

CLINTON COUNTY HEALTH DEPARTMENT

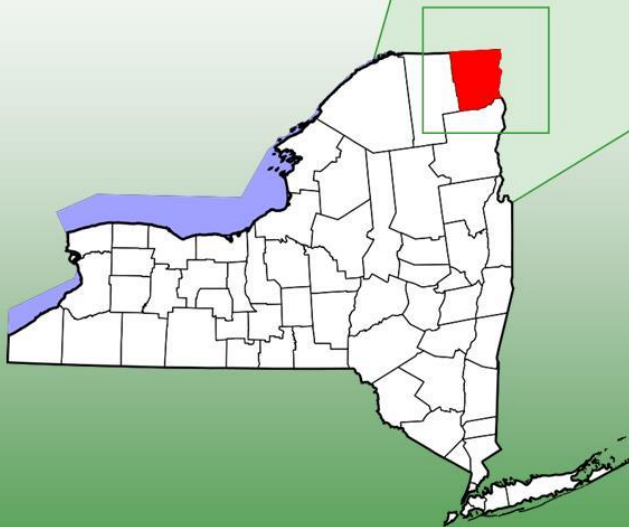
Community Health Improvement

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

Focusing on a

Healthier Community

2014 CHIP
Summary Update
and
2015 CHIP



Mobilizing for Action through
Planning & Partnership (MAPP)
Action for Health Subcommittee



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CLINTON COUNTY HEALTH DEPARTMENT

COMMUNITY HEALTH IMPROVEMENT PLAN

CHIP
2014
SUMMARY

2014 Executive Summary and 2015 Next Steps Preview Action for Health (AFH) Consortium

And we're off! In 2014 the race towards population based health improvement has taken on a new dimension in Clinton County as the local Action for Health Consortium (AFH) members assumed greater leadership roles for getting the job done. Strides made in advancing health improvement in Clinton County from the selected New York State Prevention Agenda – Priority areas: 1. Promote Mental Health and Prevent Substance Abuse (Strengthen Infrastructure across Systems); and 2. Promote a Healthy and Safe Environment (Built Environment) has been significant. 2014 is the first full year of the five year plan to improve health across New York State through the Prevention Agenda. The five-year cycle ends in 2017.

Each selected Prevention Agenda area has been led by AFH membership representatives working closely with Clinton County Health Department (CCHD) staff and other AFH members. This effort has been recognized by the New York State Health Foundation with an award of \$20,000 to help implement the built environment piece. The New York State Health Foundation also invited the Clinton County AFH Consortium to present on September 17-18, 2014 at the Annual New York State Rural Health Association meeting held in Fayetteville, NY. Additionally, the NYSDOH and SUNY Albany School of Public Health invited the CCHD to participate in a live broadcast on November 20, 2014 to highlight the built environment work we are accomplishing. This level of recognition is an indicator that Clinton County understands and applies health concepts for permanent change in the community to assure positive health impact and improvement

Much of the success being experienced could not have been accomplished without the support and participation of SUNY student nurses, both traditional and nontraditional. Effective planning and partnership allowed for their integration into data collection, reporting efforts to track the meaningful community based health work taking place in Clinton County. While some of these students will not be here to see the end result of their participation, each has contributed and been provided with a perspective of true public health work on the community level and how these efforts will impact the health of residents they will encounter during their nursing careers.

Clinton County residents may not fully realize the level of work done by the AFH Consortium now, but will certainly experience it in the future as more multi-use trails are built, mental emotional, behavioral health systems evolve, school meals promote nutritious choices and health providers continue to improve systems related to quality patient health. None of this could have been accomplished without local health system partners working in unison allowing for powerful health improvement impact.



2015 Next Steps to Clinton County Health Improvement Plan (CHIP)

Carrying the message of health into 2015 will be challenging, but by keeping our eye on the prize (improved community health) we will continue to experience success. Statewide systems and training opportunities are currently being developed or implemented to assist and support communities as they assess, intervene and implement community based plans targeting their selected Prevention Agenda health areas. In Clinton County, 2015 will be a continuation of well-placed and developed systems for health improvement. The Action for Health Consortium, along with the Clinton County Board of Health and many members of the local public health system, have created momentum of health improvement that would be difficult to diminish or eliminate.

The connection between health and fiscal prosperity has begun to merge to a level of understanding among community stakeholders, planners and elected officials. Through the efforts of Vision 2 Action, efforts to improve quality of life through increased economic opportunity for all members of the community is starting to be understood. Many more local businesses and national corporations are linking wellness with employee health and productivity. This trend should continue in the future locally.

2015 is expected to provide continued health impact across the existing system that is both permanent and sustainable. With the onset of Delivery System Reform Incentive Payment (DSRIP) and Performance Health Improvement Plan (PHIP) efforts, Clinton County has recognized that the Community Health Improvement Plan (CHIP) will now evolve into a broader and more comprehensive approach to community based health improvement as regional and statewide support systems are developed. This enhanced approach to reduce the burden of health disparity and disease will move the state and local counties toward systems, built environment and policy change at a higher level of understanding among local health system partners, increase opportunities for residents to select and value good health behaviors, and provide a long overdue wellness approach to community health that is prevention driven.

The 2015 CHIP will remain focused on the NYSDOH Prevention Agenda areas selected by the community in 2013.

Prevention Agenda Priority:

Promote Mental Health and Prevent Substance Abuse

*CHIP Focus Area #3: Strengthen
Infrastructure across Systems*

Prevention Agenda Priority:

Promote a Healthy and Safe Environment

CHIP Focus Area #3: Built Environment

The success of this CHIP is linked to the active participation of the members of the Action for Health Consortium and the continuous identification and inclusion of community partners that contribute to health improvement of the residents.



Spectrum of Prevention

The Spectrum of Prevention model continues to provide an infrastructure for tracking policy, system and built environment changes as the local public health system partners implement the annual Community Health Improvement Plan. For 2014, the Spectrum has been completed in the seven identified community target areas illustrating a comprehensive approach to health improvement in our community.

	Influencing Policy and Legislation	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.
	Mobilizing Neighborhoods and Communities	Meeting with communities to prioritize community concerns such as violence, unemployment and keeping families together, so that these needs may be addressed along with the health departments'.
	Changing Organizational Practices	Changes in internal regulations and norms allow an organization to affect the health and safety of its members and the greater community.
	Fostering Coalitions and Networks	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.
	Educating Providers	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
	Promoting Community Education	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.
	Strengthening Individual Knowledge and Skills	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.

Figure 1 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 Health services, a Public Health Dept. in California, based on the work of Dr. Marshall Swift.



