

**2016 Community Health Needs
Assessment for Charitable Hospitals and
2016-2018 Community Service Plan**



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Table of Contents

Section	Title	Page #
I.	Overview	3
II.	Definition and Description of Community Served	3
III.	Overview of Memorial’s Primary Service Area: City of Niagara Falls	4
IV.	Scope of Study	5
V.	Community Engagement with Niagara County Partners	6
VI.	Niagara Falls Memorial Medical Center (NFMMC) Survey and Results	7
VII.	NFMMC Public Hearing	8
VIII.	Health Status Indicators	10
IX.	Action Strategies and Work Plan	18
X.	Maintaining Engagement with Partners	19
XI.	Dissemination of Plan	19
	Appendices I-V	20-32



NIAGARA FALLS
Memorial Medical Center
Niagara's Premier Health Network

**2016 Community Health Needs Assessment for Charitable Hospitals
2016-2018 Community Service Plan**

I. Overview

Niagara Falls Memorial Medical Center is a 501 (c) (3), not for profit, community-owned hospital, which is governed by a 19-member board of directors. Memorial was founded in 1895 when a group of city residents commenced a fund-raising drive urging every local resident to contribute 25 cents to the building of a hospital facility. Since it was founded, the medical center's mission has been to serve all individuals regardless of their ability to pay for services.

Memorial is the only hospital located within the Niagara Falls city limits. The largest of four hospitals in Niagara County, Memorial is licensed to operate 171-hospital beds, including 54 behavioral health beds. Over the past six years, the medical center has increased the number of primary care centers it operates from two to seven. More than 37,000 primary care visits are now provided annually. A health clinic for members of the nearby Tuscarora Indian Reservation is part of Memorial's primary care network.

Memorial is the only inpatient behavioral health provider in Niagara County. Its Niagara Wellness Connection Center is one of the largest outpatient adult mental health clinics in the county and serves Seriously Mentally Ill (SMI) patients at its Continuing Day Treatment Program. The hospital provides adult emergency psychiatric services at a four-bed emergency mental health unit located within its emergency department.

The medical center offers extensive inpatient and outpatient services including a 120-bed skilled nursing and rehabilitation center; laboratory, radiology, rehabilitation, sports medicine and specialty physician services; and a chronic wound treatment center.

Memorial offers other services unique to Niagara County including a diabetes and endocrinology center and the Child Advocacy Center of Niagara, a multi-disciplinary program responding to reports of physical and sexual child abuse. In 2016, Memorial opened the Golisano Center for Community, a multidisciplinary care center with a special focus on serving people with intellectual delays and developmental disabilities.

II. Definition and Description of Community Served

Niagara Falls Memorial defines the community it serves geographically. Each year, Memorial provides healthcare services to 45,600 unique (unduplicated patients).

Its primary service area encompasses zip codes in which nearly 80% of its unique patients reside. Memorial's primary service area includes all of the City of Niagara Falls (14301, 14302, 14303, 14304 and 14305), Lewiston (14902), Niagara University (14109), North Tonawanda (14120), Olcott (14126), Ransomville (14131), Sanborn (14132), Wilson (14172) and Youngtown ((14174). The remaining zip codes in Niagara County comprise Memorial's secondary service area. They include zip codes 14008,

14012, 14028, 14067, 14094, 14105, and 14108 which are situated on the eastern end of Niagara County.

III. Overview of Memorial’s Primary Service Area: City of Niagara Falls

Understanding the characteristics and demographics of Niagara Falls is an important part of the Community Health Needs Assessment process since a large percentage of patients served by Memorial reside there.

Population: Since 1960, the City of Niagara Falls has continuously lost population. In 1960, there were a total of 102,394 people living in the city. The U.S. Census Bureau’s 2015 Population Estimates report a population of 48,916 for Niagara Falls. Over this 55-year period, the city has lost 52% of its population.

Race and Ethnicity: The City of Niagara Falls has a more diverse population than Niagara County, and a higher percentage of African Americans than in New York State (17.6%). Over the period 1980 through 2015, Niagara Falls has become more diversified. In 1980, 86% percent of the city’s population was white. Based on 2015 Census data, the city’s white population has decreased to 69.7%. In 1980, African Americans comprised 13% of the population, in 2000 it reached almost 20% and in 2015 African Americans represent 23.3% of the city’s total population. Hispanics make-up 2.7%, American Indians 1.3% and other racial and ethnic groups comprise the remaining 5% share.

Age: The breakdown of population by age cohort for the City of Niagara Falls is fairly consistent with New York State in 2015. A breakout of Niagara Falls population by age group is shown below:

Age Group	Percentage Niagara Falls	Percentage New York State
Under 5	6.4%	6%
5 to 19	17.9%	18.4%
20 to 44	31.9%	34.5%
45 to 64	29.0%	26.8%
65 plus	14.8%	14.3%

Compared to New York State as a whole, Niagara Falls has a lower percentage of people between ages 5 to 19 and ages 20 to 44, but a higher percentage of people in the age 45 to 64 categories. The city’s over 65 population approximates that for the state. The median age in Niagara Falls is 39.2 compared to 38.1 for the state.

Households: Slightly more than 19% of all housing units in the City of Niagara Falls are vacant. The vacant housing rate in the city is significantly higher than the 11% vacancy rate for New York State. Over the past 35 years, the City of Niagara Falls has seen a loss in owner and renter occupied housing units. In 1980, the city had almost 16,000 owner occupied units. The number dropped by 4,000 units to 12,054 units in 2015, a decrease of nearly 25%. Similarly, renter occupied units decreased from 11,500 units in 2000 to 9,238 in 2015, a decrease of almost 20%. At present, approximately 56.6% of the residents of Niagara Falls own and live in their homes and 43.4% are renter occupied. The median rent in Niagara Falls is \$638 compared to \$1,132 for New York State.

Living Alone: U.S. Census data for the year 2015 indicate that 38.1% of all householders in the City of Niagara Falls live alone. The percentage of people living alone in the city is 28% higher than the comparable living alone rate of 29.7% for New York State as a whole. It is believed that the large share of city residents living alone is contributing to a variety of healthcare issues such as repeat emergency visits due to loneliness and hospital readmissions due to the lack of caregiver support.

Transportation: The lack of transportation in Niagara Falls is a major issue. According to 2015 Census data, more than 21% of all households in Niagara Falls do not have a vehicle available to them.

Educational Attainment: The percentage of residents in Niagara Falls, age 25 and older, with a bachelor's degree or graduate degree is substantially lower than comparable educational attainment rates in New York State. The percentage of Niagara Falls residents with a bachelor's degree is 9.9% compared to 19.4% in New York State. Just 7.5% of city residents, age 25 and older, have a graduate degree compared to a state rate of 14.8%. Interestingly, the high school graduate/educational attainment rate in Niagara Falls is higher than in New York State. Slightly more than 39% of city residents have graduated from high school compared to 26.7% for New York State.

Income: There is significant inconsistency in income between the City of Niagara Falls and New York State. Almost 54% of households in Niagara Falls have incomes less than \$35,000 compared to 32% in New York State. The per capita income in Niagara Falls is \$19,964. Per capita income of \$33,236 in New York State exceeds Niagara Falls' per capita income by 66%.

Poverty Level: In Niagara Falls, 26.7% of all residents live below the poverty level. The rate of poverty in Niagara Falls is 70% higher than the New York State poverty rate of 15.7%. More than 45% (45.2%) of the city's African American residents live below the poverty level compared to 18.5% for white residents. The highest rates of poverty are found among children under 18 years of age. The percentage of children living below the poverty level is 42.5% which is nearly twice as high as the child poverty rate (22.2%) for New York State. The age group which has the lowest percentage of people living in poverty, i.e. 10.2%, are seniors, age 65 and older.

