Livingston County 2019-2021 Community Health Assessment (CHA), Community Service Plan (CSP) and Community Health Improvement Plan (CHIP)

County Name:	**Livingston County**
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Livingston County Executive Summary

The Livingston County Health Department, in partnership with UR Medicine|Noyes Health, has selected the following priority areas and disparity for the 2019-2021 assessment and planning period:

County	Priority Areas & Disparity
Livingston County	**Prevent Chronic Disease** 1. Healthy eating and food security 2. Physical activity 3. Chronic disease preventative care and management **Promote Well-Being and Prevent Mental and Substance Use Disorders** 4. Promote well-being 5. Mental and substance use disorders prevention **Disparity: low socioeconomic status and older adults**

Selection of the 2019-2021 Community Health Assessment (CHA), Community Service Plan (CSP) and Community Health Improvement Plan (CHIP) priority and disparity areas was a joint process which began in the summer of 2018 with assistance from the Genesee Valley Health Partnership and Common Ground Health. A variety of partners were engaged throughout the process including the public health department and hospital staff, Community Based Organizations (CBOs), Office for Aging, Skilled Nursing Facility, CASA, county government employees, the Genesee Valley Health Partnership, Common Ground Health, community members and more. The community at large was engaged throughout the assessment period via a regional health survey in 2018 (*My Health Story 2018*) and focus groups. Partners' role in the assessment were to help inform and select

the 2019-2021 priority areas by sharing any pertinent data or concerns and actively participating in planning meetings.

On June 11, 2019, the health department engaged key stakeholders on the CHA Leadership Team in a prioritization meeting facilitated by Common Ground Health. Key partners and community members were invited to attend the prioritization meetings, including all those who attended prior focus groups. Social media platforms, e-mail, news media and newsletters were utilized to help stimulate participation. Common Ground Health provided group members copies of county specific pre-read documents in advance of the meetings. The documents included information on current priority areas and progress made to date, as well as a mix of updated quantitative, qualitative, primary and secondary data on each of the five priority areas outlined in the New York State Prevention Agenda. Data were collected from a variety of different sources including, but not limited, to the American Community Survey, the enhanced Behavioral Risk Factor Surveillance System, County Rankings and Roadmaps, Vital Statistics, communicable disease and dental reports, primary data collected from the *My Health Story 2018* Survey and local data sources such as Livingston County's Prevention Needs Assessment. A copy of the pre-read document, prioritization meeting materials and meeting attendees are available upon request.

Using the above referenced data and group discussions, participants utilized Hanlon and PEARL methods[2] to rank a list of group identified priorities. To address the

[2] Hanlon and Pearl are methods which rate items based on size and seriousness of the problem as well as effectiveness of interventions.

previously mentioned priorities and disparities, the health department facilitated a CHIP planning meeting where partners discussed opportunities to leverage existing work. Existing work efforts were then compared to intervention options (primarily selected from the New York State Prevention Agenda Refresh Chart) and were informally voted on and selected.

Regionally[3], Livingston County aligns with nearby counties on several interventions including the following:

Focus Area	Intervention* & # of Counties Selected
Healthy eating and food security	**1.0.3** Implement worksite nutrition and physical activity programs designed to improve health behaviors and results (selected by three counties)
Prevent mental and substance use disorders	**2.2.2** Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers (selected by five counties) **2.2.4** Build support systems to care for opioid users at risk of an overdose (selected by three counties) **2.2.5** Establish additional permanent safe disposal sites for prescription drugs and organized take-back days (selected by three counties) **2.3.3** Grow resilient communities through education, engagement, activation/mobilization and celebration (selected by three counties)
*Interventions shown are those where three or more counties selected the intervention. A full list of selected interventions can be found in the county improvement plan found in appendix A.	

