



Community Memorial Hospital
Comprehensive Three-Year
Community Service Plan
November 2013

Prepared to meet the requirements of The New York State Public Health Law which requires applicable facilities to submit a comprehensive 3-year plan.

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Community Memorial Hospital 2013 Comprehensive Community Service Plan

Introduction

Community Memorial Hospital organization consists of a 36-bed acute care facility, a 40-bed Skilled Nursing Facility and four Family Health Centers.

Community Memorial Hospital's mission is to ensure that the highest quality of healthcare is delivered through coordination of available resources for the purpose of improving the health of the communities served.

The Prevention Agenda 2013-17 is New York State's health improvement plan for 2013 through 2017, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health. This five-year plan was designed to demonstrate how communities across the state can work together to improve the health and quality of life for all New Yorkers. This serves as a guide for mandated Community Health Assessments and Community Health Improvement Plan. It features five priority areas:

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated Infections

The Prevention Agenda established goals for each priority area and defines indicators to measure progress toward achieving these goals. NYSDOH has identified interventions shown to be effective to reach each goal. These interventions are displayed by stakeholder groups so that each sector can identify evidence-based or promising practices they can adapt for implementation to address the specific health issues in their communities and reducing health disparities.

Hospitals are required to respond to the State with a plan to address at least two of these priorities. It is a call to action for local health care providers, health plans, schools, employers, governmental and non-governmental agencies and business to collaborate at a community level to identify local health priorities and plan and implement a strategy for local health improvement that will improve health status through increased emphasis on prevention. The Community Service Plan is a long-term, systematic effort to address public health issues in the Community Memorial Hospital Service area. The plan is based on the results of Community Health Assessment, and is a key part of a community's health improvement process. Community Memorial Hospital along with Madison County engaged a broad spectrum of

representatives from other community agencies who played an integral role in the development of the plan goals and strategies.

A Steering Committee comprised of community leaders convened beginning in October 2012. The community leaders represent government, community-based organizations, and the health care system. Focused groups met to analysis and discuss the information gathered and presented by representatives from HealtheConnects. Priorities and suggested interventions were also discussed.

STEERING COMMITTEE MEMBERS

Denise Hummer, Steering Committee Chairperson, Community Memorial Hospital

Elizabeth Crockett, REACH CNY

Eric Faisst, Madison County Department of Health, Co-Chairperson

Eve Van de Wal, Excellus Blue Cross Blue Shield

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Theresa Davis, Madison County Office for the Aging

The Community Service Plan is the culmination of a year-long collaborative effort between healthcare and health-related organizations that serve Madison County. Additional information was also obtained from Chenango Count Community Health Assessment 2010-2013 in preparing this comprehensive plan. This planning effort that occurred with Madison County Public Health involved accessing and analyzing various data, conducting expert review, and reaching consensus on priority health issues and strategies. Members of the partnership included individuals who provided a broad range of perspectives, representing a variety groups, sectors, and activities within the community, and bring the necessary resources and enthusiasm to the table. Broad community participation via focus groups, and other mechanisms, was employed to ensure community involvement. A list of people who participated in this joint planning process includes:

Arlene Brouillette, Mid York CCC/Day Care
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Terry Van Dyke, St. Joseph's Health Center
Theresa Davis, Madison County Office for the Aging
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Health Department Staff that worked to make the Community Health Assessment process a success:

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The Madison County Community Health Assessment was facilitated and written by HealtheConnections. Staff includes:

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Community Service Area

Community Memorial Hospital is a 36-bed acute care community hospital located in Hamilton, New York. The hospital provides medical-surgical care, pediatrics, special/coronary care, as well as both ambulatory and inpatient surgery. The hospital also has a full service laboratory provided via a contract with Centrex Clinical Laboratories, radiology services including digital mammography, ultrasound, CAT scans, diagnostic nuclear medicine department and MRI, physical therapy services, and Cardio-pulmonary services. In 2012 there were 1752 acute inpatient admissions with 414 observation admissions. Other statistics include:

- Emergency Department Visits: 10,297

- Ambulatory Surgeries: 1,762
- Total X-rays: 20,467
- Total Laboratory tests: 171,389
- Total Physical Therapy Visits: 6,532
- Respiratory Treatment/Tests: 3,493

Community Memorial Hospital has a 40-bed Skilled Nursing Facility that provides long term care services as well as short term care including rehabilitation services, IV therapy, and extensive wound care.

