Goals and Objectives 2024-2027
St. Lawrence County Community Services

Jay Ulrich, Director
(julrich@stlawco.gov)

Goal 1

Goal 1: Title Improve access to crisis services for individuals experiencing behavioral health crises across all disabilities.
Goal 1: Target Completion Date Sep 01, 2026
Goal 1: Description Our current provider of crisis services utilizes trained volunteers for telephonic response and provides mobile crisis services only from 9:00am to 11:00pm; they are not certified through OMH. Data gathered from January to June of 2023 indicates law enforcement have responded to 96% of wellness check requests.

An enhanced crisis service would include a comprehensive 24/7 mobile response, 24 hour telephonic and mobile crisis follow-up services to include peer supports and have the ability to work independently from law enforcement/EMS unless a co-response is indicated due to safety concerns or medical emergencies. Additionally, the provider of crisis services will have the capability to submit benefit claims to MMCOs for applicable services rendered.

Goal 1: OASAS? Yes Goal 1: OMH? Yes Goal 1: OPWDD? Yes
Goal 1: Need Addressed 1 Crisis Services
Goal 1: Need Addressed 2 Cross System Services
Goal 1: Need Addressed 3

Goal 1, Objective 1: Title Secure any additional funding for an enhanced, comprehensive county-wide cross-system crisis program..
Goal 1, Objective 1, Target Completion Date Dec 01, 2024
Goal 1, Objective 1, Description

Goal 1, Objective 2: Title Identify a provider capable of delivering guidance compliant crisis services to the largest, predominantly rural county in NYS.
Goal 1, Objective 2, Target Completion Date Jun 01, 2025
Goal 1, Objective 2, Description This will be accomplished through an RFP process.

Goal 1, Objective 3: Title An enhanced crisis service would include a comprehensive 24/7 mobile response, 24 hour telephonic and mobile crisis follow-up services to include peer supports and have the ability to work independently from law enforcement/EMS unless a co-response is indicated due to safety concerns or medical emergencies.
Goal 1, Objective 3, Target Completion Date Jun 01, 2026
Goal 1, Objective 3, Description

Goal 1, Objective 4: Title The provider of crisis services will have the capability to submit benefit claims to MMCOs for applicable services rendered.
Goal 1, Objective 4, Target Completion Date Jun 01, 2026
Goal 1, Objective 4, Description

Goal 1, Objective 5: Title Once established, the crisis service provider will work collaboratively with stabilization, detox, rehabilitation and housing providers.
Goal 1, Objective 5, Target Completion Date Sep 01, 2026
Goal 1, Objective 5, Description

Goal 1, Objective 6: Title The St. Lawrence County Suicide Awareness Coalition will provide continued public education about the 988 Suicide and Crisis Lifeline through the use of social media platforms, PSA's, and community events.
Goal 1, Objective 6, Target Completion Date Jun 01, 2024
Goal 1, Objective 6, Description

Goal 2

Goal 2: Title Increase access and availability of treatment and support services to individuals with co-occurring needs.
Goal 2: Target Completion Date Jan 01, 2027

Goal 2: Description This goal represents the increased need for integrated treatment, recovery, and support services across the continuum of care, as well as the need for increased training for behavioral health providers.
Goal 2: OASAS? Yes Goal 2: OMH? Yes Goal 2: OPWDD? Yes
Goal 2: Need Addressed 1 Cross System Services
Goal 2: Need Addressed 2 Housing
Goal 2: Need Addressed 3 Outpatient treatment

Goal 2, Objective 1: Title Work with local providers to secure ongoing State and Federal funding for increased housing for individuals with co-occurring disorders.
Goal 2, Objective 1, Target Completion Date Sep 01, 2025
Goal 2, Objective 1, Description Within the County there exists a significant need for more specialized supportive housing for individuals, particularly for those with co-morbid mental health and addiction diagnoses as well as those with mental health and developmental disabilities. There are currently 57 individuals on the waiting list for supportive housing services; one co-occurring individual has been on the waiting list since 2020.

Goal 2, Objective 2: Title Increase the competency of behavioral health providers in efforts to meet the clinical and community support needs of individuals with co-occuring disorders.
Goal 2, Objective 2, Target Completion Date Jan 01, 2025
Goal 2, Objective 2, Description Increase the awareness and provide State regulatory agencies' vetted evidence-based trainings to local community providers for individuals with co-occurring needs across all disabilities.

Goal 2, Objective 3: Title Launch System of Care for children services.
Goal 2, Objective 3, Target Completion Date Sep 01, 2024
Goal 2, Objective 3, Description The start-up System of Care Action Planning Workshop will be held October 2023.

Goal 3
Goal 3: Title Increase adult inpatient mental health capacity.
Goal 3: Target Completion Date Jan 01, 2026
Goal 3: Description The local 9.39 hospital that operates an adult inpatient unit is frequently at capacity resulting in patients being transferred to outlying county hospitals. This creates barriers for discharge planning, continuity of care, and transportation hardships. When long-term inpatient care is indicated, there are often significant wait-times for State PC admissions.
Goal 3: OASAS? Yes Goal 3: OMH? Yes Goal 3: OPWDD? Yes
Goal 3: Need Addressed 1 Inpatient Treatment
Goal 3: Need Addressed 2 Cross System Services
Goal 3: Need Addressed 3

Goal 3, Objective 1: Title The LGU will support increased adult inpatient capacity within the County.
Goal 3, Objective 1, Target Completion Date Dec 31, 2026
Goal 3, Objective 1, Description

Goal 4
Goal 4: Title Increase the capacity of outpatient behavioral health services.
Goal 4: Target Completion Date Jan 01, 2025
Goal 4: Description Currently all MHOTRS operating within the County have a waiting list with limited, immediate access to walk-in services. Workforce shortages are the most salient barrier to increasing outpatient capacity.
Goal 4: OASAS? No Goal 4: OMH? Yes Goal 4: OPWDD? No
Goal 4: Need Addressed 1 Outpatient treatment
Goal 4: Need Addressed 2 Workforce
Goal 4: Need Addressed 3

Goal 4, Objective 1: Title Continue to provide a dashboard of community behavioral health providers wait-times on the County Community Services website to inform the public and increase provider participation..
Goal 4, Objective 1, Target Completion Date Sep 01, 2024
Goal 4, Objective 1, Description Submitting wait times is encouraged but is voluntary; three providers are consistently participating.

Goal 4, Objective 2: Title Support and promote Federal, State, and local initiatives to increase workforce capacity.
Goal 4, Objective 2, Target Completion Date Dec 31, 2027
Goal 4, Objective 2, Description Lack of workforce is a most salient barrier to county-wide service expansion.

Goal 5
Goal 5: Title Enhance and improve emergency department discharge planning and diversion opportunities.
Goal 5: Target Completion Date Jan 01, 2026
Goal 5: Description Promote efforts to improve more comprehensive discharge planning and timely 7-day follow-up appointment for individuals being seen for emergency department behavioral health crisis evaluations for which inpatient

admission was not indicated.

Goal 5: OASAS? Yes Goal 5: OMH? Yes Goal 5: OPWDD? Yes
Goal 5: Need Addressed 1 Other
Goal 5: Need Addressed 2 Cross System Services
Goal 5: Need Addressed 3

Goal 5, Objective 1: Title Create an electronic emergency department referral system.
Goal 5, Objective 1, Target Completion Date Jul 01, 2024
Goal 5, Objective 1, Description Through the use of State Aid and OSF funding, develop an electronic referral system and processes to improve discharge planning and 7-day follow-up appointments to ensure continuity of care and timely access.

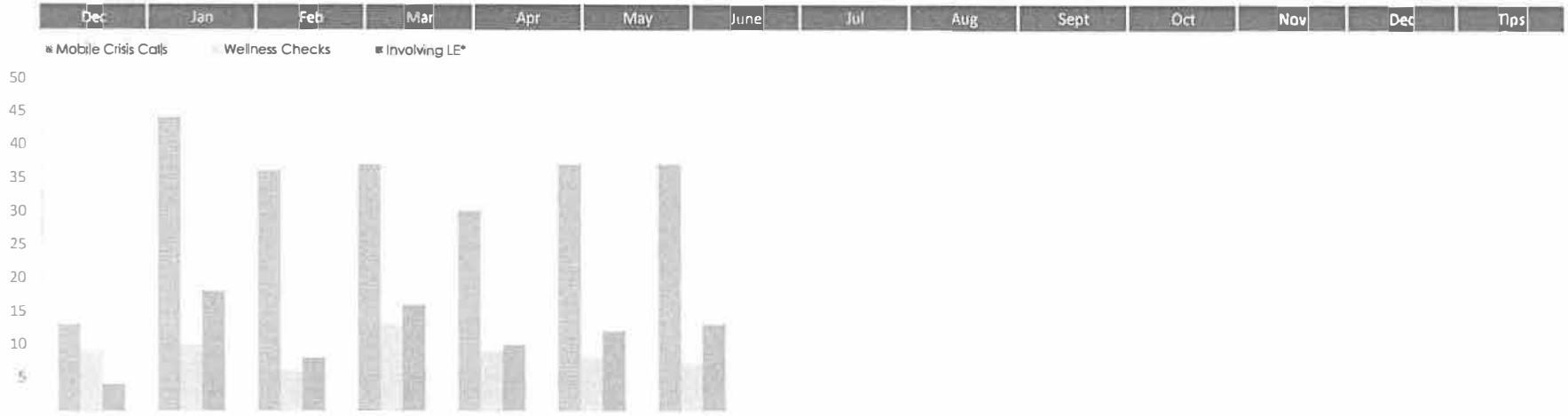
Goal 5, Objective 2: Title Explore crisis respite opportunities
Goal 5, Objective 2, Target Completion Date Dec 31, 2025
Goal 5, Objective 2, Description Collaborate with existing community-based organizations and State partners to develop a regional I/DD crisis respite model for children and adults to avoid extended stays in the emergency departments.

Goal 5, Objective 3: Title
Goal 5, Objective 3, Target Completion Date Dec 31, 2025
Goal 5, Objective 3, Description

Goal 6
Goal 6: Title Prevent opioid and other substance misuse and deaths.
Goal 6: Target Completion Date Dec 31, 2027
Goal 6: Description The County has seen a significant increase in overdoses and fatalities. In 2020, there were 47 suspected overdoses; in 2021 there were 64; in 2022 there were 112. As of August 25, 2023, there have been 104 overdoses in St. Lawrence County.
Goal 6: OASAS? Yes Goal 6: OMH? No Goal 6: OPWDD? No
Goal 6: Need Addressed 1 Prevention
Goal 6: Need Addressed 2
Goal 6: Need Addressed 3

Goal 6, Objective 1: Title Increase access to opioid reversal intervention (Narcan) through training and education across the County; specifically targeting school districts, public transportation, and convenience stores.
Goal 6, Objective 1, Target Completion Date Dec 31, 2024
Goal 6, Objective 1, Description In 2022 there were 2341 individuals that received Narcan training. We are aiming to increase the trainings by 5-10%.

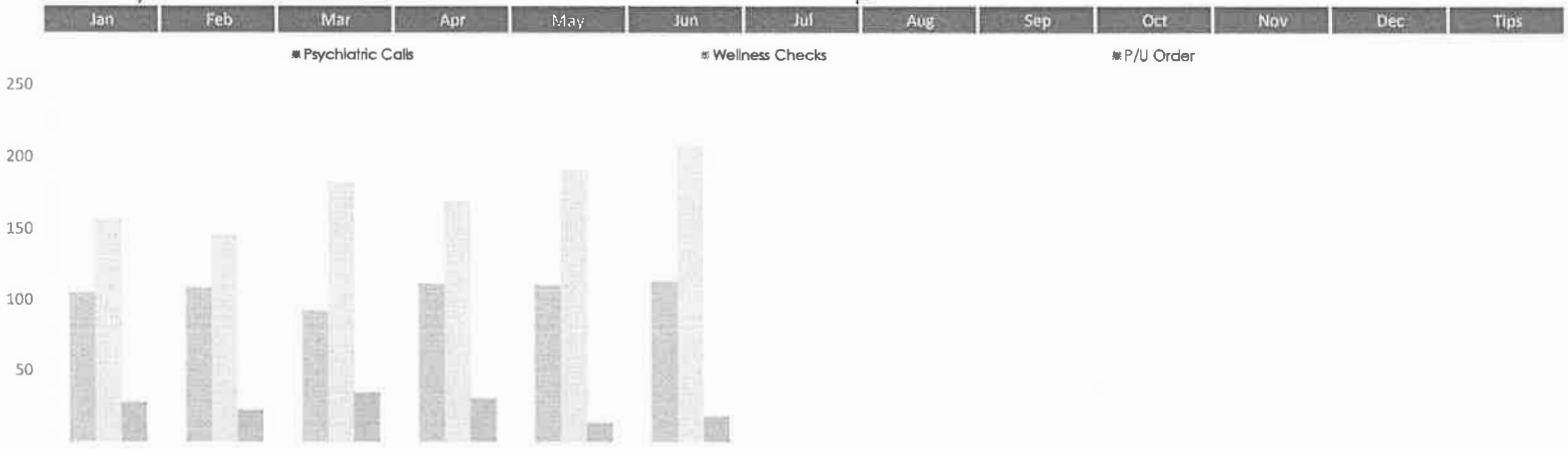
Reachout



Categories	Dec-22	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec-23	Total	Trend
Mobile Crisis Calls	13.00	44.00	36.00	37.00	30.00	37.00	37.00	0.00	0.00	0.00	0.00	0.00	0.00	234.00	
Wellness Checks	9.00	10.00	6.00	13.00	9.00	8.00	7.00	0.00	0.00	0.00	0.00	0.00	0.00	62.00	
Involving LE*	4.00	18.00	8.00	16.00	10.00	12.00	13.00	0.00	0.00	0.00	0.00	0.00	0.00	81.00	
Total	**26.00**	**72.00**	**50.00**	**66.00**	**49.00**	**57.00**	**57.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**377.00**	

* If police are involved without a mobile crisis counselor, it is often because a pick up order was arranged without the need for a wellness check.

Law Enforcement Psychiatric, Wellness Check and MHL Transports



Categories	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Trend
Psychiatric Calls	106.00	109.00	93.00	112.00	111.00	114.00	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Wellness Checks	157.00	146.00	182.00	170.00	191.00	207.00	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
P/U Order	28.00	23.00	35.00	31.00	14.00	18.00	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Total	**291.00**	**278.00**	**310.00**	**313.00**	**316.00**	**339.00**	**#REF!**	**#REF!**	**#REF!**	**#REF!**	**#REF!**	**#REF!**	**#REF!**	

Snip below taken from Psyckes depicting St. Lawrence County residents 18 years and older with a reported Social Determinant of Health Condition (Housing and Economic Circumstances)

New York State Office of Mental Health- Confidential (Contains Protected Health Information)

Recipient Search (Standard)

Search Criteria: County : Saint Lawrence And SDOH Conditions Time Period : Past 2 Years And SDOH Condition (reported in billing) : Problems related to housing and economic circumstances

Recipients Found : 181

Single Point of Access Data

- As of 7/18, 53 people were on a waiting list for Supportive Housing Services
- As of 7/18, there were 4 Community Residence openings out of 74 possible beds

OMH Vital Signs Dashboard (VSD) - Adult

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among Medicaid individuals with mental health needs.

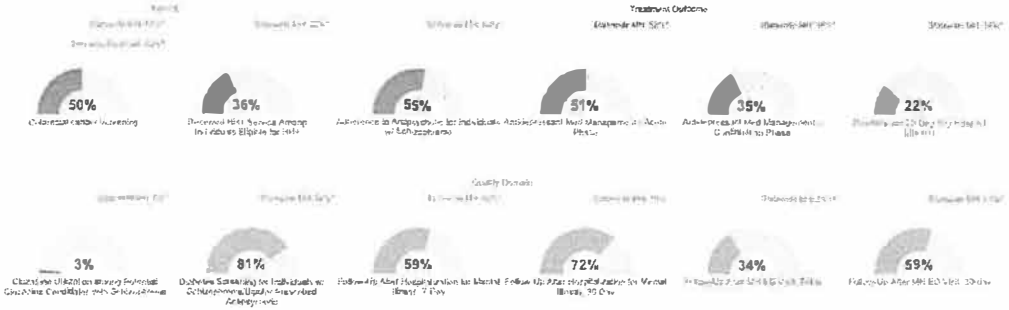
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
Full MH Population

Reset

SAINT LAWRENCE Full MH Population Vital Signs Measure Distribution from Medicaid (Adult, July 2021 - June 2022)

Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.



*Statewide Full MH Population Average Rate **Statewide Total Medicaid Population Average Rate

***Health Home Plus eligibility was been expanded to include Medicaid and DOH NAFP Medi*Gaps since March 2022

Select Disparity Population
Race/Ethnicity

Select to View Chart/Table
Table

SAINT LAWRENCE Full MH Population Disparities by Race/Ethnicity (Adult, July 2021 - June 2022)

§Statewide Average Performance is Referring To Statewide Full MH Population Average Rate

Higher than Statewide Average Performance** ●
Equal to Statewide Average Performance** ●
Lower than Statewide Average Performance** ●

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Performance	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
[illegible]	Full MH Population	50%	Total	59	107	55%	●		
			White	53	87	61%	●		
[illegible]	Full MH Population	36%	Total	183	896	20%	●		
			Hispanic	39	89	44%			●
			Multiracial	8	18	44%			●
			White	132	268	49%	●		
[illegible]	Full MH Population	55%	Total	127	350	36%	●		
			Hispanic	28	78	36%			●
			Native American	5	10	50%	●		
			White	93	268	35%	●		
[illegible]	Full MH Population	31%	Total	3	31	10%	●		
			Multiracial	0	5	0%	●		
			White	3	11	27%	●		
[illegible]	Full MH Population	35%	Total	1,116	3,253	34%	●		
			Black	10	22	45%			●
			Hispanic	7	18	39%			●
			Multiracial	208	472	44%	●		
			Native American	36	98	37%			●
			White	837	1,563	54%	●		
			Unknown	18	29	62%	●		
[illegible]	[illegible]	N/A	Total	163	222	73%			●
			Multiracial	26	35	74%	●		
			White	146	178	82%			●
Follow-Up MH ED 7 Day	Full MH Population	59%	Total	19	38	50%	●		
			White	14	19	74%	●		
Follow-Up MH ED 30 Day	Full MH Population	59%	Total	33	56	59%	●		
			White	30	48	63%	●		
Follow-Up MH Hospitalization 7 Day	Full MH Population	72%	Total	164	378	43%			●
			Multiracial	24	54	44%	●		
			Native American	6	11	55%			●
			White	128	205	62%			●
[illegible]	[illegible]	34%	Total	188	973	19%			●

**Statewide Full MH Population Average Rate is determined by 95% confidence interval of the statewide average performance

Data are suppressed when the total number of events, denominator, or numerator is 5 or less in accordance with New York State Department of Health guidelines to protect patient confidentiality.

NEW YORK STATE | Office of Addiction Services and Supports | Office of Mental Health | Office for People With Developmental Disabilities

Update to 2024-2027 Goals and Objectives
St. Lawrence County Community Services

Jay Ulrich, DCS
julrich@stlawco.gov

Goal 1	
Title	Improve access to crisis services for individuals experiencing behavioral health crises across all disabilities.
Update	Ou current crisis provider, other than obtaining a NPI number, has made no improvements towards delivering guidance compliant services. Our local 9.39 hospital has been awarded OMH funding to become a CPEP and are in the early stages of planning for this expansion/restructuring.
OBJECTIVES	
Secure any additional funding for an enhanced, comprehensive county-wide cross-system crisis program..	Ongoing
Identify a provider capable of delivering guidance compliant crisis services to the largest, predominantly rural county in NYS.	Ongoing
An enhanced crisis service would include a comprehensive 24/7 mobile response, 24 hour telephonic and mobile crisis follow-up services to include peer supports and have the ability to work independently from law enforcement/EMS unless a co-response is indicated due to safety concerns or medical emergencies.	Ongoing
The provider of crisis services will have the capability to submit benefit claims to MMCOs for applicable services rendered.	Ongoing
Once established, the crisis service provider will work collaboratively with stabilization, detox, rehabilitation and housing providers.	Ongoing
The St. Lawrence County Suicide Awareness Coalition will provide continued public education about the 988 Suicide and Crisis Lifeline through the use of social media platforms, PSA's, and community events.	Complete
OBJECTIVE UPDATES	

Goal 2	
Title	Increase access and availability of treatment and support services to individuals with co-occurring needs.
Update	The North County and Tug Hill regions have been collaborating with Mountain Lakes Services/Arc of Essex County NY to develop programing for individual with co-occurring illnesses and has subsequently received OMH funding to develop a Critical Time Transition Program for Children, Youth and Families for our combined regions. This program will first be developed in the North Country Region. Once established, the program will be expanded to the Tug Hill Region. Additionally, a community partner in St. Lawrence County has received funding for an expansion of their supportive housing program which will include adult co-occurring permanent supportive housing.
OBJECTIVES	
Work with local providers to secure ongoing State and Federal funding for increased housing for individuals with co-occurring disorders.	Complete
Increase the competency of behavioral health providers in efforts to meet the clinical and community support needs of individuals with co-occuring disorders.	Ongoing
Launch System of Care for children services.	Ongoing
OBJECTIVE UPDATES	

Goal 3	
Title	Increase adult inpatient mental health capacity.
Update	Our local 9.39 hospital has received OMH funding to expand their children's inpatient unit by 10 beds, totaling 22 beds. There has been no increase to the adult inpatient unit, which remains at 28 beds.
OBJECTIVES	

The LGU will support increased adult inpatient capacity within the County.	[']
OBJECTIVE UPDATES	

Goal 4	
Title	Increase the capacity of outpatient behavioral health services.
Update	Waitlists for MHOTRS continue to be an area of concern, juxtaposed with workforce shortages for all behavioral health services across the County.
OBJECTIVES	
Continue to provide a dashboard of community behavioral health providers wait-times on the County Community Services website to inform the public and increase provider participation..	Complete
Support and promote Federal, State, and local initiatives to increase workforce capacity.	Ongoing
OBJECTIVE UPDATES	

Goal 5	
Title	Enhance and improve emergency department discharge planning and diversion opportunities.
Update	Our county providers are participating in the regional Hospital and Community Connections with OMH. Increased supported housing and the development of a Critical Time Transition program are in development. Additionally, the LGU awarded Opioid Settlement Fund to our local 9.39 hospital to embed two additional Recovery Coaches in the ED to assist with discharge planning and community connections.
OBJECTIVES	
Create an electronic emergency department referral system.	N/A
Explore crisis respite opportunities	Ongoing
OBJECTIVE UPDATES	

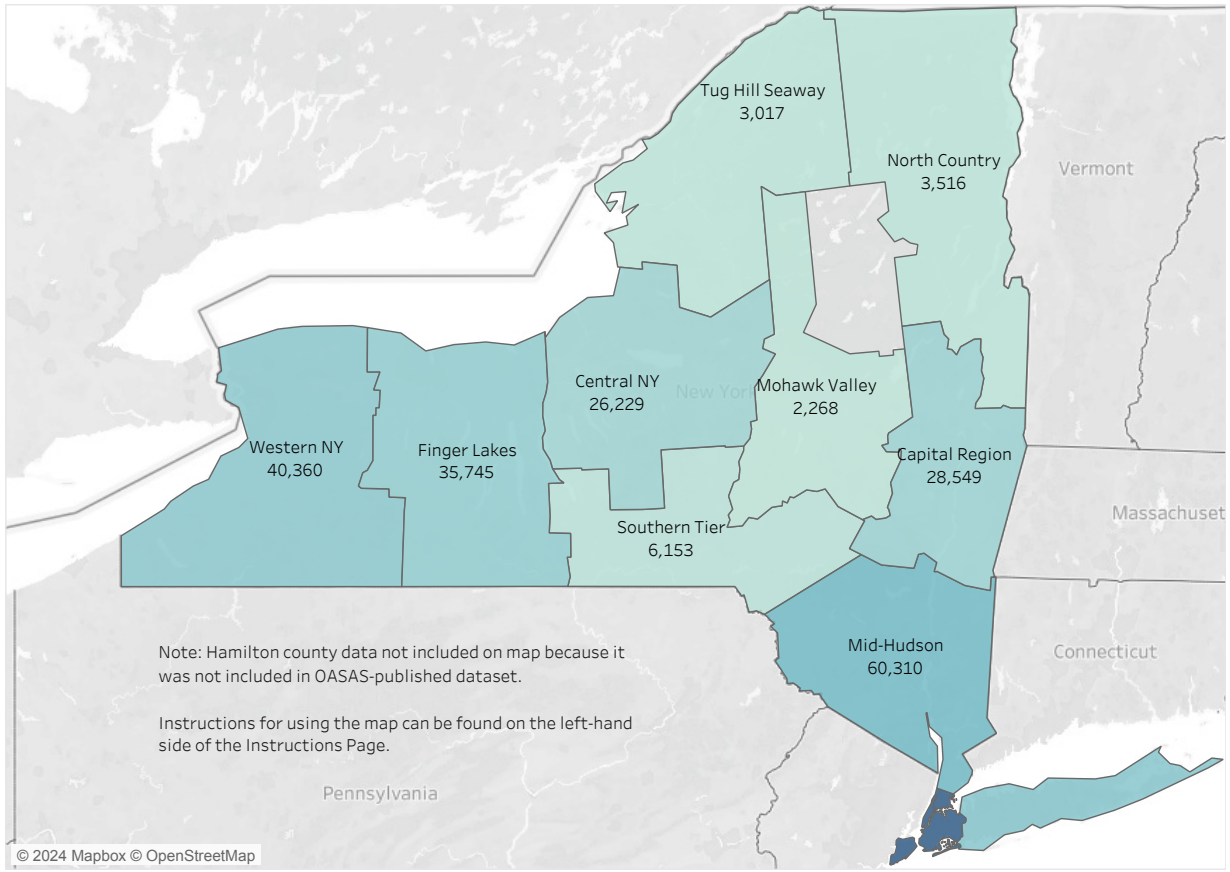
Goal 6	
Title	Prevent opioid and other substance misuse and deaths.
Update	For the year 2023, St. Lawrence County reported having 153 suspected overdoses. The St. Lawrence County Public Health Department and Seaway Valley Prevention Council were awarded Opioid Settlement funds for harm reduction and preventives services.
OBJECTIVES	
Increase access to opioid reversal intervention (Narcan) through training and education across the County; specifically targeting school districts, public transportation, and convenience stores.	[']
OBJECTIVE UPDATES	

Copyright © 2024. All Rights Reserved.

OASAS Admissions by County

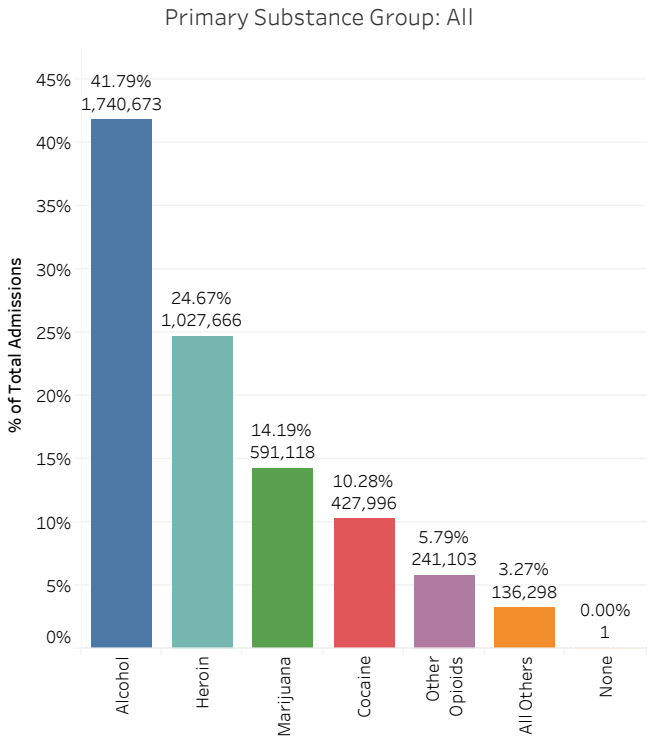
Primary Substance Group	Program Category	Age Group	Year
Cocaine	All	All	All

Admissions: 2,268 — 175,605



This chart shows the total distribution of Admissions by Substance type. You can filter this chart for specific regions by clicking on a region on the map.

Reset Filter



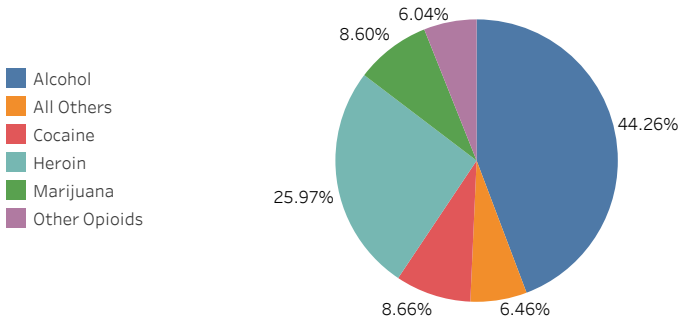
OASAS Admissions - County Drilldown

County
All

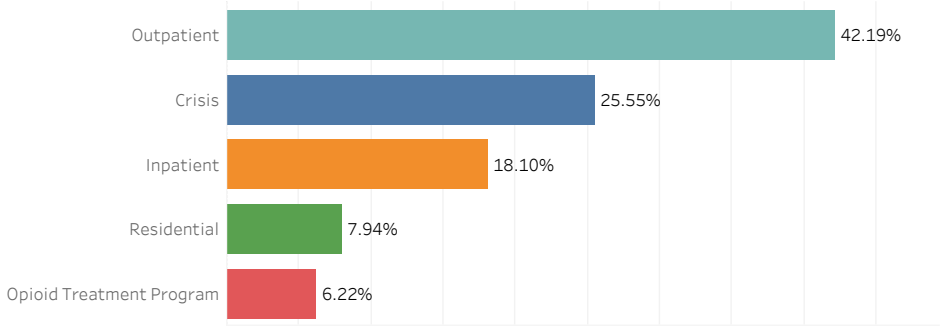
Year
2021

Select a County and/or year using the filters to drill down the data in the charts below based on your selection.
The **Primary Substance** chart shows the total distribution of Substances related to OASAS admissions based on your filter selection. Hover over each slice of the pie chart to see more info.
The **Program Type** chart shows the total distribution of Program Types related to OASAS admissions based on your filter selection.
The **Annual Trend: Primary Substance** chart shows the number of admissions by Substance type for each year included in the data (2007-2021). This chart is only affected by the County filter, not the Year filter.

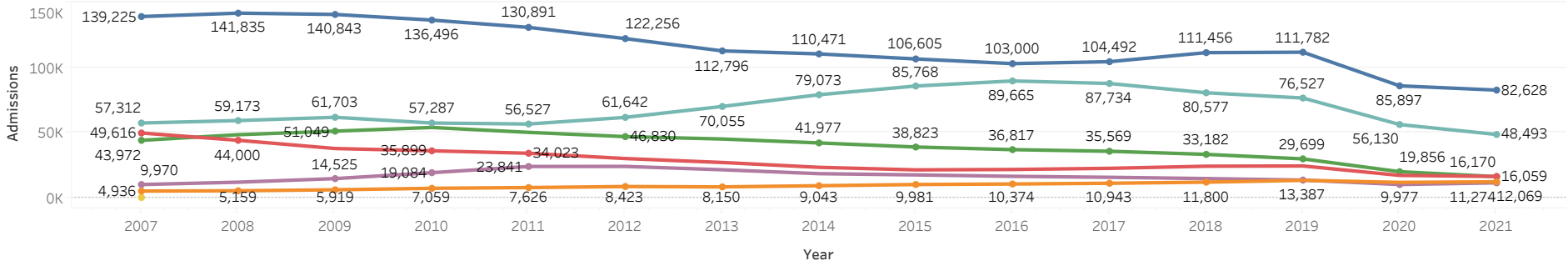
Primary Substance



Program Type



Annual Trend: Primary Substance



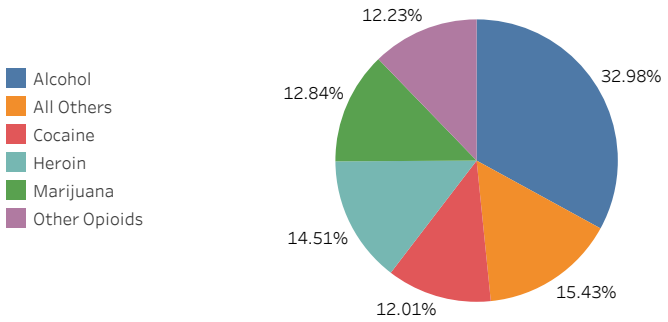
OASAS Admissions - County Drilldown

County
Saint Lawrence

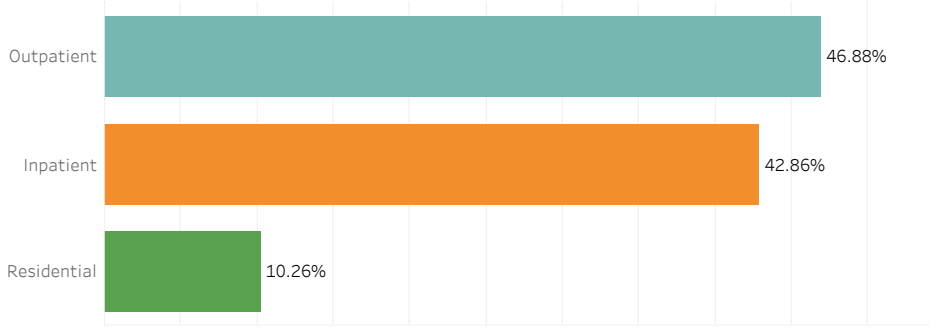
Year
2021

Select a County and/or year using the filters to drill down the data in the charts below based on your selection.
The **Primary Substance** chart shows the total distribution of Substances related to OASAS admissions based on your filter selection. Hover over each slice of the pie chart to see more info.
The **Program Type** chart shows the total distribution of Program Types related to OASAS admissions based on your filter selection.
The **Annual Trend: Primary Substance** chart shows the number of admissions by Substance type for each year included in the data (2007-2021). This chart is only affected by the County filter, not the Year filter.

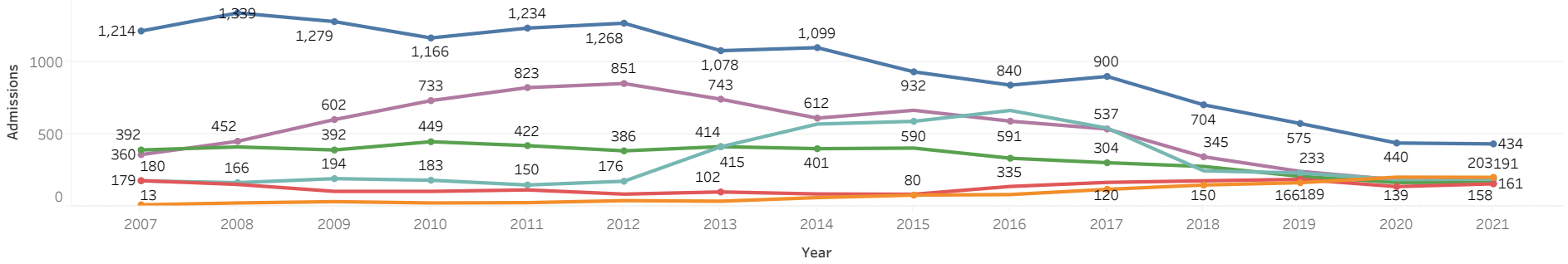
Primary Substance



Program Type



Annual Trend: Primary Substance



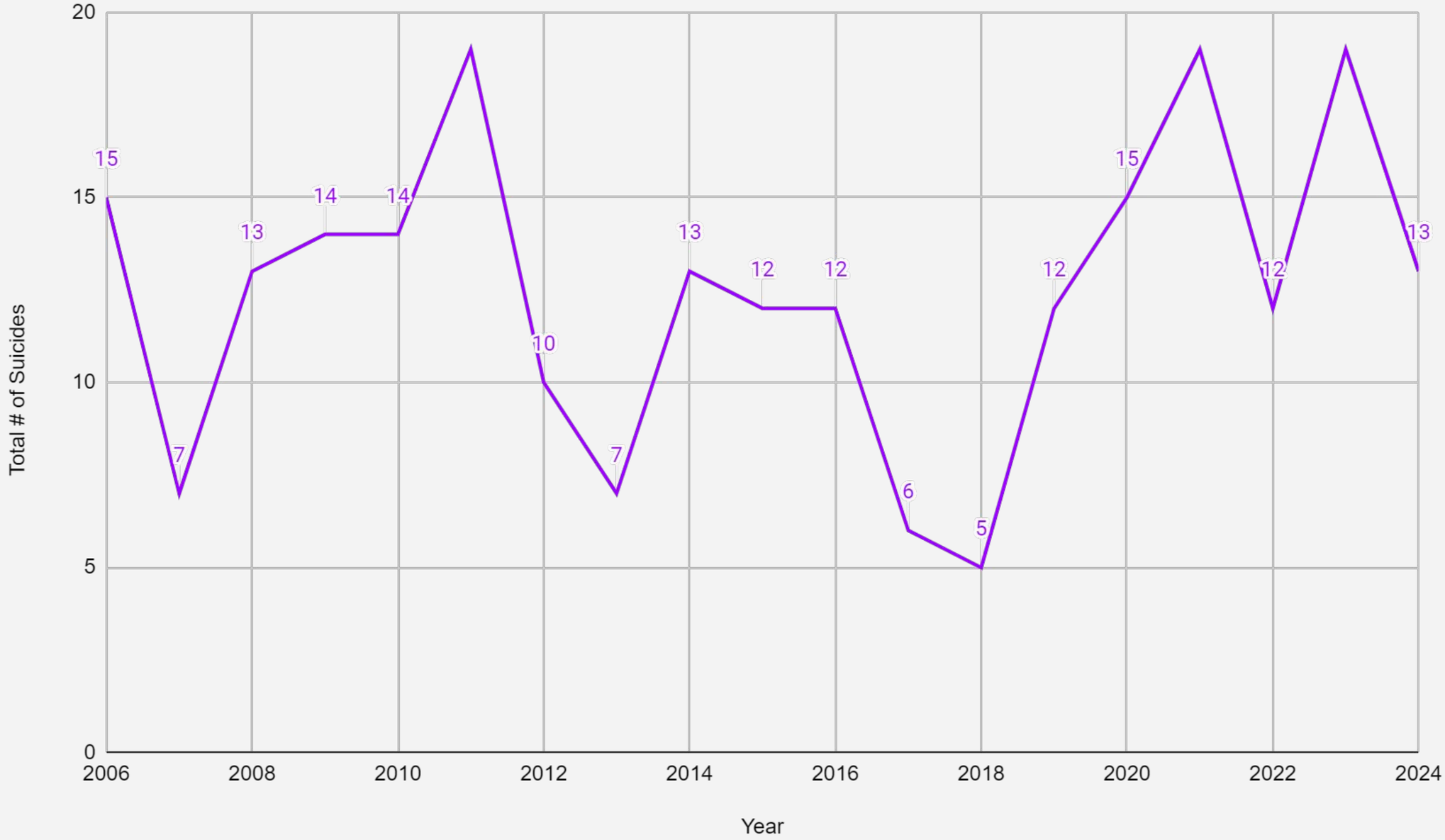
St. Lawrence County

2024 SUICIDE DATA

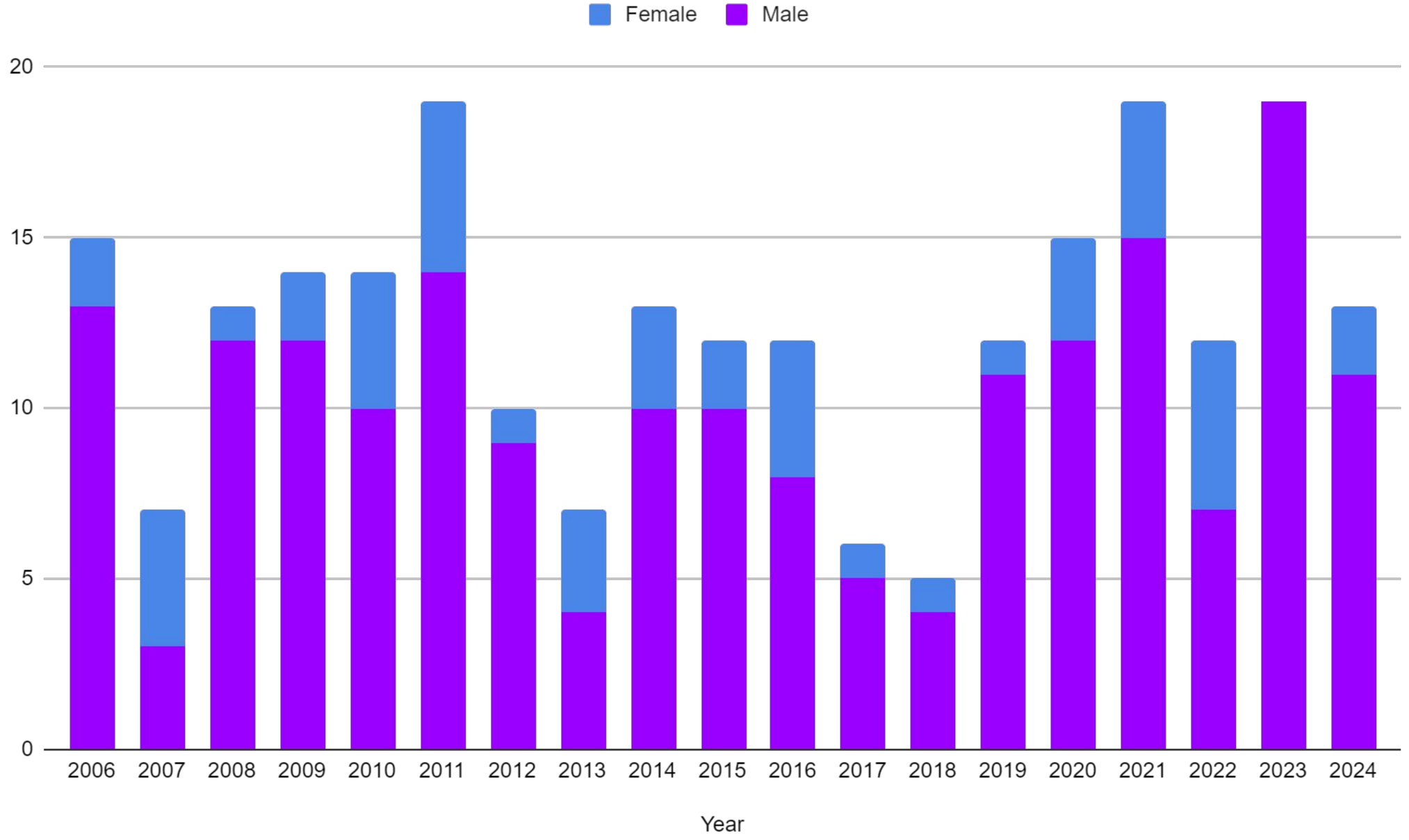
July 18, 2024

SLC SUICIDE AWARENESS COALITION

Total Number of Suicides (2006-July 12, 2024)

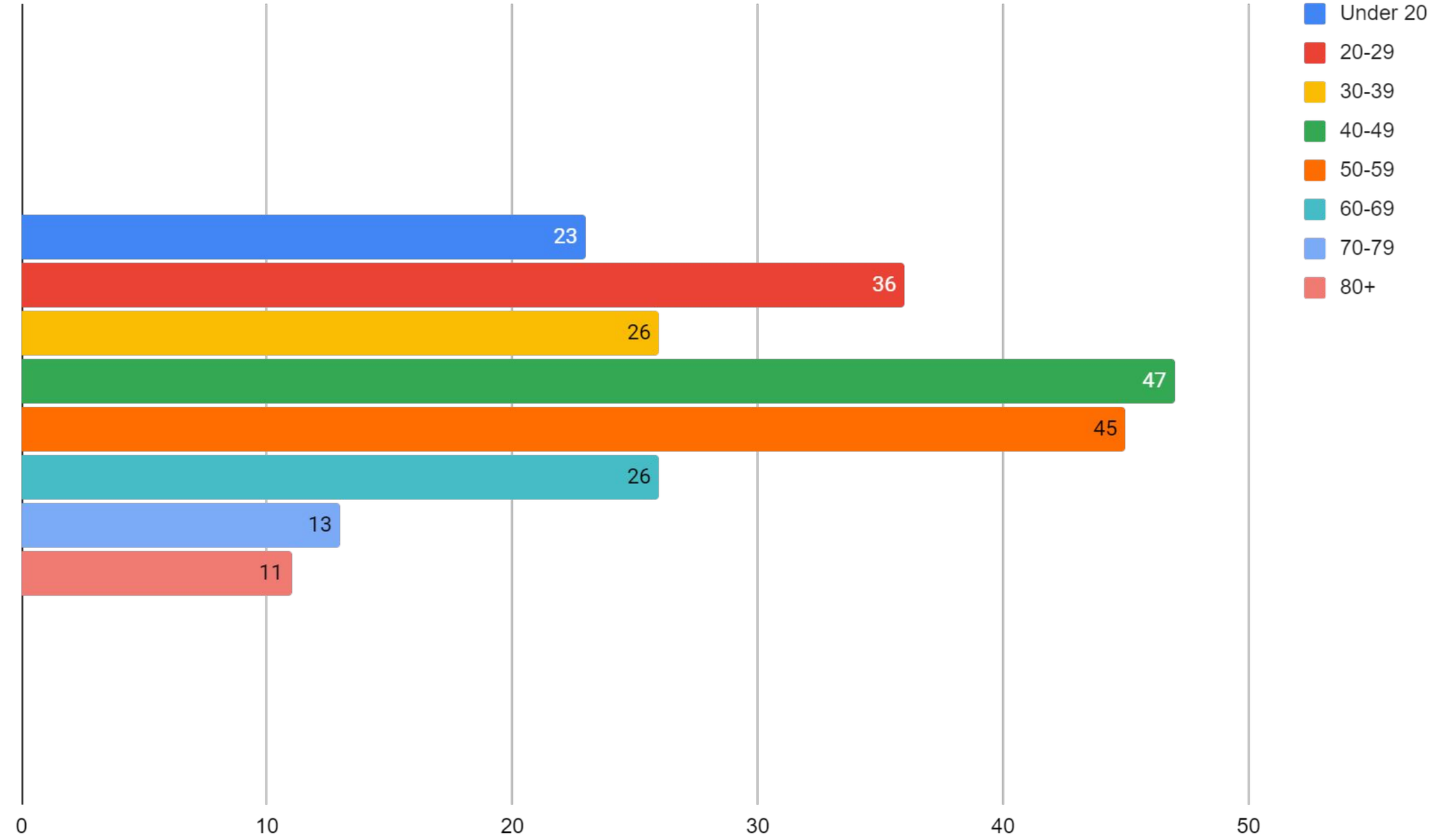


Male vs. Female



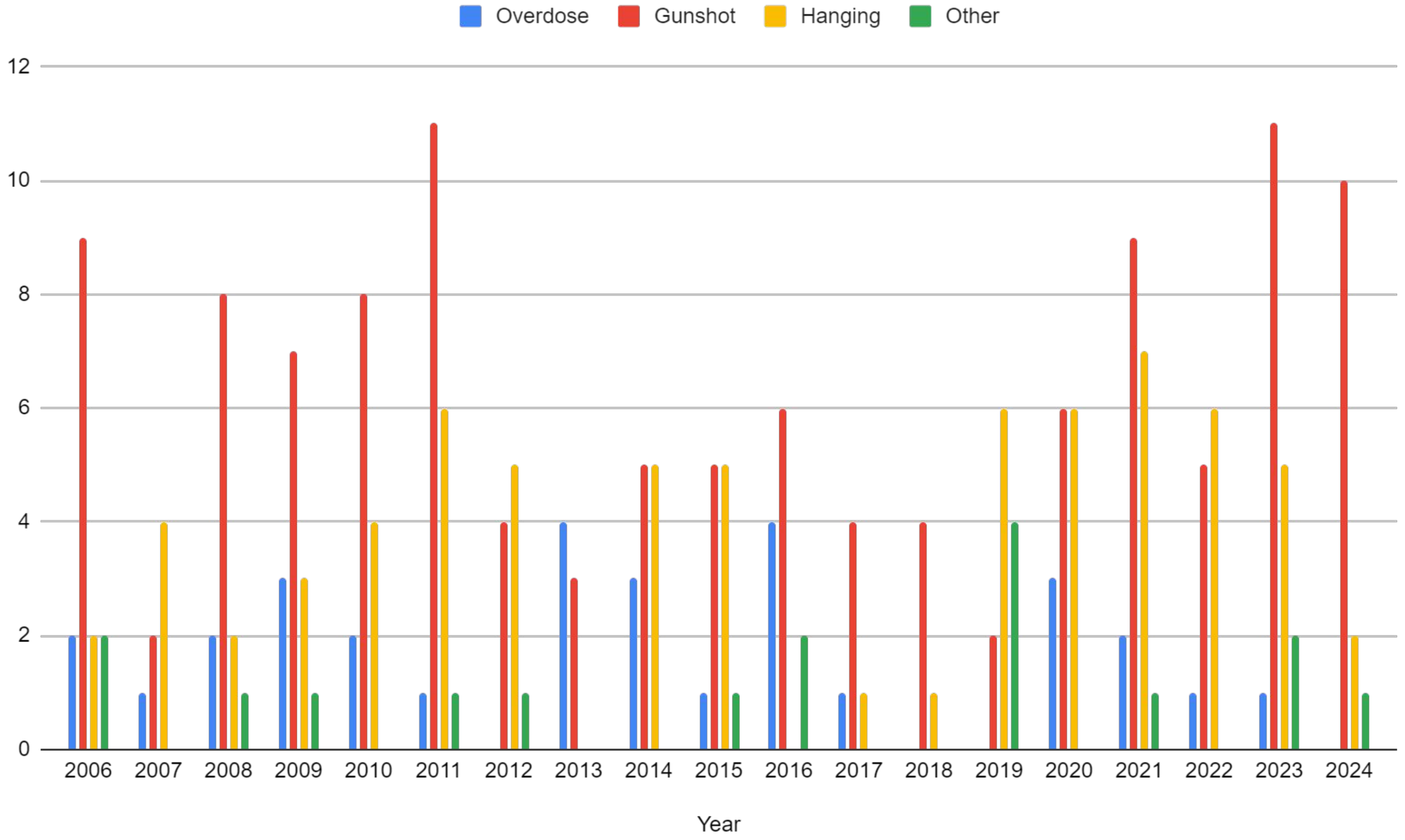
As of July 12, 2024

Total Suicides by Age Group



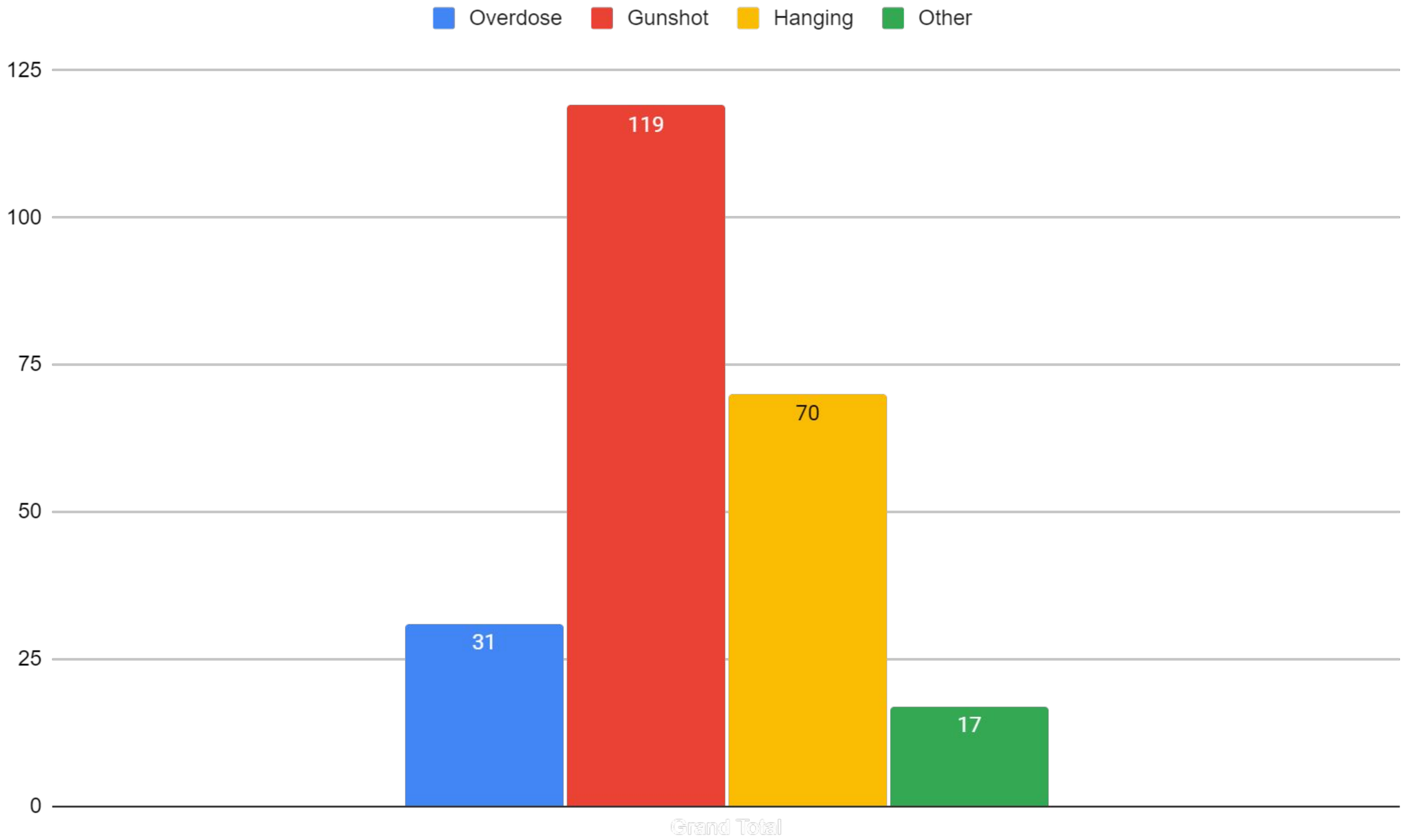
2006-July 12, 2024

Method



2006-July 12, 2024

Method Totals



2006-July 12, 2024

NEW YORK STATE | Office of Addiction Services and Supports | Office of Mental Health | Office for People With Developmental Disabilities

2026 Update to 2024-2027 Goals and Objectives
St. Lawrence County Community Services

Jay Ulrich, Director
(julrich@stlawco.gov)

Goal 1

Goal 1, 2026 Status Update: Ongoing
Goal 1, 2026 Status Update Description: In January 2025, the newly CSB appointed county-wide crisis provider began providing 24/7 telephonic crisis response. They are on target to begin providing mobile crisis response in July 2025. We are also continuing to develop and improve the Mobile Access Program (MAP).

Goal 1 Objective 1, 2026 Status Update: Ongoing
Goal 1 Objective 1, 2026 Status Update Description: The Community Service Board (CSB) allocated $150,000 from the Opioid Settlement Funds to assist with the first year start-up costs for the mobile crisis program.

Goal 1 Objective 2, 2026 Status Update: Complete
Goal 1 Objective 2, 2026 Status Update Description: A provider responding to the Crisis Services RFP was chosen by the CSB.

Goal 1 Objective 3, 2026 Status Update: Ongoing
Goal 1 Objective 3, 2026 Status Update Description: As of now, the mobile response is slated to launch in July 2025. The LGU, Law Enforcement, and the provider have been holding monthly meetings to work out protocols and workflow, and they're working toward a comprehensive plan.

Goal 1 Objective 4, 2026 Status Update: Ongoing
Goal 1 Objective 4, 2026 Status Update Description: The provider, which is also a CCBHC, has started a discussion with OMH as to how to configure their billing system to accommodate both CCBHC and APG rates.

Goal 1 Objective 5, 2026 Status Update: Ongoing
Goal 1 Objective 5, 2026 Status Update Description: Once fully operational, the provider will work towards the continuous improvement of these collaborative relationships.

Goal 1 Objective 6, 2026 Status Update: Complete
Goal 1 Objective 6, 2026 Status Update Description: The St. Lawrence County Suicide Awareness Coalition has been providing QPR, SafeTALK, and ASIST training to community members, while simultaneously disseminating information on 988 through public service announcements and social media posts.

Goal 2

Goal 2, 2026 Status Update: Ongoing
Goal 2, 2026 Status Update Description: In addition to Mountain Lake Services Critical Time Transition program, which is now operational, the ARC Jefferson-St. Lawrence is developing a 5-bed Critical Time Transition Program for adults in the Tug Hill Region.

A ground breaking ceremony will be held in July for a 42-bed permanent supportive housing residence.

Goal 2 Objective 1, 2026 Status Update: Ongoing
Goal 2 Objective 1, 2026 Status Update Description: In an effort to provide support for individuals experiencing behavioral health issues, the CSB has allocated $100,000 in Opioid Settlement Funds to a program called Steps to Grow to purchase an additional two-person housing unit. This program employs a social farming approach in addition to community supports. This same provider received funding for a 42-bed permanent supportive housing project, which will have a ground breaking ceremony on July 10, 2025.

Additionally, another local provider was awarded funding for a 20-bed CR-SRO that is awaiting final approval for construction.

Goal 2 Objective 2, 2026 Status Update: Ongoing
Goal 2 Objective 2, 2026 Status Update Description: The target date has passed and will be extended to the end date of the 2024-2027 local services plan.

Goal 2 Objective 3, 2026 Status Update: Ongoing
Goal 2 Objective 3, 2026 Status Update Description: The newly hired SPOA Coordinator will also be spearheading the County System of Care.

Goal 3
Goal 3, 2026 Status Update: N/A
Goal 3, 2026 Status Update Description: Rather than increase adult inpatient capacity, the local 9.39 hospital is in the process of increasing their services to include a CPEP. This new program may alleviate the strain on the adult inpatient mental health unit.

Goal 3 Objective 1, 2026 Status Update: N/A
Goal 3 Objective 1, 2026 Status Update Description:

Goal 4
Goal 4, 2026 Status Update: Ongoing
Goal 4, 2026 Status Update Description: A current provider of Mental Health services in Massena is in the contracting phase in effort to significantly increase their capacity for services.

Goal 4 Objective 1, 2026 Status Update: Complete
Goal 4 Objective 1, 2026 Status Update Description:

Goal 4 Objective 2, 2026 Status Update: Ongoing
Goal 4 Objective 2, 2026 Status Update Description: The Local Government Unit is urging healthcare providers to take part in the Social Care Network, that offers a program for tuition costs associated with degrees and certificates in the behavioral health field.

Goal 5
Goal 5, 2026 Status Update: Ongoing
Goal 5, 2026 Status Update Description: County providers are continuing to participate in the regional Hospital and Community Connections OMH initiative. Fort Drum Regional Health Planning Organization coordinates a monthly meeting to review workflows and discharge planning for high risk individuals within the County.

Goal 5 Objective 1, 2026 Status Update: N/A
Goal 5 Objective 1, 2026 Status Update Description:

Goal 5 Objective 2, 2026 Status Update: Ongoing
Goal 5 Objective 2, 2026 Status Update Description: In addition to Mountain Lake Services Critical Time Transition program, which is now operational, the ARC Jefferson-St. Lawrence is developing a 5-bed Critical Time Transition Program for adults in the Tug Hill Region.

SLPC continues to operate a crisis respite program for youth.

