

2024

# COMMUNITY SERVICES

## ANNUAL REPORT



## **ST. LAWRENCE COUNTY COMMUNITY SERVICES MISSION STATEMENT**

**MISSION:** To develop, maintain, and oversee a continuum of services for people with mental illness, substance use disorders, or developmental disabilities that ensures the opportunity for recovery and/or achievement of their optimum potential in the community.

The Vision of the Community Services Board is that “Every person with a qualifying disability will have access to needed services in order to thrive in the community of their choice.”

## **LOCATIONS**

### **Canton-Main Clinic**

#### **Addiction Services**

80 State Highway 310, Suite 1  
Canton, NY 13617  
(315) 386-2189

### **Ogdensburg- Main Clinic**

#### **Addiction Services**

206 Ford Street  
Ogdensburg, NY 13669  
(315) 393-1164

### **Canton-Main Clinic**

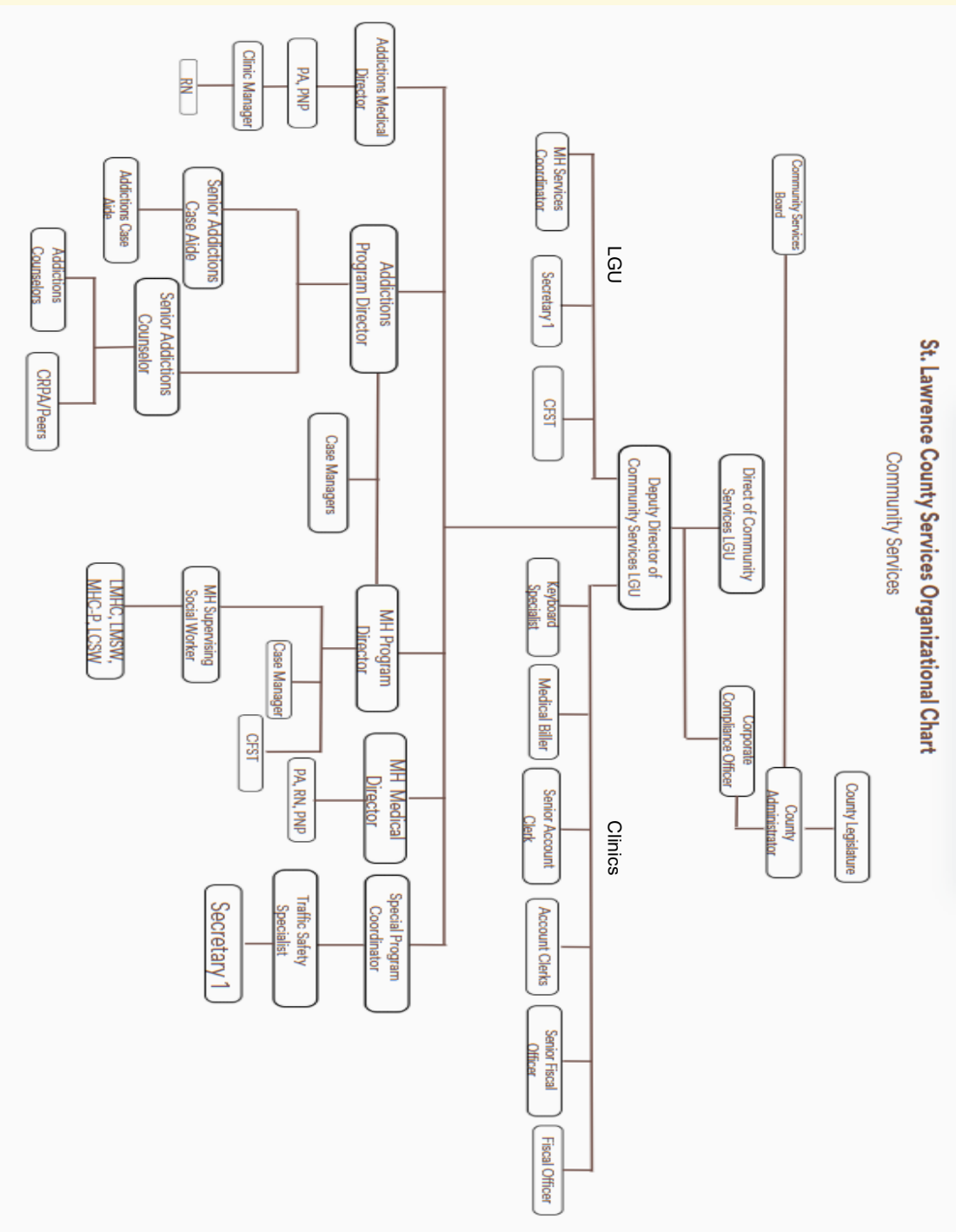
#### **Mental Health Services**

80 State Highway 310 Suite 1  
Canton, NY 13617  
(315) 386-2167

### **Canton OTP Clinic**

80 State Highway 310, Suite 1  
Canton, NY 13617  
(315)386-2189

# Organizational Chart for St. Lawrence County Community Services



## St. Lawrence County Community Services

### Addiction Services

St. Lawrence County operates an Article 32 Outpatient Addiction Clinic in Ogdensburg, providing treatment for substance use and gambling disorders. Our multi-disciplinary team focuses on individual patient needs, offering both treatment and medical sessions. These services are delivered within a healthcare context that recognizes psychoactive substance dependencies and pathological gambling as treatable diseases, even when they coexist with other physical and emotional illnesses. Our services include health assessments, individual and group therapy, case management, medication-assisted treatment (MAT), and peer support. Community-based services are accessible through a Mobile Treatment Vehicle (MTV), weather permitting, reaching underserved areas, including schools. The clinic also provides a hybrid model of telepractice and in-person sessions, minimizing barriers to access.