There are also four Family Health Centers in the Community Memorial Hospital organization located in Hamilton, Morrisville, Munnsville, and Waterville. Services provided at these locations include Family Practice, Pediatrics, Cardiology, Neurology, and General Surgery. Our Family Health Centers are staff with highly qualified physicians, Nurse Practitioners, and Physician Assistants. The Family Health Centers had approximately 34,414 provider visits in 2012. The Hamilton Family Health Center recently receive designation as a level 3 Patient Centered Home Model.

Our primary service area includes Madison County and northern Chenango County. Our primary service area is comprised of twelve communities with a population of 25,948 in 2010. The towns of Hamilton, Sherburne, Morrisville and Earlville represent 69% of the population in the primary service area and contribute 67.8% of the admission. Our secondary service area is comprised primarily from the towns of Cazenovia, Munnsville, Waterville and Oriskany Falls.

Chenango County is a rural county located in south-central New York State. Chenango County is 894.36 square miles with 57.5 persons per square mile. Although there are two interstate highways accessible to Chenango County residents (I-88 and I-81) access to the interstate system can be difficult in winter months, and many roads in rural areas are narrow and winding. This has a major impact on accessibility to health care especially in the winter months.

There is one city in the county, Norwich, which represents the largest segment of the population (7,355 or 14.3%). The remaining 85.73% of the population is categorized as living in rural areas. The total population in 2008 was estimated at 50,898 which was a 1% from the 2000 census. Ninety-eight percent of the residents reported themselves as white. Only 5% of individuals five years and older in Chenango County spoke a language other than English in their homes with 42% of these people speaking Spanish.

The Chenango County Public Health Community Health Assessment of 2010-2013 identified the following demographic trends and relationship to poor health and needs for public health services:

- Chenango County is designated a Health Professional Shortage Area by the United States Department of Health and Human Services for three designations:

Full County Mental Health; Low Income Primary Medical Care; and Low Income Dental.

- Recruiting and retaining professional in health care and education is difficult, as they tend to be attracted to urban areas where cultural and employment opportunities are greater and more varied.
- Chenango County is a rural county. 85% of the population lives in the most rural areas of the county.
- Chenango County encompasses 89.36 square miles. Most health services are located in Norwich and/or along the Route 12 corridor, causing residents to travel long distances for services.
- Travel in the county is difficult and sometimes impossible in winter months as many roads are narrow, winding, and closed. This impacts access to health care and services.
- Seven percent of households have no access to a car, truck, or van for private use.
- It is difficult for emergency medical and fire services to assist residents in outlying areas in a timely manner.
- Access to specialty services not available in Chenango County is difficult and very time consuming. Residents must travel long distances to attain these services.
- The majority of dentists do not accept Medicaid patients and few accept commercial insurance.
- Between 2005-2007 11% of residents lived in poverty; 13% in poverty are under 18 years and 12% are 65 and older.
- 22% of female householders with no partner present were below poverty. Individuals and families with incomes at or near the poverty level are at greater risk for health problems than those with higher income. They often lack resources to obtain higher education, as well as, acquire medical care, appropriate food for good nutrition, and safe housing. Poverty in children is associated with many social, educational, health, and future employment problems.
- There is an increase in the aging population 65+ cohort, and baby boomers will cause this cohort to grow while traditional working age population will decrease. The aging population will cause workforce shortage, as the ratio of working-age adults to those aged 65+ is currently 5:1; but projected to decline to 3:1 by 2030. Increase in elderly population will pose demands on the county for additional senior housing and increased programs for all health and human service delivery entities.
- Unemployment increases (up to 8.2% in 2008) places a liability on health care providers as well, as they face a rise in provision of charity care and uncollected debt.
- 18.9% of adults age 18-64 do not have health insurance with females comprising 11.5% of those with no health insurance.
- Chenango County is 13.9% below the New York State Prevention Agenda 2013 objective (96%) for percent of children with at least one lead screening by 36 months of age.