Mental and substance use disorder prevention was a widely selected focus area by several regional counties (seven out of eight counties). Several counties, including Livingston, have selected goals that revolve around prevention of suicides, addressing adverse childhood experiences (ACEs) and prevention of opioid and other substance use and misuse deaths. Leveraging region-wide all of the previously mentioned interventions will aid in reaching as many persons as possible

[3] The region includes eight of the nine Finger Lakes counties: Livingston, Livingston, Ontario, Livingston, Seneca, Steuben, Wayne and Yates Counties.

throughout the region. The complete list of Livingston County's selected interventions, process measures and partner roles in implementation processes can be found in the county's Community Health Improvement Plan grid (Appendix A).

The CHIP's designated overseeing body, Genesee Valley Health Partnership and CHA Leadership team, meets a minimum of twice per year. The group has historically reviewed and updated the Community Health Improvement Plan and will continue to fulfill that role. During meetings, group members will identify any mid-course actions that need to be taken and modify the implementation plan accordingly. Progress will be tracked during meetings via partner report outs and will be recorded in meeting minutes and a CHIP progress chart. Partners and the community will continue to be engaged and apprised of progress via website postings, email notification and at the annual State of the County Health Report presentation in Livingston County.

In addition, the ongoing collaborative process for updating and revising the assessment, including new information on data, will occur during the annual State of the County Health Report presentation and during GVHP membership meetings and subcommittee meetings such as the Suicide Prevention Task Force and Be Well meetings. These committees are comprised of diverse community sectors including community members. Recruitment of new members occurs on partners' websites and social media. The GVHP Board reviews annual membership to identify gaps in membership based on current health priorities.

Priority Area: Prevent chronic diseases							
Focus Area: Healthy eating and food security							
Goal	**Objectives**	**Disparities**	**Interventions**	**Family of Measures**	**Implementation Partner**	**Partner Roles Resources**	**Projected Year 1,2, and 3**
1.1 Increase access to healthy and affordable foods and beverages	1.2 By December 2021, decrease the percentage of children with obesity (among Livingston County public school students) by 1%	Low SES	1.0.4 Multi-component school-based obesity prevention interventions, including: completion of SHI, CATCH, providing healthy eating learning opportunities and participating in Farm to School Programs	Increase number of SHI assessments completed *NYSDOH Prevention Agenda* Increase number of policy/practices implemented Increase number of schools that implement CATCH (Baseline: 0-2018) Baseline: Free and reduced lunch Dalton Sch - 52%; Mid/High Sch Nunda-46%; Primary Sch Mt Morris 53%; Mid/High Sch Mt Morris 64%- 2019)	Genesee Valley Health Partnership (GVHP/Be Well Committee LCDOH UR Med Noyes Cornell Coop Ext URMC Finger lakes Eat Smart NY Schools Farmers	LCDOH to complete SHI with school Genesee Valley Health Partnership (GVHP/Be Well Committee to provide resources to improve nutrition/physical activity areas of improvement identified by SHI Finger lakes Eat Smart NY to provide training/tech support Schools to complete assessment, dev and implement policy/practice including CATCH Farmers to work with schools on Farm to School Programs	Minimum of two schools to complete SHI by year 3 Minimum of two schools which adopts policy/practice by year 3 A minimum of two which implement CATCH by year 3

	1.5 By December 2021, decrease the percentage of adults ages 18 years and older with obesity (among adults with an annual household income of <$25,000) by 1%	Low SES	1.0.3- Worksite nutrition and physical activity programs designed to improve health behaviors and results	Increase the number of assessments (from *NYSDOH Prevention Agenda*) completed Increase number of practices and/or policies implemented (Baseline: 22 Liv Co worksites have adopted and implemented policies as of 2018-LCDOH Baseline: 44.2% with obesity among adults with an annual household income of <$25,000, 2013-2014 e-BRFSS)	Genesee Valley Health Partnership (GVHP/Be Well Committee LCDOH UR Med Noyes Cornell Coop Ext URMC American Lung Association Worksites	Genesee Valley Health Partnership (GVHP/Be Well Committee (including LCDOH UR Med Noyes Cornell Coop Ext) to assist with development, implementation and eval of policy/practice change GVHP-$1,000 American Lung assist with tob free policy/practice Worksite to adopt and implement policy/practice change	A minimum of one worksite which adopts a policy or implements a practice per year