Goal 6
Goal 6, 2026 Status Update: Ongoing
Goal 6, 2026 Status Update Description: The number of reported overdose deaths in St. Lawrence County decreased by 58% in 2024 compared to 2023, while the number of suspected overdoses reported in 2024 declined by 50% compared to the previous year.

Goal 6 Objective 1, 2026 Status Update: Complete
Goal 6 Objective 1, 2026 Status Update Description: In addition to St. Lawrence County Addiction Services, other providers have been approved to distribute Narcan and provide training.

ST. LAWRENCE COUNTY
YOUTH BUREAU

2024 NEEDS ASSESSMENT SUMMARY

80 SH 310 SUITE 4
CANTON, NY 13617
(315) 379-9464

WHY A NEEDS ASSESSMENT?

Every three years, the St. Lawrence County Youth Bureau conducts a comprehensive Needs Assessment survey targeting local youth and teens. This survey provides critical insights that help us tailor programs and services to better meet the needs of young people in our community. The findings are integral to developing strategies and setting goals that align with our Child and Family Services Plan. These strategies are then incorporated into our annual plan and implemented throughout the year. Our Youth Advisory Board reviews the survey results to ensure that the programs offered are of genuine interest to teens, emphasizing the importance of engaging and effective youth development initiatives.

In addition, we analyze social-emotional feedback from the Needs Assessment to evaluate and enhance educational programs and workshops available to county youth.

We also share these findings with local school districts and organizations dedicated to youth services to foster collaboration and improve the support available to our young population.

Survey Design and Distribution

The 2024 Needs Assessment was launched in May and distributed as a Google Form to all 18 school districts in St. Lawrence County. The survey included approximately 40 multiple-choice questions and one open-ended response. Support from administrators, counselors, and teachers facilitated its distribution, resulting in participation from 16 out of the 18 districts.

To promote the Assessment, we utilized our social media platforms, including Facebook and Instagram, and also shared it via email with our youth-serving partners and programs. We are grateful for the collaboration and support from all involved. In total, 1,767 youth and teens completed the survey.

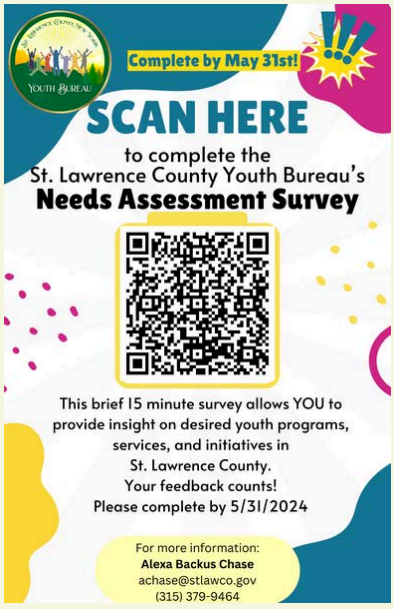


TABLE OF CONTENTS

Demographics 4

- Student Age & Grade
- Schools and Gender Identity
- Home Environment

Social, Emotional, and Health 7

- Student Mental Health
- Impact of External Pressures
- Mental Health & Stigma
- Social Media Usage
- Trends in Parental Screen Time Monitoring
- Substances
- Substance Use & Health Education
- Positive Influences

Priorities, Aspirations, & Goals 15

- Student Priorities and Concerns
- Future Aspirations and Career Goals
- Student Engagement with Academics
- Future Outlook & Community Engagement
- Desired Community Programs for Youth
- Student Perception of Safety at Home & School

Communication, Activities, & Support Systems 21

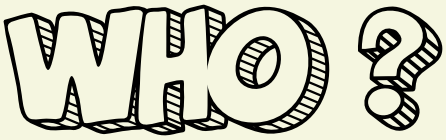
- Communication Gaps
- Support Systems & Help-Seeking Behavior
- Student Personal Time
- Student Interests Beyond Digital Activities

Summary 25

Recommendations 26

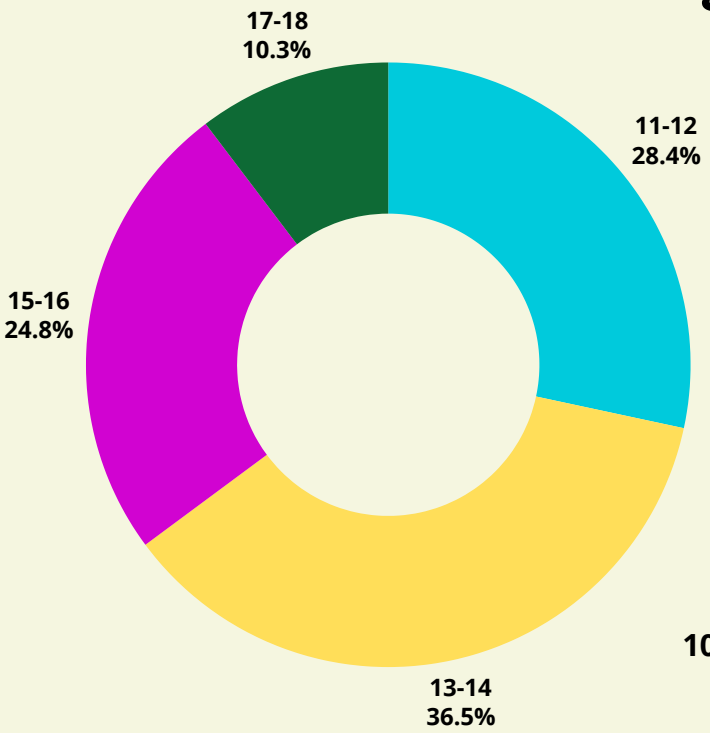
EMPOWERING YOUTH:
SURVEY RESULTS FROM 1,767 TEENS

Demographic

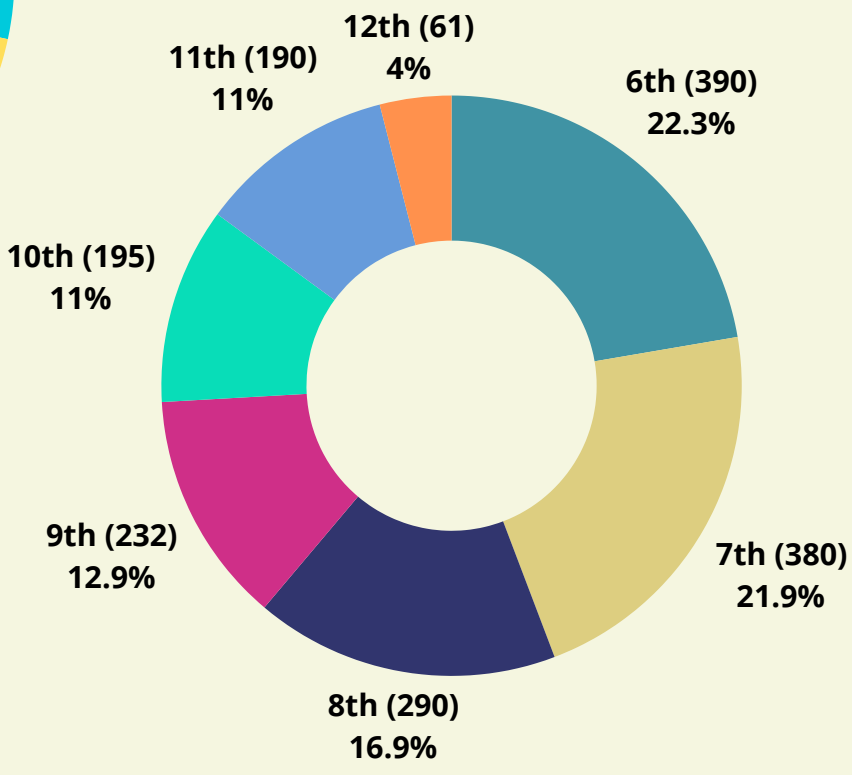


To effectively serve the teens and youth in our community, it is crucial to have a clear understanding of the diverse identities within our population. This year, we received more than twice the number of responses compared to our 2021 Needs Assessment. We are committed to reaching all age groups and ensuring representation from various communities and minority groups across St. Lawrence County.

Students' Ages

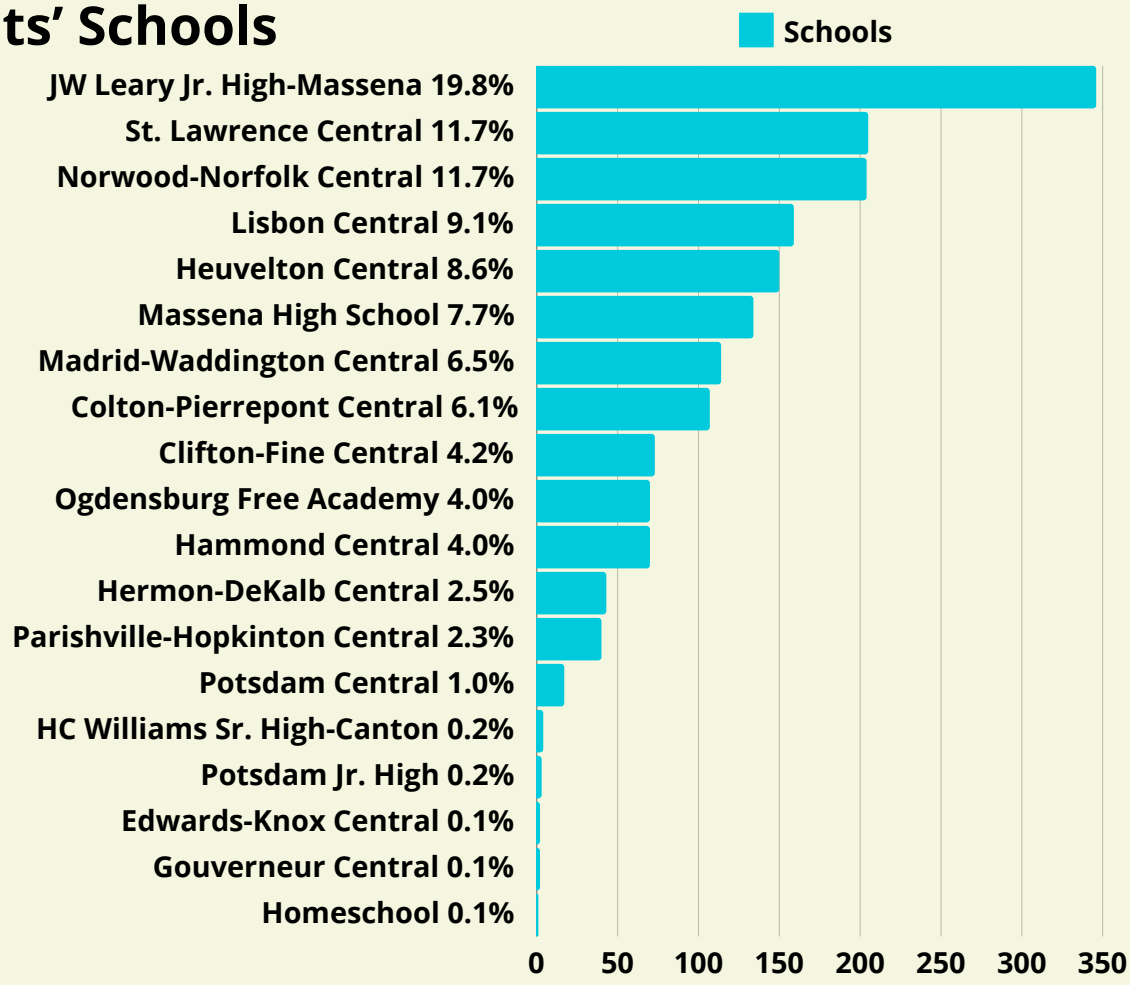


Students' Grade

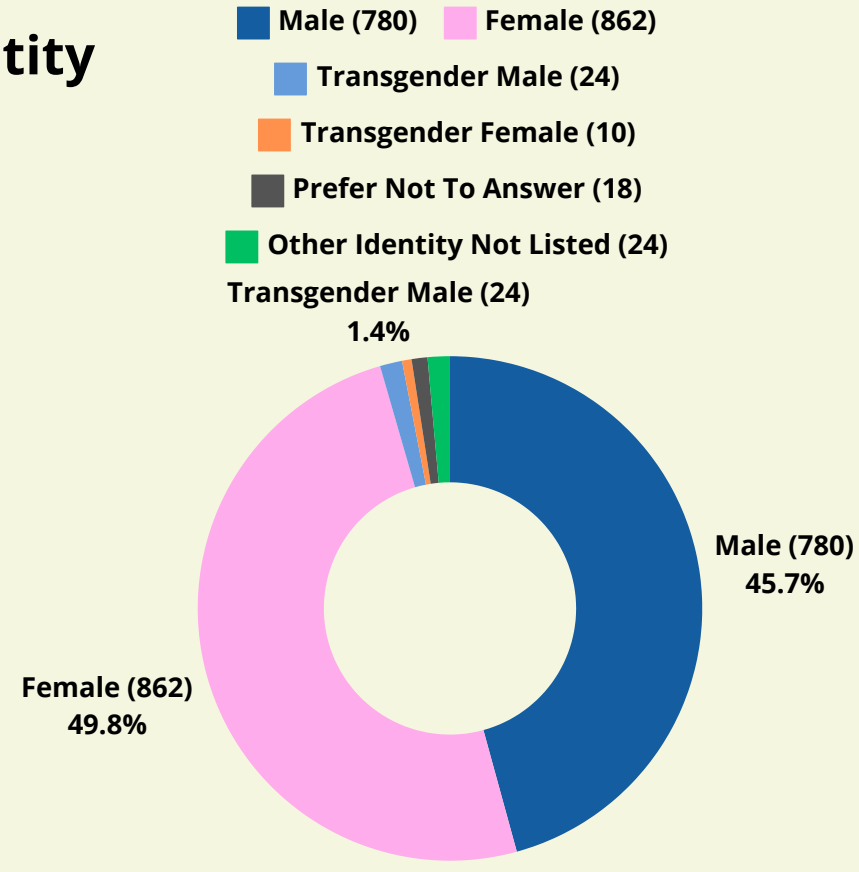


16 SCHOOL DISTRICTS REPRESENTED

Students' Schools



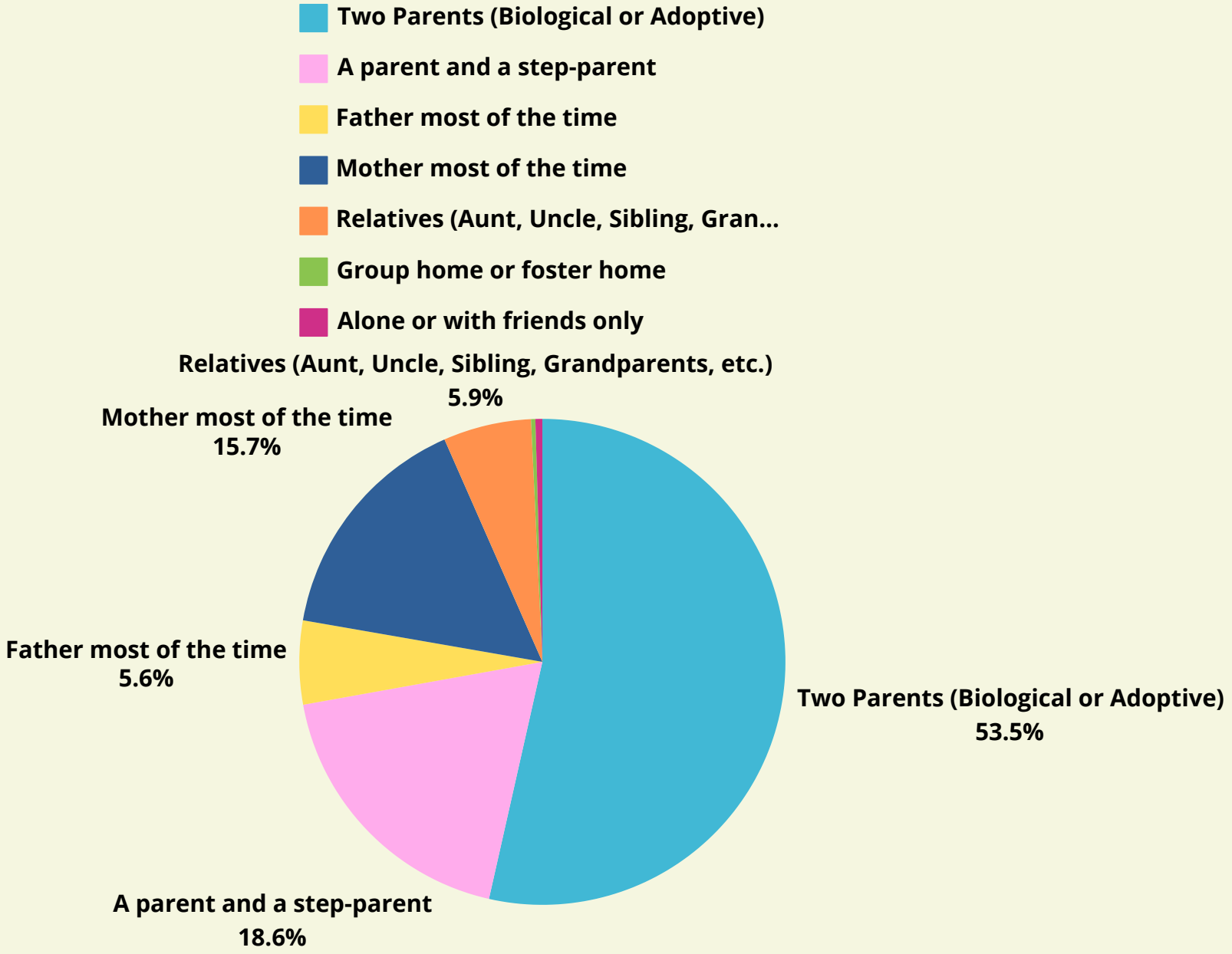
Gender Identity



HOME LIFE

A student's home environment can significantly impact their emotional and physical well-being, with instability outside of school contributing to increased stress. The survey indicates that over 50% of teens reside with two parents, while the remaining respondents live with various caregivers. This distribution provides a valuable representation of the living conditions and family dynamics among students in St. Lawrence County.

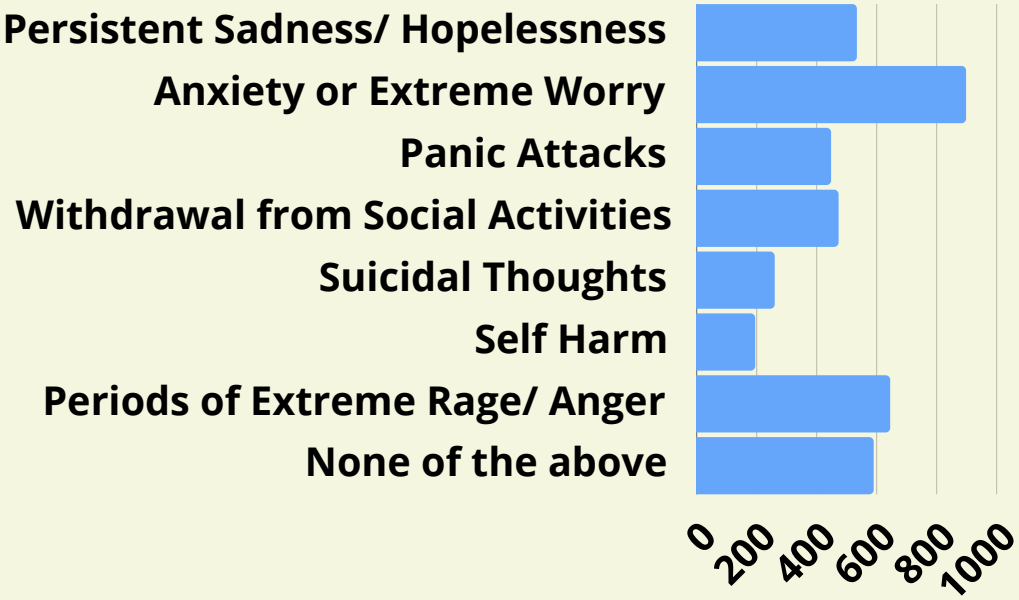
Home Environment:



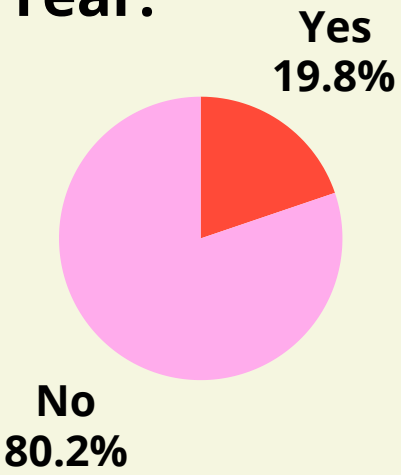
STUDENT MENTAL HEALTH

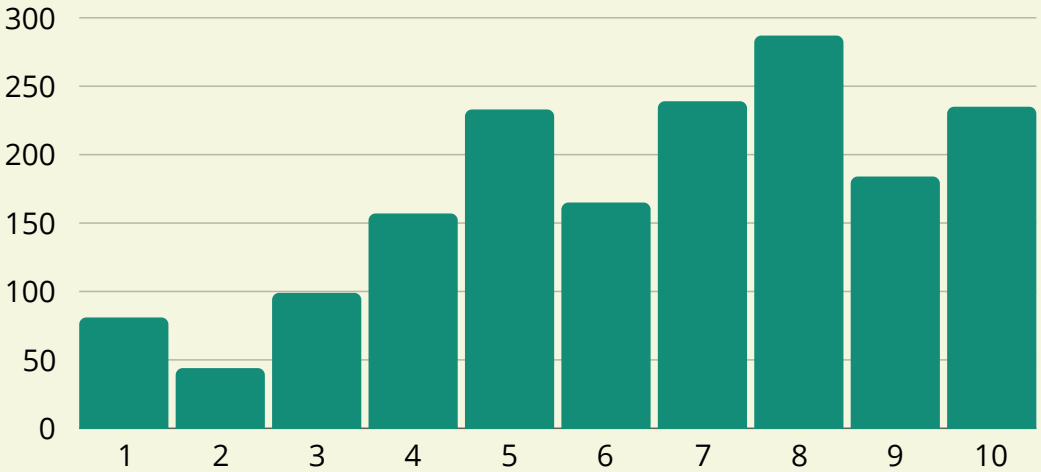
In our survey, we prioritized mental health due to its critical importance among youth in St. Lawrence County. The results reveal that a significant number of teens are currently facing or have previously encountered mental health challenges. Specifically, of the 1,700 responses collected, nearly ***900*** reported experiencing ***anxiety*** within the past year. This highlights the urgent need to address mental health issues within our community.

During The Past 12 Months, Students Experienced:



Experienced Suicidal Thoughts in the Past Year:

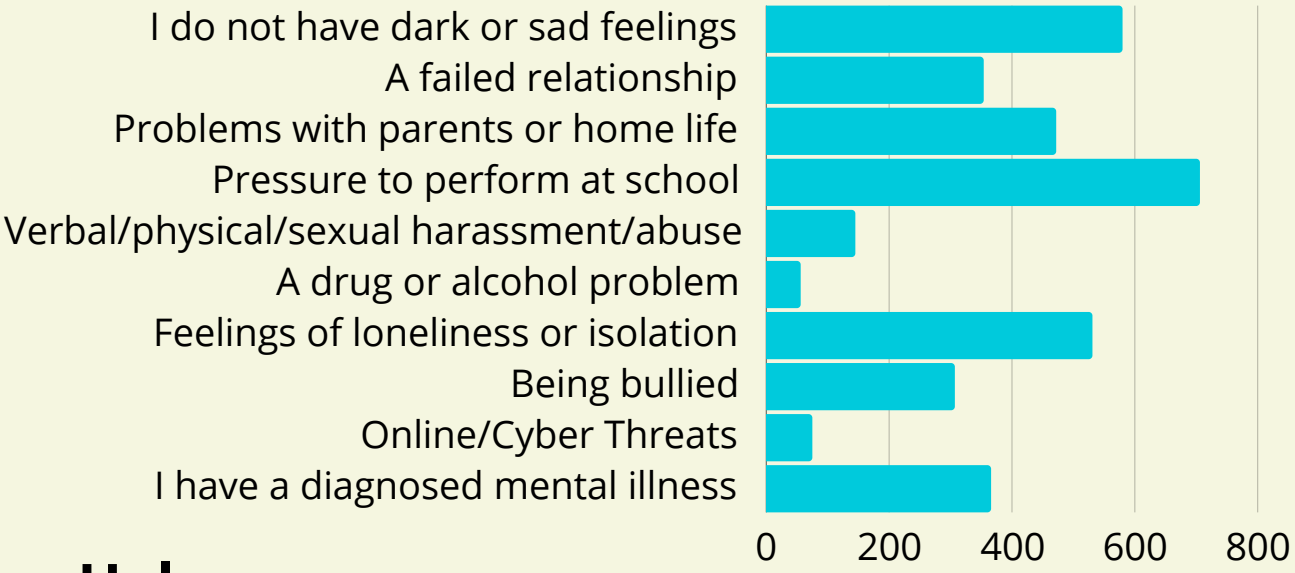




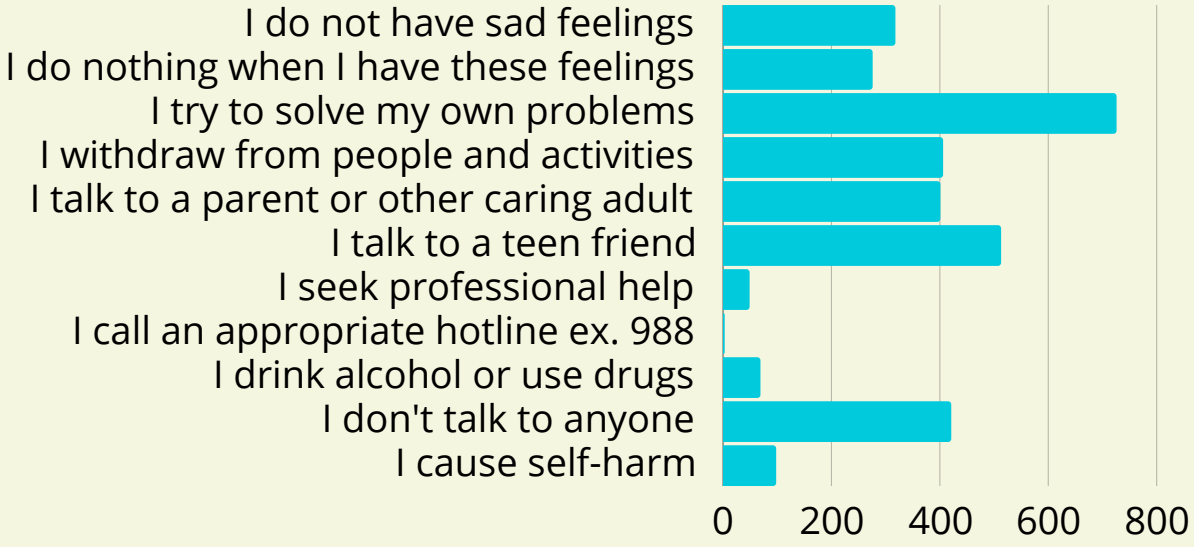
Students' Mental Health Rating Over the Past 12 Months on a Scale of 1-10

IMPACT OF EXTERNAL PRESSURES ON TEEN MENTAL HEALTH

Key Factors Influencing Teen Emotional Well-Being



Seeking Help

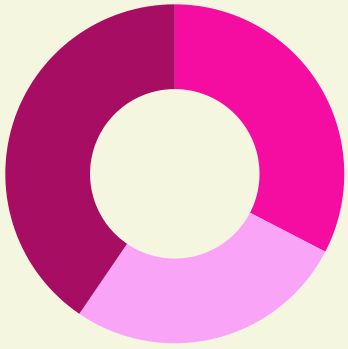


The pressures from both academic and extracurricular activities can exacerbate mental health issues among teens. Our survey indicates that over **42%** of teens attribute their feelings of sadness to pressure to excel in school, sports, and other activities. Addressing stress and mental health challenges often necessitates external support; however, nearly ***40% of students prefer to manage their difficulties independently rather than seeking help from available resources.***

MENTAL HEALTH & STIGMA IN THE COMMUNITY

When we inquired about the key concerns in our community, students overwhelmingly identified mental health as a primary issue. This rise in attention to mental health is also accompanied by increased stigma. We asked students how mental health is perceived within the community, and the results suggest that this ***stigma may discourage students from openly discussing their mental health challenges and seeking the support they need.***

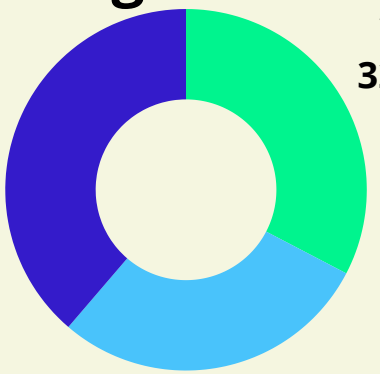
It's talked about a lot and offers lots of support and resources
40.5%



It is NOT talked about
32.6%

It is talked about but offers little help or resources
26.9%

Does Mental Health Stigma Prevent Getting Help?



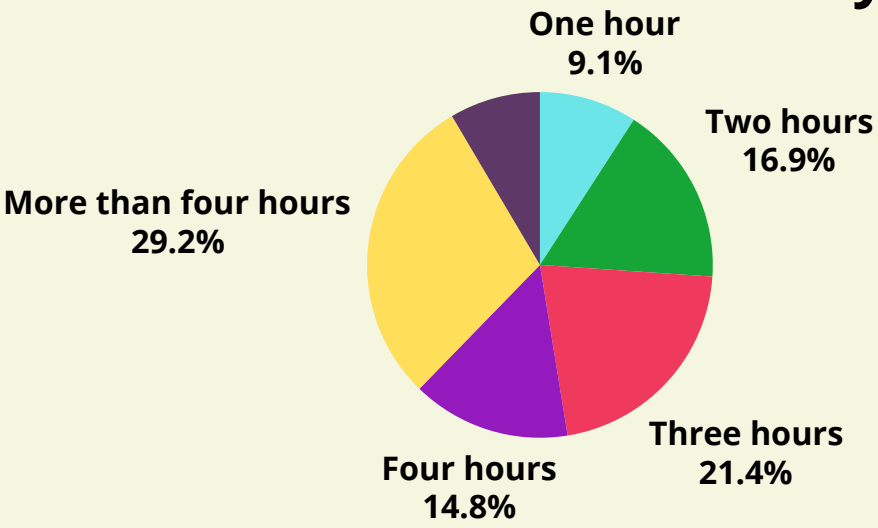
Yes
32.7%

Maybe
38.7%

No
28.6%

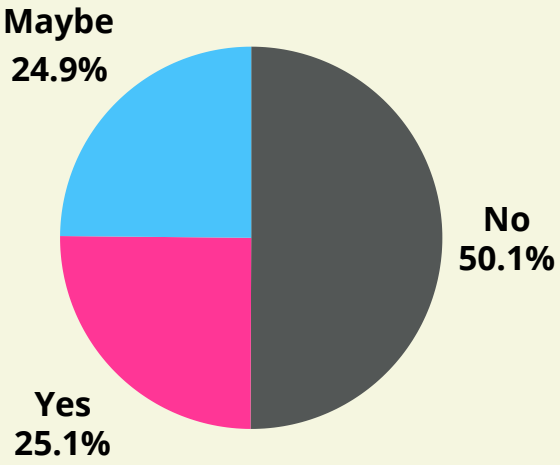
SOCIAL MEDIA USAGE

Time on Social Media Each Day:



Quantity of Sleep

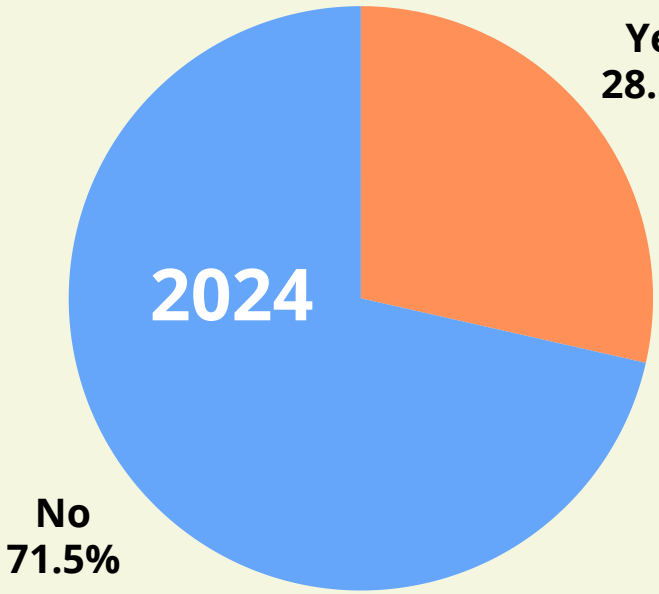
Does social media affect your sleep?

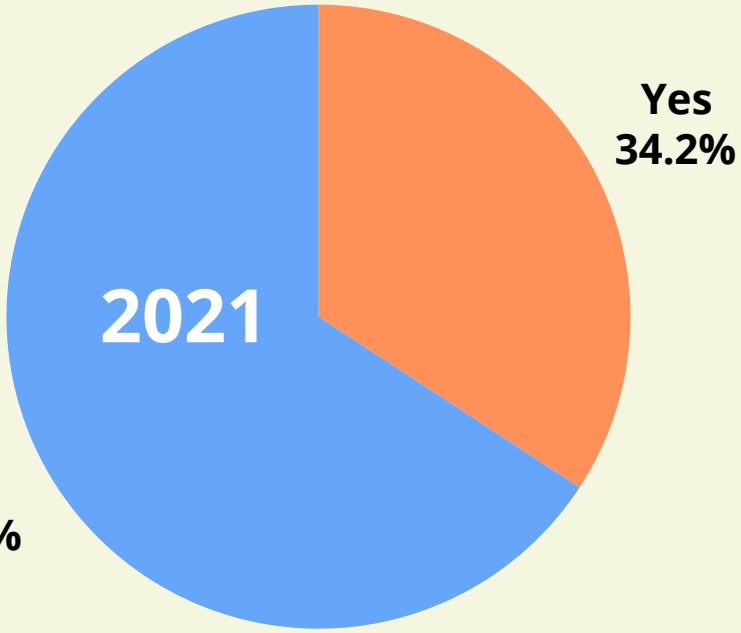


We also surveyed students about their daily social media usage, with many reporting they spend over ***3 hours per day*** on these platforms. Given that social media usage can impact sleep patterns, we also collected data on students' sleep quality. While 50% of students do not believe their phone use affects their sleep, ***fewer than 50% achieve the recommended 8-10 hours of sleep each night.***

TRENDS IN PARENTAL SCREEN TIME MONITORING

Parental support remains the primary means by which youth and teens receive guidance from adults. However, since 2021, ***there has been a noticeable decline in parental monitoring of screen time.*** Also, Snapchat and TikTok are the most frequently used apps among teens in our county.

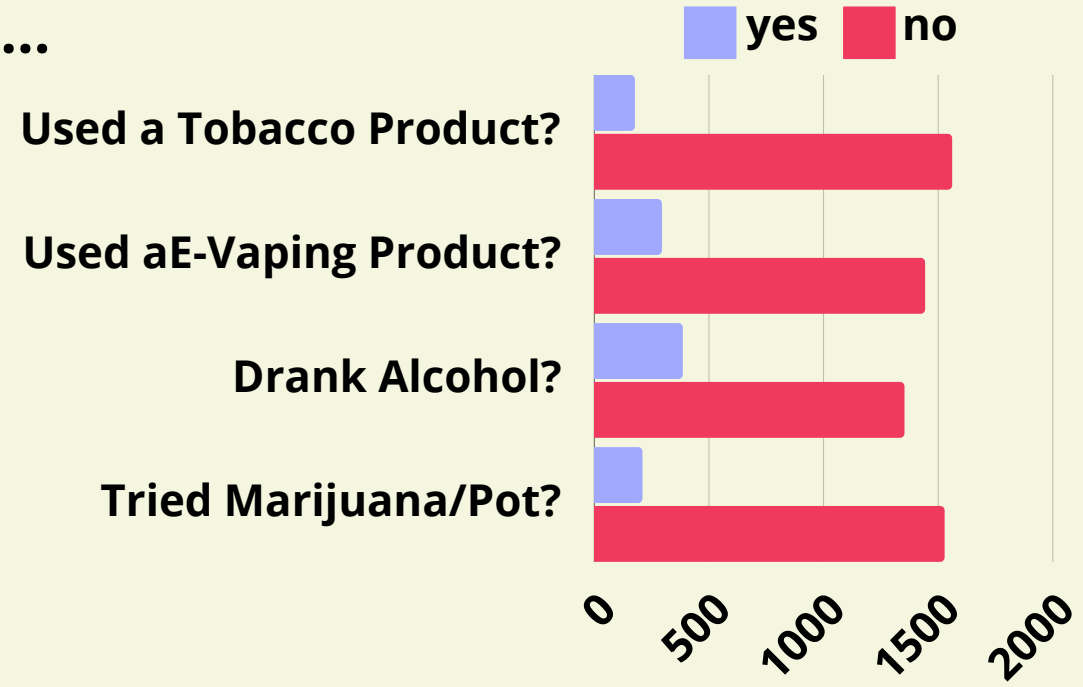




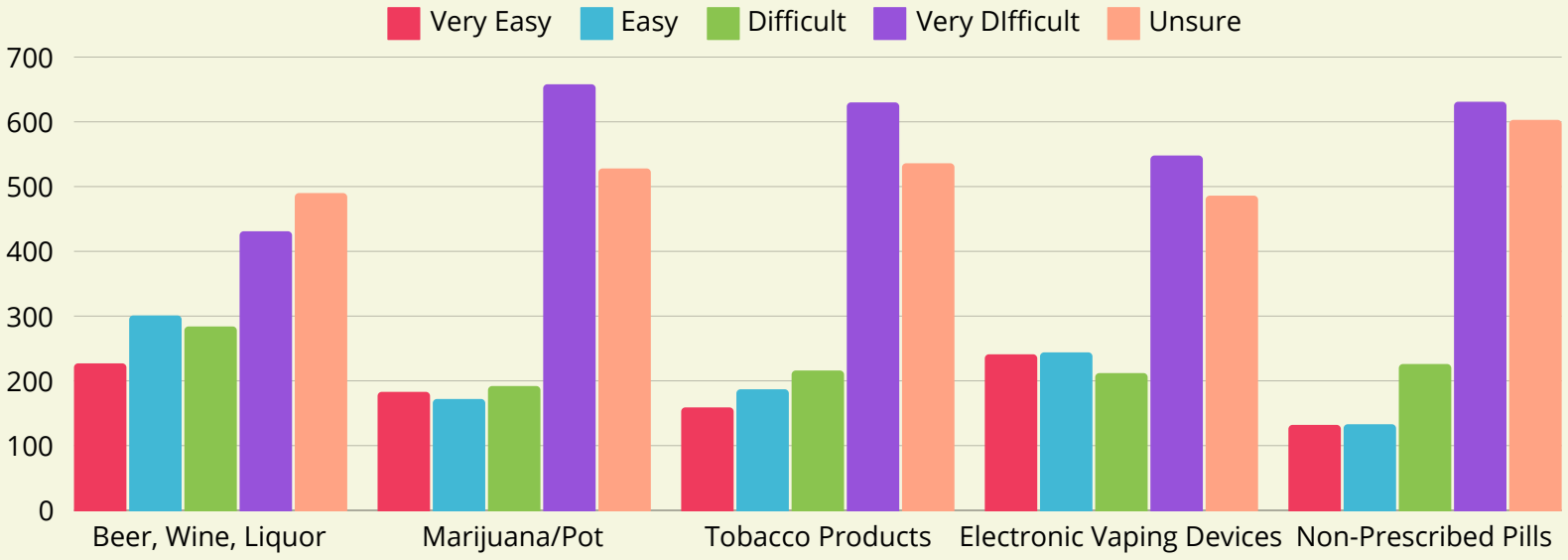
SUBSTANCES

When asked about the most pressing issues facing their peers today, students identified drugs, alcohol, and vaping as the second most significant concern. However, the survey results suggest that students report limited personal involvement with these substances. The assessment included questions regarding the accessibility of these substances and whether students have ever tried or engaged with them.

Have you ever...



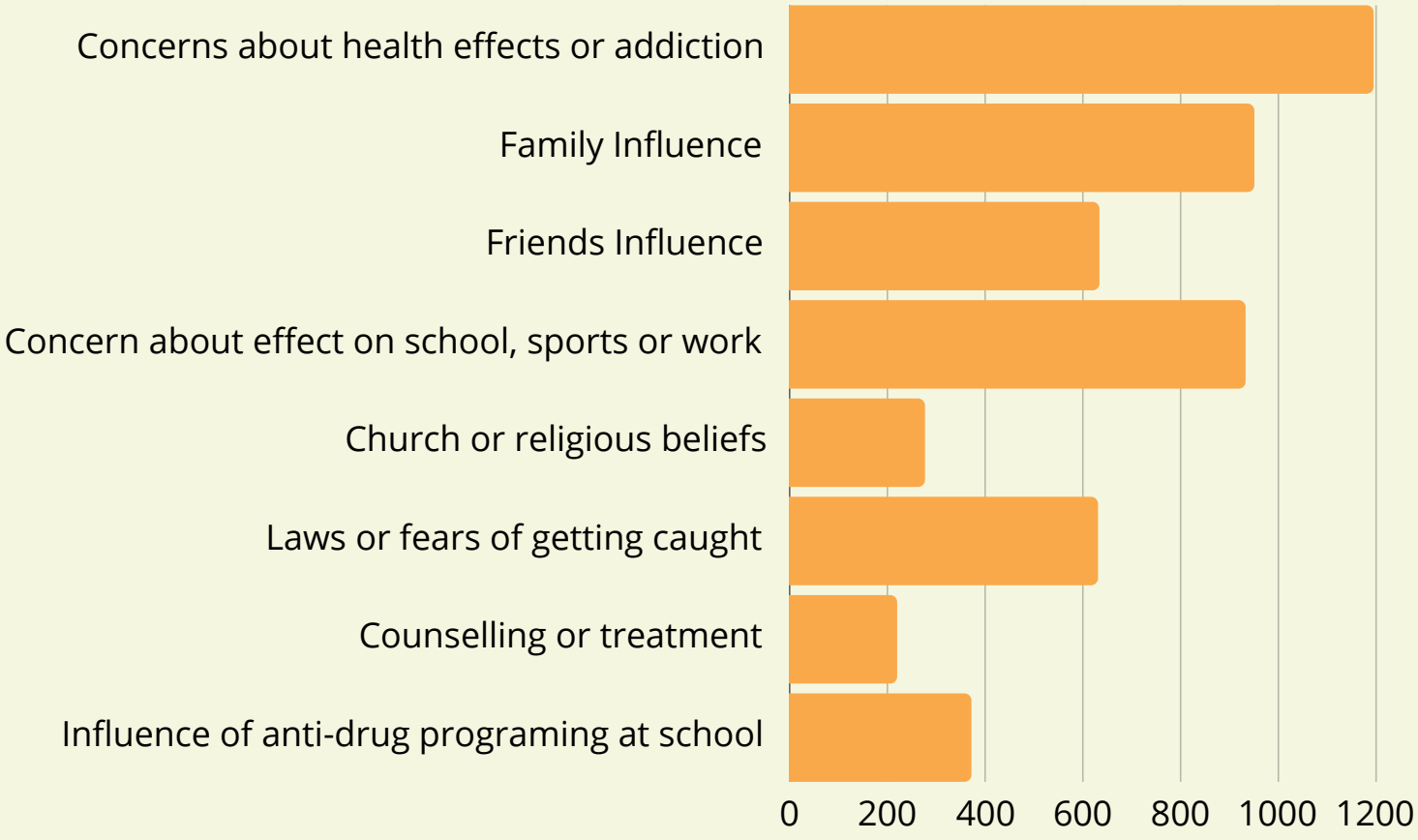
How easy would it be for you to get the following?



STUDENT ATTITUDES TOWARDS SUBSTANCE USE AND IMPLICATIONS FOR HEALTH EDUCATION

The survey results reveal that most students are motivated to avoid substances, with many expressing concerns about the health effects of drug and alcohol use. ***This indicates a need to focus more on educating students about these health risks and allocating additional resources to effectively communicate the potential dangers associated with substance use.***

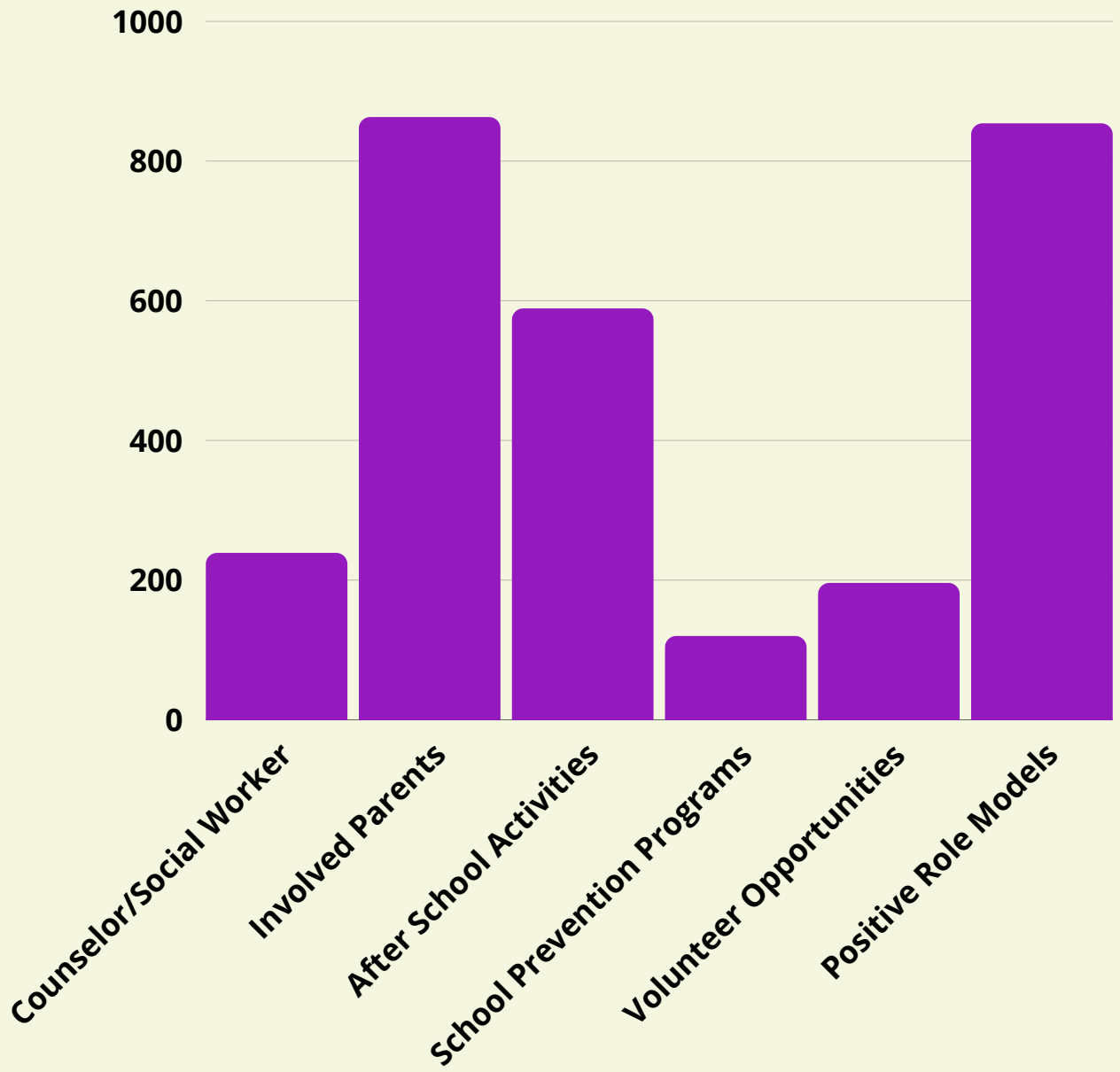
Influences Preventing Substance Use:



FACTORS PREVENTING ENGAGEMENT IN NEGATIVE OR ILLEGAL ACTIVITIES

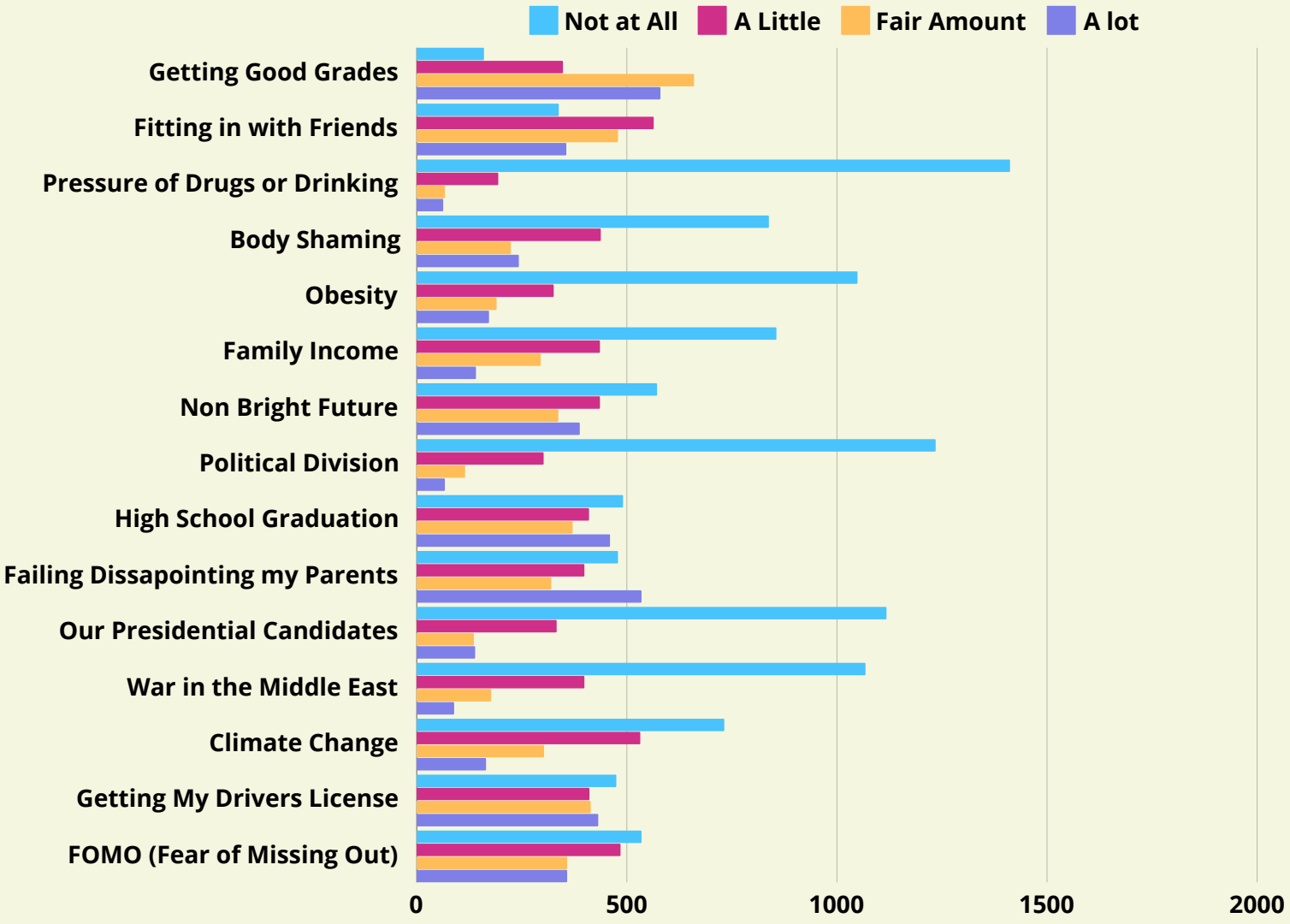
In addition to having positive influences regarding substance use, we also explored what deters students from engaging in general negative or illegal activities. The majority of students indicated that ***positive role models, as well as guidance from parents or family, are key factors that help them stay on a constructive path.***

Positive influences



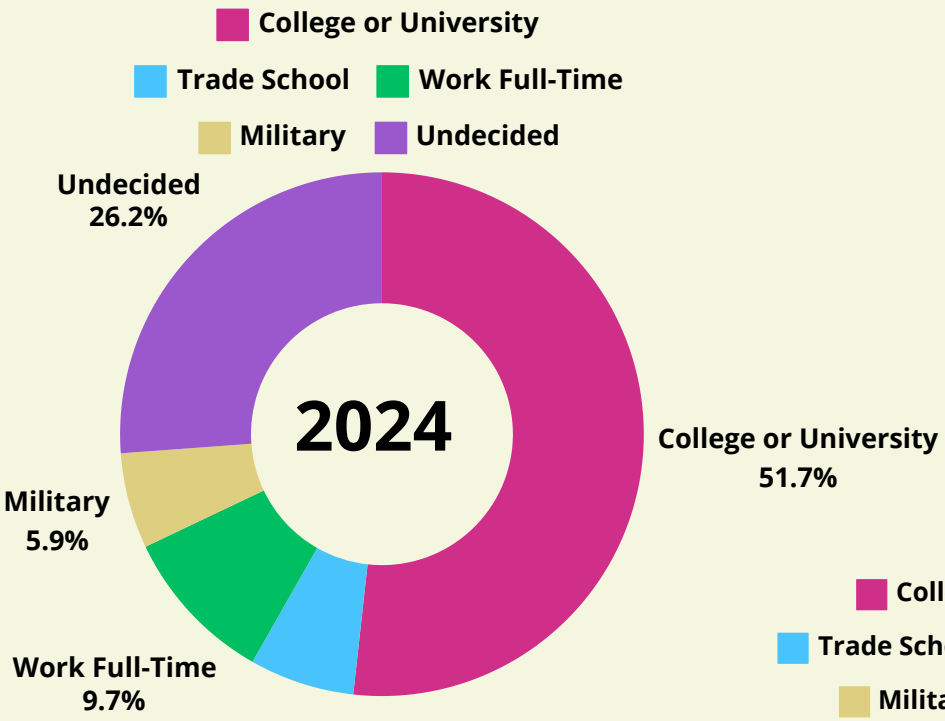
STUDENT PRIORITIES AND CONCERNS

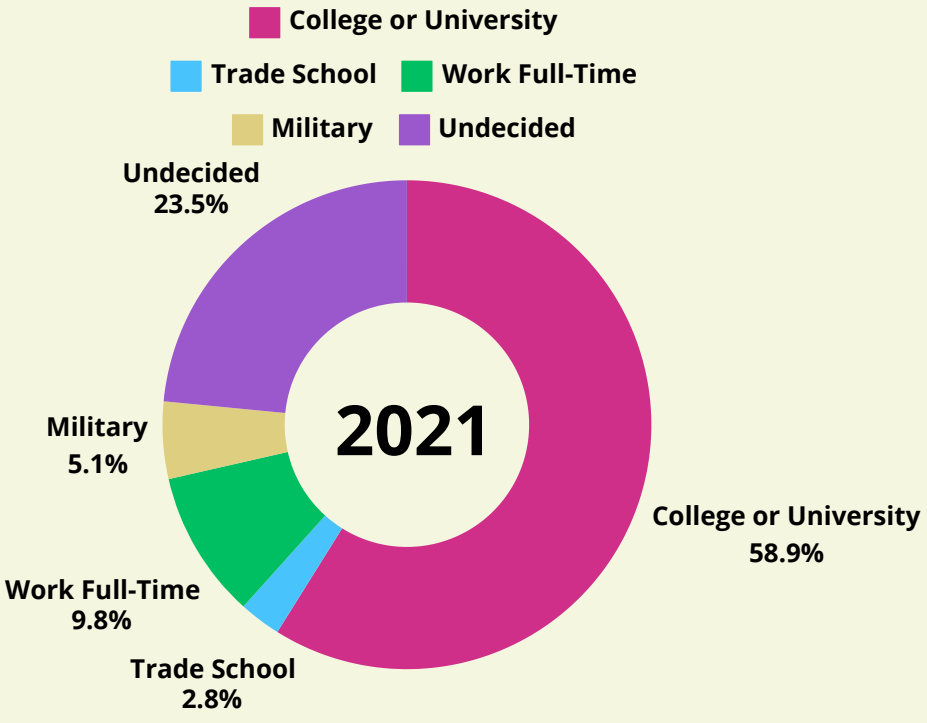
When asked about their main concerns, many students indicated that ***achieving good grades is their top priority.*** In contrast, they expressed relatively less concern about issues such as pressure to use drugs or drink alcohol, and political division.



FUTURE ASPIRATIONS AND CAREER GOALS

As students contemplate their futures, many have questions about their career paths and life goals. To better align youth programming with their needs, we asked students about their plans after high school and their long-term career aspirations. Over 50% of students intend to pursue college education, an 8% decrease from the 2021 survey. Meanwhile, ***interest in vocational trades has notably increased. Additionally, the survey highlighted that nursing and teaching are among the most popular career choices among students.***

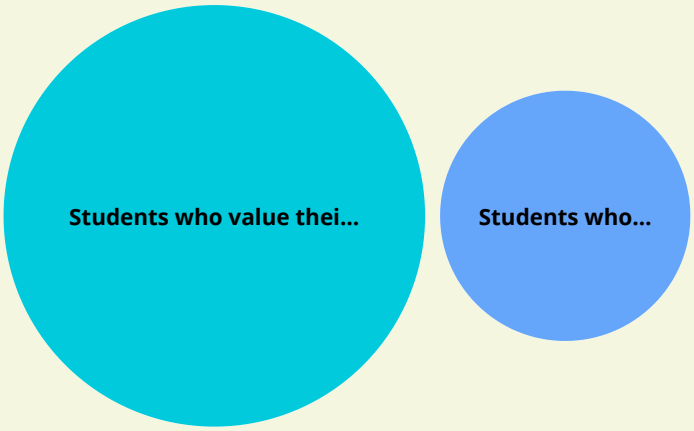




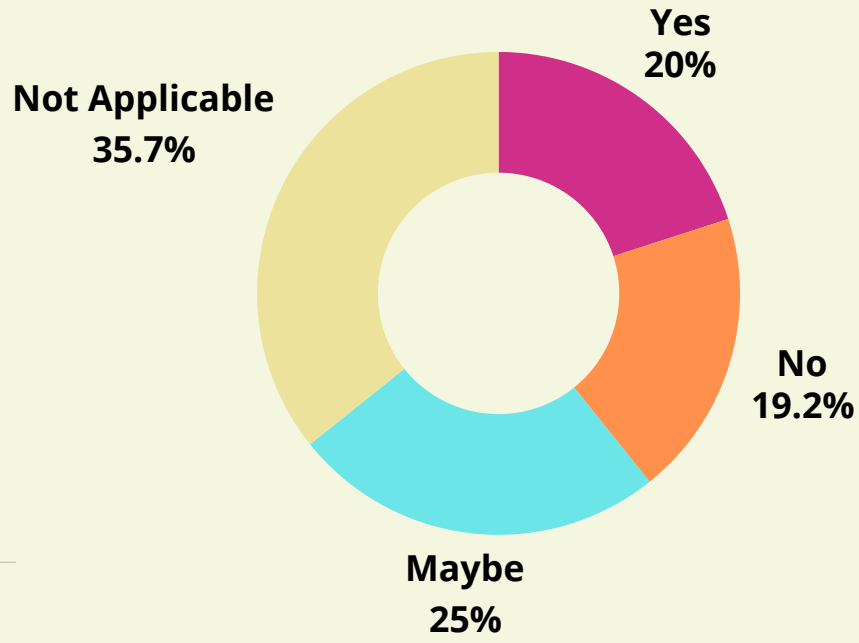
STUDENT ENGAGEMENT WITH ACADEMICS

We focused on understanding students' motivation and commitment to their academic pursuits. To assess this, we inquired about their concern for grades, plans to take college entrance exams, and the amount of time spent on schoolwork outside of regular hours. Overall, while students in St. Lawrence County demonstrate a strong concern for their grades, only a small percentage indicated plans to take a college entrance exam.

