

# CITIZEN ADVOCATES



# 2024

## Community Needs Assessment

## Message from the Vice President & Chief Operations Officer

As part of our ongoing commitment to enhancing the health and well-being of our community, we are pleased to share our latest Community Needs Assessment (CNA).

The CNA is a comprehensive process that allows us to better understand the health challenges facing our community. By collecting and analyzing data, we can identify key health issues, prioritize them, and develop targeted strategies to effectively address these challenges. This proactive approach ensures that our services are responsive and tailored to meet the unique needs of our community.

Looking ahead, the insights gained from the CNA will guide us in improving healthcare accessibility, enhancing health outcomes, and ultimately, elevating the quality of life for everyone in our community. This is a pivotal step towards building a healthier, more vibrant future for us all.

We are optimistic about the positive changes this assessment will bring and are committed to using the findings to make meaningful improvements. Your health and well-being are at the heart of everything we do, and we are excited about the journey ahead.

Thank you for your continued support and partnership.

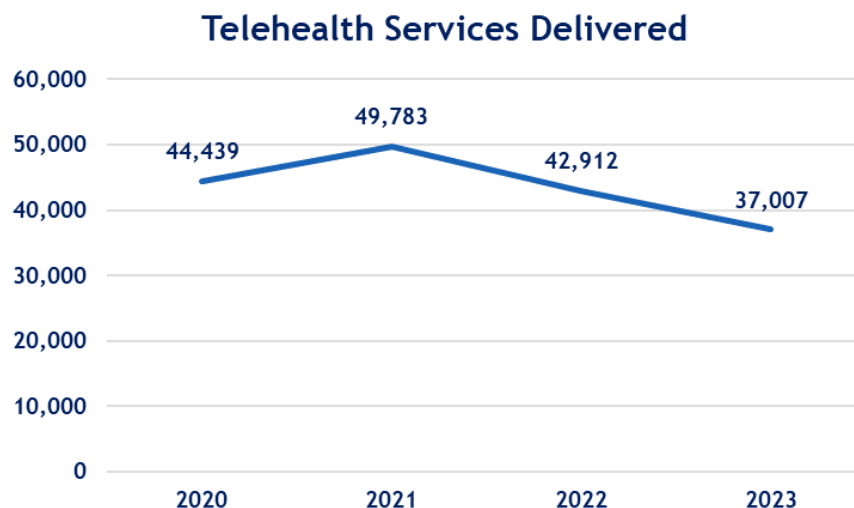
Thank you,

Kati Jock, MBA  
Vice President & Chief Operating Officer  
Daxia Network, Inc.

## Lessons Learned from the COVID-19 Pandemic (March 2020-May 2023)

Following March 2020 when the COVID-19 crisis emerged, there was a rise in Mental Health conditions and an increase in substance use or relapses as people struggled to manage work responsibilities, childcare, isolation, and personal losses such as employment or loved ones among other worries. As a Behavioral Health provider, this created immediate opportunities and challenges for Citizen Advocates (referred to as CITIZEN). Hampering the need for increased services, was the mandatory physical distancing necessary to lessen the spread of the virus. With the unparalleled nature of the pandemic, no roadmap existed on how to manage the challenges it created. Community and technology were essential as the social distancing mandates necessitated the use of telehealth and social supports.

- In 2021, CITIZEN provided 49,783 telehealth visits. During the height of the pandemic, only our 24/7 urgent care centers were open to in-person treatment. The organization transitioned almost all operations to remote. While medication management and therapy were easily accessed via telehealth, people were impacted by the reduction in community-based services.



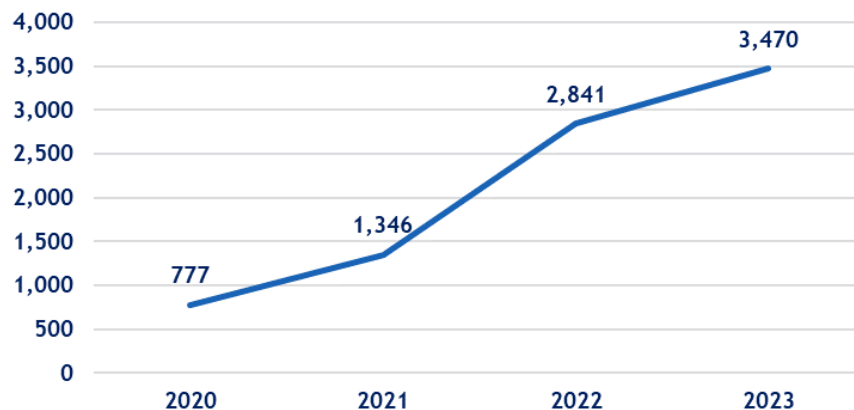
- When possible, CITIZEN's community-based staff met with people outside or checked in remotely. By April 2020, staff had created a comprehensive list of community resources, offered by CITIZEN and partner agencies, to ensure basic needs were met. For example, the agency started a shuttle to supplement public transportation, which was temporarily halted or reduced during the pandemic to take people to appointments or to the grocery store.

- CITIZEN also launched The Counselor and Law Enforcement Partnership (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, the organization has positioned to partner with law enforcement serving the mental health needs of the community pre and post pandemic.
- CITIZEN continued with efforts to establish partnerships with local law enforcement agencies by joining the St. Lawrence County Mobile Access Program (MAP) to help de-escalate and clinically assess individuals to connect them with appropriate services and supports.

While the organization continues to analyze pandemic related data, the impacts of COVID-19 are evident in Northern New York. However, the organization's leadership and staff believe that the full impact of the pandemic on the mental health of the community has just begun to reveal itself. Of note are the changes in the child and adolescent populations as well as crisis needs:

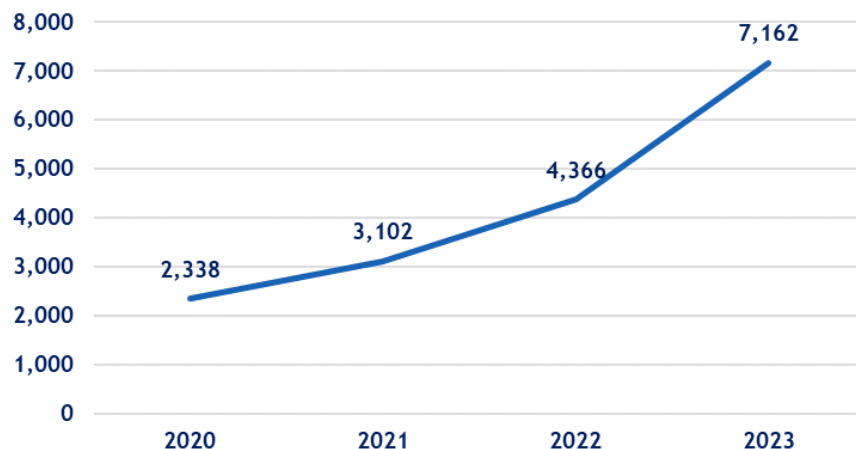
- CITIZEN increased School-Based Mental Health services significantly from 2020 to 2023 and continues with efforts to expand the number of schools with embedded clinicians to ensure accessibility.