	1.7 By December 2021, decrease the percentage of adults who consume one or more sugary drinks per day by 2%		1.0.1 Adopt policies and implement practices to reduce (over)consumption of sugary drinks Sugar-sweetened beverages (SSBs) are the largest source of added sugar and an important contributor of calories in the U.S. diet.	Increase the number of entities which adopts policies or implement practices to reduce consumption of sugary drinks *NYSPrevAgenda* Baseline: 33.3% for 2016 BRFSS Baseline: Free and reduced lunch Dalton Sch - 52%; Mid/High Sch Nunda-46%; Primary Sch Mt Morris 53%; Mid/High Sch Mt Morris 64%- 2019) Baseline: 25.9% of adults who consume one or more sugary drinks daily 2013-2014- eBRFSS	Genesee Valley Health Partnership (GVHP/Be Well Committee LCDOH UR Med Noyes Cornell Coop Ext NYSDOH Worksites Schools	Genesee Valley Health Partnership (GVHP/Be Well Committee (including LCDOH UR Med Noyes Cornell Coop Ext) to assist with development, implementation and eval of policy/practice change GVHP-$700 NYSDOH materials Worksites and schools to adopt and implement	A minimum of one school and one worksite which adopts a policy or implements a practice per year
1.3 Increase Food Security	1.14 By December 2021, increase the percentage of adults with perceived food security (among adults with an annual household income of <$25,000) by 2%	Low SES and older adults	1.0.6 Screen for food insecurity, facilitate and actively support referral.	Monitor number of education sessions with focus on low income, high need area Baseline: 34 adult direct ed. sessions with 468 adults participants, 22 adult indirect ed. Sessions with 500 adult participants , 240 youth participants reached with direct education-FLESNY; and 6 sessions of nutrition	GVHP LCDOH UR Med Noyes Office for Aging Food Security Coalition (Office for Aging, Local Food Pantries, Cornell Coop Ext Finger lakes Eat Smart NY Foodlink Legal Assistance of WNY Food Security Coalition	GVHP - $700 LCDOH WIC -4 FTEs- screen and refer clients LCDOH and UR Med Noyes- coordinate and promote UR Med Noyes-.05 FTE Food Security Com. info sharing, collaboration networking Office for Aging- 12 hrs FLESNY conduct ed. CCE-18 hrs. provide recipes/info at Nutrition Sites and Curbside, provide tech	Increase by %5 number of education sessions by year 3 Increase utilization re: Foodlink by 3% by year 3 Number of completed guides distributed

				education at Senior Nutrition Sites - CCE-2018 Baseline: 5.2%of population with low income and low access to supermarket or grocery store- 2015 NYSCHIRS Monitor utilization of Curbside Markets Baseline: 39 sites for 13 days with 338 people served, total sales $3,057.19-Curbside; 90 SNAP transitions with $668.76 in SNAP sales-Food link Create service guide re: food security, promote 2-1-1 and NY Connects and distribute to community partners including HCPs		assistance, promote Farmers Markets Foodlink provide Curbside Markets and develop promotions Legal Assistance-prescreening potential Snap participants, referrals resources Food Security Coalition to dev./ distribute guide	

Priority Area: Prevent chronic diseases							
Focus Area: Physical activity							
Goal	**Objectives**	**Disparities**	**Interventions**	**Family of Measures**	**Implementation Partner**	**Partner Roles Resources**	**Projected Year 1,2, and 3**
Reduce obesity and the risk of chronic diseases	1.2 By December 2021, decrease the percentage of children with obesity (among Livingston County public school students) by 1%	Low SES	2.2 Promote school, child care and worksite environments that increase physical activity by implementing CATCH	Increase the number of evidence based assessments (SHI) completed	LCDOH Schools	LCDOH assist with SHI School to complete SHI	A minimum of two assessments completed by year 3