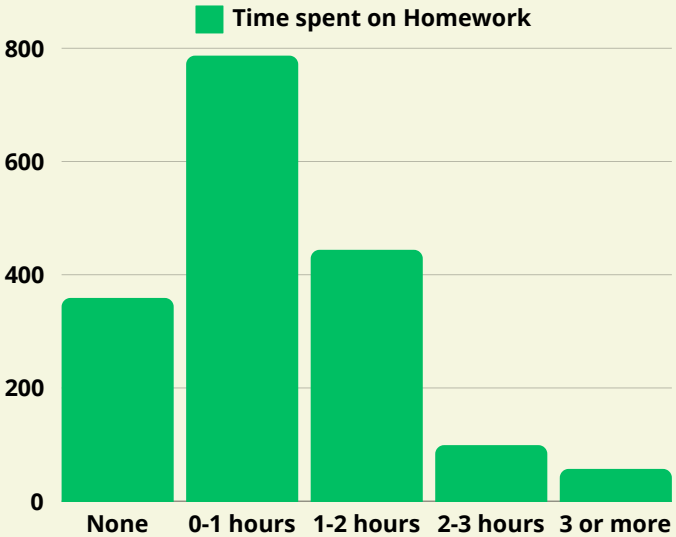
74% Students Value Their Grades



College Entrance Exams (ACT & SAT)



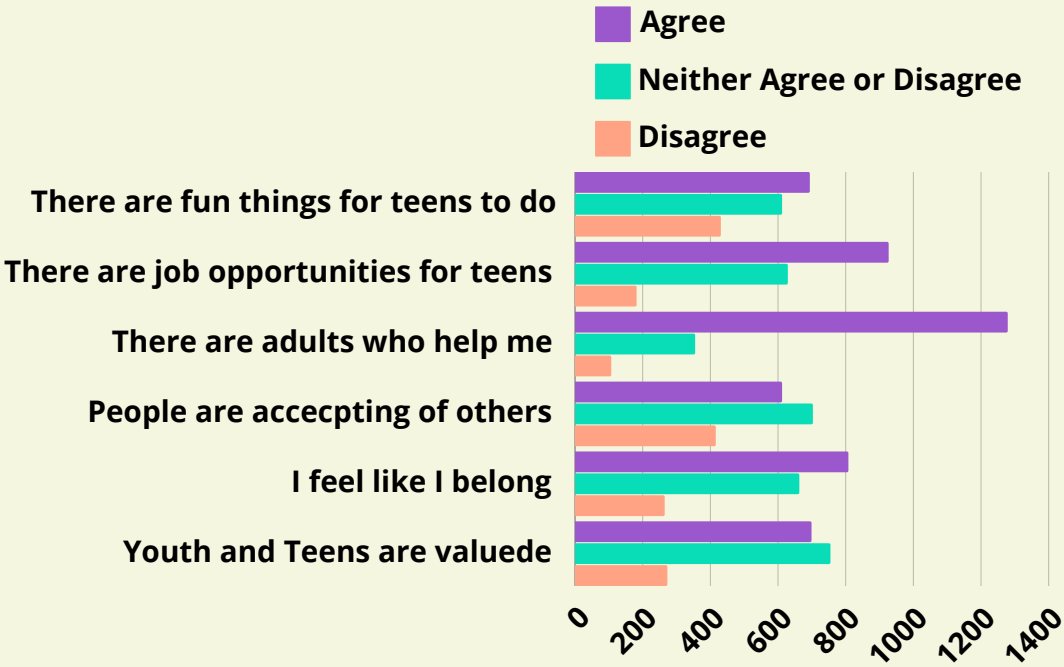
Homework (Time outside of school)



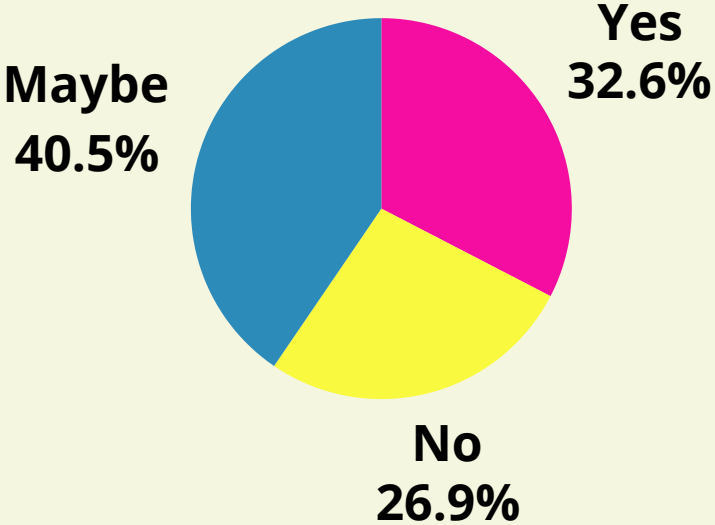
FUTURE OUTLOOK AND COMMUNITY ENGAGEMENT

The local youth represent the future of our North Country community, making it crucial to understand their perspectives and future plans. ***Overall, teens feel that they have supportive adults in their community, with nearly 33% expressing contentment with the idea of living here as adults.*** However, only 15% of students plan to seek employment in St. Lawrence County after completing college.

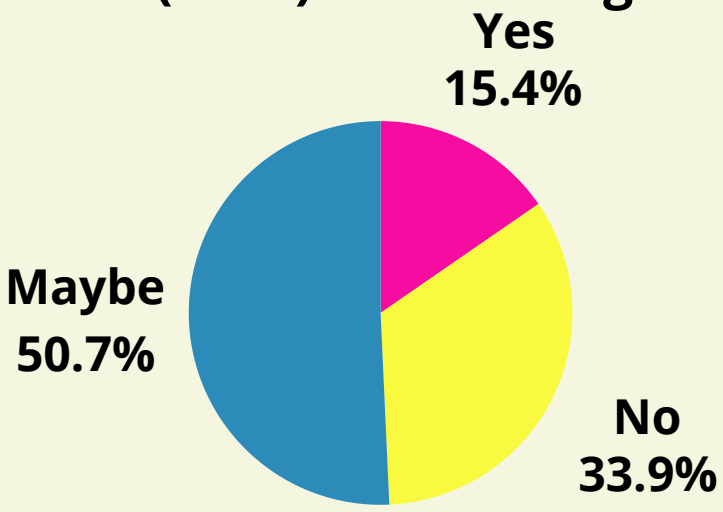
Teens in their Community



Teens living in St. Lawrence County as Adults:



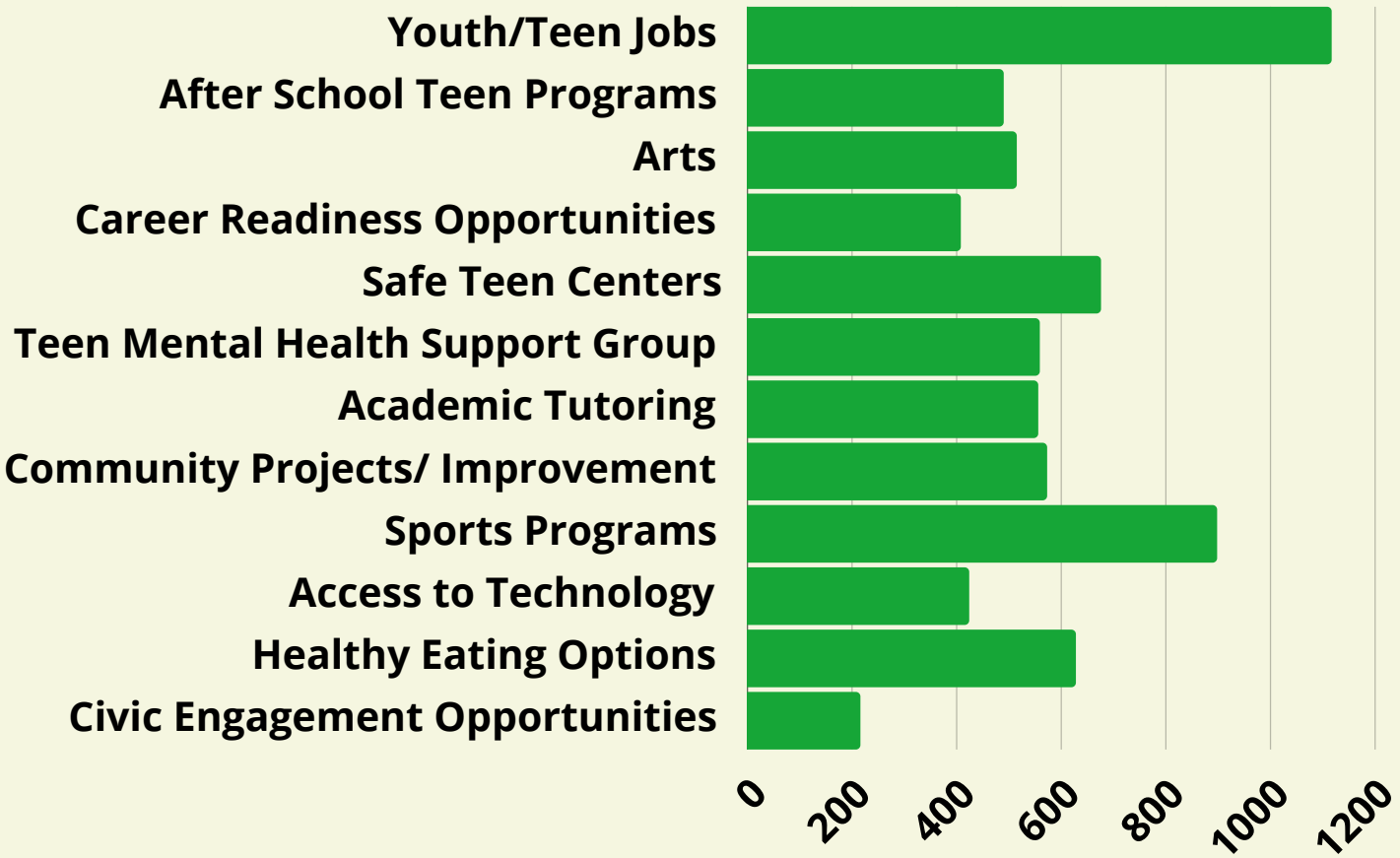
Seeking Employment (here) after College:



DESIRED COMMUNITY PROGRAMS FOR YOUTH

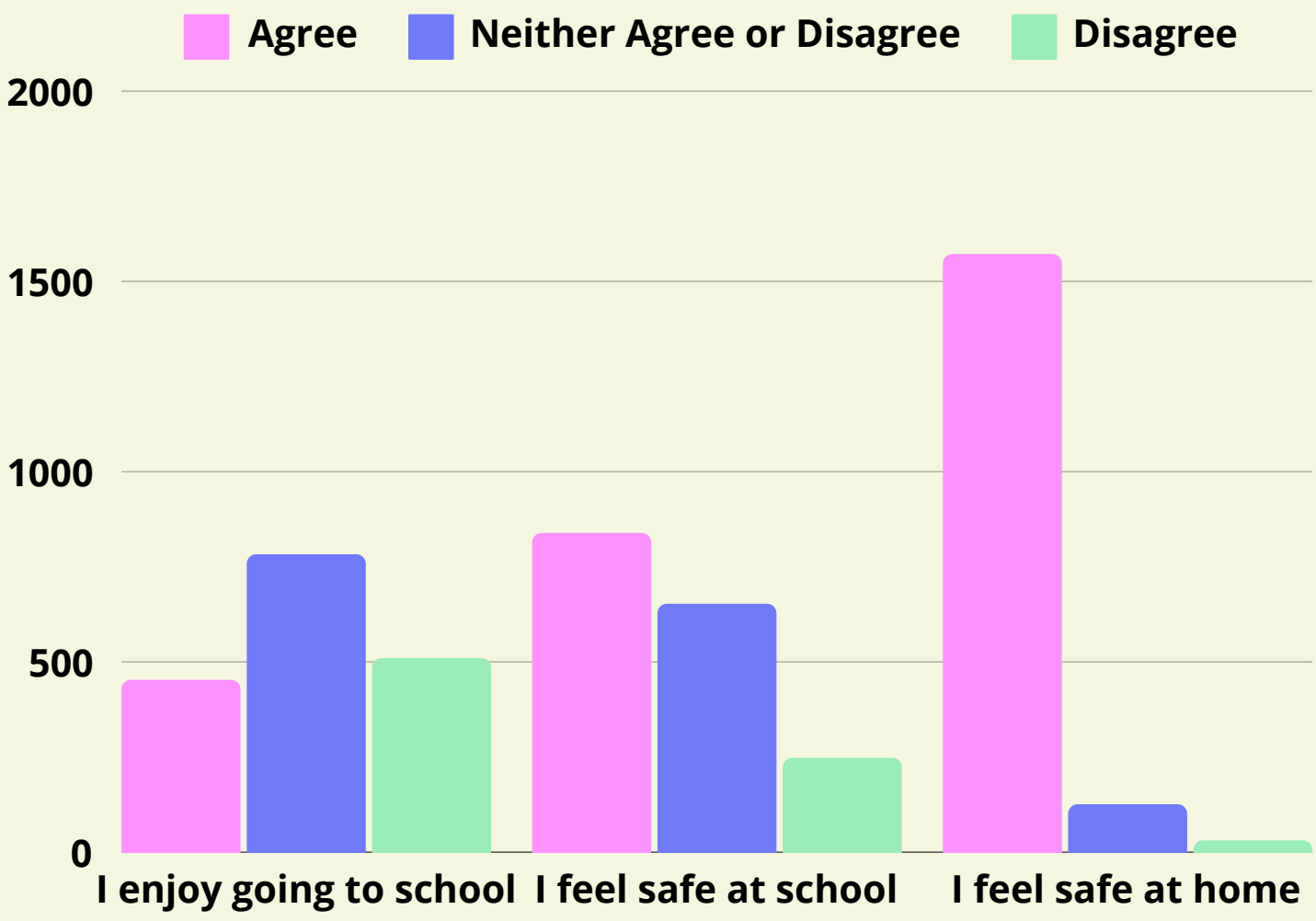
The survey also asked students about the types of programs they would like to see implemented in their community. The responses predominantly focused on informational and health-related topics. ***Students expressed the greatest interest in increasing the availability of youth job opportunities and expanding sports programs within their communities.***

Community Programs



STUDENT PERCEPTION OF SAFETY AT HOME & SCHOOL

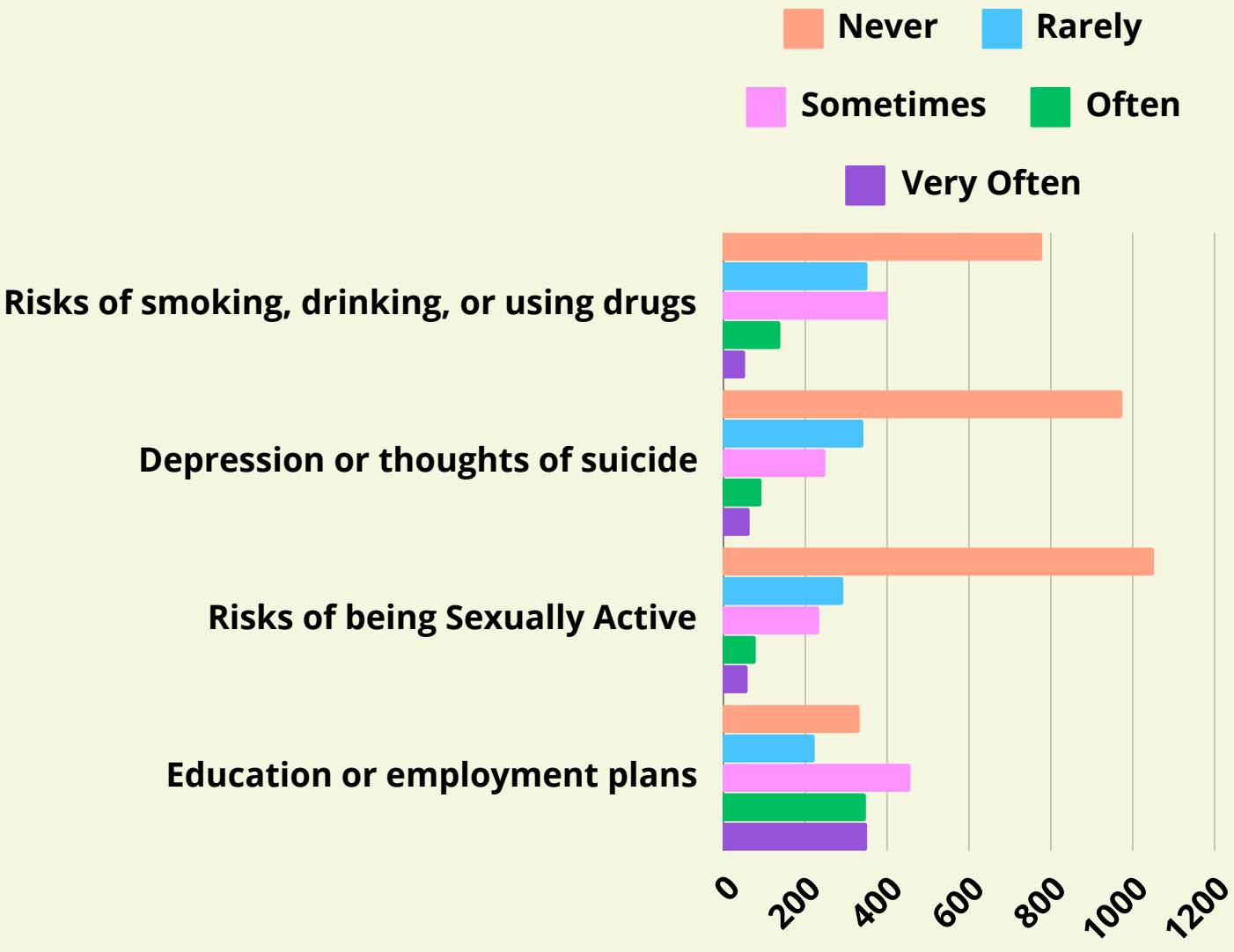
School-related pressures can significantly impact students' stress levels and their overall perception of the school environment. High levels of stress and negative experiences at school may contribute to feelings of unsafety. Additionally, a student's home life plays a crucial role in influencing their behavior and stress levels. To better understand students' feelings of safety, we asked them to respond to statements regarding their sense of security both at home and within their school environment.



COMMUNICATION GAPS

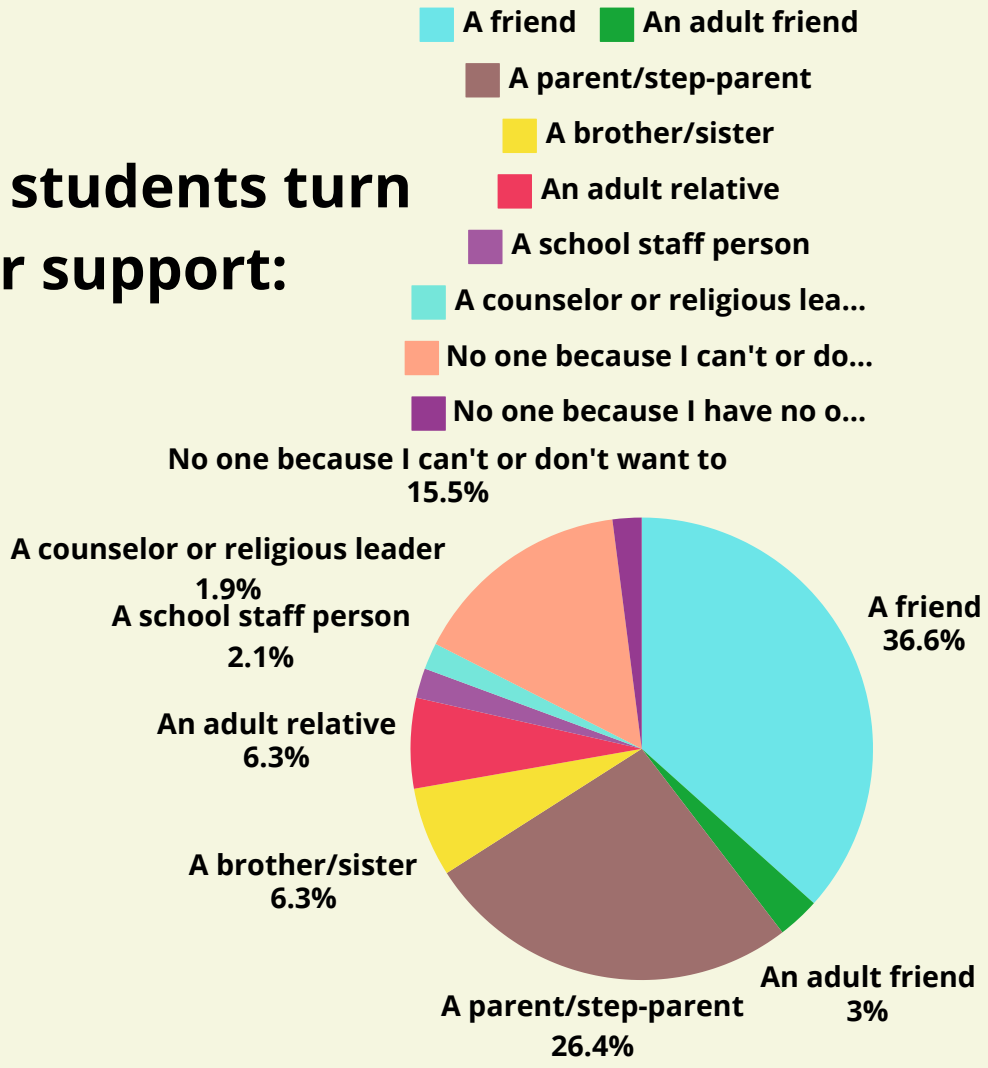
The data reveals that students primarily rely on their parents and role models to help them avoid trouble. ***However, discussions about critical topics such as substances, depression, and sexual activity are often absent from these conversations at home. The majority of teens have not engaged in discussions with their families about these important issues.***

How often have you talked about the following topics with a parent or someone you live with in the past year?



SUPPORT SYSTEMS AND STUDENT HELP-SEEKING BEHAVIOR

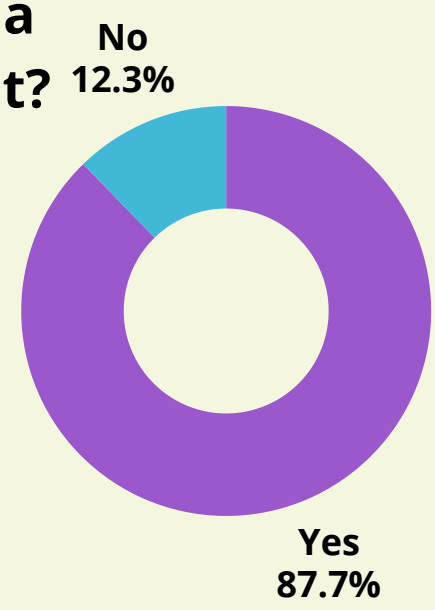
Who students turn to for support:



When facing problems or struggles, students often lack a clear idea of where to seek assistance. According to our survey, ***over 36% of students would initially turn to a friend for support, while nearly 20% prefer to handle their issues independently.***

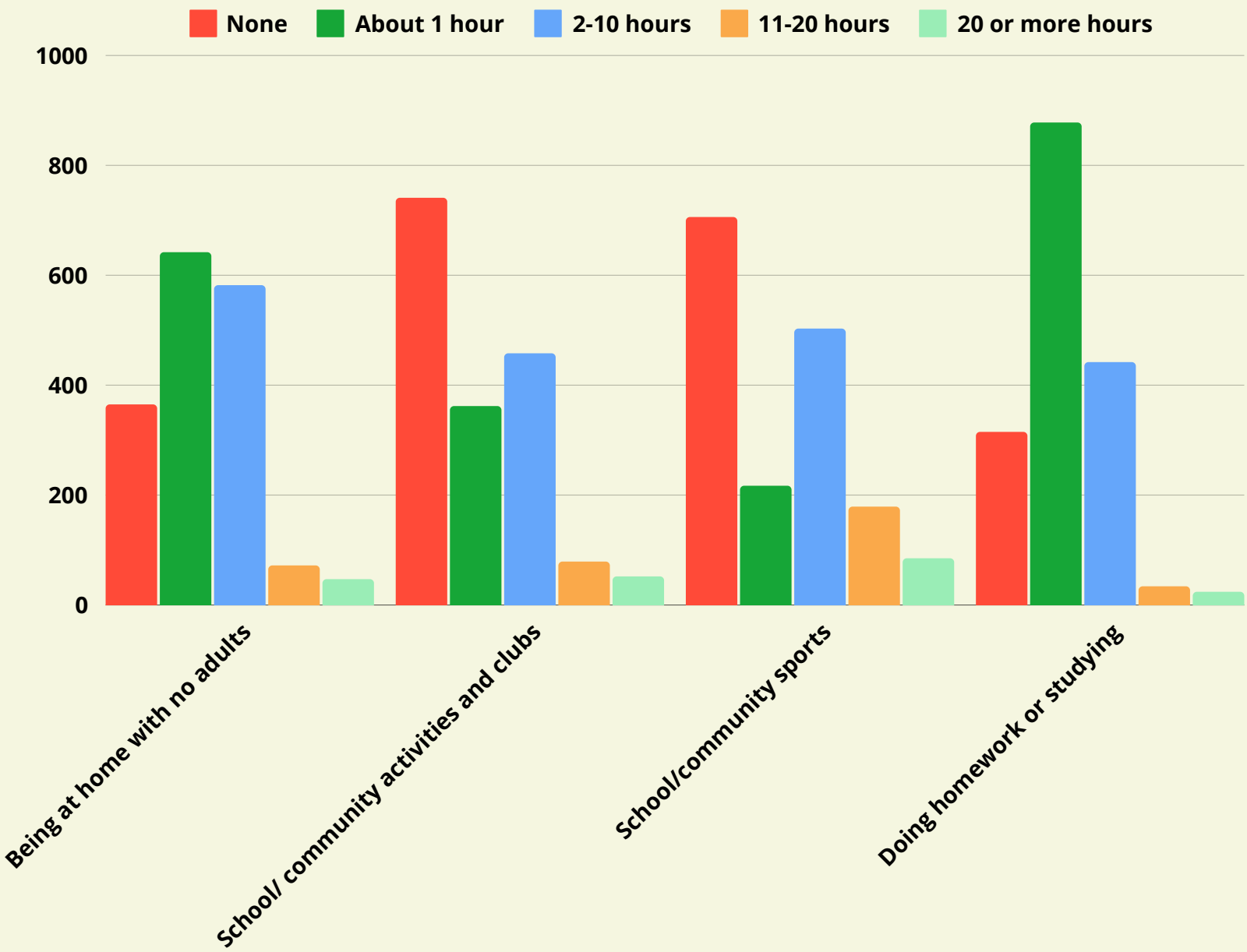
Additionally, 209 students reported not having a trusted adult to turn to for help when needed.

Do you have a Trusted Adult?



STUDENT PERSONAL TIME

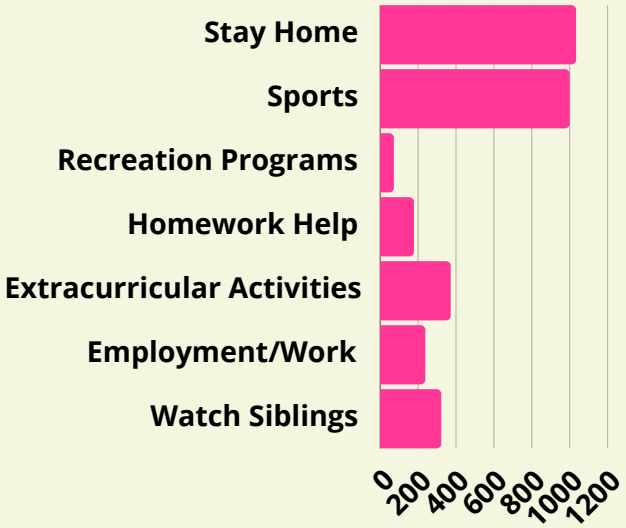
Students spend considerable time connected through their devices, but balancing screen time with other activities remains important. To better allocate resources and support popular programs, the Youth Bureau investigated how students spend their time beyond their phones. Understanding these activities helps us ensure that we fund programs that align with students' interests and needs.



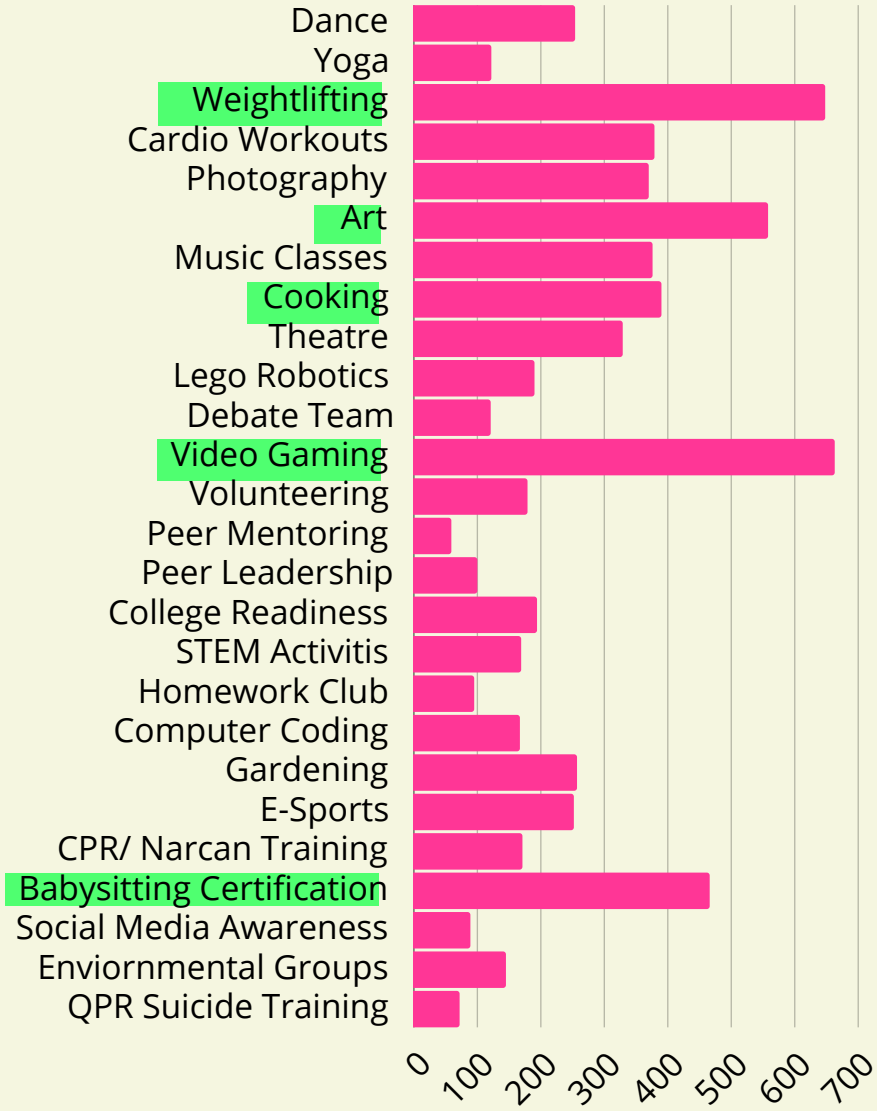
STUDENT INTERESTS BEYOND DIGITAL ACTIVITIES

Students have diverse interests outside of the digital realm. Many reported spending after-school time at home or playing sports. When asked about additional programs they would be interested in, students most frequently cited weightlifting, art, cooking classes, video gaming, and babysitting certification as their top choices.

Current After-School Activities:



Student Programming Interests:



SUMMARY

Key Findings

Mental Health Concerns

Mental health emerged as a significant issue among teens, with a majority reporting past or current struggles with anxiety. There is a notable stigma surrounding mental health, which may deter students from seeking help. The need for effective mental health education and support is evident.

Academic Pressure and Screen Time

Students express high concern for their academic performance, yet a decreasing number plan to take college entrance exams. Excessive screen time, particularly on social media, may be affecting sleep patterns, with less than half of the students meeting the recommended sleep duration.

Support Systems

While students rely on parents and role models for guidance, many do not discuss critical issues such as substance use, depression, or sexual activity with their families. Additionally, a significant portion of students feel they lack a trusted adult to turn to during times of need.

Future Aspirations and Career Goals

Most students aim to attend college, though interest in vocational trades is rising. Nursing and teaching are among the most desired career paths. However, there is a low intention to seek employment within the county after graduation.

Desired Community Programs

Students have expressed interest in expanding youth job opportunities and sports programs in their communities. Weightlifting, art, cooking classes, video gaming, and babysitting certification are among the top program interests identified.

Overall, these findings underscore the importance of addressing mental health, enhancing academic support, improving family communication, and aligning community programs with students' interests and future goals.

RECOMMENDATIONS FOR YOUTH-SERVING PROGRAMS AND ORGANIZATIONS

Enhance Mental Health Support

- **Develop and Promote Mental Health Programs**
  - Create and implement programs focused on mental health education, coping strategies, and reducing stigma. Collaborate with mental health professionals to provide workshops and resources in schools and community centers.
- **Increase Access to Counseling Services**
  - Ensure that students have easy access to counseling services and encourage open discussions about mental health in school settings and community programs.

Address Academic and Screen Time Challenges

- **Support Academic Preparedness**
  - Offer workshops and resources to help students prepare for college entrance exams and manage academic stress. Provide guidance on effective study habits and time management.
- **Promote Healthy Screen Time Habits**
  - Educate students and parents about the impact of excessive screen time on sleep and well-being. Introduce programs that encourage balanced use of technology and promote offline activities.

Strengthen Support Systems

- **Foster Family Engagement**
  - Develop initiatives to encourage families to engage in open conversations about important topics such as substance use, mental health, and career planning. Offer family counseling and educational sessions to support these discussions.
- **Build Trustworthy Relationships**
  - Create mentorship programs that connect students with trusted adults in the community. These relationships can provide additional support and guidance for students navigating personal and academic challenges.

RECOMMENDATIONS FOR YOUTH-SERVING PROGRAMS AND ORGANIZATIONS CONTINUED

Align Programs with Future Goals and Interests

- **Expand Vocational and Career Programs**
  - Increase the availability of vocational training and career exploration opportunities, particularly in fields of high interest such as nursing and teaching. Partner with local businesses and educational institutions to offer internships and apprenticeships.
- **Invest in Popular Extracurricular Activities**
  - Allocate resources to programs that align with student interests, such as weightlifting, art, cooking classes, and video gaming. Ensure that these programs are accessible and well-funded to meet the growing demand.

Enhance Community Engagement

- **Improve Youth Job Opportunities**
  - Work with local employers to create more job opportunities for youth, especially those interested in gaining work experience while still in school. Develop job placement and training programs to support this effort.
- **Expand Sports and Recreation**
  - Increase investment in sports programs and recreational activities to provide students with constructive and engaging alternatives to screen time. Focus on building facilities and organizing events that encourage physical activity and team participation.

By implementing these recommendations, youth-serving programs and organizations can better address the needs and aspirations of students, fostering a supportive environment that promotes their overall well-being and future success.

St. Lawrence County, New York
Youth Bureau

Ph: 315-379-9464
Fx: 315-386-8636

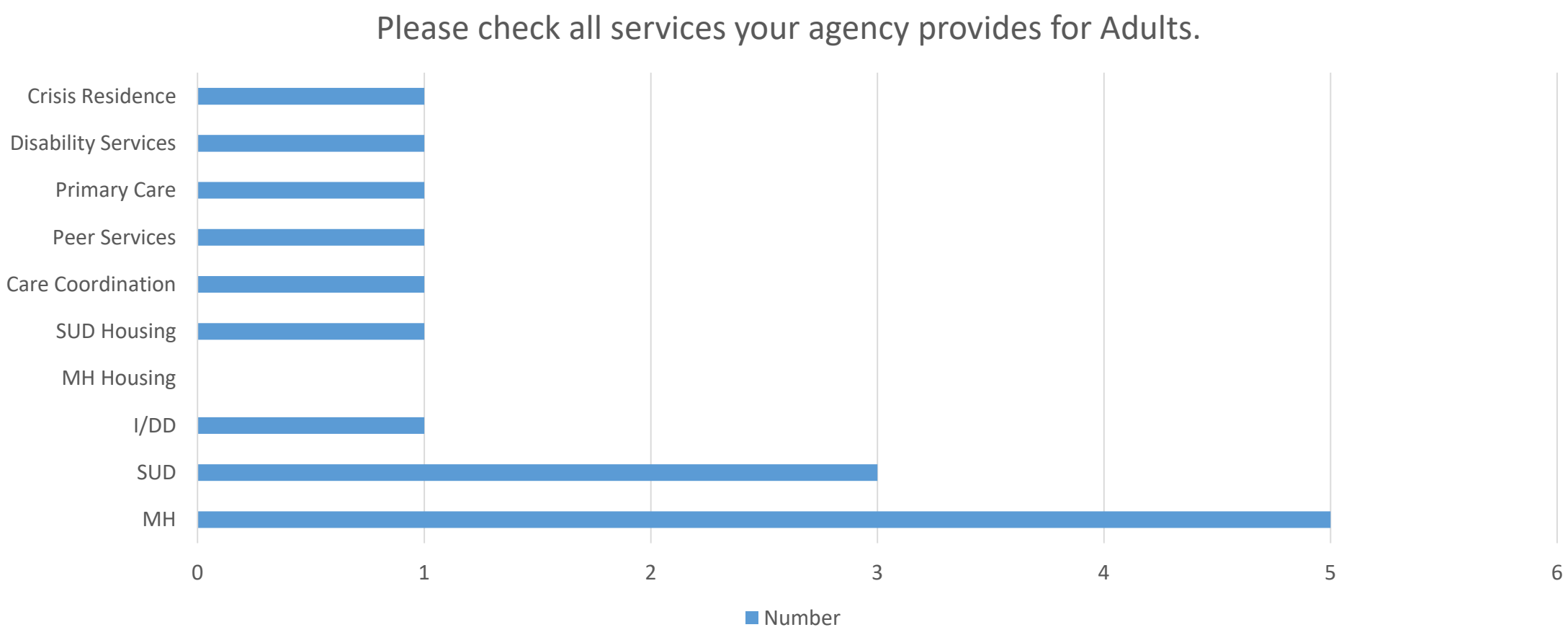
AChase@stlawco.gov
RZuhlsdorf@stlawco.gov

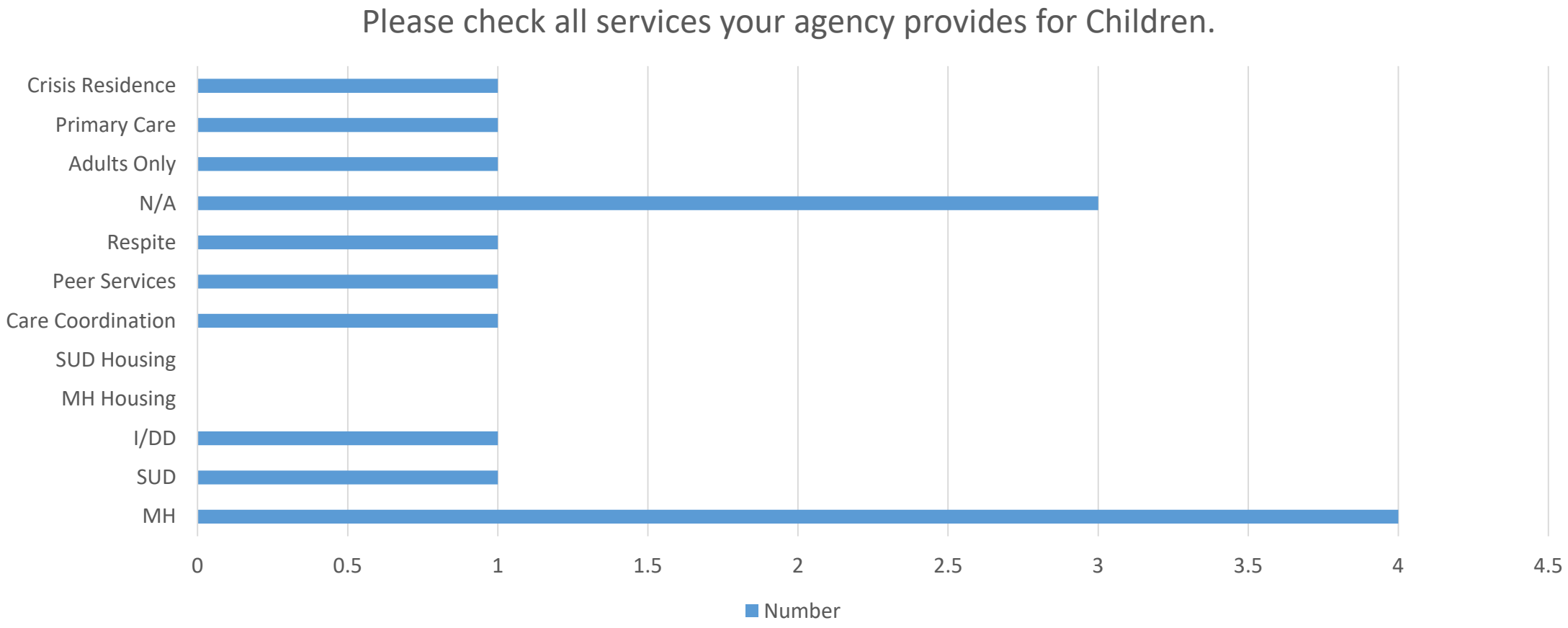
St. Lawrence County Youth Bureau

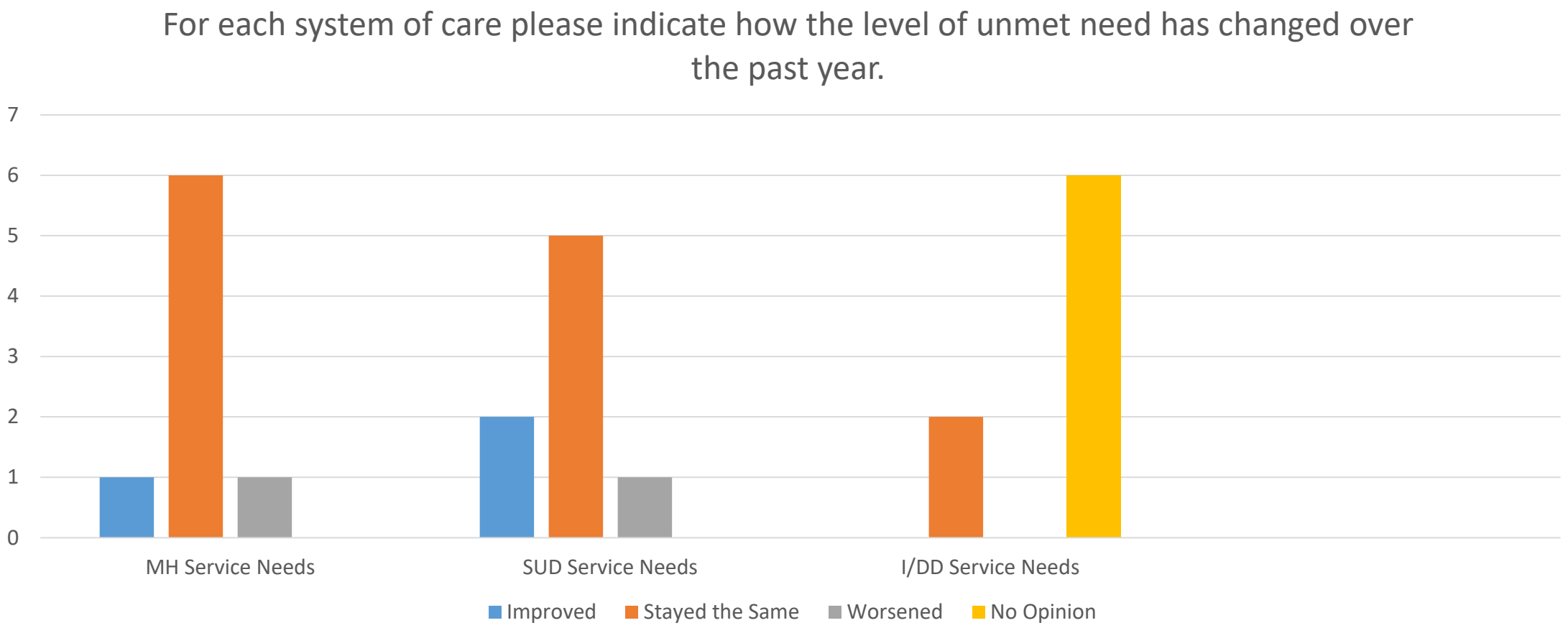
Alexa Backus Chase, Youth Bureau Director
Rebekah Zuhlsdorf, Youth Bureau Secretary

https://stlawco.gov/Departments/YouthBureau

2025 SLC CS LSP Provider Survey Results


Please check all services your agency provides for Adults.
Crisis Residence
Disability Services
Primary Care
Peer Services
Care Coordination
SUD Housing
MH Housing
I/DD
SUD
MH
0
1
2
3
4
5
6
Number


Please check all services your agency provides for Children.
Crisis Residence
Primary Care
Adults Only
N/A
Respite
Peer Services
Care Coordination
SUD Housing
MH Housing
I/DD
SUD
MH
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
Number


For each system of care please indicate how the level of unmet need has changed over the past year.
7
6
5
4
3
2
1
0
MH Service Needs
SUD Service Needs
I/DD Service Needs
Improved
Stayed the Same
Worsened
No Opinion

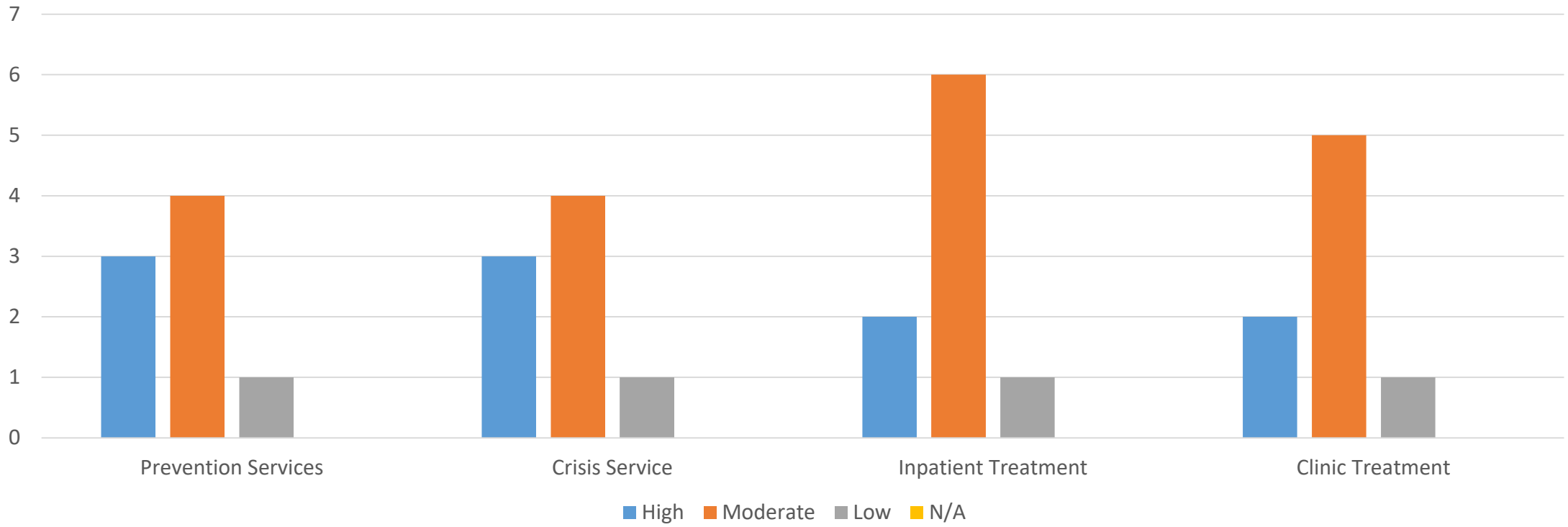
If you indicated there has been a change over the past year to level of unmet need for **mental health services**, please provide specific examples and explanations.

- “We are receiving far more applications for services and have had a fairly steady wait list of about 20 or more patients for the past year.”
- “because I indicated "same" doesn't mean there should not be improvement; still time barriers for appointments and some seen only every other or every three weeks and many cancellations. It also appears that group therapy has disappeared?”
- “There needs to be more services for mental health, wait times can be long to see providers.”

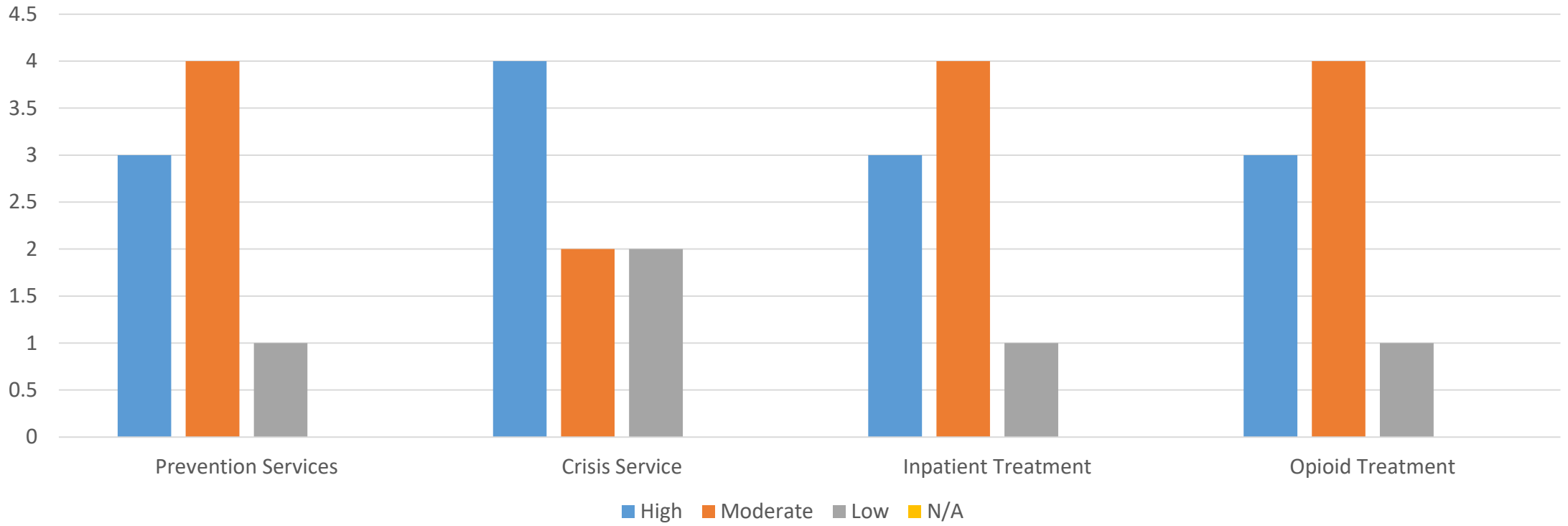
If you indicated there has been a change over the past year to level of unmet need for **substance use disorder** needs, please provide specific examples and explanations.

- “This past year, more of our newly admitted patients carry SUD diagnoses than last year.”
- “because I indicated "same" doesn't mean that there still aren't issues. There are a number of cancellations of appointments and still a great reliance on tele-health which while very useful in a number of situations cannot completely substitute for one-on-one counseling and group work”

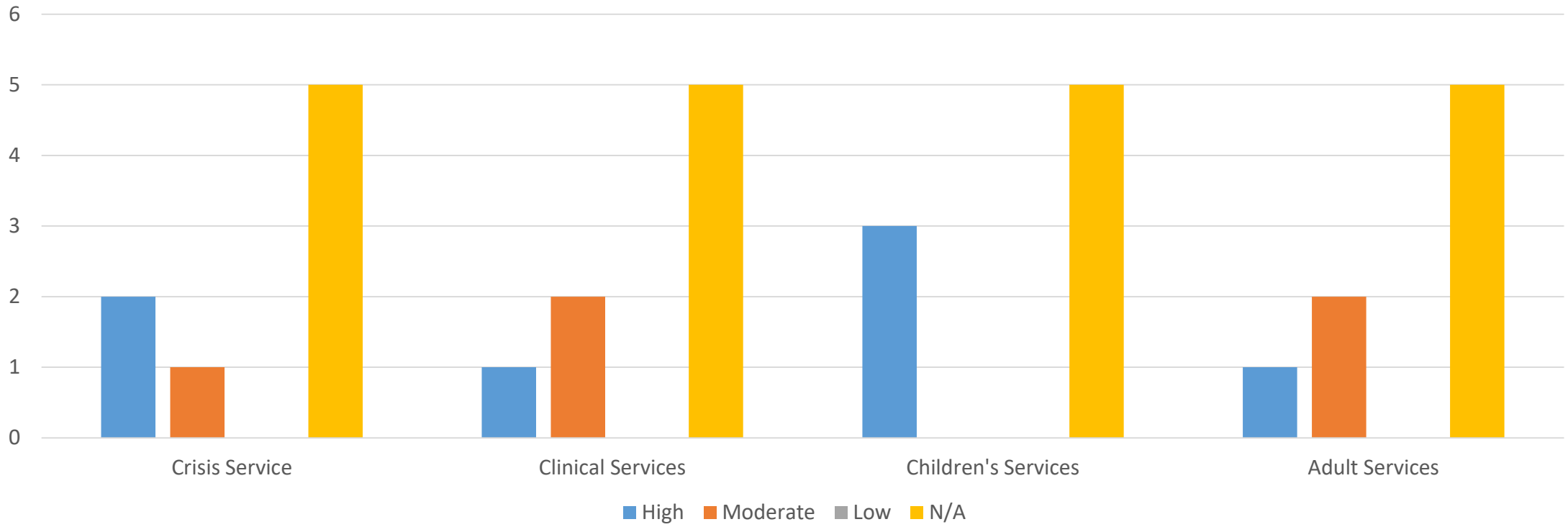
Mental Health Services - Please rate the level of need and/or gaps in the **mental health** system of care in SLC.

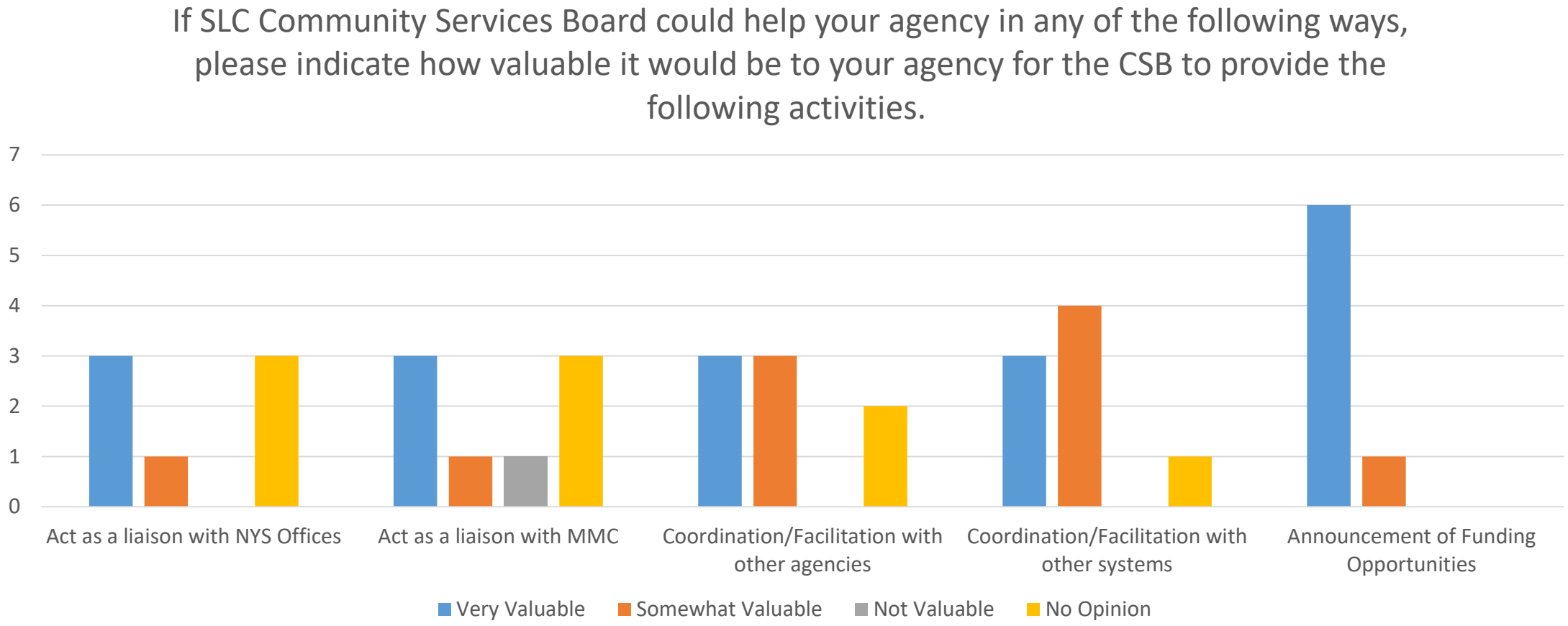


Substance Use Disorder Services - Please rate the level of need and/or gaps in the **substance use disorder** system of care in SLC.



Intellectual/Developmental Disability Services - Please rate the level of need and/or gaps in the **intellectual/developmental disability services** system of care in SLC.




If SLC Community Services Board could help your agency in any of the following ways, please indicate how valuable it would be to your agency for the CSB to provide the following activities.
7
6
5
4
3
2
1
0
Act as a liaison with NYS Offices
Act as a liaison with MMC
Coordination/Facilitation with other agencies
Coordination/Facilitation with other systems
Announcement of Funding Opportunities
Very Valuable
Somewhat Valuable
Not Valuable
No Opinion

What training topics, if any, would you like to have available for your agency?

- Tools to assist persons in recovery from substance abuse or those who want to work towards recovery.
- Co occurring disorders
- Evidence-based therapies with CEU opportunities
- specialty trainings for b/h providers; ie: eating disorders, women's health, autism, etc.
- Any SUD/MH trainings in the area that would benefit our Director or anything on confidentiality regulation updates
- Community resources/services available

What issue(s), if any, could SLC CSB help with regarding advocacy with NYS agencies?

- Added substance abuse inpatient treatment beds and detox beds
- Sustainable funding and work force development
- Advocate to local DOSS to request enhanced Temporary Assistance rate which may assist with housing crisis and transition services. Advocate to DOSS for less barriers to maintain temporary assistance for clients.
- Affordable housing, there needs to be more for the individuals we serve.

This survey will help inform our Local Services Plan for St. Lawrence County. What other issues, challenges, problems, or suggestions would you like to share to help us in this county planning process?