Spectrum of Prevention 2014 Update
Promote a Healthy and Safe Environment:
Built Environment

<p>Influencing Policy and Legislation</p>	<p>City of Plattsburgh Common Council supports, by Resolution in July, the Road Diet on North Margaret Street; City of Plattsburgh Complete Streets implementation of North Margaret Street – Road Diet and bike lanes; Complete Streets Guidance Manual completed for municipality presentation Sept. 17, 2014; Clinton County Legislature formalizes agreement with Rouses Point to support Saranac River Trail Greenway Feasibility Study; Applied for and received Waterfront Revitalization money for the Town of Peru, City of Plattsburgh and Saranac River Trail Greenway; Town of Saranac implements Tobacco Free Parks/Playgrounds and Municipality Grounds Policy; Clinton County Public Transportation adds Behavioral Health Services North as a permanent bus stop.</p>
<p>Mobilizing Neighborhoods and Communities</p>	<p>P.A.S.S. (Plattsburgh Acquiring Safe Streets) committee formalizes role in City/Town of Plattsburgh; Plattsburgh Housing Authority worked with Clinton County Health Dept. to establish a community garden that include 12 raised beds, 2 are wheelchair accessible beds; Town of Plattsburgh Complete Streets and Trails committee conducts Complete Streets Audit of Rt 3 corridor in July; City/Town of Plattsburgh/Vision 2 Action group formally begins Feasibility Study for Waterfront Development; Saranac River Trail Greenway solicits Request for Qualification for SRTG expansion awarding contract to Alta Planning from Saratoga, NY in August; The Little Au Sable River Trail is established in October in the Hamlet of Peru covering 2.25 miles; NYS Department of Transportation (NYSDOT) funds Safe Routes to School for construction of a new crosswalk - flashing beacons/sidewalks/crosswalks - Peru Central School with Town of Peru and Clinton County Highway Dept. applied for and were awarded the monies; Eastern Adirondack Healthcare Network (EAHCN) Arthritis Exercise Program now in three sites around Clinton County; EAHCN partnered with RSVP to offer 8 Growing Stronger programs exercise classes in Clinton County; EAHCN continues to offer three, six-week long Living Healthy with Chronic Conditions Workshops in 2014; Clinton County establishes a Fall Prevention committee in June with HCR, CCHD and Clinton County Office for the Aging (CCOFA) collaborating.</p>



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COMMUNITY HEALTH IMPROVEMENT PLAN

CHIP
2014
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Changing Organizational Practices	Clinton County Health Department applies for Health Impact Assessment grant through the National Association of City and County Health Officials (NACCHO); Clinton County Health Dept. includes built environment and MEB pieces in 2014 Strategic Planning document; Healthy Schools NY establishes new wellness policies in two schools (Saranac, Schroon Lake) and works with four more on policy revisions; Adirondack Tobacco Free Network (ATFN) provides assistance to Adirondack Humane Society in the development and implementation of a comprehensive Tobacco Free Grounds Policy.
Fostering Coalitions and Networks	Action for Health Consortium supports Vision 2 Action, City/Town efforts by including them in Way to Wellville application; Town of Plattsburgh Complete Streets/Trails and CCHD collaborate on Complete Streets municipal policy presentations and resolution adoption through Clinton County; The CHIP is presented to the Community Services Board, CCHD Professional Advisory Committees (PAC) and BOH, and the EAHCN Board.
Educating Providers	The CCHD Public Health Connection Newsletter promoted Screen Free Week and the 2 nd Annual Longest Day of Play; CCHD continued to participate in the Medical Home discussion/work with the Healthy Schools NY Program and physical activity screening opportunities through the Obesity Prevention in Pediatric Healthcare Settings (OPPHCS) program,
Promoting Community Education	Eastern Adirondack Health Care Network develops/distributes the 9th annual edition of the <i>Get Moving Guide</i> ; Sr. Citizens Council recovers gym space in August to allow for increased physical activity opportunities for members; Clinton County Health Dept. conducts 2 nd Annual Longest Day of Play effort expanding off site opportunities for all ages and abilities; ATFN sends Tobacco Free Grounds Policy Development Kits to 100 businesses in Clinton, Essex and Franklin Counties; All area schools receive guidance for promoting Screen Free Week and implement student Focused activities.
Strengthening Individual Knowledge and Skills	Completion of Phase 1 and Phase 2 Clinton County Public Transportation surveys determine community based intervention targeting resident CCPT ridership; Plattsburgh Press Republican includes CCPT article in daily newspaper highlighting survey results; The Action for Health Consortium includes the Spring and Fall MAPP(Mobilizing for Action through Planning and Partnership) inserts in the Plattsburgh Press Republican.



Spectrum of Prevention 2014 Update
Promote Mental Health and Prevent Substance Abuse:
Strengthen Infrastructure Across Systems

Influencing Policy and Legislation	Clinton County providers participate in New York State DSRIP process as part of an eight county regional effort.
Mobilizing Neighborhoods and Communities	Joint Behavioral Health Services North (BHSN), Champlain Valley Family Connections (CVFC), Clinton County Mental Health (CCMH) and Clinton County Department of Social Services (DSS) partnership results in 11 new Shelter Plus Care units for those chronically homeless; CCMH staff now located at 6 sites throughout the county providing “real time” MEB access to clients as part of medical integration effort.
Changing Organizational Practices	Clinton County MEB provider representatives determine MEB indicators for data collection/ sharing beginning in 2015; Clinton County Health Department integrates MEB screening in appropriate Health Care Services (HCS) programs.
Fostering Coalitions and Networks	CCHD coordinates monthly nutrition education series in collaboration with Clinton County Mental Health Services; Clinton County MEB providers begin meeting monthly to determine MEB strategic plan.
Educating Providers	Explore Conferences will now include a Mental, Emotional, Behavioral component in all events starting in 2015; The community Explore committee determined that the October 2015 Conference will be specific to Mental, Emotional and Behavioral Health.
Promoting Community Education	MEB article included in Spring and Fall MAPP (Mobilizing for Action Through Planning and Partnership) Press Republican insert; MEB article in December Strictly Business Magazine focused on interagency cooperation.
Strengthening Individual Knowledge and Skills	Grocery Market Tours coordinated with CCMH and local pediatric providers; National Alliance For Mental Illness (NAMI)/BHSN became new partners in 2014 Longest Day of Play.



Spectrum of Prevention 2014 Update Additional Community Health Improvement Efforts

Influencing Policy and Legislation	Clinton County Board of Health and Clinton County Legislature is provided with 2014 CHIP updates and plans for 2015 CHIP direction; The AIDS Council of Northern New York requests a letter of support from the CCHD BOH in support of establishing a needle exchange program.
Mobilizing Neighborhoods and Communities	CCHD Healthy Plates Project works with four new restaurants to meet the standards for Healthy Plate recognition; The Clinton County Breastfeeding Coalition conducts a worksite survey to prepare for training on breastfeeding laws in the workplace.
Changing Organizational Practices	OPPHCS working with multiple pediatric practices to apply to the state to become designated as "Breastfeeding Friendly"; HCS and Health Planning and Promotion (HPP) revise the Breast Feeding Policy to be comprehensive
Fostering Coalitions and Networks	The Clinton County Breastfeeding Coalition is resurrected and is implementing systems and policy changes across the community; The November meeting of the AFH including other community members is held to review progress of 2014 CHIP and plan 2015 CHIP document.
Educating Providers	Revision of Healthy Lifestyle Quiz used in Adirondack Medical Home assessment/referral process; Coordinated the first community Certified Lactation Consultant (CLC) training in years to be held spring of 2015; HPV systems change and training is conducted in one local pediatric office to increase HPV initiation and completion rates among young girls; Education and Electronic Medical Record (EMR) modifications in Pediatric Practices supporting Expert Committee Recommendation.
Promoting Community Education	In October, the Worksite Breastfeeding pilot training is conducted with the Clinton/Essex/Franklin County Library System; The Fall (November) MAPP insert appears in the Plattsburgh Press Republican; WIRY Promotion of Healthy Plates; Four Clinton County restaurants meet the Healthy Plates criteria.
Strengthening Individual Knowledge and Skills	Established Pickle Ball in the Town and City of Plattsburgh Recreation Departments and Sr. Citizens Council; The Town of Plattsburgh Recreation Dept. continues to offer <i>Kids Cook it Up!</i> in 2014; Cornell Cooperative Extension offers Jr. Iron Chef opportunity in Clinton County schools; The Clinton County Youth Bureau and Town of Plattsburgh Recreation Department offers Hearty Kids program. The County, Town of Plattsburgh and City Of Plattsburgh Recreation Departments continue to conduct "running" opportunities/programs. City of Plattsburgh Recreation Department offers Biggest Loser Program and Community Running Event.



