

CITIZEN ADVOCATES



2022

Community Health Needs Assessment

Message from the Vice President and Chief Operations Officer

Understanding the needs of our community, as well as our assets and strengths, informs our strategy to improve health outcomes.

The pandemic left an indelible mark on each of us and provided valuable lessons, highlighting longstanding disparities in our healthcare system. At Citizen Advocates, we remain committed to providing comprehensive services that support social determinates of health. As we expand our behavioral health services throughout Northern New York, we're focused on refining our model to enhance quality outcomes. We welcome all who seek assistance, no appointment needed, 24/7. We aspire to positively impact health parity in our region.

We hope you find our 2022 Community Health Assessment informative and educative. When we fully understand the needs of our community, we are poised to think strategically, collaborating with other service providers to share resources and responsibility. This is the first step in creating a proactive response to the issues and opportunities we face. We look forward to ongoing collaboration with best-in-class providers throughout our region as we continue this essential work.

Thank you,

Kati Jock, MBA
VP/COO

Lessons Learned from COVID

When our last Community Health Assessment (CHA) was published, the pandemic had only just begun. While we continue to analyze pandemic related data, we see impacts in the communities we serve.

- In 2021, Citizen Advocates (CA) provided 45,533 telehealth visits. During the height of the pandemic, only our 24/7 urgent care centers were open to in-person treatment. We transitioned almost all operations to remote. While medication management and therapy were easily accessed via telehealth, people were impacted by the reduction in our community-based services.
- When possible, our community based CCBHC staff met with people outside or checked in remotely. By April 2020, staff had created a comprehensive list of community resources, offered by CA and partner agencies, to ensure basic needs were met. For example, CA started a shuttle to supplement public transportation, which was temporarily halted or reduced during the pandemic to take people to appointments or to the grocery store.

We believe that we have only begun to see the full impact of the pandemic on the mental health of our community. Of note are the changes in our child and adolescent populations:

- CA increased School-Based Mental Health services in by 30% from 2020 to 2022, with five more schools in queue.
- Despite supply chain issues and workforce challenges, CA expanded crisis services by opening a 24/7/365 Behavioral Health Urgent Care in Ogdensburg (BHUC) in St. Lawrence County.
- CA provided crisis intervention services to 83 people, 97 initial evaluations and served 203 people between April and June of 2022 at the Ogdensburg BHUC.
- CA staff fielded a 45% increase in after-hours crisis calls.

We also launched our CALEP program during the height of the pandemic. A licensed therapist is embedded with the Saranac Lake police department to provide mental health and addiction services during routine police calls. As gun violence and threats of violence continue to grow, we have positioned ourselves to partner with law enforcement serving the mental health needs of our community pre and post pandemic.

Lastly, the pandemic has changed our workforce. The workforce cared for those we support during the pandemic, while juggling the uncertainties faced in their personal lives, with lasting effects. CA is not immune to the workforce challenges facing every organization, and we continue to invest in our teams with a focus on work-life balance.

Executive Summary

This report summarizes findings from our Community Health Needs Assessment, conducted to identify the health and well-being needs of the residents of **Franklin and St. Lawrence counties** in Northern New York. Findings will be used to guide future efforts, services and supports delivered by CA and community partners. The most current data available and publicly published information was used to inform this report. As a result, the negative impact of COVID on the health of our community residents may not be fully represented by this data.

Relative to Northern New York and New York State (NYS), the North Country region is characterized by lower educational attainment, higher unemployment rates, an aging population, higher disability rates, higher poverty rates, lower household incomes and a vastly rural composition. Each of these factors contributes to health challenges faced by our region, a region with rates of adult obesity, tobacco use and diabetes that are all well above NYS averages.

Mental health, well-being and substance abuse are significant issues affecting at least one-third of the Medicaid population in our region, driving emergency department utilization. This includes:

- Relative high rates of frequent mental distress over the past month.
- Abuse and/or maltreatment among children.
- Exposure to two or more adverse childhood experiences.
- Self-inflicted hospitalizations.
- Alcohol-related crashes and/or fatalities.
- Hospital discharges involving opioid use and the opioid epidemic.

The COVID-19 pandemic has increased substance use, undermined mental health, impacting the fragile healthcare delivery system, placing vulnerable populations at greater risk even as regional challenges remain. These challenges include:

- Limited broadband access.
- Workforce shortages.
- Diverse needs of a rural, largely low-income, aging population.

CA is dedicated to using the findings in this Community Health Needs Assessment to develop programs and interventions that reflect and address regional challenges, leveraging available assets to Make Lives Better and plan for the future.

The two counties of interest, Franklin and St. Lawrence, both continue to exhibit substantial needs in terms of chronic disease and behavioral health. Franklin County ranks in the lower middle range of counties in NYS in terms of health outcomes and is ranked as least healthy in terms of several health factors. St. Lawrence County ranks in the lower middle range of counties in NYS in terms of health outcomes and health factors.

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Introduction

CA provides behavioral health prevention, treatment and recovery services, community supports, residential, day habilitation and employment services, homeless housing, and housing and residential programs serving a diverse range of disabilities, and those who have been incarcerated, hospitalized and/or homeless. The agency has built a care team approach that supports the recovery journey from entrance to discharge. These services are especially critical for low-income individuals and families in the North Country who may otherwise fail to seek care and support due to socioeconomic barriers including financial and/or transportation concerns.

CA's history, experience and proven results demonstrate strong partnerships, regional leadership and active engagement for improving community health outcomes. CA is proud to provide quality, compassionate care to carry out the mission of Making Lives Better.

Continued work to provide all residents timely access to needed services is highlighted by a recent report (2022) issued by The National Council, which found substantial unmet need when it comes to mental health and substance use care, far surpassing physical health care needs.

- Most Americans who needed mental health care in the past 12 months but did not receive it (90%) were impacted in some way, primarily reporting issues with personal relationships (50%), work issues (45%) and a decline in their mental well-being (44%).
- Nearly 3 in 10 who did not receive needed substance use care (29%) and more than 1 in 5 who didn't get mental health care (22%) reported an increase in alcohol or drug use as a result.
- Two-thirds of Americans (67%) believe it is harder to find a mental health care provider than it is to find a physical health care provider.

CA notes great success in operating Certified Community Behavioral Health Clinics (CCHBCs) in Franklin and SLC. People are offered a full array of services to support individuals with mental health and addiction diagnosis.

The CA CCBHC model includes a first-of-its-kind 24/7 Behavioral Health Urgent Care, to treat mental health and addiction. Our CCBHCs have begun to alleviate the strain of fragmented behavioral health services with poor access and long wait times (up to 5-6 weeks).

CA's average days to appointment is 8.6, with a goal of under 10. Also launched were a broad range of care coordination programs in conjunction with other healthcare organizations, public safety and veterans' groups, and the Health Coach Program, which helps people with serious behavioral health diagnosis improve the skills needed to promote whole-health and healthy living choices.

New York State Prevention Agenda

The 2019-24 Prevention Agenda is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities. The Prevention Agenda has five key priority areas with specific action plans developed for each. Each priority and specific action plan include focus areas, goals, objectives and measures for evidence-based interventions. Using these measures, the State and providers throughout the State can track the impact of their interventions.

Using the NYS Prevention Agenda as a guidepost, CA selected the following priority areas as most aligned with demonstrated health needs in the organization's service areas.

- Residents suffer from rates of obesity, chronic disease and disabilities that exceed statewide averages and prevention agenda goals.
- Age-adjusted mortality rates are well above NYS averages.
- Both counties report high rates of persons under and over the age of 65 living with a disability.
- Both counties have adult and child obesity rates above the statewide average and prevention agenda goals.
- Both counties have rates of tobacco use, higher than the statewide average and prevention agenda goals.
- The rate of reports of abuse/maltreatment, per 1,000 children aged 0-17 years, and the suicide age-adjusted mortality rate per 100,000 are higher in both Franklin and St. Lawrence counties than Prevention Agenda goals and statewide averages.
- Adults in both counties report rates of binge drinking in excess of PA 2024 goals.
- Rates of patients receiving at least one buprenorphine prescription for opioid use disorder are in excess of the statewide average and PA 2024 goals (suggesting greater opioid use in these counties).

Based on these findings our future efforts will focus on the following priorities and focus areas:

Prevent Chronic Diseases Action Plan

- Focus Area 1 - Healthy Eating and Food Security
- Focus Area 2 - Physical Activity
- Focus Area 3 - Tobacco Prevention
- Focus Area 4 - Chronic Disease Preventive Care and Management

Promote Well-Being & Prevent Mental and Substance Use Disorders Action Plan

- Focus Area 1 - Well-being
- Focus Area 2 - Mental and Substance Use Disorders Prevention

Data Sources:

2022 Access to Care Survey Results Prepared for the National Council for Mental Well-being by The Harris Poll May 11, 2022. <https://www.thenationalcouncil.org/wp-content/uploads/2022/05/2022-Access-To-Care-Survey-Results.pdf>

County Health Rankings & Roadmaps (CHR&R). <https://www.countyhealthrankings.org/>

Franklin and St. Lawrence County Community Health Assessments and Community Health Improvement Plans and Community Service Plans.

Health Resources and Services Administration. The Health Professional Shortage Area (HPSA) U.S. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Kaiser Family Foundation State Health Facts. <https://www.kff.org/statedata/>

The Kids' Well-being Indicators Clearinghouse (KWIC). <https://www.nyskwic.org/>

Leading Causes of Death in New York State.

https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state

NYS Graduation Rate Data. <https://data.nysed.gov/gradrate.php?year=2021&state=yes>

New York State Office of Mental Health Statistics and Reports.

<https://omh.ny.gov/omhweb/statistics/>

NYS Opioid Dashboard. Each county in the state has its own dashboard.

<https://www.health.ny.gov/statistics/opioid/>

New York State Prevention Agenda.

https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

SPARCS is a comprehensive all payer data reporting system that collects patient level detail.

<https://www.health.ny.gov/statistics/sparcs/>

U.S. Census and American Community Survey. <https://www.census.gov/programs-surveys/acs>

USDA's Economic Research Service (ERS) plays a leading role in research on food security and food security measurement in U.S. households and communities. <https://www.ers.usda.gov/>

Regional Profile - Summary

The rural nature of the community, relatively low-income levels, challenges accessing care because of distance to providers, paucity of providers, harsh winters and high rates of chronic disease present unique challenges to the residents of these two counties and to the providers who serve them. Both Franklin and SLC are rural, relatively poor, face high rates of multiple chronic diseases and preventable conditions (such as obesity and smoking), resulting in multiple unmet health needs and poor health outcomes.