IV. Scope of Study

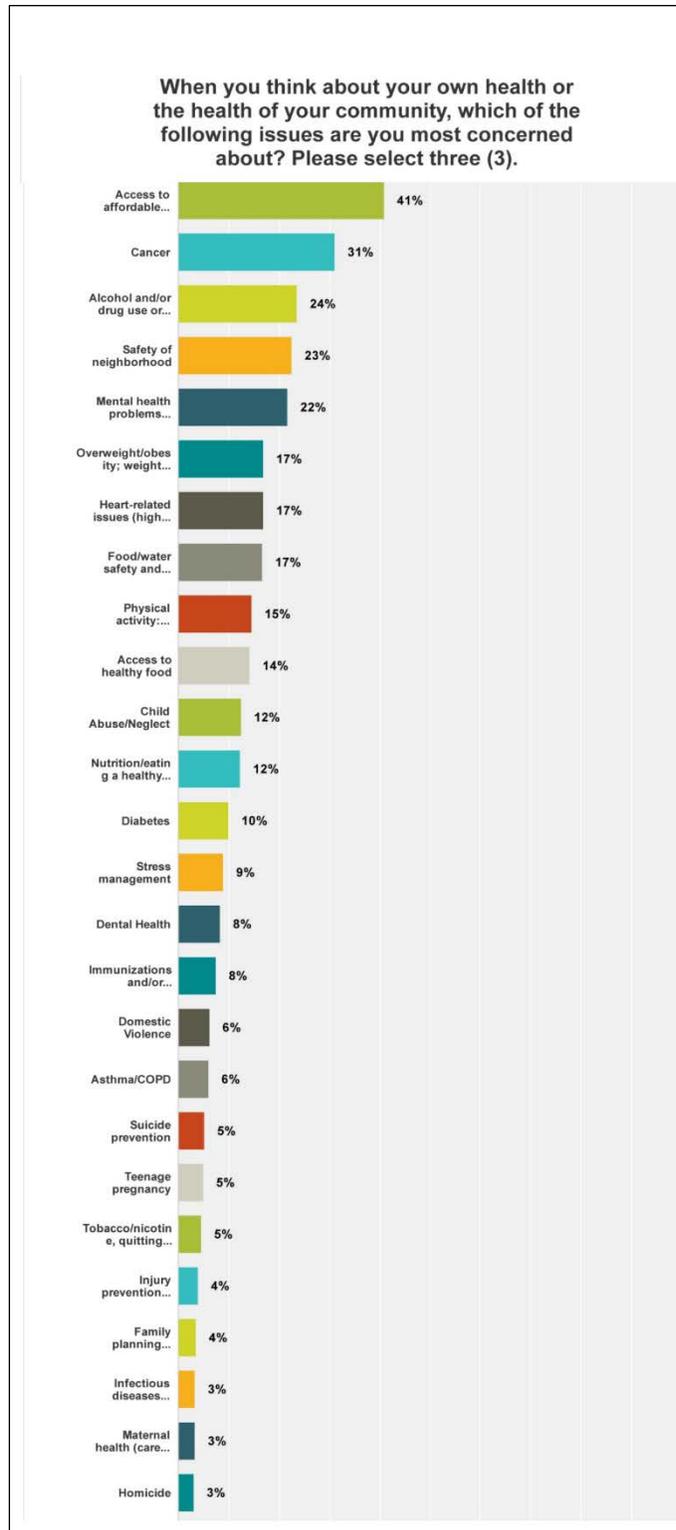
This document is the result of two related fact finding processes engaged in throughout 2016 by Niagara Falls Memorial Medical Center. Beginning in January, the medical center entered into a collaborative process of data collection, analysis and planning with the Niagara County Health Department and the county's other three hospitals – DeGraff Memorial Hospital in North Tonawanda, Eastern Niagara Hospital/Health System in Lockport, and Mount St. Mary's Hospital in Lewiston. The members of this work group are listed in Appendix I. The group's activities, which included conducting a community health needs survey, are summarized in Section IV.

Selecting Niagara County's health priorities for 2016-2018 was done jointly. The process was facilitated by the P2 Collaborative of Western New York, a trusted source for population health knowledge and an experienced convener of diverse partners.

We believed it was necessary to ensure our planning met the specific needs of the community Memorial serves – primarily the western end of Niagara County and predominantly the City of Niagara Falls.

Therefore, we performed additional fact-finding by way of a second community health needs survey and a public hearing. Those additional activities are detailed in Section V and Section VI.

V. Community Engagement with Niagara County Partners



As previously noted, the Niagara County Health Department, P2 Collaborative and all four Niagara County hospitals worked together to implement planning, data collection and analysis. This process included an online survey that elicited more than 2000 responses from Niagara County residents in spring 2016 and nine facilitated follow-up community conversations. These sessions were held across Niagara County with two taking place in Niagara Falls and one each in Wheatfield, Olcott, Newfane, Lockport, North Tonawanda, Lewiston and Gasport.

The survey results indicated widespread concern in three broad general areas: healthcare affordability and accessibility; the prevalence of chronic diseases such as cancer, obesity, heart-related disease and diabetes; and mental health problems including addiction.

Community conversation participants confirmed those as priority areas of concern. Other areas of concern that generated significant comment included:

- Lack of transportation to doctors' offices and grocery stores
- Concerns about social isolation, especially among the elderly
- Thyroid issues in women, including thyroid cancer
- Diabetes, high blood pressure, drug abuse, mental health, cancer
- Substance abuse among adults and children, even as young as middle school
- Neighborhood safety
- Lack of mental health help
 - Lack of knowledge of community resources
 - Accessibility to healthy and affordable food choices

Components that make up a healthy community were expressed as being those with easy access to health care services including primary care physicians and specialists who are accepting new patients, hospitals and clinics, and the availability of walk-in services. Participants emphasized that physicians should accept all forms of insurance with many expressing confusion when trying to comprehend health insurance policy coverages, provisions and billing policies.

Survey data and community conversation responses were reviewed by the countywide work group with attention to how they correlated with **New York State Prevention Agenda* priority areas.

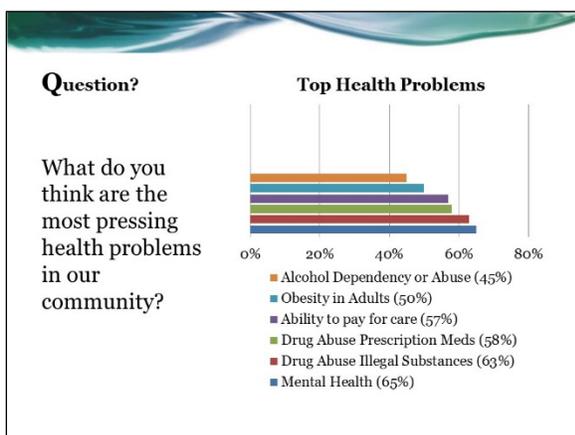
Following the review, the Niagara County Health Department and the county's four hospitals jointly selected *Prevent Chronic Disease* and *Promote Mental Health and Prevent Substance Abuse* as the country's top two priority areas. The identified health disparity was *Mental Hygiene*.

Next, a community-wide key stakeholder meeting (Community Needs Meeting) was convened. This meeting brought together representatives from other key organizations working in Niagara County to review current initiatives and programs that support the two selected priority areas. The meeting engaged a broad spectrum of partners who hold vested interests in chronic disease prevention or mental health/substance abuse prevention/awareness. Participants in that meeting are listed in Appendix II.

During this meeting, community leaders were briefed on the New York State Department of Health's Prevention Agenda program and process by members of the countywide work group and the P2 Collaborative. Survey data and community conversation overviews were shared and group was apprised of plans for the Niagara County Health Department and four Niagara County hospitals to pursue chronic disease and mental health/substance abuse as 2016-2018 priorities. Meeting participants confirmed the selected priority areas and the disparity.

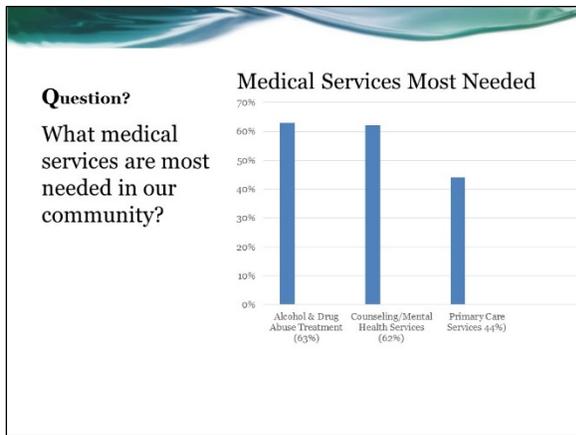
Breakout sessions were then held and each organization was afforded the opportunity to share their experiences and objectives related to those priorities. This information was gathered and factored into the activities that follow in this report.