2015 CHIP (Community Health Improvement Plan) Community Engagement Process

The Action for Health Consortium continues to be the primary community based group consistently focused on the community engagement implementation process for the CHIP. The AFH group meets between 6-8 times yearly. The meetings focus on CHIP Prevention Agenda focus area updates, next steps for goals and objectives, presentations, engagement with other members of the local public health system, and other health related improvement strategies not written into the current CHIP, but active in the community.

Action for Health provides system, policy and built environment feedback, support and leadership by hosting meetings, serving as lead on several subcommittees doing the CHIP work and providing a wide variety of expertise in areas to assure CHIP strategy implementation effectiveness. The AFH group meets under the leadership of Clinton County Health Department staff that serve in a facilitation role. Agendas are coordinated by the CCHD, meeting minutes taken, progress updates provided and meeting sign in sheets maintained. In 2014, all AFH members were asked to sign a Letter of Commitment in support of AFH that could be included in future grant applications and to define their commitment to continued support for the AFH Consortium efforts and implementation of the Community Health Improvement Plan (CHIP). AFH members will be asked to sign a letter of commitment at the January 2015 meeting.

On November 19, 2014 the AFH group, along with other community leaders, stakeholders and decision makers, met to review a year end draft 2014 update on the CHIP and provide continued review and input on the 2015 CHIP. The discussions were robust and value of work in several areas highlighted. The process included brainstorming, and draft goals and objectives review. The 2015 CHIP will remain focused on the Prevention Agenda areas selected in 2013, with 2015 tasks/goals/objectives updated along with outcome measures. The effort will continue under the Clinton County Health Department umbrella, with Action for Health Consortium in leadership roles in this community partnership.

The 2015 CHIP will once again allow for shared governance and shared credit for work accomplished. When appropriate, CHIP final reports will be shared with others in the community who would benefit from the information. For example, the CCPT Food Access information will be shared with the Clinton County Legislature for future decision making regarding continued CCPT program support and future route decision making.

Members have been asked to place the CHIP final 2014 report/new 2015 CHIP on their websites, share with their oversight boards/councils and continue to support the comprehensive and coordinated efforts of the AFH group. Members are also encouraged to invite other appropriate agencies/organizations to the AFH Consortium meetings to further support the CHIP efforts for community health improvement. In 2014 new members included Peru Little Au Sable River Trail and Plattsburgh Housing Authority representatives. The 2014 summary and 2015 CHIP document will be finalized at the end of the 2014 calendar year. Additional comments will be accepted for discussion/review, a final draft document distributed to the November 19, 2014 community participant group, review and discussion to the Clinton County Board of Health and presentation to the Clinton County Legislature Health Committee representatives. Media releases will be developed and released to increase resident understanding of community health improvement activities through the twice annual Mapping Our Way to a Healthier Community Press Republican Newspaper insert.

2013 – 2017 Selected NYS Prevention Agenda/Focus Areas
2014 Progress Update

Based on the June 12, 2013 Strategic Community Health Planning Session, and analysis of the available health data, community surveys, input from stakeholders and discussions at the regional and local levels, the following were identified as the priority health needs in Clinton County to be the major focus for the five year period. They are:

- 1) *Strengthen Infrastructure across Systems (Promote Mental Health and Prevent Substance Abuse)*
- 2) *Built Environment (Promote a Healthy and Safe Environment)*

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.

Purpose: Coordinate efforts of the mental, emotional and behavioral health (MEB) service providers in Clinton County to strengthen community MEB infrastructure.

Purpose statement objectives 2014 Update:

1. By December 31, 2014, 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.
 - a. Establish communication and data linkages among specific task force groups (i.e. housing develop, suicide prevention)

Update: The identified MEB providers in the area have been meeting consistently to work on the identified tasks related to this Prevention Agenda area. A lull in the meetings occurred when the Director of Community Services retired at the end of June 2014. The replacement was not selected and in place until August 11, 2014. Reorganizational meetings began in late September to get the group back on track and continue the work outlined.

Eleven new Shelter Plus Care units are being funded for the chronically homeless population in Clinton County. This is a joint venture between Behavioral Health Services



North (BHSN), Champlain Valley Family Center (CVFC) and Clinton County Department of Social Services. BHSN will add eight units and CVFC will add three to their existing Shelter Plus Care Housing Programs. St. Lawrence Psychiatric Center has established a "Mobile Unit" integrating transition from inpatient to outpatient services and support systems.

2. By December 31, 2014, 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. Develop system to track at least four key MEB data indicators.

Update: The MEB subcommittee selected five MEB data indicators to monitor. They are: 1. Cross systems 5 day follow-up appointments to IP discharge; 2. OP-no show rates from hospital referrals.3. IP-readmission rates; 4.OP-Access to psychiatrist; 5. OP - # who have PCP (and are using the service).

- b. Develop procedure for sharing and analysis of statistical data, at a minimum quarterly.

Update: Discussion has centered around the possible development /establishment of a Share Point to allow the "sharing" of the identified health indicators data so all MEB participants can have access for use in programs, grant application, trending community MEB issues.

- c. Identify steering committee representing inpatient, public and private sectors.

Update: This task was completed early in the process, 1st quarter of 2014 with members consisting of local MEB providers).

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.

Update: In partnership with CVPH and Fletcher Allen a medical residency program is being developed that will assure ten hours a week of service training in MEB local programs. Curriculum development and implementation is expected in July 2016.

- a. Establish system for collaborative MEB with medical integration.

Update: NYS initiated DSRIP planning in 2014/15 will allow for MEB medical integration active discussion to begin for Clinton County residents. Plans are currently being

formulated among providers and should be finalized by the end of 2014/ early 2015. This effort is being facilitated by the Adirondack Health Institute.

As part of an ongoing planned effort, there is now Clinton County Mental Health staff placed at six sites throughout Clinton County providing “real time” MEB access to patients as part of medical integration effort.

b. Integrate MEB screening in EMR.

Update: No action has been taken on this piece to date. It is anticipated that DSRIP development and implementation in local communities will provide direction and support for MEB piece in EMRs at participating provider offices starting late 2014 – 2015.

c. Provide annual opportunities for primary care provider, including CVPH Family Medicine residents, training in MEB area.

Update: Anticipated changes in the local Explore opportunities have determined that each conference conducted will include an MEB piece. Specific training opportunities may come forward as part of the developing DSRIP planning.

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.

Purpose: Increase access to and affordability of physical activity and nutrition opportunities in Clinton County

Purpose Statement Objectives 2014 update:

1. Increase the number of CCPT (Clinton County Public Transportation) riders from rural communities to local grocery/food stores by 10% by December 2015, (baseline unknown).
2. Promote four township Planning Boards to adopt Complete Streets resolutions in support of NYS 8/11 Complete Streets Law by December 2015.
3. Increase by 10% the percentage of residents utilizing current available physical activity opportunities by December 2015. (Baseline Unknown)



1. Increase the number of CCPT (Clinton County Public Transportation) riders to local grocery/food stores by 10% by December, 2015, (baseline unknown).

- a. Determine current baseline of ridership in low income rural areas traveling to grocery/food stores.