				Increase the number of practices/policies implemented Baseline: Obesity data Keshequa School obesity rate 13.9, overweight and obese rate 42.3; Mt. Morris School obesity rate17.7, overweight and obese rate 34.9 per NYSDOH 2016-2018; (Baseline: Free and reduced lunch Dalton Sch - 52%, Mid/High Sch Nunda - 46% Primary Sch Mt Morris53%, Mid/High Sch Mt Morris 64% -2019) (Baseline: 18.2 percentage of obese Liv Co children 2014-2016- NYSCHIRS)	LCDOH UR Med Noyes CCE GVHP Schools	LCDOH, UR Med Noyes, GVHP, CCE assist with implementation and eval. Schools develop, implement and eval	A minimum of two practices/policies implemented by year 3
				Increase number of schools implementing CATCH (Baseline: 0- 2018)	Schools Finger lakes Eat Smart NY	School staff to attend training, implement CATCH FLESNY to provide training and tech support	A minimum of two schools implementing CATCH by year 3

			2.2.3 Implement a combination of worksite-based physical activity policies, programs, or best practices through multi-component worksite physical activity and/or nutrition programs; environmental supports or prompts to encourage walking and/or taking the stairs; or structured walking-based programs focusing on overall physical activity that include goal-setting, activity monitoring, social support, counseling, and health promotion and information messaging.	Increase the number of assessments (from *NYSDOH Prevention Agenda*) completed Increase number of practices and/or policies implemented (BASELINE: 22 Liv Co Worksites have adopted and implemented policies as of 2018- LCDOH) (Baseline: 80.5 age-adjusted percentage of adults who participated in leisure time physical activity in the past 30 days- 2016, NYSCHIRS)	GVHP / Be Well LCDOH UR Med Noyes Worksites	GVHP- $1,000 GVHP /Be Well to assist with policy development, implementation and evaluation LCDOH complete assessment with worksite UR Med Noyes to provide education at worksites per needs Worksites complete assessment, implement policy/practice change	A minimum of one worksite which adopts a policy or implements a practice per year

	1.7 By December 31, 2021, increase the percentage of adults ages 18 years and older who participate in leisure-time physical activity		2.1.1 - Implement a combination of one or more new or improved pedestrian, bicycle, or transit transportation system components (i.e., activity-friendly routes), with new or improved land use or environmental design components (i.e., connecting everyday destinations) through comprehensive master/transportation plans or Complete Streets resolutions, policies, or ordinances to connect sidewalks, multi-use paths and trails, bicycle routes, and public transit with homes, early care and education sites, schools, worksites, parks, recreation facilities, and natural or green spaces	Increase number of municipalities which adopt Complete Streets resolution (Baseline: 0-2018 LC Planning Dept Baseline: 805 age-adjusted percent of adults who participated in leisure-time activity in past 30 days- 2016, NYSCHIRS)	Municipalities LC Planning NYSDOT	Municipalities to work with community partners to adopt Complete Street resolution LC Planning work with municipalities and NYSDOT to assist with resolution by providing tech support	One municipality to adopt resolution by year 3
				Complete assessment re: transportation and/or connectivity plans	Municipalities LC Planning NYSDOT	Municipalities to complete assessment Planning and NYSDOT to conduct and analyze assessment	Minimum of one assessment completed per year

				Increase utilization of *Ride LivINgston*(transportation) Baseline: 2,330 dashboard users, 1,767 planned trips- LC Planning 2/1/2019-7/31/2019	Transportation Assistance Committee (LC Planning, LCDSS, OFA, Workforce Dev, ARC, UR Med Noyes, Rochester Transportation Services	Transportation Assist. Committee increase use through promotion and ed., and assess data to identify high need areas	Increase utilization of Ride LivINgston by 5% per year
				Increase number of ordinances/environmental changes to connect sidewalks, multi-use paths and trails, bicycle routes, and public transit with homes, early care and education sites, schools, worksites, parks, recreation facilities, and natural or green spaces	Municipalities Private Property Owners LC Planning NYSDOH NYSDEC GVHP/Be Well	Municipalities to identify areas of enhancement Private Prop. Owners to collaborate re: access issues NYSDOH, NYSDEC to work with municipalities LC Planning to assist with mapping and tech support GVHP/Be Well to coordinate and promote	Minimum of one ordinance/env. change by year 3