* The *Prevention Agenda* is the New York State Health Department's improvement plan -- a call to action to local health departments, health care providers, health plans, schools, employers and businesses to collaborate at the community level to improve the health status of New Yorkers through increased emphasis on prevention and the reduction of health disparities for racial, ethnic, disability, and low socioeconomic groups, as well as other populations who experience them.



VI. NFMCC Survey and Results

As an active participant in the collaborative Niagara County community engagement process, Niagara Falls Memorial Medical Center concurs with the selection of *Prevent Chronic Disease* and *Promote Mental Health and Prevent Substance Abuse* as the county's top two priority areas and *Mental Hygiene* as its identified health disparity.

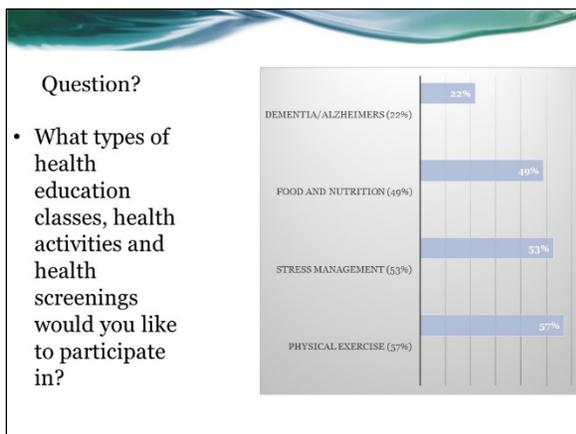


However, Memorial is also cognizant of the demographic and cultural differences between the county as a whole and the City of Niagara Falls, whose residents account for nearly 80% of its unique (unduplicated) patients. To account for these variances and ensure that its action strategies and work plan are on target, Memorial Medical Center conducted additional fact finding and data gathering.

These activities included but were not limited to a Community Needs Assessment Survey and a subsequent public hearing. Respondents to this survey ranked Mental Health (65%), Drug Abuse Illegal Substances (63%) and Drug Abuse Prescription

Medications (58%) as the three most pressing health problems in the community. These percentages were more than twice as high as the correlative responses in the earlier survey conducted by the countywide work group.

Not surprisingly, then, respondents to the Niagara Falls Memorial survey said the medical services that are most needed in the community are Alcohol and Drug Abuse Treatment (63%) and Counseling/Mental Health Services (62%). As we document in Section VII, there is compelling data to support the need for additional services in those areas.



Those who completed the NFMMC survey also professed the willingness to participate in classes, activities and screenings that support health and wellness. The types of classes that were deemed most desirable were Physical Exercise (57%), Stress Management (53%) and Food and Nutrition (49%).

These three question prompted a great deal of discussion at the public hearing held to share survey results and elicit additional input.

VII. NFMMC Public Hearing

NFMMC held a community forum on December 7th in the medical center’s auditorium to gain additional insights and commentary on the results of the Community Needs Assessment survey.

The hearing began with opening remarks from NFMMC’s Chief Executive Officer who emphasized the need for community involvement in healthcare planning and development. The event was moderated by the medical center’s Public Relations Manager and Chief Operating Officer.

A Power Point presentation on the results of the Community Needs Survey was delivered to attendees of the forum. During several segments of the presentation attendees were encouraged to provide input.

Participants expressed agreement with the top healthcare issues addressed in the survey: mental health and substance abuse. A variety of comments were made relative to the challenges faced by behavioral health clients and the agencies that serve this at-risk population.

The discussion focused on individuals with mental health and substance abuse co-morbidities. Forum participants spoke about drug usage among the mental health population and the wait times associated with drug abuse treatment. The need to provide warm hand-offs to facilitate the referral of behavioral health patients from one service to the next was emphasized as an important means to improve access to care.

Behavioral Health

"Mental health issues and drug abuse, go hand in hand, and prescription medications for mental health can be easily abused. Agrees with how community ranked these issues. Decompensation often leads to abuse of drugs or taking them not as prescribed."

"Repeat offenders struggle with mental health, drug abuse counseling, inability to pay for care and lack of money to pay for prescriptions, especially for mental health conditions. We need to come up with a better way to make sure that people have an easier way to navigate the system for better access, to make sure primary care is handing off to the next needed care provider, and then there is a hand-off back."

"After the initial appointment, there is a waiting list for follow-up appointments for alcohol and drug abuse treatment, especially mental health patients. How will they obtain scripts from their discharge plan? Their psychiatrist may not agree, and then patients have to refer back

It was recommended that addiction treatment be integrated with primary care services just as mental health therapy has been integrated with primary care.

To assure that behavioral health patients who are discharged from the hospital maintain compliance with their treatment plans over the long term, it was suggested that outreach be conducted with patients 30 days after their hospital discharge and connect with them again after 30 days to check on how they are doing.

Participants also discussed drug use among pregnant moms. Drug use during a pregnancy is often triggered by stress and an inability to deal with stress-related issues. Wrap-around care was suggested as a method for better serving women who are pregnant and use drugs or who are receiving Methadone or Suboxone during their pregnancy. It was recommended that Obstetric appointments for these mothers be held in tandem with appointments on how to maintain sobriety. Holistic care through participation in counseling, mental health therapy and support groups would help these women stay off drugs during their pregnancy and assist in their transition to a drug-free life after they have their babies.

Health Insurance: Connecting patients to the right health insurance plan that best meets their needs was another topic of discussion at the forum. It was acknowledged that deciding which plan to enroll in is overwhelming and confusing not just for Medicaid coverage but also for Medicare Managed Care coverage. Senior

citizens are subject to intense marketing by health insurance companies, but they don't understand the differences between plans. As an example, older adults may benefit from case management, but some plans do not offer this service. It was recommended that patients be matched with the right insurance plan. One possible suggestion is to prepare an understandable chart that summarizes the services covered by the plans offered in Niagara County.

Health Education and Wellness: Expansion of health education and wellness activities were discussed by participants as strategies for improving the overall health status of the Niagara community. It was suggested that health insurance companies do more to provide incentives for people to participate in physical exercise and that they serve as a driving force for improving access to health and wellness programs. For example, diabetic patients and others with chronic health issues would benefit from the services of health coach that would go to beneficiaries' homes to provide exercise instruction.

One participant mentioned that a local health insurance plan is providing a \$1.00 rebate for every \$2.00 a low-income family spends on fresh fruits and vegetables. This incentive aims to make healthy eating more affordable.

Connecting with Those in Need: A representative from the Maternal and Infant Care program testified that the project is making a strong boots-on-the-ground effort to connect to high-risk women and their children to essential services, to wit:

"In the program for new moms, we are making a boots on the ground effort to give patients different outlets and strategies. But we need to hear from community and patients to find out what they need from us. We leave pamphlets regarding community resources, but we also leave the phone number of a live person that they can call. But this is may not be true for the mental health programs. We should be making services available outside of 9-5. Non-traditional methods may be needed, such as a door to door/buddy system. So rather than just provide outpatient, provide more outreach. Find out what the barriers are and let patients know that we don't assume why they aren't taking needed steps, and we know that there are barriers. Make a light bulb go on to get patients to realize what they need to do."

The comments and suggestions made at the December 7th Community Forum along with survey responses will be incorporated into action strategies for improving the health of the Niagara community.

VIII. Health Status Indicators

Results of the Community Needs Assessment survey show mental health, addiction treatment and cardiovascular disease as three of the top healthcare issues impacting Niagara County and Niagara Falls, in particular. Data on various health status indicators in the areas of mental health, addiction treatment and cardiovascular disease provide strong and compelling data in support in developing sustainable action strategies to address these major health issues.

Overall Behavioral Health Indicators: The New York Expanded Behavioral Risk Factor Surveillance System (BRFSS) is a random-digit-dialed telephone survey which is conducted among adults 18 years of age or older in New York State who are representative of the non-institutionalized civilian population. The BRFSS surveys collect county-specific data on preventive health practices, risk behaviors, injuries and preventable chronic and infectious diseases. Results of the 2013-2014 BRFSS Survey of Niagara County appear below.

BRFSS Survey Indicators: 2013-2014

BRFSS Indicator	Niagara County	WNY Region	New York State
Adults who binge drink	18.7%	18.8%	17.7%
Adults who smoke	21.7%	21.9%	15.9%
% of cigarette smoking among adults who report poor mental health	32%		
Age-adjusted % of adults with poor mental health for 14 or more days in the last month	13.7%	11.7%	11.1%

Source: New York State Department of Health

As shown above, rates of binge drinking, smoking and poor mental health are higher in Niagara County than comparable rates in New York State.