### School Based Mental Health Services Delivered



- Despite supply chain issues and workforce challenges during the pandemic, CITIZEN expanded crisis services by opening a 24/7/365 Behavioral Health Urgent Care (BHUC) in Ogdensburg in St. Lawrence County.
- The organization continued with efforts to offer an alternative to the Emergency Department for individuals who need urgent, specialized care related to substance use and mental health and opened an expanded Malone BHUC in Franklin County and a new Watertown BHUC in Jefferson County.

### Crisis Services Delivered



The pandemic not only changed how services were delivered, but also changed the organization workforce. The workforce delivered high quality services to the community during the pandemic, while juggling the uncertainties faced in their personal lives, with lasting effects. CITIZEN is not immune to the workforce challenges facing every organization post pandemic and continues to invest in its teams with a focus on work-life balance.

As CITIZEN continues to identify community needs, the organization stands by the following:

- A flexible and collaborative array of high-quality care and services, provided in the most accessible and least restrictive manner possible, to respond to the need of the population in its service areas throughout Northern New York.
- An interdisciplinary team of dedicated Behavioral Health professionals.
- Sensitivity to the diversity of populations and age groups and assurance of cultural competence in the provision of services.
- A commitment to maintaining a highly skilled and professional workforce.
- Constant diligence in safeguarding the privacy and safety of our clients.
- A dedication to person and family centered care, client self-determination and choice in the plan of treatment and other services supporting improved functioning, reduced risk, and a higher quality of life.
- Careful attention to treatment and service modalities such that clients will be able to move from higher levels of care to less intensive types of service.
- Cooperation among colleagues as valuable members of the team, treating one another and the agency with mutual respect and dignity.
- Accountability to clients, payors, regulatory agencies, the community, and one another.
- Strict adherence to the highest ethical standards.
- Commitment to community through interagency partnerships and collaboration.
- Operation of all programs and services in a fiscally responsible manner.

## Executive Summary

This report summarizes findings from the organization's Community Needs Assessment, conducted to identify the health and well-being needs of the residents living in **Franklin, St. Lawrence, Jefferson, and Clinton counties** in Northern New York. Findings will be used to guide future efforts, services, and supports delivered by CITIZEN and community partners. The most current data available and publicly published information was used to inform this report.

Relative to Northern New York and New York State (NYS), the North Country region is characterized by an aging population, disability prevalence, high poverty rates and food insecurity, lower educational attainment, unemployment rates, lower household incomes and a vastly rural composition. Each of these factors contributes to health challenges faced by the region additionally burdened by rates of adult obesity, tobacco use, excessive drinking, suicide rates, mental distress, and preventable hospitalizations that exceed the state's averages.

Mental health, well-being and substance abuse are significant issues affecting at least one-third of the Medicaid population in the 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.
- Avoidable 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.

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

The four counties of interest exhibit substantial needs in terms of chronic disease and behavioral health. Franklin, St. Lawrence, and Jefferson counties rank lower than the average county in NYS in terms of health outcomes and health factors. Clinton County also ranks lower in terms of health factors.

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## Introduction

CITIZEN provides behavioral health prevention, treatment and recovery services, community supports, residential services, day habilitation and employment services, housing and residential programs serving a diverse range of disabilities, and those who have been incarcerated, hospitalized and/or are 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.

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

Continued work to provide all residents timely access to needed services is highlighted by a report (2022 Access to Care Survey Results) issued by The National Council for Mental Wellbeing, 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 did not 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.

The organization notes great success in operating Certified Community Behavioral Health Clinics (referred to as CCBHCs) in Franklin and St. Lawrence counties with expansion in Jefferson County. People are offered a full array of services to support individuals with mental health and addiction diagnosis regardless of ability to pay, place of residence, or age. CITIZEN has behavioral health sites in Malone, Saranac Lake, Massena, Ogdensburg, and Watertown.

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

CITIZEN's outpatient median days to appointment for all locations for 2023 was 9, with a goal of under 10. A broad range of care coordination programs in conjunction with other healthcare organizations, public safety, veterans' groups, and health promotion and coaching groups have been launched to help people with serious behavioral health diagnosis improve the skills needed to promote whole-health and healthy living choices.

## New York State (NYS) Prevention Agenda

The 2019-2024 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 New York can track the impact of their interventions.

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

North Country residents suffer from rates of obesity, chronic conditions, and disabilities as well as tobacco use that exceed statewide averages and Prevention Agenda (PA) 2024 objectives. In addition, well-being concerns such as rates of binge drinking, overdose deaths, abuse, and suicide mortality also exceed PA 2024 objectives.

- All four counties report adult and child obesity rates above the statewide average and PA 2024 objectives.
- The percentage of deaths that are premature (before age 65) for data year 2021 are also above the PA 2024 objective for three counties.
- All four counties report percentages (10.5%-13%) of people with a disability under the age of 65 years are higher than the NYS average of 7.9% for 2018-2022.
- All four counties have rates (19.9%) of tobacco use, higher than the statewide average and PA 2024 objective.
- Adults in all four counties report rates (17-21.6%) of binge drinking more than the PA 2024 objective.
- Rates (17.2-25.2) of overdose deaths involving any opioids per 100,000 exceed the PA 2024 objective for all four counties.
- The rate (17.5-26.8) of reports of abuse/maltreatment, per 1,000 children aged 0-17 years (2022), and the suicide age-adjusted mortality rate (11.2-15.3) per 100,000 are higher in all four counties than statewide averages and PA 2024 objectives.