#### Staffing Plan:

- The Senior Counselor position was vacated in September and remained unfilled for the remainder of the year.
- One CASAC was on maternity leave from August to October and assisted in the jail for the remainder of the year.

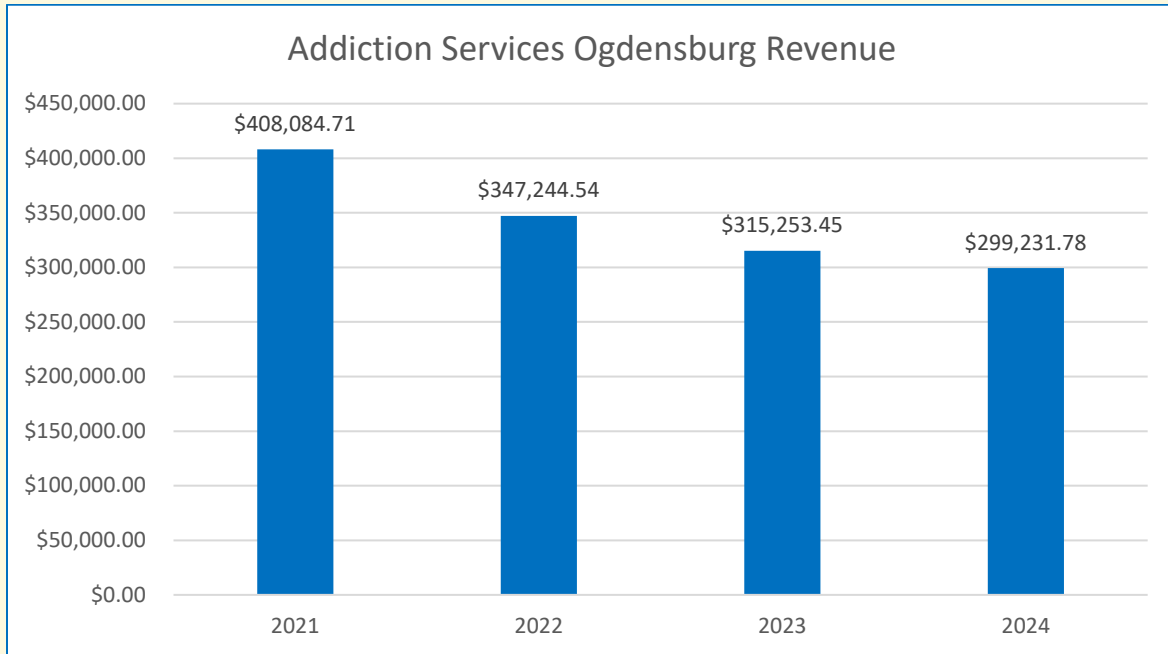
#### AS Clinic Programmatic Highlights:

- The clinic delivered 6,556 service units, a decrease from 9,454 in 2023, primarily due to the closure of the Massena site.
- Clinical staff completed 417 billable services on the mobile treatment vehicle for 73 unique individuals.
- OASAS has given preliminary approval to transfer unused state aid from the Canton Clinic to offset expenses in the Ogdensburg Clinic.

#### Goals:

- The CASAC who filled in at the jail will return full-time to the clinic.
- Obtain gambling designation through NYS OASAS.

## Revenue:



## OTP – COMPREHENSIVE OPIOID TREATMENT PROGRAM SERVICES (COPS)

### Staffing Plan:

- One full-time equivalent (FTE) Registered Nurse position is vacant.
- The Medical Director and Physician Assistant were on medical leave, and we onboarded a Locum Tenens to fill the need.