Other data also demonstrate the severity of behavioral health issues in Niagara County.

Other Behavioral Health Indicators

Indicator	Niagara County	New York State	United States
Age-adjusted death rate due to suicide/100,00 (CDC)	16.3	8.2	12.7
Age-adjusted hospitalization rate due to adolescent suicide and intentional self-injury/10,000 (SPARCS)	68.3	17.8	-
% of Medicare beneficiaries treated for depression (CMS)	16.7%	14.9%	-

Source: P2 Collaborative

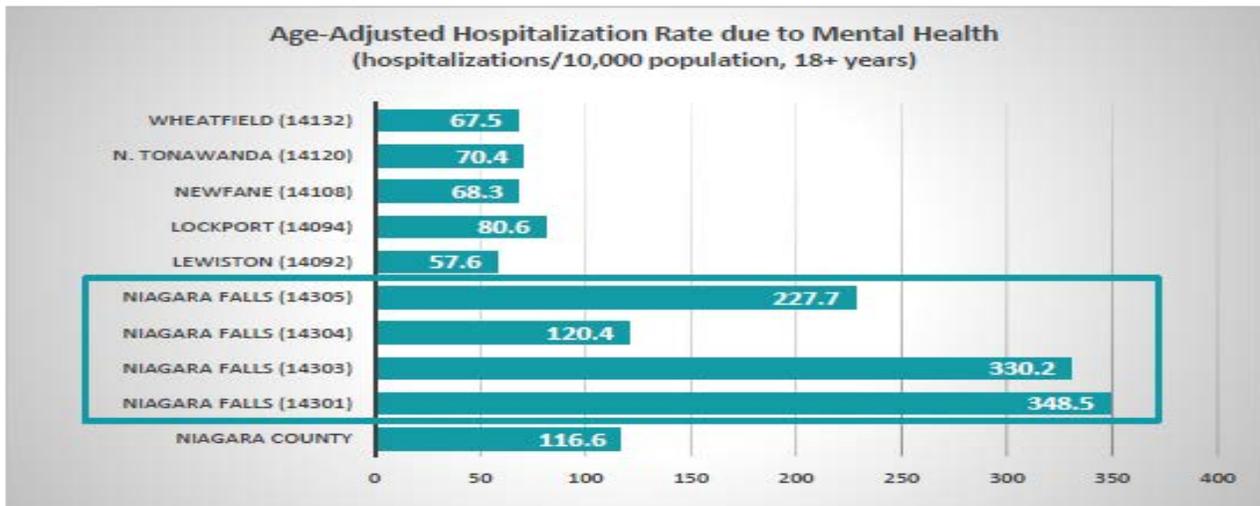
Behavioral Health Hospitalization and ED Rates: Hospital and emergency department utilization rates for behavioral health conditions are significantly higher among residents of the City of Niagara Falls compared to persons residing in surrounding municipalities and in Niagara County as a whole.

The Age-Adjusted Hospitalization rate due to mental health is three times higher than the Niagara County rate in two Niagara Falls' zip codes.

	ZIP CODE	Age-Adjusted Hospitalization Rate due to Mental Health (hospitalizations/10,000 population, 18+ years)
Niagara County		116.6
Niagara Falls	14301	348.5
	14303	330.2
	14304	120.4
	14305	227.7
Lewiston	14092	57.6
Lockport	14904	80.6
Newfane	14108	68.3
N. Tonawanda	14120	70.4
Wheatfield	14132	67.5

This indicator shows the average annual age-adjusted hospitalization rate due to mental health per 10,000 population aged 18 years and older.

Source: SPARCS

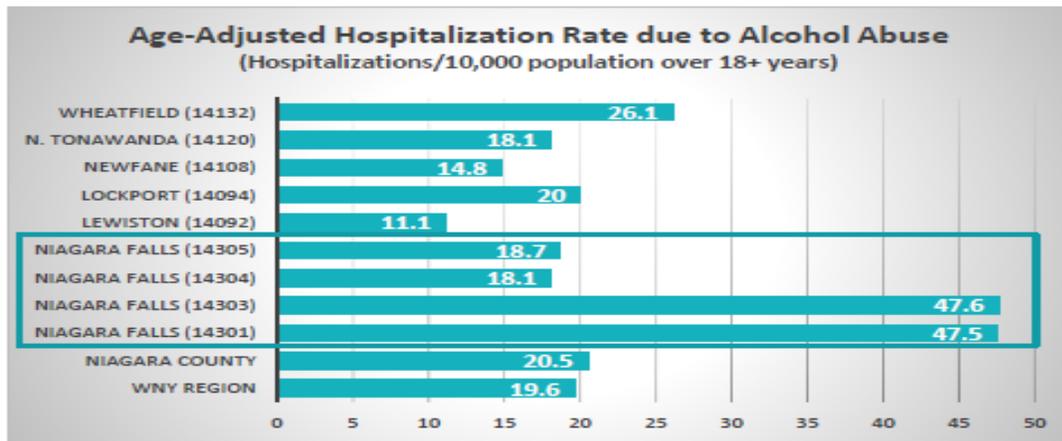


Age-Adjusted Hospitalization Rates due to Alcohol Abuse in Niagara Falls' zip codes 14303 and 14301 are higher than comparable rates for residents of nearby communities, Niagara County as a whole and for the Western New York region.

ZIP CODE		Age-Adjusted Hospitalization Rate due to Alcohol Abuse (Hospitalizations/10,000 population over 18+)
WNY Region		19.6
Niagara County		20.5
Niagara Falls	14301	47.5
	14303	47.6
	14304	18.1
	14305	18.7
Lewiston	14092	11.1
Lockport	14094	20.0
Newfane	14108	14.8
North Tonawanda	14120	18.1
Wheatfield	14132	26.1

This indicator shows the average annual age-adjusted hospitalization rate due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older. "Alcohol abuse" includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, excessive blood level of alcohol, and fetal alcohol syndrome.

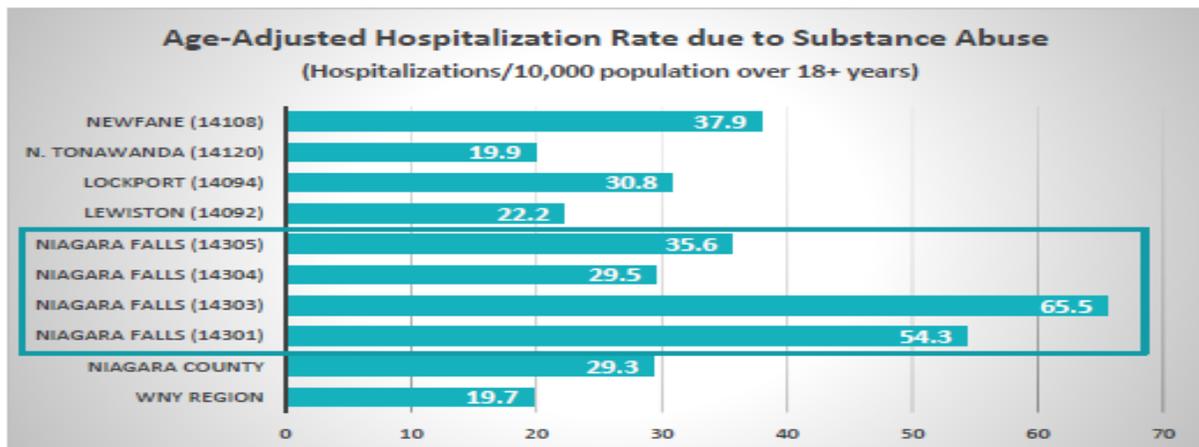
Source: SPARCS



Zip codes 14301 and 14304 also have the highest Age-Adjusted Hospitalization Rates due to Substance Abuse.

ZIP CODE		Age-Adjusted Hospitalization Rate due to Substance Abuse (Hospitalizations/10,000 population over 18+ years)
WNY Region		19.7
Niagara County		29.3
Niagara Falls	14301	54.3
	14303	65.5
	14304	29.5
	14305	35.6
Lewiston	14092	22.2
Lockport	14094	30.8
N. Tonawanda	14120	19.9
Wheatfield	14108	37.9

This indicator shows the average annual age-adjusted hospitalization rate due to substance abuse per 10,000 population aged 18 years and older.
Source: SPARCS



The chart below depicts ED usage rates for three behavioral health conditions: mental health; substance abuse and alcohol. Again, for all three conditions, utilization rates are the highest in zip codes 14301 and 14303.