Residents of Franklin and SLC face several preventable chronic disease and behavioral health challenges. A review of available data for Franklin and SLC identified the following as the most significant chronic health needs of the individuals and communities within those counties, all of which will inform our future health promotion efforts:

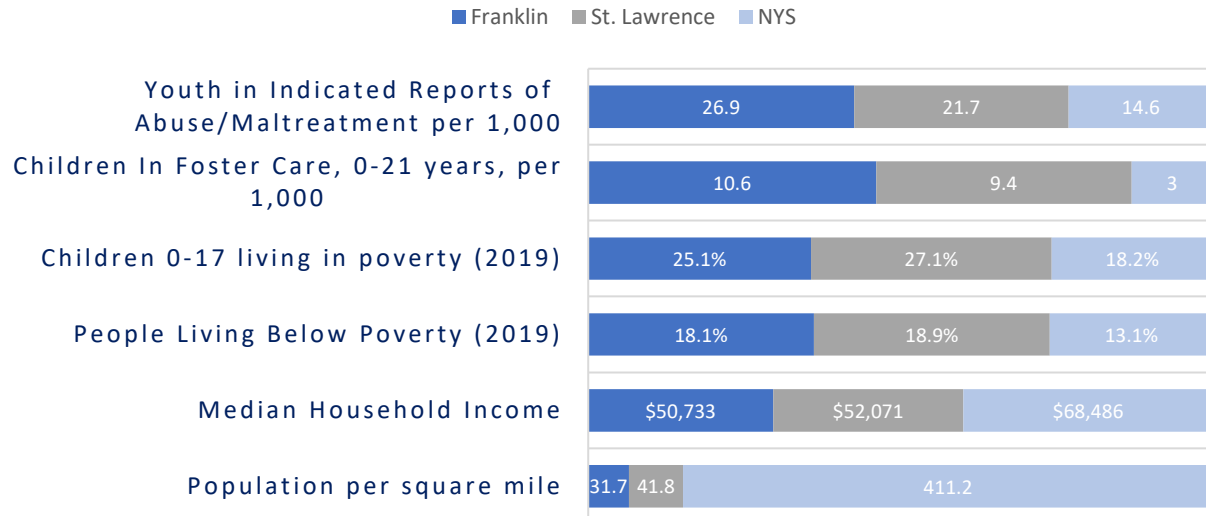
- The population suffers from rates of obesity and chronic disease that are far in excess of statewide averages and prevention agenda goals.
- Total age-adjusted mortality rates are well above NYS averages.
- Tobacco use in both counties exceed the statewide average and prevention agenda goals.
- In both counties the percent of children living in poverty exceeds the statewide average and the number and rate of children 0-21 years in foster care exceeds statewide average
- Both counties suffer from an insufficient number of providers with multiple Health and Mental Health Care Professional Shortage Areas (HPSAs and MHPSA) and Medically Underserved Areas.
- Reports of abuse / maltreatment among children 0-17 years are higher than the statewide average and PA 2024 goals (26.9 in Franklin and 34.9 in St. Lawrence County as compared with NYS average of 16.1 and PA goal of 15.6)
- Adults in both counties face food insecurity and report having more than one sugary beverage daily.

Geography, Infrastructure and Services

The North Country is the northernmost region of New York State. Residents of the region confront the harsh reality that access to health care has become increasingly difficult. Disparities in access are largely attributable to geography, access to care and socio-economic status (rather than race or ethnicity) and include living in a rural area, numerous health professional shortage areas, age and disabilities.

The sheer remoteness of the North Country poses difficulty in attracting and retaining essential providers with limited employment opportunities and a population that experiences poorer health outcomes as compared to the rest of NYS.

Key Demographic Data



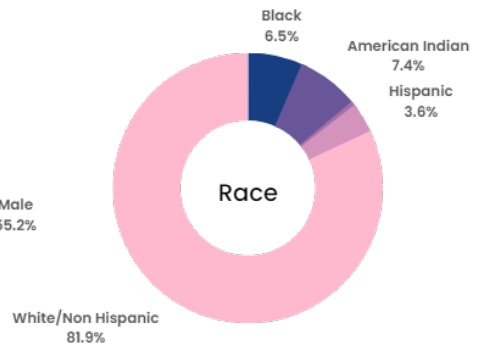
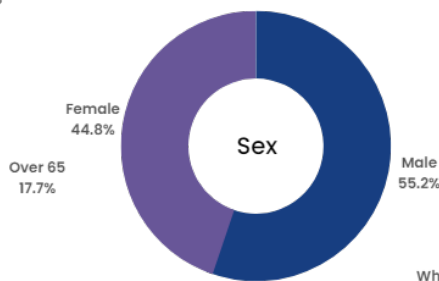
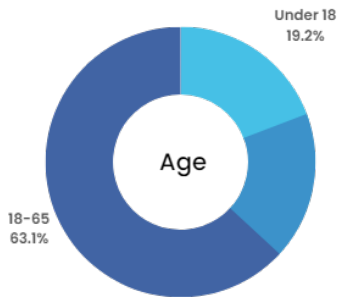
Demographic information depicted in the graph above, suggests residents of both counties face numerous obstacles and challenges, many of which may result in or be supported through behavioral health services:

- Median household income is low and food insecurity is high.
- The proportion of children in foster care is high and reports of child abuse and maltreatment are high.
- Franklin County is ranked among the least healthy counties in NYS (lowest 0-25%) and SLC is ranked in the lower middle range counties in NYS (lower 2-50%) in terms of health outcomes and factors.

The following pages provide additional information on these items for both counties.

Franklin County Population Profile

Total Population: 47,456



■ Franklin County
■ New York State

Franklin County is the fourth-largest county in NYS by land area and has 19 towns, including Hogsburg, a portion of the St. Regis Mohawk Reservation.

Median Household Income



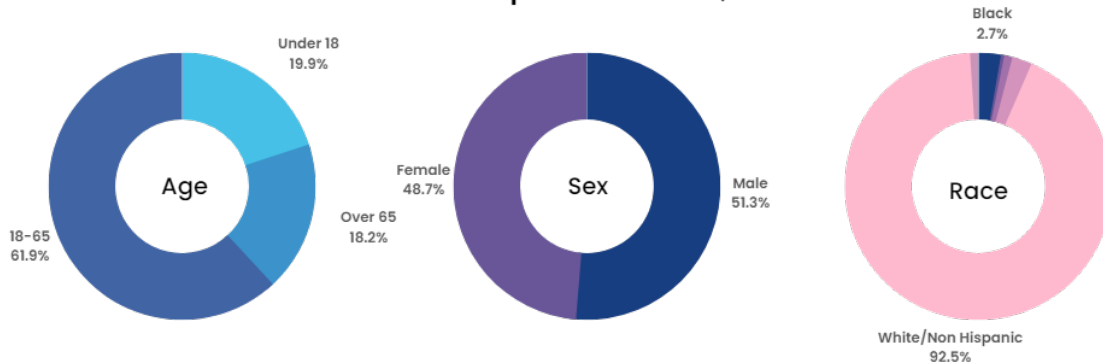
Data collected indicates the following factors are associated with access to care and health outcomes:

- Education (24% have a bachelor’s degree or higher)
- The median household income is \$50,733. Almost 15% of all residents live at the poverty level and 18.1% live below the poverty level.
- Franklin County residents experience rates of adult and child obesity, tobacco use and diabetes that are all well above NYS averages. 20.6% of adults in the county smoke cigarettes compared to the NYS average of 12.8%, and the PA goal of 11.0%.

Educational Profile: Within Franklin County there are seven school districts, with a total enrollment of 6,717 in the 2020-2021 school year. Of those students, 64% are considered economically disadvantaged and are eligible for free or reduced lunch. The total number of High School graduates was 435, with a dropout rate of 8%, which is higher than the NYS average of 5.3%. In addition, 23% of students are special education students, higher than the NYS average of 14.5%.

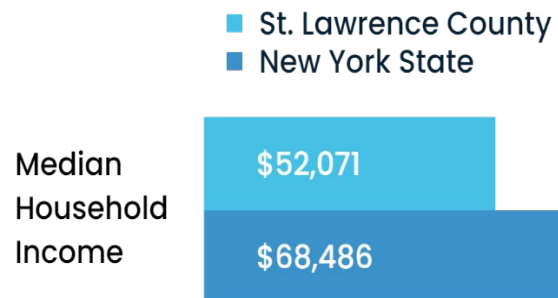
St. Lawrence County Population Profile

Total Population: 108,505



SLC is the largest county geographically in NYS (2,821 sq. miles) and is a predominantly rural county located between the Adirondack Mountains and the St. Lawrence River in Northern New York. The county is comprised of 32 towns and a single city, Ogdensburg. About half of the county's population (52%) live within five subdivisions: Potsdam, Massena, Canton and Gouverneur. The remaining half are spread across 28 other towns. Data collected indicates the following factors are associated with access to care and health outcomes:

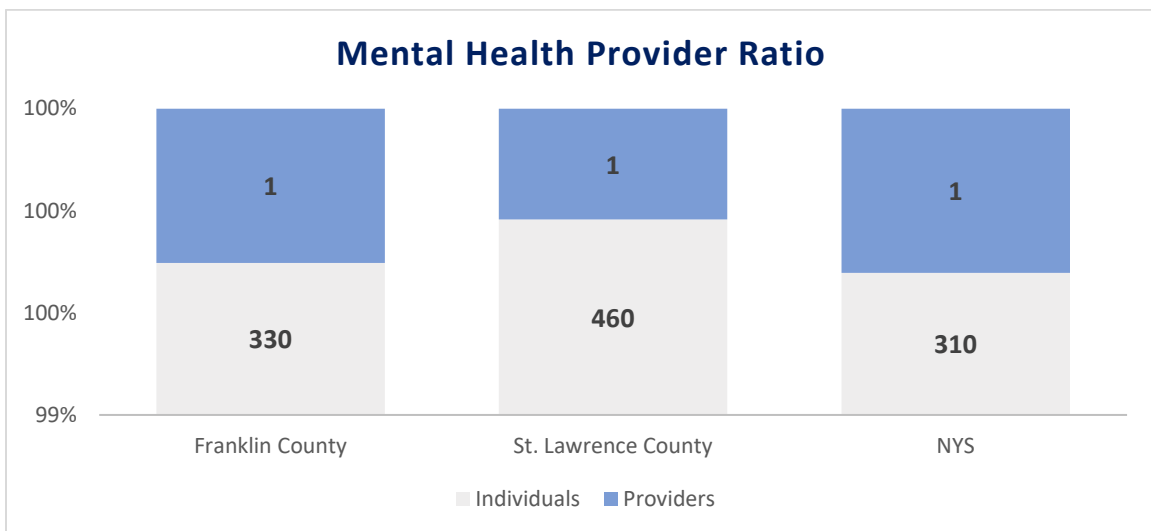
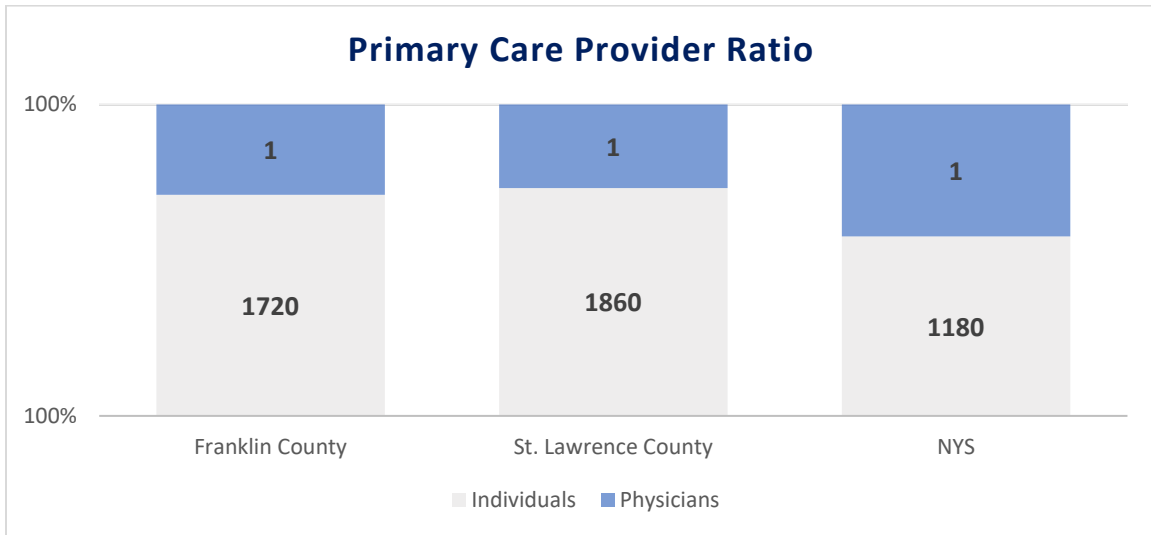
- The St. Regis Mohawk Reservation is within 20 miles of CA's Massena Behavioral Health clinic and includes 3,500 residents.
- The state average for persons with disability is 7.6%, compared to SLC's disabled population at 11.2%. The Village of Massena is nearly twice the national average at 14%.
- Approximately 6% of residents in SLC are uninsured.
- More than one in five (20.6%) Massena residents live in poverty, twice the national average.
- SLC experiences high rates of adult obesity, tobacco use and diabetes that are all well above NYS averages. 18.5 percent of adults in the county smoke cigarettes as compared with a statewide average of 12.8% and the PA goal of 11.0%.