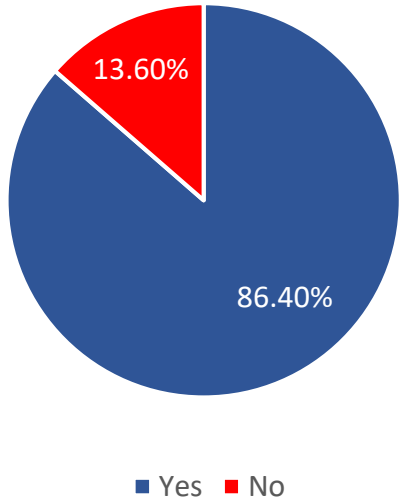
- We have had a very difficult time recruiting licensed mental health professionals in the area. This has made it difficult for us to address the needs in our community, as we frequently have a long wait list. We could also use more support with treating co-occurring disorders versus referring them to dual diagnosis programs (and the lack of integrated treatment/dual diagnosis programs in the area)
- Education regarding the services available in the county, directory of the services available
- In the 40 years that I have been in SLC there have been giant strides made because of the fortitude of the people here. I have no doubt that the next 40 years will see equally giant strides made for those that need the services we provide. We just have to keep on keeping on!
- More services for substance use population locally to include more detox services/residential care facilities
- transportation

Service Recipient Survey

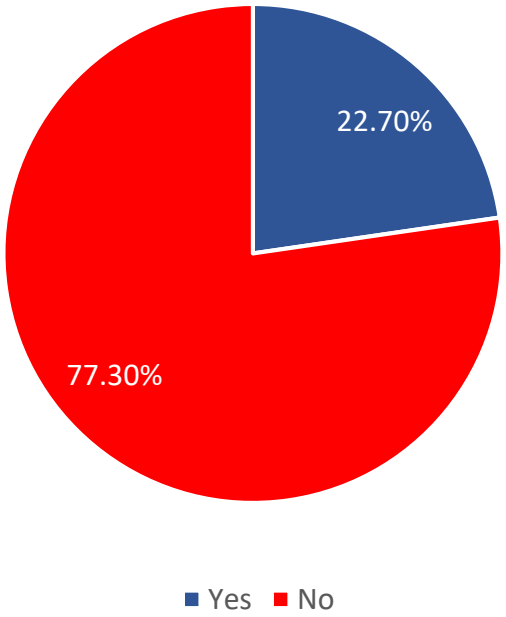
St. Lawrence County 2026 Local Services Plan

44 responses

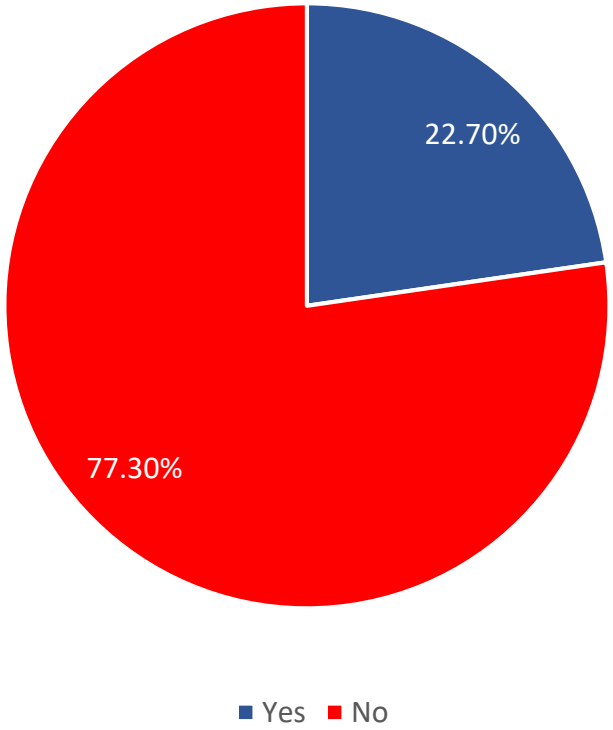
I am currently an individual that is receiving mental health, substance abuse or intellectual/developmental disability services in St. Lawrence County; or not presently, but have received such services in the last 6 months.



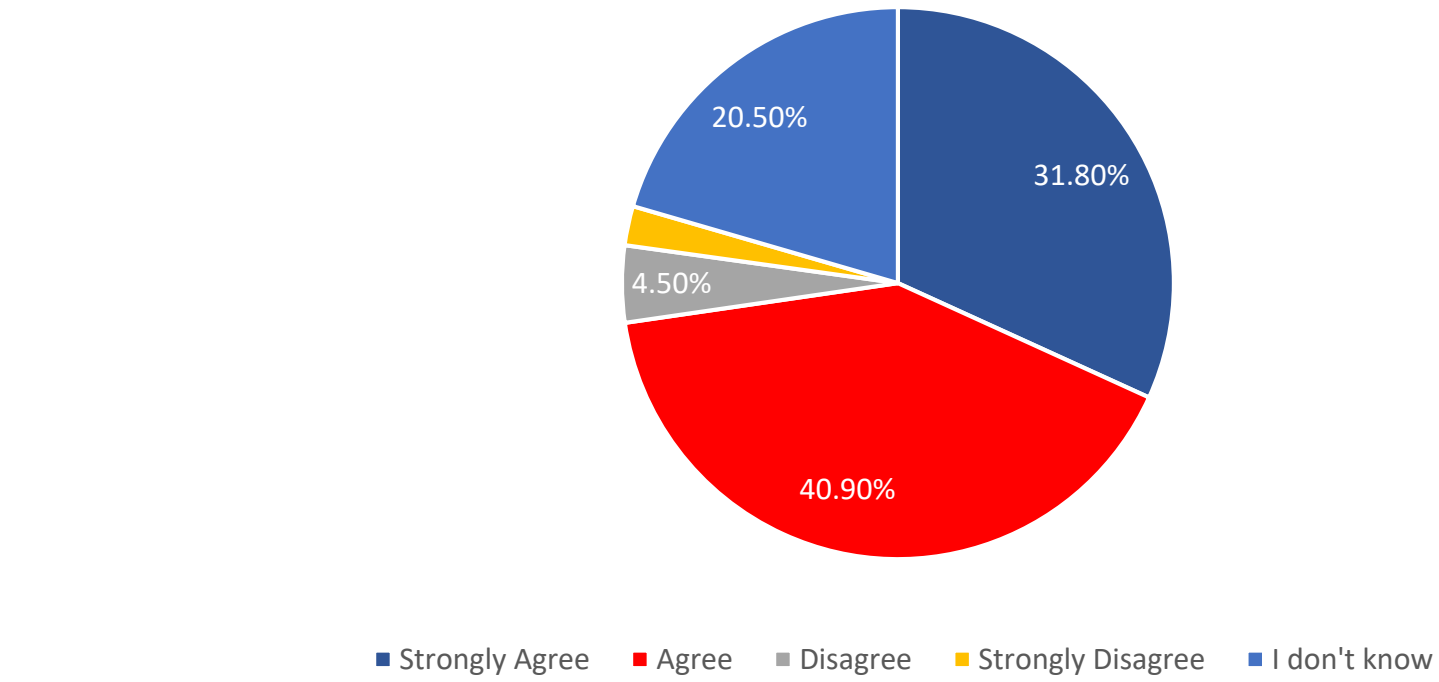
I am currently a guardian of an individual that is receiving mental health, substance abuse or intellectual/developmental disability services in St. Lawrence County; or not presently, but have received such services in the last 6 months.

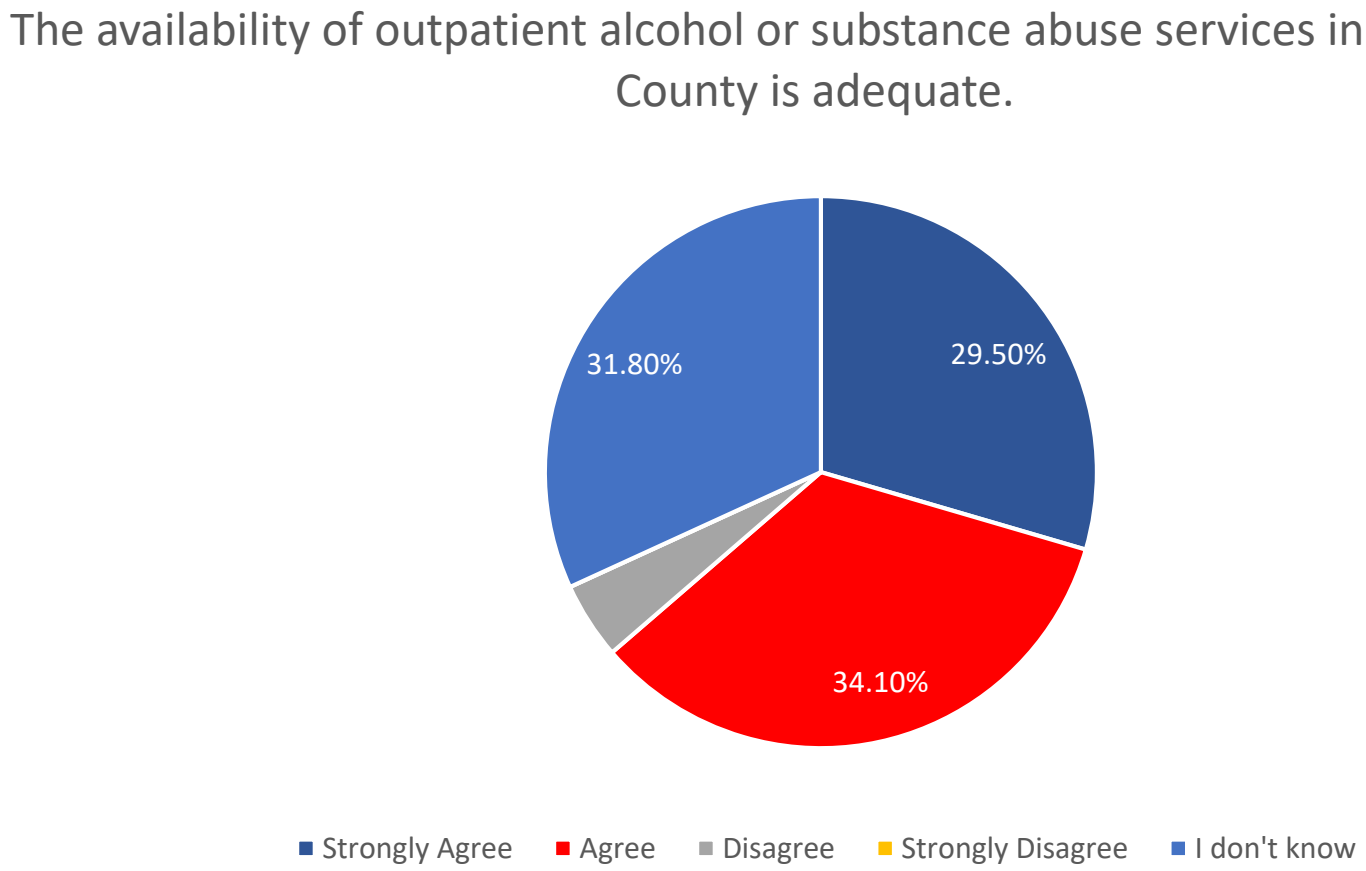


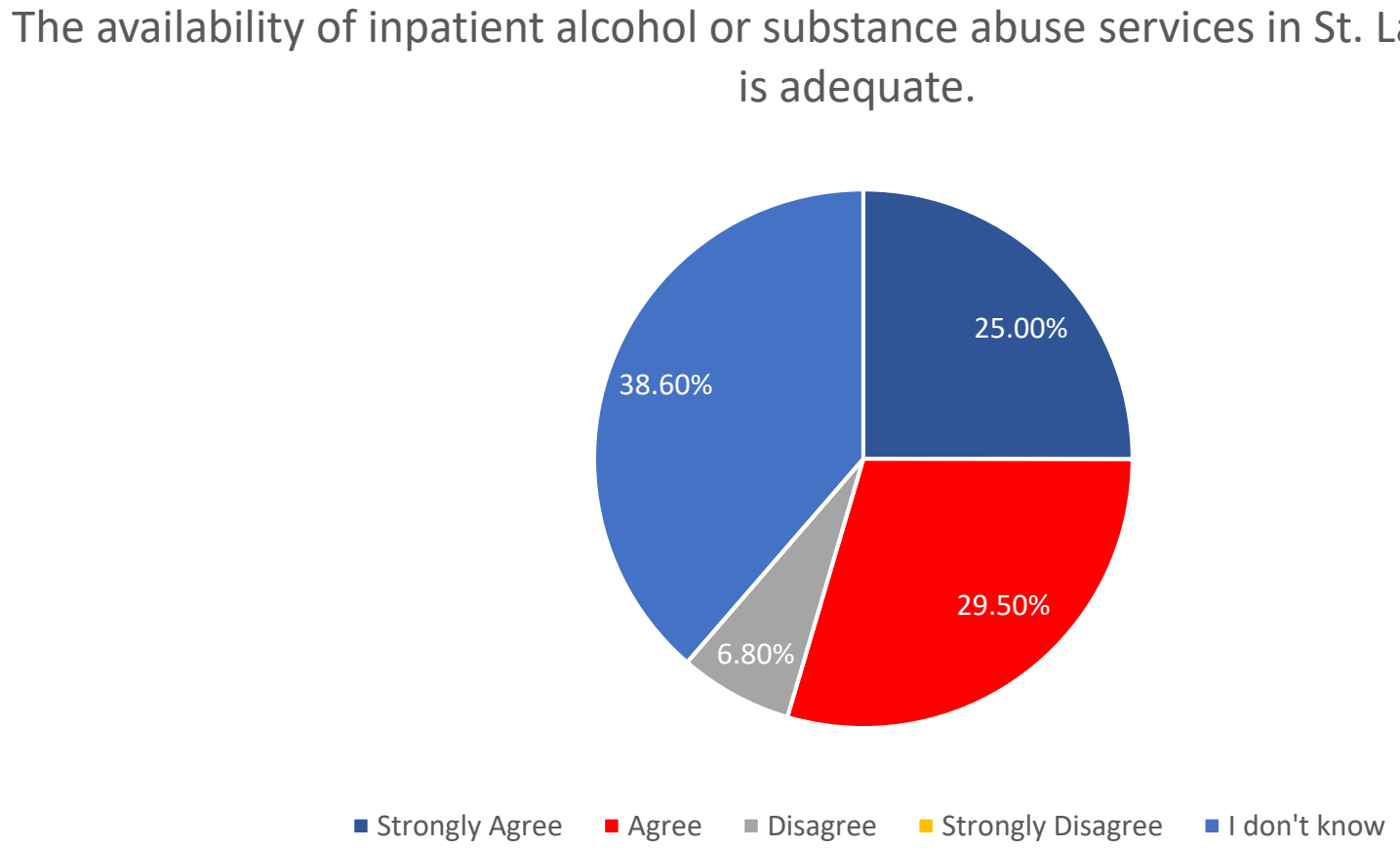
I am enrolled or my dependent is enrolled in a Care Management Agency.

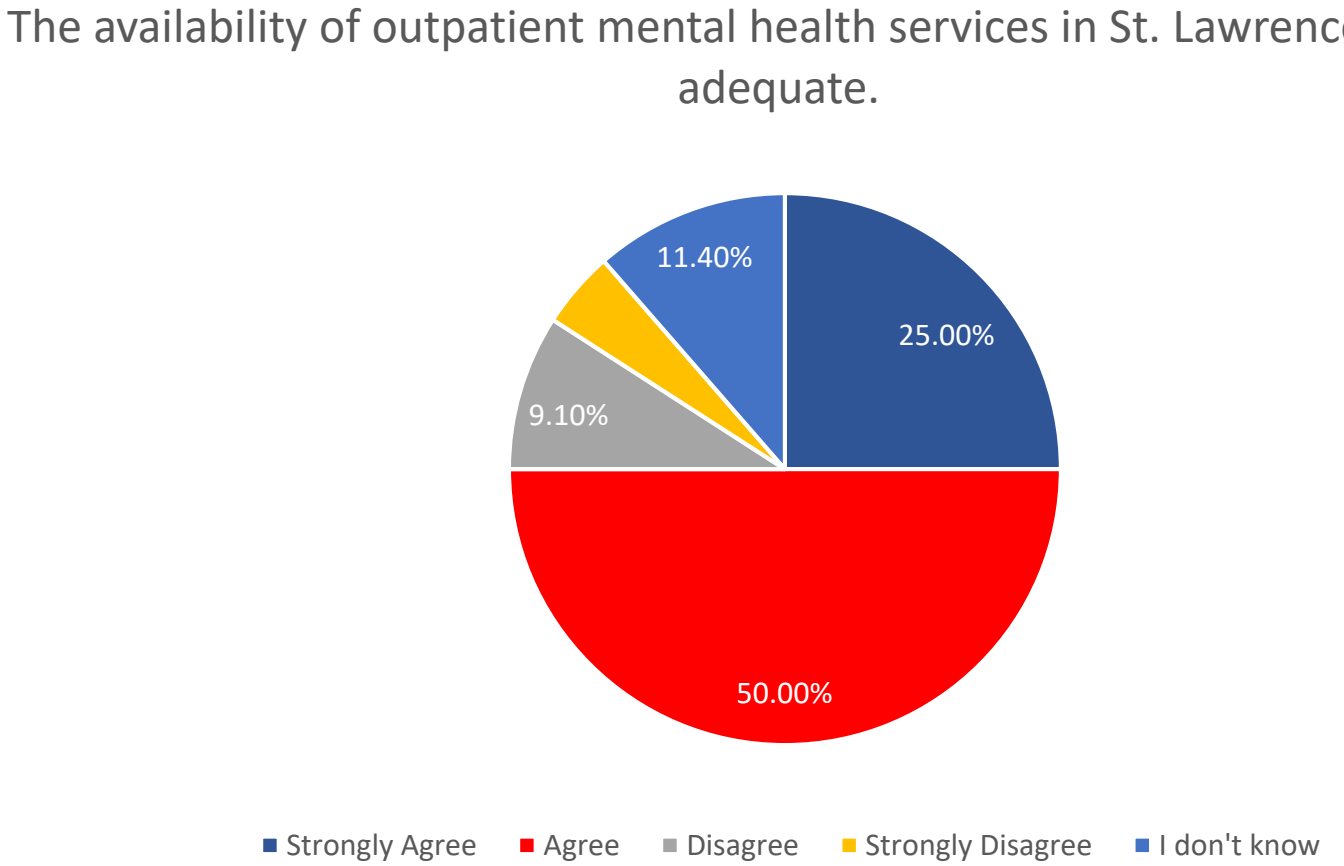


My service providers regularly communicate with each other to help coordinate my care or my dependent's care.

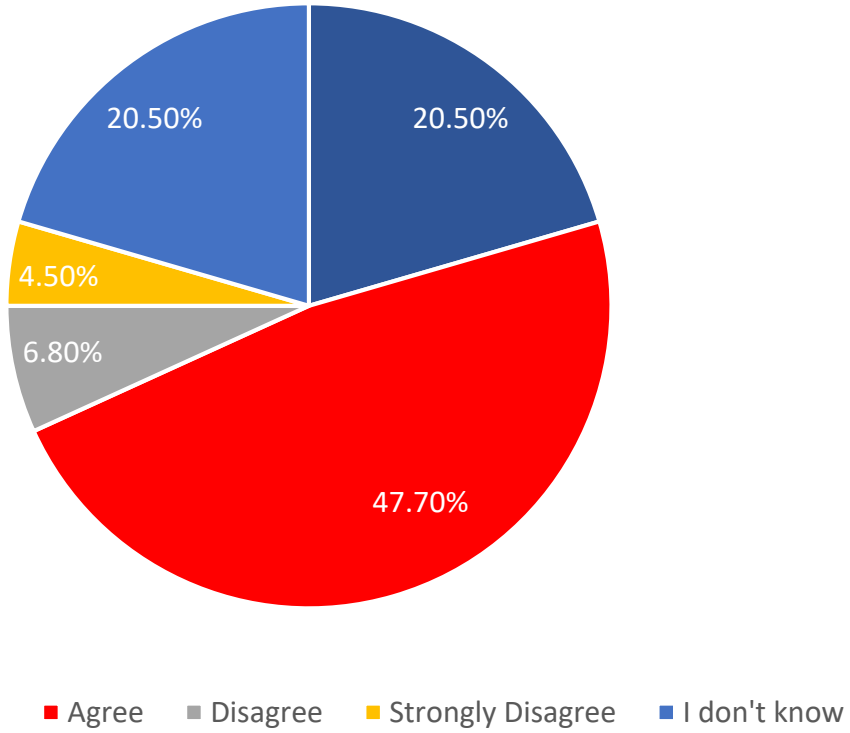


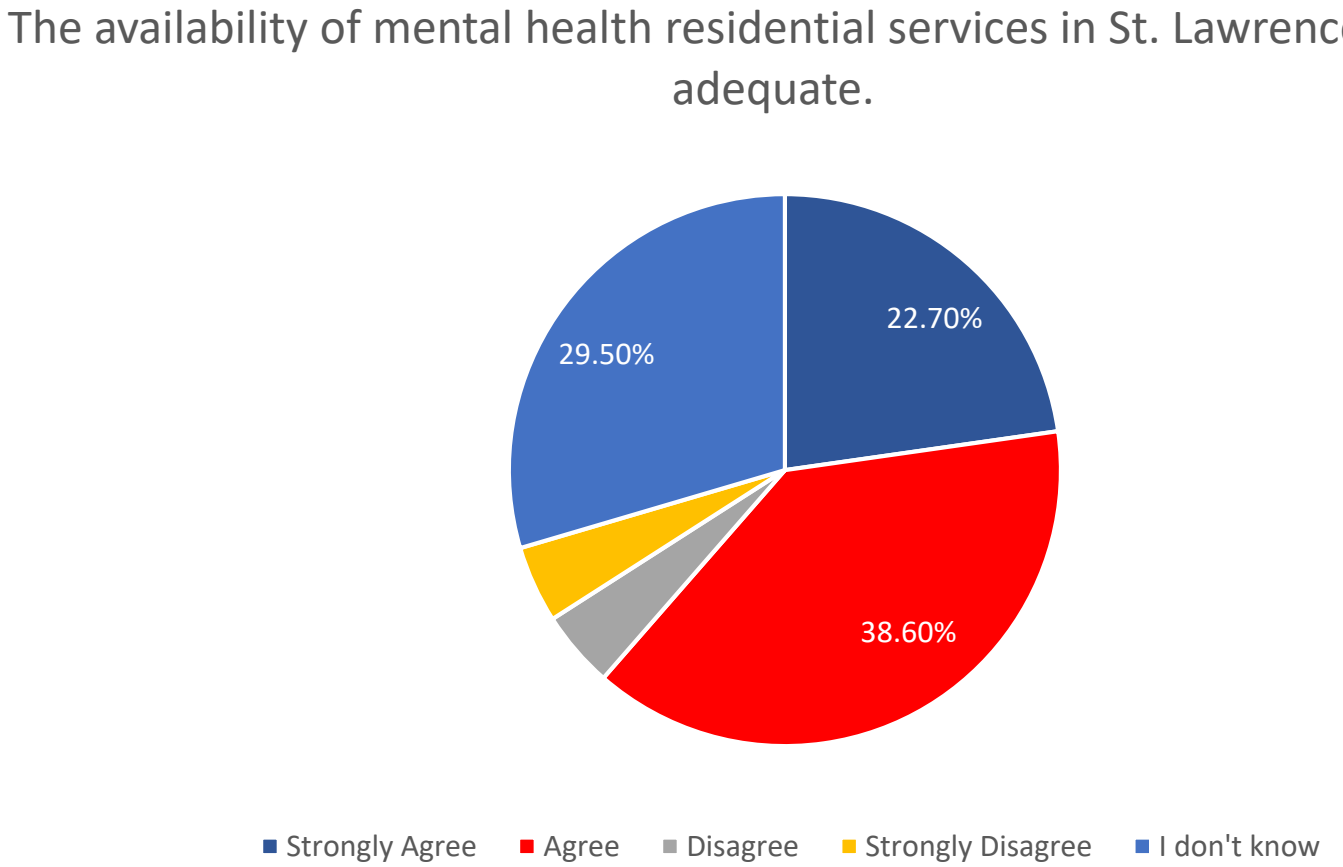

The availability of outpatient alcohol or substance abuse services in St. Lawrence County is adequate.
31.80%
29.50%
34.10%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know

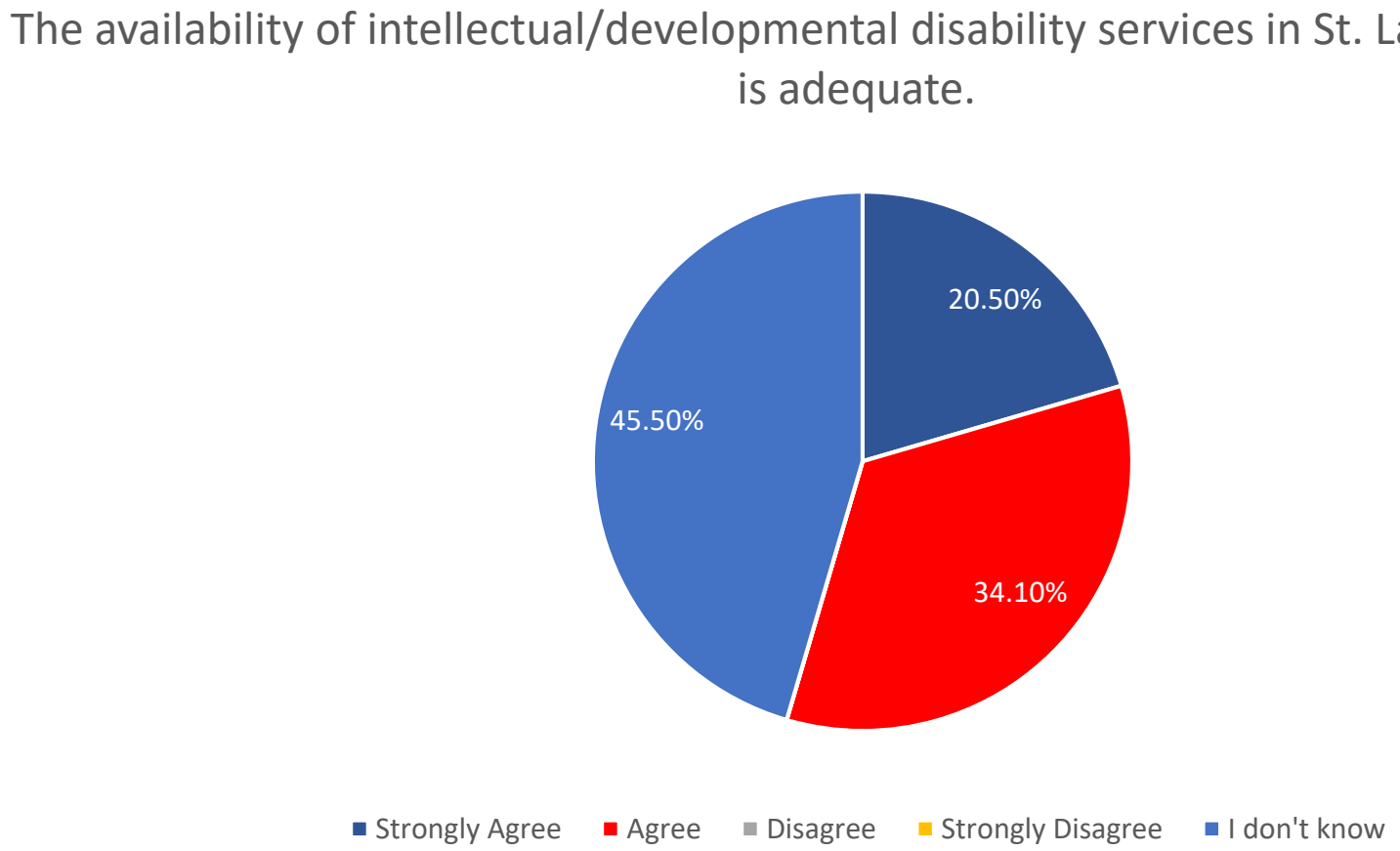

The availability of inpatient alcohol or substance abuse services in St. Lawrence County is adequate.
25.00%
29.50%
6.80%
38.60%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know

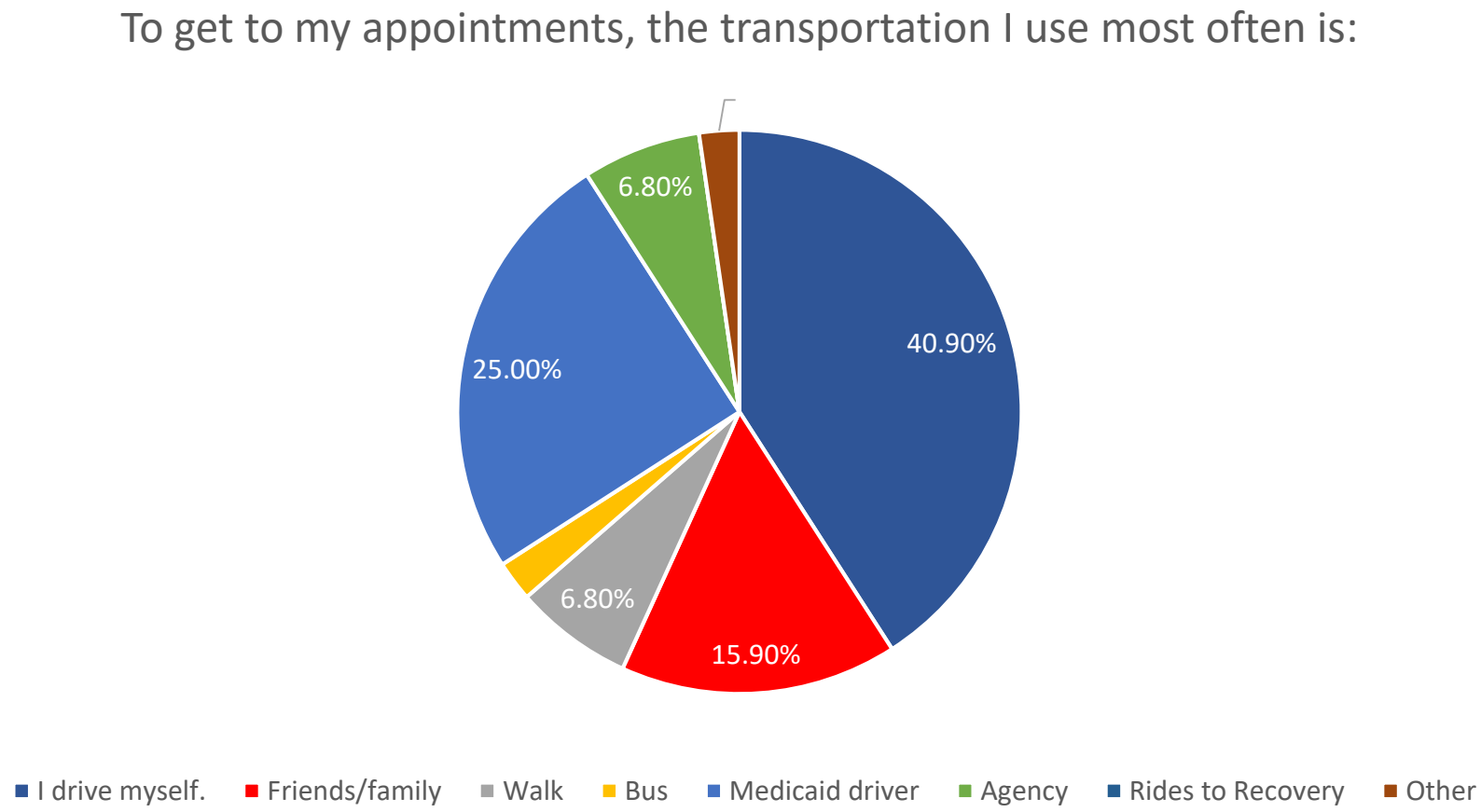

The availability of outpatient mental health services in St. Lawrence County is adequate.
11.40%
25.00%
9.10%
50.00%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know

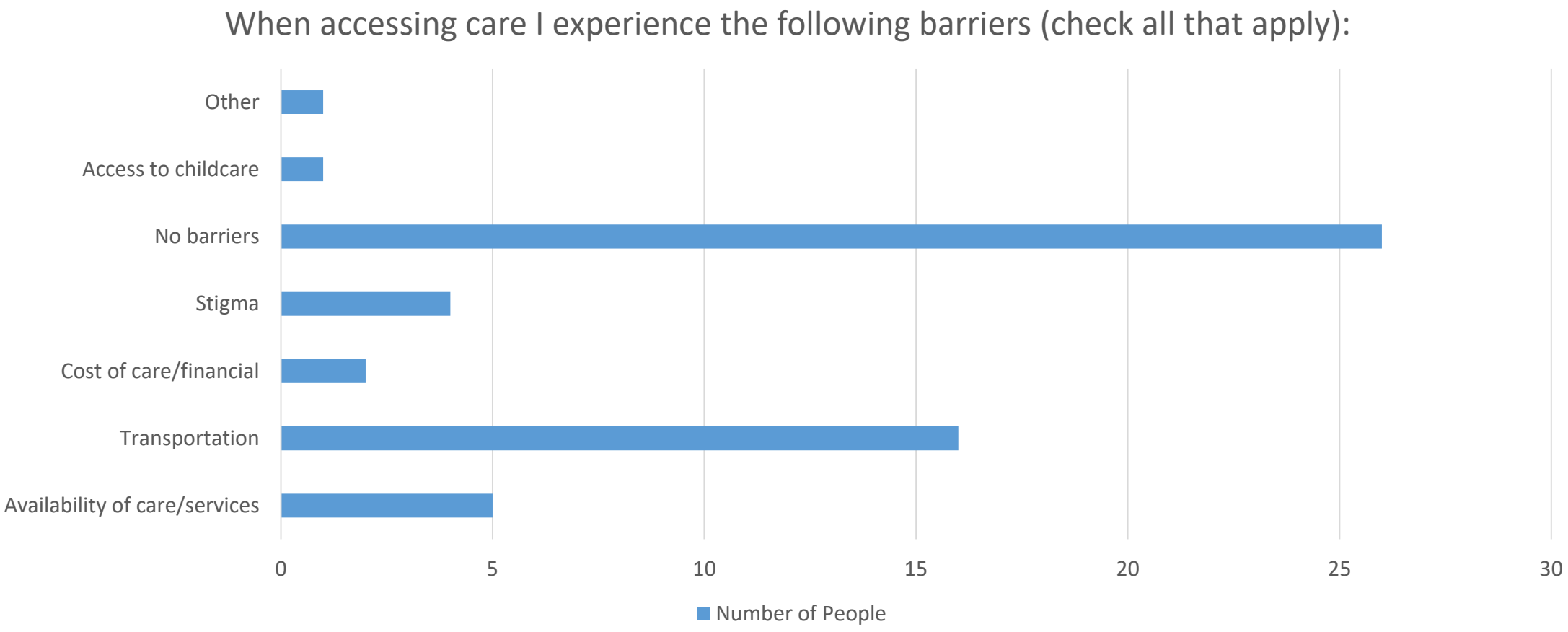
The availability of inpatient mental health services in St. Lawrence County is adequate.



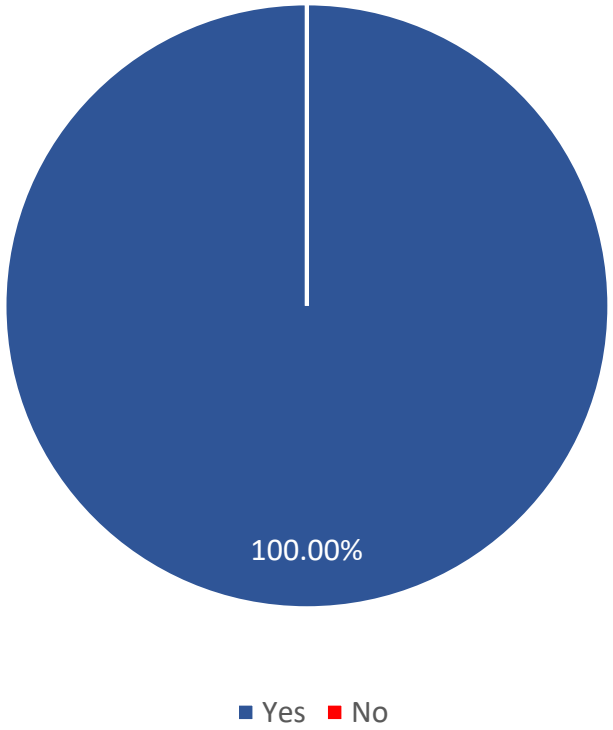

The availability of mental health residential services in St. Lawrence County is adequate.
22.70%
38.60%
29.50%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know


The availability of intellectual/developmental disability services in St. Lawrence County is adequate.
20.50%
34.10%
45.50%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know

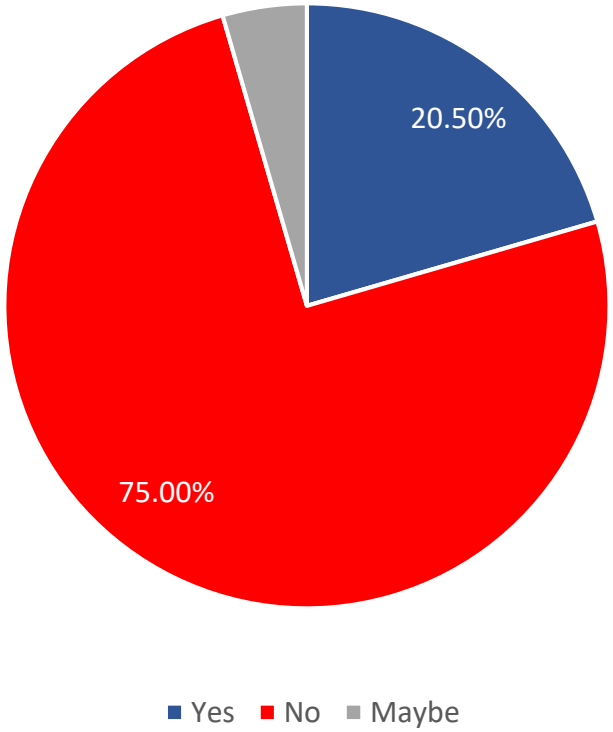

To get to my appointments, the transportation I use most often is:
40.90%
15.90%
6.80%
6.80%
25.00%
I drive myself.
Friends/family
Walk
Bus
Medicaid driver
Agency
Rides to Recovery
Other

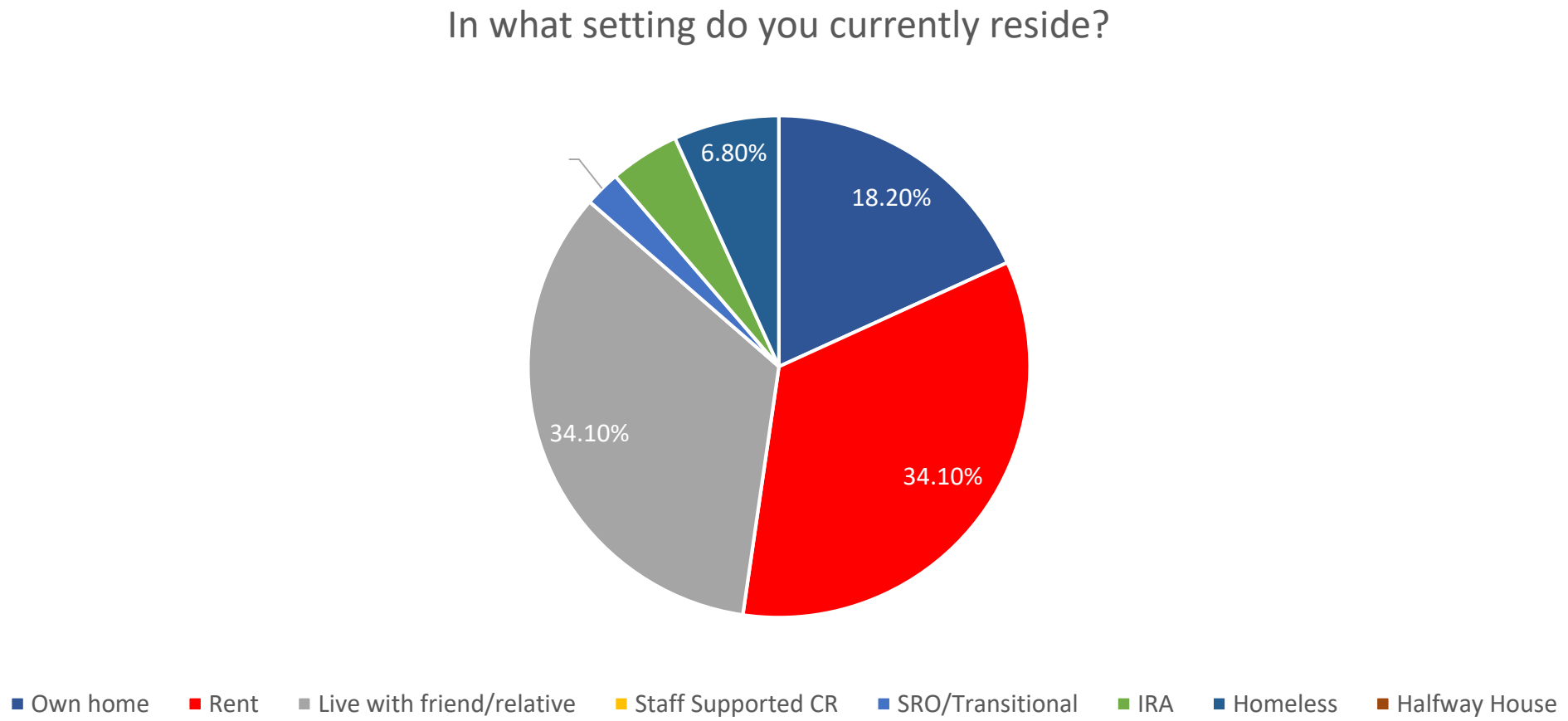

When accessing care I experience the following barriers (check all that apply):
Other
Access to childcare
No barriers
Stigma
Cost of care/financial
Transportation
Availability of care/services
0
5
10
15
20
25
30
Number of People

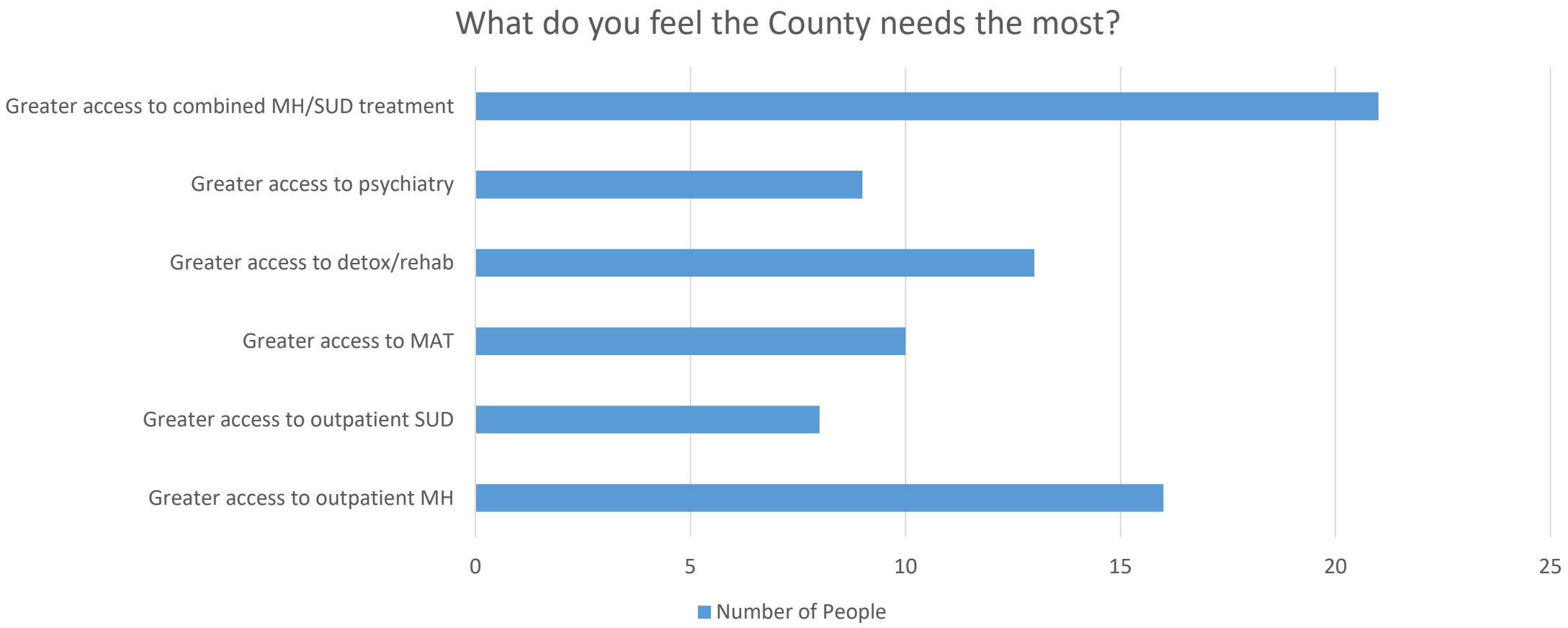
I know who I can call or where I can go when I'm in crisis or my loved one is in crisis.

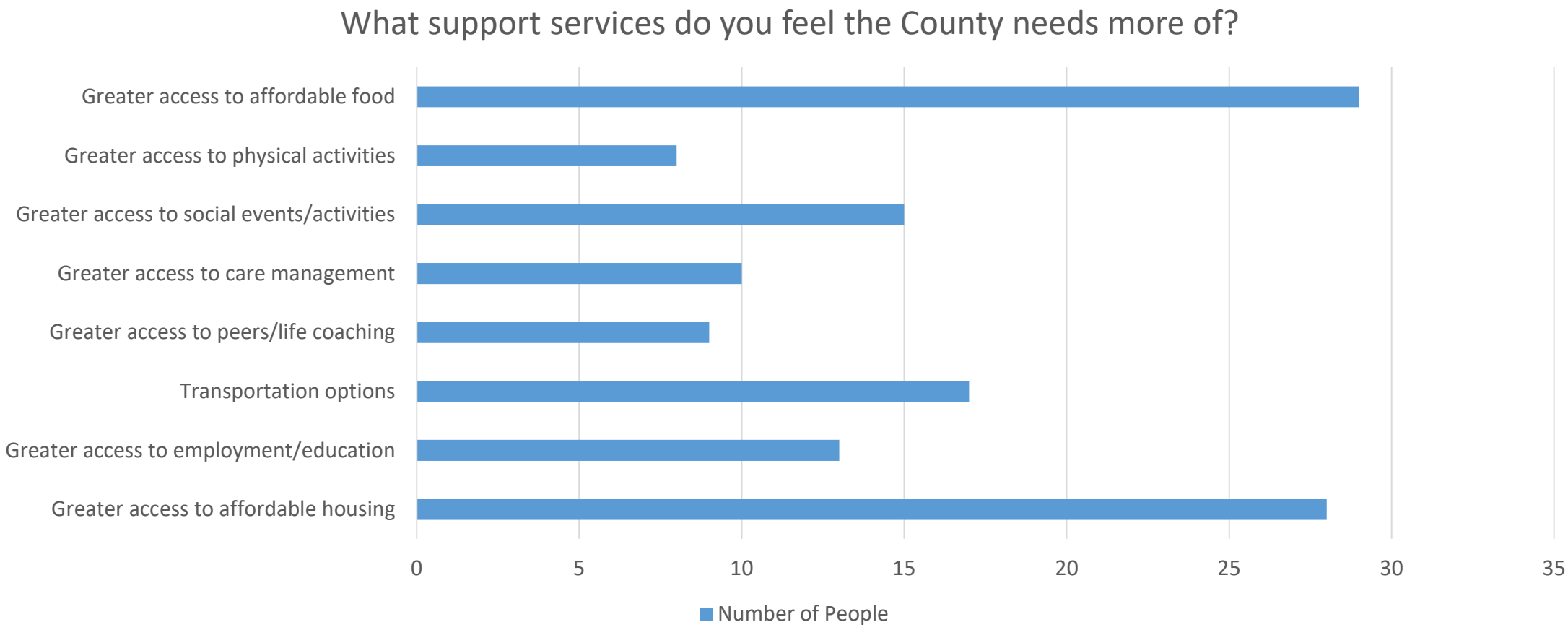


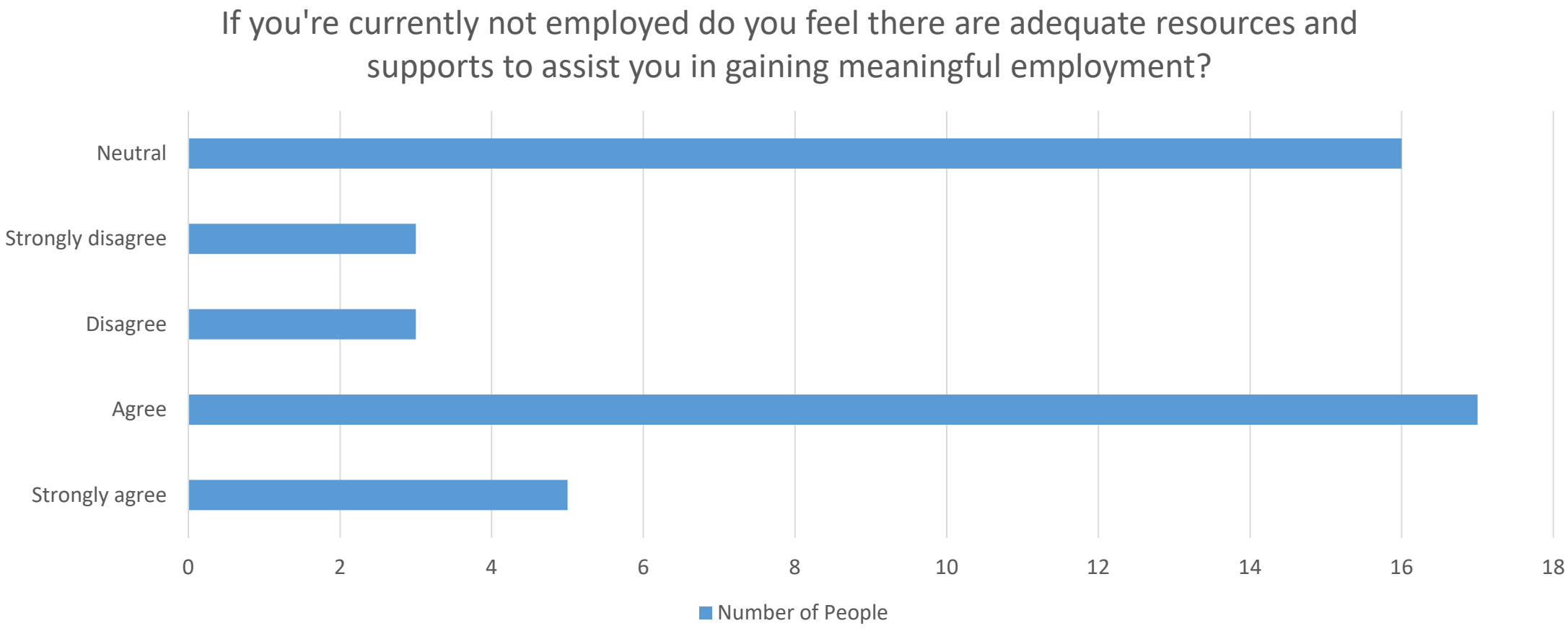
Are you worried in the next 12 months you will not have stable housing?




In what setting do you currently reside?
6.80%
18.20%
34.10%
34.10%
Own home
Rent
Live with friend/relative
Staff Supported CR
SRO/Transitional
IRA
Homeless
Halfway House


What do you feel the County needs the most?
Greater access to combined MH/SUD treatment
Greater access to psychiatry
Greater access to detox/rehab
Greater access to MAT
Greater access to outpatient SUD
Greater access to outpatient MH
0
5
10
15
20
25
Number of People


What support services do you feel the County needs more of?
Greater access to affordable food
Greater access to physical activities
Greater access to social events/activities
Greater access to care management
Greater access to peers/life coaching
Transportation options
Greater access to employment/education
Greater access to affordable housing
0
5
10
15
20
25
30
35
Number of People


If you're currently not employed do you feel there are adequate resources and supports to assist you in gaining meaningful employment?
Neutral
Strongly disagree
Disagree
Agree
Strongly agree
0
2
4
6
8
10
12
14
16
18
Number of People

OMH Vital Signs Dashboard (VSD) - Adult

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

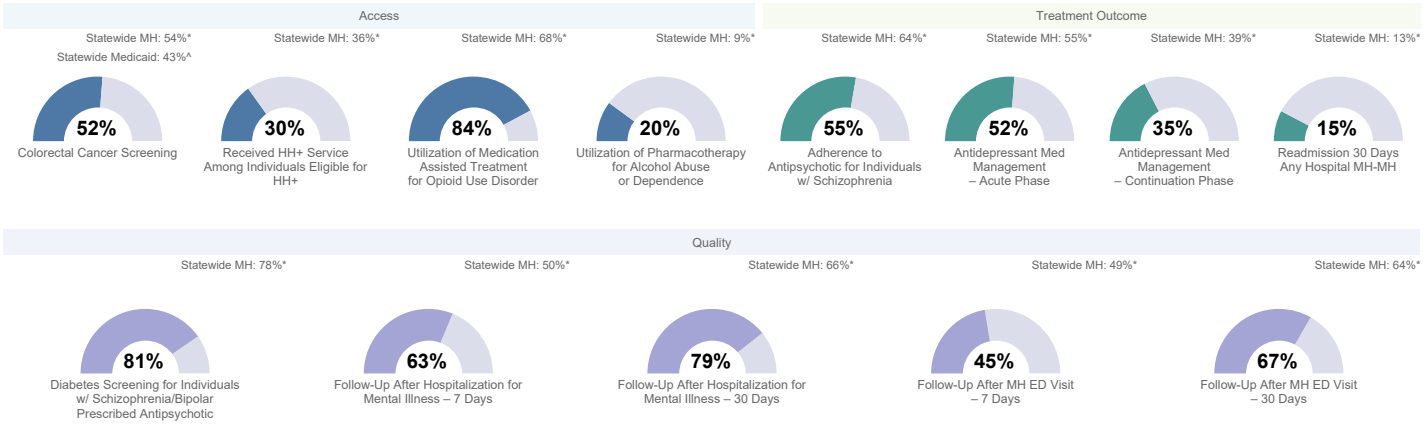
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
Full MH Population

Reset

SAINT LAWRENCE Full MH Population Vital Signs Measure Distribution from Medicaid (Adult, September 1, 2023 - August 31, 2024)

Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.



*Statewide Full MH Population Average Rate. ^Statewide Total Medicaid Population Average Rate.

^^Health Home Plus eligibility has been expanded to include Medicaid and DOH MAPP individuals since March 2022

Select Disparity Population
Total Population

Select to View Chart/Table
Table

SAINT LAWRENCE Full MH Population Total Population (Adult, September 1, 2023 - August 31, 2024)

§Statewide Average Performance is Referring to Statewide Full MH Population Average Rate.

Higher than Statewide Average Performance**
Equal to Statewide Average Performance**
Lower than Statewide Average Performance**

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Percent	Lower than Statewide**	Higher than Statewide**
Adherence to AP (Schizophrenia)	Full MH Population	64%	Full MH Population	66	119	55%	●	
Antidepressant – Acute Phase	Full MH Population	55%	Full MH Population	123	235	52%	●	
Antidepressant – Continuation Phase	Full MH Population	39%	Full MH Population	82	235	35%	●	
Clozapine Utilization (Schizophrenia)	Full MH Population	6%	Full MH Population	.	.	.	●	
Colorectal Screening	Full MH Population	54%	Full MH Population	993	1,894	52%	●	
Diabetes Screening (Schiz/Bipolar AP)	Full MH Population	78%	Full MH Population	206	255	81%		●
Follow-up MH ED 7 Days	Full MH Population	49%	Full MH Population	31	69	45%	●	
Follow-up MH ED 30 Days	Full MH Population	64%	Full MH Population	46	69	67%		●
Follow-up MH Hospitalization 7 Days	Full MH Population	50%	Full MH Population	159	254	63%		●
Follow-up MH Hospitalization 30 Days	Full MH Population	66%	Full MH Population	200	254	79%		●
HH+ Service Received	Full MH Population	36%	Full MH Population	33	109	30%	●	
Medication Assisted Treatment for OUD	Full MH Population	68%	Full MH Population	611	725	84%		●
Readmission 30 Days (Lower % is better)	Full MH Population	13%	Full MH Population	51	331	15%		●
Use of Pharmacotherapy for Alcohol Use..	Full MH Population	9%	Full MH Population	117	579	20%		●

*** Difference from statewide average performance is determined by 99% confidence interval of the statewide average performance.*
Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.

OMH Vital Signs Dashboard (VSD) - Child

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

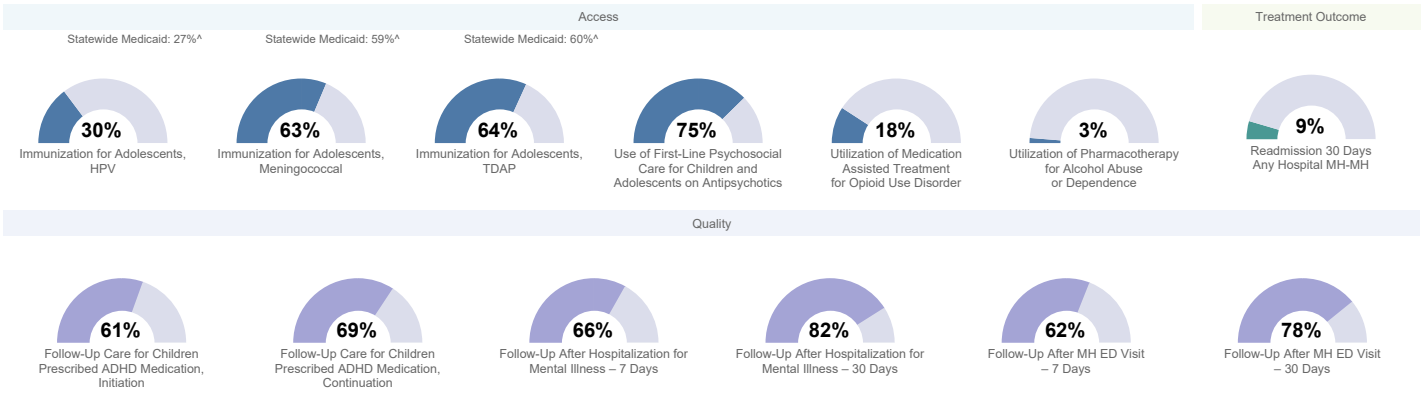
Select Region, County, Network, or Agency
STATEWIDE

Select Population
Full MH Population

Reset

STATEWIDE Full MH Population Vital Signs Measure Distribution from Medicaid (Child, September 1, 2023 - August 31, 2024)

Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.



^Statewide Total Medicaid Population Average Rate.

Select Disparity Population
Total Population

Select to View Chart/Table
Table

STATEWIDE Full MH Population Total Population (Child, September 1, 2023 - August 31, 2024)

§Statewide Average Performance is Referring to Statewide Full MH Population Average Rate.

