



2025-2030

# Warren County Public Health Community Health Improvement Plan



## Community Health Improvement Plan

The purpose of a Community Health Improvement Plan is to provide a framework for communities to use to address their high health priorities. Through a collaborative planning process with community partners four main community health priority areas were identified in Warren County based on information from the Community Health Assessment. The priorities identified in this most recent CHIP are very similar to previously identified CHIP priorities and center around mental health and substance use and economic wellbeing.

The follow health priority areas were identified in Warren County

- Housing stability & affordability
- Primary prevention, substance misuse, and overdose prevention
- Anxiety & stress
- Childhood behavioral health

### Prioritization Method

The planning process for the Warren County Community Health Improvement Plan 2026-2030 began in 2023 with Warren County participating in the Adirondack Rural Health Network (ARHN) Community Health Assessment Planning group. The ARHN CHA planning group consists of seven local health departments including Warren County Public Health and five hospitals.

The purpose of the planning group is to support ongoing health planning and assessment by working collaboratively on intervention strategies and developing the planning documents required by the New York State Department of Health and the Internal Revenue Service.

In addition to being an active member of the regional CHA planning committee Warren County Public Health began assembling a local Community Health Improvement Planning Committee in January of 2025. Staff from Warren County Public Health sent out invitations to a total of 18 organizations and other county departments asking them to participate in an introductory presentation about the CHIP planning process. Following the presentation, a survey was sent out asking the organizations in attendance if they would actively participate in the CHIP planning process. A positive response was returned from 15 of the 18 organizations.

Once the planning committee was established, a series of four virtual planning meetings were held bi-monthly in February, April, June and August. The February meeting focused on explaining in detail the Community Health Improvement Planning process and the requirements set by the New York State Department of Health for a successful plan submission by December 2025. In addition to the plan requirements demographic data for Warren County was also presented to the group for review.

Subsequent virtual meetings focused on reviewing numerous data sources. The committee considered data from a regional stakeholder survey, community feedback survey and over 300 health indicators from sources including the NYS Prevention Agenda, NYS County Health Indicator Reports, Behavioral Risk Factor Surveillance (BRFFS), Institute for Traffic Safety Management and Research, Department of Corrections, USDA and many others. Committee members were able to ask for clarification of data,

consider data points for further review and look for trends in the data. All the data sets that were reviewed were sent electronically to all committee members after each meeting.

Between virtual meetings CHIP committee members were asked to complete a survey using Google Forms to establish the criteria that would guide the priority selection process. The survey contained nine potential criteria options and committee members were asked to select their top four. The criteria chosen were as follows:

1. Feasibility of affecting the issue
2. Resources needed to address the issue adequately (do they exist, can they be found etc.)
3. The community's perception of the issue's importance
4. The cost of the issue to the community – in dollars, time spent addressing it, social costs

#### *Honorable Mention – Seriousness of the issue*

Beginning in September of 2025 meetings were held monthly and switched to an in-person format. At the September meeting committee members were tasked with identifying at least three priority areas from the list of 24 predetermined priorities provided by the New York State Department of Health.

Each committee member received a binder containing all of the data that had been shared in previous meetings. Committee members were given 5 voting dots that would be used for priority selection. All 24 possible priorities were hung on the wall organized by domain using large poster size paper.

Prior to casting their votes committee members were allowed time (about 30 minutes) to make their case to the group about why they felt specific priorities should be chosen as the most important. Once the discussion was complete committee members were instructed not to discuss the priorities while voting was in progress to limit unnecessary pressure to vote for a specific priority.

Committee members were then provided instructions about how voting for the priorities of their choice would occur. Each committee member was required to vote for at least three separate priorities. Once they had voted for three priorities committee members were allowed to cast their remaining two votes anyway they wished. All remaining votes could be placed on a previously selected priority, the votes could be split among previously chosen priorities or they could be used for a new priority selection.

Once voting was concluded preliminary results were tabulated. To accommodate committee members that were unable to attend the in-person meeting an online priority voting form was created and sent out via email. Voting instructions were also sent in the email along with the priority selection criteria established by the committee. Online voting was open for 10 days to allow enough time for absent committee members to ask questions and complete the voting process.