Priority Area: Prevent chronic diseases							
Focus Area: Chronic disease preventative care and management							
Goal	**Objectives**	**Disparities**	**Interventions**	**Family of Measures**	**Implementation Partner**	**Partner Roles Resources**	**Projected Year 1,2, and 3**
4.4 In the community setting, improve self-management skills for individuals with chronic diseases including asthma, arthritis, cardiovascular disease, diabetes, pre-diabetes and obesity.	4.4.1 By December 31, 2021, increase the percentage of adults with chronic conditions (arthritis, asthma, cardiovascular disease, diabetes, chronic kidney disease, cancer) who have taken a course or class to learn how to manage their condition		4.4.2 - Expand access to evidenced-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone.	Number and type of evidence-based/ evidence informed programs and participants attending certified programs offered by UR Med Noyes Health, URMC and Office for the Aging Increased ability of participants to self-manage their health condition (Baseline: *Living Healthy* 2018:4 classes: 2 CDSMP, 1 CPSMP, and 1 DSMP Total of 41 participants enrolled and 32 completed (78%)-UR Med Noyes (Baseline: *Diabetes Ed* - 336 Individual Visits, 12 Insulin Pump Starts, 7 Continuous Glucose Monitoring Screening, 49% Weight loss range was 2-70 lbs UR Med. UR Med Noyes Diabetes) (Baseline: *Matter of Balance*, 5 classes with 80 completers, Tai Chi 4 classes with 61	UR Med Noyes GVHP/Be Well Office for the Aging	UR Med Noyes to offer classes FTEs- .5 $3,500 for Living Healthy classes Be Well/GVHP to assist with community linkage and promotion of classes Office for the Aging offer evidence informed programs (Aging Mastery) URMC offer classes $1,500 for Healthy Living classes Be Well/GVHP to assist with	Number of participants completing Minimum of 60% will report increased ability to self-manage their health condition/ year Number of participants completing Healthy Living Minimum of 25% with increased physical activity level Minimum of 25% with increased fruit and vegetable consumption

				completers, Aging Mastery 1 class with 15 completers Healthy Living Livingston- Increased physical activity level reported, increased fruit and vegetable consumption reported(Baseline:2018*: Healthy Living* Nunda, 6 completers 10 wks, 50% increased daily veg. consumption, 67% increased daily fruit consumption, 33% increased weekly medium intensity physical activity - URMC), 33% increased weekly vigorous intensity physical activity)(Baseline: 7.7 percentage of adults with chronic conditions who have taken course/ class to learn how to manage their condition 2014-2014-eBRFSS)		community linkage and promotion of classes	

Priority Area: Promote well-being and prevent substance use disorders							
Focus Area: Promote well-being							
Goal	**Objectives**	**Disparities**	**Interventions**	**Family of Measures**	**Implementation Partner**	**Partner Roles Resources**	**Projected Year 1,2, and 3**
1.2 Facilitate supportive environments that promote respect and dignity for people of all	1.2 By December 31, 2021, increase LC's Health Scores by 2% per the Opportunity Index		1.2.2 Mental Health First Aid is an evidence-based public education program that teaches people how to respond to individuals who are experiencing one or more acute mental health crises (such as suicidal thoughts or behavior, an acute stress reaction, panic attacks or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (such as	Increase number of community partners trained in Mental Health First Aid Increase number of community partners trained in Youth Mental Health First Aid School and Youth Serving Org. to develop/implement a policy/practice change regarding Youth Mental Health First Aid Community Partners to develop/implement a policy/practice change regarding Mental Health First Aid Baseline: 65.2 (2018) Opportunity Index	CASA-Trinity GVHP CASA-Trinity, UR Med Noyes Mental Health and LCDOH-Mental Health Schools/ Youth Serving Orgs	CASA-Trinity to offer and conduct Youth and Adult Mental Health First Aid Training GVHP to promote trainings to community partners CASA-Trinity, UR Med Noyes Mental Health and LCDOH-Mental Health to assist community partners with policy development and implementation Schools/ Youth Serving Orgs to work with CASA-Trinity, UR Med Noyes Mental Health and LCDOH-Mental Health to develop and implement	Conduct a total of 2 Mental Health First Aid trainings per year Conduct a total of 2 Youth Mental Health First Aid trainings per year A minimum of 2 schools/ Youth Serving Orgs to develop/implement a policy regarding Youth Mental Health First Aid A minimum of 2 community partners to develop/implement a policy regarding Youth Mental Health First Aid

