CLINTON COUNTY

Community Health Improvement Plan
Collected and organized by the Clinton County Health Department

Our mission is to improve and protect the health, well-being and environment of the people of Clinton County.

Focusing on a

Healthier Community

2015 CHIP Progress Update and
2016 CHIP
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2015 CHIP Progress Update</strong></td>
<td></td>
</tr>
<tr>
<td>2015/2016 Clinton County CHIP Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>Community Engagement</td>
<td>4</td>
</tr>
<tr>
<td>Spectrum of Prevention</td>
<td>5 - 6</td>
</tr>
<tr>
<td><strong>2015 CHIP Progress Update (Narrative)</strong></td>
<td></td>
</tr>
<tr>
<td>Priority 1: Promote Mental Health and Prevent Substance Abuse</td>
<td>7 - 9</td>
</tr>
<tr>
<td>Priority 2: Promote a Healthy and Safe Environment</td>
<td>9 - 11</td>
</tr>
<tr>
<td><strong>2015 CHIP Progress Update (Work Plans)</strong></td>
<td></td>
</tr>
<tr>
<td>Priority 1: Promote Mental Health and Prevent Substance Abuse</td>
<td>12 - 14</td>
</tr>
<tr>
<td>Priority 2: Promote a Healthy and Safe Environment</td>
<td>15 - 17</td>
</tr>
<tr>
<td><strong>2016 CHIP</strong></td>
<td></td>
</tr>
<tr>
<td>2016 CHIP Overview</td>
<td>20</td>
</tr>
<tr>
<td><strong>2016 CHIP Priority Area Narrative</strong></td>
<td></td>
</tr>
<tr>
<td>Priority 1: Promote Mental Health and Prevent Substance Abuse</td>
<td>21 - 22</td>
</tr>
<tr>
<td>Priority 2: Promote a Healthy and Safe Environment</td>
<td>22 - 23</td>
</tr>
<tr>
<td><strong>2016 CHIP Progress Update (Work Plans)</strong></td>
<td></td>
</tr>
<tr>
<td>Priority 1: Promote Mental Health and Prevent Substance Abuse</td>
<td>24 - 26</td>
</tr>
<tr>
<td>Priority 2: Promote a Healthy and Safe Environment</td>
<td>27 - 29</td>
</tr>
<tr>
<td>Distribution Plan</td>
<td>30</td>
</tr>
<tr>
<td>Community Assets and Resources</td>
<td>31</td>
</tr>
<tr>
<td>Community Partners</td>
<td>32</td>
</tr>
<tr>
<td>10 Essential Public Health Services</td>
<td>33</td>
</tr>
<tr>
<td>Acronyms Listing</td>
<td>34</td>
</tr>
<tr>
<td>Resources and References</td>
<td>35</td>
</tr>
</tbody>
</table>
2015/ 2016 Clinton County CHIP Executive Summary

Year two is in the books! 2015 marked the second year of our current Community Health Improvement Plan (CHIP). The year’s work plan built on the successes and progress realized in 2014 related to the two New York State Department of Health (NYSDOH) Prevention Agenda areas selected by the community in 2013:

**Promote Mental Health and Prevent Substance Abuse**

**CHIP Focus Area:** Strengthen Infrastructure Across Systems

**Promote a Healthy and Safe Environment**

**CHIP Focus Area:** Built Environment

The Mental, Emotional, and Behavioral (MEB) Health Subcommittee focused their collective efforts on strengthening local systems to prevent and treat mental, emotional and behavioral health issues through data sharing, system development, and training. The Built Environment Subcommittee continued activities to best understand exercise habits of residents and develop strategies and infrastructure that increase access to local opportunities for health for all residents.

Early in the year, the Clinton County Health Department (CCHD) received official notification from the Public Health Accreditation Board (PHAB) of their national accreditation. The recognition represented the culmination of many years of work, organization and evaluation among the staff of the CCHD, past and present. It also speaks to the effectiveness of the inclusive, collaborative health planning and activity processes that have emerged among local partners. National accreditation positions the CCHD and the community to be more competitive in pursuing funding opportunities relating to population health improvement activities. Since receiving the PHAB nod, three additional grants have been awarded to expand and enhance CHIP efforts. In addition, the New York State Health Foundation (NYSHF) has financially supported training opportunities to strengthen collaborative work. The Foundation is also including Clinton County in a long-term, comprehensive evaluation venture to determine qualities of effective partnerships aimed at eliminating health disparities on the community level.

The 2016 CHIP work plan acknowledges the progress made in both of the identified priority areas with shifts in objectives and planned activities to move the community closer to its long term goals. By direction of the NYSDOH, the Community Health Assessment (CHA)/CHIP process will begin again in 2016 to align hospital community services plans to local health improvement plans. This elevates the significance of the work that will be done in the year ahead as priority areas may change based on community health assessment findings and identified needs.
The accomplishments featured in the CHIP only scratch the surface in recognizing local health improvement efforts and the dedicated partners who contribute time, energy, ideas, resources, support and people power to bring about positive change in our community. As we prepare for the year ahead and get set to take on the CHA/CHIP process again, it is reassuring to have a broad, diverse, and responsive group of partners behind this work. Notable gratitude is extended to all members of the Action for Health (AFH) Consortium, who serve as a sounding board and are tireless advocates for CHIP work throughout the year. In addition, special acknowledgement is given to the non-traditional partners and new stakeholders who have joined us in the past year, contributing to our efforts. These include local business owners, educators, and students of all specialties that have stepped out of their comfort zones and have allowed us to move faster and get closer to our long term visions for community health.

2015 Community Engagement Summary

Representing the accomplishments of the first year of the current CHIP, the 2014 CHIP Summary and 2015 CHIP were shared widely with community stakeholders. In all, over thirty local agencies/organizations, eight school districts, and sixteen towns and villages were directly notified of the document’s availability in print or electronic format and its presence on the Clinton County Health Department’s website. According to the distribution records, 22 local agency partners shared their intent for using the CHIP document reporting the following:

- 64% Strategic planning
- 60% Staff education/development
- 36% Data resource to be used when seeking external funding
- 27% Share with an organizational/agency oversight group

The AFH Consortium continues to be the primary group consistently focused on the community engagement implementation process for the CHIP. The group’s membership grew in 2015 welcoming new partners with food environment expertise and academia. The AFH Consortium convened six times in 2015. Meeting time was devoted to CHIP focus area updates, ongoing review of next steps for meeting identified goals and objectives, engagement with other members of the local public health system and capturing other health related improvement strategies not specifically written into the current CHIP but significant to local population health.

In addition to formal AFH meetings, the group supports and contributes to two Action for Health “inserts” distributed through the Press Republican. Reach for the biannual inserts exceeds 18,000 households within Clinton County. It is an opportunity to feature local work by all partners and inform the community of collective health improvement efforts. In addition, 18% of partners planned to make a direct link to the CHIP on the CCHD webpage, increasing awareness and access to the document for the community at large.
## Spectrum of Prevention

Throughout the development of each annual CHIP, the *Spectrum of Prevention* has provided a framework to evaluate and sort the activities of local public health system partners. While each level appears familiar, they are presented as a spectrum to inspire the perception that health prevention includes a range of activities rather than merely education about healthy behaviors. Each level of the *Spectrum of Prevention* complements the others, and efforts have been proven to be more effective when focus is placed on all levels. No level is considered more important than another and the potential to impact larger numbers of people increases as work focuses higher on the spectrum.