Educational Profile: There are 17 unique school districts throughout the county and five institutions of higher learning. K-12 Enrollment is 13,407 and 93% of students are white. Of those students, 18% have disabilities, higher than the NYS average of 14.5%. The percentage of economically disadvantaged students is 51%, and the dropout rate is 6 percent versus NYS average of 5.3 percent.

Physical and Behavioral Healthcare Resources

Regional data depicted below confirms that access to primary and mental health care continues to be a challenge with Health Resources and Services Administration (HRSA)-defined shortage areas in both Franklin and SLC. These provider to individuals ratios are in access of NYS ratios and impact access to care in both Franklin and SLC.



Medicaid expenditures

In 2019 OMH reported on Medicaid expenditures by county. The most impactful data is highlighted below (see Appendix A for additional details).

The NYS Medicaid expenditures for Mental Health services are 29% of total Medicaid services paid. Data shows a large percentage of people receiving Medicaid services are receiving Mental Health Services.

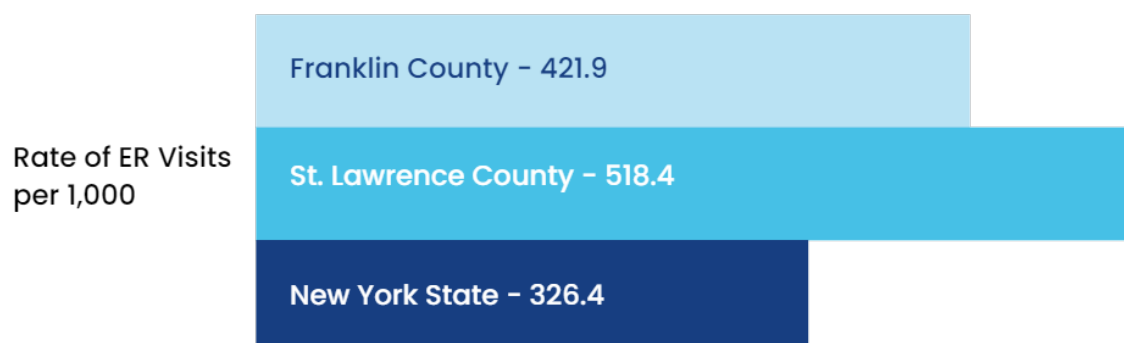
- Franklin County provided Medicaid services to 2,755 people and 2,454 of those people received Mental Health Services
- SLC provided Medicaid services to 4,319 people, and 3,416 of those people received Mental Health Services

The NYS Medicaid expenditure for Behavioral Health services composes 10% of total Medicaid expenditures.

- Franklin County exceeds this at 11%
- SLC exceeds this at 16%

Emergency Room Visits

The rate of ER visits per 1,000 in both Franklin and St. Lawrence counties far exceeded the NYS average as depicted in the graph below. High ER utilization is common in rural areas where barriers to primary care exist. Barriers include a lack of primary care providers, being uninsured or underinsured and a lack of reliable transportation.



Franklin County Health System Profile

Franklin County has two hospitals, Adirondack Medical Center-Saranac Lake Site and University of Vermont Health Network Alice Hyde Medical Center, with 6.48 hospital beds per 1,000 residents (as compared with the statewide average of 2.7). There are two nursing home facilities, accounting for 195 beds, and two adult care facilities, accounting for 60 nursing home beds or 381.9 per 100,000 population. Franklin County consists of 12 health professional shortage areas (HPSAs), five in primary care, five in dental care, and two in mental health.

- Adirondack Medical Center is licensed to offer Certified Mental Health Services - Outpatient, and short-term Inpatient Behavioral Health Care for ages 55 years or older at the Colby Center Senior Behavioral Health Unit.
- No hospitals in Franklin County are licensed to offer Chemical Dependence – Rehabilitation or Withdrawal.
- There is no Comprehensive Psychiatric Emergency Program in the county.

Analysis of hospitalizations by county indicate that Franklin’s rate of emergency department visits in 2019 was far in excess of the Statewide average making it among the **highest in the State**. The following data is on **Preventable Hospitalizations**.

- .3% of hospitalizations were attributable to self-harm, putting them relatively high (0-24th percentile)
- Self-harm ED visits represented 0.6% of all admissions (25-49th percentile)
- Self-harm ED visits were overwhelmingly among those 10-19 years of age and the result of overdose and drug poisoning

The Franklin County Community Services Board (CSB) directs and administers a local comprehensive planning process to serve individuals with development disabilities, mental illness and substance use disorders. This is consistent with established local and statewide goals and objectives. The CSB oversees the following services and activities:

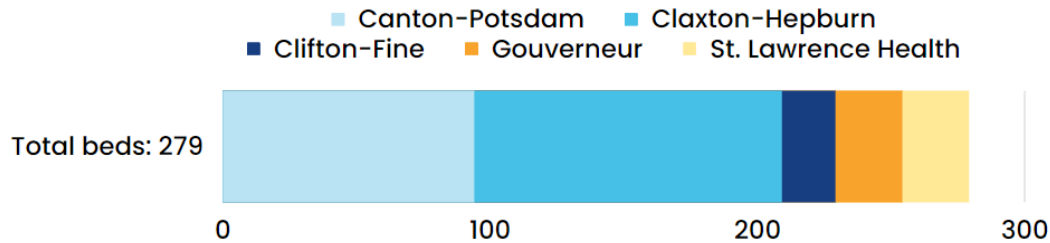
- Development of a comprehensive county plan for mental health, developmental disability, and chemical dependency services.
- Allocation of funding to local mental hygiene contract agencies based on community priorities, treatment outcomes and program performance.
- Delivery of fiscal oversight and technical assistance to contract agencies.
- Coordination of services across levels of care and among community providers and other county departments.

The CSB has three standing subcommittees: Chemical Dependency, Developmental Disabilities and Mental Health.

St. Lawrence County (SLC) Health System Profile

SLC has five hospitals, providing 2.58 beds per 1,000 residents (as compared with the statewide average of 2.7).

St. Lawrence County Health System



There are four nursing Homes in SLC, one assisted living facility and 22 home care providers accounting for 478 nursing home beds, or 431 per 100,000. There are nine health professional shortage areas (HPSAs), three in primary care, three in dental care, and three in mental health. The following describes specialties offered by hospitals in the region:

- Two hospitals in St. Lawrence County are licensed to offer Certified Mental Health Services Inpatient and Outpatient: Claxton-Hepburn and Gouverneur
- Canton-Potsdam is certified to offer Chemical Dependence – Rehabilitation and Chemical Dependence - Withdrawal Outpatient
- Canton-Potsdam and Gouverneur are licensed to offer Chemical Dependence - Rehabilitation Outpatient

Analysis of preventable hospitalizations indicate that SLC's rate of emergency department visits in 2019 was also far in excess of the Statewide average, making it among the highest in the State. The data following outlines key findings:

- 0.8% of hospitalizations were attributable to self-harm, putting them relatively high (50-74th percentile).
- Self-harm ED visits represented 0.7% of all admissions (25-49th percentile).
- Self-harm ED visits were overwhelmingly among those 10-19 years of age and the results of overdoses and drug poisoning.

Oversight and planning for needed services for people with alcohol/substance abuse, mental illness and/or developmental disabilities in SLC fall under the jurisdiction of the Director of Community Services, the Community Services Board and its subcommittees.

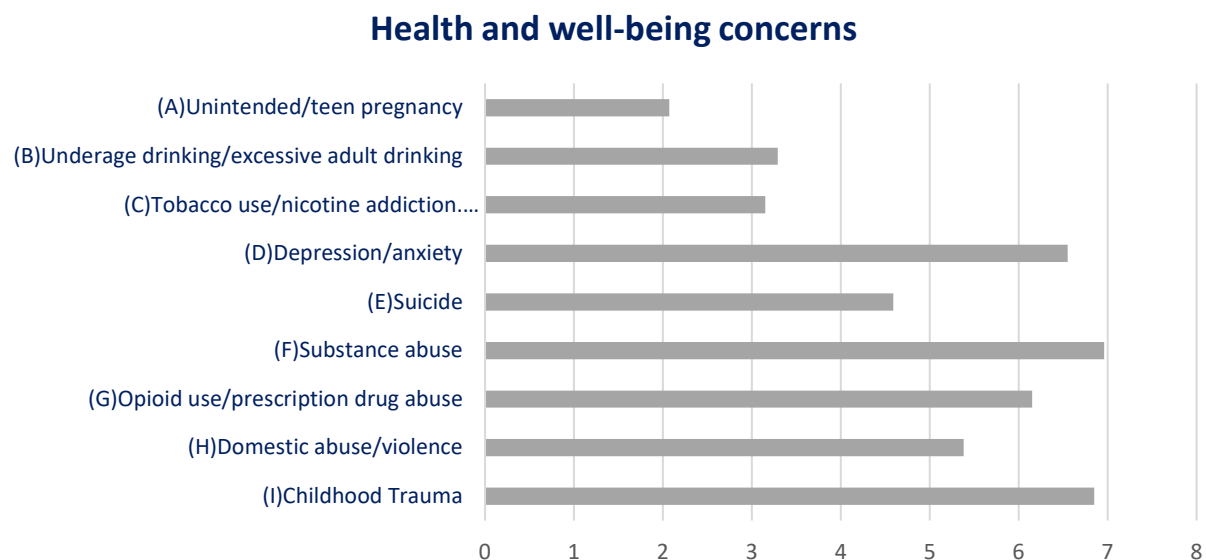
Survey Results

To better inform our future efforts, we conducted a client satisfaction survey and a survey of our partners and stakeholders to identify key concerns. The client surveys indicate a very high level of satisfaction with CA services.

To ensure we continue to deliver services that are relevant to, and support the community, we also conducted a survey of partners (representing 27 unique agencies; complete survey results are included as Appendix E). Consistent with our analysis of available data, those we surveyed identified substance use, depression and childhood trauma as the top concerns affecting the community.

When asked which factors are most likely to contribute to the identified concerns, respondents identified addiction and changing family structures (e.g., foster care). The top two goals identified are to reduce untreated mental illness and prevent childhood abuse and trauma. All survey respondents support the expansion of essential mental health services, addiction treatments, therapeutic interventions and coordinated connections to community supports in Franklin and SLC.

Below is a chart outlining the top health and well-being concerns reported by participants.



Health Indicators

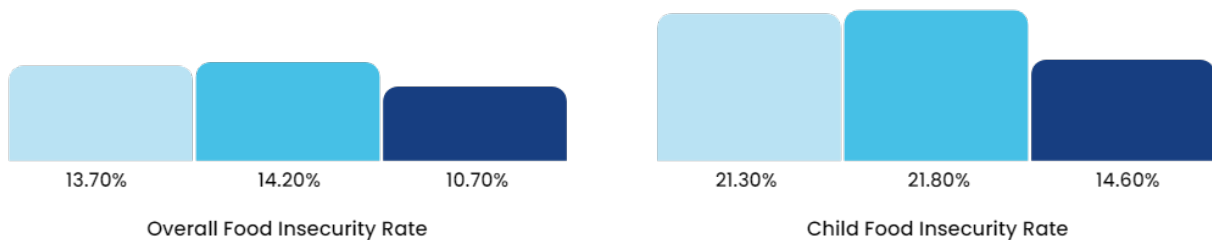
Residents of Franklin and SLC suffer from limited access to care (both counties have health professional shortage areas) and face health challenges associated with aging, high rates of smoking, obesity and poor mental health, recently compounded by COVID. Medicare data shows that preventable hospital stays are at or above the state rate in both counties.

