# Tioga County, NY 2019-2021 Community Health Improvement Plan



# Acknowledgements

The Tioga County Community Health
Improvement Plan was developed with
collaboration of many partners and multiple
agencies. This plan is the result of many
conversations and brainstorming exercises with
the intent to improve the health of our
residents.

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# Tioga County Healthy Communities Partnership

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### **Executive Summary**

The Tioga County Community Health Improvement Plan process started post-completion of the Community Health Assessment update. This plan is designed to support current activities, identify goals and interventions and systematically monitor progress. The end goal is that our efforts will lead to improved health status and better outcomes.

Initial steps taken included brainstorming ideas on how to bring key stakeholders to the table. Due to the lack of a hospital within the county, it was important to identify organizations and agencies that are vital to the



health of the community. Thus, the Healthy Communities Planning Meeting was organized. This provided the opportunity to share the Community Health Assessment findings and gather feedback into the identifying priorities for the 2019-2021 Community Health Improvement Plan.

Following the Healthy Communities Planning Meeting, project staff walked away with the identified priorities of <u>Promote Healthy Women</u>, <u>Infants and Children</u>, <u>Promote Well-Being and Prevent Mental and Substance Use Disorders</u> and <u>Prevent Chronic Diseases</u>. With a direction in place it was decided to rejuvenate the Tioga County Healthy Communities Partnership to map the course of the Community Health Improvement Plan.

Identifying interventions was the primary task at the first Healthy Communities Partnership Meeting. This provided a great opportunity to gather representatives from various organizations to discuss what activities were already underway, interventions that needed



more support and focus areas that were in need of intervention. This process went into greater detail and began to develop the framework of this Community Health Improvement Plan. Upon conclusion of the meeting, the group left with identified tasks and a plan to reconvene in early 2020.

Tioga County Healthy Communities Partnership is tasked with monitoring and evaluating the progress of the Community Health Improvement Plan. The partnership will serve as the forum to bring together stakeholders to work towards the improved health of Tioga County adults and children.

### Community Health Improvement Plan Development

#### The Process

On September 26, 2019 the Tioga County Healthy Communities Planning Meeting was held at a local venue. Invitees included representatives from community agencies, health care systems, governmental leaders and community members. With a total of 32 participants, the planning meeting resulted in a clear direction for the CHIP to proceed.

The event was kicked-off with sharing the Community Health Assessment's (CHA) preliminary findings. With the knowledge of the CHA's findings, participants had informed conversations and brainstorming sessions while identifying health-improving tactics. Following the health assessment presentation, attendees used the New York State Prevention Agenda's 5 Priority Areas as the

framework for small group discussions.

Conversations ensued, identifying strengths and challenges, plus the selection of the top health priorities Tioga County will plan for in the upcoming Community Health Improvement Plan.

#### What did we learn from the Planning Meeting?

- Lyme disease is identified by the community as a health concern.
- Limited individual and community resources effect birth outcomes.
- Health decision-making is difficult with conflicting information.



### What were common "Hot Topics"?

- Child Mortality
- The rate of tobacco use during Pregnancy
- Pedestrian-Motor Vehicle Crashes
- Access to Specialty Providers and Services
- Lyme Disease



#### **Identification of Community Strengths & Challenges**

Under a direction of a facilitator, small group discussions reviewed the Prevention Agenda's Focus Areas and identified strengths and weaknesses contributing to the community's health.