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

### Prevent Chronic Diseases

- Focus Area - Tobacco Prevention
- Focus Area - Chronic Disease Preventive Care and Management

### Promote Well-Being & Prevent Mental and Substance Use Disorders

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

## Regional Profile - Summary

The rural nature of the community, relatively low-income levels, challenges accessing care because of distance to providers, scarcity of providers, workforce shortages, harsh winters, and high rates of chronic disease present unique challenges to the residents of all four counties and to the providers who serve them. All four counties are considered rural (nonmetro), comparatively impoverished, face high rates of multiple chronic diseases and preventable conditions (such as obesity, smoking, and substance use), resulting in multiple unmet health needs and poor health outcomes.

Residents of the four counties face several preventable chronic diseases and behavioral health challenges. A review of available data for the counties identified the following as the most significant health behaviors or social factors of the individuals and communities within those counties, all of which will inform our future health promotion efforts:

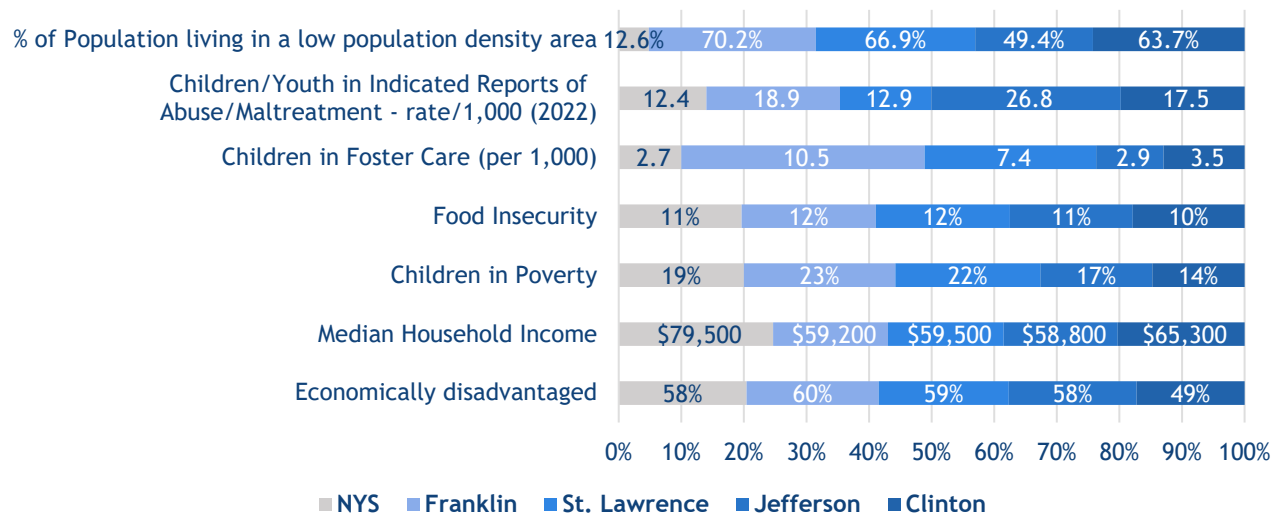
- The population suffers from rates of obesity and smoking that are far more than statewide averages and NYS prevention agenda goals.
- The percentage of adults binge drinking is above the NYS prevention agenda goal for all four counties.
- The population's overdose deaths involving opioids exceeds the NYS prevention agenda goal.
- The percentage of adults with health insurance is below the NYS prevention agenda goal for all four counties.
- Franklin and St. Lawrence counties face food insecurity above the statewide average.
- In Franklin and St. Lawrence counties the percent of children living in poverty exceeds the statewide average and the percentage of children aged 0-21 years in foster care for all four counties exceeds the statewide average.
- Reports of abuse / maltreatment among children aged 0-17 years are higher than the statewide average and NYS prevention agenda goals for all four counties.
- All of Franklin, St. Lawrence, Jefferson, and Clinton counties are identified as Mental Health Care Professional Shortage Areas and Primary Care Professional Shortage Areas.

## Geography, Infrastructure, and Service Area

The North Country is the northernmost region of NYS. Residents of the region live with the harsh reality that access to health care has become increasingly difficult. Disparities in access are largely attributable to rural and remote geography, socio-economic status (rather than race or ethnicity), significant isolation, numerous health professional shortage areas, age, and disability prevalence.

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 and/or Health Factors as compared to the rest of the state.

### Key Demographic Data



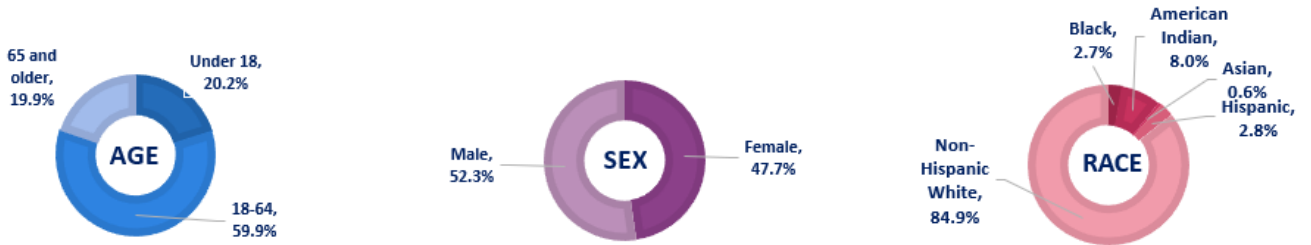
Demographic information depicted in the graph above, suggests residents of all four counties face numerous obstacles and challenges, many of which may result in or be supported through behavioral health services.

According to County Health Rankings & Roadmaps 2024 Annual Data Release using data from 2021, 2022 or 2023:

- The proportion of children in foster care is high and reports of child abuse and maltreatment are high. The rate of children in poverty and food insecurity for 2 counties is above the NYS average.
- Median household income is low for all four counties and the rate of economically disadvantaged students for two counties is above the NYS average.
- The disability percent for the four counties are all within 13.01% - 17.3%.
- All four counties are faring worse than the average county in the state for Health Factors.

The following pages provide additional information on each county.