The rural nature of the community, relatively low-income levels, challenges accessing care because of distance to providers, paucity of providers, harsh winters and high rates of chronic disease all contribute to a need for a skilled Behavioral Health workforce to ensure better access to needed care and services. Both Franklin and SLC have greater proportions of residents living below the poverty line as compared to New York State.

Food security is a significant challenge in the region and impacts the health of all. The USDA estimates that 89.5% of U.S. households were food secure throughout 2019. An analysis using data from Feeding America of counties in New York with the highest rate of food insecurity found Franklin County at number 13 and SLC at number 3 out of all NYS counties.

Food Insecurity Rates

■ Franklin Co. ■ St. Lawrence Co. ■ National Average



Food insecurity has multiple contributing factors and is a reflection of individuals struggling to meet their basic needs. Many of the contributing factors we see as areas for improvement in both Franklin and SLC throughout this analysis. Some common causes of food insecurity are listed below.

- Poverty, unemployment, or low income
- Lack of affordable housing
- Chronic health conditions
- Lack of access to healthcare

Franklin County Health Indicators

Franklin County ranks in the lower middle range of counties in NYS in terms of health outcomes and is ranked as **least healthy** for several health factors. Premature deaths in Franklin are higher than the Statewide average and the proportion of persons reporting poor or fair health and poor physical and mental health days are all in excess of statewide statistics. It is notable that the percentage of adults 18 years of age or older with a disability is 16.4% compared to the NYS average of 11.5%. Below are key findings by area for Franklin County.

Health Behaviors

- Adult smoking in the county is higher than the statewide average (22% compared to 13%).
- County residents have higher age-adjusted rates of obesity (44% compared to 27%).
- There is a higher rate of excessive drinking (23% compared to 19%).
- Alcohol impaired driving deaths are higher than the statewide average (29% compared to 20%).
- The age-adjusted suicide mortality rate is 11.7% as compared to the PA goal of 7%.

Care Factors

- The ratio of population to mental health providers (2021 data) is 330:1 as compared with a statewide average of 310:1.
- Franklin County has two Mental Health Care Professional Shortage Areas (MHPSA), and five Primary Care shortage areas.
- The age-adjusted percentage of individuals reporting frequent mental distress over the last month was 14% in 2019, as compared with the PA goal of 10.7% and the statewide average of 11.8.
- The preventable hospitalization rate per 100,000 Medicare enrollees was 4,031 (County Health Rankings 2022; 2019 data) –greater than the Statewide average of 3,717.

Abuse/Maltreatment Data

- The rate per 1,000 children/youth in indicated reports of abuse/maltreatment was 26.9% in 2020 as compared with NYS average of 16.1% and the PA goal of 15.6%.
- The rate of children in foster care 0-21 years was 10.6% as compared with a statewide average of 3.0%. Placement options are scarce, and children are regularly placed out-of-county. CA provides short-term stabilization and respite options at our Behavioral Health Urgent Care Center in Malone.

St. Lawrence County Health Indicators

SLC ranks in the **lower middle range** of counties in NYS in terms of health outcomes and health factors. Like Franklin County, there are higher proportions of persons reporting poor or fair health and poor physical and mental health days than statewide averages. The region continues to face challenges in preventable hospital stays and avoidable admissions. An ongoing need for services in SLC is evidenced by the following:

Health Behaviors

- Adult smoking in the county is higher than the statewide average (21% compared to 13%).
- County residents have higher age-adjusted rates of obesity (40% compared to 27%).
- There is a higher rate of excessive drinking (22% compared to 19%).
- The county reported unstable housing (27%) higher than the NYS average of 24%.
- Among teens 15-19, the suicide rate per 1,000 is 7.3 in SLC compared with the PA goal of 4.7.
- The age-adjusted suicide mortality rate is 10% as compared to the PA goal of 7%.

Care Factors

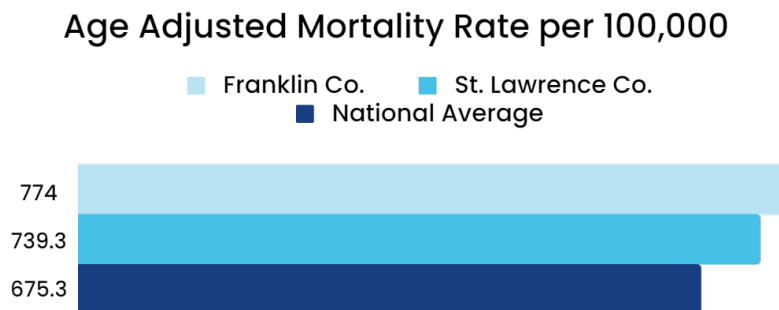
- The ratio of population to mental health providers (2021 data) is 460:1 as compared with a statewide average of 310:1, far fewer mental health professionals per person than the statewide average.
- SLC has three Mental Health Care Professional Shortage Areas (MHPSA), and three Primary Care shortage areas.
- The age-adjusted percentage of individuals reporting frequent mental distress over the last month was 16.6% in 2019 as compared with the PA goal of 10.7% and the statewide average of 11.8.
- The preventable hospitalization rate per 100,000 Medicare enrollees was 4,327 (County Health Rankings 2022; 2019 data) – far greater than the Statewide average of 3,717.

Abuse/Maltreatment Data

- The rate per 1,000 children/youth in indicated reports of abuse/maltreatment was 34.9% in 2020 as compared with NYS average of 16.1% and the PA goal of 15.6%.
- The rate of children in foster care 0-21 years was 9.4% as compared with a statewide average of 3.0%. Placement options are scarce, and children are regularly placed out-of-county. CA provides short-term stabilization and respite options at our Behavioral Health Urgent Care Center in Ogdensburg, which are desperately needed to divert children from higher levels of care.

NYS Prevention Agenda Priority Areas

The NYS Prevention Agenda is used as a framework to determine the needs for each priority area. Each county's data was reviewed to identify the most significant health needs of its residents and the key findings follow. The North County region is older and sicker compared to the rest of NYS and is projected to continue in this trend. We found high or increasing rates of obesity, chronic diseases and disabilities.



County Highlights - Leading Causes of Death per 100,000

- **St. Lawrence County**
 1. Heart Disease
 2. Cancer
 3. Chronic Lower Respiratory Disease

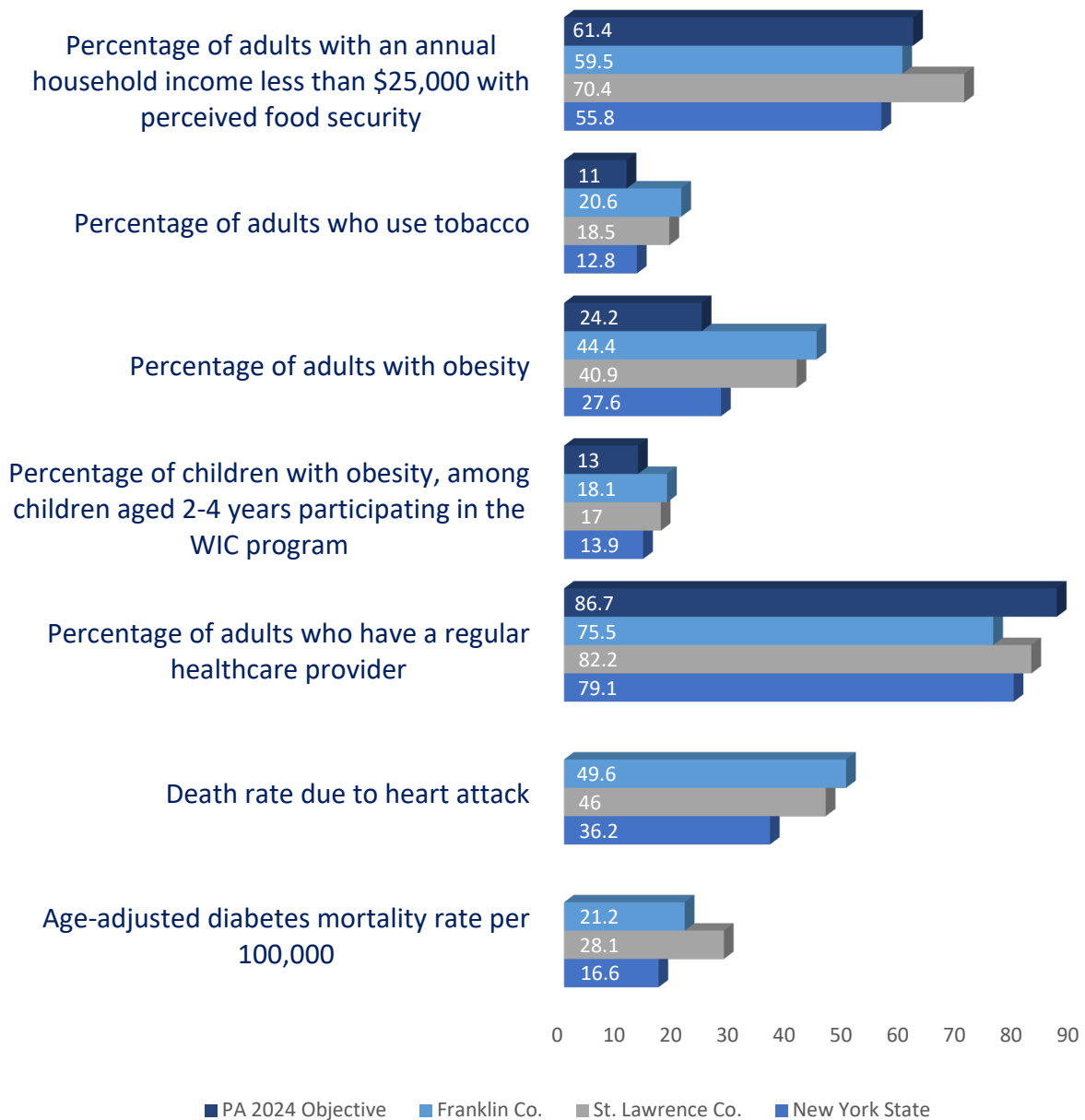
- **Franklin County**
 1. Cancer
 2. Heart Disease
 3. Chronic Lower Respiratory Disease

- **New York State**
 1. Heart Disease
 2. Cancer
 3. Unintentional injury

Prevention Priority Area 1: Prevent Chronic Diseases

Chronic diseases such as cancer, diabetes, heart disease, stroke, asthma and arthritis are among the leading causes of death, disability and rising healthcare costs in NYS. Chronic diseases are among the most preventable with modifiable risk behaviors. These include unhealthy eating, lack of physical activity and tobacco use and are directly related to the incidence, severity and adverse outcomes of chronic disease.

Chronic Disease Priority Area Comparison



Prevention Priority Area 1: Prevent Chronic Diseases

Data Highlights

- Both counties report high rates of persons living with a disability compared to NYS.
- Both counties have adult and child obesity rates in excess of the statewide average and prevention agenda goals
- Both counties report significantly higher rates of cigarette smoking among adults than the NYS average
- SLC's percentage of low-income residents with perceived food insecurity far exceeds the statewide average

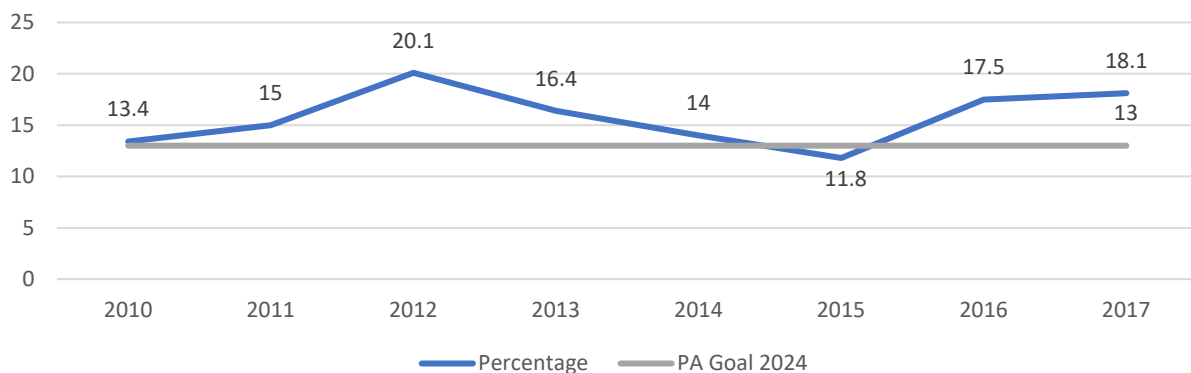
The data reviewed indicates the Prevention Agenda Priority – Prevent Chronic Disease – is an area in which residents of Franklin and SLC face challenges. This suggests a need for more focused attention and supports (detailed in Appendix B).