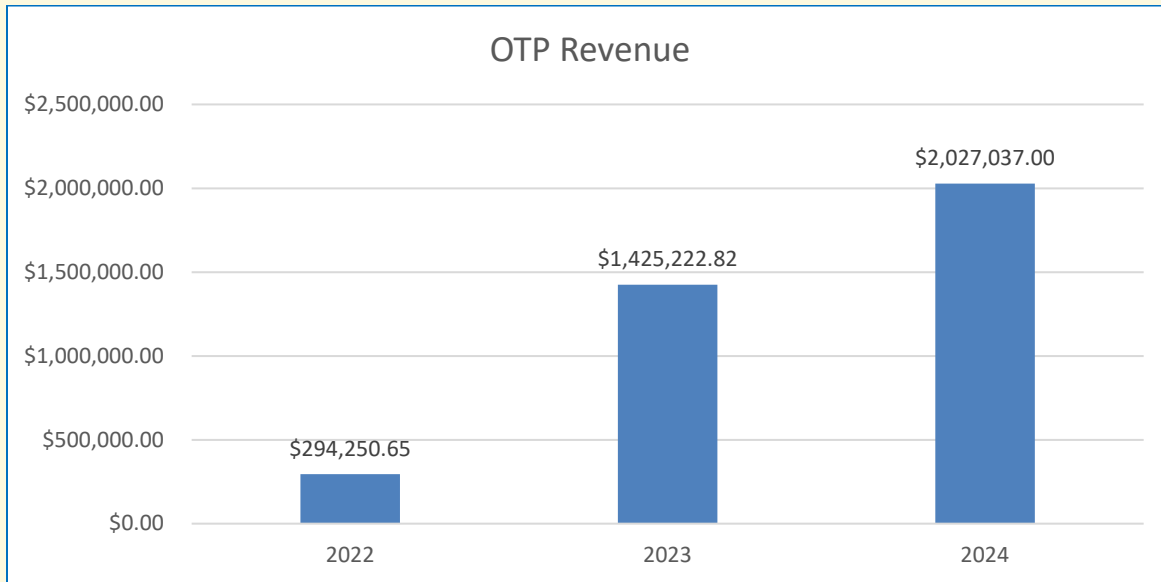
### OTP Programmatic Highlights:

- The clinic served 233 unique individuals, averaging 163 in census, and completed 14,744 units of service, an increase from 6,224 in 2023 due to the integration of the Canton Outpatient Program.
- The OTP delivered 17,011 onsite medication dispenses.
- The COPS program assessed 553 unique individuals.
- In 2024, we provided bloodwork for 182 individuals and conducted 288 EKGs. This service helped identify complex medical issues (e.g., cancer, heart disease, kidney disease) that clients were unaware of, enabling referrals to appropriate specialty services in the community.
- Peer services have been vital in engaging hard-to-reach clients, with 285 individuals receiving support from peers with lived experience.
- The COSSUP-funded Transportation Specialists assist clients in accessing medical transportation through public transportation and Medicaid Transportation Companies. In 2024, there were 12,017 trips to HSC with Medicaid transports, and we distributed bus tokens for 1,920 round-trip rides to HSC.

### Goals:

- Increase the number of individuals stabilized on buprenorphine to allow them to step down to substance use treatment and open more methadone slots.
- Secure additional funding to continue the Harm Reduction & Transportation Specialist position.
- Increase access to harm reduction resources, including overdose prevention tools and safe drug use supplies, such as testing strips, and proper needle disposal.

### Revenue:



**\*\* 2024 Revenue includes A11 and A14 due to the transition to the COPS program\*\***

### FORENSIC SERVICES – Addictions

On October 7th, 2021, Governor Kathy Hochul signed into law Legislation S.1795/A.868, which is aimed at reducing drug-related overdose deaths across New York State and encouraging those suffering from addiction to seek help in their recovery. Expanding medication-assisted treatment (MAT), across state and local correctional facilities will allow incarcerated individuals access to medications and therapies to provide them the opportunity to overcome substance use and lessen the likelihood that they may suffer drug-related overdoses upon their reentry into society. This mandate requires that all inmates are assessed, and if indicated, diagnosed, and provided individual counseling, group counseling, peer services, and transition services (discharge planning). A Certified Alcohol and Substance Abuse Counselor and a Peer Advocate provide evaluations and counseling for incarcerated individuals. Groups focused on coping skills and addressing criminal thinking are offered six times per week.

### Staffing Plan:

- Utilized a temporary CASAC from the clinic while awaiting the filling of the vacant position.

- Increased the number of CASAC hours from 0.7 FTE to 1.2 FTE due to increased demand.

### Programmatic Highlights:

- In 2024, 256 unique individuals received services, including 55 court-ordered evaluations. Of those evaluated through a court order, 55% were released to go to inpatient rehab, 26% were released by court order, 4% were referred to outpatient treatment, and 13% were sent to NYS DOCCS. Less than 1% of those referred for court-ordered evaluations were active Community Services clinic clients.
- 256 participants attended 786 group sessions.
- The OTP provided 860 guest doses of methadone to the County Correctional Facility.
- There were 216 individuals enrolled in the MAT program (Methadone-17, Suboxone-75, Buprenorphine-50, Naltrexone-11, Sublocade-63).
- COSSUP Funds have been utilized to offset programmatic expenses.

### Goals:

- Decrease wait times for access to MOUD.
- Secure additional grant funding for services to offset county costs.
- Improve discharge planning by ensuring appointments are made for all scheduled releases.
- Upon admission, obtain proper consents for non-sentenced individuals so that referrals can be made if individuals are unexpectedly released.

## COLOCATION PROGRAM

The Co-location Program provides screening for individuals identified by the Department of Social Services who are at risk for substance-related problems. The program aims for earlier identification and treatment of addiction issues. This project co-locates Chemical Dependency Case Aides with child welfare staff at our local Department of Social Services to improve the alignment of assessment services and case management practices, ultimately enhancing outcomes for children and families accessing both systems. With three embedded staff members, the program coordinates assessments and referrals to treatment.

### Staffing Plan:

- The Senior Chemical Dependency Case Aide and two Case Aide positions were vacated.
- The Senior Chemical Dependency Case Aide position was filled in the second quarter.
- The two Case Aide positions were filled in the third quarter.