<table>
<thead>
<tr>
<th>Influencing Policy and Legislation</th>
<th>Changes in local, state and federal laws have potential for achieving the broadest impact across a community. Effective formal and informal policies lead to widespread behavior change and ultimately a change in social norms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing Organizational Practices</td>
<td>Changes in internal regulations and norms allow an organization to affect the health and safety of its members and the greater community.</td>
</tr>
<tr>
<td>Fostering Coalitions and Networks</td>
<td>Coalitions and expanded partnerships are vital to public health movements and can be powerful advocates for legislative and organizational change. From grassroots partners to governmental coalitions, all have the potential to develop a comprehensive strategy for prevention.</td>
</tr>
<tr>
<td>Educating Providers</td>
<td>Providers have the influence within their fields of expertise to transmit information, skills, and motivation to their colleagues, patients and clients. They can become front line advocates for public health encouraging the adoption of healthy behaviors, screening for risks and advocating for policies and legislation.</td>
</tr>
<tr>
<td>Promoting Community Education</td>
<td>Community education goals include reaching the greatest number of people possible with a message, as well as mass media to shape the public’s understanding of health issues.</td>
</tr>
<tr>
<td>Strengthening Individual Knowledge and Skills</td>
<td>This is the classic public health approach and involves nurses, educators and trained community members in working directly with clients in their homes, community settings or clinics in order to promote health.</td>
</tr>
</tbody>
</table>

*Spectrum of Prevention Copyright 2000-2013 Contra Costa Health Services Contra Costa County, California
Spectrum of Prevention, first developed by Larry Cohen, then Director of the Prevention Program on Contra Costa County*
2015 Spectrum of Prevention:
An Illustrative Summary of Community Health Improvement Efforts for Clinton County

Influencing Policy and Legislation
- Complete Streets presentation to Highway Supervisors, May 2015
- Town of Plattsburgh (TOP) hosts two public forums to collect resident input regarding the Local Waterfront Revitalization Plan
- Cumberland Head Corners Health Impact Assessment exercise includes participation from over 20 partners
- CCHD’s Healthy Schools New York (HSNY) final report captures the implementation of 8 comprehensive School Wellness policies
- Plattsburgh Primary Care Pediatrics receives breastfeeding-friendly designation by NYSDOH
- MEB SharePoint data sharing process is incorporated into local guidance

Changing Organizational Practices
- Plattsburgh Primary Care receives the county’s first Breastfeeding Friendly designation from the NYSDOH
- CCHD achieves accreditation from PHAB, Spring 2015
- Screening, Brief Intervention Referral to Treatment (SBIRT) Screening Tool is integrated into University of Vermont Health Network-Champlain Valley Physician’s Hospital (UVHN-CVPH) Emergency Department
- Better Choice Retailer Certification Program is launched, September 2015
- North Country Mobile Integration Team (MIT) is established in Clinton County
- Beekmantown and Plattsburgh School Districts begin offering universal free breakfast and lunch to all students

Fostering Coalitions and Networks
- AFH Consortium convenes 6 times in 2015
- 12 local organizations participate in Clinton County’s 1st Rapid Results 100-Day Challenge
- Healthy Neighborhoods Fund (HNF) Grant partners participate in three learning collaboratives sponsored by the NYSHF
- MEB Subcommittee successfully establishes a shared web portal for data sharing and monitoring among stakeholders
- Food Environment stakeholders meet 3 times in 2015
- CCHD coordinates the 3rd Annual Longest Day of Play with 17 partners hosting over 600 participants

Educating Providers
- Over 160 local professionals participate in the 2015 EXPLORE Psychiatry Conference
- CCHD facilitates first local Certified Lactation Counselor (CLC) training in over a decade; 20 new CLC’s are gained
- EAHCN sponsors participation in the annual Aging Concerns Unite Us and New York State Association of Rural Health Conferences for several local professionals
- 40 local MEB and emergency medicine health professionals are trained in the use of the SBIRT tool

Promoting Community Education
- “Pockets of Play” event promotes local trail usage with residents
- University of Vermont Health Network—Champlain Valley Physician’s Hospital (UVHN—CVPH) Big Latch On event hosts largest number of breastfeeding moms
- “How to Ride the Bus” pamphlet promotes use of Clinton County Public Transit (CCPT) for healthy food access,
- “Step Out For Your Health” at the Champlain Centre Mall (April 11, 2015) offers free heart health screenings
- “Food From the Farm: Eating Local in the North Country” is offered at Plattsburgh City Gym on 3/2/15
- AFH inserts are distributed to 18,000 homes in June and November 2015

Strengthening Individual Knowledge and Skills
- UVHN—CVPH Lactation Clinic opens Nature’s Way Baby Café
- Clinton County Youth Bureau is awarded a SafeKids Worldwide grant to host three sport safety clinics to provide information parents, coaches and young athletes
- Baby-N-Me Expo offers education about health, safety, nutrition and child development to parents and grandparents
- Tick and Mosquito-Borne Disease Outreach Campaign is launched; Healthy Neighborhoods Program incorporates mosquito assessments into home health and safety visits.
2013—2017 Selected NYS Prevention Agenda/Focus Areas

2015 Progress Update

Successful, permanent change for community health improvement occurs over time. The 2015 CHIP provided the “next steps” for interventions based on best and promising practices tested in the selected areas of Promote Mental Health and Prevent Substance Abuse and Promote a Healthy and Safe Environment. The following narrative details the proposed work for each priority area as developed by the AFH Consortium subcommittees responsible for carrying the work forward as proposed in the original 2013-2017 CHIP.

Priority 1: Promote Mental Health and Prevent Substance Abuse

Focus Area 3: Strengthen Infrastructure Across Systems

Overarching Goal: Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017.

1. By December 31, 2015, identify specific roles that different sectors (i.e., governmental and non-governmental) and key initiatives (i.e., Health Reform) have in contributing toward MEB health promotion and MEB disorder prevention in NYS for crisis intervention within the community.

   a. Continue final steps to establish communication and data linkages among specific task force groups (housing development, suicide prevention).
   b. Formalize, through integration, monthly meetings among MEB local providers, to sustain communication and data linkages in MEB provider/system.
   c. Integrate data/communication efforts into Clinton County Mental Hygiene Local Authority Guidance.

Update: Communication and data linkages among targeted groups have been successfully established. An MEB SharePoint was created in the 1st quarter of 2015, and all subcommittee members were assigned access in the 2nd quarter of 2015.

MEB local providers have been meeting consistently to discuss communications and data linkages. Meetings were held on January 15th, March 18th, April 22nd, May 20th, June 9th, August 24th, September 22nd, and October 20th. Two additional meetings are scheduled to be held before December 31st, 2015.

The data sharing process currently made possible through the use of SharePoint portal process has been integrated into the local service plan. This was completed in June of 2015.
2. By December 31, 2015, establish a system to identify indicator data and establish baseline targets for data required to plan and monitor county level strength based efforts that promote MEB health and prevent substance abuse and other MEB disorders.

   a. Complete data system (SharePoint) to track the identified 2014 key MEB indicators.
   b. Pilot SharePoint data system 1st quarter of 2015.
   c. MEB SharePoint fully operation by July 1, 2015.
   d. Assure that all MEB partners are submitting data by May 1, 2015.
   e. Determine additional year-end reports to be placed on SharePoint for ease of access.

   **Update:** The MEB SharePoint was successfully created to assist with tracking the identified 2014 key MEB indicators. One of the participating members, UVHN-CVPH—successfully piloted SharePoint data system in March/April of 2015. Baseline data was uploaded in June of 2015.

   A small delay in data submission/sharing was experienced and addressed with adjustments in how data measures were being shared. Issues related to this delay were resolved in the summer of 2015. Year-end reports to be placed on SharePoint still need to be determined.

   As of May/June of 2015, 100% of MEB subcommittee members had been assigned access and data was successfully being shared among partners. Access assignment will be ongoing, as needed/new members are active on the MEB subcommittee.

3. By December 31, 2017 strengthen training and technical assistance of primary care physicians, MEB health workforce and community leaders in evidence based, including culturally sensitive training, approaches to MEB disorder prevention and mental health promotion.

   a. Maintain MEB training/education opportunity in all Explore conferences.
   b. Identify and determine three best practice MEB medical integration screening tools for pilot in at least two new medical provider practices second quarter of 2015.
   c. Pilot MEB medical integration screening tool in at least two provider practice by 3rd quarter of 2015.
   d. Begin medical integration of screening tool into the two provider practices EMR systems 4th quarter of 2015.
   e. Develop behavioral health curriculum for medicine residency program at CVPH Health Center by July 2015.
   f. Participate in regional Delivery System Reform Incentive Payment Program (DSRIP) process.
   g. Determine best practices for chronic illness and educate behavioral health system providers and local Primary Care Providers (PCP).
**Update:** The 2015 EXPLORE Psychiatry Conference provided an MEB focused training for local professionals. Over 160 professionals attended the event on October 13, 2015. On October 14, 2015, 87 people attended the Community Program titled “You Asked & We Listened: Update on Mental & Substance Abuse Resources, Services & Access—It is Different Now.”