Obesity

The percentage of NYS adults who are overweight or obese increased from 42% in 1997 to 63.2% in 2019. The percentage of NYS adults who are obese increased from 16% in 1997 to 27.1% in 2019. Obesity among children and adolescents has tripled over the past three decades.

When looking closer at the percentage of children with obesity, among children aged 2-4 years, we looked at the WIC NYS program data. This indicated an alarming upward trend in children with obesity since 2015.

Percentage of Children with Obesity Aged 2-4 Participating in NYS WIC



Prevention Priority Area 1: Prevent Chronic Diseases

Franklin County Chronic Disease data:

Residents of Franklin suffer from obesity: low-income adults consume more than one sugary beverage daily and are more likely to smoke cigarettes than NYS as a whole. Age adjusted mortality, congestive heart failure mortality and lung cancer are all higher than the statewide average. Additionally, the percentages of adults who have a regular health care provider in Franklin County is 75.5%, compared to the NYS average of 79.1%, indicating that barriers to primary care may be directly affecting chronic disease rates in Franklin County.

- Percentage of premature deaths (<75 years) was 45.4% as compared with 39% statewide.
- Age adjusted congestive heart failure mortality per 100,000 was 16.7 compared with 15.3 statewide.

St. Lawrence County Chronic Disease data:

Residents of SLC suffer from obesity and high rates of tobacco use. These preventable risk factors indicate potential areas for improvement. Hospitalizations due to cardiovascular disease are higher than the statewide average. In fact, the leading cause of death in the county is heart disease more than the statewide average--199 per 100,000 as compared with a statewide average of 167.1. Similarly, rates of mortality attributed to diabetes are higher than the statewide average.

- Infant mortality rate was 8.3 per 1,000 live births, compared with the statewide average of 4.8.
- The obesity rate for children in elementary school is 34.8% compared to NYS's 32.2%.
- Adults with a diagnosis of diabetes (10.3%) is slightly higher than NYS (9.5%).
- Hospitalizations due to diabetes is 23.2 per 100,000, compared to 17.5 statewide.
- Hospitalization rates due to cardiovascular disease are higher that the statewide average (160.9 per 100,000 compared to 155.2 per 100,000).

Prevention Priority Area 2: Promote Well-Being & Prevent Mental and Substance Use Disorders

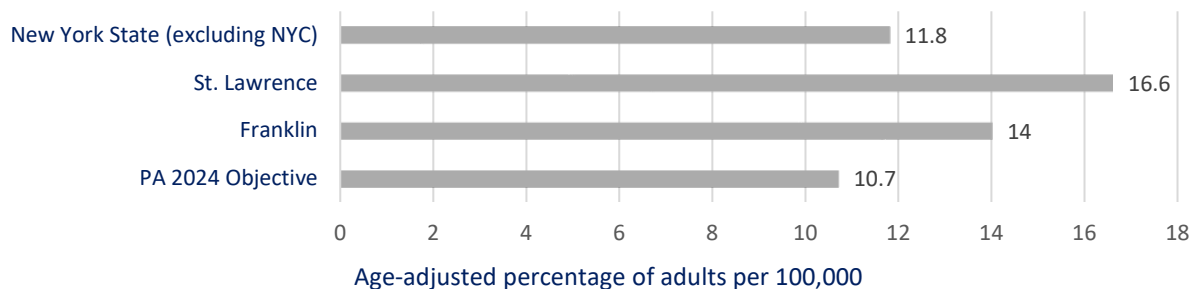
Mental and emotional well-being is essential to overall health. At any given time, almost one in five young people nationally are affected by mental, emotional and behavioral (MEB) disorders, including conduct disorders, depression and substance abuse. Adverse childhood experiences and many MEB disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, families, schools and communities. Improvements in mental health have a direct correlation to better physical health. The two focus areas for this Priority Area are: (1) Promote Well-Being and (2) Mental and Substance Use Disorder Prevention. Both of our target counties, Franklin and SLC, face multiple challenges and opportunities for improvement in this area.

Well-being in Franklin and St. Lawrence counties

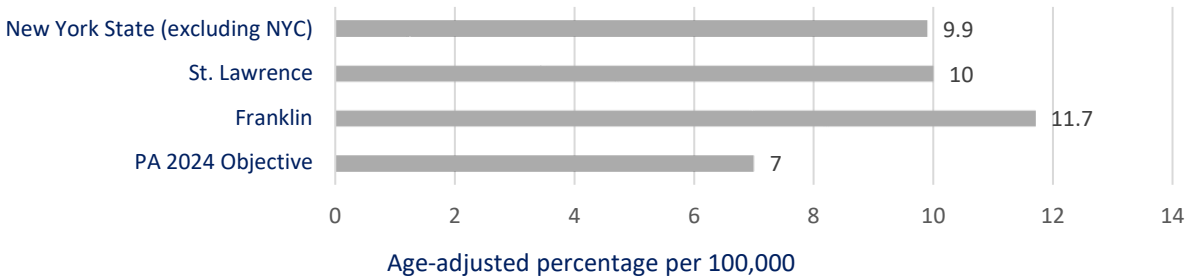
Both counties evidence areas of unmet needs and potential improvements in overall well-being and mental health as measured by Prevention Agenda Indicators (see detail in Appendix C). In both counties the opportunity index scores are lower than the Prevention Agenda 2024 goal and the community score is lower than the Prevention Agenda 2024 goal.

- In Franklin County, 9 of the 13 Prevention Agenda indicators are not met, and in SLC, 7 of the 13 are not met. This indicates room for improvement.
- Reports of abuse/maltreatment, rate per 1,000 children - aged 0-17 years for both Franklin and SLC are higher than the Prevention Agenda goals and NYS averages.

2018 Frequent Mental Distress During the Past 30 days



2017-2019 Suicide Mortality Rate



Opportunity Index

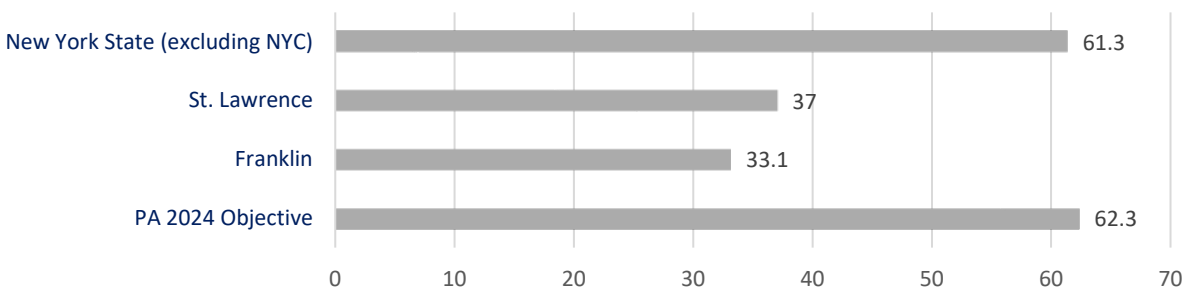
An additional factor to consider is the Opportunity Index. This is a composite measure that draws upon important economic, educational, health and community-related indicators of opportunity, providing insight into the multidimensional nature of opportunity.

- Franklin County's opportunity index score is 48.7, as compared with the PA goal of 59.2.
- SLC's Opportunity index score is 51, as compared with the PA goal of 59.2.

Community Score

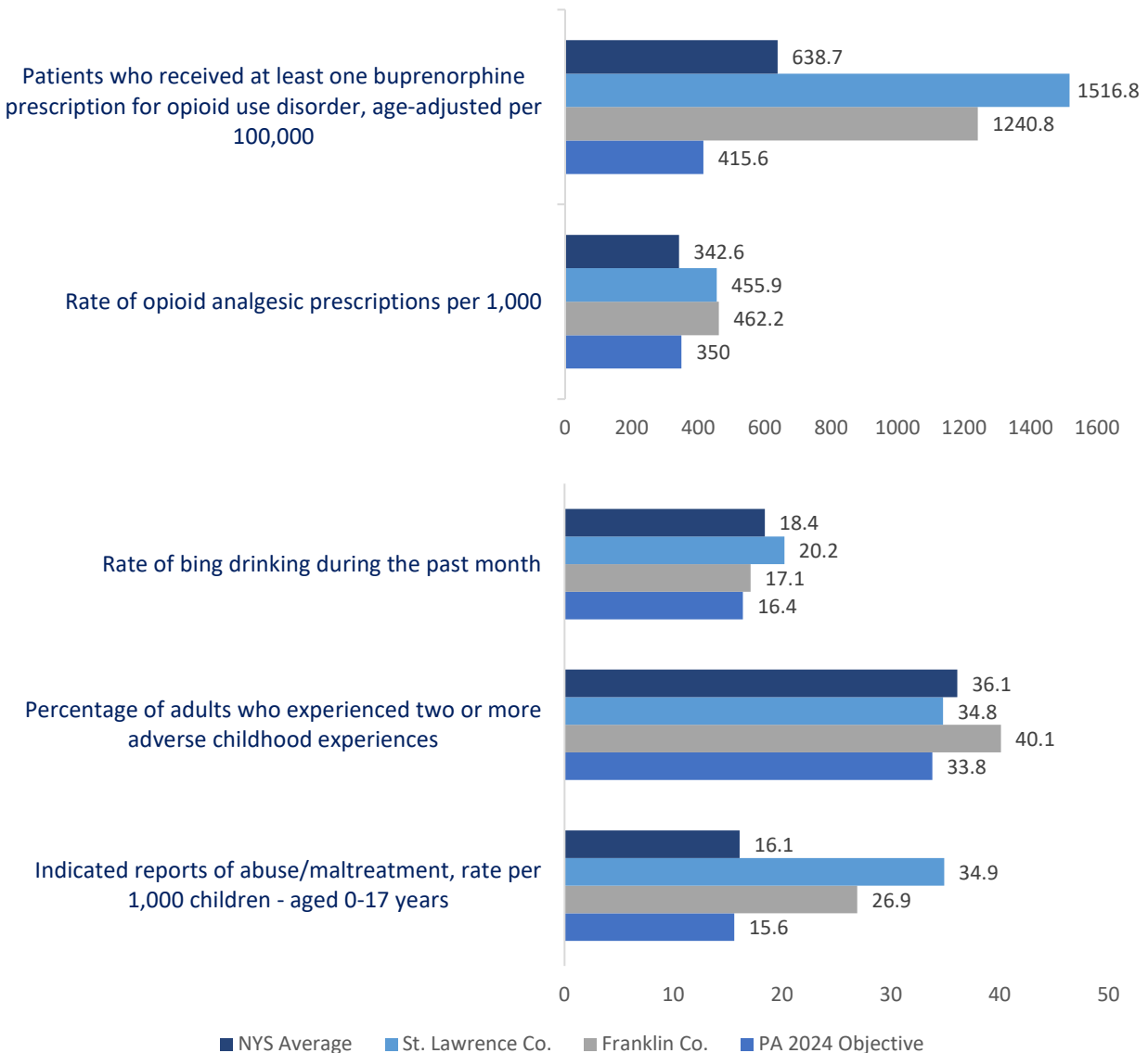
The Community Score was also considered in this analysis. It is compiled from seven data sources: volunteering, voter registration, youth disconnection, violent crime, access to primary health care, access to healthy food and incarceration. Both counties have community scores below PA goals depicted below.