- The county does not meet the New York State Prevention Agenda 2013 objective for early stage breast cancer diagnosis. It is 11% below the target of 80%. Nor does it meet the colorectal objective, which is 8% below target.
- The percent of adults 65+ who received a flu shot within the last year (2008) was 74.1. This is 15.9% lower than the New York State Prevention Agenda 2013 objective of 90%. This is an improvement from the 69.9% in 2003; however, the county did not meet the objectives for those adults who ever received a pneumonia immunization (90%) for 2003 and 2008. In fact the rate fell from 76.9% immunized in 2003 to 71.1% immunized in 2008.
- The suicide mortality rate per 100,00 for Chenango County is 9.3, which is 4.5% above the New York State Prevention Agenda 2013 objective. Nor does the county meet the objectives for mental health and substance abuse illness rates.

Chenango County has set the following three prevention agenda priorities: 1) Access to quality health care; 2) Chronic Disease; and 3) Mental health and substance abuse.

Madison County is located in central New York State and had a total land area of 662 square miles. The county is predominately rural with a population density of 112 persons per land square miles compared to an upstate NYS average of 240 people per land square mile (excluding New York City). The county has 45% of the land in the county as farmland compared to 24% in the state.

Oneida is the only city in Madison County with 10,810 residents. It is located in the eastern part of the county which is also the largest of the service areas. Community Memorial Hospital is located in the southern part of the county which is the smallest of the service areas. The southern part of the county is the most rural and is home to 18,000 people where there are significant access to care issues.

Area Trends							
	1980	1990	2000	2010	% Change 1980-1990	% Change 1990-2000	% Change 2000- 2010
Total Population	65,150	69,120	69,441	73,442	6.1%	0.5%	5.8%
<u>Eastern Madison</u>	25,597	25,855	26,435	27,644	1.0%	2.2%	4.6%
Fenner	1,661	1,694	1,680	1,726	2.0%	-0.8%	2.7%
Lenox	8,539	8,621	8,665	9,122	1.0%	0.5%	5.3%
Lincoln	1,629	1,669	1,818	2,012	2.5%	8.9%	10.7%
Oneida	10,810	10,850	10,987	11,393	0.4%	1.3%	3.7%
Smithfield	1,030	1,053	1,205	1,288	2.2%	14.4%	6.9%
Stockbridge	1,928	1,968	2,080	2,103	2.1%	5.7%	1.1%
<u>Western Madison</u>	21,399	23,526	23,950	24,988	9.9%	1.8%	4.3%
Cazenovia	5,882	6,514	6,481	7,086	10.7%	-0.5%	9.3%
DeRuyter	1,269	1,458	1,532	1,589	14.9%	5.1%	3.7%
Georgetown	877	932	946	974	6.3%	1.5%	3.0%
Sullivan	13,371	14,622	14,991	15,339	9.4%	2.5%	2.3%
<u>Southern Madison</u>	18,154	19,739	19,056	20,810	8.7%	-3.5%	9.2%
Brookfield	2,037	2,225	2,403	2,545	9.2%	8.0%	5.9%
Eaton	5,310	5,362	4,826	5,255	1.0%	-10.0%	8.9%
Hamilton	5,895	6,221	5,733	6,690	5.5%	-7.8%	16.7%
Lebanon	1,099	1,265	1,329	1,332	15.1%	5.1%	0.2%
Madison	2,446	2,774	2,801	3,008	13.4%	1.0%	7.4%
Nelson	1,367	1,892	1,964	1,980	38.4%	3.8%	0.8%

Source: U.S. Census(2010)

Madison County's population of 73,442 has increased by 6% since 2000. The county is 50.9% female and becomes increasingly more female in the older population. Like Chenango County the population of the county is predominately white at 95% with a minority population of 1.8% Black or African American and 1% American Indian or Alaskan Native due to the Oneida Indian Reservation in the eastern region of the county.