# Franklin County Profile



Franklin County is the fourth-largest county in NYS by land area and has 20 towns, including Hogansburg, a portion of the St. Regis Mohawk Reservation (also known as Akwesasne). The county seat is in the town of Malone. The county's three largest population centers, the villages of Malone, Saranac Lake, and Tupper Lake, are separated by large tracts of Adirondack Park land. Approximately 70% of the population lives in a low population density area. This poses a significant challenge to transportation particularly during the winter months with inclement weather and hazardous road conditions as well as results in geographic barriers to collaboration. There are two hospitals. Most people drive alone to work, and the average commute is 20.7 minutes. Franklin County is limited in its diversity. The largest ethnic groups are White and American Indian, and the primary self-reported language spoken by all members of the household is English. The 2022 Veteran population was 8.2%. Nearly 13% of the county population under the age of 65 lives with a disability.

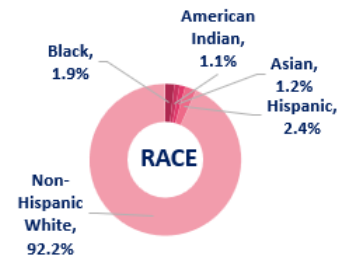
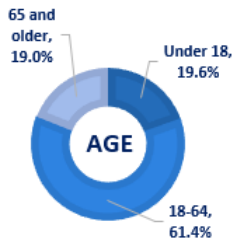
■ Franklin County ■ New York State



- Franklin County residents experience rates of adult obesity and smoking well above the NYS average, as well as higher rates of diabetes and excessive drinking.
- The Primary Care Physician ratio is 1,900:1 compared to the NYS average of 1,240:1.
- Franklin County is faring worse than the average county in the state for Health Outcomes.
- For the year 2021, the percentage of adults reporting fair or poor health was 16%.

**Educational Profile:** Within Franklin County there are seven school districts, with a total enrollment of 6,649 in the 2022-2023 school year. Of those students, 60% are considered economically disadvantaged. The rate of high school completion was 87%, with a dropout rate of 6%, which is higher than the NYS average of 5%. In addition, 19% are students with disabilities. There are two colleges. The rate of some college at 49% is well below the NYS average of 70%.

# St. Lawrence County Profile



St. Lawrence County is the largest county geographically in NYS (2,840 sq. miles). It is a predominantly rural county located between the Adirondack Mountains and the St. Lawrence River in Northern New York and sparsely populated in comparison to its size. Nearly 67% of the population lives in a low population density area. Due to the geographic location, winters are long and harsh. The county is comprised of 32 towns and a single city, Ogdensburg. About

half of the county's population live within five subdivisions: Canton (the county seat), Gouverneur, Massena, Potsdam, and Ogdensburg. The remaining half are spread across 28 other towns. The St. Regis Mohawk Reservation (also known as Akwesasne) is within 20 miles of CITIZEN's Massena outpatient clinic and includes approximately 3,500 residents. There are five hospitals. Most people drive alone to work, and the average commute is 20.7 minutes. St. Lawrence County is limited in its diversity. The largest ethnic groups are White and Black, and the primary self-reported language spoken by all members of the household is English. The 2022 Veteran population was 7.7%. Nearly 13% of the county population under the age of 65 lives with a disability.

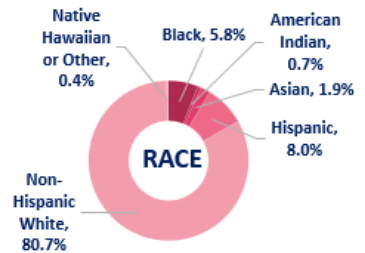
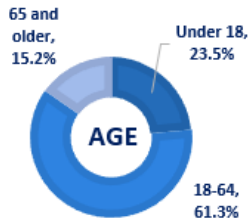
- St. Lawrence County residents experience rates of adult obesity and smoking well above the NYS average as well as higher rates of diabetes and excessive drinking.
- The Mental Health Providers ratio is 420:1 compared to the NYS average of 280:1 and the Primary Care Physician ratio is 1,830:1 compared to the NYS average of 1,240:1.
- St. Lawrence County is faring worse than the average county in the state for Health Outcomes.
- For the year 2021, the percentage of adults reporting fair or poor health was 16%.

**Educational Profile:** There are seventeen school districts throughout the county and four colleges. 2022-2023 K-12 Enrollment is 13,245 and 93% of student's ethnicity is white. Of those students enrolled, 18% have disabilities. The percentage of economically disadvantaged students is 59%. The dropout rate is 7% compared to the NYS average of 5%. The rate of some college at 57% is well below the NYS average of 70%.

■ St. Lawrence County ■ New York State

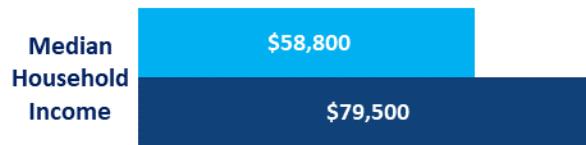


# Jefferson County Profile



Jefferson County is bordered by Lake Ontario to the west and St. Lawrence River to the north. The county spans an area of 1,268 square miles making it the ninth largest county in the state with 49.4% of individuals considered rural. The largest populated places in Jefferson County are Watertown, the Fort Drum army base, and Carthage. The county seat is in Watertown, the county's sole city. These three places account for over half of the county's population. Winters are long and cold. There are three hospitals. Most people drive alone to work, and the average commute is 20.9 minutes. The largest ethnic groups are White and Black, and the primary self-reported language spoken by all members of the household is English. The 2022 Veteran population was 12.7%. Jefferson County has a large population of military personnel who served in the Gulf War, 2.11 times greater than any other conflict. Nearly 11% of the county population under the age of 65 lives with a disability.

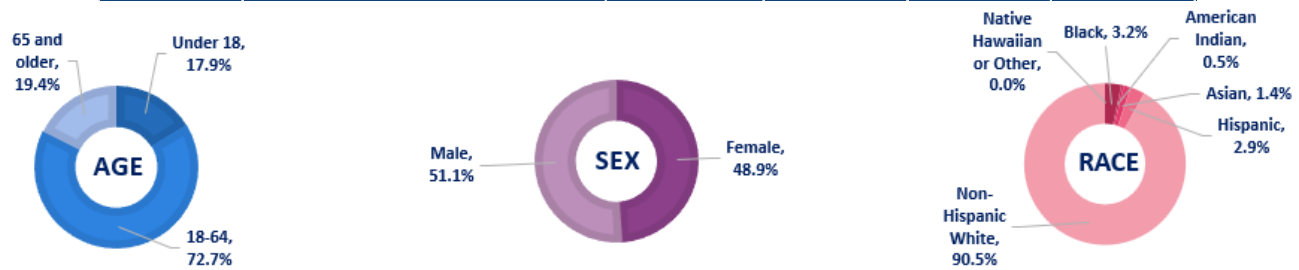
■ Jefferson County ■ New York State



- Jefferson County residents experience rates of adult obesity and smoking well above the NYS average as well as higher rates of excessive drinking.
- The Mental Health Providers ratio is 420:1 compared to the NYS average of 280:1 and the Primary Care Physician ratio is 1,970:1 compared to the NYS average of 1,240:1.
- Jefferson County is faring worse than the average county in the state for Health Outcomes.
- For the year 2021, the percentage of adults reporting fair or poor health was 14%.