2019 Community Score



Behavioral Health Needs

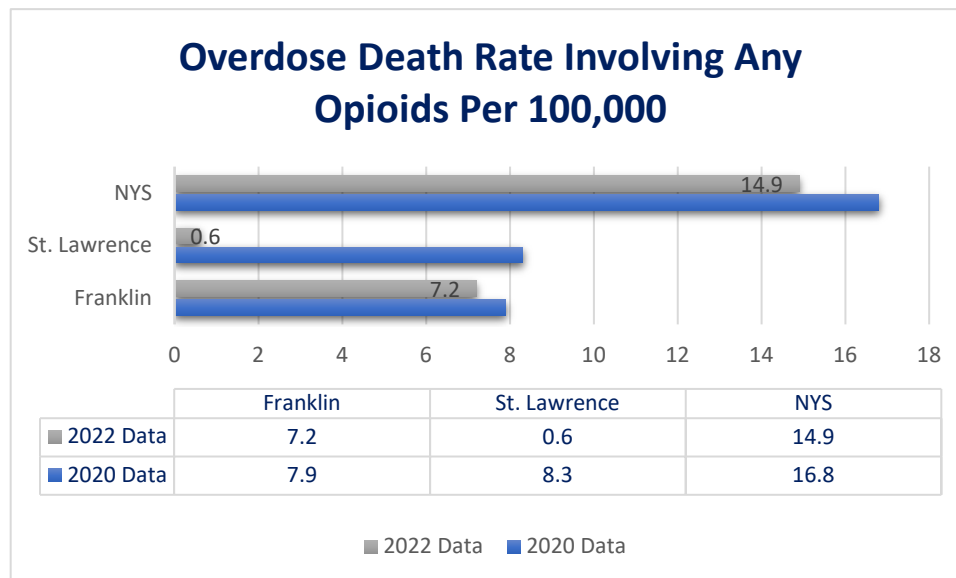
Prevention Agenda metrics indicate continuing behavioral health needs in both counties. Adults in both counties report rates of binge drinking in excess of PA 2024 goals; rates of people receiving at least one buprenorphine prescription for opioid use disorder are in excess of the statewide average and PA 2024 goals; reports of abuse/maltreatment of children 0-17 years are in excess of statewide averages and PA goals and suicide mortality in both counties are in excess of statewide averages and PA goals.



Behavioral Health Needs

Opioid Use Status in Franklin and St. Lawrence Counties:

To assess the need in each of the target counties, we reviewed the NYS Department of Health Opioid Data Dashboard, an interactive visual presentation of indicators tracking opioid data at state and county levels. It is a key resource for monitoring fatal and nonfatal opioid overdoses, opioid prescribing, opioid use disorder treatment and the overall opioid overdose burden. Overall, the opioid burden in each of these counties is lower than the statewide average indicating improvement over past years. We believe this improvement is attributable, in part, to the work of our CCBHC and provision of Medication Assisted Therapy (MAT). See below for a graph comparing the death rate in 2020 and 2022. This information shows a decreasing trend which may be attributed to the increase in availability of MAT.



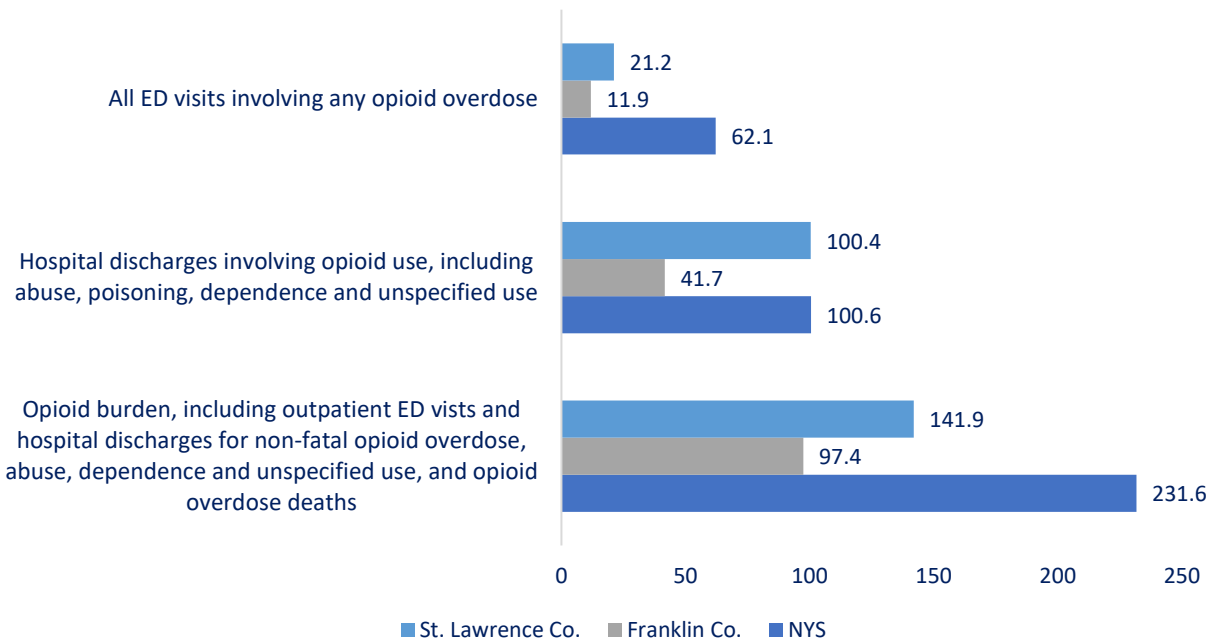
Not only did we see a decrease in the number of overdose deaths, but we have also seen an increase in the number of individuals receiving MAT for Opioid dependence. From June 1, 2021, to February 13, 2022, our Massena Clinic CCBHC Expansion site engaged and treated 144 consumers with MAT. This is almost a 300% increase in the widely underutilized, evidence-based treatment for opioid and alcohol addiction.

In Franklin County, admissions to OASAS certified chemical dependence treatment programs for any opioid, including heroin, ages 12 and up (493) are lower than NYS (541.5).

Behavioral Health Needs

In November of 2021, CA's CCBHC project team delivered two key community educational and training opportunities to a primary care practice and to a local school district. Narcan kits were provided to entities that participated to equip them with life-saving tools. Topics included: adolescent signs and symptoms of opiate drug use, opioid overdose prevention training, recognizing and responding to an opioid overdose, and available resources.

These events were well received by partners. Narcan training was impactful, supporting the success of community education and awareness. Event feedback demonstrates the commitment and compassion the community shares to understand addiction and chronic mental health issues by offering evidence-based solutions. In summary we found the following (details provided in Appendix D):



CA has worked diligently to build partnerships and is currently in 7 school districts to provide much needed services and reduce SLC's high rates of suicide. CA's Behavioral Health Urgent Care Center also provides Crisis Stabilization for minors at risk for suicide and has four dedicated crisis respite beds for youth.

Volume at our Massena Certified Behavioral Health Clinic (CCBHC) grew by 552% from Dec. 2019 to Dec. 2020 and we were able to serve consumers closer to their place of residence; previously 27% of consumers traveled from Massena to Malone for care, 60% of which received SUD treatment.

Prioritization of Significant Health Needs

The preceding sections paint a picture of the residents of Franklin and SLC that includes limited access to care and numerous health challenges, recently compounded by COVID. More specifically, the people we serve:

- Suffer from high rates of preventable chronic conditions and behavioral health disorders (e.g. COPD, heart failure, depression)
- Are low-income
- Suffer from food insecurity
- Are more likely to be obese
- Are more likely to smoke cigarettes
- Have high rates of adverse childhood experiences (ACEs)
- Reside in a region that includes multiple health professional shortage areas
- Have high rates of preventable hospital admissions and ED visits
- Suffer from frequent mental distress
- Experience high rates of abuse/maltreatment, rate per 1,000 children aged 0-17 years
- Have a high age-adjusted suicide mortality rate per 100,000 population
- Are more likely to receive at least one buprenorphine prescription for opioid use disorder and opioid analgesic prescriptions

These statistics, reviewed by CA staff and partner organizations, together with consumer survey results suggest that we focus our future efforts on the following Prevention Agenda Priorities and Focus Areas.

Prevent Chronic Diseases Action Plan

Focus Area 1. Tobacco Prevention

Why a Priority? In both counties the prevalence of cigarette smoking among adults is higher than the statewide average and higher than Prevention agenda goals:

Goals:

- Promote tobacco use cessation by increasing the utilization of smoking cessation counseling (and/or medications) among smokers who are enrolled in CA services.
- Decrease the prevalence of any tobacco use by high school students.
- Decrease the fast-moving trend of obesity in adults and youth.

Focus Area 2. - Chronic Disease Preventive Care and Management

Why a Priority? Both target counties experiences challenges in the following areas as evidenced by rates higher than statewide averages and prevention agenda goals:

- ✓ High percentage of adults and children with obesity
- ✓ High percentage of adults with an annual household income less than \$25,000 who consume one or more sugary drinks per day
- ✓ High percentage of adults with an annual household income less than \$25,000 with perceived food insecurity
- ✓ High percentage of adults aged 45+ years who had a test for high blood sugar or diabetes within the past three years
- ✓ The ratio of population to primary care providers is significantly higher in both counties than the statewide average of 310:1

Our Services and Partners: CA partners with and participates in numerous health delivery initiatives, including Northwinds Integrated Health Network IPA (NWIHN) and the Adirondacks Accountable Care Organization (ADK ACO). Through and with these partners, CA is able to ensure all people have access to a wide array of complementary supports and services. Working collaboratively, CA will ensure that the selected Prevention Agenda priority areas are highlighted by each of the participating partners and referral relationships are established to ensure access to both behavioral and physical health supports.

NWIHN is an affiliation of thirteen leading mental health and addiction treatment providers across rural northern New York that seeks to align and integrate services from behavioral health, social care and physical health providers across the North Country to ensure the highest quality, cost-effective care. This wide, yet focused variety of essential providers offers outpatient mental health and substance use disorder services, community housing and residential services, ambulatory and inpatient detox, primary care, care coordination, transportation, substance abuse prevention, school-based clinics, supported employment, job coaching, food security services and pharmacy services.

The Adirondacks ACO is an extensive provider network of more than 450 primary and specialty clinicians who coordinate care for 26,000 Medicare beneficiaries, 33,000 managed Medicaid beneficiaries and 64,000 commercially insured beneficiaries. The Adirondacks ACO holds value-based contracts with seven commercial health insurers as well as Medicare. The Adirondacks ACO includes hospitals and participating primary and specialty care providers in Clinton, Essex, Franklin, Hamilton, Warren, Washington and northern Saratoga counties. CA participates closely with the ACO as part of the transformation to equip behavioral health providers in the region for value-based payment through partnerships with payers and health systems, measures focused on quality and cost, and coordinated care models.

Services Offered Directly from Citizen Advocates, Include:

- ✓ Smoking cessation services
- ✓ Health Coach Program
- ✓ Health Monitoring
- ✓ Case Management & Care Coordination
- ✓ Peer Support Specialists
- ✓ Psycho-social Rehabilitation Specialist
- ✓ Youth Peer Advocates

Our Interventions and Goals:

- Adoption of policies and implementation of practices to reduce (over) consumption of sugar-sweetened beverages (SSBs)
- Multi-component school-based obesity prevention interventions
- Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies and reshape social norms.
- Promotion of testing for prediabetes and risk for future diabetes in asymptomatic people of any age with obesity or who are overweight, and who have one or more additional risk factors for diabetes, including first degree relative with diabetes, high risk race/ethnicity and history of cardiovascular disease. Promote testing for all other patients beginning at 45 years of age. Promote repeat testing at a minimum of 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.
- Improvement of self-management skills for people with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.