Update: Preliminary community survey indicated lower than expected number of riders using CCPT to access nutritious food. The AFH group determined that an expanded Phase 2 survey should be completed to determine access barriers. The target for completed surveys is 650 and early analysis is indicating a variety of CCPT ridership issues, providing trend information for who is utilizing the system and indications for selection of a community based intervention to increase ridership and food access.

- b. Develop and conduct community survey to determine need for additional routes or times of current routes.

Update: AFH determined that additional data collection was needed to better assess CCPT ridership and access to better nutrition shopping opportunities. A Second Phase Survey was developed and implemented in June - December of 2014 with the intent of collecting 650 completed surveys. This was accomplished through partnership with, Clinton County Planning Dept., SUNY Plattsburgh Nursing Students, summer employees, contract and AmeriCorp staff.

- c. Identified possible route changes to increase ridership.

Update: CCPT route changes are currently being determined based on the 650 Second Phase Survey Collection. Once the final results and data driven needs for route changes are identified the information will be shared with county and state level decision makers for route change approval and support.

- d. Promote new/added route schedules to target population through a social media plan.

Update: Preliminary plans are to engage SUNY Plattsburgh marketing/media students to develop and help implement a social media/marketing effort directed toward community members to ride the CCPT. It is hoped that the community will be moved toward greener transportation opportunities, support for the local transportation system and improved access to food markets, health care services and other local support systems. This effort is anticipated to be conducted in 2015.

- e. Conduct post intervention survey to determine change in ridership numbers.



Update: *In order to measure effort effectiveness an additional comprehensive survey will need to be completed mid to late year 2015. This will provide data that demonstrates support not only for the implemented route changes to increase both ridership on the CCPT transportation system, but increased access by those riders to enhance food/nutrition purchasing opportunities.*

2. Promote four townships' Boards to adopt Complete Streets resolutions in support of NYS 8/11 Complete Streets Law by December 2015.
 - a. Meet with at least six local town planning/zoning boards to provide information on Complete Streets concepts.

Update: *On September 17, 2014 community partners presented the Guide to Complete Streets manual developed by the AFH Complete Streets subcommittee, and support materials to the County Town Supervisors and elected Highway Superintendents. The presentation demonstrated how rural communities can implement Complete Streets concepts into existing planning and development infrastructure and approval system with little or no resources required other than policy development, support and adoption for the 2011 NYS Complete Streets legislation. Additional follow-up with those attending is currently being conducted with anticipated Complete Streets resolutions to be completed in at least four towns by the end of 2015.*

- b. Provide the six targeted planning/zoning boards with a Complete Streets template resolution for consideration of passage.

Update: *Completed as part of the September 17 presentation/training.*

- c. Attend one meeting of the Clinton County Highway superintendents meeting with TOP Highway Superintendent to describe/illustrate simple changes completed in the TOP under Complete Streets.

Update: *Yet to be completed.*

3. Increase by 10% the percentage of residents utilizing current available physical activity opportunities by December 2015, (baseline unknown).

- a. Develop and conduct public awareness campaign promoting the current 1.3 mile City of Plattsburgh Saranac River Trail, Heart Smart Trail and Town of Plattsburgh Cadyville Park Trails.

Update: *During the summer of 2014 draft survey and preparations to determine baseline use of the three trails identified in this effort were prepared. In September SUNY nursing students, along with other community partners began survey collection. In addition, active infrared trail counters were purchased and a schedule for placement of the trackers implemented.*



- a. Support and facilitate the local effort to complete the Saranac River Trail Greenway (SRTG) expansion Feasibility Study in adjacent townships.

Update: Request for Qualification was developed and released by the local Saranac River Trail Greenway Board through the Clinton County Planning Dept. The vendor selected is Alta Planning based in Saratoga New York. Final contract agreements should be in place by the end of the 2014 calendar year and the Feasibility Study begun by the end of the first quarter of 2015 and completed by the end of the second quarter. Final study results will be shared across the community and next steps for SRTG expansion updates provided to assure continued support for this important physical activity opportunity.

- b. Support and facilitate the SRTG Feasibility effort into adjacent township.

Update: Feasibility Study results will allow for increased communication by the representatives for each of the adjacent townships that the SRTG expansion is planned. Feasibility Study staff will provide ongoing updates as required under existing developed contract. This effort will continue into 2015.

- c. The Foundation of CVPH will draft a process to accept and subsidize physical activity at one local gym during first 6 months of year.

Update: The system is currently being developed to allow for and provide physical activity subsidy for those children and families to local affiliated facilities. Both the Adirondack Medical Home and the CCHD Pediatric Obesity program are working together to determine changes to the Healthy Lifestyle Skills assessment tool in all local pediatric offices. This change will result in 100% of children being assessed and those determined to be at greatest risk and with financial need, referred to the CVPH Foundation for assistance to improve physical activity opportunities for the children and family members to better facilitate a permanent change.

These changes are not anticipated to be in place until late 2015. First steps will include a pilot program/tool test, then gradual inclusion into additional pediatric offices through the remaining year.

CLINTON COUNTY HEALTH DEPARTMENT

COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE

CHIP 2014
Year End Update

Priority 1: Promote Mental Health and Prevent Substance Abuse
Focus Area #3: Strengthen Infrastructure Across Systems

Overarching Goal #3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017.

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2014 Performance Measures
1. Identify specific roles in different sectors (e.g. governmental and nongovernmental) and key initiatives (e.g. Health Reform) have in contributing towards MEB health promotion and MEB disorder in NYS for crisis intervention within the community.	31-Dec-14	Establish communication and data linkages among specific task force groups (i.e. housing dev., suicide prev. etc.)	<p>Representatives from gov. and nongov. Will establish regular communication links to discuss and share MEB community based promotion and intervention efforts to reduce disparity across the age spectrum</p> <ul style="list-style-type: none"> • Have met 3 times (12/18/13, 1/24/14, 3/11/14) • Fletcher Allen Med Director to review "How information" from IP to OP and OP to IP at CVPH flows • NAMI will Provide Ombudsman service to the clinic for "warm handoff" effort 	<p>Clinton County Community Services YES</p> <p>Behavioral Health Services North YES</p> <p>Eastern Adirondack Health Care Network Pending</p> <p>Champlain Valley Family Center YES</p> <p>CVPH Medical Center YES</p> <p>Office for the Aging Pending</p> <p>Child Care Coordinating Council Pending</p>	1,4 Changing Organizational Practices	<p>At least two meetings will be held (Mid-year and Year Ending)</p> <p>Has been incorporated into regular meeting agenda through ongoing discussion.</p> <p>Fletcher Allen review completed. All policies were reviewed</p>

CLINTON COUNTY HEALTH DEPARTMENT
COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE

CHIP 2014
 Year End Update

Priority 1: Promote Mental Health and Prevent Substance Abuse
Focus Area #3: Strengthen Infrastructure Across System

Overarching Goal #3.2: Strengthen Infrastructure for MEB Health Promotion and MEB Disorder Prevention by 2017

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2014 Performance Measures
			<ul style="list-style-type: none"> • CVPH is recreating a "warm handoff" between BHSN and CVPH • St. Lawrence psych Center has created a mobile unit psych effort to assure referral to out pt house at CVPH. 			