Age-Adjusted Behavioral Health Related ED Utilization

Area	Zip Code	ER Rate due to Mental Health/10,000	ER Rate due to Alcohol Abuse/10,000	ER Rate due to Substance Abuse/10,000
WNY Region		82	39.2	28.4
Niagara County		93	43.5	34.2
Niagara Falls	14301	249.6	140.6	83.4
	14303	220.0	134.4	66.1
	14304	87.7	42.2	35.4
	14305	140.0	72.1	46.9
Lewiston	14092	58.6	27.5	22.8
Lockport	14094	80.9	30.3	26.9
Newfane	14106	64.1	20.1	-
North Tonawanda	14120	68.7	32.1	32.3
Wheatfield	14132	67.7	32.9	-

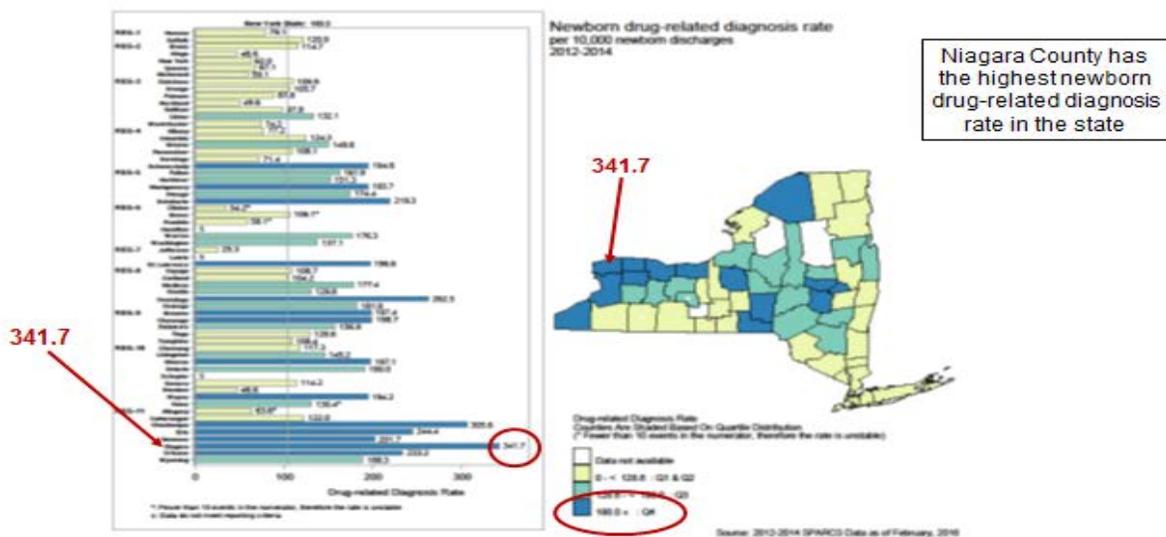
Source: P2 Collaborative

Youth Risk Behavior Surveillance Survey: The Niagara Falls City School District completed a Youth Risk Behavior Surveillance Survey in 2015. Nearly three-quarters or 73% of eligible 9th through 12th grade student completed a valid survey. Specifically, 1,447 students out of total of 1,970 9th through 12th grade students completed the survey.

Responses to the Niagara Falls City School District survey indicate that local students have more serious behavioral health issues than their counterparts throughout New York State. The risk of suicide among youth was exposed in relation to responses to two questions: Nearly 15% of respondents (14.9%) seriously considered attempting suicide and 10.4% attempted suicide during the 12 months before the survey.

Indicator	New York 2013	Niagara Falls High School 2015
Felt sad or hopeless almost everyday for 2 or more weeks in a row (so that they stopped doing usual activities) during the 12 months before the survey	23.8%	30.1%
Seriously considered attempting suicide (during the 12 months before the survey)	13.6%	14.9%
Attempted suicide (during the 12 months before the survey)	7.1%	10.4%
Recently engaged in binge drinking (5 or more drinks within a couple of hours at least one day during the 30 days before the survey)	18.4%	11.3%
Recently used marijuana (during the 30 days before the survey)	21.4%	22.3%
Recently used heroin (during the 30 days before the survey)	-	1.3%
Recently took prescription drugs without a doctor's script ((during the 30 days before the survey)		
Had sexual intercourse before age 13 years	4.9%	6.5%
Had sexual intercourse with 4 or more persons	12.6%	14.3%
Did not use any method to prevent pregnancy	12.6%	11.2%

Newborns Addicted to Drugs: Niagara County has the highest newborn drug-related diagnosis rate in New York State. The specific addicted newborn rate is 341.7. The rate is as much as seven times higher than the newborn addiction rates recorded in New York City. The cost of care to an addicted newborn can add up to about \$16,000 for a three-week hospital stay after the infant is born.



Cardiovascular Health Indicators: Cardiovascular disease remains the leading cause of death in Niagara County. Niagara County’s cardiac related mortality rates and hospitalization rates are across the board among the highest in New York State.

The New York State Department of Health website reports on six different mortality indicators related to cardiovascular disease. For each of these indicators, Niagara County ranks in the fourth, or least favorable grouping among all 62 counties in New York State. The Niagara County rates for these cardiovascular indicators are worse than the comparable New York State rates for each of the six categories.

Cardiovascular (CVD) Mortality Indicator (Age Adjusted) Rate per 100,000	Niagara County Rate	New York State Rate	% Increase of Niagara County Rate
CVD disease mortality	290.3	228.0	27.3%
Disease of heart mortality	236.0	185.4	50.6%
Coronary heart disease mortality	183.5	146.2	34.4%
Heart attack mortality	108.5	37.3	191.0%
Congestive heart failure mortality	20.2	12.0	68.3
Stroke mortality	32.1	23.5	36.6%

Some of these indicators have gotten worse over time. For example, the age-adjusted heart disease mortality rate has increased by 14% from 207.10/100,000 in 2010 to 236.00/100,000 in 2013.

The burden of cardiovascular disease can also be demonstrated through the high cardiovascular disease related hospitalization rates that have been reported for Niagara County residents. Age-adjusted hospitalization rates for all six of the cardiovascular disease categories shown above are ranked by the New York State Department of Health in the 4th or least favorable group.

New York State Health Department data indicate that 31.6% of Niagara County’s adults have a hypertension diagnosis. This represents nearly 54,000 adults residing in the county. The hypertension hospitalization rate per 10,000 (any diagnosis/aged 18 years or older) is 704.2 versus a state rate of 562.1. The county’s hypertension emergency department utilization rate per 10,000 (any diagnosis/aged 18 years or older) is 1,133.1 compared to a New York State rate of 896.6. These hypertension ratings place Niagara County among the worst performing counties in New York State.

High rates of obesity contribute to Niagara County’s poor cardiovascular indicators. The percentage of adults who are obese increased from 27.6% in 2008-2009 to 31.3% in 2014-2015. Smoking is another contributing factor. While the smoking rate in Niagara County has declined, it still is significantly higher than the state average of 18%.

Health Disparities: Various mortality indicators reported on by the New York State Department of Health show glaring disparities between whites and minorities. The chart below points out disparities for four health status measures. For example, the percentage of premature deaths for whites is 37.3%.

Yet, Blacks have a 59.2% premature death rate which is 59% higher than the rate for whites. The large gap in mortality rates is also evident between whites and minority groups such as Asian/Pacific Islanders and Hispanics. It should also be noted that mortality rates for Blacks in Niagara County are substantially higher than comparable rates for Blacks in New York State as a whole.

Health Disparities in Niagara County 2011-2013 Data

Health Indicator	White %	Black %	Asian/Pacific Islander	Hispanic	NYS Black %
Mortality Indicators					
% of premature deaths	37.3%	59.2%	76.9%	52.8%	58.1%
Disease of heart mortality rate per 100,000	232.8	310.4	118.5	157.1	218.1 per 100,000
Stroke mortality per 100,000	35.3	66.5	20.9	29.1	32.4 per 100,000
Coronary health disease mortality per 100,000	181.6	248.0	92.2	92.8	186.4 per 100,000

Source: NYS DOH Website

17

IX. Action Strategies and Work Plan

Niagara Falls Memorial Medical Center will continue to partner with the Niagara County Health Department and other local hospitals to implement the Joint Hospitals/County Priorities Action Plan. This plan is shown as Appendix V.