2010 Population					
	<u>Total</u>	<u>% of Total</u>	<u>Male</u>	<u>Female</u>	<u>% Female</u>
Total	73,442	100.0%	36,064	37,378	50.9%
Under 1 year	696	0.9%	341	355	51.0%
Under 5 years	3,903	5.3%	1,976	1,927	49.4%
5-14 years	8,962	12.2%	4,577	4,385	48.9%
15-24 years	13,198	18.0%	6,485	6,713	50.9%
25-44 years	15,993	21.8%	7,960	8,033	50.2%
45-64 years	21,147	28.8%	10,508	10,639	50.3%
65-74 years	5,645	7.7%	2,711	2,934	52.0%
75-84 years	3,271	4.5%	1,426	1,845	56.4%
85+ years	1323	1.8%	421	902	68.2%

Source: US Census (2010)

Although the population of Madison County is increasing it is not attributed to increased births but as a result of in-migration. The birth rate has actually decreased by 13.2 births per 1,000 females. Likewise, the population under the age of 5 has decreased by 5%. Although Madison County is a relatively young county with the median age being 39.5 this is up from the median of 37.5 in 2000. The number of people over 65 has increase with the population over 85 increasing by 29% since 2000.

Aging Population						
	Madison County 2010	Population Change Since 2000	Percent Change	NYS 2010	Population Change Since 2000	Percent Change
Total population	73,442	4,001	5.8%	19,378,102	401,645	2.1%
Under 5 years	3,903	-201	-4.9%	1,155,822	-83,595	-6.7%
Under 18 years	16,005	-1,302	-7.5%	4,324,929	-365,178	-7.8%
18 to 24 years	10,058	1,745	21.0%	1,983,517	218,064	12.4%
25 to 34 years	7,169	-801	-10.1%	2,659,337	-97,987	-3.6%
35 to 44 years	8,824	-2,377	-21.2%	2,610,017	-464,281	-15.1%
45 to 54 years	11,888	2,407	25.4%	2,878,691	325,755	12.8%
55 to 64 years	9,259	2,751	42.3%	2,303,668	615,681	36.5%
65 to 74 years	5,645	1,046	22.7%	1,360,602	84,556	6.6%
75 to 84 years	3,271	237	7.8%	866,467	5,649	0.7%
85 years+	1,323	295	28.7%	390,874	79,386	25.5%

Source: US Census (2010)

The family composition for Madison County had about 27,754 households in 2009 with 18,395 considered family households. Among families, 9.3% were single parent families, and 6.4% were single female parent families. There are 3 colleges in the county which constitutes the 6% of the population that lives in non-institutionalized group quarters.

Household Patterns						
	Number	Percent of Total	People	Percent of Population	Percent of Children	Average Income**
Households	27,754	100.00%	68,309	93.0%	99.8%	62,983
Families	18,395	66.3%	53,817	78.8%	97.2%	72,841
Married	13,994	50.4%	-	-	63.3%	82,630
Single Parent Families	2,588	9.3%	-	-	27.3%	39,071
Single Female Parent	1,778	6.4%	-	-	19.2%	36,929
Nonfamily households	9,359	33.7%	9,359	13.7%	2.6%	38,923
In group quarters	-	-	5,133	7.0%	*	-
Institutionalized	-	-	659	0.9%	*	-
Other	-	-	4,474	6.1%	*	-

Source: US Census, American Community Survey (ACS) 1-year estimates (2011)

The average household income in Madison County for 2009 was \$62,983 or approximately \$24,969 per family member. Income in married family households is on average much higher at \$82,630 while the average income for a single mover is around \$36,929. More than 50% of families in Madison County have more than two workers.

Only 10% of Madison County's population is considered living in poverty compared to 14% of the population of New York State and 11% in Chenango County. But 12% of the population is living within 25% of the poverty level.