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COMMUNITY HEALTH IMPROVEMENT PLAN

CHIP 2014
Year End Update

Priority 1: Promote Mental Health and Prevent Substance Abuse
Focus Area #3: Strengthen Infrastructure Across System

Overarching Goal #3.2: Strengthen Infrastructure for MEB Health Promotion and MEB Disorder Prevention by 2017

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2014 Performance Measures
2. 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	31-Dec-14	Develop system to track at least four key MEB data indicators	<p>Draft system developed by 6/30/14</p> <ul style="list-style-type: none"> • Data points identified. <ol style="list-style-type: none"> 1. Cross systems 5 day followup appts to IP discharge 2. OP-no show rates from hospital referrals 3. IP-readmission rates 4. OP-Access to psychiatrist 5. OP-# who have PCP (and are using the service) 	<p>Clinton County Community Services Yes</p> <p>Behavioral Health Services North Yes</p> <p>Eastern Adirondack Health Care Network Pending</p> <p>Champlain Valley Family Center Yes</p> <p>NAMI Yes</p> <p>CVPH Yes</p>	<p>1,3</p> <p>Changing Organizational Practices</p>	<p>Draft system developed by 6/30/14</p> <p>Pilot project completed by 9/30/14</p> <p>All partners are sub submitting data by 11/15/14</p> <p>Community MEB data system fully operational by 12/31/14</p>

CLINTON COUNTY HEALTH DEPARTMENT

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CHIP 2014
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Priority 1: Promote Mental Health and Prevent Substance Abuse
Focus Area #3: Strengthen Infrastructure Across System

Overarching Goal #3.2: Strengthen Infrastructure for MEB Health Promotion and MEB Disorder Prevention by 2017

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2014 Performance Measures
3. 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.	31-Dec-17	<p>Establish system for collaborative MEB with medical integration</p> <p>Integrate MEB screening in EMR</p>		<p>Clinton County Community Services Yes</p> <p>Behavioral Health Services North (BHSN) Yes</p> <p>Eastern Adirondack Health Care Network Pending</p> <p>Champlain Valley Family Services Yes</p> <p>NAMI Yes</p> <p>CVPH Med Ctr Yes</p>	<p>8,9</p> <p>Changing Organizational Practices</p> <p>Fostering Coalitions and Networks</p> <p>Educating Providers</p>	<p>Assessment and preparation of current effort in planning for 2015 and 2016 activities</p>

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Priority 2: Promote a Healthy and Safe Environment
Focus Area #3: Built Environment

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

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2014 Performance Measures
1. Increase the number of CCPT riders to local grocery/food stores	31-Dec-15	<p>Determine current baseline of ridership in low income rural areas traveling to grocery/food stores</p> <p>Develop and conduct community survey to determine need for additional routes times of current routes</p> <p>Identify possible route changes to increase ridership</p> <p>Promote new/added route schedules to target population through a social media plan</p> <p>Conduct post intervention survey to determine change in ridership numbers</p> <p>Place link on CVPH web site to CCPT</p> <p>Include current bus schedule in 100% of discharge planning packets</p>	<p>Baseline data set</p> <ul style="list-style-type: none"> • Observational surveys drafted and Implemented • Data base developed for data analysis • SUNY Non-traditional nursing students participated • CCPT drivers assisted/supported • Discussion of 2nd phase data collection • Data to be presented at May 14 AFH mtg • Phase Two data collection begun. Target number of 650. 400 collected by Sept/Oct. Hope to complete by end of Nov. <p>Intervention will not be determined until end of Phase 2 data complete. Route changes will not be considered until after Phase Two survey completed. Determine after Phase 2 data collection completed. Pending after any 2014 Route changes.</p>	<p>CCPT</p> <p>JCEO</p> <p>CC Office for the Aging</p> <p>Farmer's Mkt CCHD</p> <p>Action for Health members</p> <p>CVPH Medical Center</p>	<p>4</p> <p>Fostering Coalitions and Networks</p> <p>Changing Organizational Practices</p>	<p>Ridership will have increase by 10%</p>

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Priority 2: Promote a Healthy and Safe Environment
Focus Area #3: Built Environment

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

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2014 Performance Measures
2. Promote four township Boards to adopt Complete Streets resolution in support of NYS 8/11 Streets Law	31-Dec-15	<p>Meet with at least six local Town Boards to provide information on Complete Streets concepts</p> <p>Provided six targeted Town Boards with a Complete Streets template resolution for consideration of passage</p> <p>Provide template information on Complete Streets concepts for walkable communities to six local school districts for inclusion in newsletters and posting on school websites</p> <p>Attend one Town Highway Superintendents mtg with (T) Plattsburgh Highway Superintendent to describe/illustrate simple changes in the (T) Plattsburgh under Complete Streets</p> <p>Develop community based support for Complete Streets at four local organizations</p>	<p>Mtgs will be scheduled and conducted</p> <ul style="list-style-type: none"> • Complete Streets packet/binder is under development • Several mtgs have been held with TOP Planning Dept. staff • Meet with TOP Complete Streets and Trail Committee • Identified 6 municipalities to present CS concepts <ol style="list-style-type: none"> 1. (V) Rouse Point 2. (T) Peru 3. (T) Saranac 4. (V) Champlain 5. (T) Schuyler Falls 6. (C) Plattsburgh <p>Pending 2015</p> <p>Determined that a presentation to the (T) Plattsburgh Supervisor and Highway Superintendent was a better choice.</p> <p>Pending 2015</p>	<p>CCHD Yes</p> <p>Action for Health Yes</p> <p>Town of Plattsburgh Yes</p> <p>CVPH Medical Center Yes</p>	<p>3,4</p> <p>Promoting Community Education</p> <p>Strengthening Individual Knowledge and Skills</p> <p>Changing Organizational Practices</p>	<p>Four Clinton County Municipalities will pass Complete Streets Resolutions</p>

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Priority 2: Promote a Healthy and Safe Environment
Focus Area #3: Built Environment

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

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2014 Performance Measures
3. Increase percentage of residents utilizing current available physical activity opportunities.	31-Dec-15	Conduct current trail use survey	Trail use study currently being conducted using Active Infrared Trail Counter system.	CCHD Student Interns		
		Develop and conduct public awareness campaign promoting 1.3 mile City of Plattsburgh Saranac River Trail, Heart Smart Trail and Town of Plattsburgh Cadyville Park Trail	Final determination of awareness effort/intervention not completed. Requires additional trail use survey data over a longer period of time.	CCOFA Student Interns Local MRC Volunteers CC Planning		
		Conduct post-awareness trail use survey	Trail use post survey is pending until final intervention determination and longer data collection time frame	Action for Health Foundation of CVPH		
	31-Dec-14	Support and facilitate the local effort to complete the Saranac River Trail Greenway SRTG expansion Feasibility Study in adjacent Townships	Vendor has been selected (Alta Planning). Study planned for spring of 2015.	PARC Wellness Center Staff		
		Foundation of CVPH will draft process to subsidize physical activity at one local gym	Pending 2015			
	Pilot Program 3 rd qtr	Pending 2015				
	Fully implement program during 4 th qtr	Pending 2015				



2014 Year End Update

Improving Health Status and Reducing Health Disparity in Clinton County

The two selected Prevention Agenda Priorities: 1) Promote Mental Health and Prevent Substance Abuse; and 2) Promote a Healthy and Safe Environment, focus on the identified disparity in Clinton County of targeting the low socioeconomic populations.

Both selected areas focused on in the 2014 CHIP are the start to a long term approach to improving health and reducing disparity within that targeted population in Clinton County. The areas of work are improving access to nutritious food, access to the health care delivery system that provides MEB services, and providing additional physical activity opportunity for all ages across all socioeconomic strata.