In response to the input it has received from the Community Needs Assessment Survey and a subsequent public hearing, Niagara Falls Memorial has also developed its own set of action strategies to address widespread cardiovascular disease and pressing behavioral health issues. The medical center's action plan is included as Appendix IV.

In addition, to the action strategies outlined in Appendix IV, Niagara Falls Memorial will continue to wage its Community Health Innovations for Niagara Plan. Known as CHIN, the plan organizes 29 different initiatives for achieving better care, smarter spending and better health under a single comprehensive strategy. The projects featured in CHIN are community-based and community partner-oriented. Several CHIN projects aim to connect area residents to the social determinants of health....from housing, healthy food to support services such as utility assistance.

The CHIN plan incorporates ten Delivery System Reform Incentive Payment (DSRIP) projects which the medical center is actively involved in. These healthcare reform projects include Patient Activation Measure, ED Care Triage, Maternal and Infant Care, Reduce Premature Births, Primary Care/Behavioral

Health Integration, Integrated Delivery System, Behavioral Health Crisis Stabilization, ED Rapid Response, Million Hearts and the INTERACT project for nursing home patients. Each project, with its own set of performance indicators and protocols, will be connected to all other components of the CHIN plan.

X. Maintaining Engagement with Partners

To maintain engagement with local partners over the next three years, Niagara Falls Memorial Medical Center will remain involved in a variety of community based coalitions and collaboratives that address identified community health needs and health disparities. These will include but not be limited to quarterly meetings with the Niagara County Community Health Assessment Work Group, comprising the Niagara County Health Department and all other county hospitals; active participation in the Creating a Healthier Niagara Falls Collaborative, which focuses on addressing social and economic disparities within the city of Niagara Falls; Project Runway, which provides care and services to young women age 14-25 who are using alcohol or drugs; engagement with other mental health providers and school counselors through the Community Network of Care meetings, which take place quarterly; and quarterly meetings with area clergy including the Niagara Ministerial Council, whose membership is predominantly pastors of historically black churches in the most economically depressed neighborhoods in Niagara Falls.

XI. Dissemination of Plan

This document will be widely disseminated in and readily accessible to the community. Hard copies will be distributed to local libraries and municipal buildings for public review. An electronic copy of the document will be posted and maintained on the medical center's website (<http://NFMMC.org>) and links to it will be posted on social media sites such as Facebook and Twitter.

Appendix I

Niagara County Community Health Assessment Work Group

Name	E-Mail	Organization
Patrick Bradley	pat.bradley@nfmmc.org	NFMMC
Fred Caso	fred.caso@chsbuffalo.org	Mount St. Mary's Hospital
Kathy Cavagnaro	kathleen.cavagnaro@niagaracounty.com	Niagara County DOH
Quintin Dukes	qdukes@chsbuffalo.org	Catholic Health System
Bernadette Franjoine	bernadette.franjoine@chsbuffalo.org	Mount Saint Mary's Hospital
Phyllis Gentner	pgentner@kaleidahealth.org	DeGraff Memorial Hospital
Karen Hall	khall@p2wny.org	P2 Collaborative
Laura Kelemen	laura.kelemen@niagaracounty.com	Niagara County Department of Mental Health & Substance Abuse
MaryBeth Kupiec	mkupiec@kaleidahealth.org	DeGraff Memorial Hospital
Jacquelyn Langdon	Jacquelyn.Langdon@niagaracounty.com	Niagara County DOH
Carolyn Moore	cmoore@enhs.org	Eastern Niagara Hospital System
Victoria Pearson	victoria.pearson@niagaracounty.com	Niagara County DOH
Marissa Slevar	mslevar@p2wny.org	P2 Collaborative
Dan Stapleton	daniel.stapleton@niagaracounty.com	Niagara County DOH
Jessica Thomas	jessica.thomas@niagaracounty.com	Niagara County DOH
Kathleen Tompkins	KTompkins@kaleidahealth.org	Kaleida Health
Beth Waas	bwaas@enhs.org	Eastern Niagara Hospital System

Appendix II

Niagara County Community Health Assessment Participating Partners for August 4, 2016 Community Needs Meeting

Organization	Contact
American Diabetes Association	Pam Fox, Manager of Community Engagement
American Heart Association	Marc Natale, Executive Regional Director
Children and Family Services of Niagara	Kelley Swann
Community Health Center of Lockport/Niagara	Lavonne Ansari, CEO/Executive Director
Community Missions, Inc.	Kristen Hanley
Cornell Cooperative	Jen Regan, Community Educator
Creating a Healthier NF Collab.	Shelley Hirshberg, Executive Director
Dale Association	Maureen Wendt, President/CEO
Mental Health Association in Niagara County	Cheryl Blacklock, Director
Native American Community Svc	Star Wheeler
Niagara County Cancer Services	Cassandra Jackson
Niagara County Emergency Management	Jonathan Schultz, Director
Niagara County Mental Health	Laura Kelemen, Director
Niagara County Mental Health	Michael White, Deputy Director
Northpointe Council	Cheri Kelly
Opportunities Unlimited of Niagara	Pete Drew Russ Hahn
Orleans Niagara BOCES	Ronald Barstys
Tobacco Free Erie/Niagara	Jenna Brinkworth Ezra Scott
University of Buffalo Medical Residents	Milind Chaudhari, MD MPH Natdanai Punnanihinont, MD MPH
YMCA	Darcee Hughes, Wellness Director

Appendix III– Support Services for Niagara County Residents

Outpatient Mental Health Services

Niagara County Mental Health Services Outpatient Clinic	1001 11 th St. Niagara Falls, NY 14301	(716) 278-1940 Crisis Hotline: (716)-285-3515
Mental Health Association in Niagara County, Inc.	36 Pine St. Lockport , NY 14094	(716) 433-3780
The Dale Association	624 River Road North Tonawanda, NY 14120	(716) 693-9961
The Dale Association	33 Ontario St. Lockport, NY 14094	(716) 433-1937
Horizon Health Services	1750 Pine Ave. Niagara Falls, NY 14301	(716) 505-1060
Horizon Health Services	6520 Niagara Falls Boulevard Niagara Falls, NY 14304	(716) 283-2000
Horizon Health Services	637 Davison Road Lockport, NY 14094	(716) 836-1767
Horizon Health Services	6321 Inducon Drive East Sanborn, New York 14132	(716) 650-5550
Wellness Connection Center Niagara Falls Memorial Med. Ctr.	621 10 th St. Niagara Falls, NY 14302	(716) 278-4541
Northpointe Council	1001 11th St Niagara Falls, NY 14301	(716) 278-8110
Northpointe Council	41 Main Street Lockport, NY 14094	(716) 433-3846
Community Missions of Niagara Frontier	1570 Buffalo Ave. Niagara Falls, NY 14303	(716) 285-3403

Addiction Services

Northpointe Council	1001 11th St Niagara Falls, NY 14301	(716) 278-8110
Northpointe Council	41 Main Street Lockport, NY 14094	(716) 433-3846
Clearview Treatment Services Mount St. Mary's Hospital	5300 Military Road Lewiston, NY 14092	(716) 298-2115
Fellowship House, Inc.	625 Buffalo Ave. Niagara Falls, NY 14303	(716) 282-8510
Horizon Village	6301 Inducon Drive East Sanborn, New York 14132	(716) 731-2030
Beacon Center	36 East Ave. Lockport, NY 14094	(716) 439-6815
Alcoholics Anonymous Niagara Intergroup	P.O. Box 2841 Niagara Falls, NY 14302	24 Hour Answering Service (716) 285-5319
Eastern Niagara Hospital, Inc. Reflections Recovery	521 East Avenue Lockport, NY 14094	(716) 514-5561
Niagara County Drug Abuse Program	1001 11th Street Niagara Falls, NY 14301	(716) 278-8110