Higher than Statewide Average Performance**
Equal to Statewide Average Performance**
Lower than Statewide Average Performance**

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Percent	Equal to Statewide**
First-Line Psychosocial Care	Full MH Population	75%	Full MH Population	3,056	4,058	75%	●
Follow-up ADHD Medication, Continuation	Full MH Population	69%	Full MH Population	1,458	2,127	69%	●
Follow-up ADHD Medication, Initiation	Full MH Population	61%	Full MH Population	4,727	7,749	61%	●
Follow-up MH ED 7 Days	Full MH Population	62%	Full MH Population	6,782	10,931	62%	●
Follow-up MH ED 30 Days	Full MH Population	78%	Full MH Population	8,562	10,931	78%	●
Follow-up MH Hospitalization 7 Days	Full MH Population	66%	Full MH Population	4,523	6,819	66%	●
Follow-up MH Hospitalization 30 Days	Full MH Population	82%	Full MH Population	5,596	6,819	82%	●
Immunization, HPV	Full MH Population	30%	Full MH Population	21,826	73,889	30%	●
Immunization, Meningococcal	Full MH Population	63%	Full MH Population	46,305	73,889	63%	●
Immunization, TDAP	Full MH Population	64%	Full MH Population	46,990	73,889	64%	●
Medication Assisted Treatment for OUD	Full MH Population	18%	Full MH Population	117	639	18%	●
Readmission 30 Days (Lower % is better)	Full MH Population	9%	Full MH Population	712	7,848	9%	●
Use of Pharmacotherapy for Alcohol Use..	Full MH Population	3%	Full MH Population	84	3,273	3%	●

*** Difference from statewide average performance is determined by 99% confidence interval of the statewide average performance.*
Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.

OMH Vital Signs Dashboard (VSD) - Trends Over Time

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

Select Age Group / Measure
Adult / Follow-Up After Hospitalization for Mental Illness - 7 Days

Select Region, County, Network, or Agency
STATEWIDE

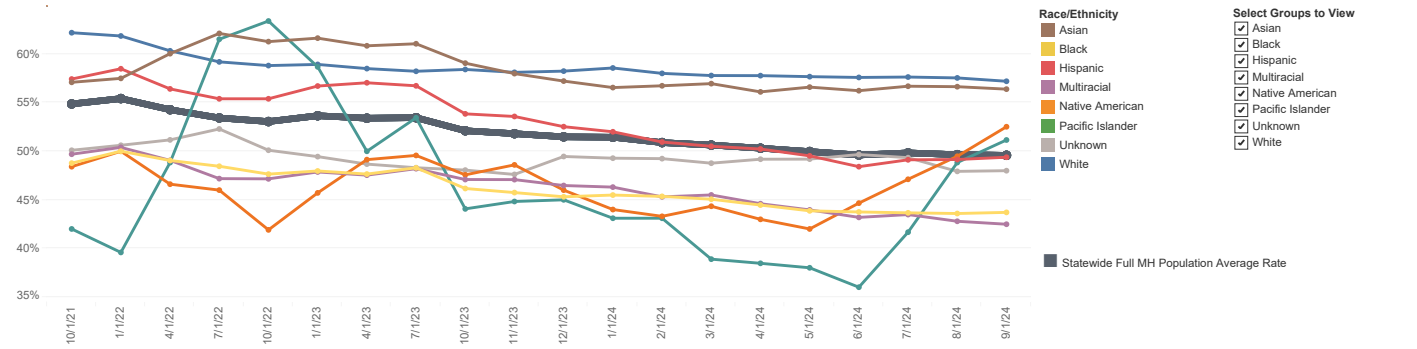
Select Population
--Total OMH Licensed Programs

Reset

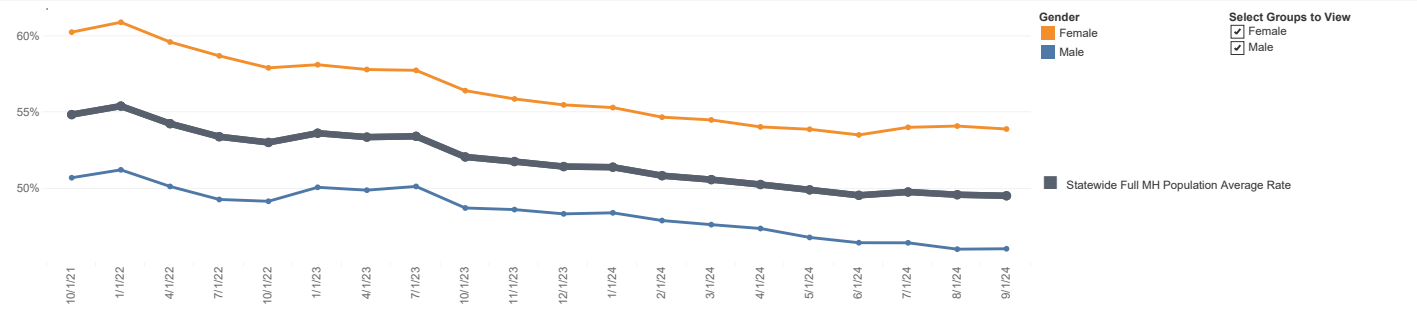
STATEWIDE Total OMH Licensed Programs Over Time Trend: Follow-Up After Hospitalization for Mental Illness - 7 Days (Adult, October 01, 2021 - September 01, 2024)

Follow-Up After Hospitalization for Mental Illness - 7 Days: The proportion of Medicaid members hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge. Full list of measure definitions in 'Definitions' tab. All measures leverage Medicaid data.
Hover over line chart to view numerator and denominator.

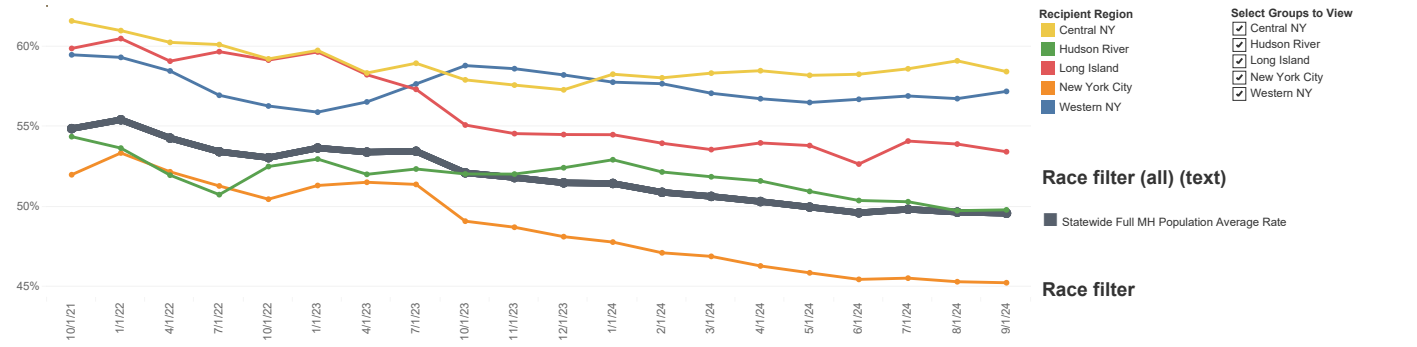
Race/Ethnicity



Gender



Recipient Region



Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.
Please note: the specifications for the two measures *Follow-Up After Emergency Department Visit for Mental Illness within 7 days of the ED visit* and *Follow-Up After Emergency Department Visit for Mental Illness within 30 days of the ED visit* changed in December 2023 resulting in a noticeable yet artificial decline.

OMH Vital Signs Dashboard (VSD) - Adult

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

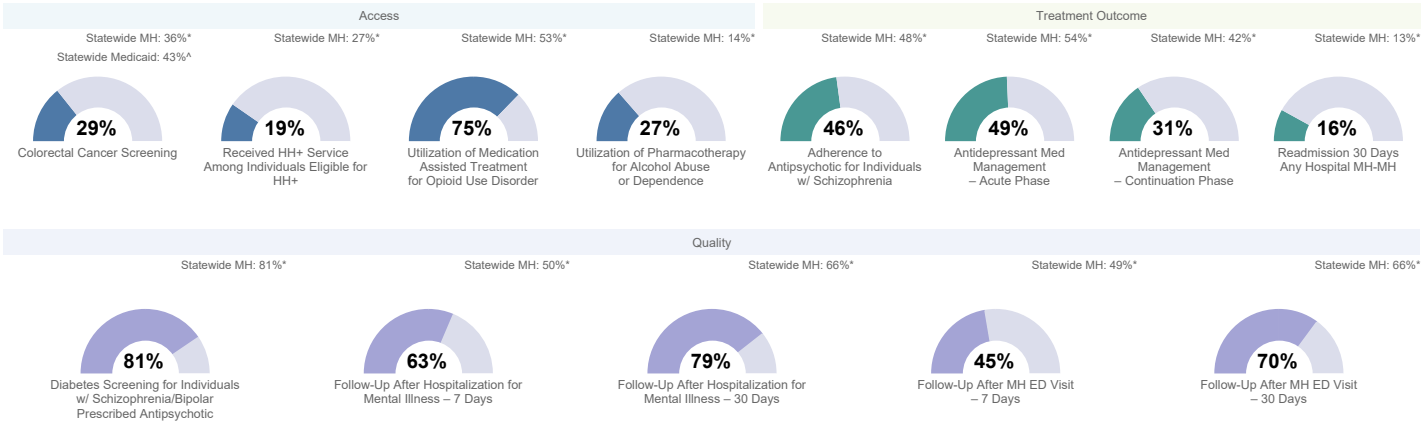
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
----Mental Health Inpatient (Exclude OMH State PC)

Reset

SAINT LAWRENCE Mental Health Inpatient (Exclude OMH State PC) Vital Signs Measure Distribution from Medicaid (Adult, September 1, 2023 - August 31, 2024)

Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.



*Statewide Mental Health Inpatient (Exclude OMH State PC) Average Rate. ^Statewide Total Medicaid Population Average Rate.

^^Health Home Plus eligibility has been expanded to include Medicaid and DOH MAPP individuals since March 2022

Select Disparity Population
Total Population

Select to View Chart/Table
Table

SAINT LAWRENCE Mental Health Inpatient (Exclude OMH State PC) Total Population (Adult, September 1, 2023 - August 31, 2024)

§Statewide Average Performance is Referring to Statewide Mental Health Inpatient (Exclude OMH State PC) Average Rate.

Higher than Statewide Average Performance**
Equal to Statewide Average Performance**
Lower than Statewide Average Performance**

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Percent	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
Adherence to AP (Schizophrenia)	Mental Health Inpatient (Exclude OMH ..	48%	Full MH Population	38	83	46%	●		
Antidepressant – Acute Phase	Mental Health Inpatient (Exclude OMH ..	54%	Full MH Population	36	74	49%	●		
Antidepressant – Continuation Phase	Mental Health Inpatient (Exclude OMH ..	42%	Full MH Population	23	74	31%	●		
Clozapine Utilization (Schizophrenia)	Mental Health Inpatient (Exclude OMH ..	7%	Full MH Population	.	.	.	●		
Colorectal Screening	Mental Health Inpatient (Exclude OMH ..	36%	Full MH Population	12	42	29%	●		
Diabetes Screening (Schiz/Bipolar AP)	Mental Health Inpatient (Exclude OMH ..	81%	Full MH Population	128	158	81%		●	
Follow-up MH ED 7 Days	Mental Health Inpatient (Exclude OMH ..	49%	Full MH Population	21	47	45%	●		
Follow-up MH ED 30 Days	Mental Health Inpatient (Exclude OMH ..	66%	Full MH Population	33	47	70%			●
Follow-up MH Hospitalization 7 Days	Mental Health Inpatient (Exclude OMH ..	50%	Full MH Population	157	250	63%			●
Follow-up MH Hospitalization 30 Days	Mental Health Inpatient (Exclude OMH ..	66%	Full MH Population	197	250	79%			●
HH+ Service Received	Mental Health Inpatient (Exclude OMH ..	27%	Full MH Population	16	83	19%	●		
Medication Assisted Treatment for OUD	Mental Health Inpatient (Exclude OMH ..	53%	Full MH Population	76	102	75%			●
Readmission 30 Days (Lower % is better)	Mental Health Inpatient (Exclude OMH ..	13%	Full MH Population	50	312	16%			●
Use of Pharmacotherapy for Alcohol Use..	Mental Health Inpatient (Exclude OMH ..	14%	Full MH Population	35	129	27%			●

*** Difference from statewide average performance is determined by 99% confidence interval of the statewide average performance.*
Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.

OMH Vital Signs Dashboard (VSD) - Child

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

Select Region, County, Network, or Agency
STATEWIDE

Select Population
----Mental Health Inpatient (Exclude OMH State PC)

Reset

STATEWIDE Mental Health Inpatient (Exclude OMH State PC) Vital Signs Measure Distribution from Medicaid (Child, September 1, 2023 - August 31, 2024)

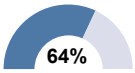
Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.

Access

Statewide MH: 31%* | Statewide Medicaid: 27%^

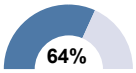
Immunization for Adolescents, HPV

Statewide MH: 63%* | Statewide Medicaid: 59%^



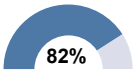
Immunization for Adolescents, Meningococcal

Statewide MH: 64%* | Statewide Medicaid: 60%^



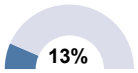
Immunization for Adolescents, TDAP

Statewide MH: 85%*



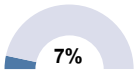
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Statewide MH: 15%*



Utilization of Medication Assisted Treatment for Opioid Use Disorder

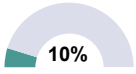
Statewide MH: 5%*



Utilization of Pharmacotherapy for Alcohol Abuse or Dependence

Treatment Outcome

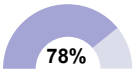
Statewide MH: 9%*



Readmission 30 Days Any Hospital MH-MH

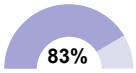
Quality

Statewide MH: 81%*



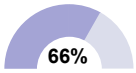
Follow-Up Care for Children Prescribed ADHD Medication, Initiation

Statewide MH: 84%*



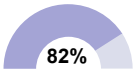
Follow-Up Care for Children Prescribed ADHD Medication, Continuation

Statewide MH: 66%*



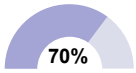
Follow-Up After Hospitalization for Mental Illness – 7 Days

Statewide MH: 82%*



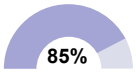
Follow-Up After Hospitalization for Mental Illness – 30 Days

Statewide MH: 65%*



Follow-Up After MH ED Visit – 7 Days

Statewide MH: 83%*



Follow-Up After MH ED Visit – 30 Days

*Statewide Total OMH Licensed Programs Average Rate. ^Statewide Total Medicaid Population Average Rate.

Select Disparity Population
Total Population

Select to View Chart/Table
Table

STATEWIDE Mental Health Inpatient (Exclude OMH State PC) Total Population (Child, September 1, 2023 - August 31, 2024)

§Statewide Average Performance is Referring To Statewide Total OMH Licensed Programs Average Rate.

Higher than Statewide Average Performance**
Equal to Statewide Average Performance**
Lower than Statewide Average Performance**

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Percent	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
First-Line Psychosocial Care	Mental Health Inpatient (Exclude OMH ..	85%	Full MH Population	965	1,179	82%	●		
Follow-up ADHD Medication, Continuation	Mental Health Inpatient (Exclude OMH ..	84%	Full MH Population	49	59	83%		●	
Follow-up ADHD Medication, Initiation	Mental Health Inpatient (Exclude OMH ..	81%	Full MH Population	193	246	78%	●		
Follow-up MH ED 7 Days	Mental Health Inpatient (Exclude OMH ..	65%	Full MH Population	1,674	2,377	70%			●
Follow-up MH ED 30 Days	Mental Health Inpatient (Exclude OMH ..	83%	Full MH Population	2,014	2,377	85%			●
Follow-up MH Hospitalization 7 Days	Mental Health Inpatient (Exclude OMH ..	66%	Full MH Population	4,265	6,419	66%		●	
Follow-up MH Hospitalization 30 Days	Mental Health Inpatient (Exclude OMH ..	82%	Full MH Population	5,260	6,419	82%		●	
Immunization, HPV	Mental Health Inpatient (Exclude OMH ..	31%	Full MH Population	220	732	30%		●	
Immunization, Meningococcal	Mental Health Inpatient (Exclude OMH ..	63%	Full MH Population	468	732	64%		●	
Immunization, TDAP	Mental Health Inpatient (Exclude OMH ..	64%	Full MH Population	465	732	64%		●	
Medication Assisted Treatment for OUD	Mental Health Inpatient (Exclude OMH ..	15%	Full MH Population	22	169	13%		●	
Readmission 30 Days (Lower % is better)	Mental Health Inpatient (Exclude OMH ..	9%	Full MH Population	700	7,311	10%		●	
Use of Pharmacotherapy for Alcohol Use..	Mental Health Inpatient (Exclude OMH ..	5%	Full MH Population	46	689	7%			●

*** Difference from statewide average performance is determined by 99% confidence interval of the statewide average performance.*
Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.

OMH Vital Signs Dashboard (VSD) - Trends Over Time

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

Select Age Group / Measure
Adult / Follow-Up After Hospitalization for Mental Illness - 7 Days

Select Region, County, Network, or Agency
STATEWIDE

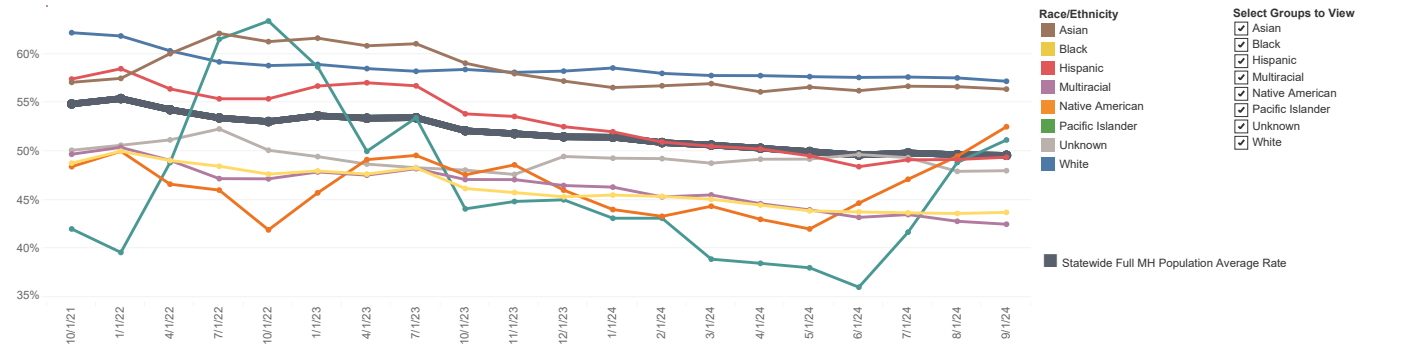
Select Population
--Total OMH Licensed Programs

Reset

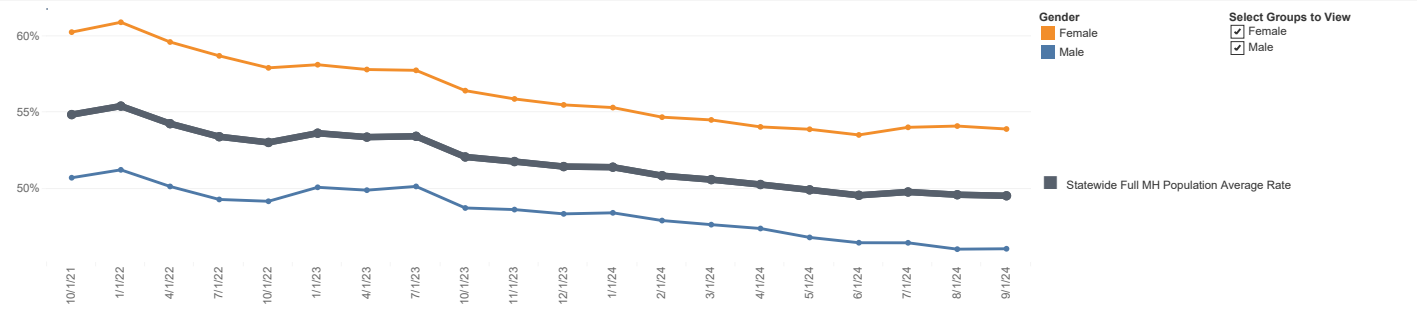
STATEWIDE Total OMH Licensed Programs Over Time Trend: Follow-Up After Hospitalization for Mental Illness - 7 Days (Adult, October 01, 2021 - September 01, 2024)

Follow-Up After Hospitalization for Mental Illness - 7 Days: The proportion of Medicaid members hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge. Full list of measure definitions in 'Definitions' tab. All measures leverage Medicaid data.
Hover over line chart to view numerator and denominator.

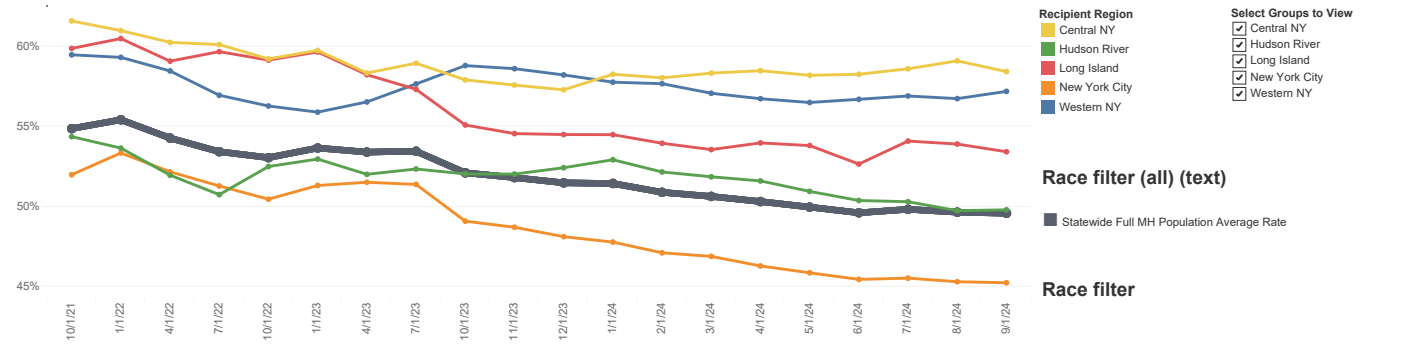
Race/Ethnicity



Gender



Recipient Region



Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.
Please note: the specifications for the two measures *Follow-Up After Emergency Department Visit for Mental Illness within 7 days of the ED visit* and *Follow-Up After Emergency Department Visit for Mental Illness within 30 days of the ED visit* changed in December 2023 resulting in a noticeable yet artificial decline.

2024 Needs Assessment Form
St. Lawrence County Community Services

Crisis Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Cross System Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Inpatient Treatment Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Outpatient Treatment Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Prevention Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No

Need Applies to: Youth Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The LGU plans to expand Teen Intervene Programs in targeted school districts through the use of the State Opioid Settlement funds..

Residential Treatment Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Currently St. Lawrence County does not have any (in-county) Residential Treatment Service for the OMH and OPWDD populations. This creates both hardships and barriers for the involved families.

Respite Yes
Applies to OASAS? No
Applies to OMH? No
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Transportation Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Although we have Medicaid transportation (MAS), SLC Public Transit System, and the Volunteer Transportation Center, there remains additional needs particularly for emergency situations. For example, when a child or youth is taken to the local 9.39 ED, the parents often have barriers getting to the hospital when lacking their own transportation. The LGU plans to use OASAS Opioid Settlement funds to expand existing transportation services.

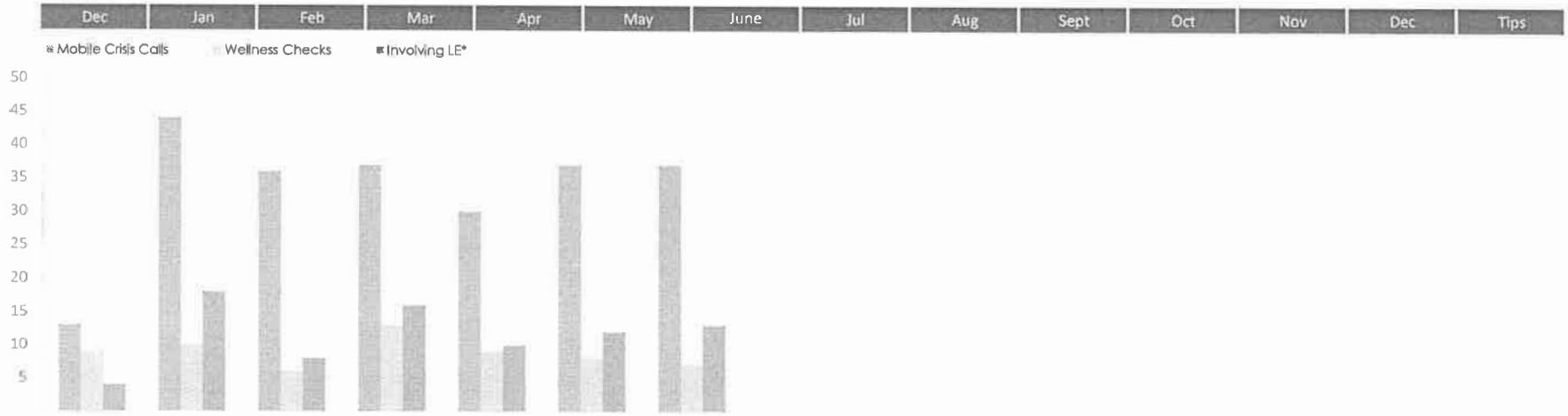
Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Workforce shortage remains a concern across the region for all O agency programs. Some agencies are providing sign-on bonuses, others have increased salary while the payer reimbursement rates remain the same. Staff shortages increase clinician caseloads which subsequently contributes to higher levels of staff burnout.

Enhance and improve emergency department discharge planning/7-day follow-up appointments for SUD and MH individuals not being admitted for inpatient services. Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

LGU Representative: Jay Ulrich

Submitted for: St. Lawrence County Community Services

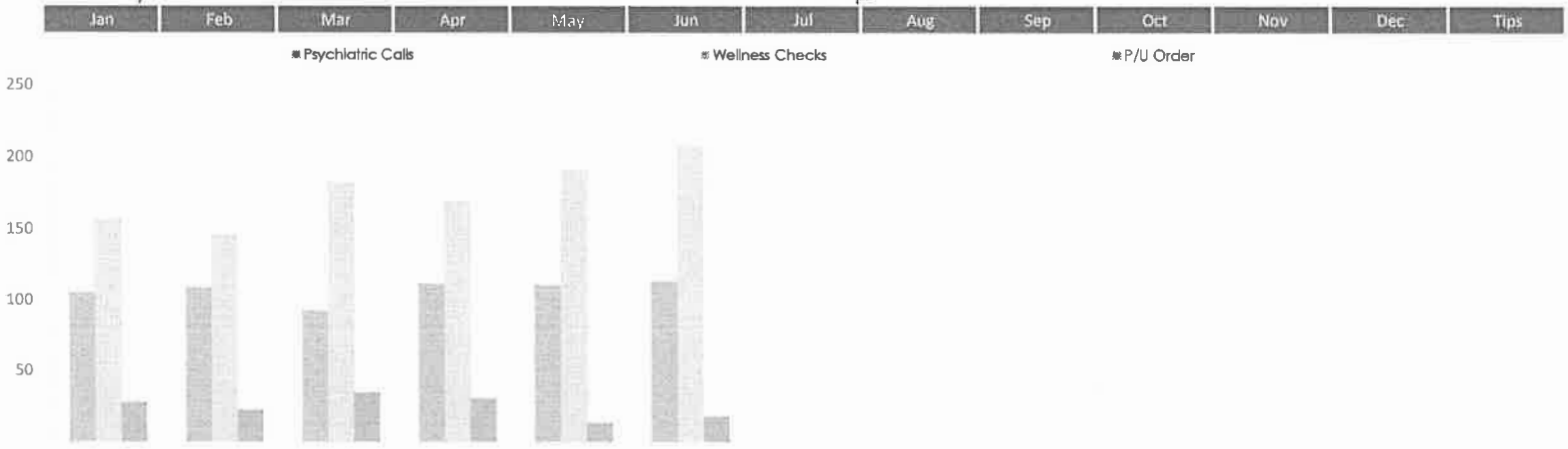
Reachout



Categories	Dec-22	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec-23	Total	Trend
Mobile Crisis Calls	13.00	44.00	36.00	37.00	30.00	37.00	37.00	0.00	0.00	0.00	0.00	0.00	0.00	234.00	
Wellness Checks	9.00	10.00	6.00	13.00	9.00	8.00	7.00	0.00	0.00	0.00	0.00	0.00	0.00	62.00	
Involving LE*	4.00	18.00	8.00	16.00	10.00	12.00	13.00	0.00	0.00	0.00	0.00	0.00	0.00	81.00	
Total	**26.00**	**72.00**	**50.00**	**66.00**	**49.00**	**57.00**	**57.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**377.00**	

* If police are involved without a mobile crisis counselor, it is often because a pick up order was arranged without the need for a wellness check.

Law Enforcement Psychiatric, Wellness Check and MHL Transports



Categories	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Trend
Psychiatric Calls	106.00	109.00	93.00	112.00	111.00	114.00	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Wellness Checks	157.00	146.00	182.00	170.00	191.00	207.00	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
P/U Order	28.00	23.00	35.00	31.00	14.00	18.00	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Total	**291.00**	**278.00**	**310.00**	**313.00**	**316.00**	**339.00**	**#REF!**	**#REF!**	**#REF!**	**#REF!**	**#REF!**	**#REF!**	**#REF!**	

Snip below taken from Psyckes depicting St. Lawrence County residents 18 years and older with a reported Social Determinant of Health Condition (Housing and Economic Circumstances)

New York State Office of Mental Health- Confidential (Contains Protected Health Information)

Recipient Search (Standard)

Search Criteria: County : Saint Lawrence And SDOH Conditions Time Period : Past 2 Years And SDOH Condition (reported in billing) : Problems related to housing and economic circumstances

Recipients Found : 181

Single Point of Access Data

- As of 7/18, 53 people were on a waiting list for Supportive Housing Services
- As of 7/18, there were 4 Community Residence openings out of 74 possible beds

OMH Vital Signs Dashboard (VSD) - Adult

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among Medicaid individuals with mental health needs.

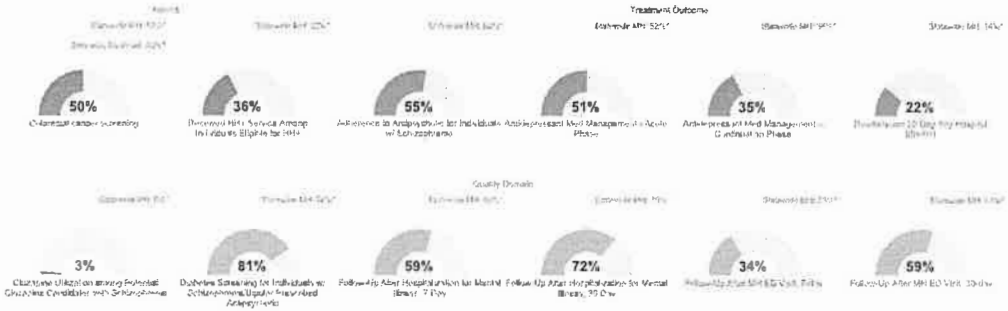
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
Full MH Population

Reset

SAINT LAWRENCE Full MH Population Vital Signs Measure Distribution from Medicaid (Adult, July 2021 - June 2022)

Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.



*Statewide Full MH Population Average Rate **Statewide Total Medicaid Population Average Rate

**Health Home Plus eligibility has been expanded to include Medicaid and DOH MAPP individuals since March 2022

Select Disparity Population
Race/Ethnicity

Select to View Chart/Table
Table

SAINT LAWRENCE Full MH Population Disparities by Race/Ethnicity (Adult, July 2021 - June 2022)

§Statewide Average Performance is Referring To Statewide Full MH Population Average Rate.

Higher than Statewide Average Performance** ◆
Equal to Statewide Average Performance** ●
Lower than Statewide Average Performance** ■

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Performance	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
[illegible]	Full MH Population	50%	Total	59	107	55%	◆		
			White	52	87	60%	◆		
[illegible]	Full MH Population	36%	Total	182	360	51%	◆		
			Multiracial	39	70	56%			◆
			Native American	9	16	56%			◆
			White	132	268	49%	■		
[illegible]	Full MH Population	55%	Total	127	360	35%	■		
			Multiracial	28	70	40%			◆
			Native American	5	16	31%	■		
			White	93	268	35%	■		
[illegible]	Full MH Population	3%	Total	1	31	3%	■		
			Multiracial	0	5	0%	■		
			White	0	21	0%	■		
[illegible]	Full MH Population	81%	Total	1,116	2,253	50%	■		
			Black	12	22	55%			◆
			Hispanic	7	13	54%			◆
			Multiracial	208	472	44%	■		
			Native American	56	96	58%			◆
			White	817	1,663	49%	■		
			Unknown	15	29	52%	■		
[illegible]	Full MH Population	59%	Total	163	227	72%			◆
			Multiracial	26	35	74%	◆		
			White	146	178	82%			◆
Follow-Up MH ED 7 Day	Full MH Population	72%	Total	19	58	34%	■		
			White	16	49	33%	■		
Follow-Up MH ED 30 Day	Full MH Population	34%	Total	33	56	59%	◆		
			White	30	49	61%	◆		
Follow-Up MH Hospital Within 7 Day	Full MH Population	59%	Total	164	278	59%			●
			Multiracial	24	54	44%	■		
			Native American	8	11	73%			◆
			White	129	208	62%			◆
[illegible]	Full MH Population	72%	Total	199	378	53%			●

* Statewide Total Medicaid Population performance is determined by 72% statewide adult MH population performance.
Only one disparity subset that is not null in all years, denominators ≥ 11 in all years, or the individual percentage (numerator/denominator) is less than 5 are not displayed to protect confidentiality. Statewide Total 5 %

Office of Mental Health

OMH Vital Signs Dashboard (VSD) uses New York State Medicaid data to present the public mental health system's performance in the domains of access, quality, and treatment outcomes.

Office of Mental Health
[illegible]

[illegible]

NEW YORK STATE | Office of Addiction Services and Supports | Office of Mental Health | Office for People With Developmental Disabilities

2025 Needs Assessment Form
St. Lawrence County Community Services

Adverse Childhood Experiences Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): In St. Lawrence County ACEs will likely always be a relevant issue. Likewise, so will keeping staff trained in ACEs due to turnover and shortages.

Crisis Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Cross System Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Inpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Outpatient Treatment Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Prevention Yes
Applies to OASAS? Yes
Applies to OMH? No

Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Residential Treatment Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): St. Lawrence County does not have residential services for children's OMH population and limited residential options for OPWDD.

Respite Yes
Applies to OASAS? No
Applies to OMH? No
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Increased respite is needed to help reach Goal 5: Enhance and improve ED discharge planning and diversion opportunities.

Transportation Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Public transportation is available, but routes could be expanded and more readily accessible. Current routes create hardships for patients. The current volunteer transportation has limited the number of standing orders, which is a barrier for clients due to lack of available volunteer drivers. Transportation will likely always be a need as the County is large and rural.

Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Workforce shortage remains a concern across the region for all "O" agency programs. Some agencies are providing sign-on bonuses; others have increased salary. Staff shortages increase clinician caseloads which subsequently contributes to higher levels of staff burnout.

LGU Representative: Jay Ulrich

Submitted for: St. Lawrence County Community Services

2026 Needs Assessment Form
St. Lawrence County Community Services

Crisis Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Cross System Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Outpatient Treatment Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Residential Treatment Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Youth Only

Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Currently, St. Lawrence County does not have any (in-county) Residential Treatment Services for the OMH and OPWDD children's populations. This creates both hardships and barriers for the involved families.

Respite Yes
Applies to OASAS? No
Applies to OMH? No
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Transition Age Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Youth Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): We recently learned through the Youth Advisory Board Needs Assessment that there is a growing population of transition age youth that are in need of support services.

Transportation Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Although we have Medicaid transportation (MAS), SLC Public Transit System, and the Volunteer Transportation Center, there remains additional needs particularly for emergency situations. For example, when a child or youth is taken to the local 9.39 ED, the parents often have barriers getting to the hospital when lacking their own transportation. The LGU has used OASAS Opioid Settlement Funds to expand existing transportation services.

Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

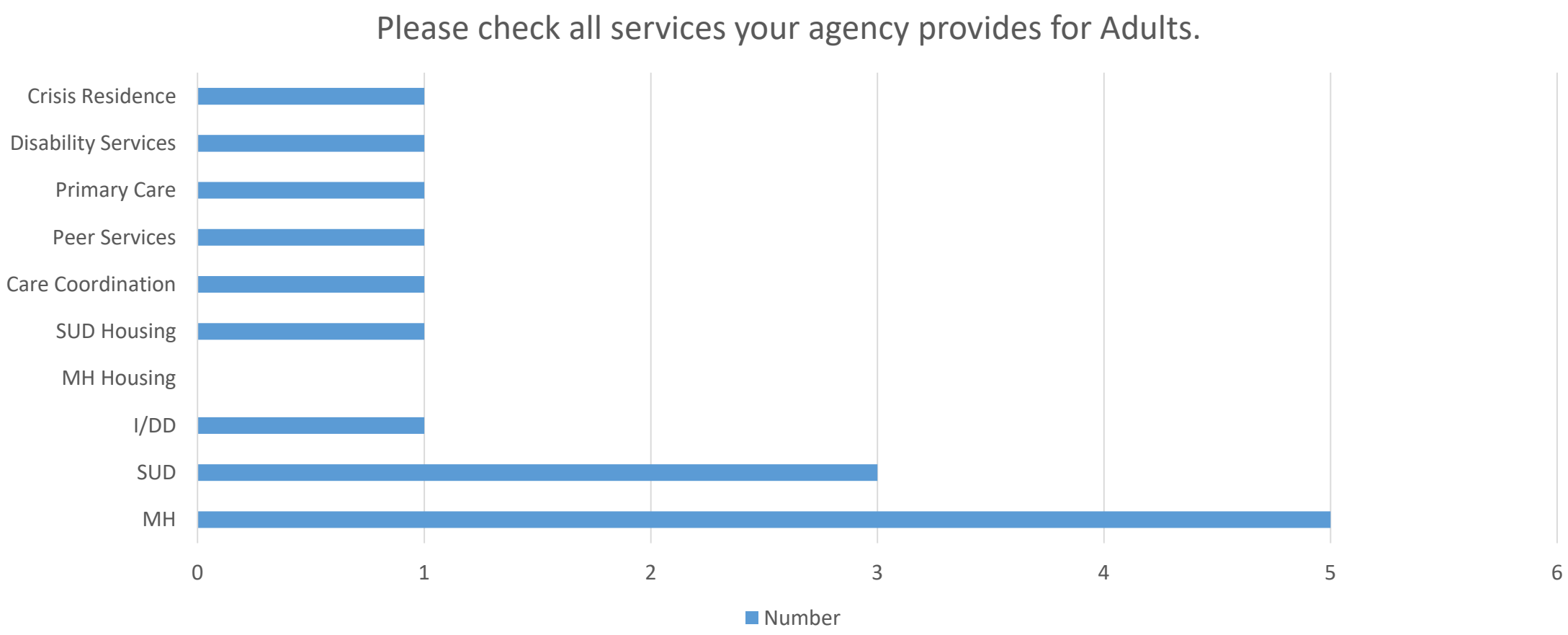
Enhance and improve emergency department discharge planning/7-day follow-up appointments for SUD and MH individuals not being admitted for inpatient services. Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes

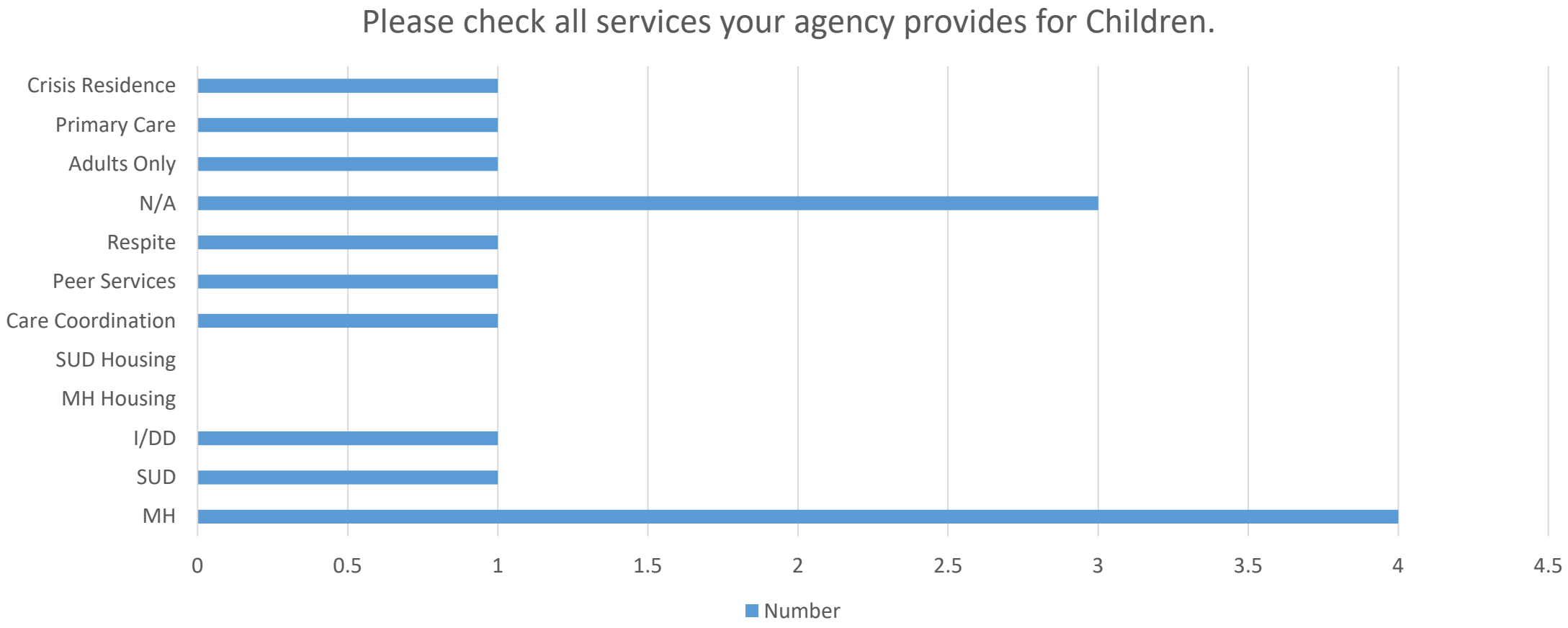
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

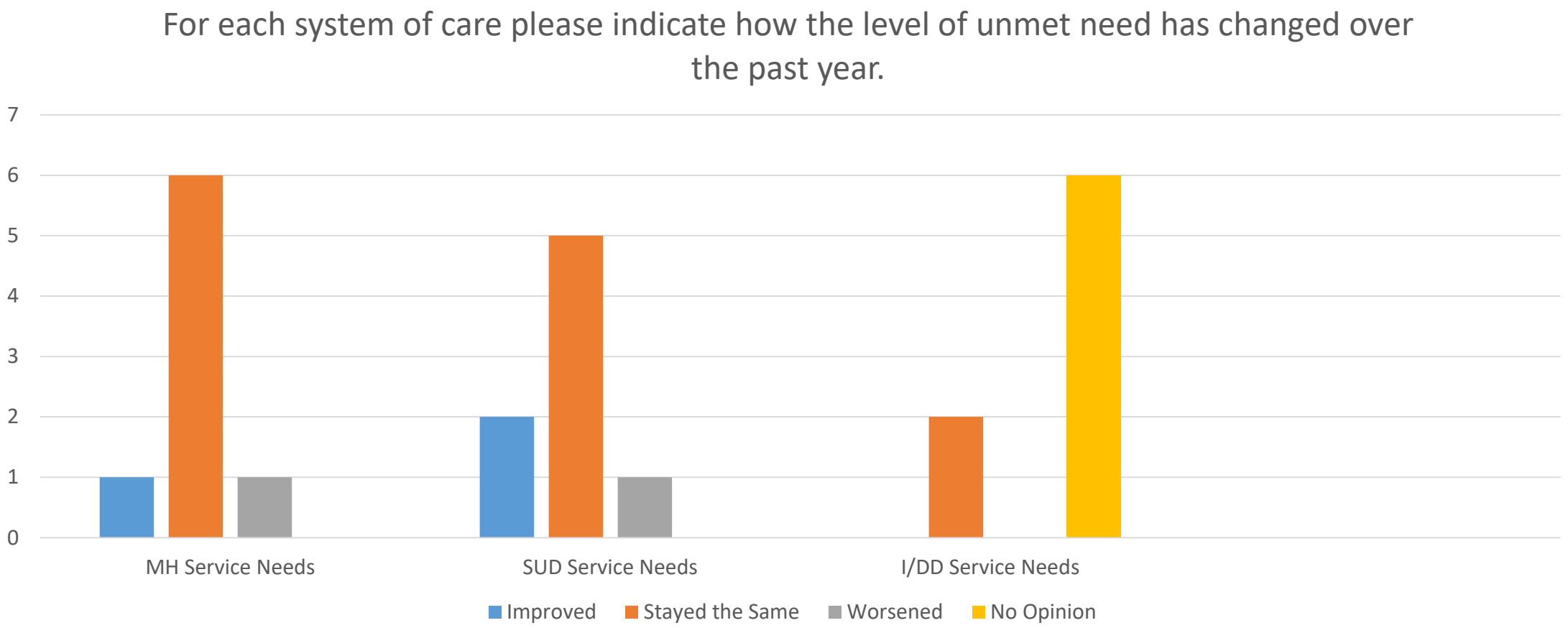
LGU Representative: Jay Ulrich

Submitted for: St. Lawrence County Community Services

2025 SLC CS LSP Provider Survey Results


Please check all services your agency provides for Adults.
Crisis Residence
Disability Services
Primary Care
Peer Services
Care Coordination
SUD Housing
MH Housing
I/DD
SUD
MH
0
1
2
3
4
5
6
Number


Please check all services your agency provides for Children.
Crisis Residence
Primary Care
Adults Only
N/A
Respite
Peer Services
Care Coordination
SUD Housing
MH Housing
I/DD
SUD
MH
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
Number


For each system of care please indicate how the level of unmet need has changed over the past year.
7
6
5
4
3
2
1
0
MH Service Needs
SUD Service Needs
I/DD Service Needs
Improved
Stayed the Same
Worsened
No Opinion

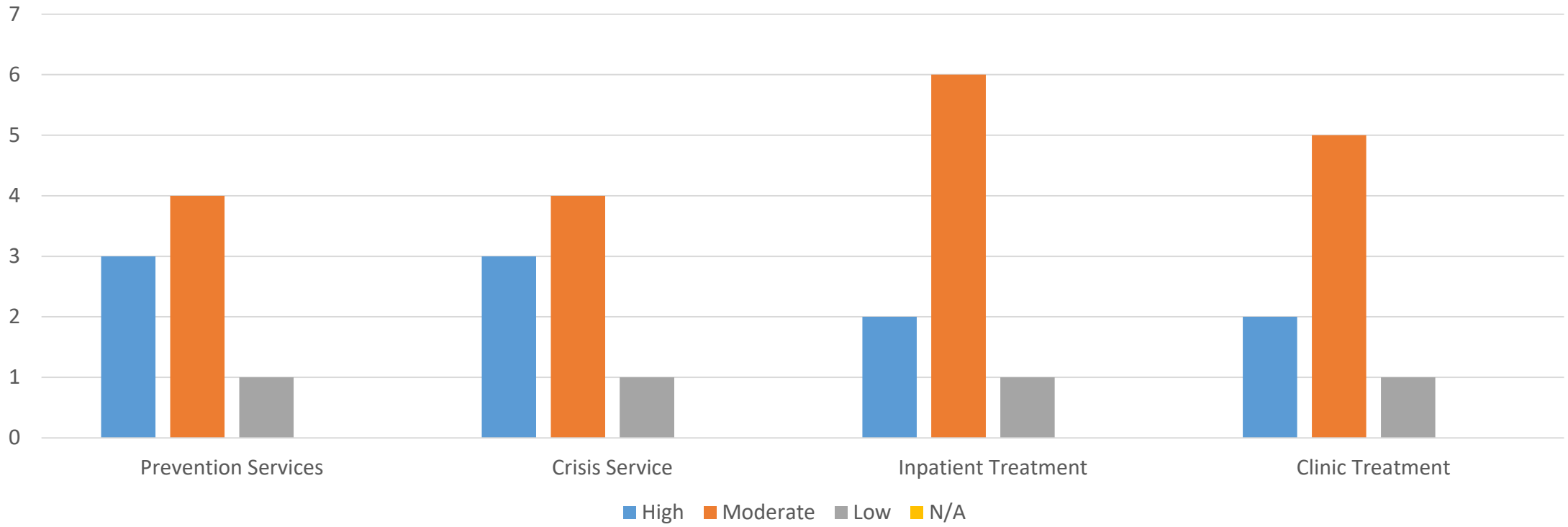
If you indicated there has been a change over the past year to level of unmet need for **mental health services**, please provide specific examples and explanations.

- “We are receiving far more applications for services and have had a fairly steady wait list of about 20 or more patients for the past year.”
- “because I indicated "same" doesn't mean there should not be improvement; still time barriers for appointments and some seen only every other or every three weeks and many cancellations. It also appears that group therapy has disappeared?”
- “There needs to be more services for mental health, wait times can be long to see providers.”

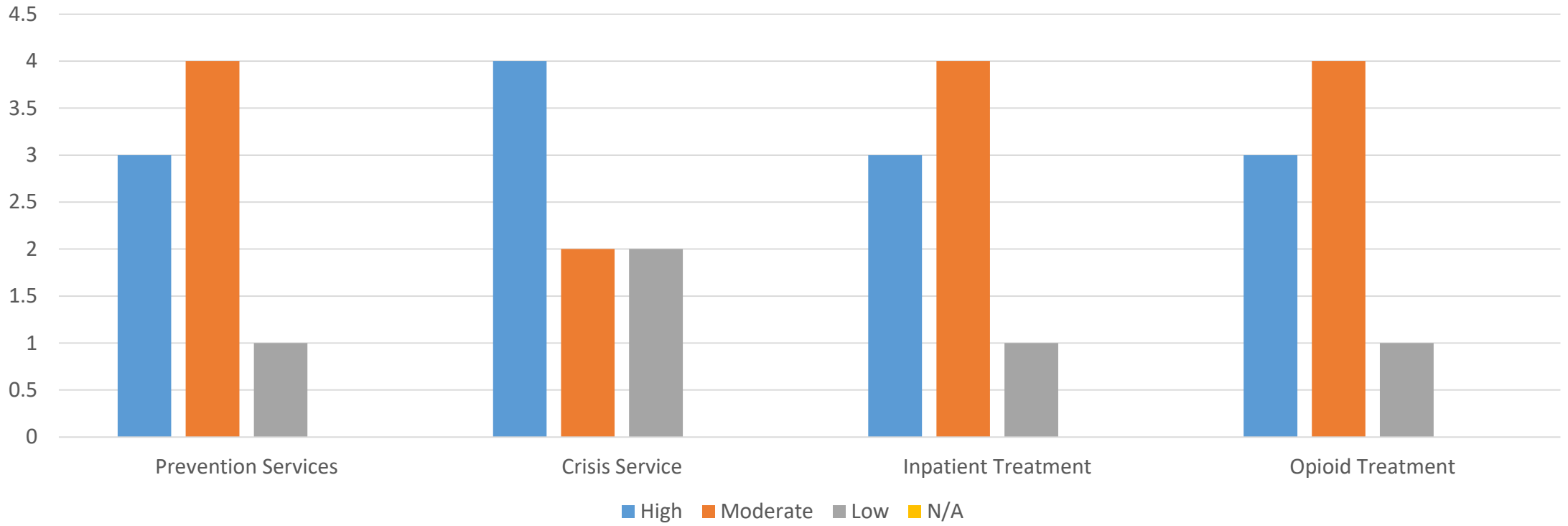
If you indicated there has been a change over the past year to level of unmet need for **substance use disorder** needs, please provide specific examples and explanations.

- “This past year, more of our newly admitted patients carry SUD diagnoses than last year.”
- “because I indicated "same" doesn't mean that there still aren't issues. There are a number of cancellations of appointments and still a great reliance on tele-health which while very useful in a number of situations cannot completely substitute for one-on-one counseling and group work”

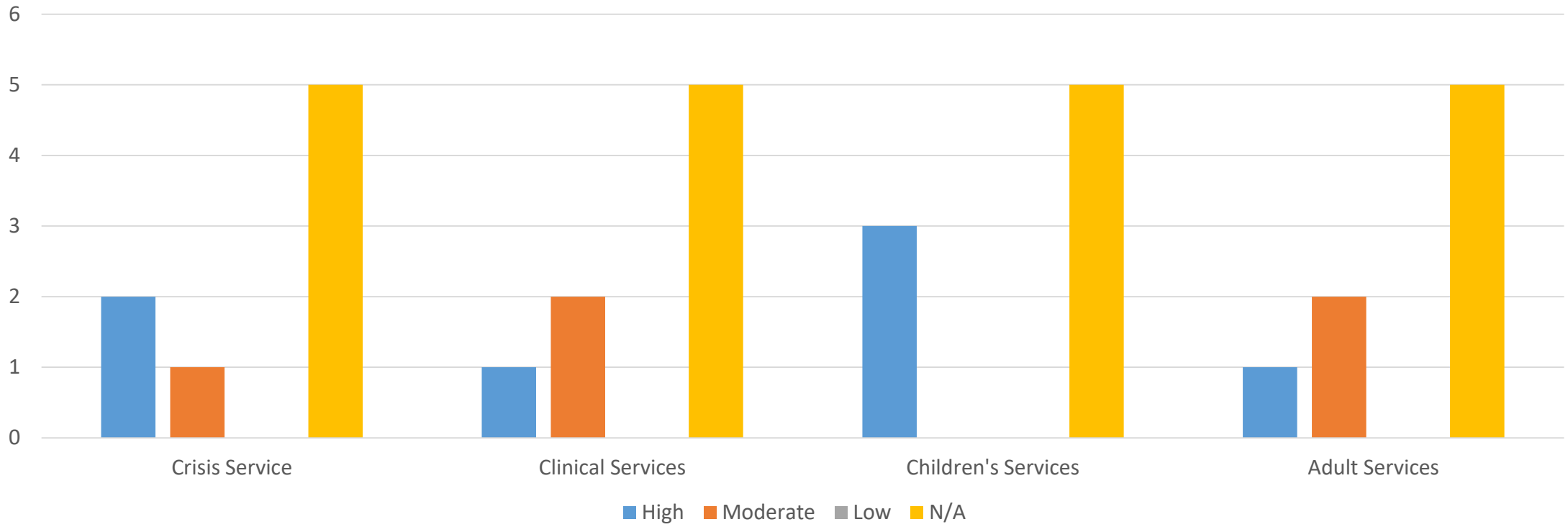
Mental Health Services - Please rate the level of need and/or gaps in the **mental health** system of care in SLC.

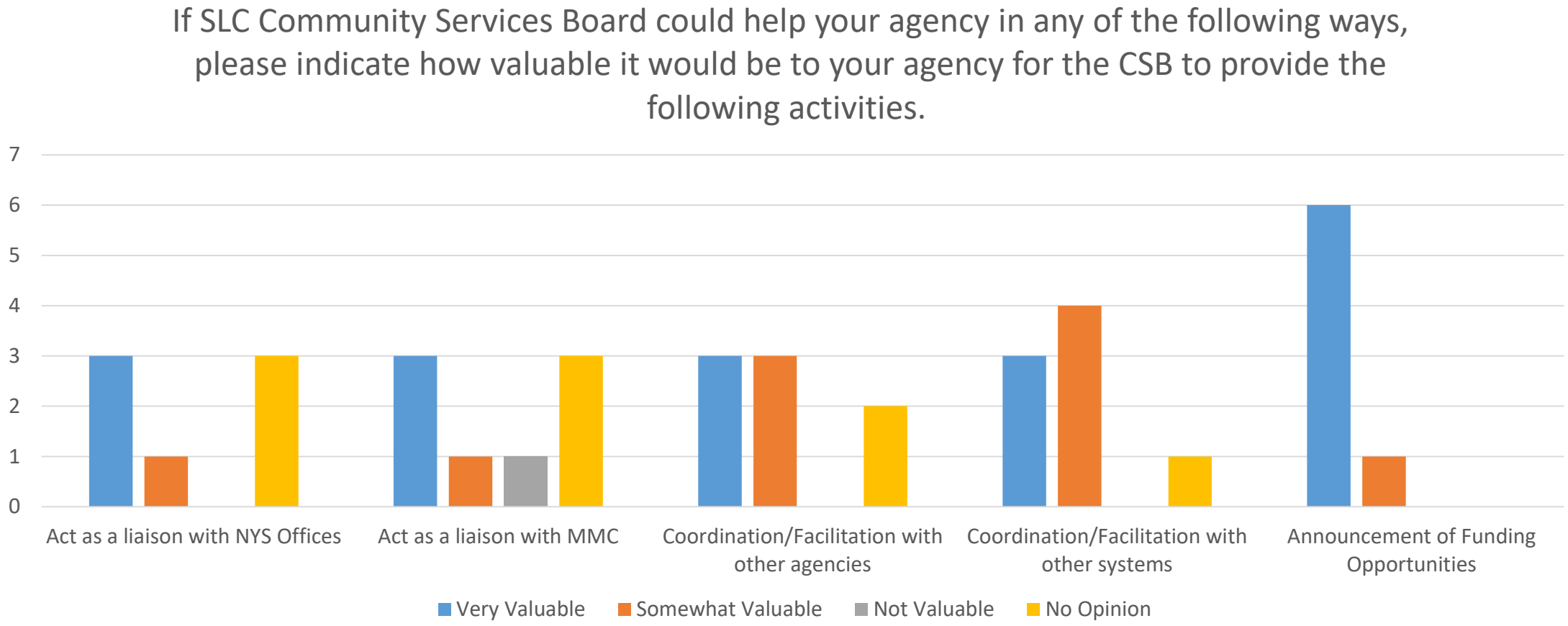


Substance Use Disorder Services - Please rate the level of need and/or gaps in the **substance use disorder** system of care in SLC.



Intellectual/Developmental Disability Services - Please rate the level of need and/or gaps in the **intellectual/developmental disability services** system of care in SLC.




If SLC Community Services Board could help your agency in any of the following ways, please indicate how valuable it would be to your agency for the CSB to provide the following activities.
7
6
5
4
3
2
1
0
Act as a liaison with NYS Offices
Act as a liaison with MMC
Coordination/Facilitation with other agencies
Coordination/Facilitation with other systems
Announcement of Funding Opportunities
Very Valuable
Somewhat Valuable
Not Valuable
No Opinion

What training topics, if any, would you like to have available for your agency?

- Tools to assist persons in recovery from substance abuse or those who want to work towards recovery.
- Co occurring disorders
- Evidence-based therapies with CEU opportunities
- specialty trainings for b/h providers; ie: eating disorders, women's health, autism, etc.
- Any SUD/MH trainings in the area that would benefit our Director or anything on confidentiality regulation updates
- Community resources/services available

What issue(s), if any, could SLC CSB help with regarding advocacy with NYS agencies?

- Added substance abuse inpatient treatment beds and detox beds
- Sustainable funding and work force development
- Advocate to local DOSS to request enhanced Temporary Assistance rate which may assist with housing crisis and transition services. Advocate to DOSS for less barriers to maintain temporary assistance for clients.
- Affordable housing, there needs to be more for the individuals we serve.

This survey will help inform our Local Services Plan for St. Lawrence County. What other issues, challenges, problems, or suggestions would you like to share to help us in this county planning process?