Once online voting closed Warren County Public Health staff added the online votes to the existing votes from the in-person results. The results of the voting identified 4 priority areas

1. Primary prevention, substance misuse and overdose prevention – 11 votes
2. Anxiety & Stress – 9 votes
3. Childhood Behavioral Health – 9 votes
4. Housing Stability & Affordability – 9 votes

The purpose of the October meeting was to set objectives using examples from NYSDOH as guidance, for the priority areas selected in the previous meeting. Committee members were asked to present potential evidence-based interventions that could be implemented to address the priority areas and objectives agreed upon by the committee.

Due to numerous unexpected last-minute conflicts many committee members were unable to attend the October meeting. The small group of committee members in attendance did conduct an in-depth discussion about potential objectives and set preliminary objectives for review by committee members unable to attend. Additionally, the committee members in attendance agreed that requesting potential interventions by email would be acceptable.

An email was drafted and sent in early November to committee members that were not able to attend the October meeting. Committee members were provided instructions for reviewing the preliminary objectives for approval or modifications. The email also provided directions for sharing potential interventions that could be implemented to meet the planning objectives. Committee members were given 18 days to send their ideas and suggestions to the committee members for review.

### *Other Identified Health Needs*

Additional health needs were identified during the CHIP planning process. Chronic disease remains an area of concern in Warren County due to an aging population. Cancer, cardiovascular disease, and health behaviors that contribute to chronic disease development (e.g. tobacco use) will continue to be addressed at current levels. However, due to limited resources and the New York State Department of Health's stronger emphasis on addressing social determinants of health CHIP Committee members felt that tackling social determinants of health could also have positive impacts on chronic disease.

Other health areas will continue to be addressed and monitored at current levels in Warren County including communicable disease, maternal/child health, immunizations, and other NYSDOH General Public Health Work Program requirements. Warren County is a partial service County and lacks the capabilities and staffing of full-service County Health Departments and must rely on State partners for assistance.

## Addressing Health Priority Areas

Evidence shows that social determinants of health are strongly associated with health outcomes. However, addressing health priority areas focusing on SDOH from a public health prospective is difficult. Although it is clear that many non-medical factors influence an individual's health it is not clear how public health should integrate itself into addressing many of these problems.

Although admirable, addressing housing, education, income, transportation, social cohesion, etcetera to improve health outcomes through a public health approach is a tall order. Clearly, public health needs to be part of the discussions and can provide valuable insight about how these larger system issues impact the health of individuals. However, if the people working in these larger social systems do not see the health impacts created by them as a priority it is unlikely they will incorporate many of the strategies suggested by public health to strengthen those systems. Funding, staffing levels, buy-in from leadership and competing priorities will all directly impact how much progress can be made.

The following health priority tables offer a summary of the goals, objectives and interventions the committee members have suggested for addressing the agreed upon health priority areas.

Priority: Housing Stability & Affordability			
Objective 1: Increase the percentage of adults, with an annual income of less than \$25,000, who were able to pay their mortgage, rent, or utility bills in the past 12 months.			
Intervention	Population Focus	Family of Measures	Public Health Role
Create a technical assistance program that can coordinate access to state/federal aid for housing programs. Assist in administering grant programs with local municipalities to increase housing availability/supply. Enhance communication between County departments to ensure citizens in need are directed to the appropriate resource	Low socio-economic individuals and families	Establish technical assistance toolkit. Track the number of local partnerships between county and local municipalities. Track the number of citizens referred for housing questions to the appropriate department	Assist with coordination of communication.
Priority: Housing Stability & Affordability			
Objective 2: Increase the number of people living in HUD-subsidized housing from 1821 to 2000 (data accessed from the Office of the NYS Comptroller website on Dec. 2 <sup>nd</sup> , 2025			
Intervention	Population Focus	Family of Measures	Public Health Role
Attract landlords to section 8 housing choice voucher program: develop an incentive program (damage deposits, hold fees, one-time grants, low interest repair loans)	Low socio-economic individuals and families	How many landlords utilize the section 8 choice voucher program	Limited
Priority: Housing Stability & Affordability			
Objective 3: Reduce the percentage of renter occupied units in which gross rent is 30% or more of household income.			
Intervention	Population Focus	Family of Measures	Public Health Role
Incentivize development of new workforce housing using various methods (possibly: tax	Seasonal and general workforce.	Adoption of new tax incentive programs, Number of LIHTC applications, Number	Limited

incentives, low income housing tax credits, Lake Champlain – Lake George Regional Planning Board Workforce Housing Revolving Loan fund to renovate long-term rental stock for the region's year-round workforce)		of long-term rental units renovated	
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**Priority: Housing Stability & Affordability**

Objective 4: Reduce the percentage of renter occupied units in which gross rent is 30% or more of household income from 47% to 42.3%.