# **Strengths & Weaknesses Group Discussion**

CHRONIC DISEASES						
Strength	Weakness					
GetThere Mobility Services	Limited/Lack of Specialty Providers					
Abundance of Parks and Trails	Physical Activity is not valued					
ASAP Coalition	Availability of grocery markets					
Summer Meal Programs	Immediate gratification of wants vs/long- term effects of poor nutrition or habits					
NYS Regulations directed toward changing health behaviors	Radon exposure leading to lung cancer					
Dental & Mammography Vans	Aging Population					
Access to Medical Primary Care Providers	Obesity Rates are High					
Healthy & Safe I	<u>Environments</u>					
Strength	Weakness					
Farmer's Markets	Limited Sidewalk Access					
Healthy Neighborhoods Program	Increase in drug activity leads to feelings of unsafe neighborhoods					
NYS Legislation decreased lead poisoning level	Lack of lighting					
Low crime rate	Traffic-related injuries					
Health Department—Environmental Health	Older Homes					
Traffic Lights with Visual/Hearing Impaired Features	Domestic Violence (Mental Health Challenges)					

# **Strengths & Weaknesses Group Discussion**

Strength	Weakness					
Availability of agencies and services	Lack of pediatricians, obstetricians					
Continued cycle of poverty	Transportation barriers to well-women, well-child visits					
Higher breast-feeding rates	Drug epidemic: Drug use in pregnant mothers, poor home life leading to developmental and physical delays					
School-Based services like Mental and Dental	Lack of quality Sex Education in schools					
Clinics	Some hospital systems won't even discuss family planning					
Increased state/community knowledge of social determinants of health	No fluoridated water and poor nutrition resulting in poor dental health					
Well-being, Mental Health & Substance Use Disorders						
Strength	Weakness					
More in-community peer support	Mental Health stigma					
Parental acceptance of substance abuse	Limited coordination of efforts					
Suicide prevention training	Limitations of Child and Adolescent Needs and Strengths tool					
Drug-Free Communities Grant	Ease of access to alcohol, tobacco and other drugs					
Prevention Needs Assessment data	Potential legalization of marijuana and its impact on youth and adults					
Communicable Diseases						
Strength	Weakness					
Increasing flu vaccine coverage	Vaccine shortages					
Programs including: Vaccine for Adults, Vaccine for Children	Location of Sexually Transmitted Diseases Clinics					

#### **Priorities Areas**

Following the strength/weakness exercise, groups were tasked with identifying priorities areas. Participants understood that by choosing the priority areas, they would be steering the direction of the Community Health Improvement Plan. After brief discussions and some back and forth exchanges, overwhelmingly the groups selected:

Promote Healthy, Women, Infants and Children

Promote Wellbeing and Prevent Mental and Substance Use Disorders

Prevent Chronic Diseases

### **Goals/Objectives/Interventions**

On November 7, 2019, the Tioga County Healthy Communities Partnership completed a detailed review of the prescribed <u>2019-2021 Prevention Agenda Workplan</u>. This allowed for identification of activities already underway and selection of interventions to implement. In an effort to address all substance use disorders, the group added the focus area of tobacco prevention which is captured under Prevent Chronic Diseases.

We provide:

At-home family visiting and education.

I can provide:

Education of chronic disease management, home safety and pediatric home-based care.

I can provide:

Outreach to primary care providers.

We provide:

"Condom Corner" a program providing free condoms to anyone.

We provide:

Breastfeeding support to new mothers.

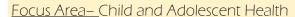
# Promote Healthy Women, Infants & Children To Do List:

Focus Area-Perinatal and Infant Health

Goal: Reduce infant mortality and morbidity

<u>Objective:</u> Decrease the infant death rate by 20% from 6.2 to 4.9 deaths per 1,000 live births.

<u>Intervention:</u> Increase capacity and competencies of local maternal and infant home visiting programs and engage in collaborative clinical and community-based strategies to reduce sleep-related infant deaths.



<u>Goal:</u> Support and enhance childrens' and adolescents' social-emotional development and relationships

<u>Objective:</u> Increase the percentage of educators who are traumaresponsive by 5% by 2021.

<u>Intervention:</u> Implement and utilized trauma informed programing PAX Good Behavior Game in local school districts.

<u>Objective:</u> Increase the percentage of adolescents with the skills of resiliency and therefore decrease the suicide rate of 15-19 year olds by 20% from a rate of 21 to 16.8.