			depressive, anxiety or psychotic disorders, which may occur with substance abuse).			policy/practice change	

Priority Area: Promote well-being and prevent substance use disorders							
Focus Area: Mental and substance use disorders prevention							
Goal	**Objectives**	**Disparities**	**Interventions**	**Family of Measures**	**Implementation Partner**	**Partner Roles Resources**	**Projected Year 1,2, and 3**
Prevent underage drinking among youth and excessive alcohol consumption by adults	2.1.1 By December 2021, reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days to 14% or less		2.1.1 Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access 2.1.2 Implement School based prevention: Implement/Expand School-Based Prevention Services. 2.1.3 Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and cross-system collaboration. 2.1.5 Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) 2.1.6 Integrate	Number of sessions Number of Schools Participating Number of Participants Number of policies (Baseline: State data only available for 9-12 grade 27.1%, students in grades 8,10 and 12 past 30 day use of alcohol 15% - 2018, HCTC Prevention Needs Assessment) Note: only local data available for this objective	CASA-Trinity Retail Stores Livingston County Sheriff's Office Healthy Communities That Care Coalition Schools SUNY Geneseo GVHP/Trauma Informed Committee Schools/youth serving orgs	CASA-Trinity and Sheriff's Office to provide training and retailer scans Retail Stores to have staff attend training HCTC to conduct PNA survey, work with youth/schools, coordinate evidence based school prevention strategies Schools work with HCTC assist with PNA survey, implement evidence based school programming and policy, Implement SBIRT with students SUNY Geneseo - implement SBIRT GVHP/Trauma Informed Committee- Coordinate training and assist schools/orgs with approaches/ policies Schools/youth serving orgs staff trained and implement approaches/ policies	Implement at least one responsible server training per year Implement retailer scans and compliance checks at least 1 time per year. At least 3 schools participating in evidence based school prevention strategies. At least 80% of required sessions being implemented for Evidence Based School programming. At least 700 youth participating in school based programming per year

			trauma-informed approaches and responses into prevention programs by training staff, developing protocols and engaging in cross-system collaboration				At least 60 youth (ages 12-18) participating in SBIRT each year. At least 1,200 SUNY Geneseo students participating in SBIRT each year. At least 6 new staff trained in TIC by end of year 3 At least 3 new orgs/schools engaged in Trauma Informed approaches and policies by Dec 2021

2.2 Prevent opioid and other substance misuse and deaths	2.2.1 By December 2021, reduce the percentage of youth in grades 9-12 reporting the use of prescription drug misuse on at least one day for the past 30 days to 14% or less		2.2.1 Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine	Offer MAT training/certification to providers (Baseline: 3 MAT prescribers-2019 Casa-Trinity)	CASA-Trinity	CASA-Trinity, Inc. Treatment Medical staff-providing MAT and Peer Support Services supporting recovery	At least 1 additional MAT prescriber by year 3
			2.2.2 Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers	Number of sessions Number of Participants	CASA-Trinity CBOs Community members	CASA-Trinity- promote and provide Naracan Training CBOs -promote and attend training Community members attend training	Conduct at least 10 Narcan Trainings per year
			2.2.4 Build support systems to care for opioid users or at risk of an overdose	Number of sessions Number of Peer Navigators Number of clients in-patient treatment (Baseline: 3 Peer Navigators- CASA 2019, clients in-patient baseline in 2019)	Opioid Task Force CASA-Trinity ROCovery	Opioid Task Force -use track data via GIS, implement Drug Amnesty Program CASA-Trinity implement and evaluate Peer Navigator Program ROCovery -provide physical activity programs for those w/ 48 hrs of sobriety	Increase number of Peer Navigators by 5% by year 3

