases being distributed throughout the world, including the United States. Subsequently, two healthcare workers contracted the virus after providing care for an Ebola patient within their facility. The CDC, partnered with the World Health Organization (WHO) and other government agencies at all levels, outlined a course for preventing the spread within the U.S. and beyond. In 2015, these efforts were continued in the form of monthly "donning and doffing" drills where health department employees would practice dressing themselves in the appropriate protective equipment for addressing Ebola-related monitoring activity. Other drills included reception staff correctly identifying patients considered at risk for Ebola by inquiring about travel history and properly isolating suspect patients. Public Health received funding to facilitate these efforts, as well as planning with local partners for the monitoring, transport and follow-up of potential suspect Ebola patients. Ebola-related deliverables continue to be fulfilled by the department.
- **GreeneNY Medical Reserve Corps**: Beginning in 2014, the MRC program now boasts a total of 86 participants, including those cross-registered through ServNY. In 2015, MRC participants were contacted to assist in a health department exercise but had limited participation due to conflicting work schedules at the time of the exercise. Two MRC volunteers successfully assembled and participated in the exercise. The MRC will continue to be utilized to prepare for and respond to emergencies as well as participate in exercises and other health department related activities. In December of 2015, a Technical Assessment was completed to determine the strengths and weaknesses of the program. The MRC program is found to be progressing but lacks a stable training and retention program which is currently being addressed.
- **L-5 POD Exercise**: A Point of Dispensing (POD) is one of the various ways that the health department would respond in the event of a bioterrorist event or widespread illness outbreak requiring intervention. Through a POD, mass countermeasures (MCM) would be distributed to the residents of Greene County affected by the event at predetermined locations. Due to the complex nature of planning for the event, complex equipment demands and the need for personnel, the health department partnered with many local agencies to provide support. These included the Catskill School District, Catskill Police, Sheriff's Office, New York State Police, Catskill Ambulance and various Greene County Departments who provided staff and evaluators. It was found during the planning phase for this exercise that the health department does not have an adequate amount of laptops which are required to operate the Clinical Data Management System (CDMS) necessary to the operation. Laptops were loaned to the health

department for the exercise from the Catskill School District. On September 25th, 2015 the exercise was successfully conducted and completed.

- **Informational Campaigns:** Beginning in 2015, Emergency Preparedness and Outreach partnered with News10 to provide 15 second informational video spots which would play during normally scheduled commercial spots on YouTube, online news videos, and other online media sources. These videos are displayed to Greene County residents only, and may be contracted or expanded based on zip code. The first video developed provided information following the POD exercise on the capabilities of the health department to respond to bioterrorism. The second video released provided information on Ebola and noted that the health department was involved in addressing the issue. We will continue to develop and release these videos as part of our outreach, focusing on various health-related topics periodically. News10 maintains the ability, if presented with the appropriate material, to release videos in the event of an emergency to a targeted audience in a timely manner. This presents tremendous benefits to the health department to be able to reach a larger audience.
- Conducted CDMS staff trainings to increase familiarity with the system should the department need to use it for a real-life event.
- Continued collaboration with Emergency Services to assist in administering WebEOC and further develop the program to meet Greene County's needs.
- Participate as an active member of the Greene County EMS Council and the Local Emergency Preparedness Committee (LEPC).
- Participate along with staff in monthly webinars, meetings and trainings in compliance with PHEP deliverables.
- Engage the community during outreach events such as the Youth Fair, SPROUTS, and National Night Out on emergency preparedness and health-related topics.
- Facilitated meetings between the health department and Greene County Sheriff's Office, Buildings and Grounds, as well as the IT Department to address safety and security concerns of staff and visitors.

Goals for 2015:

1. **Meet the global outreach and education needs of Public Health for all branches as well as the requirements of the Prevention Agenda, including obesity and access to health services:**
This goal is ongoing. Outreach activities continue to be a collaborative effort between Public Health and Family Planning to meet the objectives of the differing branches.
2. **Continued compliance with the grant deliverables for both Public Health preparedness and Ebola response:**
This goal is ongoing. Deliverables are associated with grant years which overlap the calendar year. To date, all deliverables associated with BP3 and the first and second quarters of BP4 have been completed and submitted to NYSDOH.
3. **Conduct a Closed Point of Dispensing (POD) mass vaccination drill.**
This goal was met in the form of the L-5 deliverable in September 2015.