### Programmatic Highlights:

- The program received 589 referrals, conducted 1,051 drug screenings, and completed 139 assessments, leading to 71 clients being referred for addiction services.

### Goals:

- Increase the number of completed tests by 25%.
- Increase the number of referrals to clinical services by 25%.

## CASE MANAGEMENT

Through our OASAS Outreach and Engagement Grant, we were able to add Case Management that targets individuals struggling with substance use disorders. The Case Managers primary focus is to ensure that people who use substances are connected to harm reduction, SUD treatment, and recovery support services. Outreach attempts ensure that the clients have adequate food, clothing, and shelter, as well as harm reduction resources such as Narcan, safe sex kits, fentanyl test strips, needle disposal containers, and wound care kits. Active clients who are noted to be missing appointments and are at risk of being discharged due to loss of contact are identified by the treatment team. Case Managers work with the Peer Advocates and counselors to re-engage individuals with services. Case Managers assist clients with same-day appointments for MAT medications if needed. It is the priority of Addiction Services to make sure that all clients have their basic needs met. Ensuring that clients can access the resources that they need removes barriers preventing them from receiving needed services.

### Staffing Plan:

- In 2024, 2.5 FTE Case Managers offered services through this initiative.

### Programmatic Highlights:

- In 2024, the Case Management team provided 1,614 services to 251 unique individuals.
- The Case Management team participated in 72 street outreach events, reaching 463 unique individuals.
- There were 729 harm reduction supplies distributed by our team to individuals in the community. These supplies included drug testing strips, naloxone, and hygiene kits.

### Goals:

- Build a caseload so that the team can receive enough revenue from billing to become self-sustaining.
- Secure additional funding to expand and enhance the project.



## MENTAL HEALTH SERVICES

Mental Health Services are available for adults, adolescents and children. In 2024, the County Mental Health Services provided 5,949 billable units of service to 502 unique individuals. The services provided include initial assessments, follow-up assessments, individual therapy, group therapy, family therapy, initial psychiatric assessments, psychotropic medication treatment, complex care, and after-hour appointments.

### Staffing Plan:

- Mental Health Services continues to have one vacant Supervising Social Worker Position.
- Mental Health Services filled two Behavioral Health Counselor Positions.
- Mental Health Services filled the Case Manager Position.

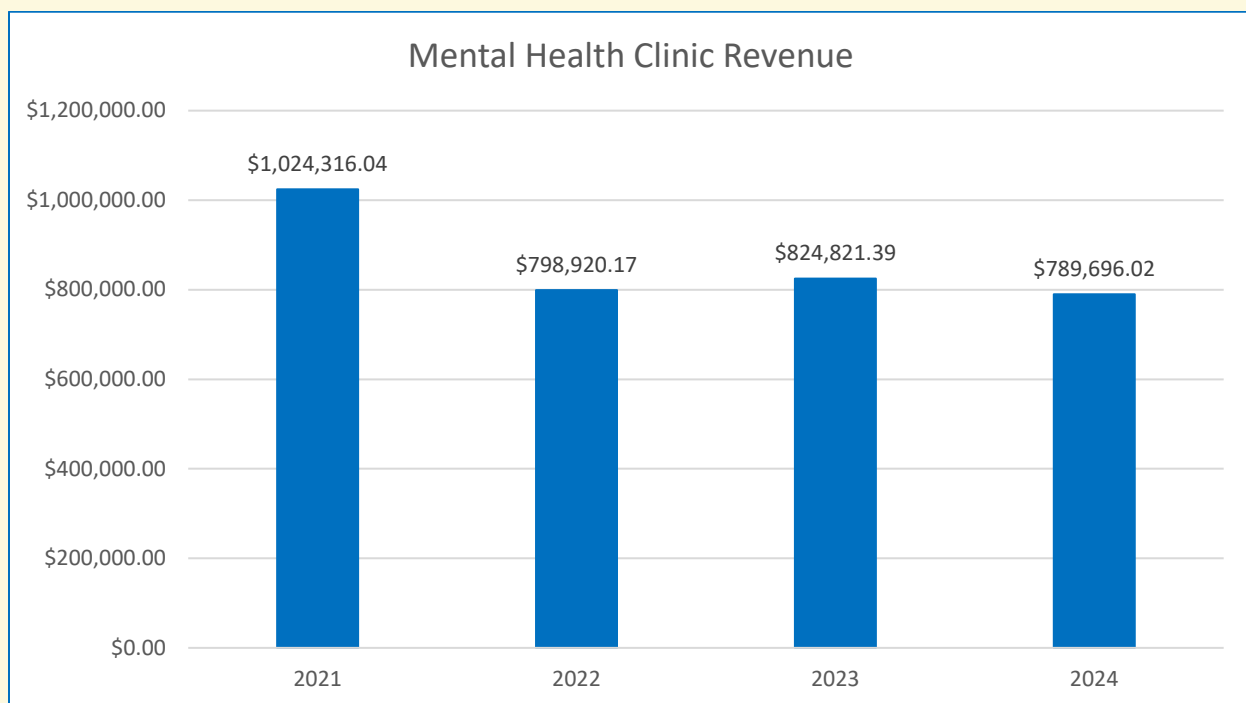
### MH Clinic Programmatic Highlights:

- Mental health clinicians continue the management of their own client schedules due to tele-practicing schedules, resulting in increased productivity.
- Continued implementation of tele-mental health services continues to increase client engagement in treatment and break down barriers to in-person treatment.
- Applied for Medicare credentialing at the individual staff level, increasing the availability of staff to see this population.
- Increased staffing for the first time in three years.