			2.2.6 Integrate trauma informed approaches in training staff and implementing program and policy	Number of trainings Number of schools Number of policy / practice changes Baseline: 23.3Livingston County: Opioid overdoses and crude rates per 100,000 population-2018 NYSDOH quarterly Opioid report)	GVHP/Trauma Informed Committee Schools	GVHP/Trauma Informed Committee- provide training and assist with program and policy in schools Schools - staff attend training and implement approaches/policies	At least 2 new organizations implementing Trauma Informed policies and Approaches by end of year 3

2.3 Prevent and Address ACES	2.3.3 By December 2021, increase communities reached by opportunities to build resilience by at least 10:%		2.3.1 Integrate principles of trauma-informant approach in governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening, assessment and treatment services, training and workforce development, progress monitoring and quality assurance, financing and evaluation 2.3.3 Grow resilient communities through education, engagement, activation/mobilization and celebration	Number of sessions Number of Schools Participating Number of Participants Amount of materials distributed Presentations and trainings conducted Number of policy changes (Baseline: Administration in 4 schools received training in ACE's information (Avon, Keshequa, Dansville, Mt.Morris) – 2018 TIC/GVHP)	GVHP/Trauma Informed Committee (TIC) CASA-Trinity Trauma Informed Care Champions/Agencies/Schools	GVHP/TIC to conduct training and provide technical support agencies/schools GVHP- $10,000 CASA-Trinity to coordinate TIC workplan Trauma Informed Care Champions/Agencies/Schools to collaborate with TIC to integrate trauma informed approaches via practice/policy changes	A minimum of 10% increase in the opportunities to build resilience by year 3

2.5 Prevent suicides	2.5.2 By December 2021, reduce the age-adjusted suicide mortality rate by 1% and decrease suicide rate to maximum of 10 per 100,000		2.5.1 Strengthen economic supports: strengthen household financial security; policies that stabilize housing	Increase housing options for the target population (Baseline: 2-Skybird Landing, CASA-Trinity In Patient TX Facility-2019)	GVHP/Suicide Prevention Task Force LCDOH- LCMH UR Med Noyes MH CASA-Trinity Housing and Homelessness Task Force	GVHP: $4,500 GVHP/Suicide Prevention Task Force LCDOH- LCMH UR Med Noyes MH CASA-Trinity Housing and Homelessness Task Force - all above to collaborate to increase housing options	A minimum of 1 additional options by year 3
			2.5.2 Strengthen access and delivery of suicide care - Zero Suicide: Zero Suicide is a commitment to comprehensive suicide safer care in health & behavioral health care systems.	Number of sessions Number of participants	GVHP/Suicide Prevention Task Force	Conduct workshops/presentations	Minimum of 10 participants in CALM 100% increase knowledge among Talk Saves Lives completers

			2.5.3 Create protective environments: Reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use to include education at voluntary firearms safety courses and implement media campaign using Means Matters (NYS Prevention Agenda) resources target firearms retailers and sportsmen's clubs	Number of sessions Number of participants (Baseline: established in 2020) Number of earned media Number of paid media (Baseline:10 suicide deaths 2018, Liv Co Coroner's report) Baseline: 10.3 age-adjusted suicide death rate per 100,000	GVHP/Suicide Prevention Task Force LC Sheriff's Office	Conduct training and post training survey with LCSO Assist with coordination of staff training Implement media campaign	100% of participants to complete survey to show increase in knowledge Media campaign implemented and evaluated annually(number of website hits, impressions