The SBIRT evaluation tool was selected secondary to strong evidence base and ease of use, and full integration of the tool is pending. SBIRT is to be trialed in the UVHN-CVPH Emergency Department, using a plan-do-study-act approach in November of 2015. Presently, two staff members of Champlain Valley Family Center (CVFC) have completed the SBIRT “train the trainer” curriculum and 40 local MEB and emergency medicine professionals have been trained in the use of the SBIRT tool in preparation for 2016 plans.

The behavioral health curriculum for medicine residency program at UVHN-CVPH is still in development. Members of the MEB subcommittee have consistently participated in regional/local DSRIP meetings.

Determination of best practices for chronic illness and education of behavioral health system providers and local PCPs is an ongoing effort.

**Priority 2: Promote a Healthy and Safe Environment**

**Focus Area #3: Built Environment**

**Overarching Goal:** Improve the design and maintenance of the built environment to promote healthy lifestyle, sustainability and adaption to climate change by 2017.

1. Increase the number of CCPT riders from rural communities to local grocery/food stores by 10% by December 2015 (baseline unknown).
   
   a. Finalize baseline information collection in 2014 that includes: analysis, outcomes, recommendations to CCPT and other community partners.
   b. Work with CCPT and fiscal stakeholders on changing current routes that may have immediate impact on increased access to CCPT ridership and food access opportunities.
   c. Determine (based on findings) appropriate best/promising practice for community implementation to increase ridership to food markets for those targeted.
   d. Engage SUNY Plattsburgh Nursing and Marketing students to assist in intervention implementation and strategic plan development.
   E. Determine time schedule for intervention implementation during the first six months of 2015.
   f. Complete phase three survey/ridership assessment to determine change in ridership/food access opportunities.
   g. Complete final data collection analysis and compare to Phase Two data collection outcomes to demonstrate improvement by CCPT riders to local food/grocery store of 10% by December 2015.
**Update:** Baseline information related to CCPT use for food access collected in 2014 has been analyzed. Recommendations were presented to the AFH Consortium by the Built Environment Subcommittee on January 7, 2015. During the meeting, options regarding route changes were discussed however no route changes were attempted in 2015 due to revisions in the transportation system, route reductions and a shortage of drivers. Feedback has been reviewed by the Built Environment Subcommittee to determine appropriate best/promising practices for community implementation to increase ridership to food markets for those targeted. This process is ongoing.

In the Spring of 2015, four Nursing Students from SUNY Plattsburgh were involved in the data collection efforts and the development, implementation and evaluation of a focus group. Survey feedback included indications that residents are in need of more information about how to utilize the CCPT system. Intervention implementation has been ongoing. “How to Ride the Bus: Did You Know?” posters and pamphlets were distributed in June of 2015 as a result of information collected from the focus group.

Completion of Phase 2 data collection and completion of Phase 3 survey/ridership assessment were not completed due to the changes in the transportation system.

2. Promote four townships’ Planning Boards to adopt Complete Streets resolutions in support of NYS 8/11 Complete Streets Law by December 2015.
   
   a. Continue to provide support guidance to municipalities engaged in Complete Streets efforts through resolution development and implementation.
   
   b. Provide Complete Streets guidance and education to current Planning/Town Board (when appropriate) members in an effort to modify/accept Complete Streets concepts in existing development guidance.
   
   c. Maintain contact with town supervisors and highway superintendents of progress made in their retrospective townships.
   
   d. Identify opportunities for four Complete Streets community based presentations to increase awareness of concepts.

**Update:** The second printing of the Clinton County Complete Streets workbook occurred in 2015. Copies were distributed at a Highway Supervisors meeting. Compete Streets Community Questionnaire was created in July of 2015 and disseminated the following month. Responses were received from the Town of Saranac, the Village of Champlain, and Rouses Point. Sixty-six percent of responders were aware of the workbook. No Complete Streets resolutions or policies are in progress at this time.

On May 12th, 2015, a community based presentation of Complete Streets was performed for local Highway Supervisors. There were 20 in attendance representing the communities of AuSable, Black Brook, Peru, Schuyler Falls, Plattsburgh, and Chazy.
3. Increase by 10% the percentage of residents utilizing current available physical activity opportunities by December 2015 (baseline unknown).

   a. Complete data collection using active infrared and one-on-one survey collection for the three identified trails in Clinton County.
   
   b. Identify, develop and conduct public awareness intervention based on best/promising practice to increase use of identified trails based on study outcomes.
   
   c. Continue support of Saranac River Trail Greenway (SRTG) expansion through communication, sharing of data collection (2014), and intervention plans for the trails.
   
   d. Provide data collection and analysis with all appropriate municipalities before and after intervention.
   
   e. Continue work with Foundation of CVPH to finalize local pediatric Healthy Lifestyle Tool use and criteria-based identification of youth/families for physical activity subsidy at local facilities.

**Update:** Baseline collection of data using the active infrared counters and one-on-one surveys was completed. Results were presented at the CCHD meeting on October 28th and presented at the AFH meeting on November 5th.

Public awareness has been increased. The *Go Trails!* online survey was completed in March 2015, with 405 responses received in about three weeks. Cadyville Park trails have been marked and mapping work is underway. Spring 2015 nursing students aided in the creation of a walking group guidance packet and began design work on a map of trails in the greater Plattsburgh area. Fall 2015 nursing students have continued this work and completion is anticipated in 2016.

Approximately 12 local organizations are participating in Clinton County’s 1st 100 Day Rapid Results Challenge. The challenge focuses on increasing physical activity of Clinton County residents. Events such as *Walk with Friends* and *Pockets of Play*, which were facilitated by SUNY public relations Campaign students, as well as fun runs and other opportunities for physical activity have been promoted as part of the challenge. Partners have utilized local trails as a setting for their events, such as the kick off event for the first Clinton County Trailblazer Challenge. The challenge, organized by a several partners, tasked residents 55 and older to walk 9 different Clinton County trails.

Support of the SRTG has continued throughout the year. Information received from the SRTG survey as well as trail use data were sent to Alta Planning & SRTG in August of 2015. Cadyville trail data results have been shared with the TOP every 6 months in support of the interventions performed. Infrared counters have also been placed on the Little Au Sable Trail in Peru, NY and baseline data collection is underway. Responsibility for data monitoring activities are being assumed by the Town of Peru to aid in sustainability of this activity.

The Foundation of CVPH provided eleven scholarships for the Plattsburgh Airbase Redevelopment Corporation (PARC) Next Steps Program—Cancer Fitness Pathway, a medically integrated exercise program. The Foundation plans to continue to support residents with need through these programs in 2016.
Priority Area—Promote Mental Health and Prevent Substance Abuse
Focus Area #3: Strengthen Infrastructure Across Systems

Goal #3.2—Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017

Objective #1—By December 31, 2015, identify specific roles that different sectors (e.g. governmental and nongovernmental) and key initiatives (e.g. Health Reform) have in contributing towards MEB health promotion and MEB disorder prevention in NYS for crisis intervention within the community.