Intervention	Population Focus	Family of Measures	Public Health Role
Provide density bonuses or fast track zoning changes for fully affordable and or workforce housing projects	Low socio-economic individuals and families	How many zoning changes occur or how many bonuses are issued for workforce housing projects	Limited

**Priority: Housing Stability & Affordability**

Objective 5: Increase the supply of affordable housing options throughout Warren County

Intervention	Population Focus	Family of Measures	Public Health Role
Establish the Warren County Housing Alliance to work with developers, non-profits, and foundations familiar with the market to develop additional affordable housing opportunities, both rental and homeownership	Low socio-economic individuals and families	Establish the Alliance and hold an initial meeting to set up the Alliance structure and mission statement	Limited

**Priority: Primary Prevention, Substance Misuse, and Overdose Prevention**

Objective 1: Increase the number of unique individuals enrolled in OASAS treatment programs, who reported any opioid as the primary substance at admission from 490.9 to 500.9

Intervention	Population Focus	Family of Measures	Public Health Role
SBIRT Expansion: Work with local EMS, schools, and primary care practices to expand Screening, Brief	Ages 16+	Document the number of agencies that adopt the SBIRT program	Program promotion

Intervention, and Referral to Treatment across Warren County			
<b>Priority: Primary Prevention, Substance Misuse, and Overdose Prevention</b>			
Objective 2: Reduce the crude rate of overdose deaths involving drugs, per 100,000 population, from 18.3 to 17.3.			
<b>Intervention</b>	<b>Population Focus</b>	<b>Family of Measures</b>	<b>Public Health Role</b>
Post-Overdose Engagement Outreach: Establish a "Bridge to Care" outreach team that follows-up with individuals within 72 hours of a nonfatal overdose to provide linkage to treatment and harm-reduction services.	All Ages	Establishment of the team and the number of individuals followed-up with after a nonfatal overdose	Recruitment and referral
<b>Priority: Primary Prevention, Substance Misuse, and Overdose Prevention</b>			
Objective 3: Increase the crude rate of patients per 100,000 population who received at least one buprenorphine prescription for opioid use disorder from 1107.4 to 1218.4.			
<b>Intervention</b>	<b>Population Focus</b>	<b>Family of Measures</b>	<b>Public Health Role</b>
Expand access to FDA approved medications used to treat opioid use disorder in primary care and other specialty care organizations.	All ages	Increase the number of primary care and specialty care locations offering MAT.	MAT promotion and encouragement for adoption
<b>Priority: Primary Prevention, Substance Misuse, and Overdose Prevention</b>			
Objective 4: Decrease the rate of newborns with neonatal withdrawal syndrome and/or affected by maternal use of opioids or other substances (any diagnosis) per 1,000 newborn discharges from 27.0 to 24.3.			
<b>Intervention</b>	<b>Population Focus</b>	<b>Family of Measures</b>	<b>Public Health Role</b>
Expand access to FDA approved medications used to treat opioid use disorder in primary care and other specialty care organizations.	All ages	Increase the number of primary care and specialty care locations offering MAT.	MAT promotion and encouragement for adoption