The selected Prevention Agenda Priorities and the developed CHIP work plan for 2014 were designed to impact both areas through defined health initiatives throughout the local public health system. CHIP work plans illustrated strong community collaboration and partnership that promoted policy, systems and built environment changes, and once implemented, will increase opportunity for improved health status. Progress has occurred within both areas and many other parts of the health system through a wide variety of additional projects not written into the CHIP, but developed to further promote health improvement across Clinton County.

The Clinton County MEB providers are engaged and actively pursuing change that they identified in the planning process stage in late 2013. 2014 CHIP goals, objectives and tasks were addressed, a systems approach to change developed and mutual agreement to continue the planned changes into 2015. Active pieces include data sharing, increased access and provider education targeting disparate populations. The built environment piece, while making the greatest strides in 2014, clearly indicates that continued effort and implementation of the 2015 CHIP will increase access to more nutritious food opportunity by improving access, awareness of physical activity opportunities on local trails and Complete Street concepts adopted by local municipalities. Local public health system commitment to continue the identified work is strong and higher levels of change expected for 2015.

While much work remains in order to clearly provide solid evidence of health improvement in the selected areas for Clinton County and the target population, the community partnership among local health system members remains intact. To start 2015, all recent participants of the 2015 Strategic Community Health Planning Session will be asked to commit time, resources and continued collaboration by signing an agreement for planned 2015 CHIP work. This will provide expansion of the Action for Health Consortium and provide a broader understanding of the concepts involved to produce meaningful change that is permanent and sustainable. The 2015 CHIP provides the structure necessary for continued movement toward community health improvement in Clinton County.



2014 CHIP Conclusion

The time and effort that have been contributed by the community to the NYSDOH Prevention Agenda selected areas in 2014 cannot be understated. Commitment by members of the local public health system is essential to have significant impact on future health conditions and opportunities for reduction in the negative health behaviors that have resulted in the current levels of illness experienced by our Clinton County residents. The change in health attitude, culture and importance of making a broad scale community commitment to health has clearly been indicated by the community.

Resources which were committed to the 2014 comprehensive Community Health Improvement Plan (CHIP) is the greatest indicator toward health change. Target populations across the county are being engaged by system members that currently address health issues with that specific group. Continued understanding and application of the policy, systems and built environment change that are permanent and sustained continues to be embraced and applied appropriately.

Participation in the Action for Health Consortium, along with tangible workload expectations, is being met. Cross community credit for health improvement successes shared and expansion of reach into the target population now common place. The development of strategic plans in community organizations, agencies and institutions have maintained and increased over the last year. Continued effort toward non duplication of effort and effective use of scarce resources are an ongoing community theme in Clinton County.

2015 will begin the community based intervention process of ground work laid in 2014. Using best practice whenever possible in the interventions will result in the greatest sustained and permanent health changes in Clinton County. While the short term results of this effort may not result in decreased rates of illness, the measurements for increased access to improved nutrition opportunities, increased levels of physical activity among all ages and a strengthened mental, emotional and behavioral community infrastructure established are considered indicators that predict better health outcomes over time.

The work to improve community health cannot be led by one organization alone. Positive partnership, shared governance, comprehensive plans developed by a community and shared credit for success are the primary ingredients needed to improve population based health. The community has made the commitment. The partners that have taken on the roles and responsibilities related to health commitment must maintain the effort put forth over the last ten years and stay true to the mission of improved health for Clinton County residents, current and future.

A continued robust level of partnership, coupled with a unique understanding of the needs of our residents will further support continued efforts of developing and implementing an annual Community Health Improvement Plan in Clinton County. Federal and state level changes will require local efforts to be flexible, along with understanding that unstable resources will continue to be a significant challenge to get the job done. If the 2015 CHIP plan, as outlined and approved by the community membership, AFH and others, is used as a guidance tool, positive change can result.



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Public Health
Prevent. Promote. Protect.

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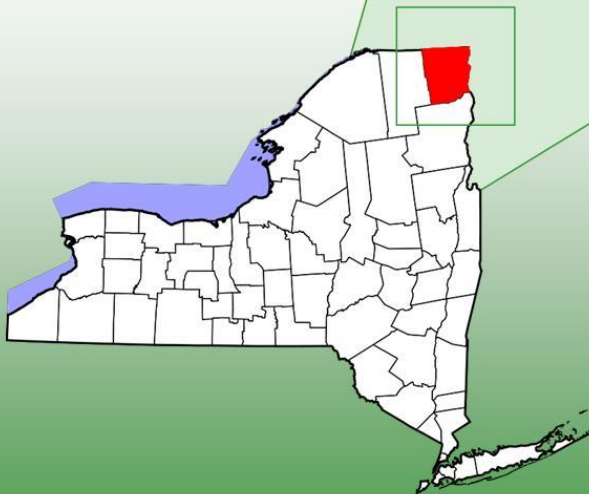
Community Health Improvement

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



Mobilizing for Action through
Planning & Partnership (MAPP)

Action for Health Subcommittee



Public Health
Prevent. Promote. Protect.



2015 CHIP Overview

The five year (2013-2017) Prevention Agenda work, coupled with the Community Health Assessment document for Clinton County will continue to reflect work begun in 2014. The selected Priority Areas: “Promote Mental Health and Prevent Substance Abuse” and “Promote a Healthy and Safe Environment” will be the continuing themes. Year one (2014) provided a strong base of communication and strategic planning that will allow year two (2015) to progress significantly. These selected areas are also well situated within Clinton County for expanded partnership directed toward system, policy and built environment changes.

Groups like the Saranac River Trail Greenway and the NYSDOH DSRIP initiative will provide community change support affecting both Prevention Agenda selected areas. This may be a challenge for the Action for Health Consortium to remain focused on what is written in the 2015 CHIP due to the impact of other influences and progress affecting the work planned. Inclusion and strong communication by those driving the processes will be essential in maintaining, tracking and determining health improvement impact that may be occurring so quickly within existing MEB systems and capital project activity of trail expansion in Clinton County.

The tasks drafted, reviewed and approved by the Action for Health Consortium and others that attended the November 19, 2014 Strategic Community Health Planning Session, have also been written into community work plans for the Clinton County Health Department, Eastern Adirondack Health Care Network, Town of Plattsburgh Planning and Recreation Departments, the Clinton County Planning Department, and others. The challenge will be to effectively maintain open lines of communication to keep all apprised of the work plan implementation, completed work, and assuring that work will result in sustainable systems.



2013 – 2017 Selected NY State Prevention Agenda/Focus Area Year Two 2015 CHIP

Successful community health improvement occurs over time in order to be successful and permanent. 2015 will continue to provide a comprehensive strategic community plan based on best practice and promising practice efforts that have been tested in the selected areas Promote Mental Health and Prevent Substance Abuse and Promote a Healthy and Safe Environment. 2015 will result in continued primary interventions in each identified objective, ongoing assessment of progress, need for correction to assure success and attention to data and measurement indicators related to each objective task.

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.

Purpose: Coordinate efforts of the mental, emotional and behavioral (MEB) service providers in Clinton County to strengthen community MEB infrastructure.

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.
 - 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 CC Mental Hygiene Local Authority Guidance
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 (share point) to track the identified 2014 5 key MEB indicators.
 - b. Pilot share point data system 1st quarter of 2015.
 - c. Assure that all MEB partners are submitting data by May 1, 2015.
 - d. Determine additional year end reports to be placed on share point for ease of access.
 - e. MEB share point fully operational by July 1, 2015



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 3 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 practices by 3rd quarter of 2015.
 - d. Begin medical integration of screening tool into the two provider practices MER systems 4th quarter of 2015.
 - e. Develop behavioral health curriculum for medicine residency program at CVPH Health Care Center by July 2015.
 - f. Participate in Regional DSRIP (Delivery System Reform Incentive Payment Program) process.
 - g. Determine Best Practices for chronic illness and educate behavioral health system providers and local PCP's.