**Target Date:** December 31, 2015

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>PROCESS/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue final steps to establish communication and data linkages among specific task force groups (housing development, suicide prevention)</td>
<td>CCMHAS, Clinton County IT</td>
<td>Communication tool for information and data sharing will be finalized by use of the SharePoint and regular meetings designed to address and reduce disparity across the age spectrum for MEB participating members</td>
<td>Completed. MEB SharePoint created, 1st quarter 2015. All subcommittee members assigned access, 2nd quarter 2015.</td>
</tr>
<tr>
<td>Formalize through integration, monthly meetings among MEB local providers, to sustain communication and data linkages in MEB provider/system</td>
<td>CCMHAS</td>
<td>Develop 2015 schedule for regular meetings of MEB providers</td>
<td>Completed. 2015 Meetings to date (goal of 6, 8 total): 1/15, 3/18, 4/22, 5/20, 6/9, 8/24, 9/22, 10/20.</td>
</tr>
<tr>
<td>Integrate data/communication efforts into CC Mental Hygiene Local Authority Guidance</td>
<td>CCMHAS</td>
<td>Integration of data/communication effort is completed for participating members</td>
<td>Completed. SharePoint process integrated into local service plan June 2015.</td>
</tr>
</tbody>
</table>

**Spectrum of Prevention Target Areas:** Changing Organizational Practices, Fostering Coalitions and Networks
# Priority Area—Promote Mental Health and Prevent Substance Abuse

## Focus Area #3: Strengthen Infrastructure Across Systems

**Goal #3.2**—Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017

**Objective #2**—By December 31, 2015, establish a system to identify indicator data and establish baseline targets for data required to plan and monitor county level strength-based efforts that promote MEB health and prevent substance abuse and other MEB disorders.

**Target Date:** December 31, 2015

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>PROCESS/ MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete data system (SharePoint) to track the identified 2014, 5 key MEB indicators</td>
<td>CCMHAS, Clinton County IT</td>
<td>Communication tool for information and data sharing will be finalized by use of the share point and regular meetings designed to address and reduce disparity across the age spectrum for participating members</td>
<td>Completed. MEB SharePoint created; baseline data uploaded June 2015.</td>
</tr>
<tr>
<td>Pilot SharePoint data system 1st quarter of 2015</td>
<td>UVHN-CVPH, CCMHAS</td>
<td>Pilot MEB SharePoint established for participating members only</td>
<td>Completed. Pilot ed by CVPH (March/April 2015).</td>
</tr>
<tr>
<td>MEB SharePoint fully operational by July 1, 2015</td>
<td>CCMHAS, Clinton County IT, All MEB Partners</td>
<td>MEB share point fully operational for use by participating members</td>
<td>Completed. 100% of active MEB subcommittee members assigned access (May/June 2015, ongoing as needed).</td>
</tr>
<tr>
<td>Assure that all MEB partners are submitting data by May 1, 2015</td>
<td>CCMHAS</td>
<td>Data being submitted by participating MEB members</td>
<td>Completed. Delay experienced, adjustment in how data measures were being shared, resolved Summer 2015.</td>
</tr>
<tr>
<td>Determine additional year end reports to be placed on share point for ease of access</td>
<td>CCMHAS, All MEB Partners</td>
<td>Year-end reports identified and placed on SharePoint</td>
<td>Pending. To be determined.</td>
</tr>
</tbody>
</table>

**Spectrum of Prevention Target Areas:** Changing Organizational Practices, Fostering Coalitions and Networks
**Priority Area—Promote Mental Health and Prevent Substance Abuse**

**Focus Area #3: Strengthen Infrastructure Across Systems**

**Goal #3.2**—Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017

**Objective #3**—By December 31, 2015, strengthen training and technical assistance of primary care physicians, MEB health workforce and community leaders in evidence-based, including culturally sensitive training, approaches to MEB disorder prevention and mental health promotion.

**Target Date:** December 31, 2015

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>PROCESS/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain MEB training/education opportunity in all EXPLORE Conferences</td>
<td>UVN-CVPH, EXPLORE Steering Committee</td>
<td>All EXPLORE events contain MEB piece</td>
<td>Completed. EXPLORE Psychiatry Conference event 10/13/15 had 160 professionals attend; Community Program on 10/14/15 titled “You Asked &amp; We Listened: Update on Mental &amp; Substance Abuse Resources, Services &amp; Access—It is Different Now” had 87 attendees.</td>
</tr>
<tr>
<td>Identify and determine three best practice MEB medical integrating tools for pilot in at least two new medical provider practices in second quarter of 2015</td>
<td>UVN-CVPH, MEB Sub-Committee Partners</td>
<td>Three best practice models identified</td>
<td>Completed with modification. SBIRT selected by MEB sub-committee as best tool secondary to strong evidence base, ease of use.</td>
</tr>
<tr>
<td>Pilot MEB medical integration screening tool in at least two provider practices by 3rd quarter of 2015</td>
<td>UVN-CVPH</td>
<td>Selected medical integration tool piloted in two offices</td>
<td>Pending with modification. SBIRT to be trialed in UVN-CVPH ED, PDSA to include 1 shift, November 2015.</td>
</tr>
<tr>
<td>Begin medical integration of screening tool into the two provider practices MEB systems in 4th quarter of 2015</td>
<td>CCMHAS</td>
<td>Full integration in MEB provider offices</td>
<td>Pending. Two staff completed SBIRT “Train the Trainer” curriculum and 40 local MEB and emergency medicine health professionals trained in use of SBIRT tool in preparation of expanded integration.</td>
</tr>
<tr>
<td>Develop behavioral health curriculum for medicine residency program at UVN-CVPH Health Care Center by July 2015</td>
<td>UVN-CVPH</td>
<td>Assist and support developing curriculum</td>
<td>Pending. Curriculum still in development.</td>
</tr>
<tr>
<td>Participate in Regional DSRIP (Delivery System Reform Incentive Payment Program) process</td>
<td>CCMHAS</td>
<td>Attendance at all regional/local DSRIP meetings</td>
<td>Completed. Attendance by CCMH/AS and other partners.</td>
</tr>
<tr>
<td>Determine Best Practices for chronic illness and educate behavioral health system providers and local PCPs</td>
<td>CCMHAS, MEB Sub-Committee Partners</td>
<td>MEB Sub-Committee Meeting Minutes</td>
<td>Ongoing/Pending.</td>
</tr>
</tbody>
</table>

**Spectrum of Prevention Target Areas:** Educating Providers, Fostering Coalitions and Networks, Promoting Community Education, Changing Organizational Practices

---

**Notes:**
- UVHN-CVPH, EXPLORE Steering Committee
- MEB Sub-Committee
- CCMHAS
- CCMH/AS
- SBIRT: Screening, Brief Intervention, Referral to Treatment
## ACTIVITIES/INTERVENTIONS

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>PROCESS/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finalize baseline information collected in 2014 that includes: analysis, outcomes, ...</td>
<td>CCHD</td>
<td>Baseline data fully complete and analyzed</td>
<td>Completed. Recommendation PowerPoint shared with partners 1/7/2015, AFH, Built Environment Sub-Committee.</td>
</tr>
<tr>
<td>Work with CCPT and fiscal stakeholders on changing current routes that may have ...</td>
<td>CCHD, CCPT</td>
<td>Determine possible route changes to increase ridership for increased food access</td>
<td>Completed with modification. Options discussed at Built Environment Sub-Committee meeting. No route changes attempted in 2015 due to revisions in transportation system, route reductions and driver shortages. CCPT will reconsider in the future.</td>
</tr>
<tr>
<td>Determine (based on findings) appropriate best/promising practice for community ...</td>
<td>CCHD</td>
<td>Research and determine best practice intervention for community awareness impact</td>
<td>Completed/Ongoing. Survey feedback reviewed at Built Environment Sub-Committee meetings held 1/15, 3/9, 4/10, 5/12, 9/27, &amp; 11/2/2015.</td>
</tr>
<tr>
<td>Engage SUNY Plattsburgh Nursing/Marketing students to assist in intervention, ...</td>
<td>CCHD</td>
<td>Engage both spring and fall semester students</td>
<td>Completed. Spring 2015 Nursing Students (4) involved in data collection, focus group development, implementation, &amp; evaluation. Survey feedback indicates residents need more information on how to use the rural transportation system.</td>
</tr>
<tr>
<td>Determine time schedule for intervention implementation during the first six months of ...</td>
<td>CCHD</td>
<td>Develop intervention schedule for community campaign</td>
<td>Completed/Ongoing. Database of locations for material distribution created on June 22, 2015. 400 “How to Ride the Bus: Did You Know?” pamphlets &amp; 40 posters distributed in June 2015.</td>
</tr>
<tr>
<td>Complete Phase 3 survey/ridership assessment to determine change in ridership/food access</td>
<td>CCHD</td>
<td>Conduct Phase 3 ridership survey</td>
<td>Not completed in 2015 due to changes in transportation system, route reductions, driver shortages.</td>
</tr>
<tr>
<td>Complete final data collection analysis and compare to Phase 2 data collection outcomes to demonstrate improved CCPT ridership to local food/grocery stores by 10% by December 2015</td>
<td>CCHD</td>
<td>Phase 2 and Phase 3 collected data are compared to demonstrate change in ridership to access healthier food choices</td>
<td>Not completed in 2015 due to changes in transportation system, route reductions, driver shortages.</td>
</tr>
</tbody>
</table>

### Spectrum of Prevention Target Areas:
Changing Organizational Practices, Fostering Coalitions and Networks, Promoting Community Education
### Priority Area—Promote a Healthy and Safe Environment

**Focus Area #3: Built Environment**

**Goal #1**—Improve design and maintenance of the Built Environment to promote healthy lifestyles, sustainability and adaptations to climate change by 2017

**Objective #2**—Promote four township Planning Boards or Town Boards to adopt Complete Streets resolutions in support of NYS 8/11 Complete Streets Law.