<u>Intervention:</u> Implement "Girls Circle" and "The Council for Boys and Young Men" curriculum-based groups to local Tioga County school districts. The Girls Circle and The Council groups are integrate relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in youth.

Goal: Increase supports for children and youth with special health care needs

<u>Objective</u>: Increase the percentage of children birth-35 months who received a developmental screening using a parent completed screening tool in the past year by 20% to 21%.

<u>Intervention:</u> Engage parents in the development screening process to identify developmental milestones and delays.

Goal: Reduce dental caries among children.

<u>Objective:</u> Increase the percentage of Medicaid enrollees ages 2-20 years who had one or more preventive dental visits in the past year by 10%, from 45% to 55%.

<u>Intervention:</u> Integrate oral health messages and evidence-based prevention strategies within community-based programs serving women, infants, and children.



# Promote Wellbeing & Prevent Mental and Substance use Disorders To Do List:

Focus Area - Prevent Mental and Substance Use Disorders

<u>Goal</u>: Prevent underage drinking and excessive alcohol consumption by adults

<u>Objective</u>: Reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days by 20% from 24% in 2017 to 19.2%.

<u>Intervention:</u> Implement School based prevention: "Too Good for Drugs" and "Social Perspectives" are a school-based programs that aim to prevent alcohol, tobacco, and marijuana use and violence by targeting major social and psychological factors that promote the initiation of substance use and other risky behaviors.

<u>Objective:</u> Reduce the age-adjusted percentage of adult (age 18 and older) binge drinking during the past month by 20% from 20% to 16%.

<u>Intervention:</u> Implement routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol use for adults (18+), including pregnant women.

<u>Goal:</u> Prevent and address adverse childhood experiences (ACEs)

<u>Objective:</u> Reduce the percentage of adults experiencing two or more adverse childhood experiences by 5%.

<u>Intervention:</u> Integrate principles of trauma-informant approach in school classrooms including training and workforce development, progress monitoring and evaluation.

Goal: Prevent suicides.

Objective: Reduce suicide rate of 15-19 year old by 10% from rate of 11 deaths per 100,000 to 9.9.

Intervention: Strengthen access and delivery of mental health/suicide care.

Intervention: Create protective environments.



### Prevent Chronic Diseases

To Do List:

Focus Area - Tobacco Prevention

Goal: Prevent initiation of tobacco use

<u>Objective:</u> Decrease tobacco use by high school students by 10% from 17% to 15.3%



<u>Intervention:</u> School-based programing: Reality Check program is based in Owego Apalachin School District and the RC youth in-school peer to peer education. Education of elected officials and the community on the initiatives including: Tobacco free outdoor policies, tobacco retail environment policies, smoke free public housing policies.

## **Monitoring & Reporting**

Tioga County Healthy Communities Partnership is tasked with oversight of the Community Health Improvement Plan. With members representing Public Health Department, local hospital systems, community-based organizations and agencies the partnership is well-equipped with qualified informers.

Monitoring of activities will occur during regularly scheduled meetings. Progress reports will include identified successes and challenges presented by the intervention lead agency. Support from the partnership will aid in addressing identified challenges and analysis of problems with determination of



action steps to remedy the issue.

Monitor

Evaluate

Learn

Improve

Showcase

The proposed family of measures will provide the barometer to evaluate progress. Additionally, activity reporting will be completed and submitted to New York State Department of Health annually.

It is the responsibility of the Tioga County Healthy Communities Partnership to revise and update the Community Health Improvement Plan-Work Plan as deemed necessary.