**Educational Profile:** There are eleven school districts throughout the county and two colleges. 2022-2023 K-12 Enrollment is 16,244 and 18% have disabilities. The percentage of economically disadvantaged students is 58%. The dropout rate is 8% compared to the NYS average of 5%. The rate of some college at 68% compared to the NYS average of 70%.

# Clinton County Profile



Clinton County is at the northeast corner of NYS and is bordered by the Canadian province of Quebec. Its eastern border is Lake Champlain and beyond that the state of Vermont. It spans 1,038 square miles. The county seat is the city of Plattsburgh and is made up of a number of small townships and one large rural core. Almost 64% of the population lives in a low population density area. There is one hospital. Most people drive alone to work, and the average commute is 19.7 minutes. Similar to the rest of Northern New York, Clinton County is limited in its ethnic and racial diversity. The largest ethnic groups are White and Black, and the primary self-reported language spoken by all members of the household is English. The 2022 Veteran population was 7.3%. Thirteen percent of the county population under the age of 65 lives with a disability.

■ Clinton County ■ New York State



- Clinton County residents experience rates of adult obesity and smoking well above the NYS average, as well as higher rates of excessive drinking.
- The Mental Health Provider ratio is 290:1 compared to the NYS average of 280:1.
- Clinton County is faring worse than the average county in NY for Health Factors.
- For the year 2021, the percentage of adults reporting fair or poor health was 15%.
- Emergency Department visits (2021) involving any opioid overdose were above the NYS average and well above the surrounding counties.

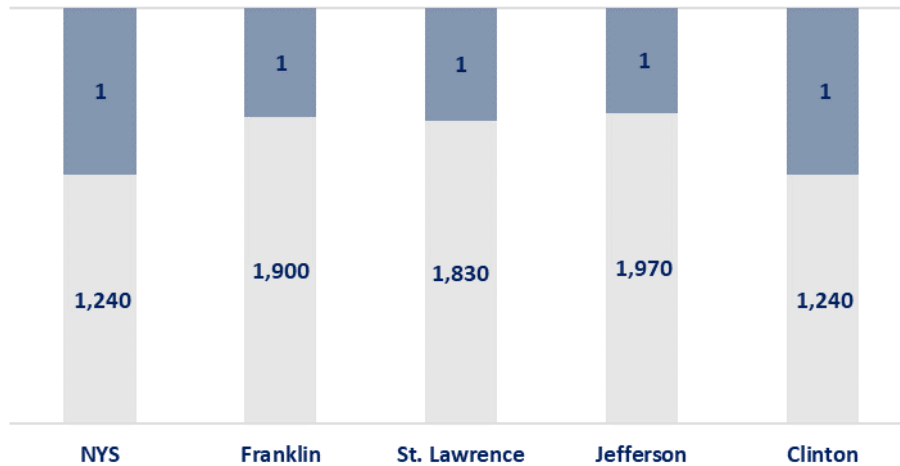
**Educational Profile:** Within Clinton County there are eight school districts, with a total enrollment of 10,385 in the 2022-2023 school year and 94% of student's ethnicity is white. Of those students, 49% are considered economically disadvantaged. The dropout rate is 7%, which is higher than the NYS average of 5%. In addition, 18% are students with disabilities. There are two colleges. The rate of some college at 62% is below the NYS average of 70%.



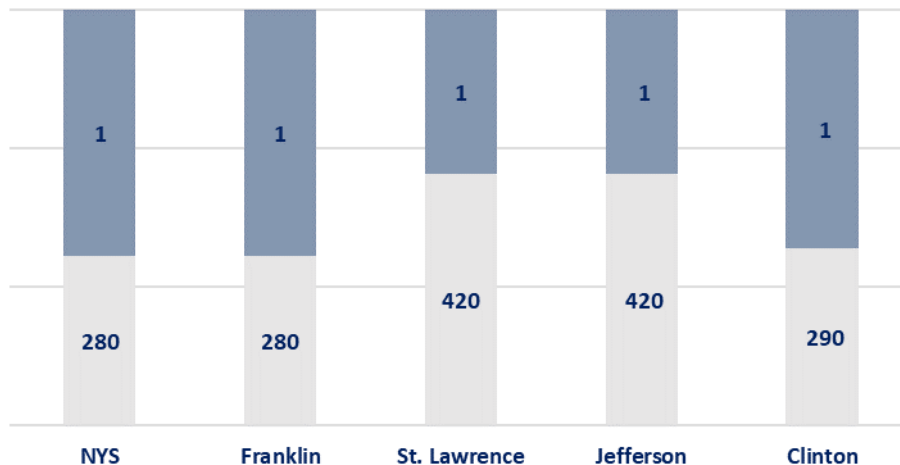
## Physical and Behavioral Healthcare Resources

The Rural Health Information Hub supported by Health Resources and Services Administration (HRSA – April 2024) has identified all four counties as Health Professional Shortage Areas for both Primary Care and Mental Health Care. Regional County Health Rankings data depicted below confirms that access to primary and mental health care has been and continues to be a challenge. The provider to individual ratio is either at or above the NYS ratio and impacts access to care.

### Primary Care Physician Ratio (2021)



### Mental Health Provider Ratio (2023)



## Medicaid Expenditures

In 2022, the New York State Office of Mental Health reported on Medicaid expenditures by county. The most impacted data is highlighted below (see Appendix A for additional details).

The state Medicaid expenditures for Mental Health Services are 36.63% of total Medicaid services paid. Data shows a large percentage of people receiving Medicaid services are receiving Mental Health Services.