Appendix III – Support Services for Niagara County Residents

Housing Assistance

Niagara Falls Housing Authority	744 10 th St. Niagara Falls, NY 14301	(716) 285-6961
North Tonawanda Public Housing Authority - Belmont Shelter Corp.	1195 Main St. Buffalo, New York 14209	(716) 884-7791
Center City Neighborhood Development Corp.	1824 Main St. Niagara Falls, NY 14305	(716) 282-3738
Lockport Housing Authority	301 Michigan St. Lockport, NY 14094	(716) 434-0001
Niagara Falls Neighborhood Housing Services Inc.	479 16th St. Niagara Falls, NY 14303 Assistance	(716) 285-7778

Food Assistance

SNAP (Food Stamps)/Niagara County Dept. of Social Services	301 10th Street Niagara Falls, NY	(716) 278-8400
Community Missions	1570 Buffalo Ave. Niagara Falls, NY 14303	(716) 285-3403
Heart, Love and Soul, Inc.	939 Ontario Ave. Niagara Falls, NY 14305	(716) 282-5681
Salvation Army of Niagara Falls	7018 Buffalo Avenue Niagara Falls, NY 14304	(716) 283-7697
St. Joseph Outreach	1402 Pine Ave. Niagara Falls, NY 14301	(716) 282-1379
North Tonawanda Interchurch Food Pantry	100 Ridge St. North Tonawanda, NY 14120	(716) 692-8552
St. John's Outreach/ Sister Helen's Food Pantry	160 Chestnut St Lockport, NY 14094	(716) 433-5252
Care-n-Share Food Pantry	3628 Ransomville Road Ransomville, NY 14131	(716) 245-0631

Social Services

Niagara County Department of Social Services (Niagara Falls)	301 10th St. Niagara Falls, NY	(716) 278-8400
Niagara County Department of Social Services (Lockport)	20 East Ave. Lockport NY 14094	(716) 278-8400
Home Energy Assistance Program (HEAP)	111 Main St., Suite 101 Lockport, New York 14094	(716) 438-4016
Catholic Charities of Buffalo	256 3rd St., Suite 15 Niagara Falls, NY 14303	(716) 282-2351
Catholic Charities of Buffalo	465 Payne Ave. North Tonawanda, NY 14120	(716) 282-2351
Catholic Charities of Buffalo	50 Bewley Bldg. - Market at Main Lockport, NY 14094	(716) 433-0246
United Way of Greater Niagara	6420 Inducon Dr. West, Suite B2 Sanborn, NY 14132	(716) 731-4580
Niagara Community Action Program	1521 Main St. Niagara Falls, NY 14305	(716) 285-9681

**Niagara Falls Memorial Medical Center
Action Plan**

**Priority Area #1
Preventing Chronic Disease**

Focus Area	Goal	Objective	Activities	Entity Responsible
Chronic Disease: Increase access to high quality chronic disease preventive care and management in both clinical and community settings	1. Connect Niagara County residents in need to high quality cardiac catheterization diagnosis and treatment	1. By December 31, 2017, provide cardiac catheterization services to 669 Niagara County residents at the new cardiac catheterization laboratory operated at NFMMC in concert with its 3 partners: Catholic Health; Kaleida Health and ECMCC	1a. Begin operating a cardiac catheterization laboratory, the first and only such facility in Niagara County, at the NFMMC campus by April 1, 2017 1b. Work with local EMS community to ensure timely and high quality emergency responses to transport Niagara County residents to cardiac catheterization laboratory	NFMMC EMS organizations in Niagara County
	2. Renovate space and purchase equipment to establish and operate a second cardiac stress lab at the Heart Center on NFMMC's campus to prevent testing delays	2a. By March 1, 2017, open the second stress laboratory 2b. By December 31, 2017, provide an additional 1,000 cardiac stress tests as a result of improved access	2a. Employ sufficient staff to operate the second stress test lab 2b. Track and monitor utilization of second stress laboratory	NFMMC NFMMC
	3. Renovate NFMMC's inpatient Cardiac-Stroke Unit	3. By November 1, 2017 begin operating the new Cardiac-Stroke unit which will be located on S-3 to serve approximately 1,500 cardiac and stroke patients annually	3a. Monitor construction to ensure it is on time and within budget 3b. Train unit staff on new software that will facilitate the patient discharge process and help connect more patients to community resources	NFMMC NFMMC

Appendix IV

Focus Area	Goal	Objective	Activities	Entity Responsible
<p>Cont...</p> <p>Chronic Disease: Increase access to high quality chronic disease preventive care and management in both clinical and community settings</p>			<p>3c. Set-up an on-unit rehabilitation facility to enhance physical therapy programming and facilitate patient recovery</p> <p>3d. Re-introduce protocols to identify patient caretakers, provide training to them on medication management and other care techniques and emphasize the involvement of caretakers in a patient’s recovery</p>	<p>NFMMC</p> <p>NFMMC</p>
	<p>4. Upgrade Cardiac Rehabilitation unit by replacing antiquated exercise equipment</p>	<p>4a. By February 1, 2017, complete replacement of exercise equipment, including treadmills, stationary bikes, elliptical units, rowing machines and other equipment</p> <p>4b. By December 31, 2017 engage an additional 100 patients in cardiac rehabilitation programming</p>	<p>4a. Establish at least one session per week as a free introductory exercise class for NFMMC primary care patients</p> <p>4b. Inform NFMMC primary care providers and specialty physicians on the availability of upgraded cardiac rehabilitation services so as to increase referrals to the program</p>	<p>NFMMC</p> <p>NFMMC</p>
<p>Promote use of evidence-based care to manage chronic diseases</p>	<p>5. Establish and operate a Million Hearts program at NFMMC primary care centers in concert with the DSRIP project to “Improve Cardiovascular Health”</p>	<p>5a. Institute Million Hearts project by April 1, 2017</p> <p>5b. By December 31, 2017, identify 4,000 primary care patients with hypertension</p> <p>5c. Provide “Heart Health” educational materials and instruction to at least 90% of identified hypertensive primary care patients.</p>	<p>5a. Train primary care providers on how to effectively apply the A (aspirin); B (blood pressure control); C (manage cholesterol); S (smoking cessation) principles to reduce the risk of heart attack and stroke</p> <p>5b. Establish protocols to refer hypertensive primary care patients to healthy lifestyle programs held in the community</p>	<p>NFMMC</p> <p>NFMMC and Community Partners</p>

Appendix IV

Focus Area	Goal	Objective	Activities	Entity Responsible
Cont... Promote use of evidence-based care to manage chronic diseases			5c. Raise funds to purchase free blood pressure testing units at primary care sites 5d. Educate patients on how to properly take their own blood pressures	NFMCC NFMCC
	6. Increase screening rates for cardiovascular disease and diabetes among disparate populations	6. Establish and operate a cardiovascular and diabetes screening project for mental health outpatients who receive behavioral health services at the NFMCC Wellness Connection Center	6. By March 30, 2017, screen 90% of 600 mental health outpatients who are diagnosed with bi-polar disease or schizophrenia	NFMCC

**Niagara Falls Memorial Medical Center
Action Plan**

**Priority Area #2
Promote Mental Health and Prevent Substance Abuse**

Focus Area	Goal	Objective	Activities	Partner Responsible
Behavioral Health Promote Mental Health and Prevent Substance Abuse	1. Fully implement a second Integrated Primary Care/ Behavioral Health program at the Golisano Center for Community Health	1a. Screen 90% of Golisano Center primary care patients for depression using the PHQ-9 instrument and 90% of patients for substance use using the SBIRT screen	1a. Train staff and providers on the principles of Integrated/Collaborative Care	NFMMC
		1b. By December 31, 2017 enroll 250 Golisano primary care patients in the Integrated Care project	1b. Institute work flows to screen patients for depression and substance abuse	NFMMC
		1c. Record improved blood pressure readings for at least 50% of the primary care patients enrolled in the Integrated Care project	1c. Implement effective work flows to connect patients screening positive for depression to in-practice behavioral health therapist	NFMMC
	2. Connect mental health patients who are discharged from the hospital to timely outpatient therapy	2. By December 31, 2017 achieve a 90% rate of connection to outpatient therapy within 7 days of hospital discharge	2a. Train inpatient and outpatient staff on new workflows to ensure an outpatient visit within 7 days of discharge 2b. Provide education to discharged behavioral health patients on the importance of connecting and staying connected to outpatient treatment	NFMMC NFMMC