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>PROCESS/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to provide support, guidance and resources to municipalities engaged in CCCS efforts through resolution development and implementation</td>
<td>CCHD, TOP Planning</td>
<td>Establish regular meeting times for CCCS efforts in partner municipalities</td>
<td>Ongoing. Clinton County Complete Streets (CCCS) workbook—2nd printing in 2015. Workbooks distributed to the following Highway Departments: AuSable, Black Brook, Peru, Mooers, Clinton, Schuyler Falls, Plattsburgh, Chazy</td>
</tr>
<tr>
<td>Provide Complete Streets guidance and education to current Planning/Town Board (when appropriate) members in an effort to modify/accept Complete Streets concepts in existing development guidance</td>
<td>CCHD, TOP Planning</td>
<td>Continue support/guidance/resource efforts for partner municipalities</td>
<td>Ongoing. CCCS Questionnaire created in July 2015, disseminated August 2015. Results analyzed in August 2015. Responses received from Town of Saranac &amp; Villages of Champlain &amp; Rouses Point. 66% of responders aware of CCCS workbook. No Complete Streets resolutions/policies in progress.</td>
</tr>
<tr>
<td>Maintain contact with town supervisors and highway superintendents regarding progress made in their retrospective townships</td>
<td>CCHD</td>
<td>Monitor Complete Streets progress through use of guidance and resources supported materials and “How to Binder” provided at initial training</td>
<td>Completed. Presentation to local Highway Supervisors 5/12/2015 (20 in attendance representing Towns/Villages of: AuSable, Black Brook, Peru, Mooers, Clinton, Schuyler Falls, Plattsburgh, Chazy).</td>
</tr>
<tr>
<td>Identify opportunities for four Complete Streets community based presentations to increase awareness of concepts</td>
<td>CCHD</td>
<td>Provide additional Complete Streets presentations (reach four townships/municipalities) in variety of settings in participating municipality community</td>
<td></td>
</tr>
</tbody>
</table>

**Spectrum of Prevention Target Areas:** Influencing Policy and Legislation, Changing Organizational Practices Promoting Community Education
Priority Area—Promote a Healthy and Safe Environment

Focus Area #3: Built Environment

Goal #1—Improve design and maintenance of the Built Environment to promote healthy lifestyles, sustainability and adaptations to climate change by 2017

Objective #3—Increase by 10% the percentage of residents utilizing current available physical activity opportunities (baseline unknown).

**Target Date:** December 31, 2015

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>PROCESS/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete data collection using infrared and one-on-one survey collection for the three identified trails in Clinton County</td>
<td>CCHD</td>
<td>Full year data Master Summary (TraFx System)</td>
<td>Completed. Presented CCHD Agency Meeting 10/28/15, AFH 11/5/15.</td>
</tr>
</tbody>
</table>
| Identify, develop and conduct public awareness intervention based on best/promising practice to increase use of identified trails based on study outcomes | CCHD | Survey created, evaluated. Ongoing Trail User Surveys Summary Findings | Completed. Go Trails! online survey completed, March 2015 (405 responses received). Public Awareness interventions:  
  - Increased trail signage—Cadyville  
  - Walking group guidance packet  
  - Map—Greater Plattsburgh Area  
  - Trail Map in development  
  - 100 Day Rapid Results Challenge  
  - Promotion Events—Fall 2015 (Walk w/ Friends, Pockets of Play), facilitated by SUNY PR Campaign students, original Clinton County Trailblazer Challenge as part of LDOP (60+ attendees). |
| Continue support of Saranac River Trail Greenway expansion through communication, sharing of data collection (2014), intervention plans for the trails | CCHD | Data sharing completed | Completed. SRTG Survey data & trail use information sent in August, 2015 to Alta planning & SRTG. |
| Provide data collection and analysis with all appropriate municipalities before and after intervention | CCHD | Dates of data sharing, reports | Completed. Cadyville trail data shared with TOP every 6 months. Saranac River Trail data shared with SRTG in August, 2015. Pending—share Terry Gordon Path data with City of Plattsburgh Recreation Dept. |
| Continue work with Foundation of CVPH to finalize local Pediatric Healthy Lifestyle Tool use and criteria based identification of youth/families for physical activity subsidy at local facilities | UVHN-CVPH | Number of youth/families supported, participating facilities | Completed with modification. Eleven scholarships awarded for PARC Next Steps Program—Cancer Fitness Pathway (Medically Integrated exercise programs). |
Page left intentionally blank.
CLINTON COUNTY
Community Health Improvement Plan
Collected and organized by the Clinton County Health Department

Our mission is to improve and protect the health, well-being and environment of the people of Clinton County.

Focusing on a

Healthier Community

2016 CHIP
2016 CHIP Overview

The 2016 CHIP work plan acknowledges progress made in both of the identified priority areas in the first two years of the current CHIP. Small adjustments in objectives and planned activities have been consciously made to support continued progress in the direction of established long term community health goals. The adjustments also allow partners to take advantage of emerging resources and new opportunities for expedited change.

The two AFH subcommittees that have formed to lead the CHIP work, the MEB and BE subcommittees, along with other key community partners developed the activities and evaluation metrics for each featured objective. Staff from the CCD then organized the proposed work to align with Prevention Agenda goals and objectives related to Clinton County’s two priority areas and created the work plan document. The full work plan will be reviewed with the Action for Health Consortium at its first convening in January 2016. The Consortium will be asked for input and to approve the proposed work plan at that time.

The next cycle of the CHA/CHIP process will begin again in 2016, a year earlier than anticipated, to align hospital community services plan cycles to local health improvement plans. Work is already underway. This elevates the significance of the progress that will be made in 2016 as priority areas may change based on community health assessment findings and identified needs.
2016 Community Health Improvement Plan
Proposed Work Plan

Priority 1: Promote Mental Health and Prevent Substance Abuse
Focus Area: Strengthen Infrastructure Across Systems

**Overarching Goal:** Support collaboration among leaders, professionals, and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.

1. By December 2016, collaborate with the chronic disease community to take advantage of opportunities to implement evidence-based interventions relating to MEB health promotion and MEB disorder prevention.
   a. Continue to strengthen collaboration, communication, and understanding of local services and gaps through maintenance of MEB subcommittee and data sharing.
   b. Attend 100% of health fairs/community events CVFC is invited to promote the Talk2Prevent platform from NYS OASAS.
   c. Offer a series of education events focusing on primary and secondary chronic disease prevention for the MEB Community.
   d. Coordinate two vaccination/education events at the Alliance for Positive Health.
   e. Initiate a Hepatitis C screening program for clients of the Alliance for Positive Health.