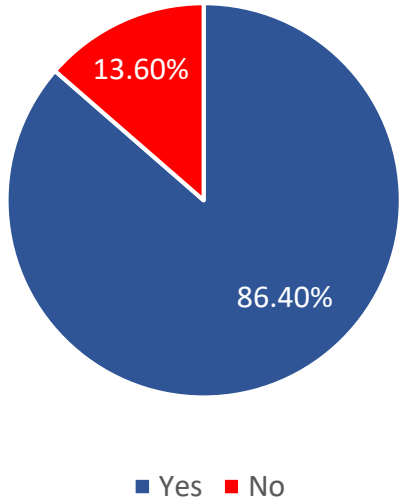
- We have had a very difficult time recruiting licensed mental health professionals in the area. This has made it difficult for us to address the needs in our community, as we frequently have a long wait list. We could also use more support with treating co-occurring disorders versus referring them to dual diagnosis programs (and the lack of integrated treatment/dual diagnosis programs in the area)
- Education regarding the services available in the county, directory of the services available
- In the 40 years that I have been in SLC there have been giant strides made because of the fortitude of the people here. I have no doubt that the next 40 years will see equally giant strides made for those that need the services we provide. We just have to keep on keeping on!
- More services for substance use population locally to include more detox services/residential care facilities
- transportation

Service Recipient Survey

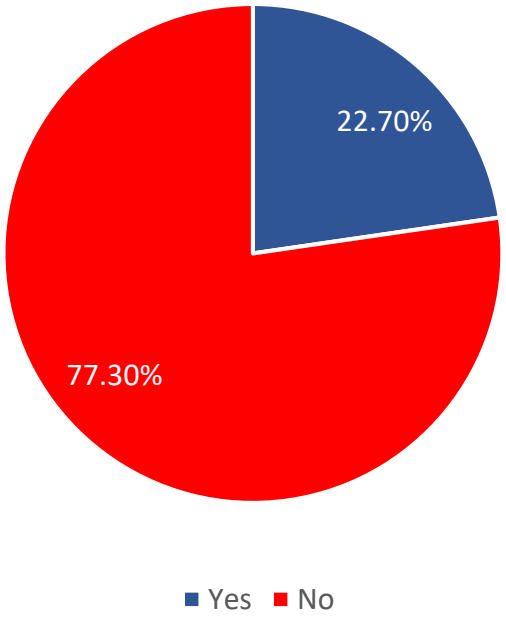
St. Lawrence County 2026 Local Services Plan

44 responses

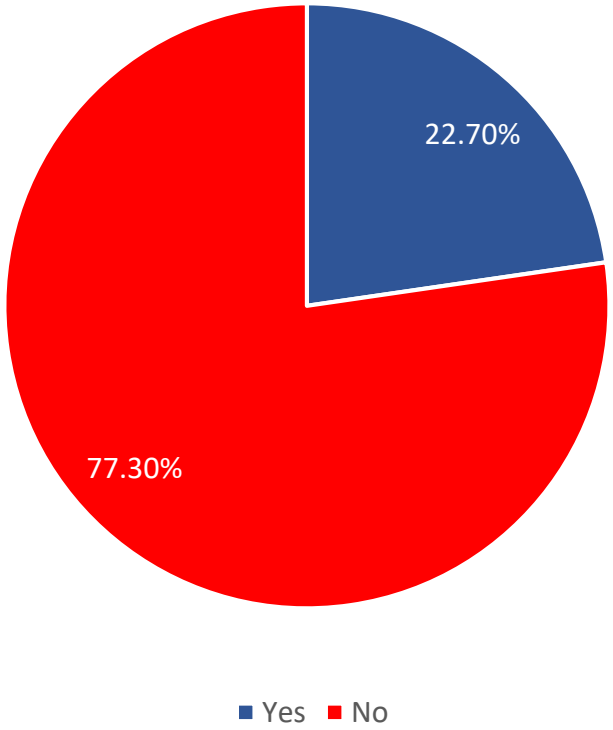
I am currently an individual that is receiving mental health, substance abuse or intellectual/developmental disability services in St. Lawrence County; or not presently, but have received such services in the last 6 months.



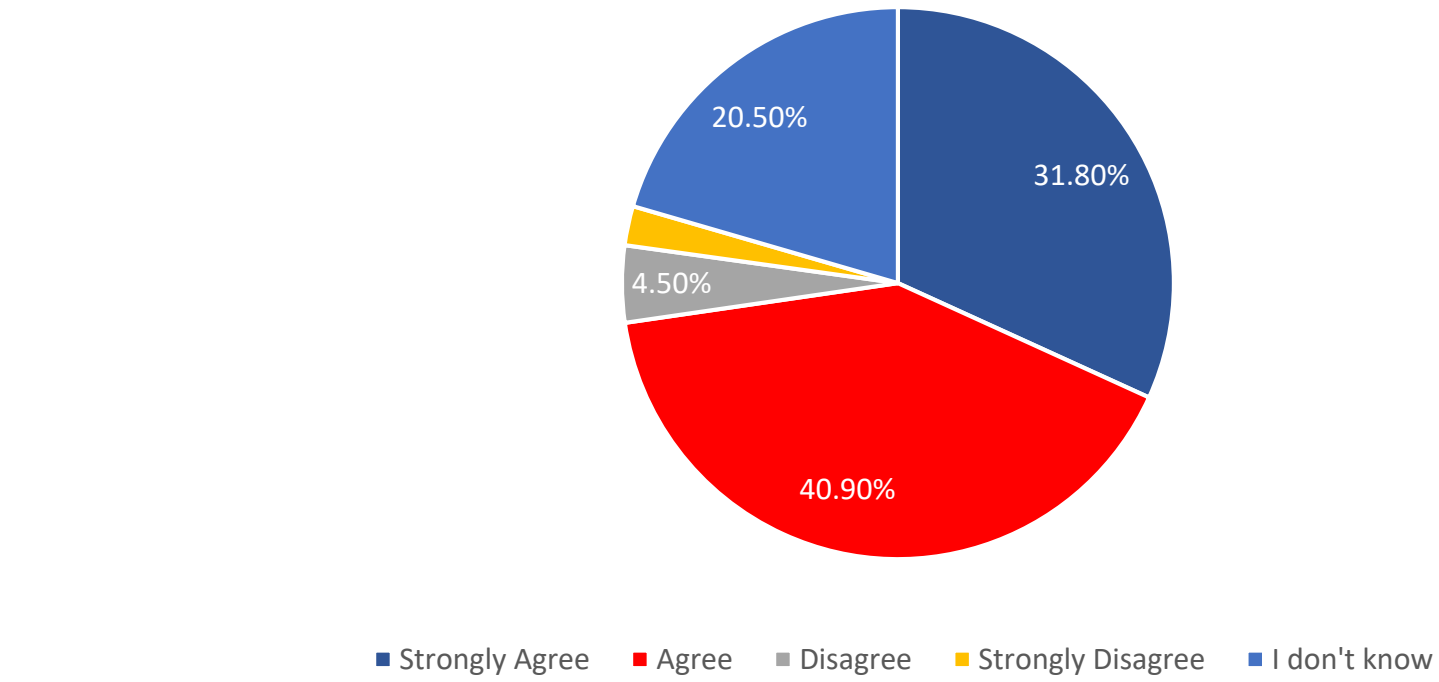
I am currently a guardian of an individual that is receiving mental health, substance abuse or intellectual/developmental disability services in St. Lawrence County; or not presently, but have received such services in the last 6 months.

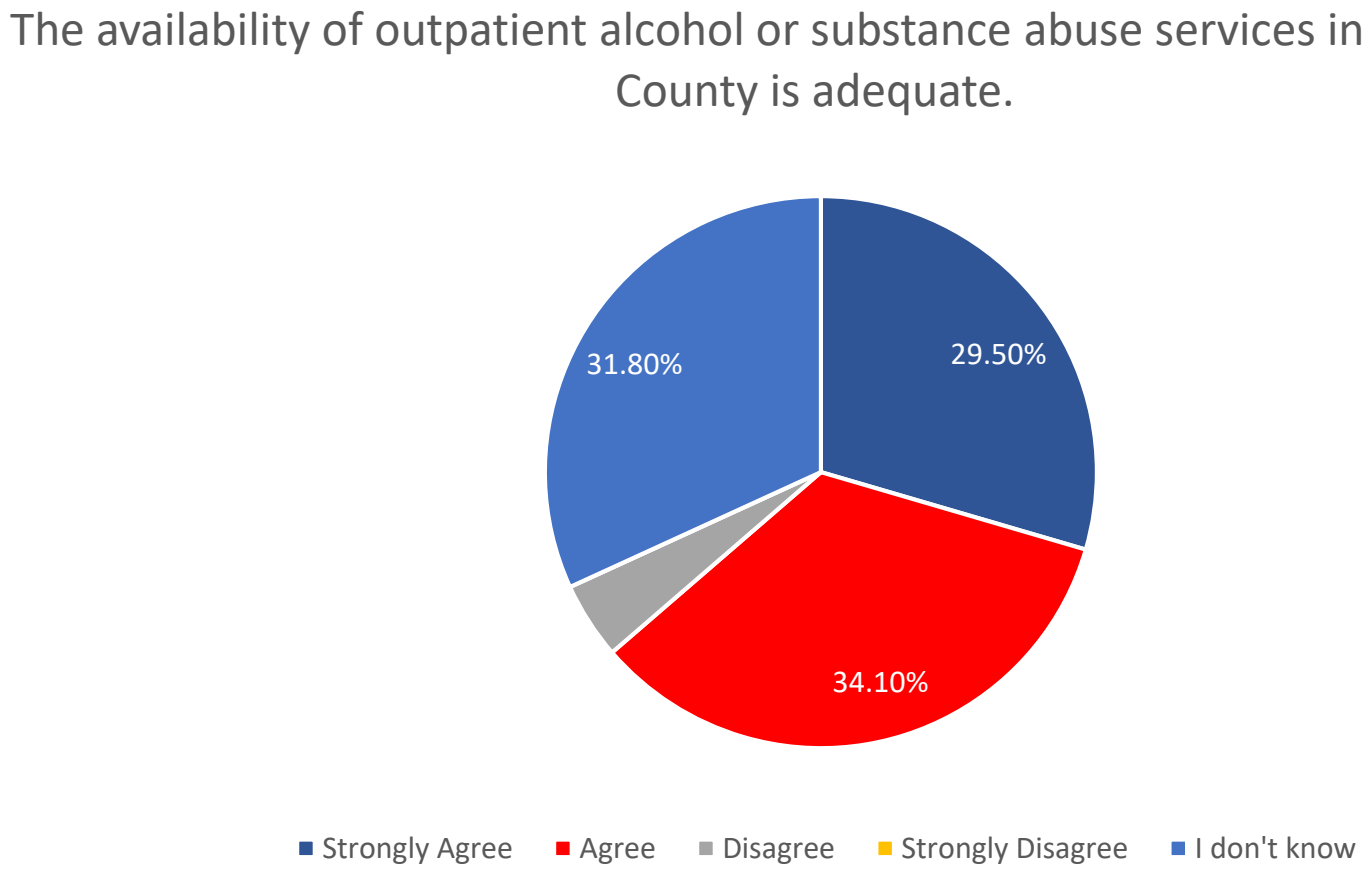


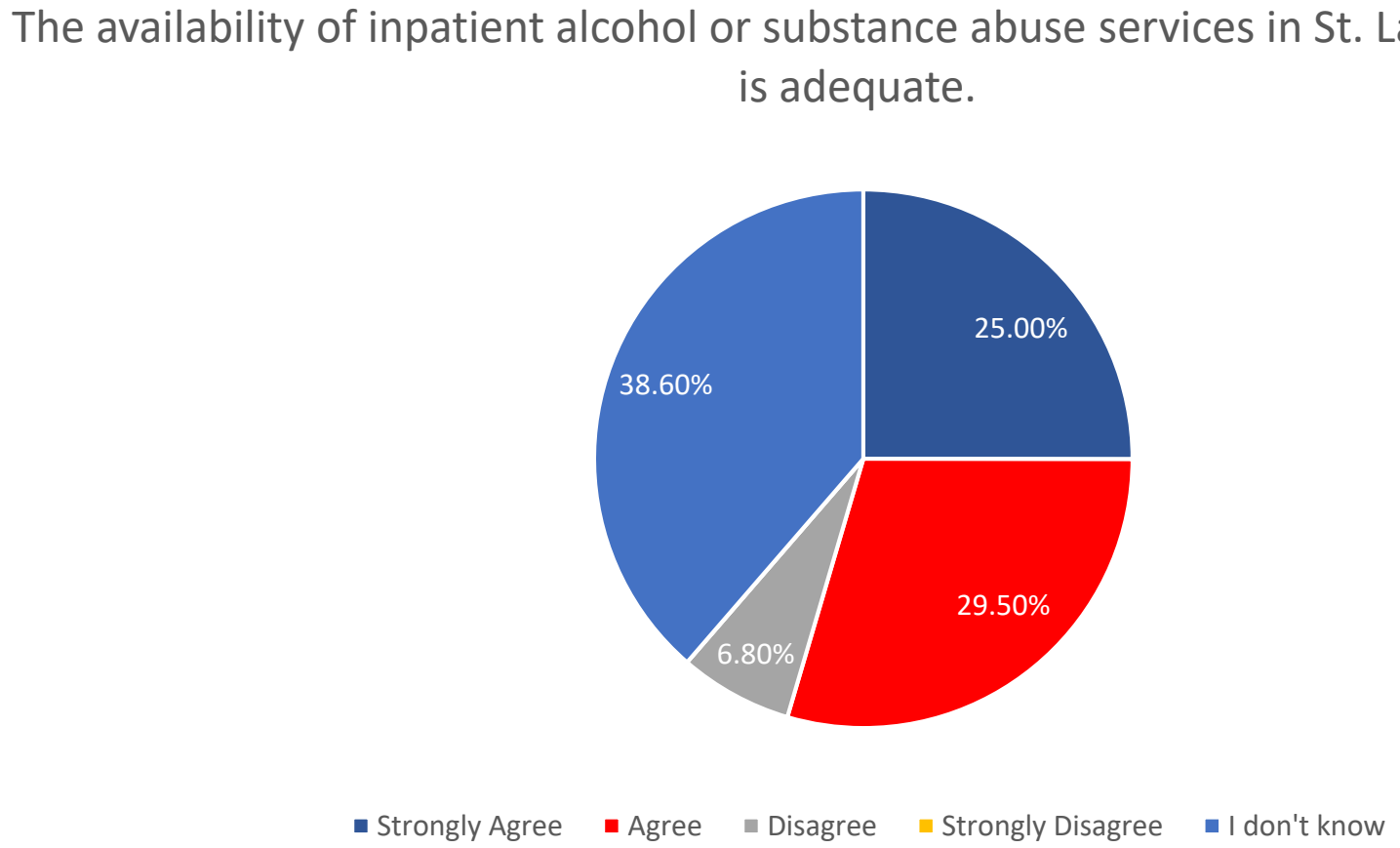
I am enrolled or my dependent is enrolled in a Care Management Agency.

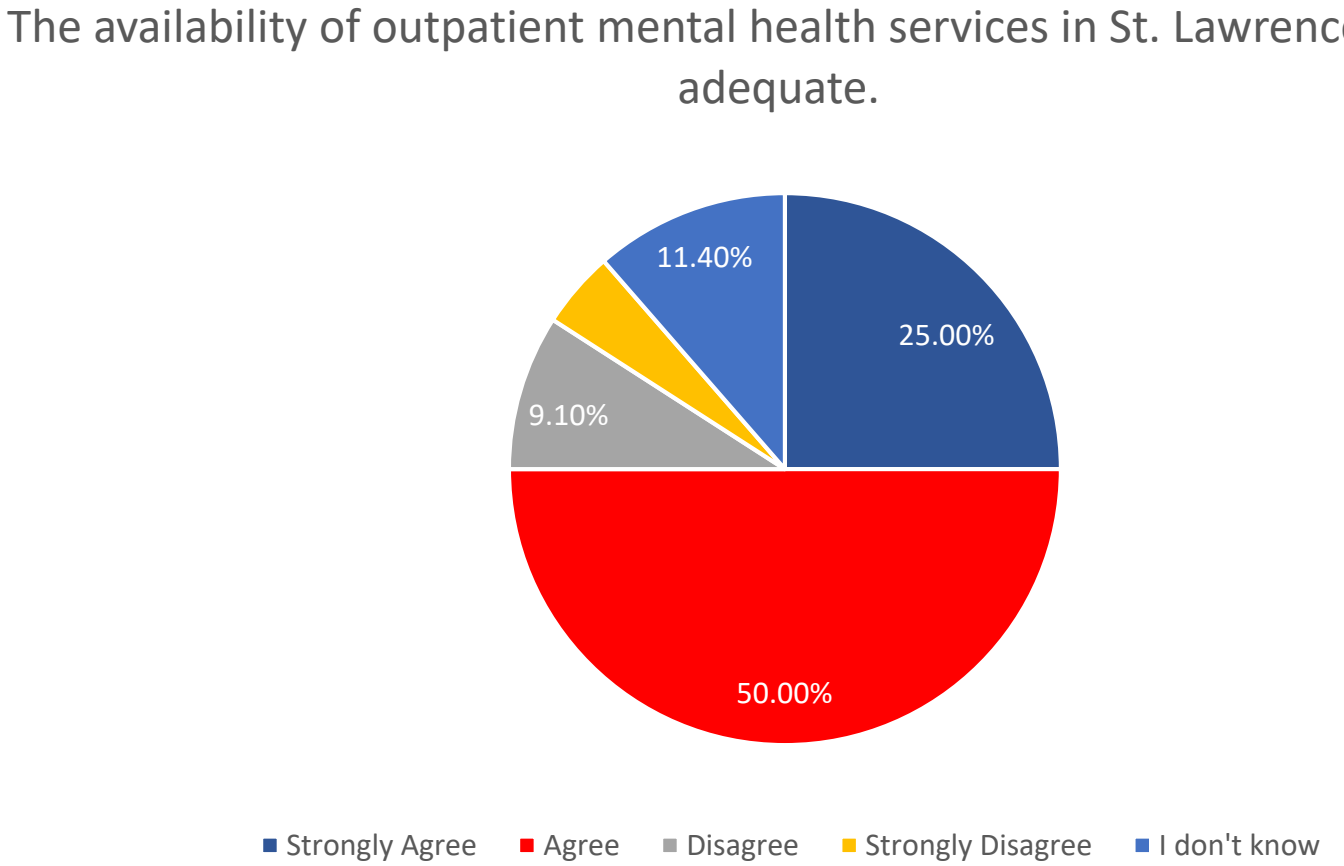


My service providers regularly communicate with each other to help coordinate my care or my dependent's care.

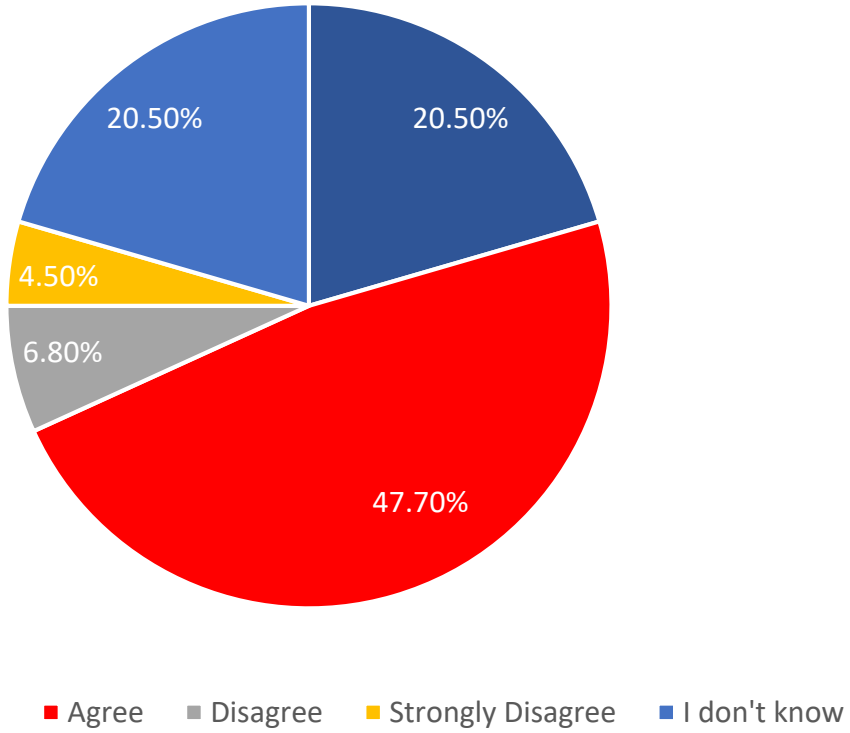


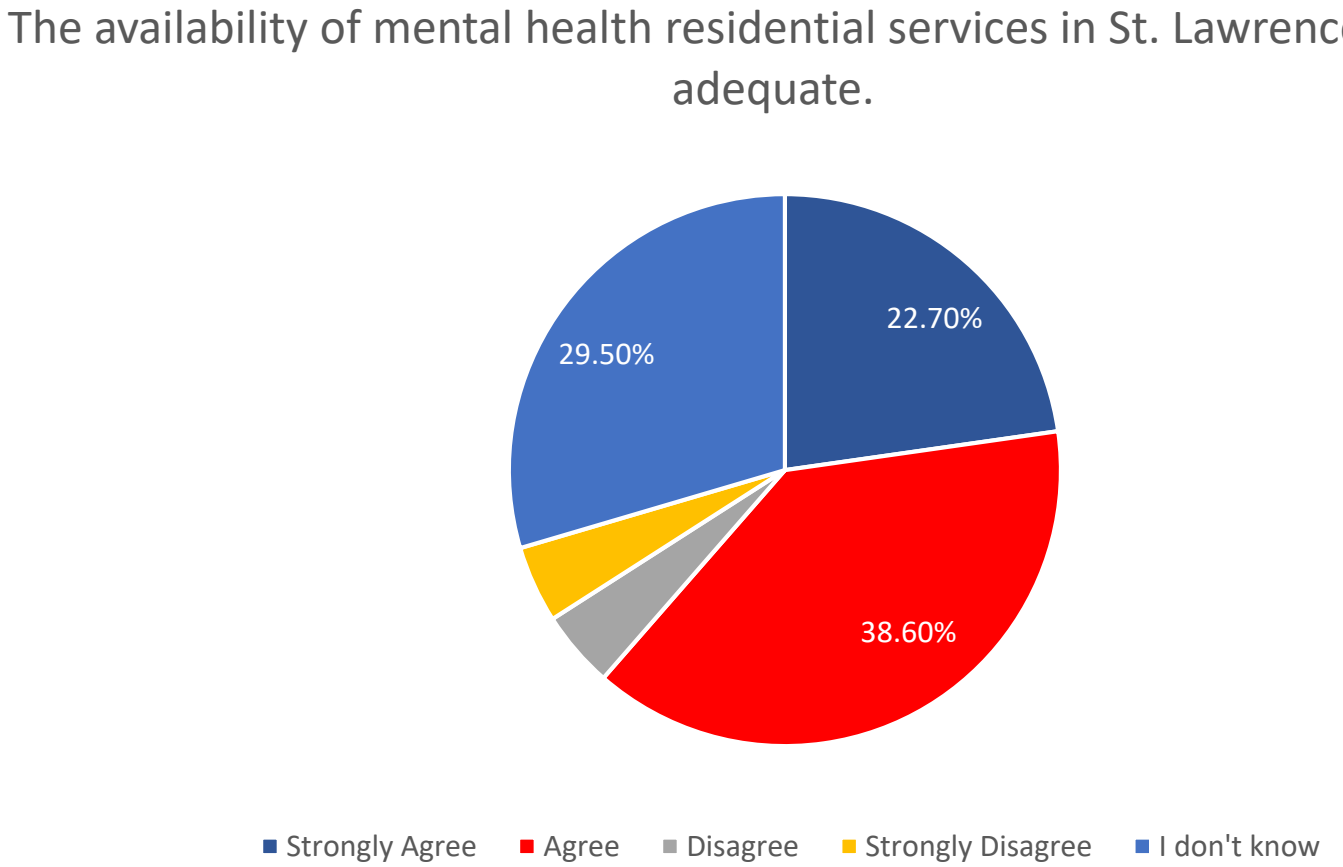

The availability of outpatient alcohol or substance abuse services in St. Lawrence County is adequate.
31.80%
29.50%
34.10%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know

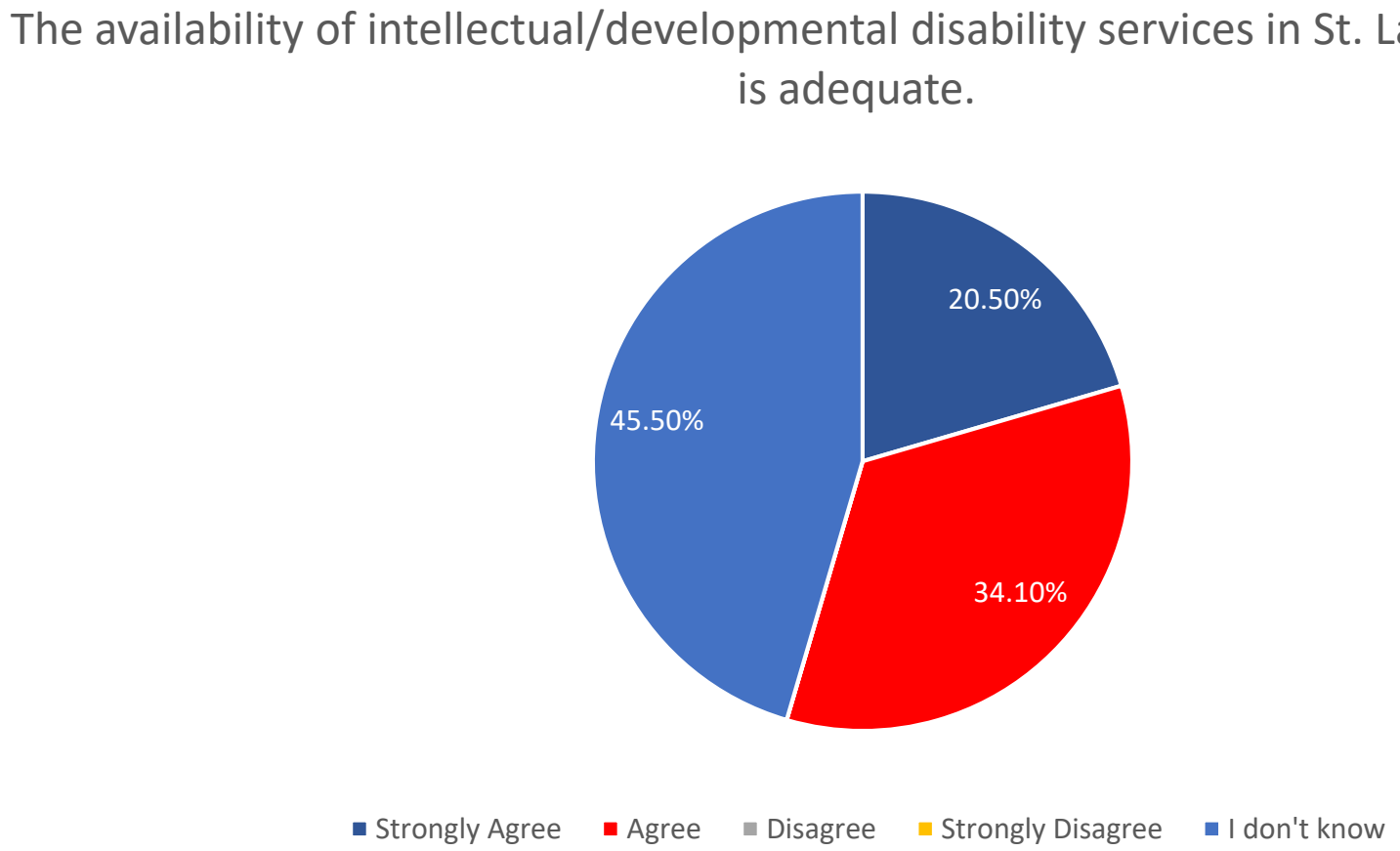

The availability of inpatient alcohol or substance abuse services in St. Lawrence County is adequate.
25.00%
29.50%
6.80%
38.60%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know

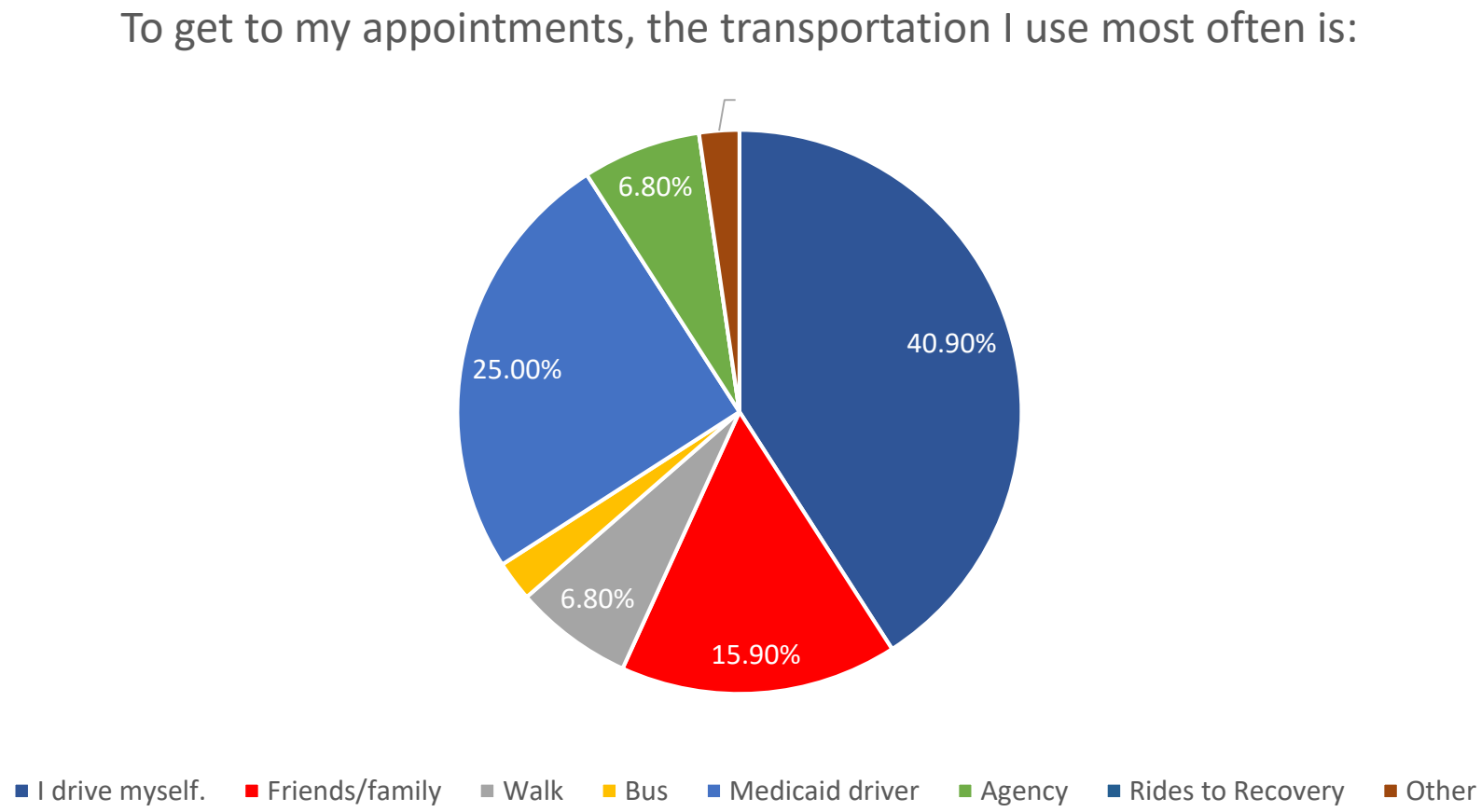

The availability of outpatient mental health services in St. Lawrence County is adequate.
11.40%
25.00%
9.10%
50.00%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know

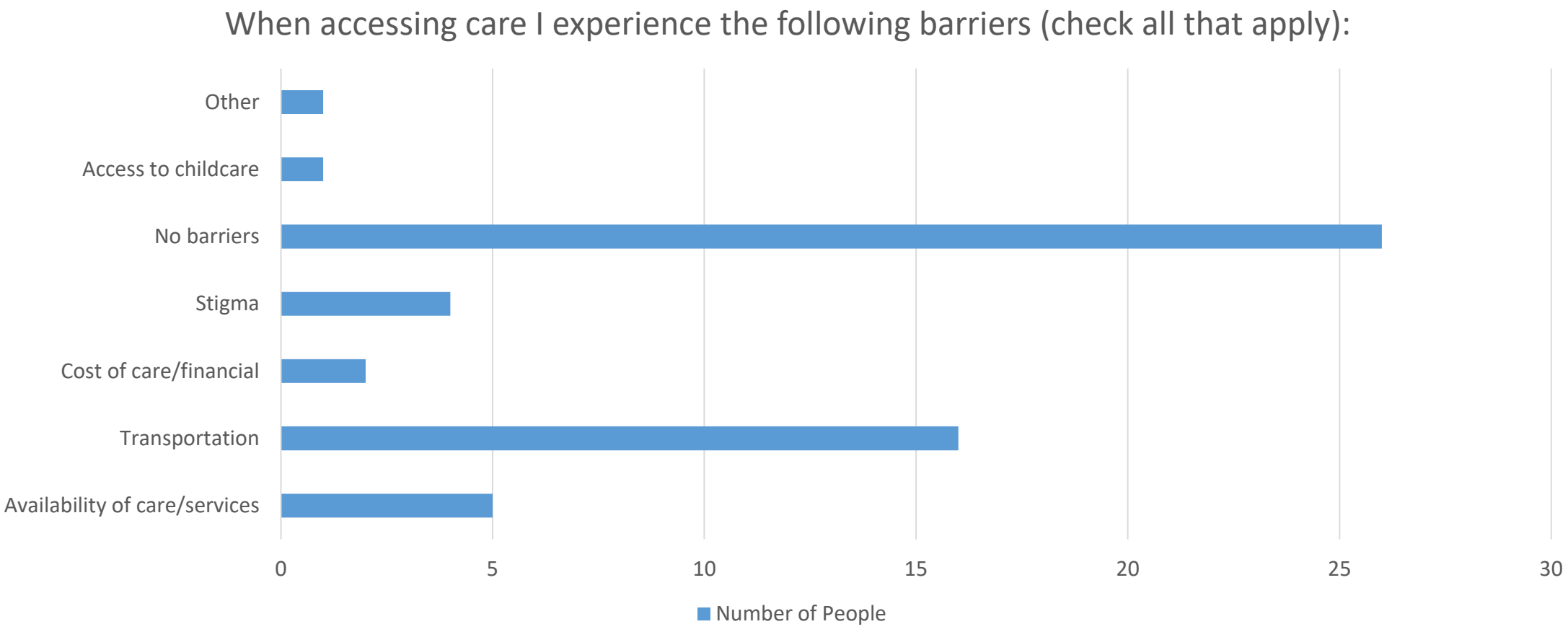
The availability of inpatient mental health services in St. Lawrence County is adequate.



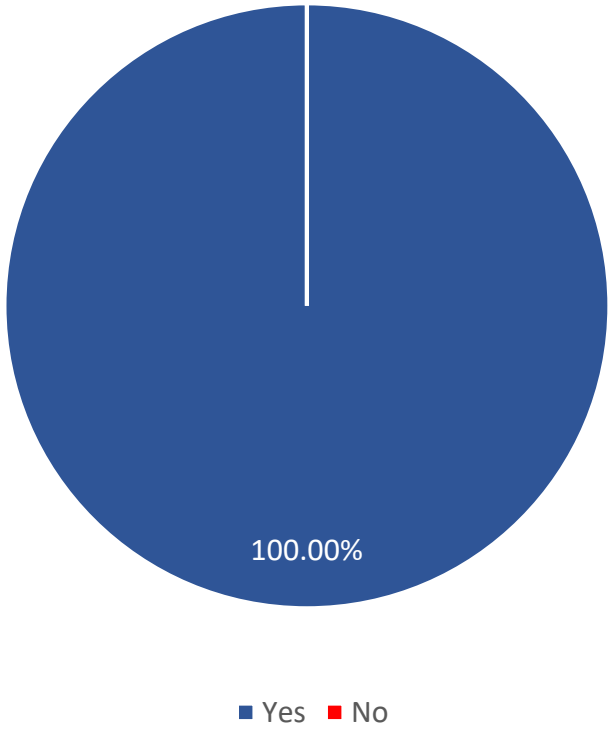

The availability of mental health residential services in St. Lawrence County is adequate.
22.70%
38.60%
29.50%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know


The availability of intellectual/developmental disability services in St. Lawrence County is adequate.
20.50%
34.10%
45.50%
Strongly Agree
Agree
Disagree
Strongly Disagree
I don't know

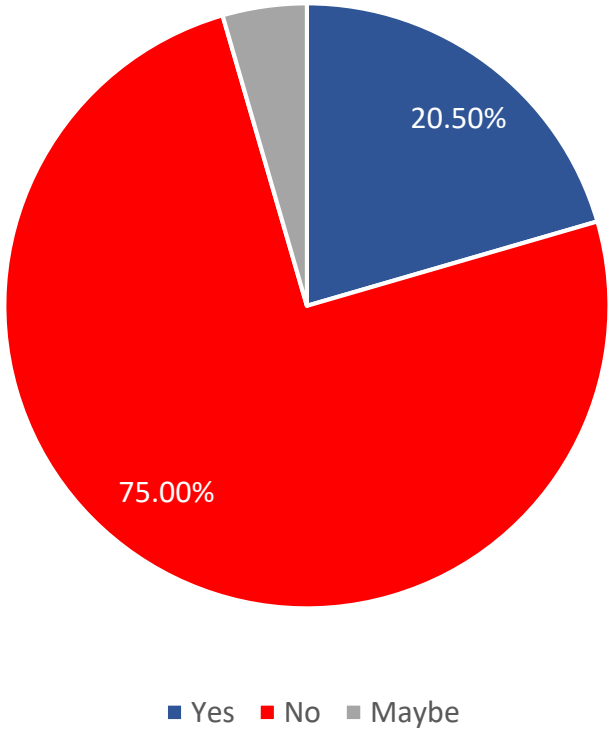

To get to my appointments, the transportation I use most often is:
40.90%
15.90%
6.80%
6.80%
25.00%
I drive myself.
Friends/family
Walk
Bus
Medicaid driver
Agency
Rides to Recovery
Other

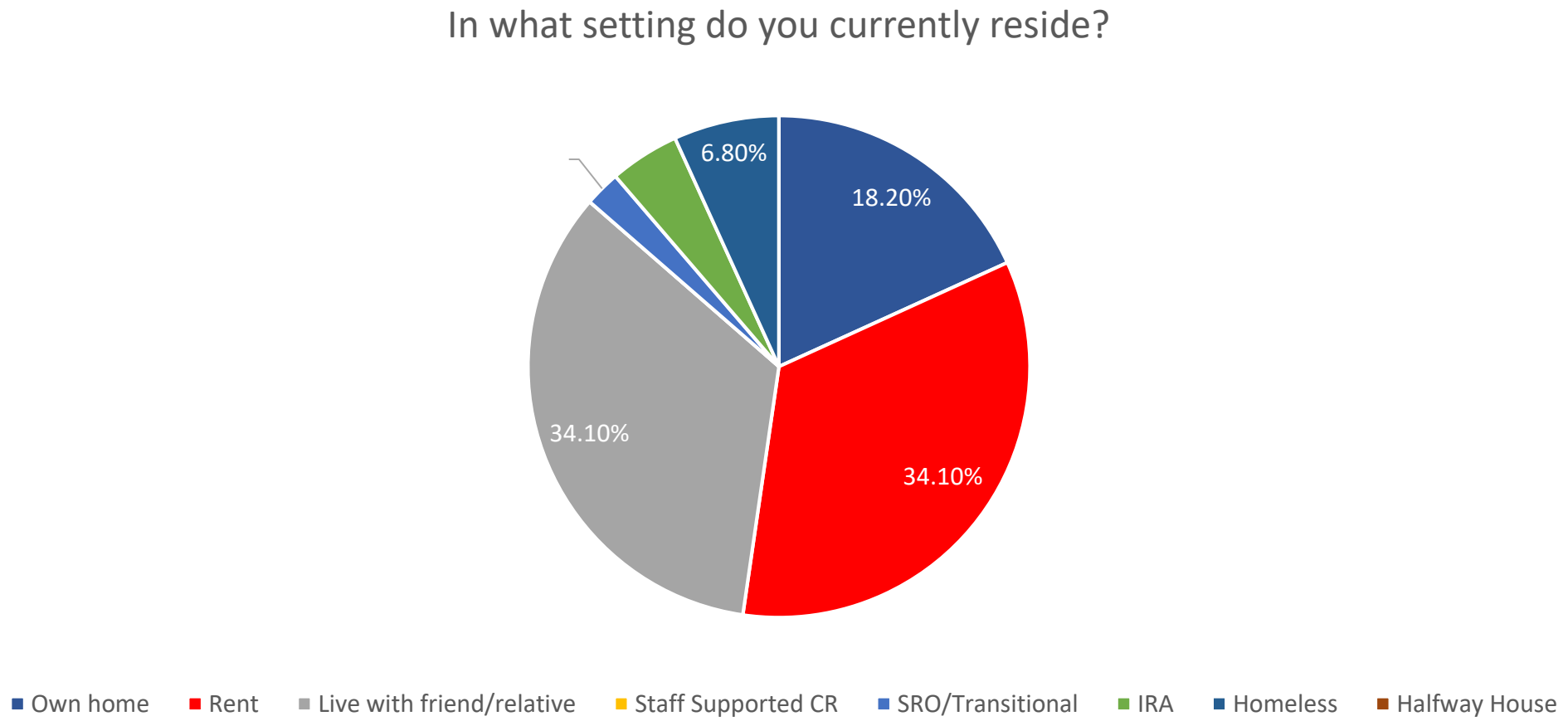

When accessing care I experience the following barriers (check all that apply):
Other
Access to childcare
No barriers
Stigma
Cost of care/financial
Transportation
Availability of care/services
0
5
10
15
20
25
30
Number of People

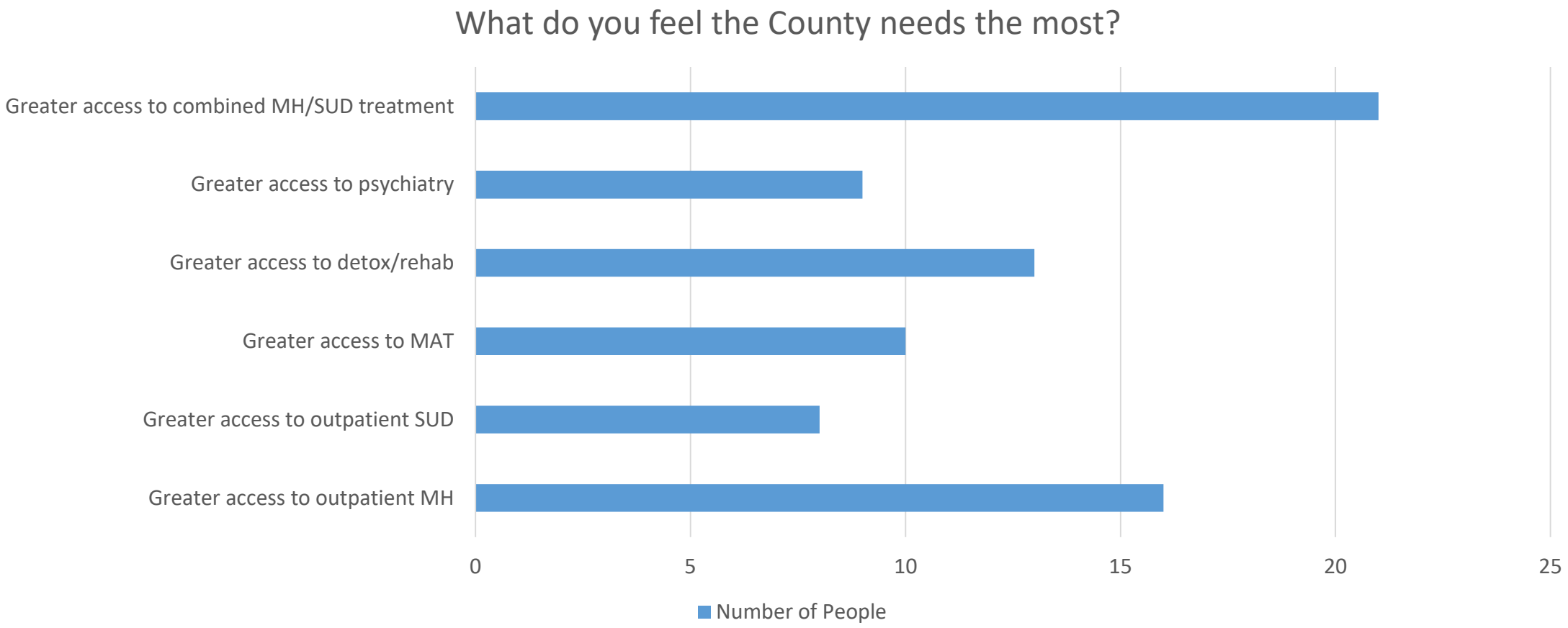
I know who I can call or where I can go when I'm in crisis or my loved one is in crisis.

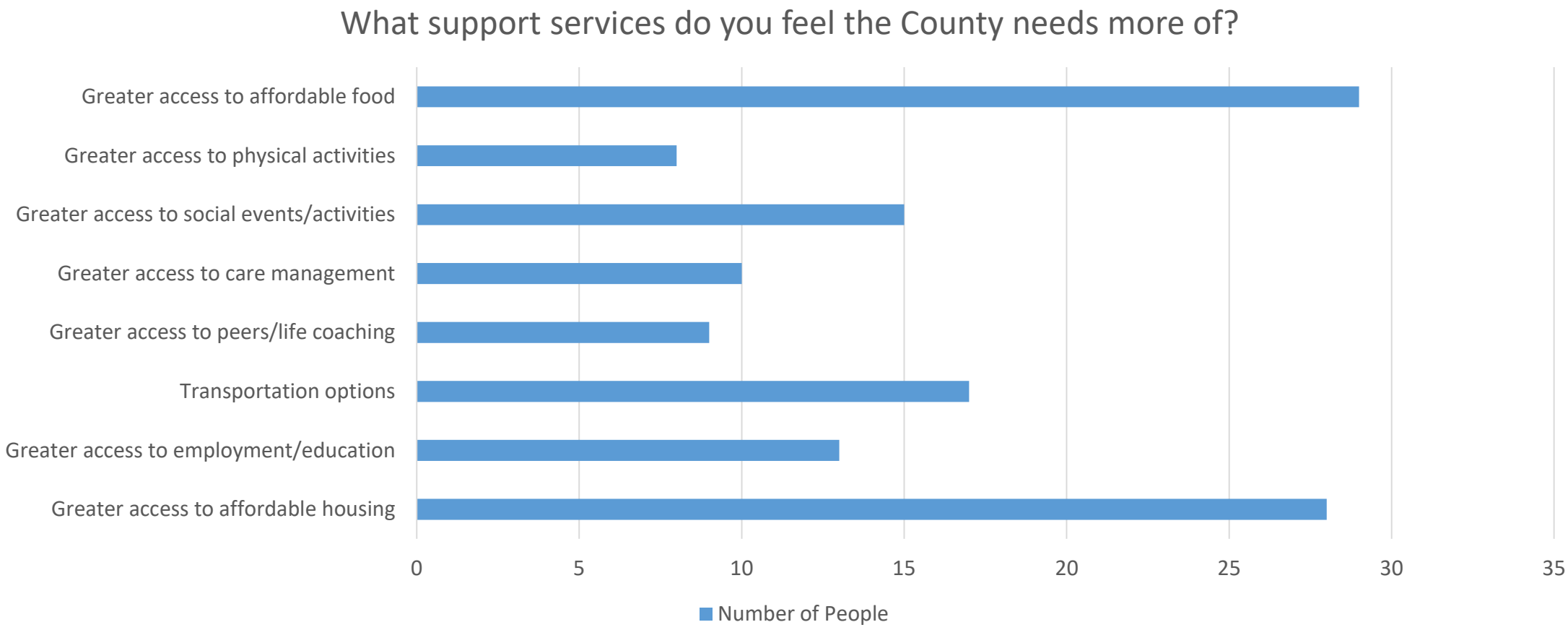


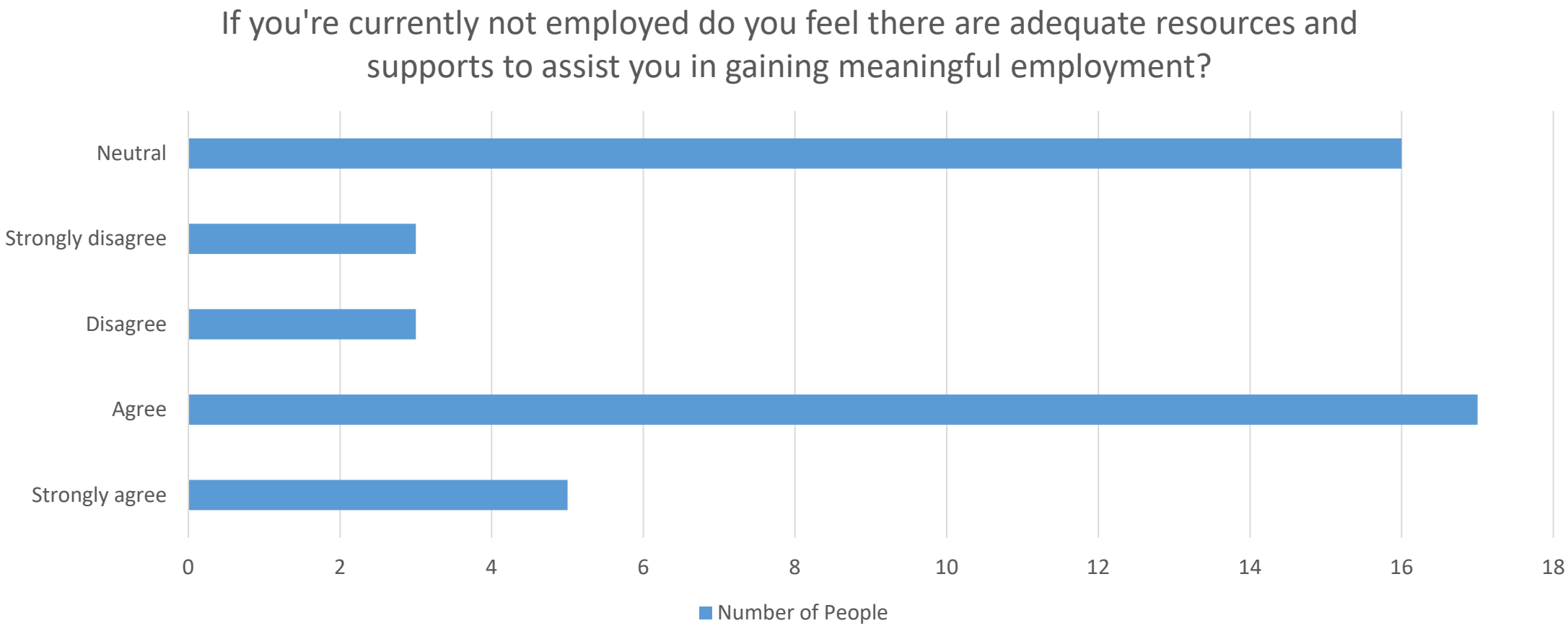
Are you worried in the next 12 months you will not have stable housing?




In what setting do you currently reside?
6.80%
18.20%
34.10%
34.10%
Own home
Rent
Live with friend/relative
Staff Supported CR
SRO/Transitional
IRA
Homeless
Halfway House


What do you feel the County needs the most?
Greater access to combined MH/SUD treatment
Greater access to psychiatry
Greater access to detox/rehab
Greater access to MAT
Greater access to outpatient SUD
Greater access to outpatient MH
0
5
10
15
20
25
Number of People


What support services do you feel the County needs more of?
Greater access to affordable food
Greater access to physical activities
Greater access to social events/activities
Greater access to care management
Greater access to peers/life coaching
Transportation options
Greater access to employment/education
Greater access to affordable housing
0
5
10
15
20
25
30
35
Number of People


If you're currently not employed do you feel there are adequate resources and supports to assist you in gaining meaningful employment?
Neutral
Strongly disagree
Disagree
Agree
Strongly agree
0
2
4
6
8
10
12
14
16
18
Number of People

OMH Vital Signs Dashboard (VSD) - Adult

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

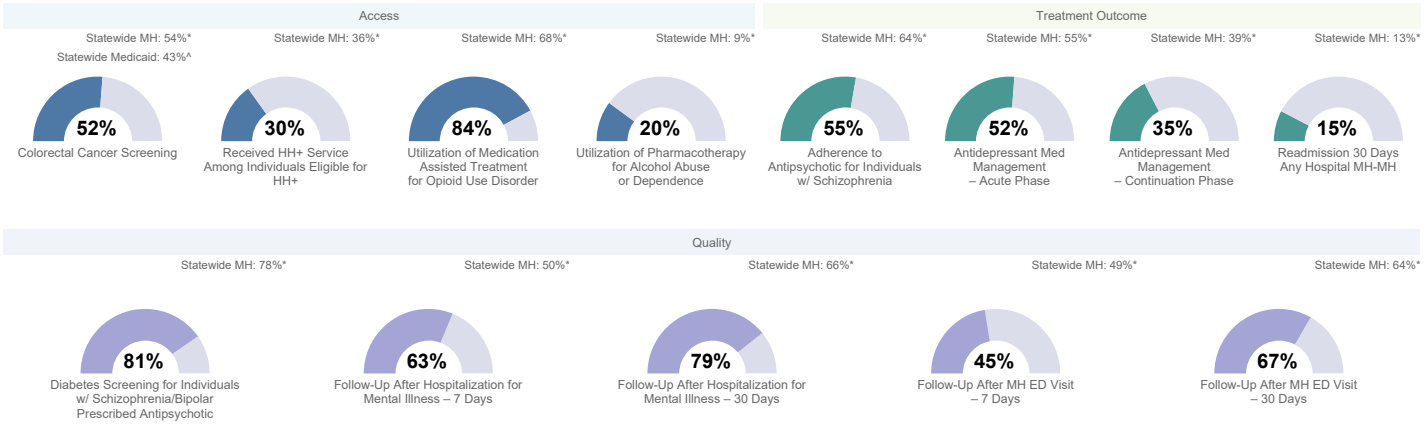
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
Full MH Population

Reset

SAINT LAWRENCE Full MH Population Vital Signs Measure Distribution from Medicaid (Adult, September 1, 2023 - August 31, 2024)

Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.



*Statewide Full MH Population Average Rate. ^Statewide Total Medicaid Population Average Rate.

^^Health Home Plus eligibility has been expanded to include Medicaid and DOH MAPP individuals since March 2022

Select Disparity Population
Total Population

Select to View Chart/Table
Table

SAINT LAWRENCE Full MH Population Total Population (Adult, September 1, 2023 - August 31, 2024)

§Statewide Average Performance is Referring to Statewide Full MH Population Average Rate.

Higher than Statewide Average Performance**
Equal to Statewide Average Performance**
Lower than Statewide Average Performance**

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Percent	Lower than Statewide**	Higher than Statewide**
Adherence to AP (Schizophrenia)	Full MH Population	64%	Full MH Population	66	119	55%	●	
Antidepressant – Acute Phase	Full MH Population	55%	Full MH Population	123	235	52%	●	
Antidepressant – Continuation Phase	Full MH Population	39%	Full MH Population	82	235	35%	●	
Clozapine Utilization (Schizophrenia)	Full MH Population	6%	Full MH Population	.	.	.	●	
Colorectal Screening	Full MH Population	54%	Full MH Population	993	1,894	52%	●	
Diabetes Screening (Schiz/Bipolar AP)	Full MH Population	78%	Full MH Population	206	255	81%		●
Follow-up MH ED 7 Days	Full MH Population	49%	Full MH Population	31	69	45%	●	
Follow-up MH ED 30 Days	Full MH Population	64%	Full MH Population	46	69	67%		●
Follow-up MH Hospitalization 7 Days	Full MH Population	50%	Full MH Population	159	254	63%		●
Follow-up MH Hospitalization 30 Days	Full MH Population	66%	Full MH Population	200	254	79%		●
HH+ Service Received	Full MH Population	36%	Full MH Population	33	109	30%	●	
Medication Assisted Treatment for OUD	Full MH Population	68%	Full MH Population	611	725	84%		●
Readmission 30 Days (Lower % is better)	Full MH Population	13%	Full MH Population	51	331	15%		●
Use of Pharmacotherapy for Alcohol Use..	Full MH Population	9%	Full MH Population	117	579	20%		●

*** Difference from statewide average performance is determined by 99% confidence interval of the statewide average performance.*
Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.

OMH Vital Signs Dashboard (VSD) - Child

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

Select Region, County, Network, or Agency
STATEWIDE

Select Population
Full MH Population

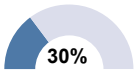
Reset

STATEWIDE Full MH Population Vital Signs Measure Distribution from Medicaid (Child, September 1, 2023 - August 31, 2024)

Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.

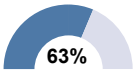
Access

Statewide Medicaid: 27%^



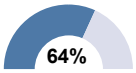
Immunization for Adolescents, HPV

Statewide Medicaid: 59%^

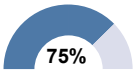


Immunization for Adolescents, Meningococcal

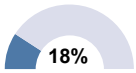
Statewide Medicaid: 60%^



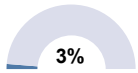
Immunization for Adolescents, TDAP



Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

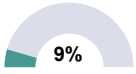


Utilization of Medication Assisted Treatment for Opioid Use Disorder



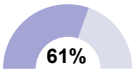
Utilization of Pharmacotherapy for Alcohol Abuse or Dependence

Treatment Outcome

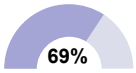


Readmission 30 Days Any Hospital MH-MH

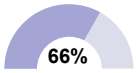
Quality



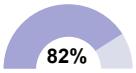
Follow-Up Care for Children Prescribed ADHD Medication, Initiation



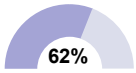
Follow-Up Care for Children Prescribed ADHD Medication, Continuation



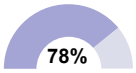
Follow-Up After Hospitalization for Mental Illness – 7 Days



Follow-Up After Hospitalization for Mental Illness – 30 Days



Follow-Up After MH ED Visit – 7 Days



Follow-Up After MH ED Visit – 30 Days

^Statewide Total Medicaid Population Average Rate.

Select Disparity Population
Total Population

Select to View Chart/Table
Table

STATEWIDE Full MH Population Total Population (Child, September 1, 2023 - August 31, 2024)

§Statewide Average Performance is Referring to Statewide Full MH Population Average Rate.

Higher than Statewide Average Performance**
Equal to Statewide Average Performance**
Lower than Statewide Average Performance**

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Percent	Equal to Statewide**
First-Line Psychosocial Care	Full MH Population	75%	Full MH Population	3,056	4,058	75%	●
Follow-up ADHD Medication, Continuation	Full MH Population	69%	Full MH Population	1,458	2,127	69%	●
Follow-up ADHD Medication, Initiation	Full MH Population	61%	Full MH Population	4,727	7,749	61%	●
Follow-up MH ED 7 Days	Full MH Population	62%	Full MH Population	6,782	10,931	62%	●
Follow-up MH ED 30 Days	Full MH Population	78%	Full MH Population	8,562	10,931	78%	●
Follow-up MH Hospitalization 7 Days	Full MH Population	66%	Full MH Population	4,523	6,819	66%	●
Follow-up MH Hospitalization 30 Days	Full MH Population	82%	Full MH Population	5,596	6,819	82%	●
Immunization, HPV	Full MH Population	30%	Full MH Population	21,826	73,889	30%	●
Immunization, Meningococcal	Full MH Population	63%	Full MH Population	46,305	73,889	63%	●
Immunization, TDAP	Full MH Population	64%	Full MH Population	46,990	73,889	64%	●
Medication Assisted Treatment for OUD	Full MH Population	18%	Full MH Population	117	639	18%	●
Readmission 30 Days (Lower % is better)	Full MH Population	9%	Full MH Population	712	7,848	9%	●
Use of Pharmacotherapy for Alcohol Use..	Full MH Population	3%	Full MH Population	84	3,273	3%	●

*** Difference from statewide average performance is determined by 99% confidence interval of the statewide average performance.*
Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.