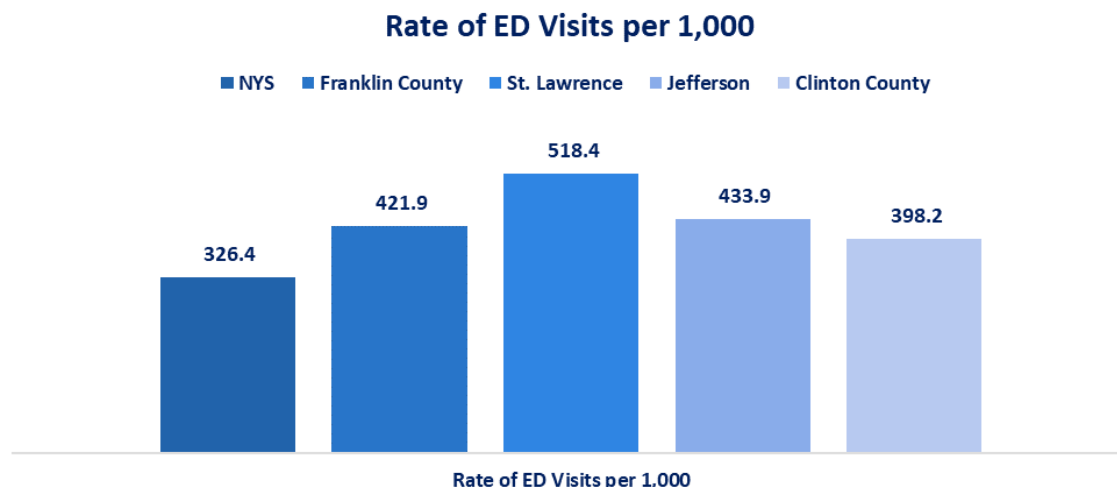
- Franklin County provided Medicaid services to 3,028 people and 2,686 of those people received Mental Health Services.
- St. Lawrence County provided Medicaid services to 4,739 people and 3,862 of those people received Mental Health Services
- Jefferson County provided Medicaid services to 5,715 people and 4,925 of those people received Mental Health Services.
- Clinton County provided Medicaid services to 4,226 people and 3,611 of those people received Mental Health Services.

The state Medicaid expenditure for behavioral health Services comprises 9.06% of total Medicaid expenditures.

- Franklin County exceeds this at 13.88%.
- St. Lawrence County exceeds this at 15.24%.
- Jefferson County exceeds this at 13.36%.
- Clinton County exceeds this at 12.67%.

## Emergency Department Visits

The rate of emergency department visits per 1,000 (2019) for all four counties far exceeded the NYS average. High emergency department utilization is common in rural areas where barriers to health care exist. Barriers include inadequate access to care or care coordination due to lack of providers.



## Franklin County Health System Profile

Franklin County has two hospitals, Adirondack Medical Center (Adirondack Health) in Saranac Lake Site 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, 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 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 County's rate of emergency department visits in 2019 was far more than the Statewide average making it among the **highest in the State**. The following data is on **Preventable Hospitalizations**.

- 0.2% of hospitalizations were attributable to self-harm, placing Franklin County in a relatively high category (0-24<sup>th</sup> percentile).
- Self-harm emergency department visits represented 0.5% of all admissions (25-49<sup>th</sup> percentile).
- Self-harm ED visits were overwhelmingly high among those 10-19 years of age and the result of overdose and drug poisoning.
- Number of deaths by Veterans was 10.5% (0-24<sup>th</sup> percentile) compared to 10.2% in NYS.

The Franklin County Community Services Board 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 Community Services Board oversees the following services and activities:

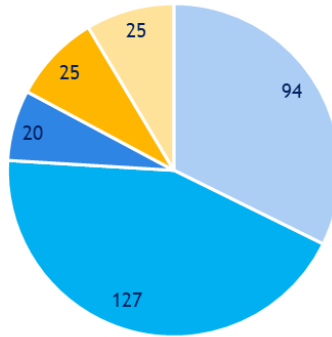
- Development of a comprehensive county plan for mental health, developmental disability, and chemical dependency services.
- Allocation of funding to local mental hygiene contract agencies based on community priorities, treatment outcomes and program performance.
- Delivery of fiscal oversight and technical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

The Community Services Board has three standing subcommittees: Chemical Dependency, Developmental Disabilities and Mental Health.

## St. Lawrence County Health System Profile

St. Lawrence County 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 - Total Beds: 291



■ Canton-Potsdam ■ Claxton-Hepburn ■ Clifton-Fine ■ Gouverneur ■ St. Lawrence Health

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, 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 Inpatient and Outpatient Mental Health Services: 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 the county'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:

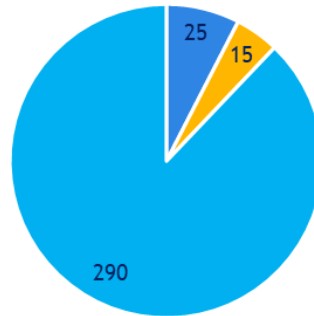
- 0.6% of hospitalizations were attributable to self-harm, placing St. Lawrence County in a relatively high category (25-49th percentile).
- Self-harm emergency department visits represented 0.7% of all admissions (50-74th percentile).
- Self-harm emergency department visits were overwhelmingly high among those 10-19 years of age and the results of overdose and drug poisoning.
- Number of deaths by Veterans was 14.3% (50-74th percentile) compared to 10.2% in NYS

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

## Jefferson County Health System Profile

Jefferson County has three hospitals, providing 2.34 beds per 1,000 residents (as compared with the statewide average of 2.7).

Jefferson County Health System - Total Beds: 330



■ Carthage Area Hospital Inc ■ River Hospital, Inc ■ Samaritan Medical Center

There are three nursing Homes in Jefferson County, accounting for 529 beds, three assisted living facilities, accounting for 234 beds, and 30 home care providers. There are 16 Health Professional Shortage Areas, five in primary care, five in dental care, and six in mental health.

River Hospital, Inc. and Samaritan Medical Center are licensed to provide Certified Outpatient Mental Health Services.

The following data from 2019 is on **Preventable Hospitalizations**:

- 0.9% of hospitalizations were attributable to self-harm, placing Jefferson County in relatively high category (50th-74th percentile).
- Self-harm emergency department visits represented 1.1% of all admissions (50-74th percentile).
- Self-harm emergency department visits were overwhelmingly high among those 10-19 years of age and the results of overdose and drug poisoning.
- Number of deaths by Veterans was 39.2% (50-74th percentile) compared to 10.2% in NYS.