**Overarching Goal:** Strengthen infrastructure for MEB health promotion and MEB disorder prevention.

2. By December 2016, enhance the local system to gather and share indicator data required to plan and monitor county level strength-based efforts that promote MEB health and prevent substance abuse and other MEB disorders.
   a. Incorporate the MIT into the MEB subcommittee to facilitate data sharing.
   b. Determine additional local data new partners can contribute; build into existing database.
   c. Maintain/advance MEB SharePoint.
   d. Determine additional reports to be added to MEB SharePoint.
   e. Form a Substance Abuse Task Force for Clinton County.
   f. Invite Drug Intelligence Officer from New York-New Jersey High Intensity Drug Trafficking Area program to present baseline data relating to local trends in addiction.
3. By December 31, 2016 strengthen training and technical assistance of PCPs, MEB health workforce and community leaders in evidence based, including cultural sensitivity training, approaches to MEB disorder prevention and mental health promotion.

   a. Maintain system of ongoing MEB training/education, MEB awareness among professionals.
   b. Provide trainings on the use of the SBIRT tool to staff at local primary care practices and community behavioral health specialists.
   c. Advance use of SBIRT tool into local primary care.
   d. Assist and support development of a behavioral health curriculum for UVHN-CVPH residency program.

**Priority 2: Promote a Healthy and Safe Environment**

**Focus Area #3: Built Environment**

**Overarching Goal:** Improve the design and maintenance of the built environment to promote healthy lifestyle, sustainability and adaption to climate change by 2017.

1. By December 31, 2016, improve access to affordable fruits and vegetables among low-income residents by increasing opportunities to purchase locally sourced fruits and/or fresh fruits and vegetables.

   a. Expand the Better Choice Retailer program to four independent grocers in Clinton County, at least two outside the TOP.
   b. Increase the number of local farmers’ markets/farm stands accepting SNAP/WIC vouchers by 25%.
   c. Develop a coordinated promotion campaign to increase participation in new summer meal program sites by 25%.
   d. Address food environment related issues and projects at least quarterly with AFH members.
   e. Develop and pilot a locally adapted Farmers’ Market/Stand Incentive Program in Summer 2016.
2. By December 31, 2016, promote the integration and use of built environment strategies that support healthy, active living by 10 community partners including worksites, schools, towns and municipalities.
   a. Revise and implement changes to reporting processes for capturing community health related policy and built environment work.
   b. Complete a modified HIA of the TOP Cadyville Waterfront Development Plan.
   c. Expand support, guidance, and resources to at least 2 schools districts serving Clinton County residents to assist in the development and integration of Complete Streets and Built Environment efforts in community design and master plan documents.
   d. Pilot basic community-based participatory research concepts by attending a minimum of four community events to engage residents and collect input regarding built environment changes they would most like to see in their neighborhoods.

3. By December 31, 2016, increase by 10%, the number of residents utilizing current available physical activity opportunities, (baseline unknown).
   a. Complete baseline and follow up activities, including process and outcome evaluation, relating to adaptation of SOPARC activity observation tool to local park.
   b. Collect and analyze Year 2 data for trail usage (Saranac River Trail, Cadyville, Terry Gordon).
   c. Support the installation, data collection and analysis of additional infrared trail counters on at least one additional trail outside the City of Plattsburgh.
   d. Complete enhancements to at least 5 spaces that support cross and multigenerational physical activity (may include pickle ball courts, soccer golf, trail improvements, or other projects).
   E. Maintain public awareness campaign promoting regular physical activity and use of local resources.
**Priority Area—Promote Mental Health and Prevent Substance Abuse**

**Focus Area #3: Strengthen Infrastructure Across Systems**

**Goal #3.1**— Support collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.

**Objective #1**—By December 2016, collaborate with the chronic disease community to take advantage of opportunities to promote MEB health and prevent MEB health disorders and implement evidence-based interventions.

**Target Date:** December 31, 2015

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>EVALUATION/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to strengthen collaboration, communication, understanding of local services and gaps through maintenance of MEB subcommittee, data sharing.</td>
<td>CCMHAS</td>
<td>Subcommittee to meet at least 6 times/year; meeting dates, minutes</td>
<td></td>
</tr>
<tr>
<td>Attend 100% of health fairs/community events CVFC is invited to promote the Talk2Prevent platform from the NYS OASAS.</td>
<td>CVFC</td>
<td># of events attended # of participants in each event, total # communities reached</td>
<td></td>
</tr>
<tr>
<td>Offer a series of educational events focusing on primary and secondary chronic disease prevention for the MEB community.</td>
<td>CCHD</td>
<td>Provide 6 educational opportunities Event dates, attendance, program evaluation feedback summary</td>
<td></td>
</tr>
<tr>
<td>Coordinate two vaccination/education events at the Alliance for Positive Health.</td>
<td>AFPH CCHD</td>
<td>Spring date Fall date # vaccines provided # participants</td>
<td></td>
</tr>
<tr>
<td>Initiate a Hep C screening program for clients of the Alliance for Positive Health.</td>
<td>AFPH</td>
<td>Program approval received Program launch date # clients screened</td>
<td></td>
</tr>
</tbody>
</table>

**Spectrum of Prevention Target Areas:** Fostering Coalitions and Networks, Promoting Community Education, Strengthening Individual Knowledge and Skills, Changing Organizational Practices
Priority Area—Promote Mental Health and Prevent Substance Abuse
Focus Area #3: Strengthen Infrastructure Across Systems

Goal #3.2—Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017

Objective #2—By December 2016, enhance the local system to gather and share indicator data required to plan and monitor county level strength based efforts that promote MEB health and prevent substance abuse and other MEB disorders.

Target Date: December 31, 2015

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>EVALUATION/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate Mobile Integration Team to facilitate data sharing.</td>
<td>CCMHAS, All MEB Partners</td>
<td>Attendance/participation in MEB subcommittee by MIT; MIU data-sharing via SharePoint</td>
<td></td>
</tr>
<tr>
<td>Determine additional local data new partners can contribute; incorporate into existing database to facilitate access by all partners.</td>
<td>CCMHAS, All MEB Partners</td>
<td>Incorporation of additional reports/ data into SharePoint space</td>
<td></td>
</tr>
<tr>
<td>Maintain/ advance MEB SharePoint.</td>
<td>CCMHAS</td>
<td>SharePoint reports/ data, MEB subcommittee meeting dates/ minutes</td>
<td></td>
</tr>
<tr>
<td>Determine additional reports to be added to MEB SharePoint to expand access to local data.</td>
<td>All MEB Partners</td>
<td>Listing of reports available to partners</td>
<td></td>
</tr>
<tr>
<td>Form a Substance Abuse Task Force for Clinton County.</td>
<td>DSS, CCHD, CCMHAS, Other partners</td>
<td>Meeting Dates/Agendas Partner list</td>
<td></td>
</tr>
<tr>
<td>Invite New York-New Jersey High Intensity Drug Trafficking Area Intelligence Officer to present baseline data relating to local trends in addiction.</td>
<td>CCHMAS, CCHD</td>
<td>Event date Attendance list</td>
<td></td>
</tr>
</tbody>
</table>

Spectrum of Prevention Target Areas: Changing Organizational Practices, Fostering Coalitions and Networks, Educating Providers
Priority Area—Promote Mental Health and Prevent Substance Abuse  
Focus Area #3: Strengthen Infrastructure Across Systems

Goal #3.2—Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017  
Objective #3—By December 2016, strengthen training and technical assistance provided to primary care physicians, MEB health workforce and community leaders in evidence-based approaches to MEB disorder prevention and mental health promotion.

**Target Date:** December 31, 2015

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>EVALUATION/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain system of ongoing MEB training/education opportunities &amp; MEB awareness.</td>
<td>UVHN-CVPH, EXPLORE Steering Committee, CCMH/AS</td>
<td>Dates of training events Training topics Attendance #s</td>
<td></td>
</tr>
<tr>
<td>Provide trainings on the use SBIRT tool to staff at local primary care practices and community behavioral health specialists.</td>
<td>CVFS</td>
<td>Provide at least two trainings in 2016. Dates of trainings, attendance list</td>
<td></td>
</tr>
<tr>
<td>Advance usage of SBIRT tool into local primary care.</td>
<td>CCMHAS</td>
<td>Integration into all 6 adult primary care sites</td>
<td></td>
</tr>
<tr>
<td>Assist and support development of behavioral health curriculum for medical residency program at UVHN-CVPH.</td>
<td>CCMHAS</td>
<td>Inclusion of behavioral health into program curriculum</td>
<td></td>
</tr>
</tbody>
</table>

*Spectrum of Prevention Target Areas:* Training Providers, Changing Organizational Practices
Priority Area—Promote a Healthy and Safe Environment
Focus Area #3: Built Environment

Goal #1—Improve design and maintenance of the Built Environment to promote healthy lifestyles, sustainability and adaptations to climate change by 2017.