Percent Below Poverty, 2011	
Total Population	67,965
Below Poverty	10.0%
Below 125%	11.7%
Below 200%	29.1%
Age Groups	
0-4 years	27.9%
5-17 years	9.7%
18-24 years	6.7%
25-64 years	8.1%
65+ years	9.4%
Families with Children	
All Families	11.0%
Married Couple	6.7%
Single Female Parent	23.0%

Source: ACS 1-year (2011)

An estimated 7.7% of the population of Madison County does not have health insurance with 5.3% of residents fewer than 18 years of age uninsured. Although 37.3% of the uninsured are made up by the unemployed, 8.4% of the employed Madison County residents do not have medical coverage. Of the insured, as of April of 2012 Madison County had 11,602 individuals enrolled in Medicaid with 37% of them being children. Nearly 20% of the Medicaid subscribers receive an additional form of subsistence and 81% of the Medicaid enrollees are the working poor.

Medicaid Enrollment, April 2012		
Total Medicaid Enrolled	11,602	
Medicaid and Subsistence		
TANF Children	351	3.0%
TANF Adults	159	1.4%
SAFETY NET Children	73	0.6%
SAFETY NET Adults	132	1.1%
SSI Aged	75	0.6%
SSI Blind & Disabled	1,417	12.2%
Medicaid Only		
TANF Children	3,812	32.9%
TANF Adults	1,787	15.4%
SAFETY NET Children	45	0.4%
SAFETY NET Adults	1,007	8.7%
SSI Aged	839	7.2%
SSI Blind & Disabled	809	7.0%
Family Health Plus	1,094	9.4%
Other	2	1%>

Source: New York State Department of Health (2013)

Madison County, in collaboration with a number of partners including Community Memorial Hospital identified the health challenges by age group. Some of the key negative findings are as follows:

1. Ages 0-3

- The percent of births with adequate prenatal care in Madison County has decreased from 78.8% between 2004-2006 to 66% between 2008-2010 whereas New York State had an increase from 63% to 80.1% while the percent of pregnant women in WIC of low socioeconomic status with first trimester prenatal care increased for 80% to 86.9%.
- The percent of women delivering live births that receive no prenatal care increased from 4.5% to 5.9% between 2004-2006 and 2008-2010.
- There was an increase in the newborn drug related discharge rate in Madison County from 59.4 per 10,000 (2004-2006) to 98.0 per 10,000 (2008-2010). This is greater than the increase for New York State as a whole.
- The percent of infants in WIC who were breastfeeding at 6 months remained fairly constant at 20.8% 2008-2010 but is lower than the same population for New York State at 38.8%.
- The percent of obese children in WIC ages 2-4 (BMI>95th percentile) increase from 13.9% to 16.4% while NYS decreased from 15.2% to 13.1%.

2. Ages 4-11

- Mortality rates for children ages 5-14 years in Madison County increased from 7.7 per 100,000 to 8.3 per 100,000 between 2004-2006 and 2008-2010 while NYS decreased from 12.5 to 11.7 per 100,000.

- The asthma hospitalization rate for children ages 5-14 years increased from 5.8 per 10,000 to 9.9 per 10,000 between 2004-2006 and 2008-2010 but is less than the NYS 23.4 to 20.9.
- The percent of 3rd grad children with at least on dental visit in the last year decreased from 86% to 81.2% between 2004-2006 and 2008-2010. Also the percent of 3rd grade children with a caries experience increased form 46% to 74.4% whereas NYS as a whole decreased from 54.1% to 45.4%. The percent of 3rd grade children with untreated cares increased from 10.5% to 24.6% while NYS decreased from 33.1% to 24%.

3. Ages 12-19

- Over one third of Madison County and NYS 7-12th grade youth are overweight or obese (37.9% and 34.9% respectively).
- Madison pregnant adolescents receive no or late pre-natal care more often then state teen expectant moms.
- The adolescent suicide mortality rate of Madison is 2.9 per 100,000, exceeding NYS rate of 2.4 per 100,000.
- According to TAP, although 60% of sexually active teens report always using some form of birth control, 46% admit to never or rarely using a condom.
- In 2007 76% of students in grades 9-12 said it would be easy or very easy to get alcohol.
- Madison County DWI rates consistently exceed the NYS rate.
- Between 2007 and 2011 the rate of youth ages 16-21 arrested for drug use, possession and/or sale increased form 27.6 per 10,000 to 33.6 per 10,000.