The Jefferson County Department of Community Services is responsible for overseeing and planning mental health services. This is consistent with established local and statewide goals and objectives. The department roles include developing local mental hygiene programs for the county and directing/administering the development of an annual comprehensive plan for all services related to mental illness, chemical dependency, and developmental disabilities.

## Clinton County Health System Profile

Clinton County has one hospital, University of Vermont Health Network - Champlain Valley Physician's Hospital, with 3.27 hospital beds per 1,000 residents (as compared with the statewide average of 2.7). There are four nursing home facilities, accounting for 490 beds, and three adult care facilities, accounting for 186 beds. Clinton County consists of five Health Professional Shortage Areas, two in primary care, one in dental care, and two in mental health.

No hospitals in Clinton County are licensed to offer Chemical Dependence – Rehabilitation or Withdrawal or Certified Mental Health Services.

There is no Comprehensive Psychiatric Emergency Program in the county.

The following data from 2019 is on **Preventable Hospitalizations**:

- 0.8% of hospitalizations were attributable to self-harm, placing Clinton County in a relatively high category (50th-74th percentile).
- Self-harm emergency department visits represented 0.8% of all admissions (50th-74th percentile).
- Self-harm emergency department visits were overwhelmingly among those 10-19 years of age and the result of overdose and drug poisoning.
- Number of deaths by Veterans was 15.4% (25-49th percentile) compared to 10.2% in NYS.

The Clinton County Community Services Board is responsible for the planning, development, and coordination of services in the fields of developmental disabilities, mental health, and chemical dependency. This is consistent with established local and statewide goals and objectives. The department directly operates both mental health and addiction treatment outpatient clinics. Additional services are provided through contracts with area agencies.

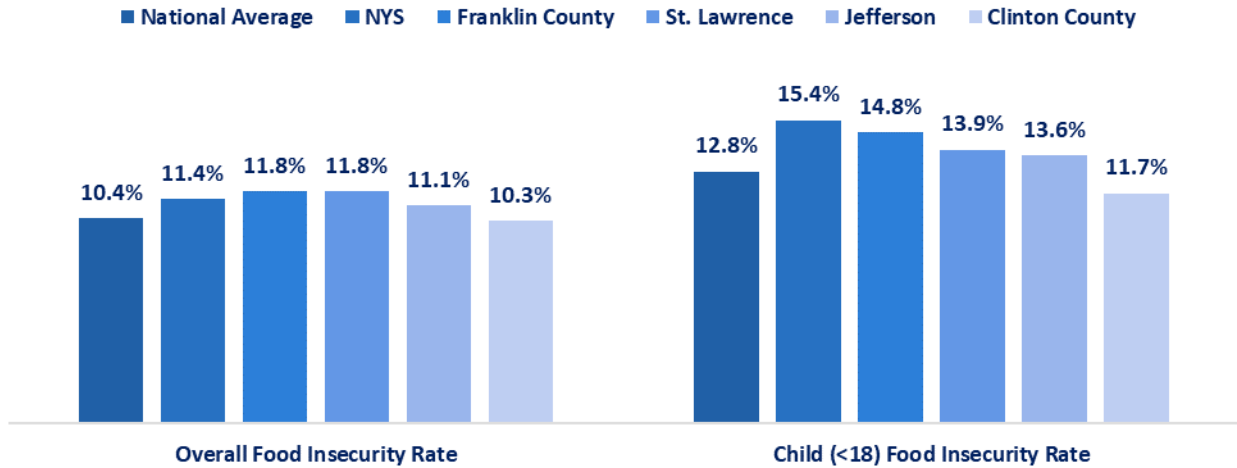
## Health Indicators

Residents of all four counties suffer from limited access to care (all identified as health care professional shortage areas) and face health challenges associated with aging, high rates of smoking, excessive drinking, obesity, and poor mental health, recently compounded by COVID. Preventable hospitalization rates are above the state rate for all four counties.

The rural nature of the community, distance to providers, scarcity of providers, harsh winters, transportation challenges, relatively low-income levels, and high rates of chronic disease all contribute to a need for a skilled BH workforce to ensure better access to needed care and services. All four counties have greater proportions of residents with living wages below average.

**Food security** is a challenge in the region and impacts the health of all individuals. Food insecurity is defined as the lack of access, at times, to enough food for an active, healthy life.

## Food Insecurity Rates



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 assessment. Some common causes of food insecurity are listed below.

- Poverty, unemployment, or low income
- Lack of affordable housing and/or transportation
- Chronic health conditions and/or lack of access to healthcare
- Lack of access to community supports

## Franklin County Health Indicators

Franklin County is faring worse than the average county in NYS for Health Outcomes as well as for 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 more than statewide statistics. Below are key findings for Franklin County.

### Health Behaviors

- Adult smoking in the county is higher than the statewide average (23% compared to 12%).
- There is a higher rate of adult obesity (40% compared to 29%).
- County residents have higher rates of excessive drinking (21% compared to 18%).
- Alcohol impaired driving deaths are higher than the statewide average (29% compared to 21%).
- The age-adjusted suicide mortality rate per 100,000 is higher than the statewide rate (11 compared to 8).

## Care Factors

- All of Franklin County is identified as a Mental Health Care Professional Shortage Area and Primary Care Professional Shortage Area.
- The percentage of individuals reporting frequent mental distress was 17% in compared to the statewide average of 13%.
- The preventable hospitalization rate per 100,000 was higher than the statewide average of (2,905 compared to 2,641).

## Abuse/Maltreatment Data

- The rate per 1,000 children/youth in indicated reports of abuse/maltreatment was 18.9 in 2022 as compared with the NYS average of 12.4.
- The rate of children in foster care per 1,000 was 10.5 as compared to a statewide rate of 2.7. Placement options are scarce, and children are regularly placed out-of-county. CITIZEN provides short-term stabilization and respite options at its Behavioral Health Urgent Care in Malone.

# St. Lawrence County Health Indicators

St. Lawrence County is faring worse than the average county in NYS for Health Outcomes as well as for Health Factors. Premature deaths in the county 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 more than statewide statistics. Below are important discoveries for St. Lawrence County.

## Health Behaviors

- Adult smoking in the county is higher than the statewide average (22% compared to 12%).
- There is a higher rate of adult obesity (40% compared to 29%).
- County residents have higher rates of excessive drinking (21% compared to 18%).
- Alcohol impaired driving deaths are higher than the statewide average (22% compared to 21%).
- The age-adjusted suicide mortality rate per 100,000 is higher than the statewide rate (12 compared to 8).