Objective #1—Improve access to affordable fruits and vegetables among low-income residents by increasing opportunities to purchase locally sourced and/or fresh fruits and vegetables.

Target Date: December 31, 2015

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>EVALUATION/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand the Better Choice Retailer program to independent grocers throughout Clinton County.</td>
<td>CCHD</td>
<td>Enrollment of 4 new retailers, at least 2 located outside the Town of Plattsburgh</td>
<td></td>
</tr>
<tr>
<td>Increase the number of local farmers’ markets/ farm stands accepting SNAP/WIC vouchers through education and support activities.</td>
<td>CCHD</td>
<td>Baseline determined, 25% increase in number of vendors accepting SNAP/WIC vouchers</td>
<td></td>
</tr>
<tr>
<td>Develop a coordinated promotion campaign to increase participation of new summer meal program sites and free breakfast/lunch programs established in 2015.</td>
<td>CCHD TOP Recreation</td>
<td>Determine baseline participation, 25% increase in participation</td>
<td></td>
</tr>
<tr>
<td>Strengthen collaboration on food access issues by addressing food environment related projects and progress at least quarterly at AFH or Food Environment subcommittee meetings.</td>
<td>CCHD</td>
<td>Meeting dates, agendas, meeting minutes</td>
<td></td>
</tr>
<tr>
<td>Develop and pilot a locally adapted Farmers’ Market incentive program.</td>
<td>CCHD</td>
<td>Incentive program action plan # of participants dollar amount of incentives distributed</td>
<td></td>
</tr>
</tbody>
</table>

Spectrum of Prevention Target Areas: Changing Organizational Practices, Fostering Coalitions and Networks, Promoting Community Education
Priority Area—Promote a Healthy and Safe Environment
Focus Area #3: Built Environment

**Goal #1**—Improve design and maintenance of the Built Environment to promote healthy lifestyles, sustainability and adaptations to climate change by 2017

**Objective #2**—Promote integration and use of built environment strategies that support healthy, active living by 10 community partners including worksites, schools, towns and municipalities.

**Target Date:** December 31, 2016

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>EVALUATION/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise and implement changes to reporting processes for capturing community health related policy and Built Environment work through the AFH Consortium.</td>
<td>CCHD</td>
<td>Review of new processes; AFH agendas, meeting minutes</td>
<td></td>
</tr>
<tr>
<td>Complete a modified HIA of the proposed TOP Cadyville waterfront development plan.</td>
<td>TOP Recreation TOP Planning</td>
<td>HIA community engagement event dates, materials Community survey tool results report Completed HIA and final recommendations</td>
<td></td>
</tr>
<tr>
<td>Expand support, guidance, and resources to at least 2 school districts serving Clinton County residents to assist in the development of complete streets and Built Environment efforts in community design and plan documents.</td>
<td>CCHD</td>
<td>Two identified school districts/communities Meeting dates Identified Complete Streets/Built Environment efforts</td>
<td></td>
</tr>
<tr>
<td>Pilot basic community-based participatory research concepts to engage residents by collecting input regarding built environment changes they would most like to see in their neighborhoods.</td>
<td>CCHD</td>
<td>Attend a minimum of 4 community events with the purpose of collecting resident input Date of events, number of residents engaged, collection tools, summary of findings</td>
<td></td>
</tr>
</tbody>
</table>

**Spectrum of Prevention Target Areas:** Changing Organizational Practices, Influencing Policy and Legislation, Educating Providers
Priority Area—Promote a Healthy and Safe Environment
Focus Area #3: Built Environment

**Goal #1**—Improve design and maintenance of the Built Environment to promote healthy lifestyles, sustainability and adaptations to climate change by 2017

**Objective #3**—Increase by 10% the percentage of residents utilizing current available physical activity opportunities.

**Target Date:** December 31, 2016

<table>
<thead>
<tr>
<th>ACTIVITIES/INTERVENTIONS</th>
<th>LEAD AGENCY</th>
<th>EVALUATION/MEASUREMENT</th>
<th>PROGRESS NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete baseline and follow up activities, including process and outcome evaluation, relating to adaptation of System for Observing Play and Recreation in Communities activity observation tool to local park.</td>
<td>CCHD</td>
<td>Summary report Date shared with community partner(s)</td>
<td></td>
</tr>
<tr>
<td>Collect, analyze Year 2 data for trail usage (Saranac River Trail, Cadyville, Terry Gordon).</td>
<td>CCHD</td>
<td>End of Year Summary Report</td>
<td></td>
</tr>
<tr>
<td>Support the installation, data collection and analysis of additional infrared trail counters on at least one additional trail outside the City of Plattsburgh.</td>
<td>CCHD</td>
<td>Trail identified Counter purchased Counter installed</td>
<td></td>
</tr>
<tr>
<td>Complete enhancements to at least 5 spaces that support cross and multigenerational physical activity (may include pickle ball courts, soccer golf, trail improvements, or other projects).</td>
<td>CCHD Foundation of CVPH</td>
<td>Identified spaces/enhancements Completion dates Promotion</td>
<td></td>
</tr>
<tr>
<td>Maintain public awareness campaign promoting regular physical activity and use of local resources.</td>
<td>CCHD</td>
<td>Video series Dissemination Plan # of social media cross posts between partners</td>
<td></td>
</tr>
</tbody>
</table>

**Spectrum of Prevention Target Areas:** Changing Organizational Practices, Fostering Coalitions and Networks, Promoting Community Education
Clinton County Community Health Improvement Plan

Distribution Effort for the
2015 CHIP Summary and 2016 CHIP

To assure continued and widespread support and understanding of the 2015 CHIP Summary and 2016 Clinton County CHIP, the Clinton County Health Department has developed the following distribution and communication plan for 2016:

The CHIP will conspicuously be posted on the web sites of:

- Main page of CCHD
- Main page of UVHN-CVPH Medical Center
- All Action for Health Consortium members and community engagement process participants
- Clinton County Government and allied county departments.

Electronic and hard copies will be made available to:

- Appropriate agencies in the community not currently engaged in the CHIP/CHA process to solicit their participation
- County Legislative Health Committee and to all County Legislators
- The Clinton, Essex and Franklin Library System
- All municipalities in Clinton County
- Plattsburgh State University Library and Clinton Community College Library.

CCHD staff will actively offer community presentations to:

- AFH members to their Directors or oversight Boards
- Community service groups (Rotary, Kiwanis, etc)
- Targeted local elected officials
- Clinton County Board of Health
- Plattsburgh Press Republican Editorial Board
- Foundation of CVPH
- The North Country Chamber of Commerce Tourism Committee
- The Clinton County Development Corp
- Vision 2 Action
- And all other appropriate and identified community stakeholders.

Active distribution throughout the community will assure continued AFH Consortium membership and community engagement in this important strategic planning process. Distribution and community presentations will also help build the support and participation needed to address health improvement across the county by engaging both traditional and nontraditional partners in this work.
2015 and 2016
Community Assets and Resources

The following organizations and groups have participated in strategic efforts to impact health in Clinton County through the implementation of the Community Health Improvement Plan since 2012.