	Priority: F	Prevent Chronic Dis	seases			
	Focus Are	a 3: Tobacco Preve	ention			
Goal 3.1 Prevent initiation of tobacco use		Objective: De	Objective: Decrease tobacco use by high school students by 10% from 17% to 15.3%			
Interventions	Family of Measures	2019 Activities	Projected Year 2: 2020 Activities	Projected Year 2: 2021 Activities	Who	
School-based programing: Reality Check program is based in Owego Apalachin School District and the RC youth in-school peer to peer education. Education of elected officials and the community on the initiatives including: Tobacco free outdoor policies, tobacco retail environment policies, smoke free public housing policies.  http://www.realitycheckofny .com/new-page-1  https://www.cdc.gov/tobacc o/stateandcommunity/best_ practices/pdfs/2014/compre hensive.pdf	Input Measures: # surveys collected via tobacco survey. Input Measure: # classrooms benefiting from Reality Check Output Measure: # of residents in support of limiting tobacco retail within a specific radius of schools.  Output Measure: # of students learning about the hazards of tobacco use. Intermediate Measure: Reduction in the # of retailers in close proximity to Tioga County schools. Intermediate Measure: # of high school students not reporting tobacco use. Short-term Outcome: Decrease the # of individuals using tobacco products. Long-term Outcome: Decrease the # of residents experiencing poor health outcomes due to the use of tobacco products.	Will begin by educating the community and hearing their concerns and thoughts. Community tobacco survey through Joel Lalone in December which will feedback on Tioga County resident's thoughts on a tobacco retail policy.	Identify retailers close to schools. Research legislation to limit tobacco retailers in close proximity to schools.	TBD based on prior year's accomplishments/c hallenges	Tobacco Free Broome-Tioga	

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	Priority: Promote	Healthy Women, In	ants & Children			
	Focus Area	2: Perinatal and Infa	nt Health			
Goal 2.1 Reduce infant mortality and morbidity		Objective: D	Objective: Decrease the infant death rate by 20% from 6.2 to 4.9 infa deaths/1,000			
Interventions	Family of Measures	2019 Activities	Projected Year 2: 2020 Activities	Projected Year 2: 2021 Activities	Who	
Disparity: At-risk famili	es					
Increase capacity and competencies of local maternal and infant home visiting programs and engage in collaborative clinical and community-based strategies to reduce sleep-related infant deaths.  https://www.healthyfamiliesnewyork.org/About/default.htm	Input Measures: # Home-visiting referrals Healthy Families NY-PACT Program Output Measures: # Families participating in PACT program; Short-term Outcomes: Reduce the incidence of child abuse and neglect and adverse childhood experience Intermediate Outcomes: # of families not have CPS involvement Long-term Outcome: Decreased # of infant deaths and increased number of children and families thriving in a health home environment.	Completed: 120 families serviced; graduated 12 families that have been in PACT from 3-5 years	Maintain capacity with a minimum of 87 families enrolled. Engage more teen parents and parte at- risk. Collaborate more with community agencies to outreach to different populations throughout the county.	In process of completing	Ascension Health- Lourdes PACT Program	
Interventions	Family of Measures	2019 Activities	Projected Year 2: 2020 Activities	Projected Year 2: 2021 Activities	Who	
Disparity: Medicaid Enr		T	T	T	T	
Increase capacity and competencies of local maternal and infant home visiting programs and engage in collaborative clinical and	Input Measures: # CHW welcome visits(MBPN) Output Measures: # CHW home visits Short-term Outcomes: Increase new parents awareness about safe sleep practices.	28 clients received safe sleep education	TBD	TBD	Mothers & Babies Perinatal Network	