4. Ages 20-49

- Madison County has a higher incidence rate of lung cancer then NYS (100 vs. 84.3 per 100,000) and a higher lung cancer mortality rate (23.5 vs. 19.2 per 100,000).
- Higher rates of prostate cancer then NYS (227.2 vs. 172.4 per 100,000).
- Higher rate of colorectal mortality the NYS (48.5 vs. 42.2 in females and 67.4 vs 61 in males).
- Madison County is below the Healthy People 2020 goal for cervical cancer screening (82.1% vs. 93%).
- The county's stroke mortality is almost double the state average (56 vs. 31.1 per 100,000)
- A larger number of adults have asthma in Madison County (13.8) then NYS (9.7%)
- A higher percentage of adults smoke (25.4% vs. 18.4%) and among adult smokers, 86% smoke every day.
- Higher rates of suicide mortality (9.2 vs. 6.8 per 100,000).
- Higher rates of alcohol related motor vehicle injuries (53.9 vs. 36.2 per 100,000).

5. Ages 50+

- There are a higher percentage of adults aged 65+ with all permanent teeth extracted due to decay or gum disease.

- Despite high percentages of vaccinations, Madison County had a significant higher crude rate of pneumonia/flu hospitalization rates for adults 65+ than NYS (182.8 vs. 127.8)
- Madison County Cerebrovascular (Stroke) mortality is 43.7 per 100,000 compared to NYS at 27.5 per 100,000.
- Hospitalization rates for COPD per 10,000 increased from 28.6 to 39.1.

Assessment and Selection of Priorities

Community Memorial Hospital worked closely with Madison County Public Health and the many participants of the Steering Committee and Focus Groups to select the public health priorities of Madison County.

The health priorities for Madison County were organized in a three-tier framework:

Tier I priorities represent the highest priorities for the community focus groups and the Steering Committee. Determination was based on data, anecdotal knowledge of the issue, current community resources available to address the issue, and the community's ability to make an impact and "move the needle" during the next four years. Additional criteria used to select the top tier priorities were areas of focus that spanned the life stages.

The **Tier II** priority was selected because of the correlation between adequate prenatal care and both short-term health outcomes and long-term health outcomes that span the life stage. Additionally, supporting pre-conception and intra-conception is important in keeping those individuals of child bearing age healthy. **Tier III** priorities emerged from the discussions of the economic development focus groups and confirmed by the Steering Committee as important issues to include in the Community Health Improvement Plan. Tier III priorities include a description of overarching goals, lead agencies, and strategies.

After careful consideration of both the needs of Madison County and Chenango County Community Memorial Hospital agreed with Madison County's strategic issue to promote mental health and prevent substance abuse with the goals of increasing access to and awareness of mental health services and the reduction of youth use and abuse of drugs, alcohol and tobacco.

Our second area of focus will be to promote access to primary and preventive services that provide quality, effective, evidence-based preventive health services and information at each stage of life. This will include Chronic Disease Management in a clinical setting that is organized, proactive, multi-component, patient-centered approach to healthcare delivery for the defined population of patient with diabetes.

PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE

STRATEGIC ISSUE: INCREASE ACCESS TO AND AWARENESS OF
MENTAL HEALTH SERVICES

**Goal 1: INCREASE THE NUMBER OF AGENCIES LICENSED BY NYS
OFFICE OF MENTAL HEALTH (OMH) AND NYS OFFICE OF
ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS)**

Key Results Areas: *Increase the number of unduplicated clients and number of visits to licensed agencies in Madison County served by 20%. This is equivalent to an additional 339 individuals making approximately 673 visits.*

Lead Agencies: Madison County Mental Health Department, Hamilton-Bassett-Crouse Health Network, Inc., and Madison County Rural Health Council