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.

Purpose: Increase access to and affordability of physical activity and nutrition opportunities in Clinton County.

Purpose Statement Objectives:

1. Increase the number of CCPT (Clinton County Public Transportation) riders from rural communities to local grocery/food stores by 10% by December 2015. (Baseline Unknown)
 - a. Finalize baseline information collected 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.



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- 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 stores of 10% by December 2015.
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 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 respective townships.
 - d. Identify and conduct opportunities for four Complete Streets community based presentations to increase awareness of concepts.
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 expansion through communication, sharing of data collection (2014), 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.

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Priority 1: Promote Mental Health and Prevent Substance Abuse
Focus Area #3: Strengthen Infrastructure Across Systems

Overarching Goal #3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017.

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/ Spectrum of Prevention	2015 Performance Measures
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.	31-Dec-15	<ul style="list-style-type: none"> 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 CC Mental Hygiene Local Authority Guidance 	<p>Communication tool for information and data sharing will be finalized by use of the share point and regular mtgs designed to address and reduce disparity across the age spectrum for MEB participating members</p> <p>Develop 2015 schedule for regular meetings of MEB providers</p> <p>Integration of data/communication effort is completed for participating members</p>	<p>Clinton County Community Services</p> <p>BHSN</p> <p>Eastern Adirondack Health Care Network</p> <p>Champlain Family Center</p> <p>NAMI</p> <p>UVM-CVPH</p> <p>CC Office for the Aging</p> <p>CCCC</p>	<p>1,4</p> <p>Changing Organizational Practices</p> <p>Fostering Coalitions and Networks</p>	<p>At least six meetings will be held.</p> <p>Share Point tool will be developed and implemented for use.</p> <p>Effort is institutionalized through adoption into local Mental Hygiene Local Authority Guidance</p>

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Priority 1: Promote Mental Health and Prevent Substance Abuse Focus Area #3: Strengthen Infrastructure Across Systems

Overarching Goal #3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017.

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2015 Performance Measures
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	31-Dec-15	<ul style="list-style-type: none"> a) Complete data system (share point) to track the identified 2014 5 key MEB indicators. b) Pilot share point data system 1st quarter of 2015. c) Assure that all MEB partners are submitting data by May 1, 2015. d) Determine additional year end reports to be placed on share point for ease of access. e) MEB share point fully operational by July 1, 2015 	<p>Communication tool for information and data sharing will be finalized by use of the share point and regular mtgs designed to address and reduce disparity across the age spectrum for MEB participating members</p> <p>Pilot MEB share point established for participating members only</p> <p>Data being submitted by participating MEB members</p> <p>MEB share point fully operational for use by participating members</p> <p>Yearend reports identified and placed on SharePoint</p>	<p>Clinton County Community Services</p> <p>BHSN</p> <p>Eastern Adirondack Health Care Network</p> <p>Champlain Family Center</p> <p>NAMI</p> <p>UVM-CVPH</p> <p>CC Office for the Aging</p> <p>Child Care Coordinating Council</p>	<p>1,3</p> <p>Ongoing Organizational changes</p>	<p>MEB baseline health indicator data will be assessed and structured for future data input and analysis for MEB community and health delivery system</p> <p>Maintain ease of MEB data upload process in SharePoint system for each MEB provider</p> <p>Collate all data submitted for 2015, distribute to appropriate community health MEB providers with completed indicator analysis</p> <p>At least three provider training opportunities will have been offered through MEB existing system of DSRIP process</p>

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Priority 1: Promote Mental Health and Prevent Substance Abuse
Focus Area #3: Strengthen Infrastructure Across Systems

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

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2015 Performance Measures
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.	31-Dec-15	<p>a) Maintain MEB training/education opportunity in all Explore conferences.</p> <p>b) Identify and determine three best practice MEB medical integratin screening tools for pilot in at least two new medical provider practices second quarter of 2015.</p> <p>c) Pilot MEB medical integration screening tool in at least two provider practices by 3rd quarter of 2015.</p> <p>d) Begin medical integration of screening tool into the two provider practices MER systems 4th qtr 2015</p>	<p>All Explore events contain MEB piece</p> <p>Three best practice models identified</p> <p>Selected medical integration tool piloted in two offices</p> <p>Full integration in MEB provider offices</p>	<p>Clinton County Community Services</p> <p>BHSN Eastern Adirondack Health Care Network</p> <p>Champlain Valley Family Center</p> <p>NAMI</p> <p>UVM-CVPH</p> <p>CC Office for the Aging</p> <p>Child Care Coordinating Council</p>		<p>At least three MEB screening tools will be identified and MEB providers trained for use in health care delivery setting.</p> <p>Determine medical integration screening tool to be piloted in at least two provider offices</p> <p>Fully integrate medical integration screening tool within those pilot offices by end of year</p> <p>Residency MEB curri-culum will be developed and implemented within existing health care delivery system</p> <p>Actively participate in DSRIP Process by attending mtgs., developing materials, integrating changes in health care delivery system</p>

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Priority 1: Promote Mental Health and Prevent Substance Abuse
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Overarching Goal #3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention by 2017

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/ Spectrum of Prevention	2015 Performance Measures
		e) Develop behavioral health curriculum for medicine residency program at CVPH Health Care Center by July 2015. f) Participate in Regional DSRIP (Delivery System Reform Incentive Payment Program) process. g) Determine Best Practices for chronic illness and educate behavioral health system providers and local PCPs.	Assist and support developing curriculum Attendance at all regional/local DSRIP mtgs			Best Practice methods for providers will be identified and information shared within existing MEB health care delivery system

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Priority 2: Promote a Healthy and Safe Environment

Focus Area #3: Built Environment

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

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2015 Performance Measures
1. Increase the number of CCPT (Clinton County Public Transportation) riders from rural communities to local grocery/food stores by 10% by December 2015. (Baseline unknown)		<p>a. Finalize baseline information collected in 2014 that includes: analysis, outcomes, recommendations to CCPT and other community partners.</p> <p>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.</p> <p>c. Determine (based on findings) appropriate best/promising practice for community implementation to increase ridership to food markets for those targeted.</p>	<p>Baseline data fully complete and analyzed</p> <p>Determine possible route changes to increase ridership for increased food access</p> <p>Research and determine best practice intervention for community awareness impact</p>	<p>CCPT</p> <p>JCEO</p> <p>CCHD</p> <p>Action for Health</p> <p>SUNY Nursing Students</p> <p>CC Office for the Aging</p> <p>CVPH</p>	<p>4</p> <p>Fostering Coalitions and Networks</p> <p>Changing organization practices</p>	<p>Route changes identified and integrated</p> <p>Ridership increase by 10%</p>

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Priority 2: Promote a Healthy and Safe Environment

Focus Area #3: Built Environment

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

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2015 Performance Measures
		<p>d. Engage SUNY Plattsburgh Nursing and Marketing students to assist in intervention, implementation and strategic plan.</p> <p>e. Determine time schedule for intervention implementation during the first six months of 2015.</p> <p>f. Complete Phase Three survey/ridership assessment to determine change in ridership/food access.</p> <p>g. Complete final data collection analysis and compare to Phase Two data collection outcomes to demonstrate improved CCPT ridership to local food/grocery stores by 10% by December 2015.</p>	<p>Engage both spring and fall semester students</p> <p>Develop intervention schedule for community campaign</p> <p>Conduct Third Phase ridership survey</p> <p>Phase Two and Phase Three collected data are compared to demonstrate change in ridership to access healthier food choices</p>			