### Goals:

- To maintain a fully staffed team of qualified mental health professionals while optimizing operational processes, ensuring that each client receives timely, effective, and personalized care.
- Per OMH, having family peer advocates is best practice.

## Revenue:



## CHILD AND FAMILY SUPPORT TEAM (STATE FUNDED)

Child and Family Support Team provides an array of services to support and empower families with children and adolescents having serious emotional disturbances. The goal of the program is to reduce family stress and enhance each family's ability to care for their child. To do this, family support programs operate on the principles of individualized care, and recognizing every child and family is unique in their strengths and needs. Connecting family members to other families with children with serious emotional problems helps families to feel less isolated and identify their own strengths. Services include but are not limited to, education and information, individual advocacy, and family support groups. In 2024, the Children and Family Support Team saw 40 unique families and provided 598 sessions, which include pre-admission meetings, meetings at schools and other community agencies for collaboration on behalf of the individual being served, and case management services.

### Staffing Plan:

- Children and Family Support team have one vacant Behavioral Health Counselor Position vacant.

### CFST Programmatic Highlights:

- CFST was able to pivot and continue to help families while being down a clinical position.
- CFST continues to collaborate with community resources and schools to assist with stabilization within the home.

### Goals:

- To obtain and maintain a fully staffed team of qualified mental health professionals while optimizing operational processes, ensuring that each client receives timely, effective, and personalized care in and out of the home.

## SPECIAL PROGRAMS

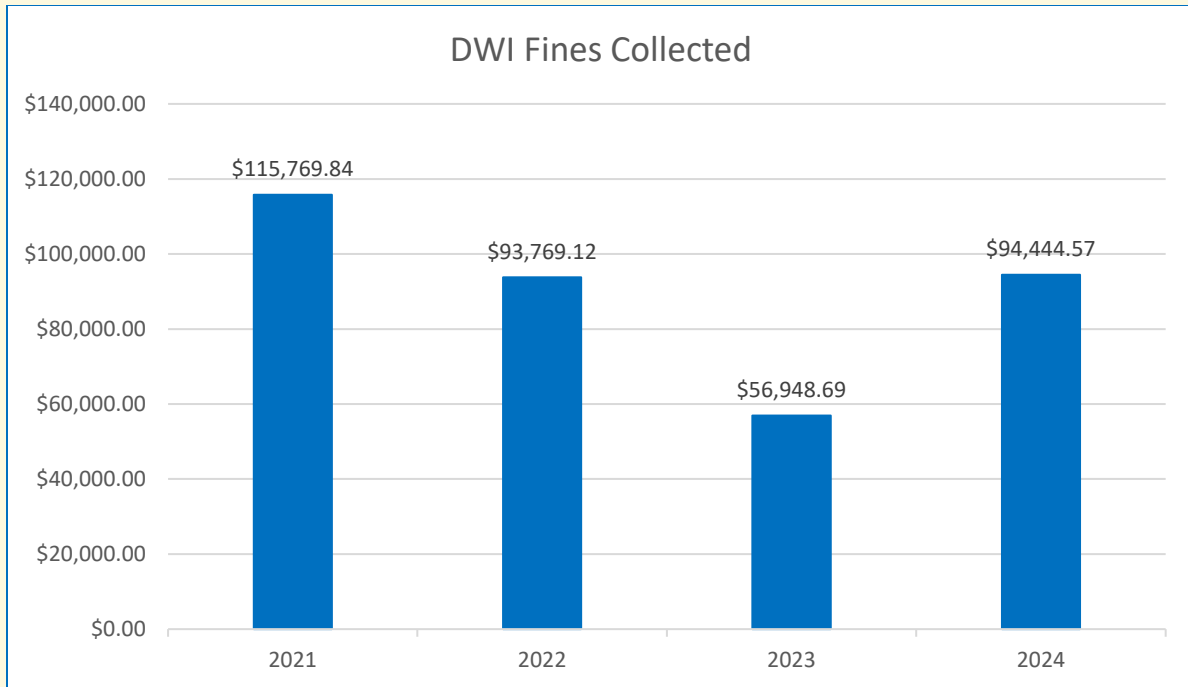
### STOP-DWI PROGRAM

STOP-DWI stands for "Special Traffic Option Program for Driving While Intoxicated." The State Legislature enacted the STOP-DWI program in 1981 for the purposes of empowering counties to coordinate local efforts to reduce alcohol and other drug-related crashes within the context of a comprehensive and financially self-sustaining statewide alcohol and highway safety program. The STOP-DWI legislation permits each of the State's counties to establish a county STOP-DWI Program, which qualifies the county for the return of all fines collected for alcohol or other drug related traffic offenses occurring in its jurisdiction.

Over the years, localities have seen a decrease in DWI fines. There several reasons for this.