Strategies:

1. **Monitor the location of new sites.** Two agencies (Family Services of Cortland and Liberty Resources) have pending licenses with OMH. Family Services of Cortland is exploring the possibility of placing therapists/counselors in schools in Madison County. An additional agency is in the planning phase of expanding their OMH and/or OASAS license to include services in Madison County.
2. **Implement a school-based counseling program in southern part of Madison County.** This effort is being led by the Hamilton-Bassett-Crouse Health Network, Inc. and Community Memorial Hospital.
3. **Monitor and support the development of outpatient substance abuse services in Madison County.** Crouse Hospital is in the planning phase and determining feasibility.
4. **Support the integrated model of care** (behavioral health as a part of primary care practices). New providers will be

CURRENT SITUATION:

According to Madison County Mental Health Department (MCMH) internal data, 9.9% of those receiving services are between the ages of 6 to 10 years, and 14.1% are between the ages of 11 to 14 years. The agency reported that 1 out of 4 of clients seen in the year 2012 were adolescents. The adolescent age range exceeded all others.

In 2012, MCMH provided outpatient services to 852 unduplicated adults (20-50 years). Data suggests that mental health issues are a significant issue for adults in Madison County as evidenced by higher than average percentage of adults with activity limitations because of physical, mental or emotional problems and higher suicide mortality rates.

Currently, there are limited treatment options for adults suffering from mental health issues in Madison County. MCMH provides the majority of mental health services supplemented only by a few local practitioners.

In 2012, 50% of MCMH patients were insured through a Medicaid plan making it their largest payer. Commercial Insurance was the next largest payer at 19.2% followed by a combination of Medicaid and Medicare (12.7%) and self-pay (11%). A majority of adults receiving care from MCMH (18.9%) have been diagnosed with Depressive Disorder, and another 12.5% with major depression.

encouraged to explore co-location options with primary care practices.

Goal 2: INCREASE THE FULL-TIME EQUIVILANT (FTE) OF PSYCHIATRISTS SERVING MADISON COUNTY RESIDENTS

Key Results Areas: *Increase the number of FTE Psychiatrists serving Madison County resident from a baseline of less than 3.0 FTE.*

Lead Agencies: Madison County Rural Health Council, Oneida Healthcare, Hamilton-Bassett-Crouse Health Network, Inc., and Madison County Department of Mental Health

Strategies:

1. **Monitor and support the development of a short-stay mental health inpatient unit for seniors operated by Oneida Healthcare.** Oneida Healthcare is in the planning stages of this initiative and as of September 2013 is exploring the feasibility of such an inpatient unit. Preliminary analysis anticipates that individuals up to 3 hours away would utilize the inpatient unit.
2. **Explore options for tele-psychiatry resources in Madison County.** Crouse Community Center, nursing home in Morrisville, is in the process of implementation. Their pilot will serve as a resource for other providers in the area interested in telehealth services.
3. **Explore possibility of offering Psychiatric services in the southern section of the county.** This is a goal specific to Community Memorial Hospital. At this point psychiatric services are only available in the northern section of Madison County. Transportation is a significant barrier to access of these services.

Goal 3: INCREASE PUBLIC AWARENESS OF NEW AND EXISTING SERVICES IN MADISON COUNTY

Key Results Area: Increase referrals to mental health services from Community Memorial Family Health Centers by 3% each year.

Lead Agencies: Madison County Rural Health Council, Madison County Mental Health Department

Strategies:

1. **Explore the feasibility of 211 and/or a centralized database of community resources in Madison County.** 2-1-1 connects people in need with services designed to address that need by providing a central telephone information service, chat line, and maintaining a data base of community information. Callers are referred to service providers according to their situation. 2-1-1 could maintain a comprehensive Directory of Services for Madison County on the Web. 2-1-1 can provide supportive services for organizations such as answering basic information calls, pre-screening for program eligibility and gathering survey data. Types of Referrals Offered by 2-1-1 include: Basic Human Needs Resources; Physical and Mental

Health Resources; Work Support; Support for Elderly and the Disabled, Children, Youth, and Family Support; and Volunteer Opportunities and Donations.