OMH Vital Signs Dashboard (VSD) - Trends Over Time

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

Select Age Group / Measure
Adult / Follow-Up After Hospitalization for Mental Illness - 7 Days

Select Region, County, Network, or Agency
STATEWIDE

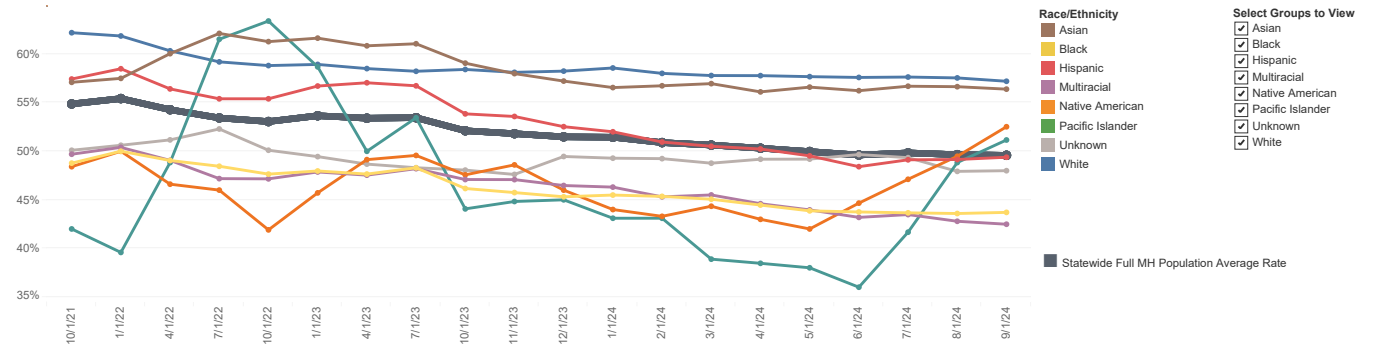
Select Population
--Total OMH Licensed Programs

Reset

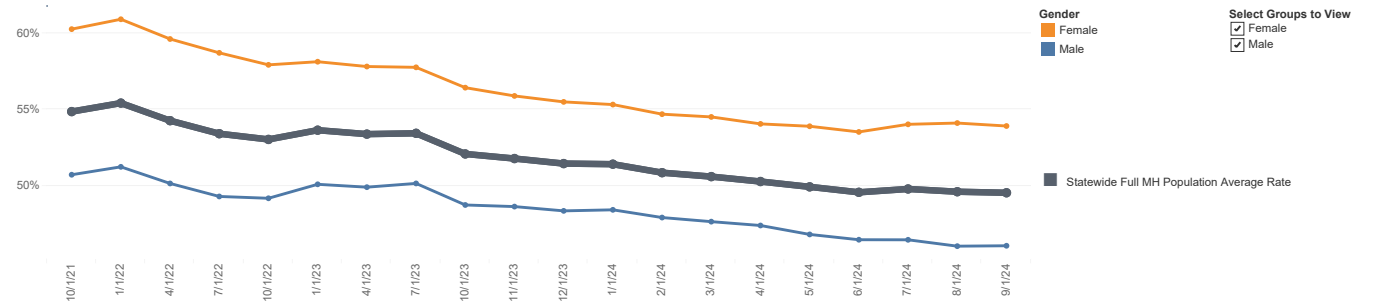
STATEWIDE Total OMH Licensed Programs Over Time Trend: Follow-Up After Hospitalization for Mental Illness - 7 Days (Adult, October 01, 2021 - September 01, 2024)

Follow-Up After Hospitalization for Mental Illness - 7 Days: The proportion of Medicaid members hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge. Full list of measure definitions in 'Definitions' tab. All measures leverage Medicaid data.
Hover over line chart to view numerator and denominator.

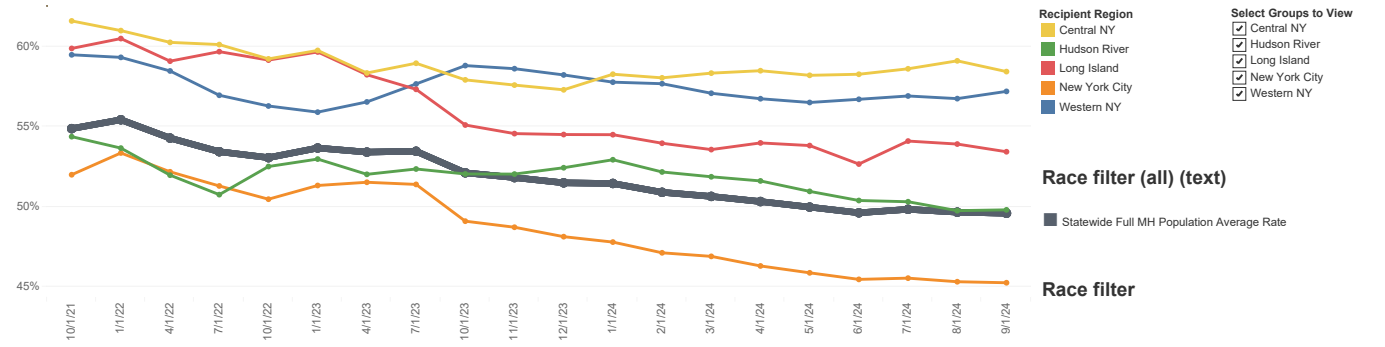
Race/Ethnicity



Gender



Recipient Region



Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.
Please note: the specifications for the two measures *Follow-Up After Emergency Department Visit for Mental Illness within 7 days of the ED visit* and *Follow-Up After Emergency Department Visit for Mental Illness within 30 days of the ED visit* changed in December 2023 resulting in a noticeable yet artificial decline.

OMH Vital Signs Dashboard (VSD) - Adult

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

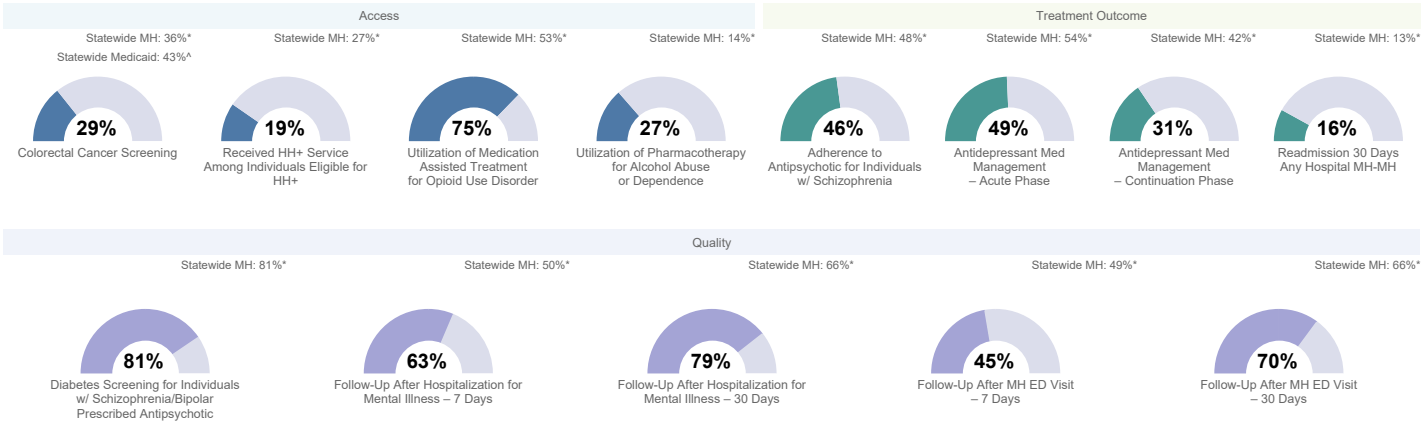
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
----Mental Health Inpatient (Exclude OMH State PC)

Reset

SAINT LAWRENCE Mental Health Inpatient (Exclude OMH State PC) Vital Signs Measure Distribution from Medicaid (Adult, September 1, 2023 - August 31, 2024)

Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.



*Statewide Mental Health Inpatient (Exclude OMH State PC) Average Rate. ^Statewide Total Medicaid Population Average Rate.

^^Health Home Plus eligibility has been expanded to include Medicaid and DOH MAPP individuals since March 2022

Select Disparity Population
Total Population

Select to View Chart/Table
Table

SAINT LAWRENCE Mental Health Inpatient (Exclude OMH State PC) Total Population (Adult, September 1, 2023 - August 31, 2024)

§Statewide Average Performance is Referring to Statewide Mental Health Inpatient (Exclude OMH State PC) Average Rate.

Higher than Statewide Average Performance**
Equal to Statewide Average Performance**
Lower than Statewide Average Performance**

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Percent	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
Adherence to AP (Schizophrenia)	Mental Health Inpatient (Exclude OMH ..	48%	Full MH Population	38	83	46%	●		
Antidepressant – Acute Phase	Mental Health Inpatient (Exclude OMH ..	54%	Full MH Population	36	74	49%	●		
Antidepressant – Continuation Phase	Mental Health Inpatient (Exclude OMH ..	42%	Full MH Population	23	74	31%	●		
Clozapine Utilization (Schizophrenia)	Mental Health Inpatient (Exclude OMH ..	7%	Full MH Population	.	.	.	●		
Colorectal Screening	Mental Health Inpatient (Exclude OMH ..	36%	Full MH Population	12	42	29%	●		
Diabetes Screening (Schiz/Bipolar AP)	Mental Health Inpatient (Exclude OMH ..	81%	Full MH Population	128	158	81%		●	
Follow-up MH ED 7 Days	Mental Health Inpatient (Exclude OMH ..	49%	Full MH Population	21	47	45%	●		
Follow-up MH ED 30 Days	Mental Health Inpatient (Exclude OMH ..	66%	Full MH Population	33	47	70%			●
Follow-up MH Hospitalization 7 Days	Mental Health Inpatient (Exclude OMH ..	50%	Full MH Population	157	250	63%			●
Follow-up MH Hospitalization 30 Days	Mental Health Inpatient (Exclude OMH ..	66%	Full MH Population	197	250	79%			●
HH+ Service Received	Mental Health Inpatient (Exclude OMH ..	27%	Full MH Population	16	83	19%	●		
Medication Assisted Treatment for OUD	Mental Health Inpatient (Exclude OMH ..	53%	Full MH Population	76	102	75%			●
Readmission 30 Days (Lower % is better)	Mental Health Inpatient (Exclude OMH ..	13%	Full MH Population	50	312	16%			●
Use of Pharmacotherapy for Alcohol Use..	Mental Health Inpatient (Exclude OMH ..	14%	Full MH Population	35	129	27%			●

*** Difference from statewide average performance is determined by 99% confidence interval of the statewide average performance.*
Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.

OMH Vital Signs Dashboard (VSD) - Child

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

Select Region, County, Network, or Agency
STATEWIDE

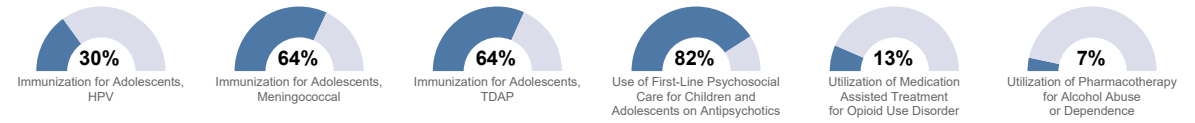
Select Population
----Mental Health Inpatient (Exclude OMH State PC)

Reset

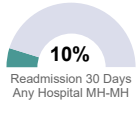
STATEWIDE Mental Health Inpatient (Exclude OMH State PC) Vital Signs Measure Distribution from Medicaid (Child, September 1, 2023 - August 31, 2024)

Hover over % for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.

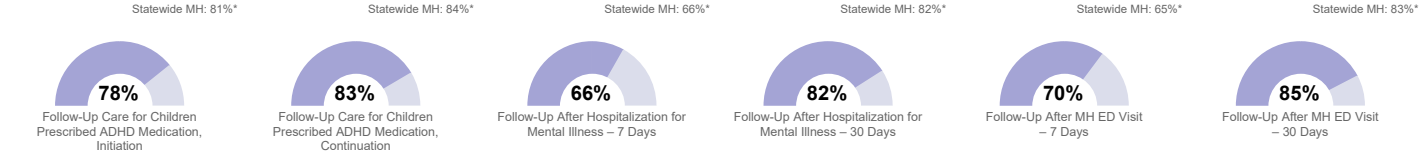
Access



Treatment Outcome



Quality



*Statewide Total OMH Licensed Programs Average Rate. ^Statewide Total Medicaid Population Average Rate.

Select Disparity Population
Total Population

Select to View Chart/Table
Table

STATEWIDE Mental Health Inpatient (Exclude OMH State PC) Total Population (Child, September 1, 2023 - August 31, 2024)

§Statewide Average Performance is Referring To Statewide Total OMH Licensed Programs Average Rate.

Higher than Statewide Average Performance**
Equal to Statewide Average Performance**
Lower than Statewide Average Performance**

Measure	Population	Statewide Average Performance§	Disparity Category	Numerator	Denominator	Percent	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
First-Line Psychosocial Care	Mental Health Inpatient (Exclude OMH ..	85%	Full MH Population	965	1,179	82%	●		
Follow-up ADHD Medication, Continuation	Mental Health Inpatient (Exclude OMH ..	84%	Full MH Population	49	59	83%		●	
Follow-up ADHD Medication, Initiation	Mental Health Inpatient (Exclude OMH ..	81%	Full MH Population	193	246	78%	●		
Follow-up MH ED 7 Days	Mental Health Inpatient (Exclude OMH ..	65%	Full MH Population	1,674	2,377	70%			●
Follow-up MH ED 30 Days	Mental Health Inpatient (Exclude OMH ..	83%	Full MH Population	2,014	2,377	85%			●
Follow-up MH Hospitalization 7 Days	Mental Health Inpatient (Exclude OMH ..	66%	Full MH Population	4,265	6,419	66%		●	
Follow-up MH Hospitalization 30 Days	Mental Health Inpatient (Exclude OMH ..	82%	Full MH Population	5,260	6,419	82%		●	
Immunization, HPV	Mental Health Inpatient (Exclude OMH ..	31%	Full MH Population	220	732	30%		●	
Immunization, Meningococcal	Mental Health Inpatient (Exclude OMH ..	63%	Full MH Population	468	732	64%		●	
Immunization, TDAP	Mental Health Inpatient (Exclude OMH ..	64%	Full MH Population	465	732	64%		●	
Medication Assisted Treatment for OUD	Mental Health Inpatient (Exclude OMH ..	15%	Full MH Population	22	169	13%		●	
Readmission 30 Days (Lower % is better)	Mental Health Inpatient (Exclude OMH ..	9%	Full MH Population	700	7,311	10%		●	
Use of Pharmacotherapy for Alcohol Use..	Mental Health Inpatient (Exclude OMH ..	5%	Full MH Population	46	689	7%			●

*** Difference from statewide average performance is determined by 99% confidence interval of the statewide average performance.*
Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.

OMH Vital Signs Dashboard (VSD) - Trends Over Time

The OMH Vital Signs Dashboard (VSD) visualizes the public mental health system's performance in select mental health programs and focuses on disparities in access, quality, and treatment outcomes among individuals in Medicaid with mental health needs.

Select Age Group / Measure
Adult / Follow-Up After Hospitalization for Mental Illness - 7 Days

Select Region, County, Network, or Agency
STATEWIDE

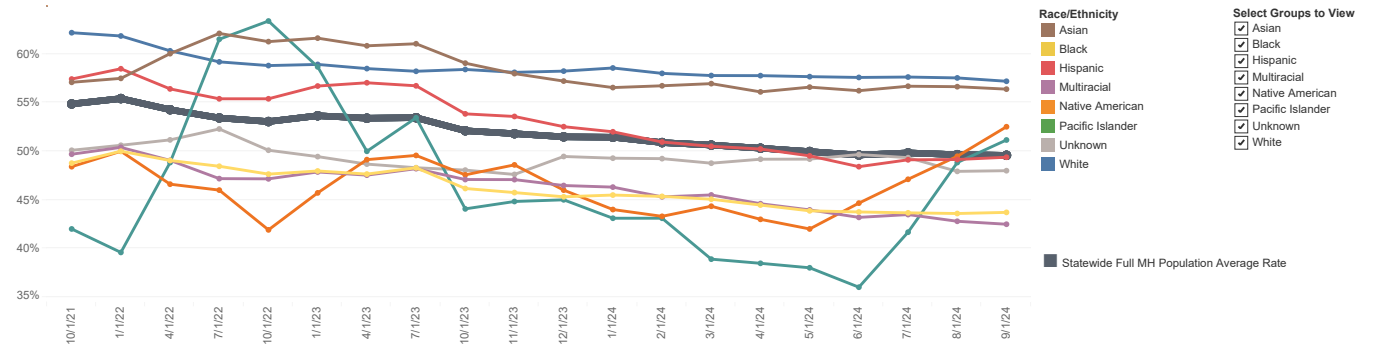
Select Population
--Total OMH Licensed Programs

Reset

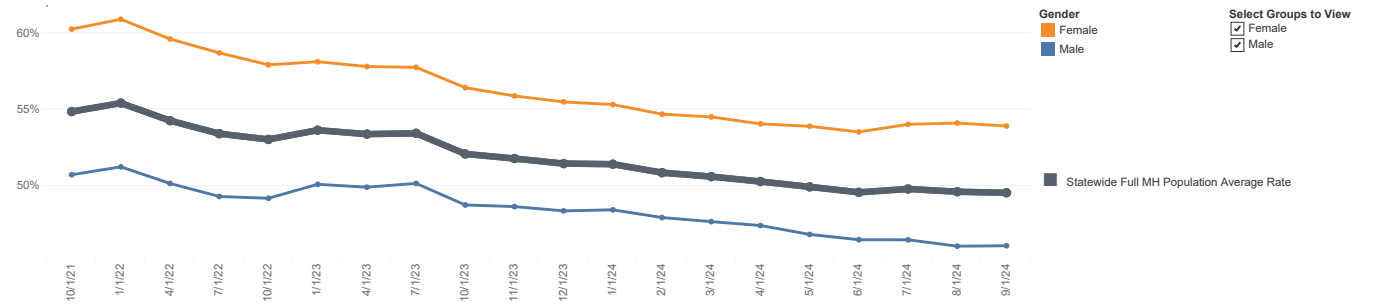
STATEWIDE Total OMH Licensed Programs Over Time Trend: Follow-Up After Hospitalization for Mental Illness - 7 Days (Adult, October 01, 2021 - September 01, 2024)

Follow-Up After Hospitalization for Mental Illness - 7 Days: The proportion of Medicaid members hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge. Full list of measure definitions in 'Definitions' tab. All measures leverage Medicaid data.
Hover over line chart to view numerator and denominator.

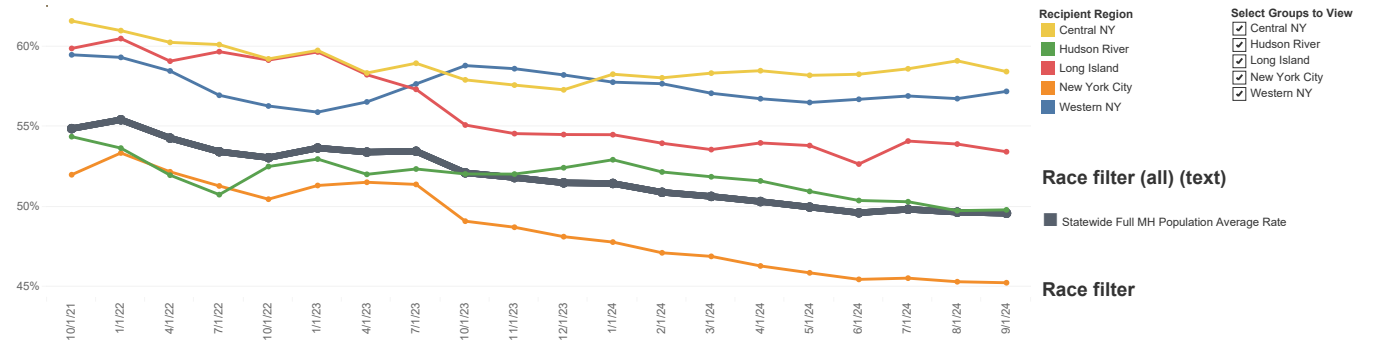
Race/Ethnicity



Gender



Recipient Region



Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.
Please note: the specifications for the two measures *Follow-Up After Emergency Department Visit for Mental Illness within 7 days of the ED visit* and *Follow-Up After Emergency Department Visit for Mental Illness within 30 days of the ED visit* changed in December 2023 resulting in a noticeable yet artificial decline.

ST. LAWRENCE COUNTY
YOUTH BUREAU
2024 NEEDS ASSESSMENT SUMMARY

80 SH 310 SUITE 4
CANTON, NY 13617
(315) 379-9464

WHY A NEEDS ASSESSMENT?

Every three years, the St. Lawrence County Youth Bureau conducts a comprehensive Needs Assessment survey targeting local youth and teens. This survey provides critical insights that help us tailor programs and services to better meet the needs of young people in our community. The findings are integral to developing strategies and setting goals that align with our Child and Family Services Plan. These strategies are then incorporated into our annual plan and implemented throughout the year. Our Youth Advisory Board reviews the survey results to ensure that the programs offered are of genuine interest to teens, emphasizing the importance of engaging and effective youth development initiatives.

In addition, we analyze social-emotional feedback from the Needs Assessment to evaluate and enhance educational programs and workshops available to county youth.

We also share these findings with local school districts and organizations dedicated to youth services to foster collaboration and improve the support available to our young population.

Survey Design and Distribution

The 2024 Needs Assessment was launched in May and distributed as a Google Form to all 18 school districts in St. Lawrence County. The survey included approximately 40 multiple-choice questions and one open-ended response. Support from administrators, counselors, and teachers facilitated its distribution, resulting in participation from 16 out of the 18 districts.

To promote the Assessment, we utilized our social media platforms, including Facebook and Instagram, and also shared it via email with our youth-serving partners and programs. We are grateful for the collaboration and support from all involved. In total, 1,767 youth and teens completed the survey.

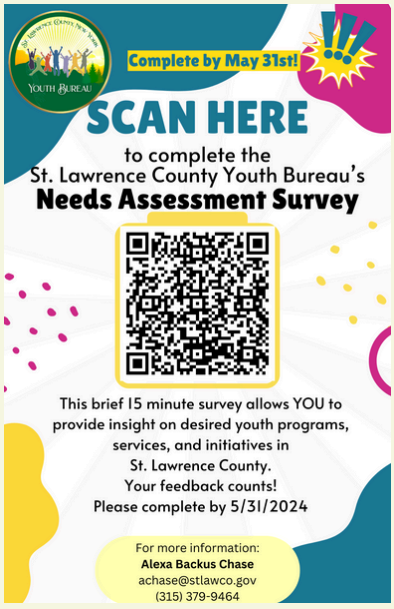


TABLE OF CONTENTS

Demographics 4

- Student Age & Grade
- Schools and Gender Identity
- Home Environment

Social, Emotional, and Health 7

- Student Mental Health
- Impact of External Pressures
- Mental Health & Stigma
- Social Media Usage
- Trends in Parental Screen Time Monitoring
- Substances
- Substance Use & Health Education
- Positive Influences

Priorities, Aspirations, & Goals 15

- Student Priorities and Concerns
- Future Aspirations and Career Goals
- Student Engagement with Academics
- Future Outlook & Community Engagement
- Desired Community Programs for Youth
- Student Perception of Safety at Home & School

Communication, Activities, & Support Systems 21

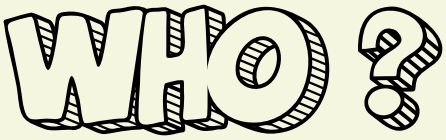
- Communication Gaps
- Support Systems & Help-Seeking Behavior
- Student Personal Time
- Student Interests Beyond Digital Activities

Summary 25

Recommendations 26

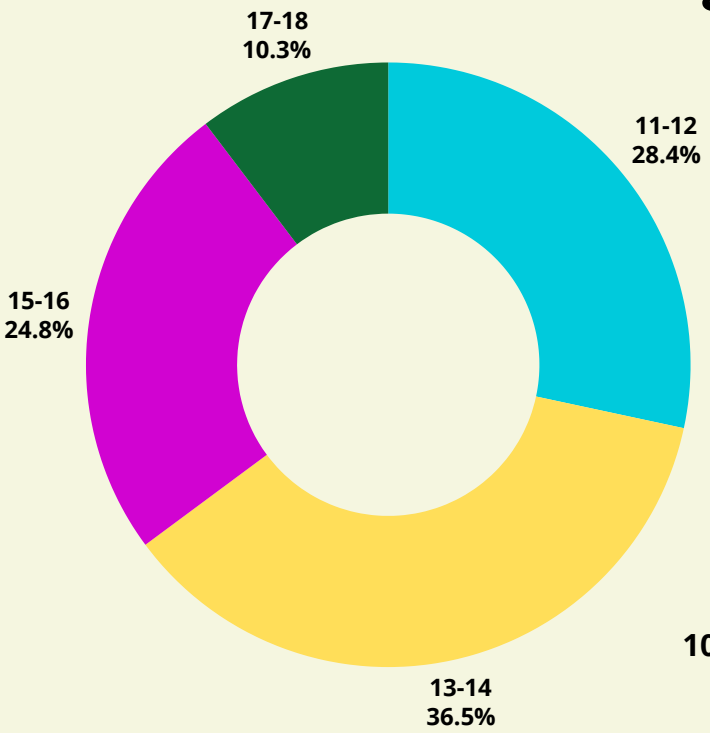
EMPOWERING YOUTH:
SURVEY RESULTS FROM 1,767 TEENS

Demographic

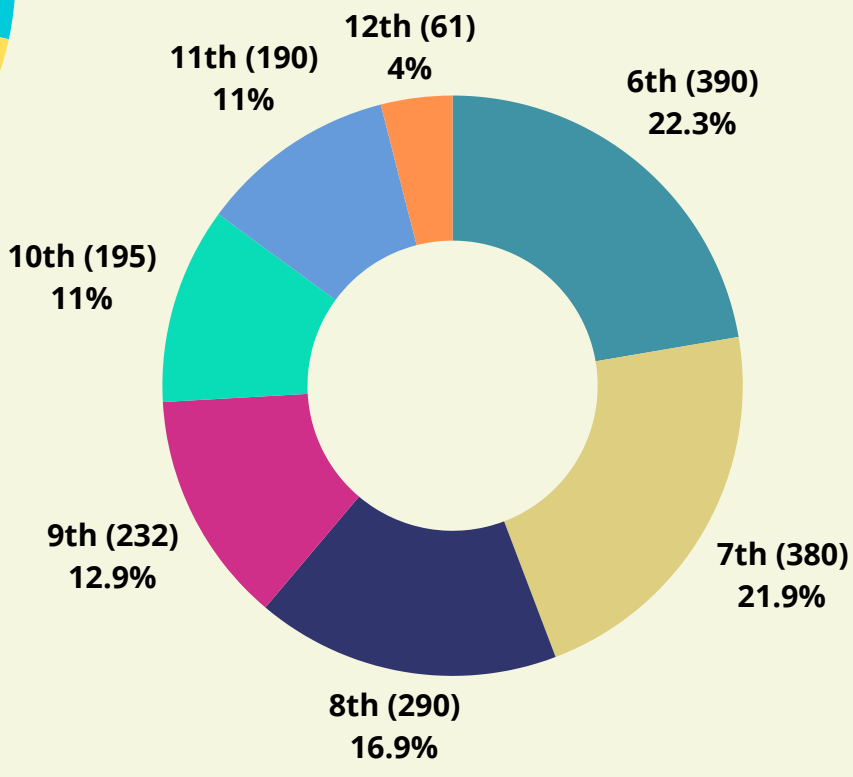


To effectively serve the teens and youth in our community, it is crucial to have a clear understanding of the diverse identities within our population. This year, we received more than twice the number of responses compared to our 2021 Needs Assessment. We are committed to reaching all age groups and ensuring representation from various communities and minority groups across St. Lawrence County.

Students' Ages

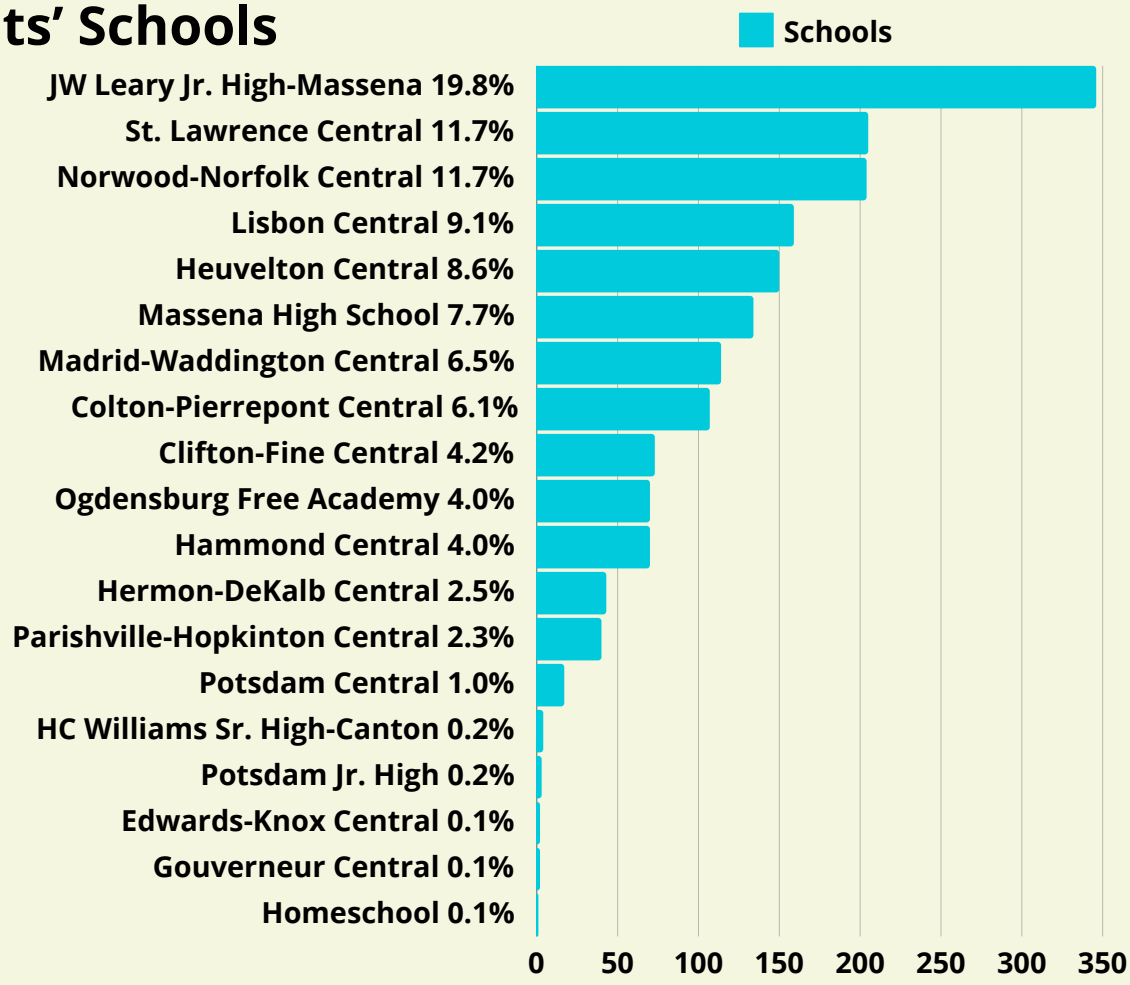


Students' Grade

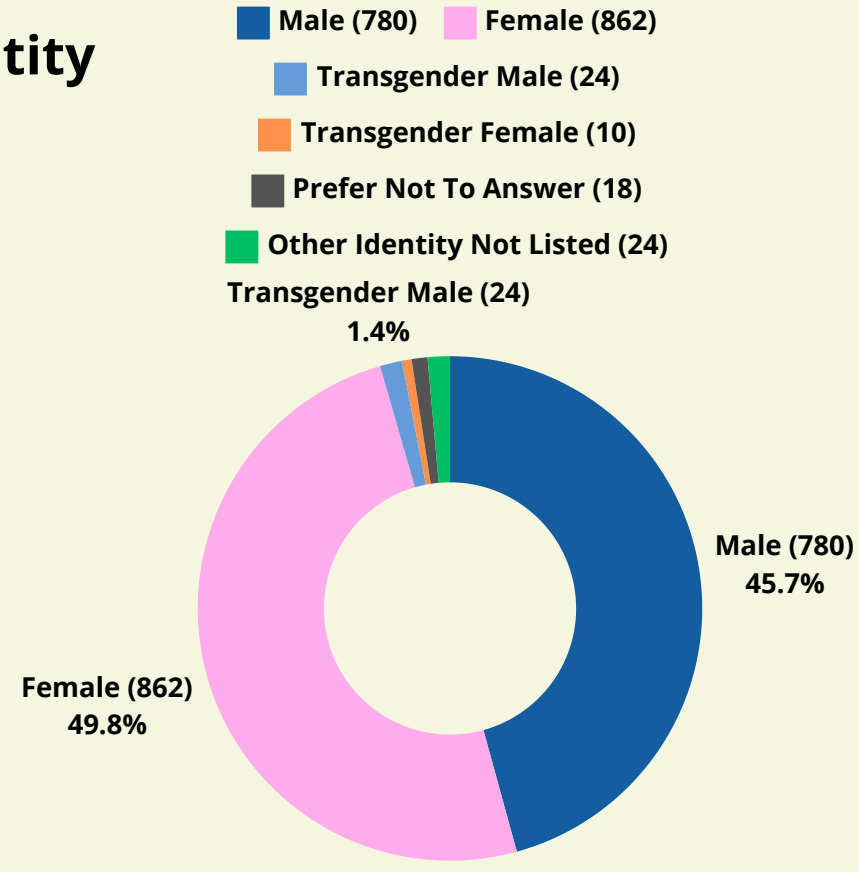


16 SCHOOL DISTRICTS REPRESENTED

Students' Schools



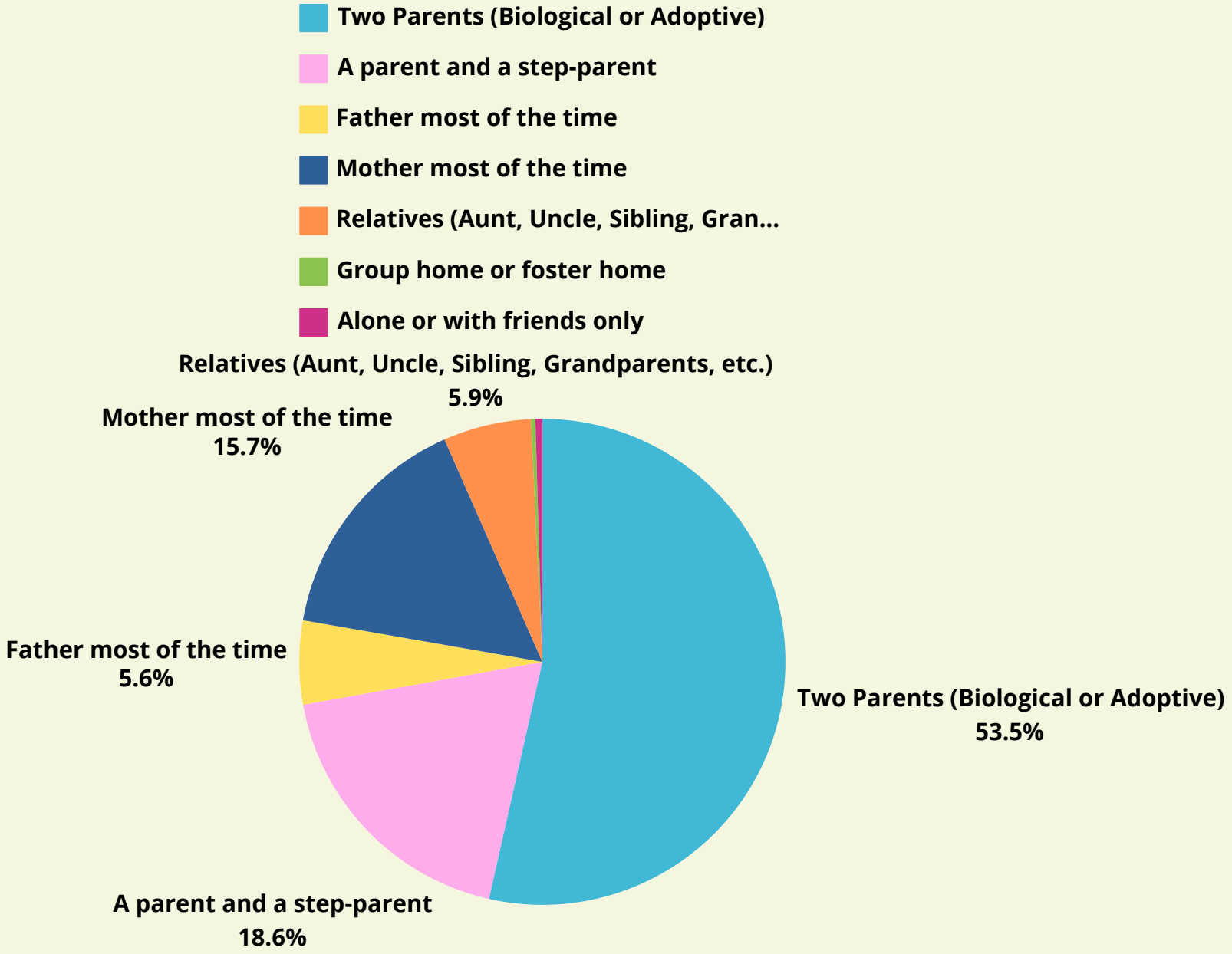
Gender Identity



HOME LIFE

A student's home environment can significantly impact their emotional and physical well-being, with instability outside of school contributing to increased stress. The survey indicates that over 50% of teens reside with two parents, while the remaining respondents live with various caregivers. This distribution provides a valuable representation of the living conditions and family dynamics among students in St. Lawrence County.

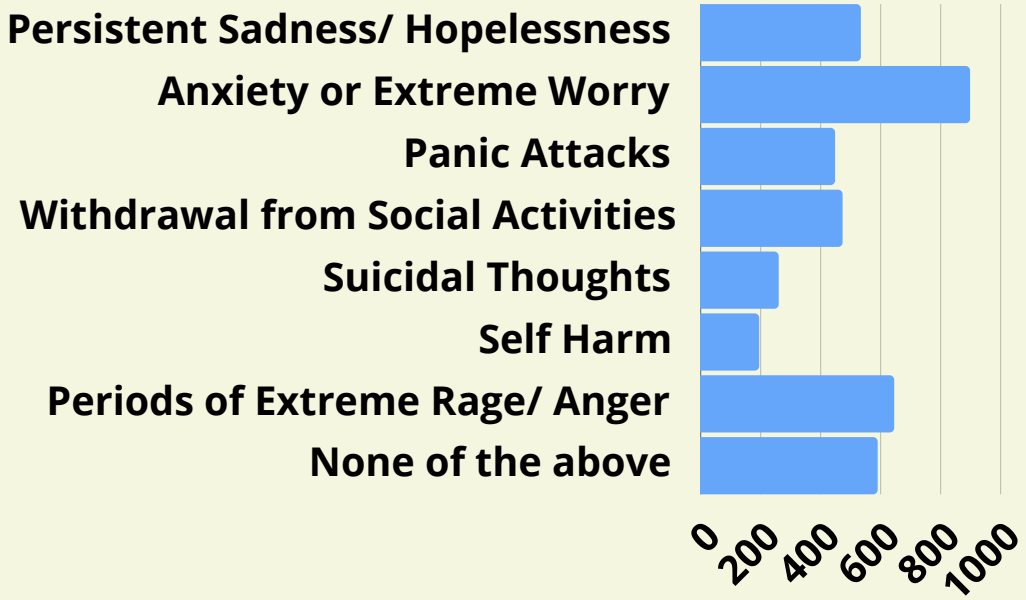
Home Environment:



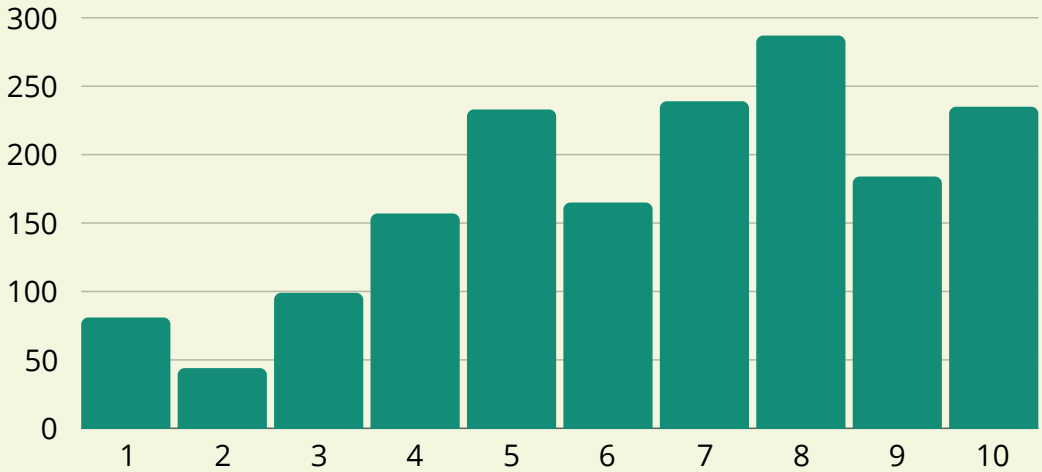
STUDENT MENTAL HEALTH

In our survey, we prioritized mental health due to its critical importance among youth in St. Lawrence County. The results reveal that a significant number of teens are currently facing or have previously encountered mental health challenges. Specifically, of the 1,700 responses collected, nearly ***900*** reported experiencing ***anxiety*** within the past year. This highlights the urgent need to address mental health issues within our community.

During The Past 12 Months, Students Experienced:



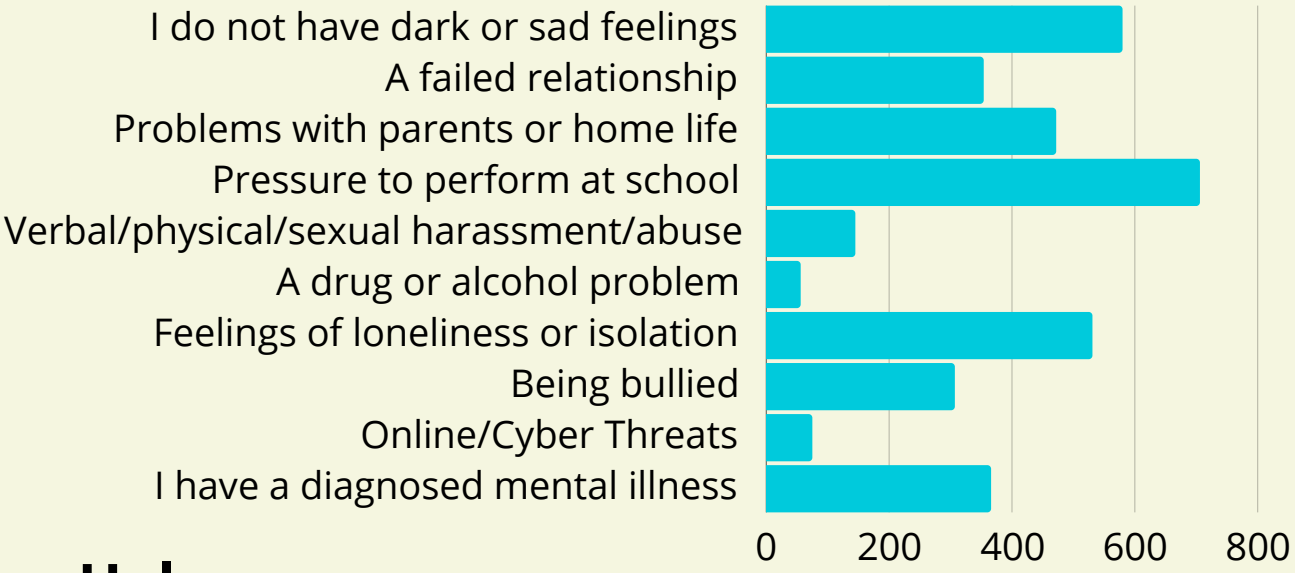
Experienced Suicidal Thoughts in the Past Year:



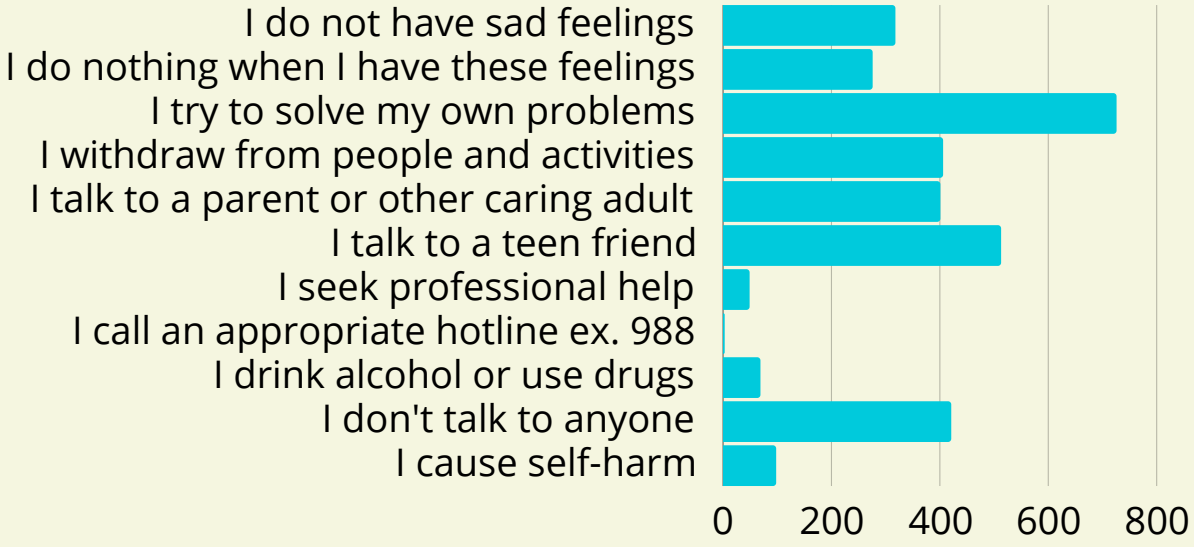
Students' Mental Health Rating Over the Past 12 Months on a Scale of 1-10

IMPACT OF EXTERNAL PRESSURES ON TEEN MENTAL HEALTH

Key Factors Influencing Teen Emotional Well-Being



Seeking Help

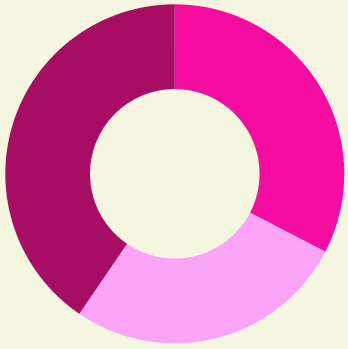


The pressures from both academic and extracurricular activities can exacerbate mental health issues among teens. Our survey indicates that over **42%** of teens attribute their feelings of sadness to pressure to excel in school, sports, and other activities. Addressing stress and mental health challenges often necessitates external support; however, nearly ***40% of students prefer to manage their difficulties independently rather than seeking help from available resources.***

MENTAL HEALTH & STIGMA IN THE COMMUNITY

When we inquired about the key concerns in our community, students overwhelmingly identified mental health as a primary issue. This rise in attention to mental health is also accompanied by increased stigma. We asked students how mental health is perceived within the community, and the results suggest that this ***stigma may discourage students from openly discussing their mental health challenges and seeking the support they need.***

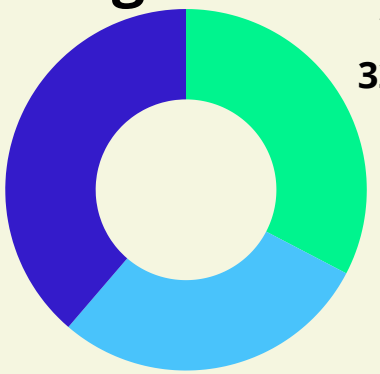
It's talked about a lot and offers lots of support and resources
40.5%



It is NOT talked about
32.6%

It is talked about but offers little help or resources
26.9%

Does Mental Health Stigma Prevent Getting Help?



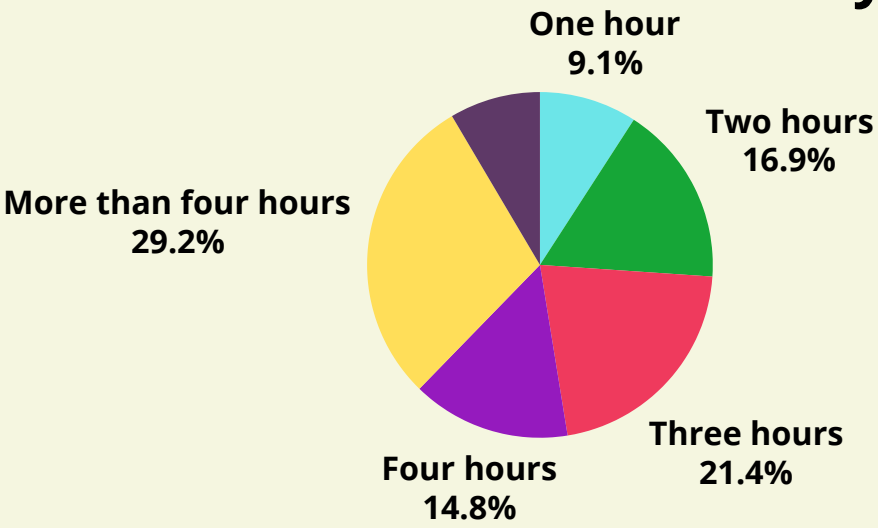
Yes
32.7%

Maybe
38.7%

No
28.6%

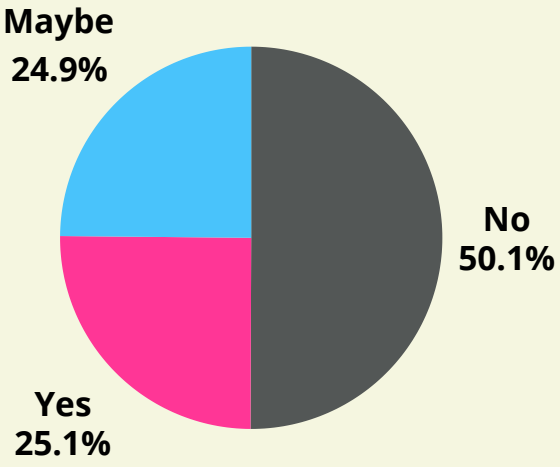
SOCIAL MEDIA USAGE

Time on Social Media Each Day:



Quantity of Sleep

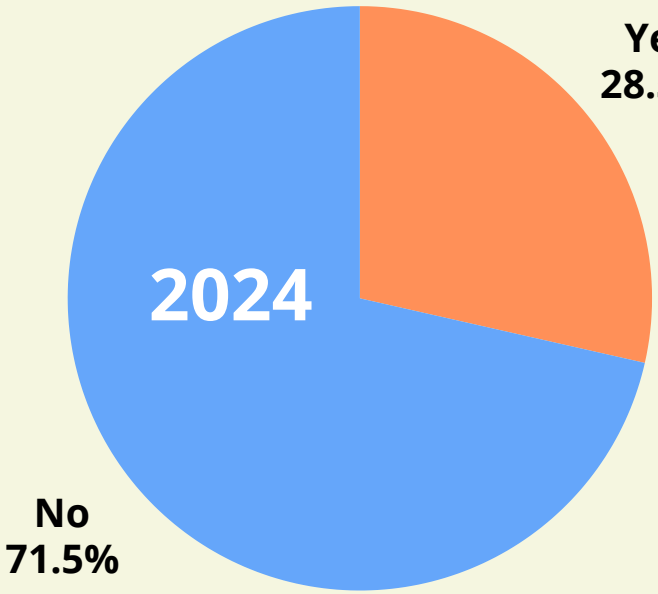
Does social media affect your sleep?

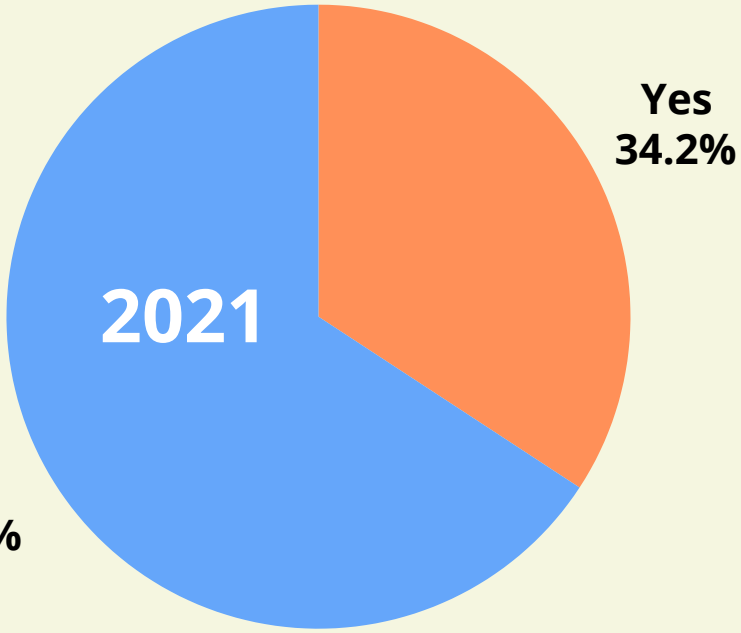


We also surveyed students about their daily social media usage, with many reporting they spend over ***3 hours per day*** on these platforms. Given that social media usage can impact sleep patterns, we also collected data on students' sleep quality. While 50% of students do not believe their phone use affects their sleep, ***fewer than 50% achieve the recommended 8-10 hours of sleep each night.***

TRENDS IN PARENTAL SCREEN TIME MONITORING

Parental support remains the primary means by which youth and teens receive guidance from adults. However, since 2021, ***there has been a noticeable decline in parental monitoring of screen time.*** Also, Snapchat and TikTok are the most frequently used apps among teens in our county.

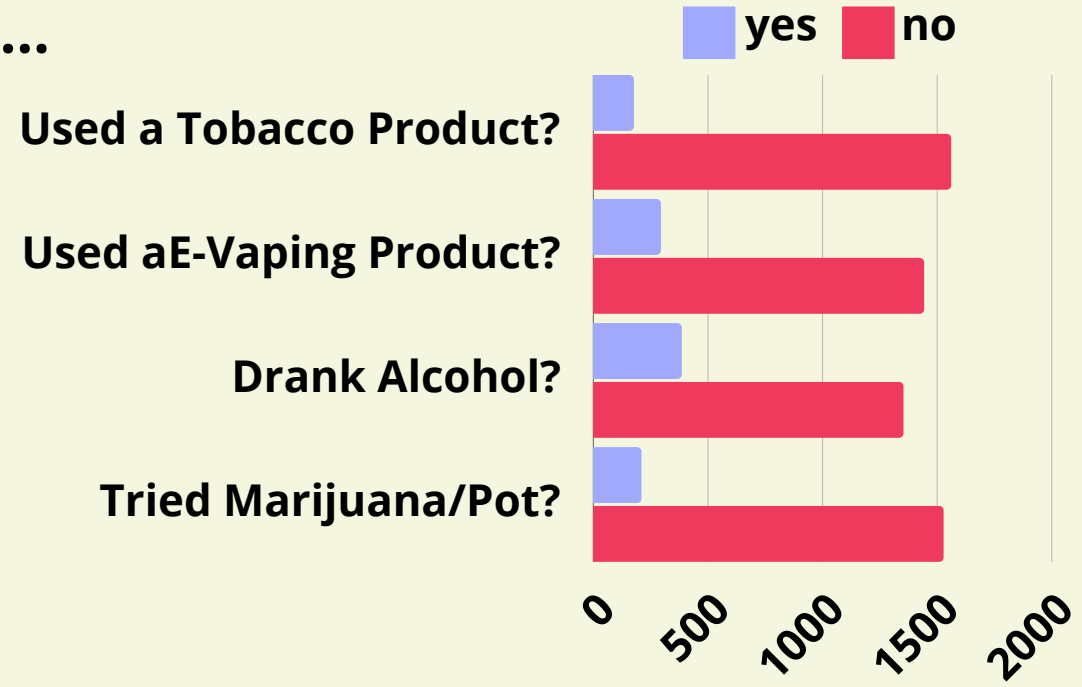




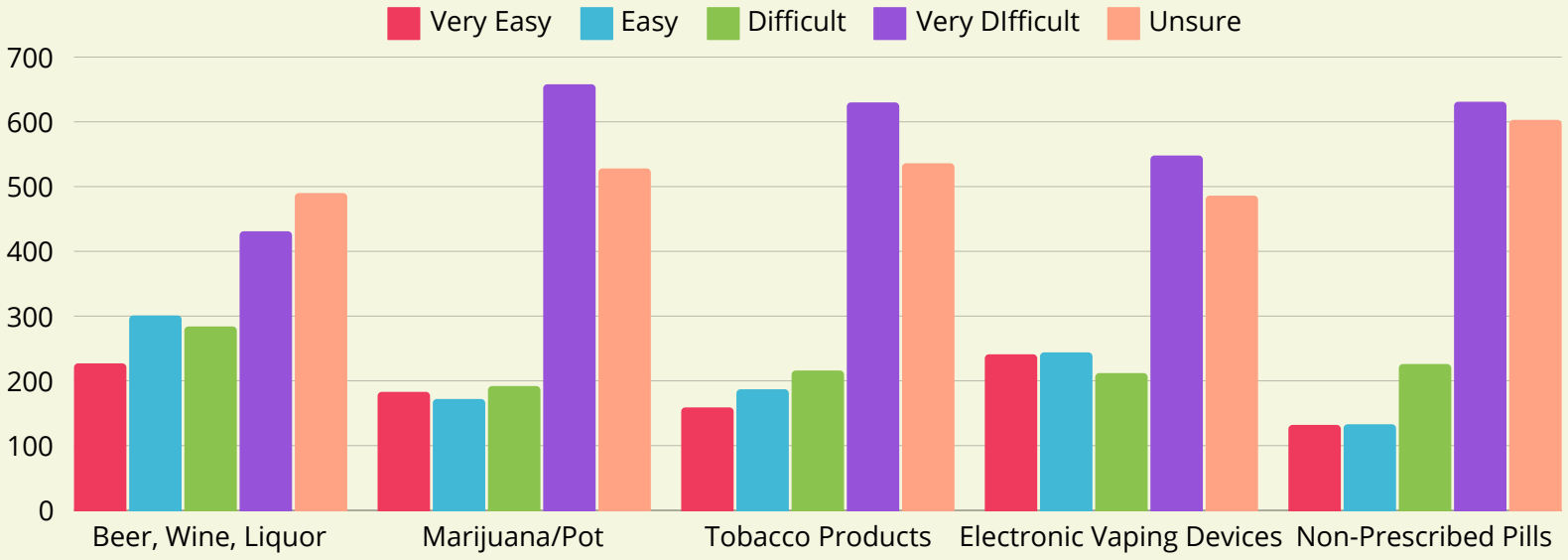
SUBSTANCES

When asked about the most pressing issues facing their peers today, students identified drugs, alcohol, and vaping as the second most significant concern. However, the survey results suggest that students report limited personal involvement with these substances. The assessment included questions regarding the accessibility of these substances and whether students have ever tried or engaged with them.