Promote Well-Being & Prevent Mental and Substance Use Disorders Action Plan

Focus Area 1. Promote Well-Being

Why a Priority? In both counties, rates for the following metrics are higher than the statewide average and higher than Prevention agenda goals.

- ✓ Low Opportunity Index Score
- ✓ Frequent mental distress during the past month among adults, age-adjusted percentage
- ✓ Low Community Score

Our Intervention Goals:

- Increase New York State's Opportunity Index Score by 5% Target: 59.2 out of 100.
- Reduce the age-adjusted percentage of adult New Yorkers reporting frequent mental distress during the past month.
- Decrease teen suicide rate and alcohol use.
- Reduce the number of youth grades 9-12 who feel sad or hopeless.
- Decrease the rate of binge drinking among adults.

Services Offered Directly from Citizen Advocates, include:

- ✓ Assessment and evaluation
- ✓ Individual, group and family psychotherapy
- ✓ Tele-mental health services
- ✓ Peer Support Services
- ✓ Psychosocial Rehabilitation Specialist
- ✓ Youth Peer Advocates
- ✓ Depression screening & treatment
- ✓ 24/7/365 Mental Health Crisis Services
- ✓ 25/7/365 Adult and Youth Crisis Residence
- ✓ Eye Movement Desensitization Reprocessing psychotherapy
- ✓ Mental Health Medication Management
- ✓ Case Management & Care Coordination
- ✓ Community clubs
- ✓ School-based Mental Health Counselors
- ✓ School-based Prevention Specialist
- ✓ Signs of Suicide Program

Focus Area 2. Mental and Substance Use Disorders Prevention

Why a Priority? Both target counties experience challenges in the following areas as evidenced by rates higher than the statewide average and in excess of prevention agenda goals:

- ✓ Higher than average rates of binge drinking during the past month among adults.
- ✓ Higher than average percentage of adults who have experienced two or more adverse childhood experiences (ACEs).
- ✓ Reports of abuse/maltreatment, rates higher than the statewide average and Prevention Agenda goals.
- ✓ Suicide mortality is higher than the statewide average and Prevention Agenda goals.
- ✓ High rate of excessive drinking and alcohol impaired driving deaths in Franklin County.
- ✓ High teen suicide rate in SLC.
- ✓ High rate of children in foster care.
- ✓ High rate of children/youth in indicated reports of abuse/maltreatment.
- ✓ The ratio of people to mental health providers is higher in both counties compared to a statewide average of 310:1.
- ✓ SLC has three Mental Health Care Professional Shortage Areas and Franklin County has two.

Services Offered Directly from Citizen Advocates, include:

- ✓ Substance use disorder evaluation and treatment
- ✓ Ancillary withdraw services
- ✓ Mediation Assisted Treatment (MAT)
- ✓ Individualized co-occurring Behavioral Health services
- ✓ Individual, group and family psychotherapy
- ✓ Tele-mental health services
- ✓ Peer Support Services
- ✓ Psycho-social Rehabilitation Specialist
- ✓ 24/7/364 Substance Use Disorder Crisis Services
- ✓ 24/7/365 Crisis Residence
- ✓ Impaired driving assessment and remediation
- ✓ Case Management
- ✓ Community clubs
- ✓ School-based Mental Health Counselors
- ✓ Naloxone training

Our Intervention Goals:

Alcohol Use

- Reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days from 27.1% in 2017 to 24.4%.
- Reduce the age-adjusted percentage of adult (age 18 and older) binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month by 10% to no more than 16.4%.

Opioids

- Reduce the age-adjusted overdose deaths involving any opioid.
- Increase the age-adjusted rate of people who received at least one Buprenorphine prescription for opioid use disorder.
- Reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate, by 5% to 53.3 per 100,000 population.
- Prevent opioid and other substance misuse and deaths by December 2024.

Suicide

- Reduce suicide attempts by New York adolescents (youth grades 9 to 12) who attempted suicide one or more times in the past year.
- Reduce the age-adjusted suicide mortality rate.

Our Interventions Will Include:

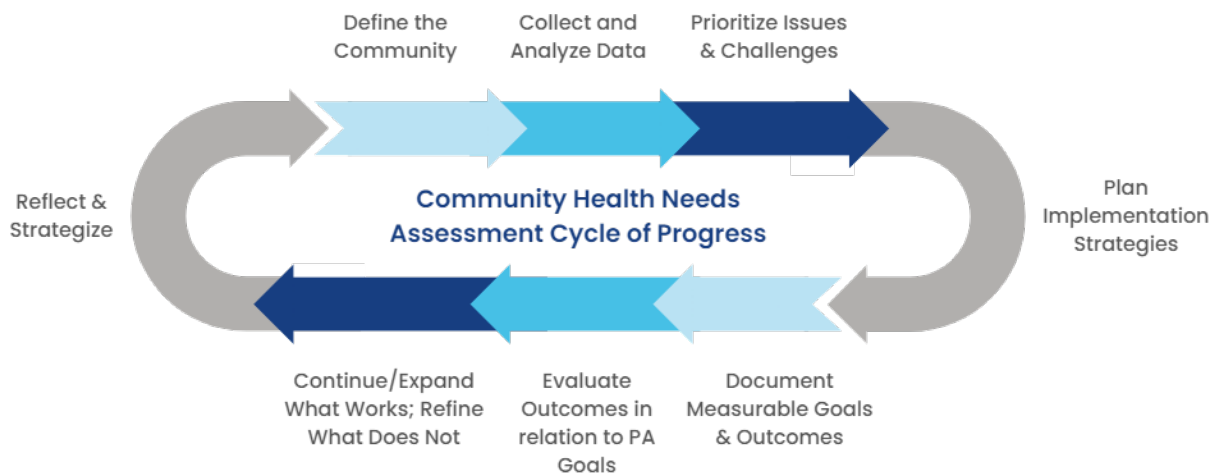
- Environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving and underage alcohol access.
- School based prevention services:
 - Implement/Expand School-Based Prevention Services. Life Skills Training (LST) is a school-based program that aims to prevent alcohol, tobacco and marijuana use and violence by targeting major social and psychological factors that promote the initiation of substance use and other risky behaviors.
 - Early Intervention via Teen Intervene is a brief intervention program for 12- to 19-year-olds who display the early stages of alcohol or drug involvement. Integrating stages of change theory, motivational enhancement and cognitive-behavioral therapy, the intervention aims to help teens reduce and ultimately eliminate their substance use.
- Trauma-informed approaches, including staff training, protocol development and cross-system collaboration.
- Routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol use for adults 18 years or older, including pregnant women.
- Screening, Brief Intervention and Referral to Treatment (SBIRT) Electronic screening and brief interventions (e-SBI) using electronic devices (e.g., computers, telephones or mobile devices) to facilitate delivery of key elements of traditional SBI.

- Increase availability of/access to medication-assisted treatment (MAT) including buprenorphine.
- Increase availability of/access to overdose reversal (Naloxone) trainings for prescribers, pharmacists and consumers.
- Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- Build support systems to care for opioid users at risk of an overdose.
- Establish additional permanent safe disposal sites for prescription drugs and organized take-back days.
- Implementation of evidence-based cognitive behavioral approaches such as Eye Movement Desensitization and Reprocessing (EMDR) therapy; Peter Lewinsohn's Coping with Depression course and Gregory Clarke's Cognitive-Behavioral Prevention Intervention.
- Implementation of the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT): This is a short-term (16-20 sessions), strength-based therapy program for children ages 3-17 and their parents (or caregivers) in families where parents engage in a continuum of coercive parenting strategies. These families can include those who have been indicated for physical abuse, those who have had multiple unsubstantiated referrals, and those who fear they may lose control with their child.
- Strengthening access and delivery of suicide care: Zero Suicide is a commitment to comprehensive suicide safer care in health & behavioral health care systems.
- Creation of protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma-informed approaches, reduce excessive alcohol use.
- Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides.
- Promotion of connectedness, coping and problem-solving skills, social emotional learning, parenting and family relationship programs, peer norm program.

Evaluation and Dissemination Plan

Upon completion and submission of this assessment we will begin a structured and organized process to share our findings both internally and externally. This will ensure that all project stakeholders are on the same page regarding regional challenges, project priorities and resource allocation. We will present our findings at community events, professional conferences and other relevant venues. Our efforts will be structured to inform and inspire other public health programs and partners who are working on similar initiatives. The assessment will be posted on our website and shared with all partners, collaborators and people we serve at regularly scheduled meetings, through written materials and in-person as appropriate.

To ensure alignment of current efforts with results of this assessment we will review our original / current objectives and identify any areas that require additional or different programming to ensure achievement of defined goals and objectives, all completed in alignment with the NYS PA. Doing so will highlight the steps needed to achieve our goals—including addressing gaps in knowledge and building capacity, coordination and collaboration among project participants. Then, most importantly, we will use these findings to develop project approaches. To ensure that our needs assessment learnings come to fruition, a workplan that outlines key approaches and strategies, and identifies a team lead and deadline for each will be developed.



This community needs assessment process was used to inform the future health service planning for the community served by CA and our partner agencies. We will create a dashboard and track outcomes regularly. At the conclusion of three years, a formal reassessment of needs, resources, achievements and challenges will be conducted to inform future planning.

Appendix A: OMH Statistics and Reports

(<https://omh.ny.gov/omhweb/statistics/>)

County (2019 Data)	Medicaid Services	Individuals Served	Service Units	Medicaid Paid (\$)	% Medicaid Paid
Franklin	All Medicaid Services	2755	115393	\$34,823,237	100%
	Mental Health	2424	26651	\$8,084,154	23.21%
	SUD	376	10051	\$1,913,201	5.49%
	BH	2069	43,205	\$3,740,380	10.74%
	HCBS	137	832	\$267,886	0.77%
	HH	535	4667	\$1,560,874	4.48%
	Non BH*	2446	29987	\$19,256,741	55.30%
SLC	All Medicaid Services	4,319	190,935	\$ 42,391,632	100.00%
	Mental Health	3,416	34,159	\$13,169,351	31.07%
	SUD	885	18,128	\$3,691,270	8.71%
	BH	3,485	85,391	\$6,901,905	16.28%
	HCBS	97	397	\$158,095	37.00%
	HH	1,012	5,568	\$1,822,172	4.30%
	Non BH*	3,937	47,301	\$16,648,839	39.27%
NYS	All Medicaid Services	632,901	29,898,587	\$7,449,276,143	100.00%
	Mental Health	532	7,163,873	\$2,173,079,004	29.17%
	SUD	113,899	4,341,341	\$730,876,106	9.81%
	BH	437,080	9,020,336	\$758,232,112	10.18%
	HCBS	28,331	129,294	\$38,035,224	51.00%
	HH	183,024	1,183,549	\$38,561,0345	5.18%
	Non BH*	578,128	8,060,194	\$3,363,443,344	45.15%

Appendix B: NYS Prevention Agenda Statistics, Franklin and St. Lawrence Counties

Prevention Agenda (PA) Indicator	Data year	PA 2024 Objective	Franklin (Percentage or rate or Ratio)	St. Lawrence (Percentage or Rate or Ratio)	New York State (Percentage or Rate or Ratio)
Percentage of children with obesity, among children aged 2-4 years participating in the WIC program	2017	13.0	18.1	17.0	13.9
Percentage of adults with obesity	2018	24.2	44.4	40.9	27.6
Percentage of adults with an annual household income less than \$25,000 who consume one or more sugary drinks per day	2018	28.5	31.3	37.2	31.0
Percentage of adults with an annual household income less than \$25,000 with perceived food security	2016	61.4	59.5	70.4	55.8
Prevalence of cigarette smoking among adults	2018	11.0	20.6	18.5	12.8
Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2018	71.7	62.0	61.2	63.8
Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure	2016	80.7	74.3	83.4	76.9