2. **Encourage supporting agencies to add links to known services on their websites.**
3. **Utilize social media to reach Madison County residents.**
4. **Provide listing of available resources to primary care providers.**

PROMOTE PREVENTIVE SERVICES

STRATEGIC ISSUE: Need to provide integrated, accessible health care services by clinicians who address a majority of personal health needs and sustain a partnership with patients while practicing in the context of family and community.

Goal: Ensure access to and receipt of recommended quality, effective, evidence-based preventive and health care services and information.

Key result areas: Increase the number of primary care providers in the southern area of Madison County by 2 providers over the next three years.
Add access to specialty services in southern Madison County as identified by a continuous community assessment process.

Lead Agencies: Community Memorial Hospital; Hamilton-Bassett-Crouse Network; Crouse Hospital

Strategies:

1. **Recruit specialty services to commit to part-time specialty services in the southern part of Madison County.** This is currently a joint project between Community Memorial Hospital and Crouse Hospital.
2. **Recruit 2 additional primary care providers to provide access to primary care potentially in Hamilton, Morrisville, Brookfield, DeRuyter, or Cazenovia.** Primary care is the core of the health care system. Recruitment will be ongoing. Recruiting firms, ads, on-line venues, and personal appearances are a few of the recruitment techniques utilized.

CURRENT SITUATION:

Chenango County is designated a Health Professional Shortage Area by the United States Department of Health and Human Services for three designations: Full County Mental Health; Low Income Primary Medical Care; and Low Income Dental.

Community Memorial Hospital is also in a Health Professional Shortage Area as designated by the United States Department of Health and Human Services.

Recruiting and retaining professional in health care and education is difficult, as they tend to be attracted to urban areas where cultural and employment opportunities are greater and more varied.

Access to specialty services not available in Chenango and Madison County is difficult and very time consuming. Residents must travel long distances to attain these services.

89% of Madison County adults have a health care provider.

Strategic Issue: Chronic Disease Management in a clinical setting that is organized, proactive, multi-component, patient-centered approach to healthcare delivery for the defined population of patient with diabetes.

Goals: Provide chronic disease management in an evidence-based clinical setting.

Key Results Area: Increase the Patient-centered Medical Home Model designation to include all four Community Memorial Family Health Centers. Decrease diabetes related emergency department visits by 2% each year for all age groups. Decrease diabetes mortality in Madison County by 2%.

Lead Agencies: Community Memorial Hospital and Family Health Centers

Strategies:

1. **Under the guidance of the Community Family Health Centers Practice Manager and Medical Director all Community Memorial Family Health Centers will implement action plans to obtain Patient Centered Medical Home level 3.** Hamilton Family Health Center has already obtained PCMH designation.
2. **Community Memorial Family Health Center will monitor diabetic care including HgbA1C every 6 months; urine Micro albumin yearly and yearly foot exam.** Disease management is part of the electronic medical record.
3. **Primary Care Providers are notified of any emergency room visit by their patients.** Follow-up care will be provided to all diabetics seen in the emergency department.

This Community Service Plan will be posted on Community Memorial Hospital website. Hard copies will also be available in the administrative office of the hospital and at each of the Family Health Centers.

Community Memorial Hospital will continue to work with its partners to achieve the goals set. An annual assessment will ensure progress toward these three year goals.

Community Memorial Hospital would like to thank all of the participants in this project listed in the beginning of this document. A special appreciate is given to the staff at the Madison County Public Health Department and to the staff at HealtheConnects.

CURRENT SITUATION:

In Madison County the percent of adults with physician diagnosed diabetes is 7.4%

Diabetes hospitalizations as a primary diagnosis is 10.2%

Diabetes mortality in Madison County is 15.3%

Diabetes related Emergency Department usage by age is 17 per 1,000 visits for 25-44 year of age; 28.7 per 1,000 for 45-64 years of age and 23.7 per 1,000 for 25-64.