- In March 2021, the NYS Department of Motor Vehicles ended suspensions of licenses or driving privileges to operate a motor vehicle for failure to pay a fine, penalty, mandatory surcharge or other related fee issues. This change will affect all future collections of DWI fines.
- County Court has issued civil judgments on DWI fines, which further delays the receipt of fines for this program.
- The conviction rates for DWI charges on different impairment violations affect fine collection. As of February 8, 2024 from the Institute of Traffic Safety Management and Research, reports in 2022, out of 263 cases adjudicated 63.1% of DWI violations were convicted on a different impairment violation most likely from reductions from DWI to DWAI (lesser charge) and 17.1% cases were dismissed or acquitted. In preliminary 2023 numbers, out of 138 cases adjudicated, 67.4% of DWI violation were convicted on a different impairment violation most likely from reductions from DWI to DWAI and 15.9% cases were dismissed or acquitted.

On October 18, 2023, Governor Hochul signed the "Surcharge Reform Bill", which increased program revenue for each county between 20-25%. The bill states that counties will now keep the \$195 surcharge, which is attached to each alcohol and drug offense. This money had been deposited into the NYS general fund prior to this Bill. These newly enacted funds are to be treated exactly like fine money- subject to local option as outlined in the STOP-DWI statute.

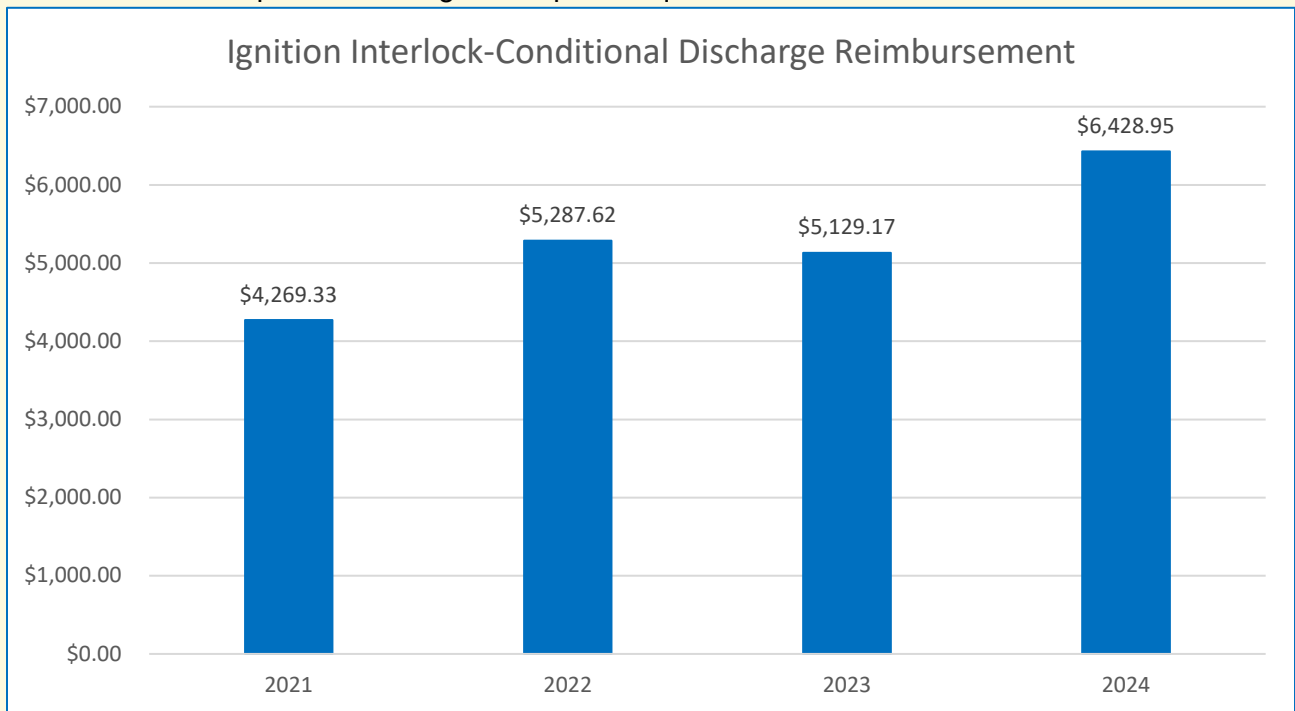


### Ignition Interlock

The STOP-DWI Program is also responsible for handling the ignition interlock device (IID). An ignition interlock device connects to a motor vehicle ignition system and measures the alcohol content in the breath of the driver. The device prevents the vehicle from being started until the motorist provides an acceptable breath sample below NY's set point of .025%. The device will ask for random retests as you drive.