<table>
<thead>
<tr>
<th>Local &amp; State Government</th>
<th>Libraries</th>
<th>Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Town offices in Clinton County:</strong></td>
<td>Clinton, Essex, Franklin Library System</td>
<td>AuSable Valley School District</td>
</tr>
<tr>
<td>Altona</td>
<td>Plattsburgh Public Library</td>
<td>Beekmantown Central School</td>
</tr>
<tr>
<td>AuSable</td>
<td></td>
<td>Chazy Central School</td>
</tr>
<tr>
<td>Beekmantown</td>
<td></td>
<td>Community College</td>
</tr>
<tr>
<td>Black Brook</td>
<td></td>
<td>CV Tech of Clinton County</td>
</tr>
<tr>
<td>Chazy</td>
<td></td>
<td>Northern Adirondack Central School</td>
</tr>
<tr>
<td>Champlain</td>
<td></td>
<td>Northeastern Clinton Central School</td>
</tr>
<tr>
<td>Clinton</td>
<td></td>
<td>Plattsburgh City School District</td>
</tr>
<tr>
<td>City of Plattsburgh</td>
<td></td>
<td>Peru Central School</td>
</tr>
<tr>
<td>Village of Champlain</td>
<td></td>
<td>Saranac Central School</td>
</tr>
<tr>
<td>Village of Rouses Point</td>
<td></td>
<td>SUNY Plattsburgh</td>
</tr>
</tbody>
</table>

**Organizations**

- City of Plattsburgh Recreation Department
- Clinton County Mental Health & Addiction Services
- Clinton County Nursing Home
- Clinton County Board of Health
- Clinton County Office for the Aging
- Clinton County Department of Social Services
- Clinton County Legislature
- Clinton County Youth Bureau
- Town of Plattsburgh Recreation Department
- Town of Plattsburgh Planning Department
- New York State Health Foundation
- American Cancer Society
- Advocacy and Resource Center
- Child Care Coordinating Council
- Clinton County RSVP
- Cornell Cooperative Extension
- Eastern Adirondack Health Care Network
- Joint Council for Economic Opportunity
- National Alliance on Mental Health
- Senior Citizens Council of Clinton County
- United Way of the Adirondack Region

**Hospitals**

- University of Vermont Health Network-Champlain Valley Physicians Hospital
- UVHN-CVPH Board of Directors
- UVHN-CVPH Mental Health
- Foundation of CVPH Medical Center
- Foundation of CVPH Board of Directors
- Behavioral Health Services North, Inc.
- Adirondack Rural Health Institute
- Champlain Valley Family Center
- Mountain View Pediatrics
- North Country Medical Home Model
- Plattsburgh Primary Care Health Partners
- Plattsburgh Pediatrics
- Health Care of Rochester
- Alliance for Positive Health
- Mountain View Pediatrics
- Pearl Physical Therapy

**Local Businesses**

- Carlin Media
- North Country Chamber of Commerce
- Plattsburgh Press Republican
- The Development Corp
- WIRY Radio Station
- WPTZ Television
- Mountain View Pediatrics

**Health Care Providers**
Community Partners

**CHIP Leadership Committee**

All members of the Action for Health Consortium contributed to the 2015 CHIP effort and activities. While not all of them met on a regular basis to implement developed strategies, all participated in the 2015 scheduled meetings, decision making processes that were brought to the group for review and approval, and for providing ongoing support for those key AFH members who were doing work.

**Clinton County Action for Health Consortium Current Members**

Adirondack Rural Health Institute
American Cancer Society
Child Care Coordinating Council
City of Plattsburgh Recreation Department
Clinton Community College
Clinton County Health Department All Divisions
Clinton County Mental Health & Addiction Services
Clinton County Office for the Aging
Clinton County Planning and Transportation
Clinton County School TABLE
Clinton County Senior Citizen’s Council
Clinton County Youth Bureau
Cornell Cooperative Extension & 4H Club
Eastern Adirondack Health Care Network
Fidelis Care
Foundation of CVPH
Hannaford Supermarket
Joint Council for Economic Opportunity
North Country Thrive
PARC Wellness Center
Pearl Physical Therapy
Plattsburgh Housing Authority
Plattsburgh Interfaith Food Shelf
SUNY Plattsburgh Sports and Wellness Program
SUNY Plattsburgh Department of Nursing and Nutrition
SUNY Plattsburgh Journalism and Public Relations Program
Town of Plattsburgh Planning Department
Town of Plattsburgh Recreation Department
Plattsburgh Housing Authority
Town of Peru Planning Board
United Way of the Adirondack Region
University of Vermont Health Network-Champlain Valley Physician’s Hospital
10 Essential Public Health Services

1. Monitor health status to identify and solve community health problems.

2. Diagnose and investigate health problems and health hazards in the community.

3. Inform, educate and empower people on health issues.

4. Mobilize community partnerships and action 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 and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. Assure competent public 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.

Source: National Public Health Performance Standards Program
### Acronym Listing

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFH</td>
<td>Action For Health</td>
</tr>
<tr>
<td>BOH</td>
<td>Board of Health</td>
</tr>
<tr>
<td>CCCC</td>
<td>Child Care Coordinating Council</td>
</tr>
<tr>
<td>CCCS</td>
<td>Clinton County Complete Streets</td>
</tr>
<tr>
<td>CCHD</td>
<td>Clinton County Health Department</td>
</tr>
<tr>
<td>CCMH/AS</td>
<td>Clinton County Mental Health &amp; Addiction Services</td>
</tr>
<tr>
<td>CCOFA</td>
<td>Clinton County Office for the Aging</td>
</tr>
<tr>
<td>CCPT</td>
<td>Clinton County Public Transit</td>
</tr>
<tr>
<td>CHA</td>
<td>Community Health Assessment</td>
</tr>
<tr>
<td>CHIP</td>
<td>Community Health Improvement Plan</td>
</tr>
<tr>
<td>CLC</td>
<td>Certified Lactation Consultant</td>
</tr>
<tr>
<td>CVFC</td>
<td>Champlain Valley Family Center</td>
</tr>
<tr>
<td>DSRIP</td>
<td>Delivery System Reform Incentive Payment Program</td>
</tr>
<tr>
<td>DSS</td>
<td>Department of Social Services</td>
</tr>
<tr>
<td>EAHCN</td>
<td>Eastern Adirondack Healthcare Network</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EMR</td>
<td>Electronic Medical Record</td>
</tr>
<tr>
<td>HNF</td>
<td>Healthy Neighborhoods Fund</td>
</tr>
<tr>
<td>LDOP</td>
<td>Longest Day of Play Event</td>
</tr>
<tr>
<td>MEB</td>
<td>Mental, Emotional, Behavioral</td>
</tr>
<tr>
<td>MIT</td>
<td>Mobile Integration Team</td>
</tr>
<tr>
<td>NACCHO</td>
<td>National Association of County and City Health Officials</td>
</tr>
<tr>
<td>NAMI</td>
<td>National Alliance for Mental Illness</td>
</tr>
<tr>
<td>NYS</td>
<td>New York State</td>
</tr>
<tr>
<td>NYSDOH</td>
<td>New York State Department of Health</td>
</tr>
<tr>
<td>NYSDOT</td>
<td>New York State Department of Transportation</td>
</tr>
<tr>
<td>NYSHF</td>
<td>New York State Health Foundation</td>
</tr>
<tr>
<td>NYS OASAS</td>
<td>New York State Office of Alcoholism and Substance Abuse Services</td>
</tr>
<tr>
<td>OPPHCS</td>
<td>Obesity Prevention in Pediatric Healthcare Settings</td>
</tr>
<tr>
<td>PAC</td>
<td>Professional Advisory Committee</td>
</tr>
<tr>
<td>PARC</td>
<td>Plattsburgh Airbase Redevelopment Corporation</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>PHIP</td>
<td>Performance Health Improvement Plan</td>
</tr>
<tr>
<td>RSVP</td>
<td>Retired Senior Volunteer Program</td>
</tr>
<tr>
<td>SBIRT</td>
<td>Screening, Brief Intervention and Referral Treatment</td>
</tr>
<tr>
<td>SRTG</td>
<td>Saranac River Trail Greenway</td>
</tr>
<tr>
<td>SUNY</td>
<td>State University of New York</td>
</tr>
<tr>
<td>TOP</td>
<td>Town of Plattsburgh</td>
</tr>
<tr>
<td>UVHN-CVPH</td>
<td>University of Vermont Health Network-Champlain Valley Physicians Hospital</td>
</tr>
</tbody>
</table>
Resources and References

Available at: www.cdc.gov/nphpsp/essentialservices.html

Available at: www.health.ny.gov

Available at: www.health.ny.org

National Association of City and County Health Departments – NACCHO Community Health Improvement Plan (CHIP) Guidance Documents and National Accreditations Standards Version 1.0, Available at: www.phaboard.org