Appendix IV

Focus Area	Goal	Objective	Activities	Partner Responsible
<p>Cont...</p> <p>Promote mental health and prevent substance abuse</p>			<p>2c. Establish monitoring and reporting system to track rate of connectivity to outpatient behavioral health treatment</p>	<p>NFMMC</p>
	<p>3. Establish Health and Recovery Plans (HARP) project as part of the Adult Health Home</p>	<p>3. By December 31, 2017 enroll 158 adults with significant behavioral health needs in the Adult Health Home</p>	<p>3a. Provide specialized training to Health Home care managers who will manage the physical health, mental health and substance use services for HARP enrollees in an integrated way</p> <p>3b. Provide understandable information to persons with significant behavioral health conditions to encourage their enrollment in HARP</p>	<p>NFMMC</p> <p>NFMMC</p>
<p>Prevent and reduce occurrence of mental, emotional and behavioral health disorders among youth</p>	<p>4. Operate a Children’s Health Home to serve at-risk children in Niagara County</p>	<p>4. By December 5, 2016 establish a Children’s Health Home to provide care management services to at-risk children who meet eligibility requirements</p>	<p>4a. Enroll a minimum of 250 eligible children in Children’s Health Home by December 31, 2017</p> <p>4b. As appropriate, connect enrollees in Children’s Health Home to child mental health services</p> <p>4c. Work with contracted and community agencies to ensure seamless and timely connections of children to the care and services they require</p> <p>4d. Monitor and log child mental health service shortages so that action can be taken to expand mental health services to children</p> <p>4e. Work with Niagara County Department of Mental Health and child mental health service providers to establish a child mental health clinic on the first floor of the Golisano Center</p>	<p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p>

Appendix IV

Focus Area	Goal	Objective	Activities	Partner Responsible
Promote mental health and prevent substance abuse	5. Significantly reduce the number of addicted newborns in Niagara County	5. By January 1, 2018 reduce rate of addicted newborns in Niagara County by 20% from 341.7 to 273.4	<p>5a. Enroll pregnant moms who are taking drugs during pregnancy to the Maternal and Infant Care project</p> <p>5b. Organize and wage coordinated effort by Close the Gaps project to connect addicted newborns to Early Intervention services</p> <p>5c. Effective February 2017, start-up an evidence-based Centering Pregnancy project to provide group prenatal care that brings women due at the same time out of the exam room and into a caring group setting</p>	<p>NFMMC</p> <p>NFMMC</p> <p>NFMMC Millennium Collaborative Care PPS</p>
	6. Establish an Integrated Behavioral Health/OB-GYN Center project	6. By January 1, 2018, integrate behavioral health therapy services with the operations of the OB-GYN Center located on the 3 rd floor of the Hodge Building	<p>6a. Prepare and file a PAR application with the Office of Mental Health to permit this integrated care program</p> <p>6b. Provide for SBIRT and PHQ-9 screening to identify women with depression and/or substance abuse</p> <p>6c. Provide for effective, warm hand-off referrals of women who test positive for drug and/or alcohol abuse</p>	<p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p>

New York State Department of Health
JOINT HOSPITALS/COUNTY PRIORITIES

Priority I – Prevent Chronic Disease, *Disparity: Mental Hygiene*
Niagara County Department of Health
Priority Area #1
Preventing Chronic Disease
Disparity: Mental Hygiene

Focus Area	Goal	Objective	Activities	Partner Responsible
Chronic Disease	Promote use of evidence-based care to manage chronic disease	<p>Niagara County DOH: By December 31, 2018, increase by 5% the percentage of adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their condition.</p> <p>Reduce Disparity: By December 31, 2018, increase, by 5%, the number of individuals with depression who participate in a CDSMP, DSMP or DPP program workshop.</p> <p>NFMMC: By December 31, 2018 educate providers/associates and establish programming for adults with arthritis, asthma, cardiovascular disease, or diabetes in partnership with NCDOH to raise awareness regarding educational resources for referral and participation.</p> <p>Reduce Disparity: By December 31, 2018 include evidence-based care for chronic disease prevention and management programs to 80% of individuals with depression.</p>	<p>1. Educate providers/associates regarding recent studies and data on chronic disease. Reconvene with Niagara County Department of Health (NCDOH) and to review NCDOH evidence-based programs to reduce re-hospitalization by 3/17. Provide 3 face-to-face, table displays, or newsletter information segments by 12/31/17 and 3 additional in 12/31/18.</p> <p>2. Partner with NCDOH, Niagara County hospitals and ADA to host diabetes prevention classes at Niagara Falls Memorial by 12/31/17. Repeat and again host classes at NFMMC by 12/31/18.</p> <p>3. Continue use of depression screening tool at Article 28 primary care clinics to identify patients with depression through 12/31/18. Increase screening percentage to 80% by 12/31/17 and 90% by 12/31/18.</p> <p>4. Re-educate primary care practices to refer all individuals who screen positive for depression to appropriate community mental health and evidence-based care for chronic disease prevention and management resource by 3/17.</p>	<p>NFMMC NCDOH ADA</p> <p>NFMMC NCDOH</p> <p>NFMMC Niagara County based Hospitals NCDOH</p>

Priority II – Promote Mental Health and Prevent Substance Abuse

Niagara County Department of Health

Priority Area #2

Promote Mental Health and Prevent Substance Abuse

Focus Area	Goal	Objective	Activities/Interventions	Partner Responsible
<p>Promote Mental Health and Prevent Substance Abuse</p>	<p>Promote Mental, Emotional and Behavioral Health (MEB)</p>	<p>NIAGARA COUNTY Increase the percent of employees trained in trauma-informed approach by 35% by Dec 2018</p> <p>Offer information on and referral to available Mental Health services to 100% of individuals who have positive depression screens.</p> <p>MSMH WILL: Provide trauma-informed approach education to Niagara County hospital associates and local community organizations by 12/31/17. Increase number of hospital associates trained to 30% by 12/31/18.</p> <p>Offer appropriate level of mental health services information to 80% of individuals who have positive depression screens by 12/31/18.</p>	<p>1. Create an advisory board with Niagara County Hospitals by 2/17. Evaluate resources to conduct training and funding source by 3/17. Schedule training sessions across NC Hospital locations by 4/17.</p> <p>2. Train 10% of associates in Mental Health First Aid certification by 12/31/17. Train 20% of remaining associates by 12/31/18.</p> <p>3. Continue use of depression and substance abuse screening tool at Article 28 primary care clinics to identify patients with depression and/or substance abuse through 12/31/18. Increase screening percentage to 80% by 12/31/17 and 90% by 12/31/18.</p> <p>4. Train associates on available mental health services in Niagara County to allow for facilitation of patient referrals by 6/17.</p>	<p>MSMH Niagara County based Hospitals NCDOH P2 Collaborative</p> <p>MSMH Niagara County Hospitals NCDOH P2 Collaborative</p> <p>NFMMC Niagara County based hospitals NCDOH</p>
	<p>Prevent Substance Abuse</p>	<p>Promote harm reduction and increase the number of Nursing Division professionals participating in Narcan training.</p>	<p>1. Educate providers/associates regarding recent studies and data on alcohol and substance abuse. Participate and/or host 2 community outreach and educational events by 12/31/17 and additional 2 by 12/31/18.</p>	<p>NFMMC Niagara County based hospitals NCDOH</p>

Appendix V

Focus Area	Goal	Objective	Activities/Interventions	Partner Responsible
<p>Cont...</p> <p>Promote Mental Health and Prevent Substance Abuse</p>		<p>Increase the number of public awareness, outreach and educational efforts to change attitudes, beliefs and norms towards excessive alcohol and prescription opiate use.</p> <p>NFMMC WILL: Increase number of public awareness, outreach and educational efforts to change attitudes, beliefs and norms towards excessive alcohol and prescription opiate use.</p>	<p>2. Provide mental health educational materials and pamphlets at 100% of health fairs in which MSMH participates in through 12/31/18.</p>	<p>NFMMC</p>
	<p>Strengthen Infrastructure</p>	<p>Support integration of MEB health within chronic disease prevention strategies</p> <p>Increase MEB stakeholder involvement across all initiatives by 10%</p> <p>NFMMC WILL: Support integration of MEB health within chronic disease prevention strategies. Establish MEB stakeholder involvement across Niagara County initiatives by 12/31/17 and increase by 10% by 12/31/18.</p>	<p>1. Provide mental health educational materials and pamphlets at 100% of health fairs in which NFMMC participates in through 12/31/18.</p>	<p>NFMMC</p>