Goals for 2016:

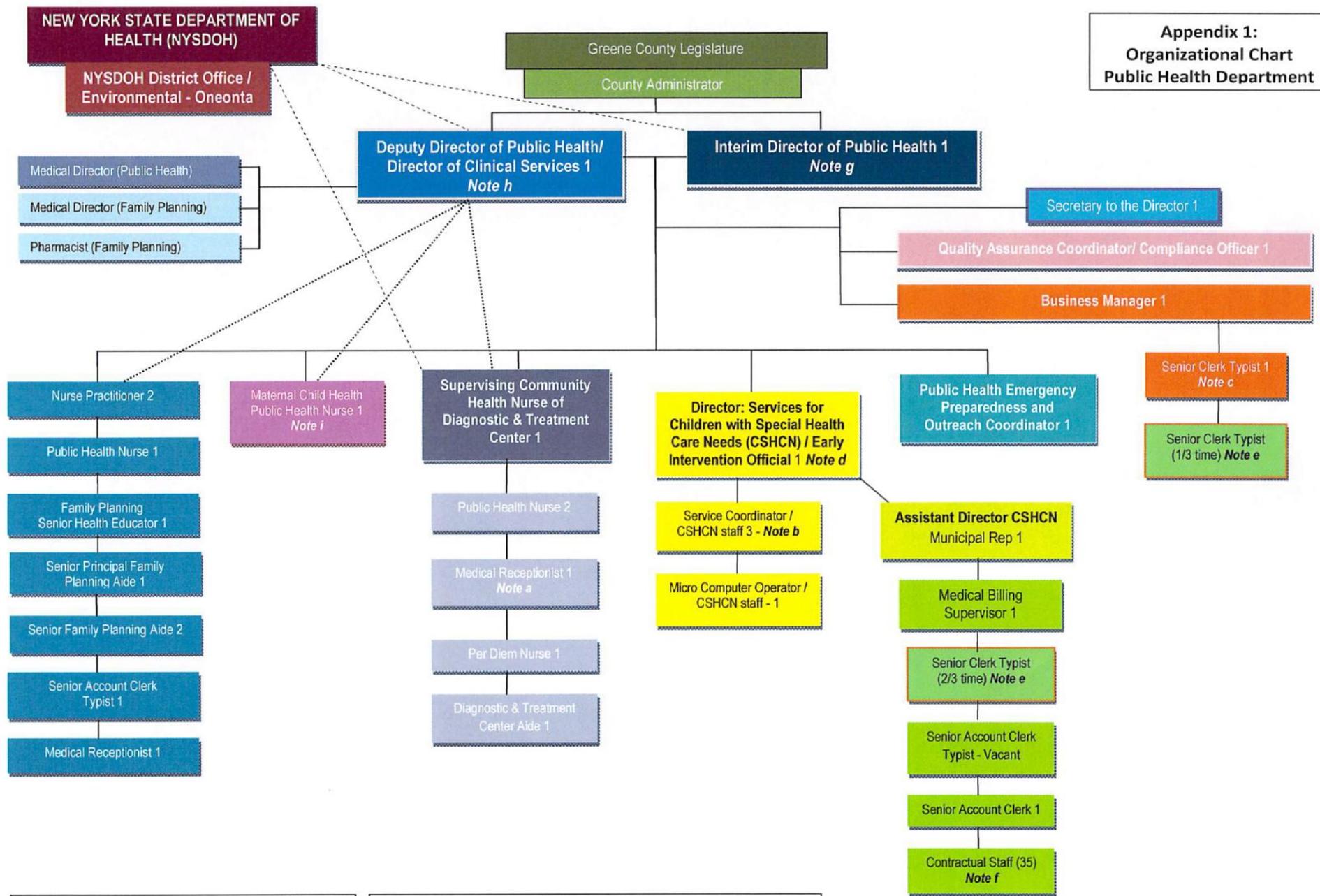
- Continue to develop the MRC program, recruit and retain volunteers through formalized training programs provided through a partnership with the American Red Cross.

- Increase outreach presence in communities through updated educational materials, public sessions and diverse media.
- Plan and conduct drills and exercises consistent with the needs of the health department and local partners.
- Continue to provide training to staff related to work activities that may be encountered during emergency situations.
- Develop and maintain a response ready binder, in conjunction with Continuity of Operations Planning (COOP), containing needed information for the department to continue functioning utilizing an all-hazards approach as well as loss of computer systems due to intentional disabling of equipment by hijacking.

Respectfully submitted,

Alyssa L. Benjamin, MA
Emergency Preparedness and Outreach Coordinator

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



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

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