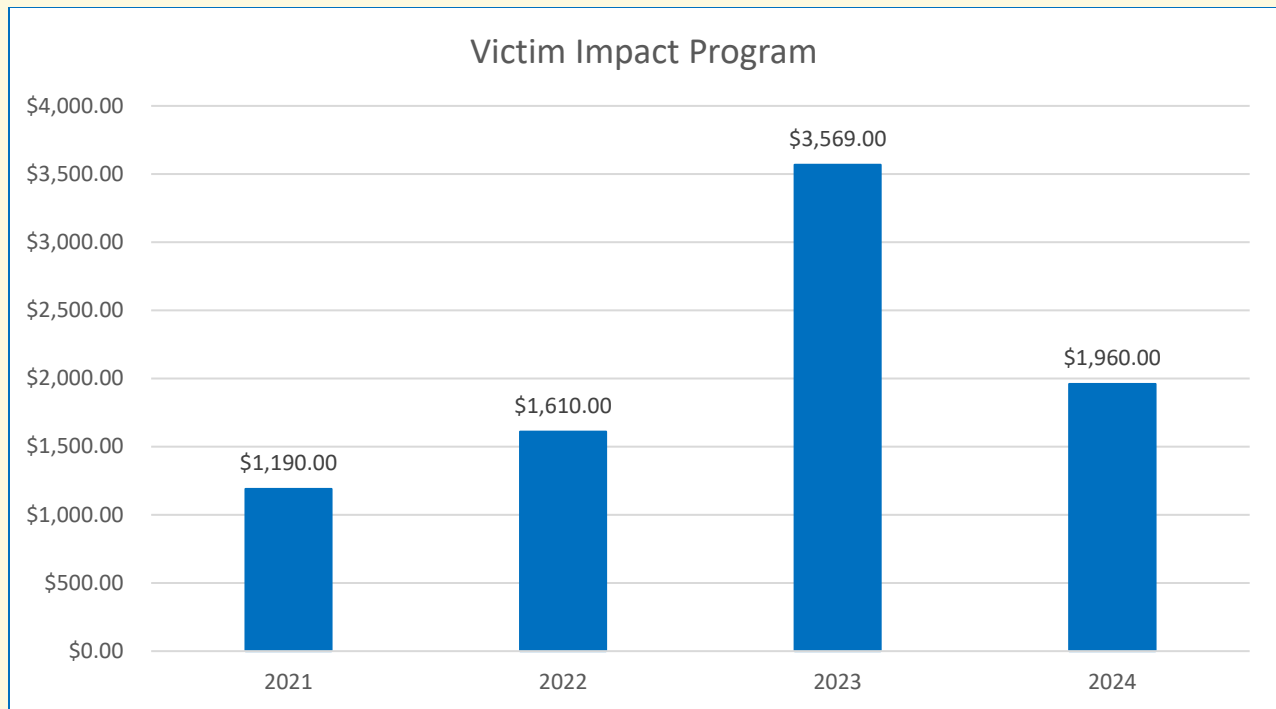
The County is given a Grant Award Notice for Ignition Interlock Device Monitoring Program, which is allocated based on the average number of court orders in our county during the calendar year. Probation and STOP-DWI share this allotment based on the percentage of DWI

IID that the area supervises during the respective quarter.