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Priority 2: Promote a Healthy and Safe Environment

Focus Area #3: Built Environment

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

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2015 Performance Measures
2. Promote four township Planning Boards or Town Boards to adopt Complete Streets resolutions in support of NYS 8/11 Complete Streets Law by December 2015		<p>a. Continue to provide support, guidance and resources to municipalities engaged in Complete Streets efforts through: resolution development and implementation.</p> <p>b. Provide Complete Streets guidance and education to current Planning Board/Town Board (when appropriate) members in an effort to modify/accept Complete Streets concepts in existing development guidance.</p> <p>c. Maintain contact with town supervisors and highway superintendents of progress made in their respective townships.</p> <p>d. Identify opportunities for four Complete Streets community based presentations to increase awareness of concepts.</p>	<p>Establish regular mtg times for Complete Streets efforts in partner municipalities</p> <p>Continue support/guidance/resource efforts for partner municipalities</p> <p>Monitor Complete Streets progress through use of guidance and resource supported materials and "How to Binder" provided at initial training</p> <p>Provide additional Complete Streets presentation in variety of settings in participating municipality community</p>	<p>CCPT</p> <p>Town Boards/ Planning Boards</p> <p>CCHD</p> <p>Action for Health</p> <p>CC Office for the Aging</p> <p>CVPH</p>	<p>3,4</p> <p>Promoting community education</p> <p>Strengthening Individual Knowledge and Skills</p> <p>Changing organizational practices</p>	<p>Four Town Board/Planning Departments are participating in Complete Streets process</p> <p>Regular communication and meetings are conducted to facilitate process</p> <p>Four additional community based presentations are conducted in participating municipalities</p>

CLINTON COUNTY HEALTH DEPARTMENT

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Priority 2: Promote a Healthy and Safe Environment
Focus Area #3: Built Environment

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

Objective	Estimated Date of Completion	Methods/Tasks	Outcome	Partners	Essential Service/Spectrum of Prevention	2015 Performance Measures
3. Increase by 10% the percentage of residents utilizing current available physical activity opportunities by December 2015. (Baseline Unknown)		<ul style="list-style-type: none"> a. Complete data collection using 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 expansion through communication, sharing of data collection (2014), 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. 				



Clinton County Community Health Improvement Plan
Distribution Effort 2014 Summary and 2015 CHIP

Since 2009, the local public health system in Clinton County has steadily moved toward community-based health strategic planning through active engagement and implementation of the concepts of sustained and permanent change (policy, systems, built environment), targeting specific health needs in our community. This has been demonstrated through agency and organizational strategic planning inclusion of best practice and promising practice initiatives in a wide variety of community sectors. To assure continued and widespread support and understanding of the 2014 Summary and 2015 Clinton County CHIP, distribution and presentation will be executed as follows:

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

- Main page of CCHD and 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 provided 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

Community presentations will include:

- AFH members to their Directors or oversight Boards
- Community meetings (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 tool to improve health. Distribution and community presentations will also help build the grassroots need to address health improvement efforts across the county by engaging both traditional and nontraditional partners in sustainable and permanent community-based interventions.



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2014 and 2015 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 (CHIP) since 2012.

Local & State Government

Town offices in Clinton County:

Altona	Dannemora
Ausable	Ellenburg
Beekmantown	Mooers
Black Brook	Peru
Chazy	Saranac
Champlain	Schuyler Falls
Clinton	Plattsburgh
City of Plattsburgh	
Village of Champlain	
Village of Keeseville	
Village of Rouses Point	

Libraries

Clinton County Library System

Schools

Ausable Valley School District
 Beekmantown Central School
 Chazy Central School
 Community College
 CV Tech of Clinton County
 Northern Adirondack Central School
 Northeastern Clinton Central School
 Plattsburgh City School District
 Peru Central School
 Saranac Central School
 SUNY Plattsburgh

Organizations

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

Hospitals

CVPH Medical Center
 CVPH Board of Directors
 CVPH Mental Health
 Foundation of CVPH Medical Center
 Foundation of CVPH Board of Directors

Health Care Providers

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
 AIDS Council of NENY
 Mountain View Pediatrics

Local Businesses

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



Community Partners

The following organizations and individuals participated in the Community Health Improvement Plan (CHIP) process 2014 Summary CHIP and 2015 CHIP development.

CHIP Leadership Committee

All members of the Action for Health Consortium contributed heavily to the 2014 CHIP effort and preparing for 2015 community health improvement efforts. While not all of them met on a regular basis to implement developed strategies, all participated in the 2014 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:

American Cancer Society
Child Care Coordinating Council
City of Plattsburgh Recreation Department
Clinton County Health Department All Divisions
Clinton County Mental Health
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
CVPH Medical Center Administration
Eastern Adirondack Health Care Network
Foundation of CVPH
Joint Council for Economic Opportunity
PARC Wellness Center
SUNY Plattsburgh Sports and Wellness Program
SUNY Plattsburgh Nursing Department
Swarovski Lighting Ltd.
The Development Corporation
Town of Plattsburgh Planning Department
Town of Plattsburgh Recreation Department
Plattsburgh Housing Authority
Town of Peru/Little Ausable River Trail



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



2015 Community Health Improvement Plan

Acronym Listing

AFH	Action For Health
ATFN	Adirondack Tobacco Free Network
BHSN	Behavioral Health Services North
BOH	Board of Health
CCCC	Child Care Coordinating Council
CCHD	Clinton County Health Department
CCMH	Clinton County Mental Health
CCOFA	Clinton County Office for the Aging
CCPT	Clinton County Public Transit
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
CLC	Certified Lactation Consultant
CVFC	Champlain Valley Family Center
CVPH	The UVM Health Network - CVPH
DSRIP	Delivery System Reform Incentive Payment Program
DSS	Department of Social Services
EAHCN	Eastern Adirondack Healthcare Network
EMR	Electronic Medical Record
HCS	Health Care Services
HCR	Homecare of Rochester
MAPP	Mobilizing for Action through Planning & Partnership
MEB	Mental, Emotional, Behavioral
MRC	Medical Reserve Corp
NACCHO	National Association of County and City Health Officials
NAMI	National Alliance for Mental Illness
NPHSP	National Public Health Performance Standards Program?
NYS	New York State
NYSDOH	New York State Department of Health
NYSDOT	New York State Department of Transportation
OPPHCS	Obesity Prevention in Pediatric Healthcare Settings
PAC	Professional Advisory Committee
PARC	Plattsburgh Airbase Redevelopment Corporation
PASS	Plattsburgh Acquiring Safe Streets
PCP	Primary Care Provider
PHIP	Performance Health Improvement Plan
RSVP	Retired Senior Volunteer Program
SRTG	Saranac River Trail Greenway
SUNY	State University of New York
TOP	Town of Plattsburgh
UVM	University of Vermont Medical



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Resources and References

Centers for Disease Control and Prevention. National Public Health Performance Standards Program (NPHPSP). 10 Essential Public Health Services. Atlanta, GA.

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

New York State Department of Health Prevention Agenda Guidance material for 2013-2017.

Available at: www.health.ny.gov

New York State Department of Health Vital

Statistics -Community Health Assessment Guidance 2013 - 2017.

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



Clinton County Health Department
133 Margaret Street
Plattsburgh, NY 12901
518-565-4840
health@co.clinton.ny.us
<http://www.clintonhealth.org/>