Have you ever...



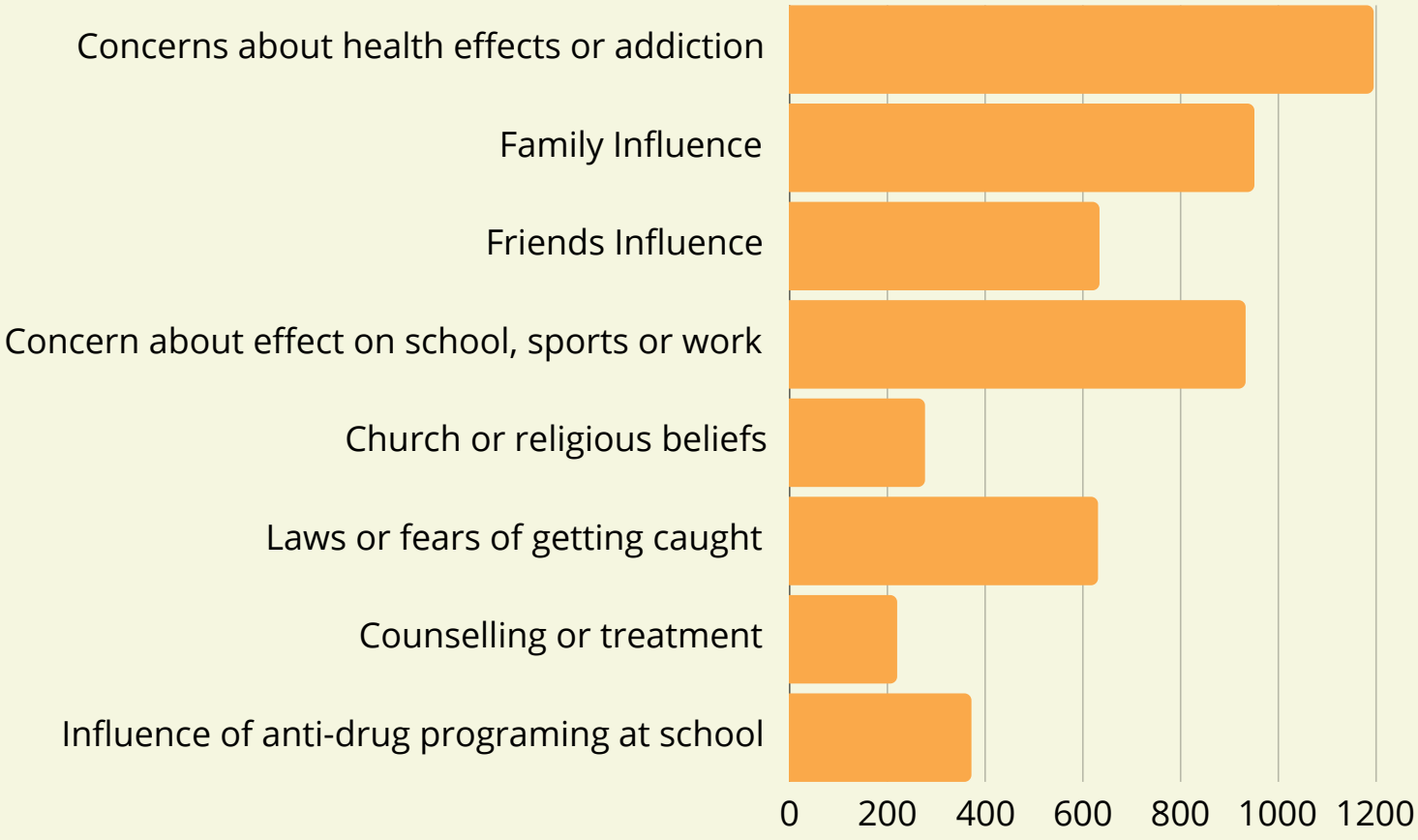
How easy would it be for you to get the following?



STUDENT ATTITUDES TOWARDS SUBSTANCE USE AND IMPLICATIONS FOR HEALTH EDUCATION

The survey results reveal that most students are motivated to avoid substances, with many expressing concerns about the health effects of drug and alcohol use. ***This indicates a need to focus more on educating students about these health risks and allocating additional resources to effectively communicate the potential dangers associated with substance use.***

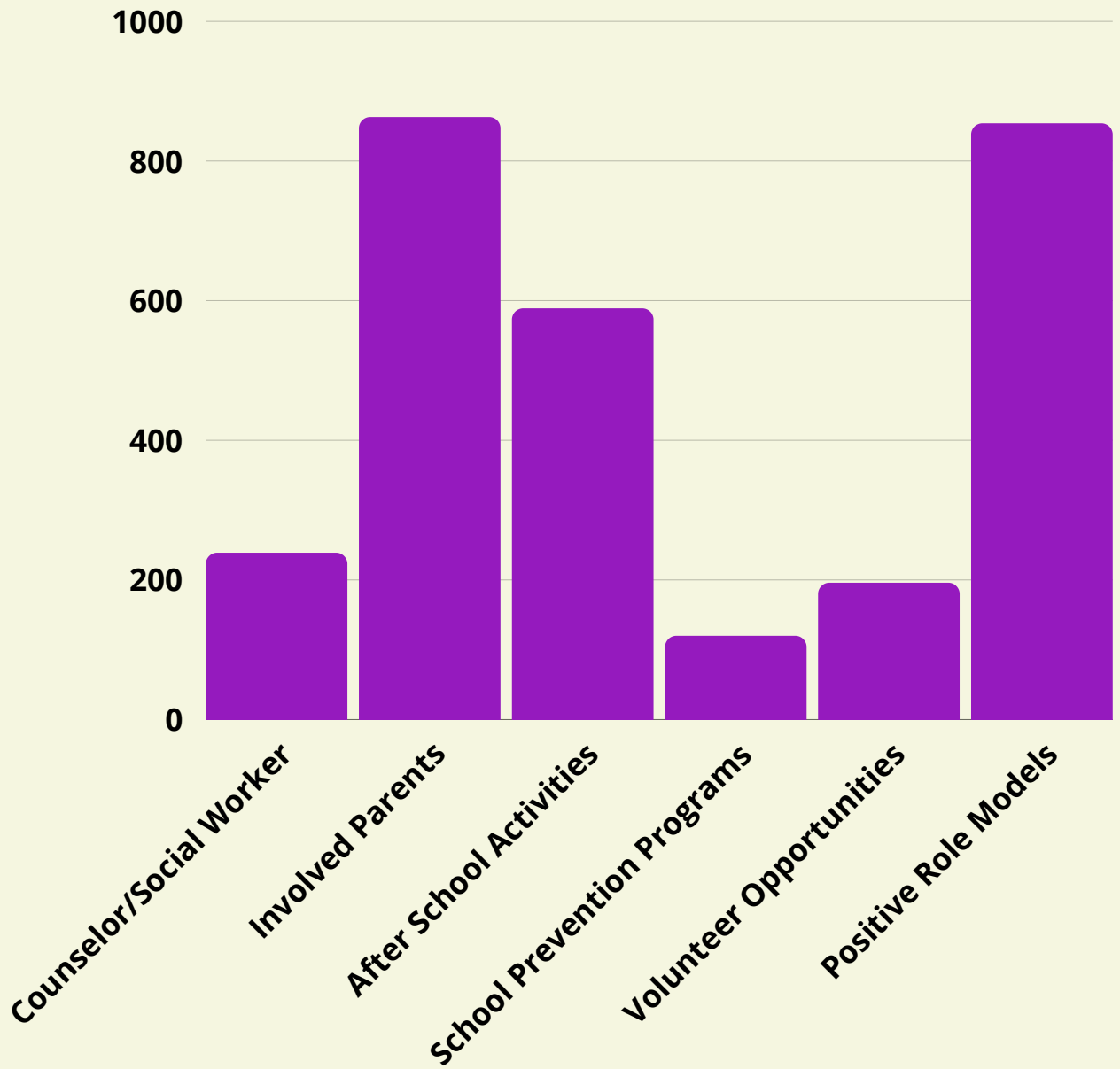
Influences Preventing Substance Use:



FACTORS PREVENTING ENGAGEMENT IN NEGATIVE OR ILLEGAL ACTIVITIES

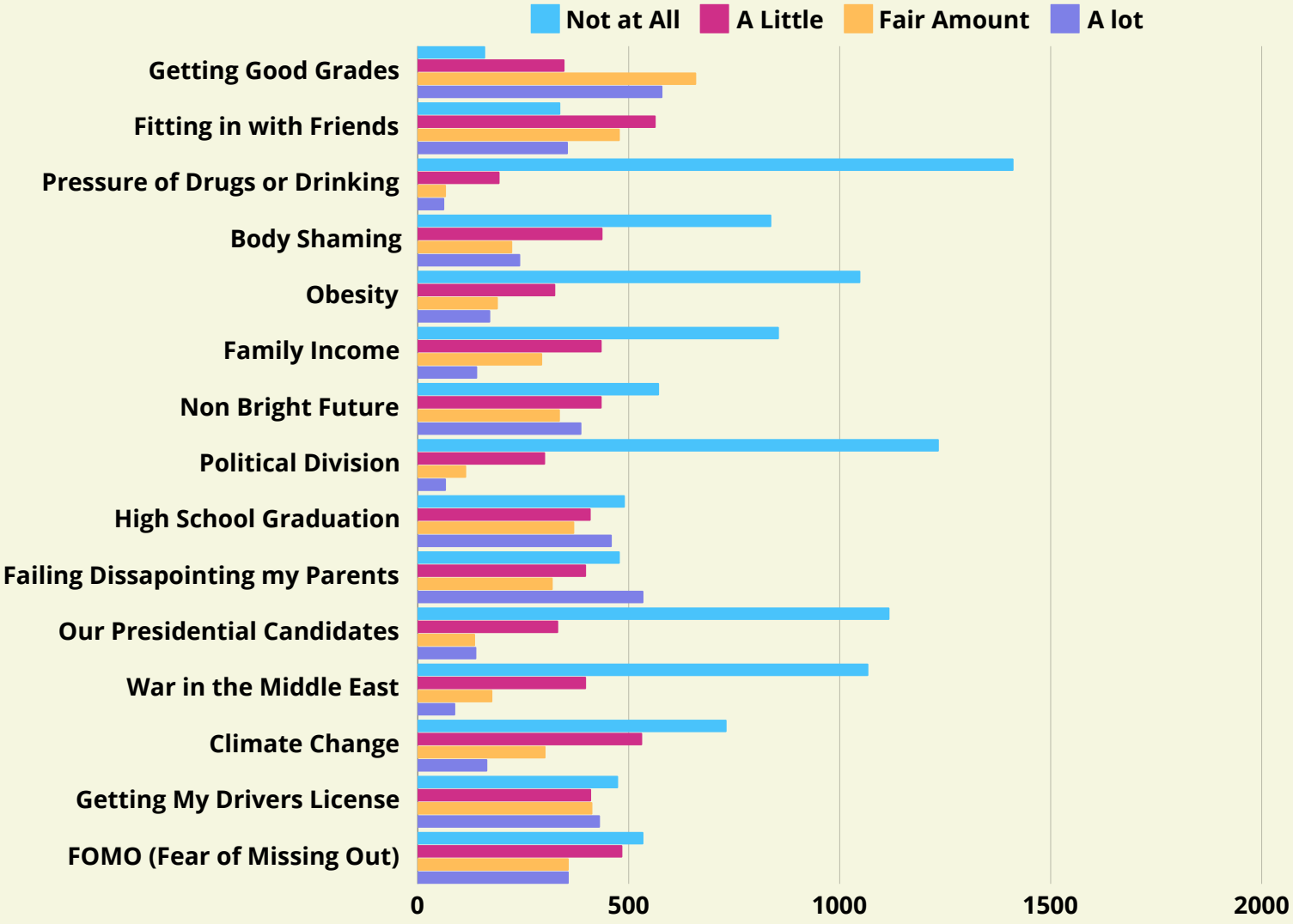
In addition to having positive influences regarding substance use, we also explored what deters students from engaging in general negative or illegal activities. The majority of students indicated that ***positive role models, as well as guidance from parents or family, are key factors that help them stay on a constructive path.***

Positive influences



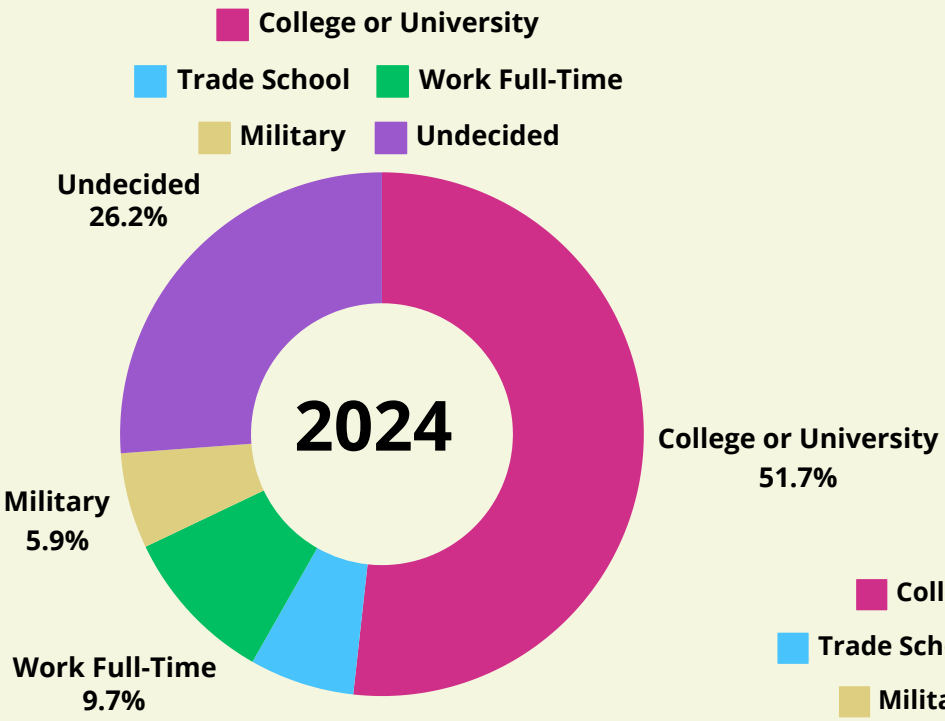
STUDENT PRIORITIES AND CONCERNS

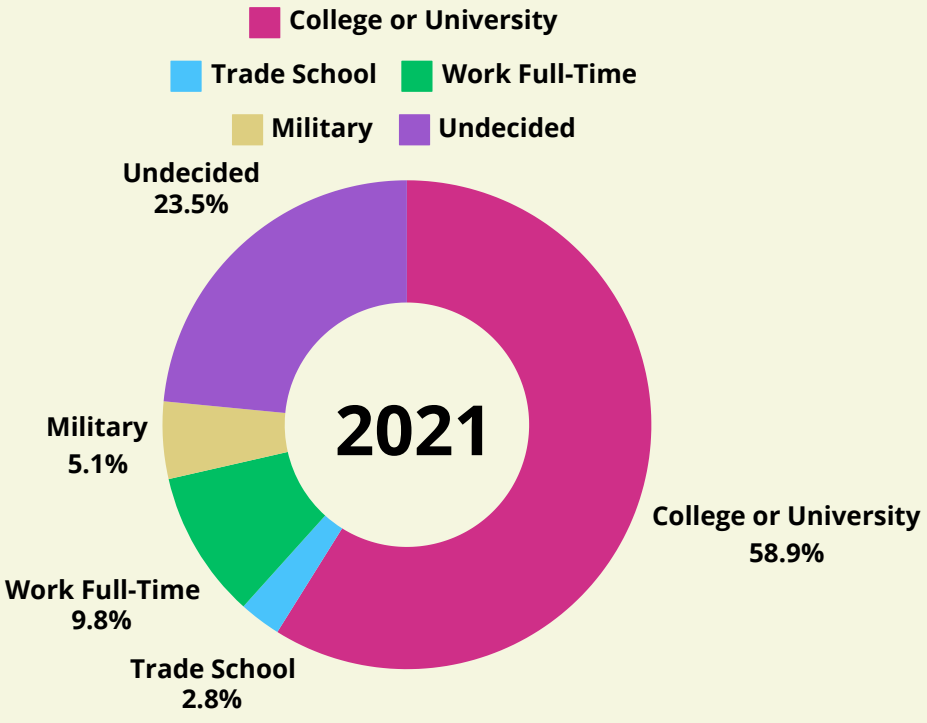
When asked about their main concerns, many students indicated that ***achieving good grades is their top priority.*** In contrast, they expressed relatively less concern about issues such as pressure to use drugs or drink alcohol, and political division.



FUTURE ASPIRATIONS AND CAREER GOALS

As students contemplate their futures, many have questions about their career paths and life goals. To better align youth programming with their needs, we asked students about their plans after high school and their long-term career aspirations. Over 50% of students intend to pursue college education, an 8% decrease from the 2021 survey. Meanwhile, ***interest in vocational trades has notably increased. Additionally, the survey highlighted that nursing and teaching are among the most popular career choices among students.***

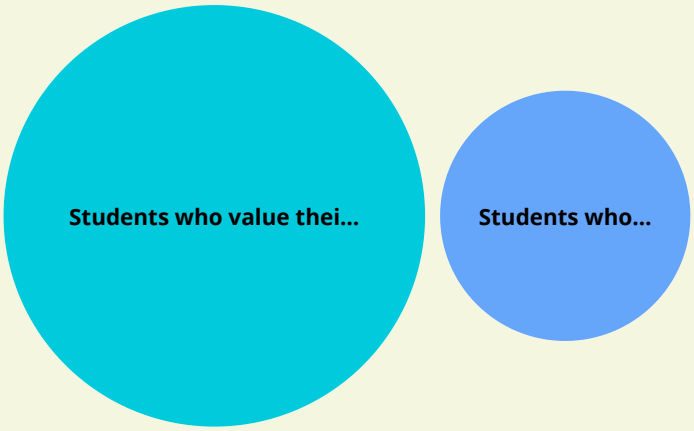




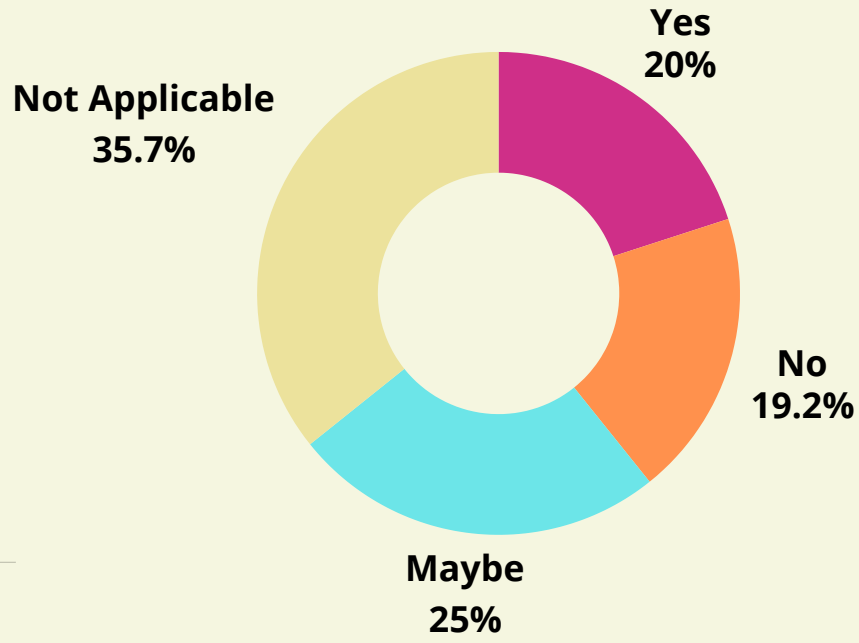
STUDENT ENGAGEMENT WITH ACADEMICS

We focused on understanding students' motivation and commitment to their academic pursuits. To assess this, we inquired about their concern for grades, plans to take college entrance exams, and the amount of time spent on schoolwork outside of regular hours. Overall, while students in St. Lawrence County demonstrate a strong concern for their grades, only a small percentage indicated plans to take a college entrance exam.

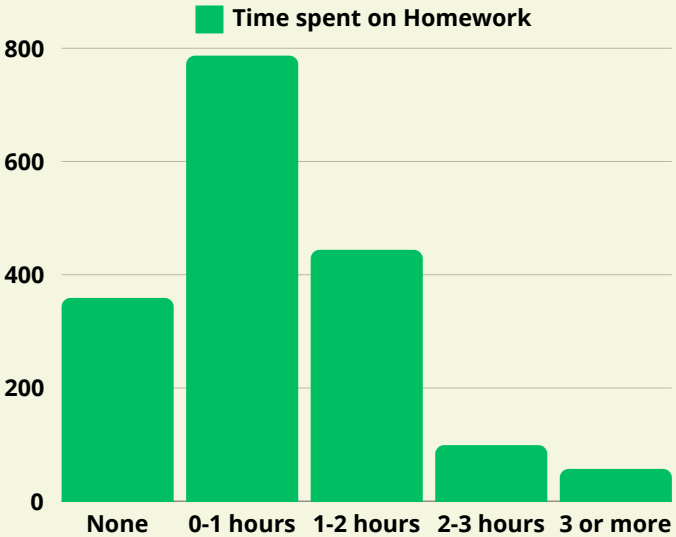
74% Students Value Their Grades



College Entrance Exams (ACT & SAT)



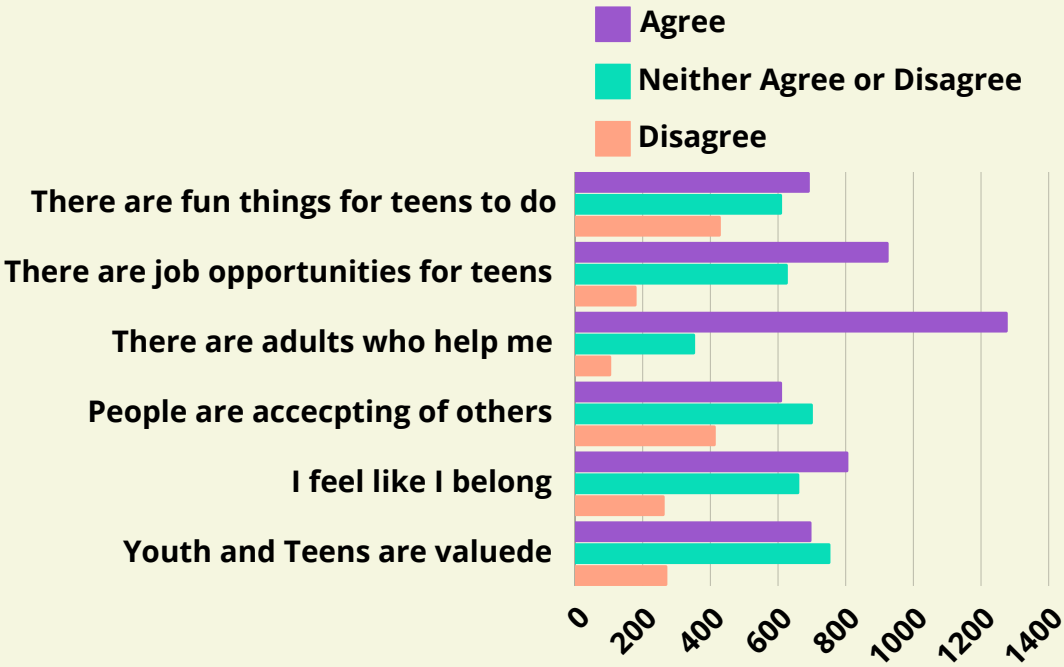
Homework (Time outside of school)



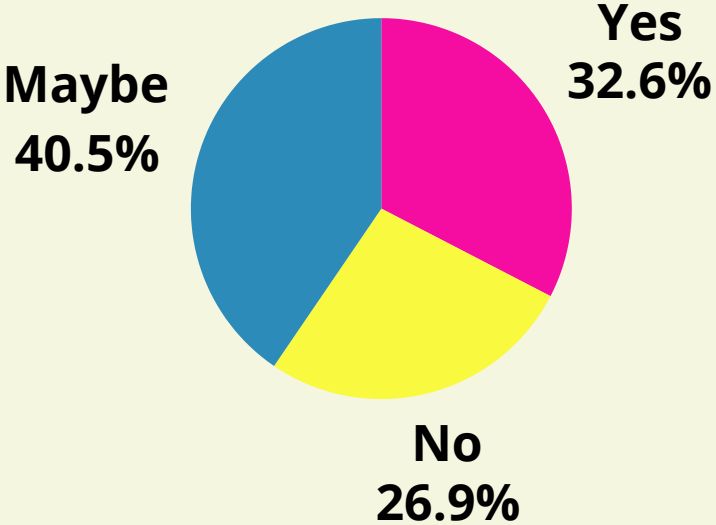
FUTURE OUTLOOK AND COMMUNITY ENGAGEMENT

The local youth represent the future of our North Country community, making it crucial to understand their perspectives and future plans. ***Overall, teens feel that they have supportive adults in their community, with nearly 33% expressing contentment with the idea of living here as adults.*** However, only 15% of students plan to seek employment in St. Lawrence County after completing college.

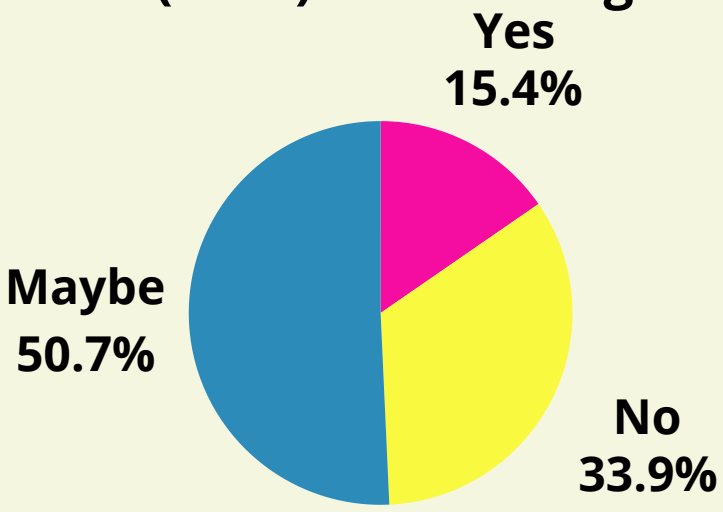
Teens in their Community



Teens living in St. Lawrence County as Adults:



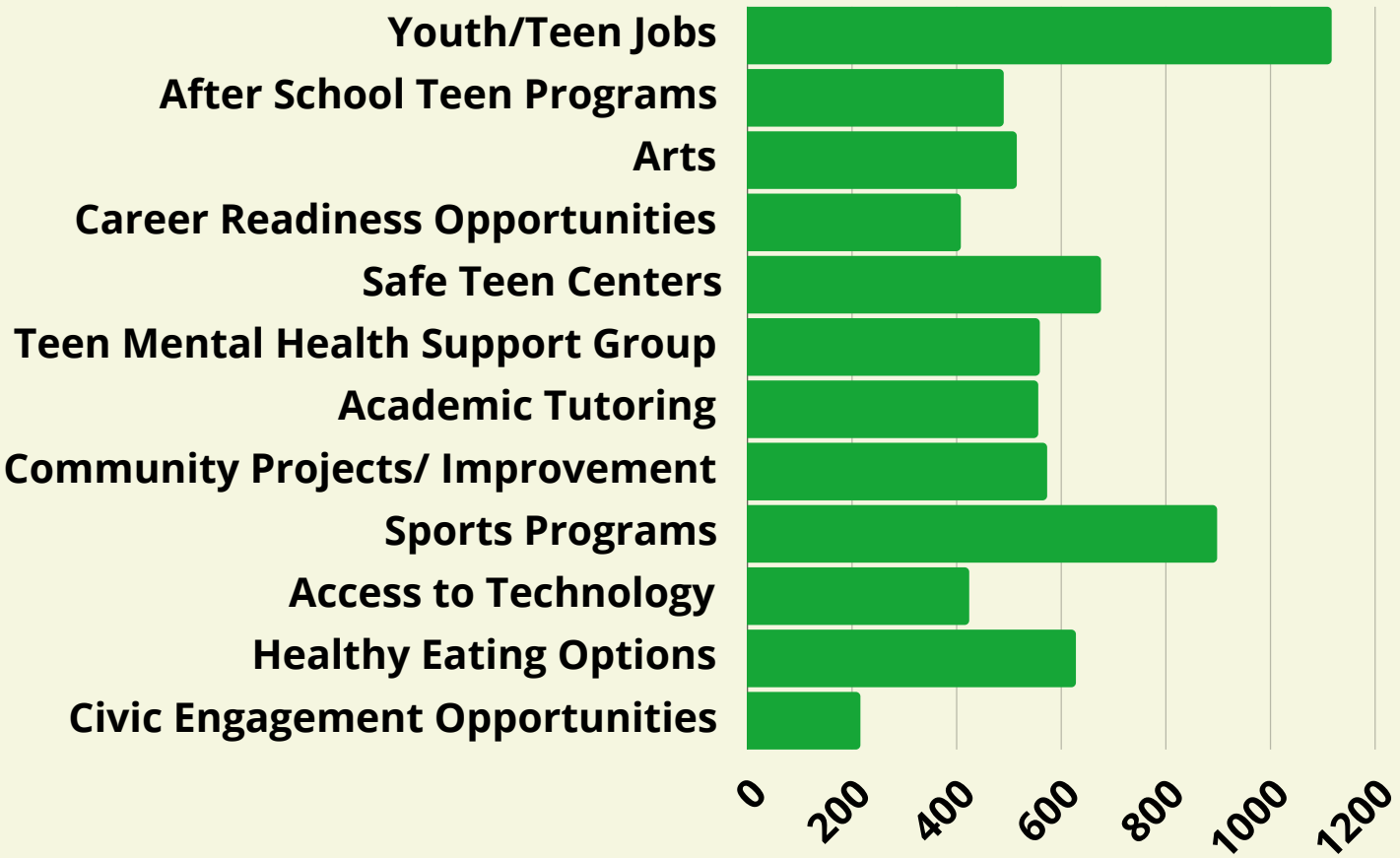
Seeking Employment (here) after College:



DESIRED COMMUNITY PROGRAMS FOR YOUTH

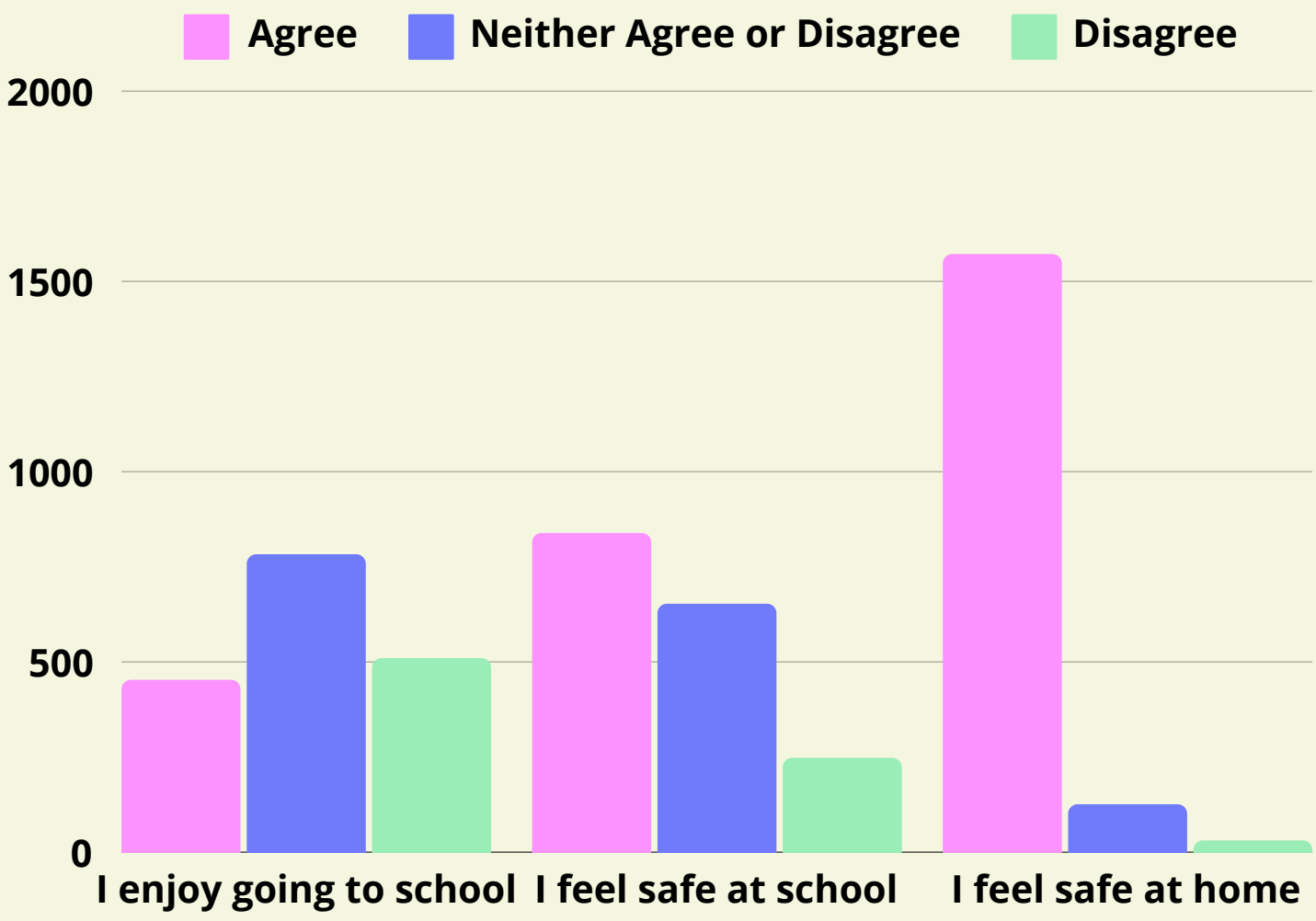
The survey also asked students about the types of programs they would like to see implemented in their community. The responses predominantly focused on informational and health-related topics. ***Students expressed the greatest interest in increasing the availability of youth job opportunities and expanding sports programs within their communities.***

Community Programs



STUDENT PERCEPTION OF SAFETY AT HOME & SCHOOL

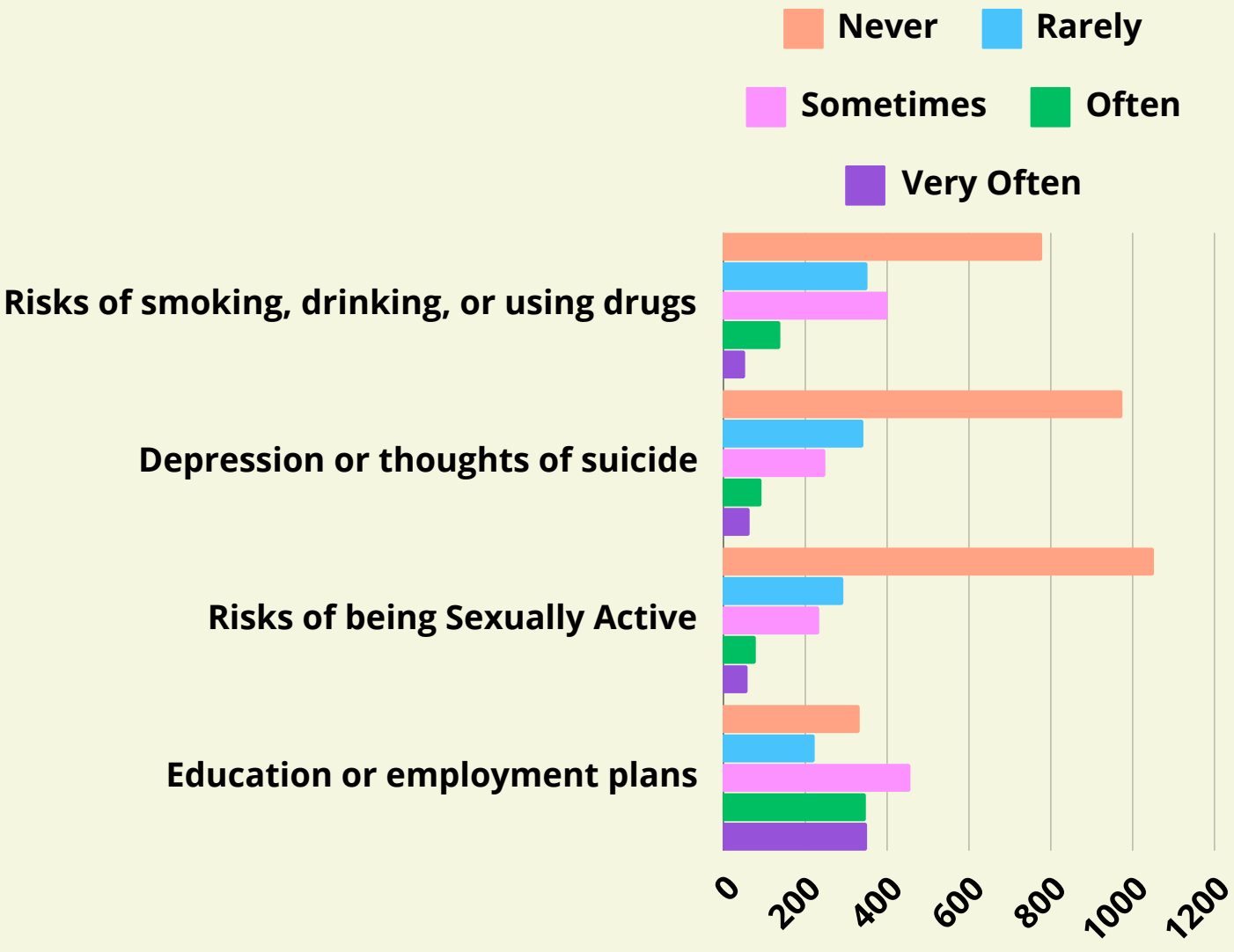
School-related pressures can significantly impact students' stress levels and their overall perception of the school environment. High levels of stress and negative experiences at school may contribute to feelings of unsafety. Additionally, a student's home life plays a crucial role in influencing their behavior and stress levels. To better understand students' feelings of safety, we asked them to respond to statements regarding their sense of security both at home and within their school environment.



COMMUNICATION GAPS

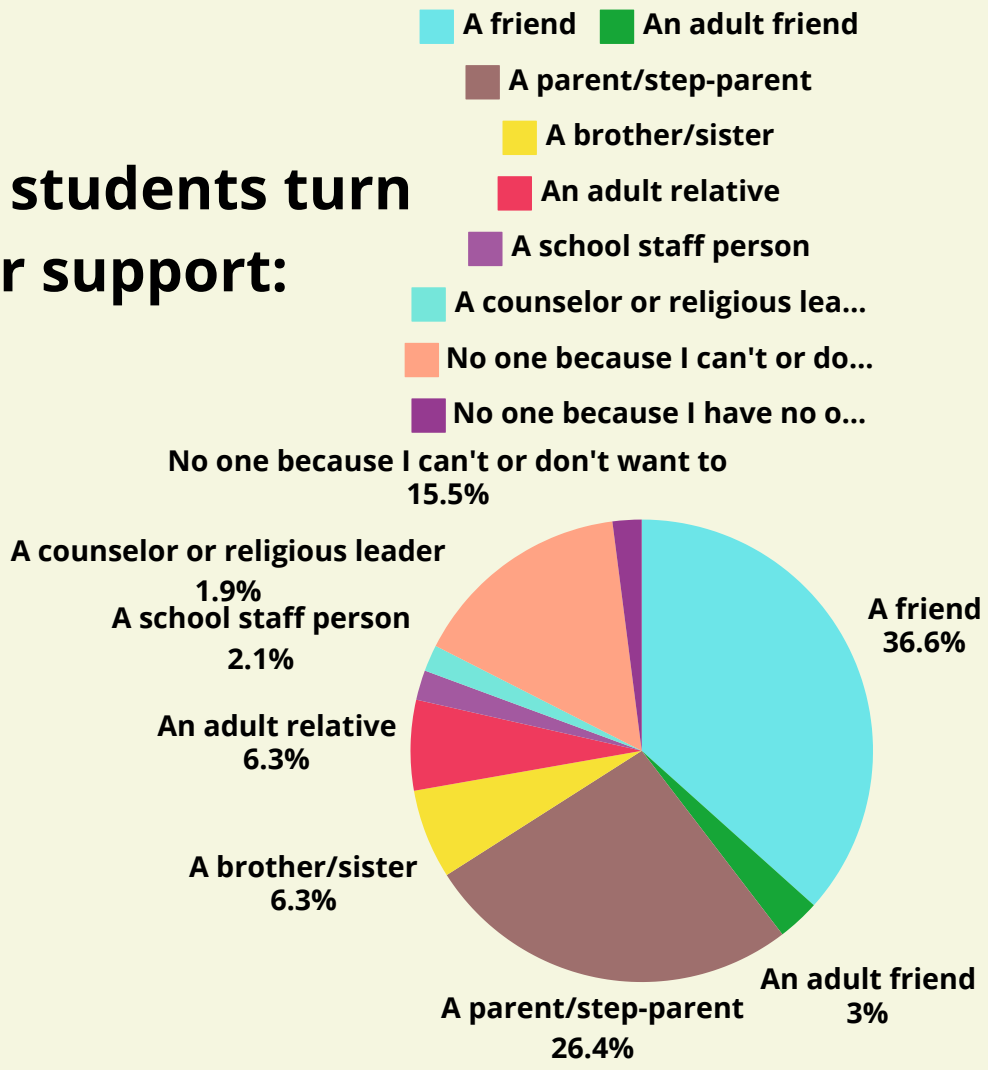
The data reveals that students primarily rely on their parents and role models to help them avoid trouble. ***However, discussions about critical topics such as substances, depression, and sexual activity are often absent from these conversations at home. The majority of teens have not engaged in discussions with their families about these important issues.***

How often have you talked about the following topics with a parent or someone you live with in the past year?



SUPPORT SYSTEMS AND STUDENT HELP-SEEKING BEHAVIOR

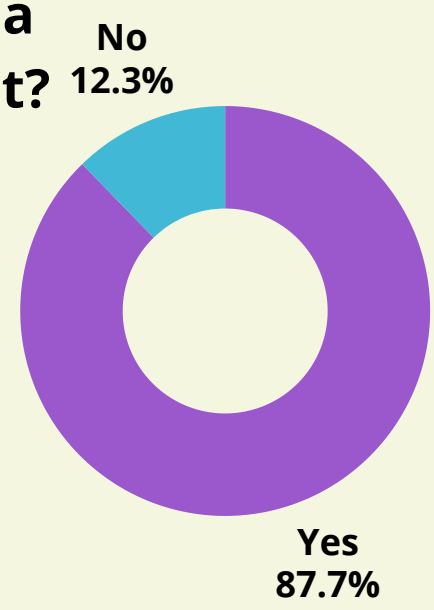
Who students turn to for support:



When facing problems or struggles, students often lack a clear idea of where to seek assistance. According to our survey, ***over 36% of students would initially turn to a friend for support, while nearly 20% prefer to handle their issues independently.***

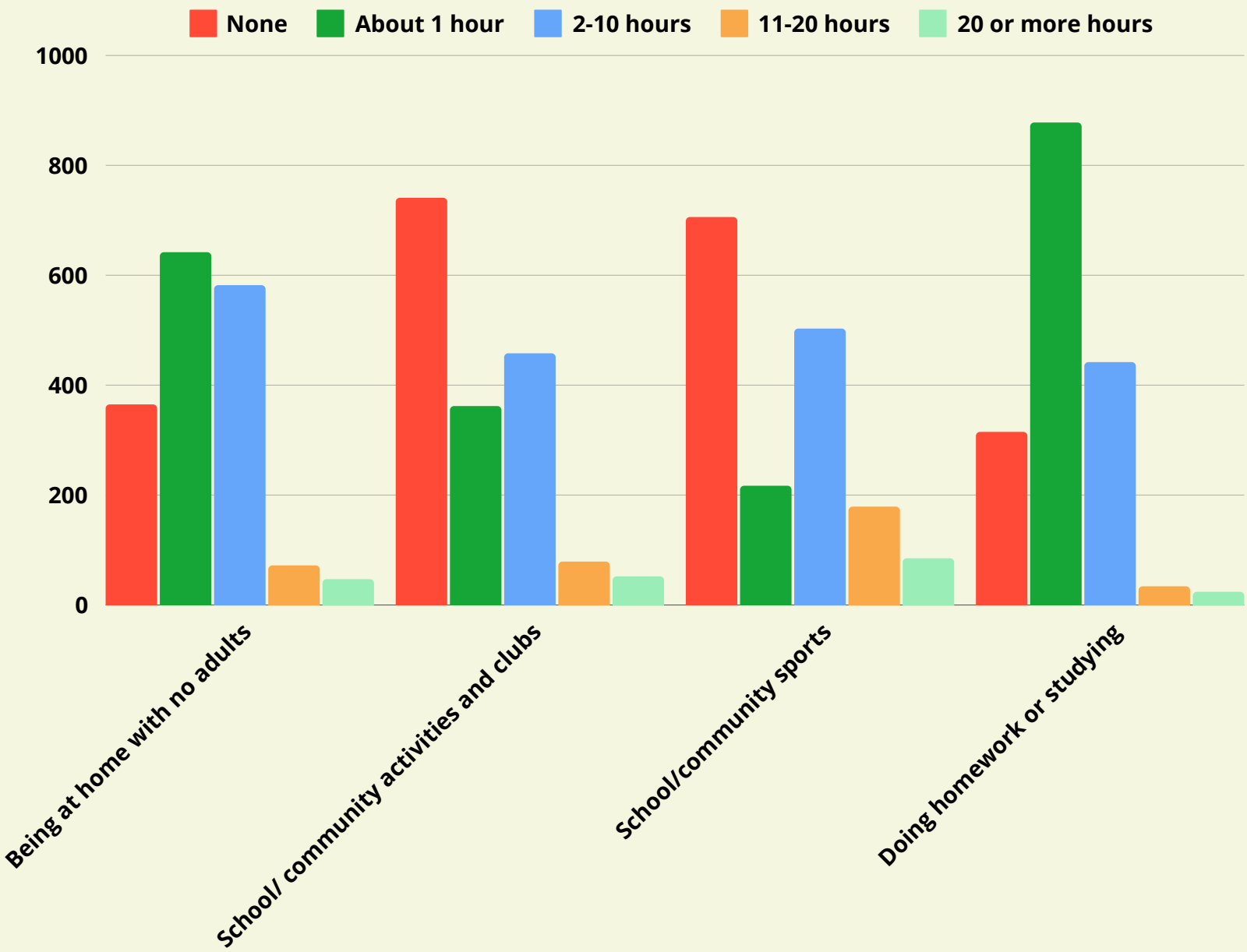
Additionally, 209 students reported not having a trusted adult to turn to for help when needed.

Do you have a Trusted Adult?



STUDENT PERSONAL TIME

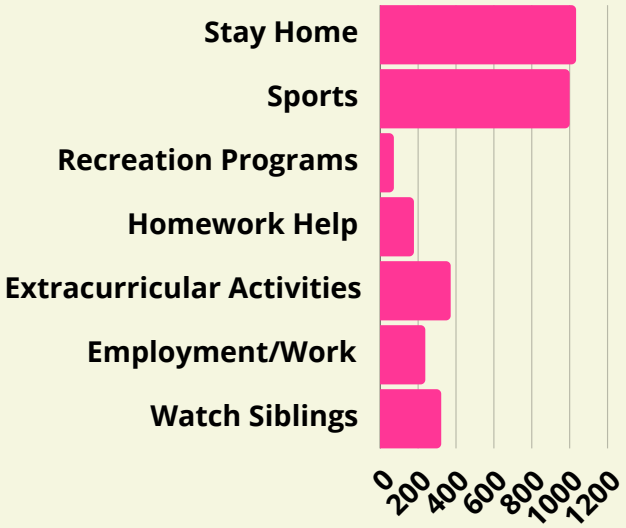
Students spend considerable time connected through their devices, but balancing screen time with other activities remains important. To better allocate resources and support popular programs, the Youth Bureau investigated how students spend their time beyond their phones. Understanding these activities helps us ensure that we fund programs that align with students' interests and needs.



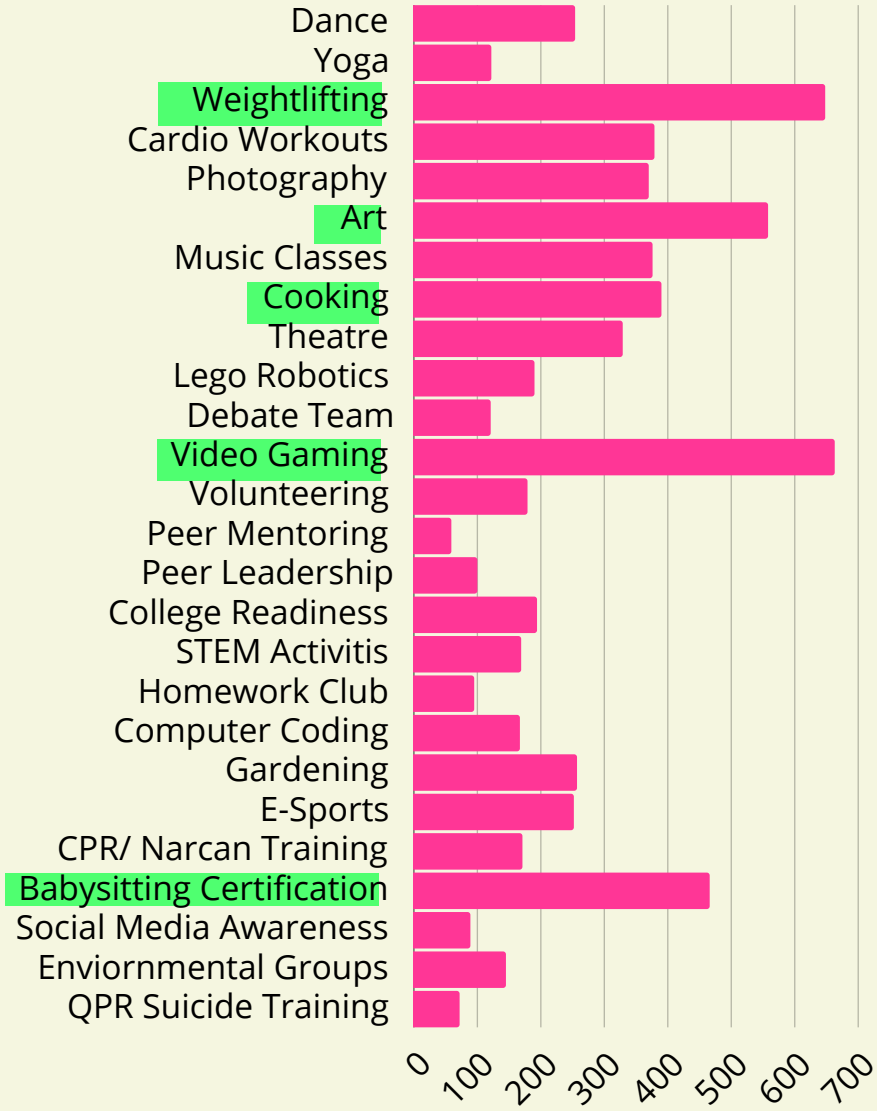
STUDENT INTERESTS BEYOND DIGITAL ACTIVITIES

Students have diverse interests outside of the digital realm. Many reported spending after-school time at home or playing sports. When asked about additional programs they would be interested in, students most frequently cited weightlifting, art, cooking classes, video gaming, and babysitting certification as their top choices.

Current After-School Activities:



Student Programming Interests:



SUMMARY

Key Findings

Mental Health Concerns

Mental health emerged as a significant issue among teens, with a majority reporting past or current struggles with anxiety. There is a notable stigma surrounding mental health, which may deter students from seeking help. The need for effective mental health education and support is evident.

Academic Pressure and Screen Time

Students express high concern for their academic performance, yet a decreasing number plan to take college entrance exams. Excessive screen time, particularly on social media, may be affecting sleep patterns, with less than half of the students meeting the recommended sleep duration.

Support Systems

While students rely on parents and role models for guidance, many do not discuss critical issues such as substance use, depression, or sexual activity with their families. Additionally, a significant portion of students feel they lack a trusted adult to turn to during times of need.

Future Aspirations and Career Goals

Most students aim to attend college, though interest in vocational trades is rising. Nursing and teaching are among the most desired career paths. However, there is a low intention to seek employment within the county after graduation.

Desired Community Programs

Students have expressed interest in expanding youth job opportunities and sports programs in their communities. Weightlifting, art, cooking classes, video gaming, and babysitting certification are among the top program interests identified.

Overall, these findings underscore the importance of addressing mental health, enhancing academic support, improving family communication, and aligning community programs with students' interests and future goals.

RECOMMENDATIONS FOR YOUTH-SERVING PROGRAMS AND ORGANIZATIONS

Enhance Mental Health Support

- **Develop and Promote Mental Health Programs**
  - Create and implement programs focused on mental health education, coping strategies, and reducing stigma. Collaborate with mental health professionals to provide workshops and resources in schools and community centers.
- **Increase Access to Counseling Services**
  - Ensure that students have easy access to counseling services and encourage open discussions about mental health in school settings and community programs.

Address Academic and Screen Time Challenges

- **Support Academic Preparedness**
  - Offer workshops and resources to help students prepare for college entrance exams and manage academic stress. Provide guidance on effective study habits and time management.
- **Promote Healthy Screen Time Habits**
  - Educate students and parents about the impact of excessive screen time on sleep and well-being. Introduce programs that encourage balanced use of technology and promote offline activities.

Strengthen Support Systems

- **Foster Family Engagement**
  - Develop initiatives to encourage families to engage in open conversations about important topics such as substance use, mental health, and career planning. Offer family counseling and educational sessions to support these discussions.
- **Build Trustworthy Relationships**
  - Create mentorship programs that connect students with trusted adults in the community. These relationships can provide additional support and guidance for students navigating personal and academic challenges.

RECOMMENDATIONS FOR YOUTH-SERVING PROGRAMS AND ORGANIZATIONS CONTINUED

Align Programs with Future Goals and Interests

- **Expand Vocational and Career Programs**
  - Increase the availability of vocational training and career exploration opportunities, particularly in fields of high interest such as nursing and teaching. Partner with local businesses and educational institutions to offer internships and apprenticeships.
- **Invest in Popular Extracurricular Activities**
  - Allocate resources to programs that align with student interests, such as weightlifting, art, cooking classes, and video gaming. Ensure that these programs are accessible and well-funded to meet the growing demand.

Enhance Community Engagement

- **Improve Youth Job Opportunities**
  - Work with local employers to create more job opportunities for youth, especially those interested in gaining work experience while still in school. Develop job placement and training programs to support this effort.
- **Expand Sports and Recreation**
  - Increase investment in sports programs and recreational activities to provide students with constructive and engaging alternatives to screen time. Focus on building facilities and organizing events that encourage physical activity and team participation.

By implementing these recommendations, youth-serving programs and organizations can better address the needs and aspirations of students, fostering a supportive environment that promotes their overall well-being and future success.

St. Lawrence County, New York
Youth Bureau

Ph: 315-379-9464
Fx: 315-386-8636

AChase@stlawco.gov
RZuhlsdorf@stlawco.gov

St. Lawrence County Youth Bureau

Alexa Backus Chase, Youth Bureau Director
Rebekah Zuhlsdorf, Youth Bureau Secretary

https://stlawco.gov/Departments/YouthBureau

St. Lawrence County List of OMH Providers

- **Catholic Charities, 315-393-2660, http://www.cathcharities.org/**
  - Seaway House – psychosocial club for individuals with mental illness
  - Counseling services
  - Financial assistance
  - Parent Education – education to individuals pregnant or have a child 5 y/o or younger
- **Children's Home of Jefferson County – 315-229-3480, https://www.chjc.org/**
  - Health Home Care Management – adults and children
  - Fostering Futures
  - Family Permanency Program – post adoption support
  - Counseling
  - Therapeutic Crisis Respite
- **Citizen Advocates – 315-764-8076, https://citizenadvocates.net/**
  - Health Home Care Management – adults and children
  - HCBS and CFTSS provider for children
  - Mental health clinic – adults and children
  - Behavioral Health Urgent Care – 315-713-9090
- **Claxton Hepburn Medical Center – 315-393-3600, https://www.claxtonhepburn.org/**
  - Inpatient Adult and Children's Mental Health Units
  - Article 9.39 hospital
  - Mental Health Clinic – adults and children

- **House of the Good Shepherd – 315-782-8064, https://www.hgs-utica.com/**
  - HCBS and CFTSS services for children in Foster Care
  - Care Coordination
- **Northern Regional Center for Independent Living (NRCIL) – 315-785-8703, http://www.nrcil.net/**
  - Long Term Care Ombudsman program
  - Benefits Navigation
  - Advocacy
  - Family Support
- **Reachout of St. Lawrence County – 315-265-2422**
  - 24 hour telephone crisis intervention, information and referral hotline
  - Mobile Crisis team
  - Education/Trainings
- **Step By Step – 315-394-0597, https://www.stepbystepinc.org/**
  - Peer services
  - Adult HCBS service provider – pre vocational, job training, volunteer, respite/hospital diversion
  - Housing (must go through SPOA)

- **St. Lawrence County Community Services – 315-386-2167 or 315-386-2189, https://stlawco.org/Departments/CommunityServices**
    - Outpatient Addiction Services – Intensive Outpatient, Methadone (OTP Clinic), MAT, Mobile Vehicle – coming soon
    - Outpatient Mental Health
    - Child and Family Support Team
    - Assisted Outpatient Treatment
    - Health Home Care Management for adults
    - Jail peer services and mental health services

- **St. Lawrence Psychiatric Center – 315-541-2001**
    - Inpatient Adult and Children's Mental Health Units
    - Inpatient Sex Offender Treatment Program
    - Outpatient Mental Health Clinics: Gouverneur, Massena, Ogdensburg
    - Mobile Integration Teams
    - Family Support
    - State Operated Community Residence (Northwood Manor) (must go through SPOA)

- **THRIVE Wellness and Recovery, Inc. (Transitional Living Services) – 315-393-4610, https://tlsnny.com/**
  - Health Home Care Management – adults and children
  - Non Medicaid Case Management - children
  - Single Room Occupancy (SRO)
  - Community Residence for mentally ill – Gouverneur (must go through SPOA)
  - CHAAP – Community Housing and Assistance Program (Gaslight Village)
  - Supported Housing Case Management for adults with mental illness that have been hospitalized or incarcerated (must go through SPOA)
- **United Helpers – 315-714-3117, https://hwuh.wpengine.com/**
  - **Mental Health**
    - Outpatient Clinics – Ogdensburg and Canton
    - Health Home Care Management – adults and children
    - Non Medicaid Care Management – adults
    - Assertive Community Treatment Team (ACT) (must go through SPOA)
    - Gateway Supported Apartments (must go through SPOA)
    - Supported Housing Case Management (must go through SPOA)