Appendix C: NYS Prevention Agenda Well-Being and Mental Health Indicators

Promote Well-Being & Prevent Mental and Substance Use Disorders Prevention Agenda (PA) Indicator	Data year	PA 2024 Objective	Franklin (Percentage or rate or Ratio)	St. Lawrence (Percentage or Rate or Ratio)	New York State (excluding NYC) (Percentage or Rate or Ratio)
Opportunity Index Score	2019	59.2	48.7	51.0	
Frequent mental distress during the past month among adults, age-adjusted percentage	2018	10.7	14	16.6	11.8
Economy Score	2019	52.3	51.3	60.4	52.3
Community Score	2019	62.3	33.1	37.0	61.3
Binge drinking during the past month among adults, age-adjusted percentage	2018	16.4	17.1	20.2	18.4
Overdose deaths involving any opioids, age-adjusted rate per 100,000 population	2019	14.3	7.2*	.6*	17.3
Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population	2020	415.6	1240.8	1516.8	638.7
Opioid analgesic prescription, age-adjusted rate per 1,000 population	2020	350.0	462.2	455.9	342.6
Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population	2019	53.3	11.7*	23.7	66.1
Percentage of adults who have experienced two or more adverse childhood experiences (ACEs)	2016	33.8	40.1	34.8*	36.1
Indicated reports of abuse/maltreatment, rate per 1,000 children - aged 0-17 years	2020	15.6	26.9	34.9	16.1
Suicide mortality, age-adjusted rate per 100,000 population	2017-2019	7.0	11.7	10.0	9.9

Appendix D: NYS Opioid Statistics

OPIOID DATA OVERVIEW (2019 unless otherwise indicated)	Franklin	SLC	NYS (excluding NYC)
Overdose deaths involving any opioid, crude rate per 100,000 population	6.0*	0.9*	16.1
Overdose deaths involving synthetic opioids other than methadone, crude rate per 100,000 population	4.0*	0.0*	12.7
Unique naloxone administrations by EMS agencies, crude rate per 1,000 unique 911 EMS dispatches (2020)	5.2	2.4	5.4
All emergency department visits (including outpatients and admitted patients) involving any opioid overdose, crude rate per 100,000 population	11.9*	21.2	62.1
All emergency department visits (including outpatients and admitted patients) involving heroin overdose, crude rate per 100,000 population	s	11.1	37.8
Hospital discharges involving opioid use (including abuse, poisoning, dependence and unspecified use), crude rate per 100,000 population	41.7	100.4	100.6
Opioid burden (including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use; and opioid overdose deaths), crude rate per 100,000 population	97.4	141.9	231.6
ED visits (outpatients) and hospital discharges involving opioid abuse, dependence and unspecified use, crude rate per 100,000 population	79.5	118.9	152.8
Admissions to OASAS-certified substance use disorder treatment programs for any opioid (incl. heroin), crude rate per 100,000 population - Aged 12+ years (2020)	493	0.9* (N/A)	541.5
Overdose deaths involving any opioid, crude rate per 100,000 population	6.0*	0.0*	16.1
HOSPITAL DISCHARGES			
Hospital discharges involving any drug overdose, crude rate per 100,000 population	53.7	56.2	70.5
Hospital discharges involving any drug overdose, crude rate per 100,000 population - Aged 18-44 years	87.8	76.7	92.3
Hospital discharges involving any drug overdose, crude rate per 100,000 population - Aged 45-64 years	s	70.4	78.7
Hospital discharges involving any drug overdose, age-adjusted rate per 100,000 population	57.6	55.7	69.8
EMERGENCY DEPARTMENT VISITS			
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, crude rate per 100,000 population	188.8	165.8	195.2
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, crude rate per 100,000 population - Aged 18-24 years	164.6*	207.5	259.5
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, crude rate per 100,000 population - Aged 25-44 years	299.4	255.7	323.2
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, crude rate per 100,000 population - Aged 45-64 years	137.5	137.2	157.6
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, age-adjusted rate per 100,000 population	198.8	168.2	204.3
All emergency department visits (including outpatients and admitted patients) involving any opioid overdose, crude rate per 100,000 population	11.9*	21.2	62.1

Appendix E: Community Needs Survey Results

Question 1: 29 responses

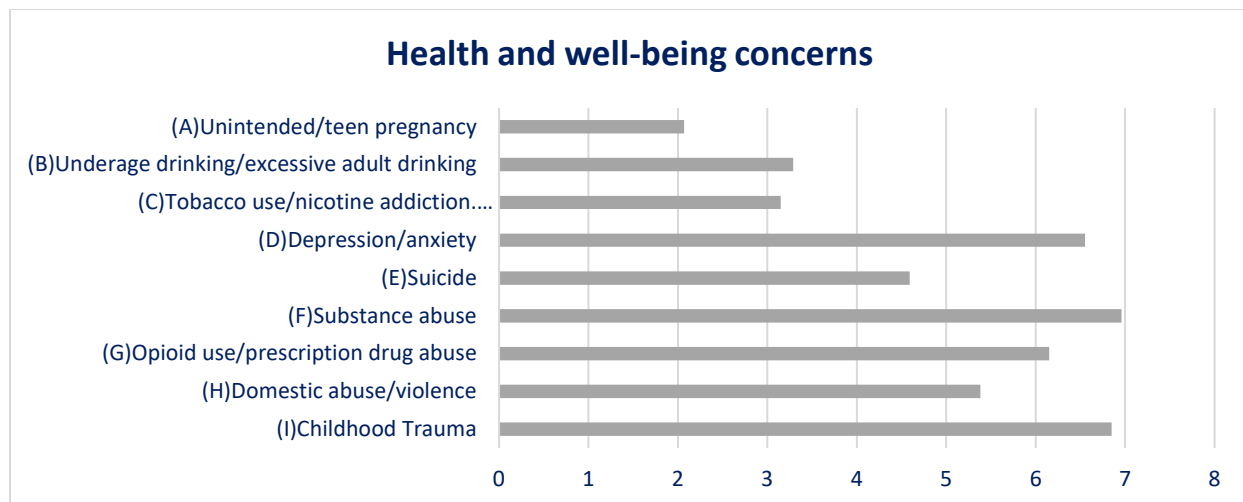
Identify your roll and organization.

Franklin County Public Health/Public Health Educator
 The Adirondack Arc -Chief Operating Officer
 SOCIAL WORKER, COLBY SENIOR BEHAVIORAL HEALTH
 Health Home Care Coordinator - Citizen Advocates
 Housing Counselor
 Community Mental Health Nurse Behavioral Health Specialist at DSS.
 Franklin County Public Health board of director
 Supported Housing Counselor, Citizen Advocates
 Employment & Training Coordinator
 Prevention Supervisor -Citizen Advocates
 Franklin County Probation Supervisor
 clinician Lead
 ATP Counselor Citizen Advocate

Community School Liaison: Saranac Lake Central School District
 DSS clinician -St Joes Treatment and Recovery
 Program Director NARCAN
 Lakeside House Inc, Executive Director
 Associate Director St. Joes
 Lieutenant - Franklin County Sheriff's Office
 OneWorkSource
 Superintendent, Saranac Lake Central School District
 Prevention Specialist, Citizen Advocates
 North Star Inc.
 Prevention CAI
 Superintendent
 Director, St. Joseph's
 Prevention Coordinator-Saint Regis
 Mohawk Tribe
 Pastor, New Beginnings Church of Malone

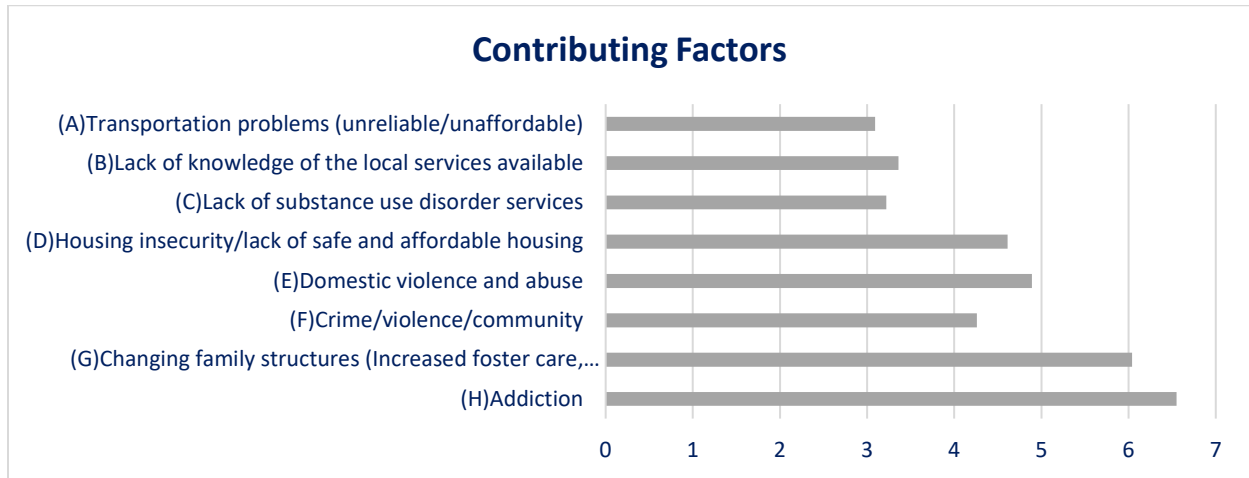
Question 2: 29 responses

In your opinion, what are the top health and well-being concerns affecting your community?
 Please rank the health concerns from 1 (Highest) to 9 (Lowest).



Question 3: 11 responses

In your opinion, what are the top contributing factors to the health concerns you chose in question #2? Please rank the contributing factors from 1 (highest) to 8 (lowest).



Question 4: 29 responses

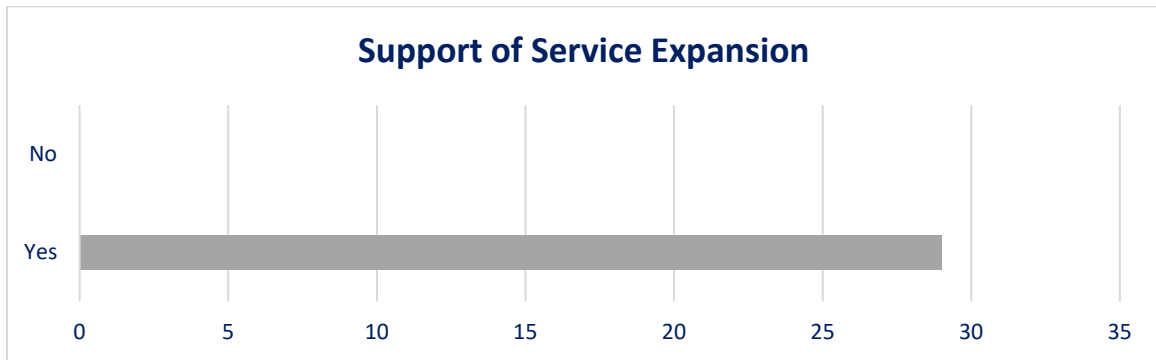
Please select the top 3 goals you feel the community should focus on to combat the concerns and contributing factors identified.



Goals	Percent	Number
A	36.36%	9
B	63.64%	26
C	90.91%	23
D	81.82%	21
E	27.27%	4

Question 5: 29 responses

Do you support the expansion of essential mental health services, addiction treatments, therapeutic interventions and coordinated connections to community supports in Franklin County?



Answer	Percent	Number
Yes	100%	29
No	0%	0