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community-based strategies to reduce sleep-related infant deaths.	Intermediate Outcomes: Increase the # of babies put to sleep in a safe environment in a bell-up position. Long-term Outcome: Reduce the # of infant deaths related to an unsafe sleep.					
	Focus Area 3: Child and Adolescent He	alth including child	dron with special health	care needs		
Goal 2.1 Support and	enhance children and adolescents' social				cilioney and	
· · ·	development and relationships	Increase the percentage of adolescents with the skills of resiliency and therefore decrease the suicide rate of 15-19 year olds by 20% from a rate				
emotional	development and relationships	of 21 to 16.8.				
Interventions	Family of Measures	2019 Activities	Projected Year 2:	Projected Year 2:	Who	
interventions	Turmy of Medsures	2015 Activities	2020 Activities	2021 Activities	***************************************	
Disparity: At-risk familie	<u> </u>		2020 / 1011/11/05	LOLI / ICCIVICIES		
Implement "Girls	Input Measure: # of students/schools	N/A (Groups to	# of Students	# of students	New Hope	
Circle" and "The	participating in program.	begin 2020)	expected to reach: 15	expected to	Center	
Council for Boys and	Output Measure: # Students engage	2020)	expected to readin 15	reach: 30	Center	
Young Men"	in healthy relationships with self,			Teach 30		
curriculum-based	peers, dating partners					
groups to local Tioga	Short-term Outcome: # Students can					
County school	identify healthy relationships					
districts. The Girls	Intermediate Outcome: # Students					
Circle and The Council	access appropriate services and					
groups are integrate	support, communicate needs					
relational theory,						
resiliency practices,						

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and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in youth. https://onecirclefoun dation.org/research.a	Long-term Outcome: # students positive peer interactions, selection and satisfaction				
spx					
Interventions	Family of Measures	2019 Activities	Projected Year 2: 2020 Activities	Projected Year 2: 2021 Activities	Who
Utilized an evidence-based program to create supportive, trauma-informed classrooms in Tioga County.  https://www.goodbe haviorgame.org/what -is-pax	Input Measure: # of schools/classrooms participating in program-PAX "Good Behavior Game". Output Measure: # students being educated in a trauma-informed classroom setting. Short-term Outcome: # teachers better prepared for students with ACEs Short-term Outcome: Decrease # of days students are absent Intermediate Outcome: # of children requiring additional disciple due to poor classroom behavior. Intermediate Outcome: Decrease # student suspension due to behavior Long-term Outcome: # of students being transported to alternative education sites.	6 Classrooms participating in PAX "Good Behavior Game". Grant submitted to expand beyond grades 1- 3 at Owego and Apalachin Elementary schools.	Increase classrooms served by 50% pending grant funds	Expansion into another Tioga County School District. Include classroom support roles into training.	CASA- Trinity

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	Long-term Outcome: Increase in # of					
	students with skills to self-regulate					
	Focus Area 3: Child and Adolescent He	ealth	n, including child	dren with special health	care needs	
Goal 3.2: Increase su	pports for children and youth with specia		Increase the p	ercentage of high risk ch	nildren (using the Infant	Child Health
	health care needs		Assessment I	Program criteria) who re	ceive an ASQ screening	; in the past
				year by	10%.	
Interventions	Family of Measures	20	019 Activities	Projected Year 2:	Projected Year 2:	Who
				2020 Activities	<b>2021</b> Activities	
Utilize "Ages & Stages	Input Measure: # families	As	of Nov 20th	Transform current	By December 31	Tioga
Questionnaire" (ASQ)	participating in Child Find	20	19 (50)	Child Find Program to	2021, referrals will	County
as a mechanism for	Output Measure: # completed ASQ's	ref	errals to Child	a digital platform; to	increase to at least	Public
parental screenings	Short-term Outcome: # of children	Fin	d. Only (20)	increase access and	65 and at least 35	Health
to asses their child's	that are referred to additional	cor	mpleted ASQ's.	efficiency of the	families will	
develop.	services/supports because of ASQ	On	ly (7) children	developmental	complete ASQ's and	
https://www.cdc.gov/	Intermediate Outcome: # children	"er	nrolled" in the	screening tool, or	at least 20 children	
ncbddd/childdevelop	that receive additional services	pro	ogram. (?)	ASQ (already in	will be enrolled in	
ment/screening-	because of ASQ	nuı	mber children	use).by December 31	the program.	
hcp.html	Long-term Outcome: # of children	ref	erred to EI	2020, referrals will		
	identified for services that benefit	bas	sed on ASQ	increase to at least		
	from services.	res	sults.	55 and at least 25		
				families will		
				complete ASQ's and		
				at least 10 children		
				will be enrolled in the		
				program.		