Priority: Anxiety & Stress			
Objective 1: Decrease the percentage of adults who experience frequent mental distress from 19.2% to 17.2%.			
Intervention	Population Focus	Family of Measures	Public Health Role
Use the CarePath program <a href="https://mhanys.org/carepath/">https://mhanys.org/carepath/</a> a non-clinical model to support people/families over the age of 12 in improving their mind-body health and enjoy a sense of wellbeing - Anyone in the community can become CarePath Coaches.	All Ages	Increase the number of CarePath coaches and the number of people able to access CarePath programs	Promote adoption of the program
Priority: Anxiety & Stress			
Objective 2: Reduce the percentage of adults with a major depressive episode during the past year from 6.7% to 5.7%.			
Intervention	Population Focus	Family of Measures	Public Health Role
Increase awareness and access to counseling services and community trainings (e.g. Caleo Counseling - provide therapy and medication evaluation and management if necessary, in a warm and professional atmosphere. Services are available for children, adolescents, adults, and families living in Warren, Washington and Northern Saratoga Counties. Sliding scale fee program or Open Access Services uses a walk-in model for anyone of any age and is seeking immediate intervention+D13)	All ages	Increase the number of people that utilize walk-in services.  Increase the number of community trainings provided	Promotion and possibly community program facilitation.
Priority: Anxiety & Stress			
Objective 3: Decrease the percentage of adults who experience frequent mental distress from 19.2% to 18.0%.			
Intervention	Population Focus	Family of Measures	Public Health Role
Provide free Community Resilience Workshops throughout Warren County providing information and education about stress management, emotional well-being and self-resilience.	All Ages	How many workshops are provided and how many people attend.	Promotion and possibly facilitation

Priority: Childhood Behavioral Health			
Objective 1: Increase the percent of children aged 0-5 years who are reported by their parent as exhibiting all 4 flourishing criteria from 72.2% to 79.4%.			
Intervention	Population Focus	Family of Measures	Public Health Role
Work more supportively and collaboratively together with those serving children and families in the community, like HeadStart, to learn more about identification, intervention, and referrals, along with possibly services provided in house at these entities to make it easier for connectivity.	Families with young children	Number of organizations that work with children and families that receive educational training on identifying, interventions, referrals to services available.	Provide referrals to appropriate services
Priority: Childhood Behavioral Health			
Objective 1A: Increase the percent of children aged 0-5 years who are reported by their parent as exhibiting all 4 flourishing criteria from 72.2% to 79.4%.			
Intervention	Population Focus	Family of Measures	Public Health Role
Expand access to Parenting & Early Childhood Supports through evidence-based parent coaching programs (e.g. Triple P or Incredible Years) for families with children 0-8 years old	Families with young children	Track the number of individuals that complete the coaching courses. Increase the number of programs offered in the community.	Limited – Promotion of coaching courses
Priority: Childhood Behavioral Health			
Objective 2: Reduce the rate of self-inflicted hospitalizations in 15-19 years old per 10,000 from 20.2 to 18.0			
Intervention	Population Focus	Family of Measures	Public Health Role
Increase community/school trainings for youth mental health and suicide prevention (e.g. teen mental health first aid, preventing suicide in our community)	Teens/Youth	Number of trainings offered and completed. Number of attendees	Program Promotion

## Tracking Progress

Successful implementation of the CHIP will require regular progress check-ins from community partners and other participating agencies. It is anticipated that quarterly progress meetings will be used to track progress and discuss any potential changes that might be required to help the CHIP meet its goals and objectives.

Since Warren County Public Health is not the lead agency for most of the interventions described in the CHIP there will be a reliance on community partners to track and report how the interventions are progressing. Warren County Public Health will facilitate the quarterly check-ins and maintain email

communications with all participating organizations. Public health staff will also participate in any intervention activities when feasible.

Should an organization working on a specific intervention report back that something has changed (e.g. grant funding issues, staffing issues, change in priority) Warren County Public Health will request information from the organization if it intends to continue with the intervention. If the organization will continue with the intervention any changes in approach or expected outcomes will be requested to be reported. If the organization no longer intends to pursue a specific intervention it will be removed from the workplan unless or until another organization decides to take on the specific intervention.

## Community Notification

The Warren County CHA/CHIP will be shared with the Warren County Board of Supervisors during the regularly monthly Board of Supervisor's public meeting in early 2026. Hardcopies of the executive summary will be provided to each Supervisor during the meeting and additional copies will be available to the public at the same meeting. Following its presentation to the Board the CHA/CHIP will be posted to the Warren County homepage and on the Warren County Public Health website.

To reach a broader audience the availability of the CHA/CHIP document will be posted on the Warren County social media pages and included in the Warren County newsletter. Community members that would like a hardcopy of the CHA/CHIP can request one free of charge by contacting the Warren County Public Health department.

The CHA/CHIP report is posted on the following webpages:

<https://www.warrencountyny.gov/healthservices> - Public Health Website

<https://www.warrencountyny.gov/> - County Website

<https://www.facebook.com/warrencountyny/> - Facebook