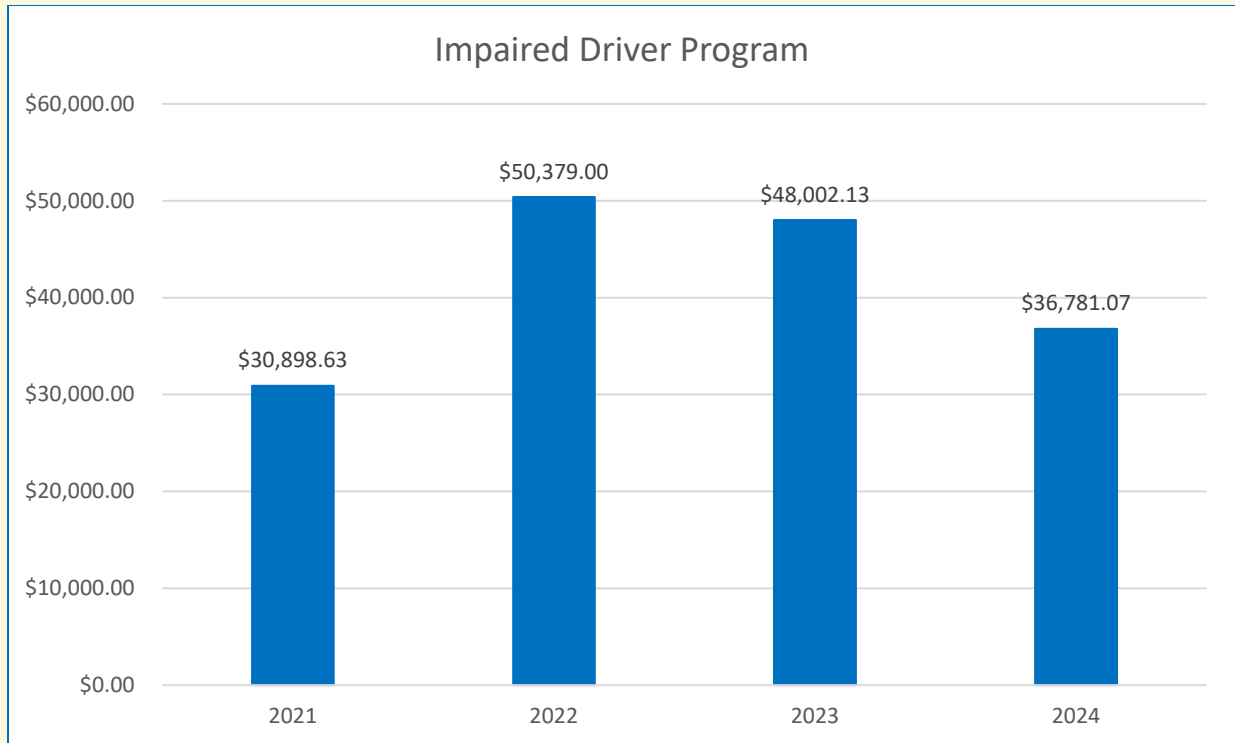
### VICTIM IMPACT PROGRAM

In lieu of an actual Victim Impact Panel (VIP), St. Lawrence County STOP-DWI Program offers clients the opportunity to complete a Victim Impact Program. Defendants are given two videos to watch as well as a booklet called *Shattered Lives* (which was produced by the NYS STOP-DWI Foundation) to read. These videos and stories describe the impact that alcohol/drug impaired crashes have had on these local families (all stories have taken place in New York State). They are then asked to answer questions about everything they have read or watched. Clients can either complete VIP in their own home by viewing the videos and booklet online or they can come into the office to complete VIP.



## IMPAIRED DRIVER PROGRAM

The Impaired Driver Program (IDP) is part of New York State's effort to lessen the incidence of injury, disability, and fatality that results from alcohol and other drug related motor vehicle crashes, thereby reducing the risk of re-offense for an impaired driving offense. The fees collected from participants in the program solely fund this program. Participants in the IDP will receive an in-depth education regarding high-risk alcohol and drug choices, to assist them in identifying and changing high-risk behaviors. Multimedia presentations and guided discussion increase participants' motivation to change behavior to protect what they value most in life. Individual and group activities are completed using participant workbooks. Participants also complete a preliminary screening designed to identify risk factors for a substance use disorder (SUD). Individuals found to be at risk for a SUD will be referred to an addiction treatment facility of their choice for a comprehensive clinical assessment and treatment. The chart below includes both St. Lawrence and Franklin County IDP.



## TRAFFIC SAFETY PROGRAM

The St. Lawrence County Traffic Safety Program is funded through a grant from the New York State's Governors Traffic Safety Committee. The Governors Traffic Safety Committee receives their funding from the National Highway Traffic Safety Administration. St. Lawrence County's Traffic Safety Program engages in educational efforts to prevent crashes and keep individuals safe on our local roadways. The program provides information on child passenger safety, bicycle safety, distracted driving, motorcycle safety, senior driver safety, winter driving, slow moving vehicles (including horses and buggies) and pedestrian safety. This program attends various community events to provide educational materials or present information about the concerns listed above.

The Traffic Safety Program is awarded grant money every year to provide low-income residence of St. Lawrence County with child safety systems (car seats), at no cost to the parent/guardian. Our Car Seat Technicians also check for proper instillation of child safety systems. The Traffic Safety program also provides bicycle helmets to children in need.

## **ST. LAWRENCE COUNTY COMMUNITY SERVICES BOARD AND**

### **MENTAL HEALTH & ALCOHOL/SUBSTANCE ABUSE SUBCOMMITTEES**

Per Article 41.13 of the New York State Mental Hygiene Law, the purposes of this organization are to advocate, foster, enable, and encourage preventive, intervention, treatment, and rehabilitative services for those that struggle with substance use, mental illness, and developmentally disabilities; to improve existing programs for people with disabilities to plan for the integration of community, regional and state services for these individuals, to oversee and evaluate locally sponsored providers, to include contract agencies, and others under its jurisdiction; and to plan and oversee the entire mental hygiene delivery system within St. Lawrence County.

The CSB shall have the powers and duties as set forth in Article 41.13 of the New York State Mental Hygiene Law as amended or as set forth in the regulations of the Commissioner of Mental Health, Office for People with Developmental Disabilities, and Alcohol and Substance Abuse.

The CSB shall have 15 members who shall be nominated by the CSB and appointed by the St. Lawrence County Board of Legislators. Whenever practical, at least one member of the CSB shall be a licensed physician and one shall be a licensed psychologist or otherwise, at least two members shall be licensed physicians. The CSB will make every effort to have representation, both demographically and geographically, whenever practical and all members of the CSB shall represent the community's interest in all the problems of the mentally disabled. The CSB will make a diligent effort to ensure that a consumer from the disability groups, in compliance with regulatory requirements, is nominated to the CSB and/or appropriate subcommittees. The CSB shall have separate subcommittees for mental health, developmental disabilities, and alcohol/substance abuse. Each separate subcommittee shall have no more than nine members. Each separate subcommittee shall be composed of persons who have demonstrated an interest in the field of services for the particular area of mentally disabled.

Each separate subcommittee shall include former patients, parents or relatives of such mentally disabled persons and community agencies servicing the particular class of mentally disabled. Three members of each such subcommittee shall be members of the CSB.

The Chairperson and CSB members represented on the subcommittees shall be appointed by the Chairperson of the CSB and the non-CSB members shall be appointed by the County Legislature from names submitted by the CSB. The nominating process for these individuals shall begin at the respective subcommittees.

Each term of a CSB member shall be four years beginning with the first day of January of the year of appointment. New members completing a term of a prior member can be appointed for two full terms if the completion of a prior member's term is less than two years. No person shall serve more than two four-year terms consecutively. All vacancies are to be filled by appointment by the St. Lawrence County Board of Legislators.



## OVERVIEW OF MENTAL HYGIENE SERVICES