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	Focus Area 3: Child and Adolescent H	ealth, including chil	dren with special health	care needs		
Goal 3.3: Reduce dental caries among children		Increase the	Increase the percentage of Medicaid enrollees ages 2-20 years who had			
		one or more	preventive dental visits	in the past year by 10%,	from 45% to	
			55	%.		
Disparity: Low Income,	Access to Care					
Interventions	Family of Measures	2019 Activities	Projected Year 2:	Projected Year 2:	Who	
			2020 Activities	<b>2021 Activities</b>		
Integrate oral health	Input Measure: # sites with a secured	Received new	Identify and serve 2	Promote mobile	Tioga	
messages and	MOU for mobile dental clinic.	mobile unit with	additional schools	dental unit via	County	
evidence-based	Output Measure: # of patients 2-20	the capabilities	not ever served by a	multiple sources.	Public	
prevention strategies	served through the mobile dental	to serve more	mobile dental unit.	Utilize electronic	Health	
within community-	clinic	sites/individuals	Increase # of	method for		
based programs	Short-term Outcome: Increased	due to compact	Medicaid-enrolled	enrollment. Increase		
serving women,	number of 2-20 year olds with a	size.	children served by	# of Medicaid-		
infants, and children.	preventive dental visit	Served 905	5%.	enrolled students		
	Intermediate Outcome: Reduction in	individuals since		served by 5%.		
	the rate of dental caries	new unit placed				
	Long-term Outcome: Decrease in the	in service				
	# of adults with loss of permanent	6/26/19.				
	tooth.	New Sites				
		served: 2				

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Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders							
Focus Area 2: Prevent Mental and Substance Use Disorders							
	age drinking and excessive alcohol nption by adults.		Reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days by 20% from 24% in 2017 to 19.2%.				
Interventions	Family of Measures	20	19 Activities	Projected Year 2: 2020 Activities	Projected Year 2: 2021 Activities	Who	
Implement School based prevention: "Too Good for Drugs" and "Social Perspectives" are a school-based programs that aim to prevent alcohol, tobacco, and marijuana use and violence by targeting major social and psychological factors that promote the initiation of substance use and other risky behaviors.  https://toogoodprograms.org/pages/exploration-phase?_pos=1&_sid=9fd097529&_ss=r  https://toogoodprograms.org/collections/too-good-for-violence	Input Measures: # lessons Output Measure: # students complete course Intermediate Measure: pre/post-test responses Short-term Outcome: Increase in the number of students educated about making healthy choices Long-term Outcome: Increase the skills of adolescents to build healthy relationships, communicate effectively and resist peer pressure.		students or lessons	Maintain or increase from previous year.	Maintain or increase from previous year.	CASA Trinity	

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Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults.

Reduce the age-adjusted percentage of adult (age 18 and older) binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month by 20% from 20% to 16%.

Interventions	Family of Measures	2019 Activities	Projected Year 2:	Projected Year 2:	Who
			2020 Activities	2021 Activities	
Implement routine	Input Measure: # materials	Newly identified	Provide resources	By 3/21: Detailing	Tioga
screening and brief	distributed to primary care	objective	and information to	visits to Tioga County	County
behavioral counseling in	providers about JAMA		Tioga County medical	medical regarding	Public
primary care settings to	recommended alcohol		providers regarding	JAMA recommended	Health
reduce unhealthy alcohol	screening tools		screenings and	alcohol use screening	
use for adults 18 years or	Output Measure: # PCP		informational posters	tool, implementation	
older, including pregnant	participating in training		and brochures for	processes and	
women.	Short-term Outcome: # PCP		office distribution.	resources available.	
	integrating JAMA			By 8/21: Follow-up	
	recommendations about			detailed visit to	
https://jamanetwork.com/j	screening for alcohol use.			medical providers	
ournals/jama/fullarticle/27	Intermediate Outcome: #			regarding use of	
14537	individuals screened for alcohol			JAMA screening tool,	
	use by PCP			trouble-shooting and	
	Long-term Outcome: Reduction			support of continued	
	in the # of individuals reporting			use.	
	binge drinking.				
0 1000	1 11111 1				= 0 / .

Goal 2.3 Prevent and address adverse childhood experiences

Increase the percentage of educators who are trauma-responsive by 5% by

			2021.			
Interventions	Family of Measures	<b>2019 Activities</b>	<b>Projected Year 2:</b>	Projected Year 2:	Who	
			2020 Activities	2021 Activities		
Utilized an evidence-based	Input Measure: # of	6 Classrooms	Increase classrooms	Expansion into	CASA Trinity	
program to create	schools/classrooms	participating in	served by 50%	another Tioga County		
supportive, trauma-	participating in program-PAX	PAX "Good	pending grant funds	School District.		
informed classrooms in	"Good Behavior Game".	Behavior Game".				
Tioga County.						

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	Output Measure: # students		nt submitted		Include classroom	
https://www.goodbehavior	being educated in a trauma-	to e	xpand		support roles into	
game.org/what-is-pax	informed classroom setting.	bey	ond grades 1-		training.	
	Short-term Outcome: #	3 at	Owego and			
	teachers better prepared for	Apa	lachin			
	students with ACEs	Eler	mentary			
	Short-term Outcome: Decrease	scho	ools.			
	# of days students are absent					
	Intermediate Outcome: # of					
	children requiring additional					
	disciple due to poor classroom					
	behavior.					
	Intermediate Outcome:					
	Decrease # student suspension					
	due to behavior					
	Long-term Outcome: # of					
	students being transported to					
	alternative education sites.					
	Long-term Outcome: Increase					
	in # of students with skills to					
	self-regulate					
Goal 2.5		Reduce suicide rate of 15-19 year old by 10% from rate of 11 deaths per				
		ı		100,000		
Interventions	Family of Measures	20	19 Activities	Projected Year 2:	Projected Year 2:	Who
				2020 Activities	2021 Activities	
Strengthen access and	Input Measure: Effort toward	Initiated contact		Receive designation,	Recruitment	Tioga
delivery of suicide care.	Tioga County's designation as a	with Center for		apply for NHSC site	activities.	County
https://www.cdc.gov/viole	HPSA-MH	Health		approval. Share		Public
nceprevention/pdf/suicide	Output Measure: Obtain HPSA	Workforce		designation		Health/Tiog
TechnicalPackage.pdf	designation	Students, Dr.		information with		a County
(page 21)		Robert		other entities.		Mental
		Mariniano about				Health

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	Input Measure: Tioga County Mental Hygiene Clinic apply for NHSC site Output Measure: Designation as a NHSC site Short-term Outcome: Recruitment of Mental Health Providers Intermediate Outcome: Increase access to Mental Health services for TC residents Long-term Outcome: Increase	process for HPSA designation.			
	the # of individuals in MH crisis served				
Interventions	Family of Measures	2019 Activities	Projected Year 2: 2020 Activities	Projected Year 2: 2021 Activities	Who
Create protective environments. https://www.cdc.gov/viole nceprevention/pdf/suicide TechnicalPackage.pdf (page 23)	Input Measure: # of Tioga County Suicide Coalition members trained in speaking about protective environments. Output Measure: # of individuals educated about protective environments about how to implement a protect environment. Input Measure: Increase the number of Tioga County households implementing protective environments with the intent to reduce access to lethal means.	Newly identified intervention.	Support Tioga County Suicide Coalition in identification of activities to educate and promote protective environments.	Organize and implement plan to address environmental safety in prevention of suicides	Tioga County Suicide Coalition

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Output Measure: Decrease the		
# of suicides that could have		
been prevented due to a		
protective environment being		
in place.		

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