## Care Factors

- All of the county is identified as a Mental Health Care Professional Shortage Area and Primary Care Professional Shortage Area.
- The ratio of population to mental health providers is 420:1 as compared with a statewide average of 280:1, far fewer mental health professionals per person than the statewide average.



- The percentage of individuals reporting frequent mental distress was 17% in compared to the statewide average of 13%.
- The preventable hospitalization rate per 100,000 was 3,247, far greater than the statewide average of 2,641.

### **Abuse/Maltreatment Data**

- The rate per 1,000 children/youth in indicated reports of abuse/maltreatment was 12.9 in 2022 as compared to the NYS average of 12.4.
- The rate of children in foster care per 1,000 was 7.4 as compared with a statewide rate of 2.7. Placement options are scarce, and children are regularly placed out-of-county.

## **Jefferson County Health Indicators**

Jefferson County is faring worse than the average county in NYS for Health Outcomes as well as for Health Factors. Premature deaths in Jefferson County 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 more than statewide statistics. Below are vital results for Jefferson County.

### **Health Behaviors**

- Adult smoking in the county is higher than the statewide average (20% compared to 12%).
- There is a higher rate of adult obesity (37% compared to 29%).
- County residents have higher rates of excessive drinking (21% compared to 18%).
- Alcohol impaired driving deaths are higher than the statewide average (42% compared to 21%).
- The age-adjusted suicide mortality rate per 100,000 is higher than the statewide rate (14 compared to 8).

### **Care Factors**

- All of Jefferson County is identified as a Mental Health Care Professional Shortage Area and Primary Care Professional Shortage Area.
- The percentage of individuals reporting frequent mental distress was 15% in compared to the statewide average of 13%.
- The preventable hospitalization rate per 100,000 was higher than the statewide average of (2,983 compared to 2,641).

### **Abuse/Maltreatment Data**

- The rate per 1,000 children/youth in indicated reports of abuse/maltreatment was 26.8 in 2022 as compared with the NYS average of 12.4.

- The rate of children in foster care per 1,000 was 2.9 as compared with a statewide rate of 2.7.

## Clinton County Health Indicators

Clinton County is faring worse than the average county in NYS for Health Factors. Potentially preventable hospitalizations 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 more than statewide statistics. Below are fundamental outcomes for Clinton County.

### Health Behaviors

- Adult smoking in the county is higher than the statewide average (20% compared to 12%).
- There is a higher rate of adult obesity (38% compared to 29%).
- County residents have higher rates of excessive drinking (20% compared to 18%).
- Alcohol impaired driving deaths are higher than the statewide average (22% compared to 21%).
- The age-adjusted suicide mortality rate per 100,000 is higher than the statewide rate (11 compared to 8).

### Care Factors

- All of Clinton County is identified as a Mental Health Care Professional Shortage Area and Primary Care Professional Shortage Area.
- The percentage of individuals reporting frequent mental distress was 16% in compared to the statewide average of 13%.
- The preventable hospitalization rate per 100,000 was higher than the statewide average of (2,928 compared to 2,641).

### Abuse/Maltreatment Data

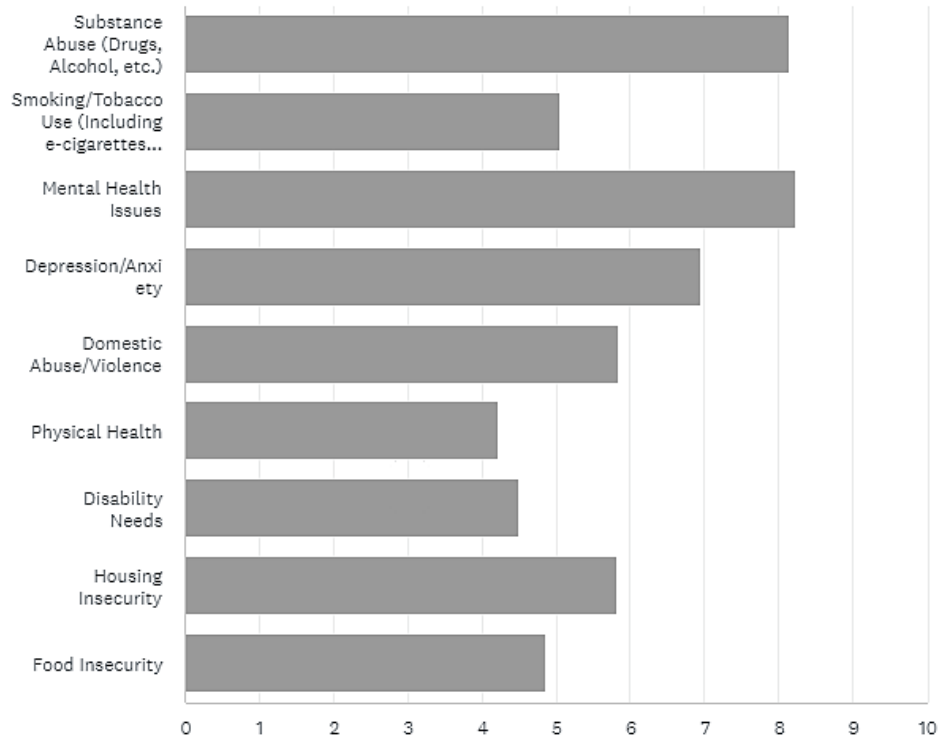
- The rate per 1,000 children/youth in indicated reports of abuse/maltreatment was 17.5 in 2022 as compared with the NYS average of 12.4.
- The rate of children in foster care per 1,000 was 3.5 as compared with a statewide rate of 2.7.

## Survey Results

CITIZEN sought input from key community partners to identify their top 5 health and well-being concerns as well as contributing factors. The purpose was to evaluate current efforts and to better inform future efforts to address the health concerns and contributing factors. Thirty-seven Stakeholders/Partners responded representing all four counties as well as a diverse sample of entities including but not limited to Health Centers, Health Departments, Inpatient/Outpatient Facilities, Schools, Law Enforcement (Crisis Response Partners), as well as organizations assisting to strengthen military/veteran healthcare.

### Health and Well-Being Concerns

Answered: 37 Skipped: 0



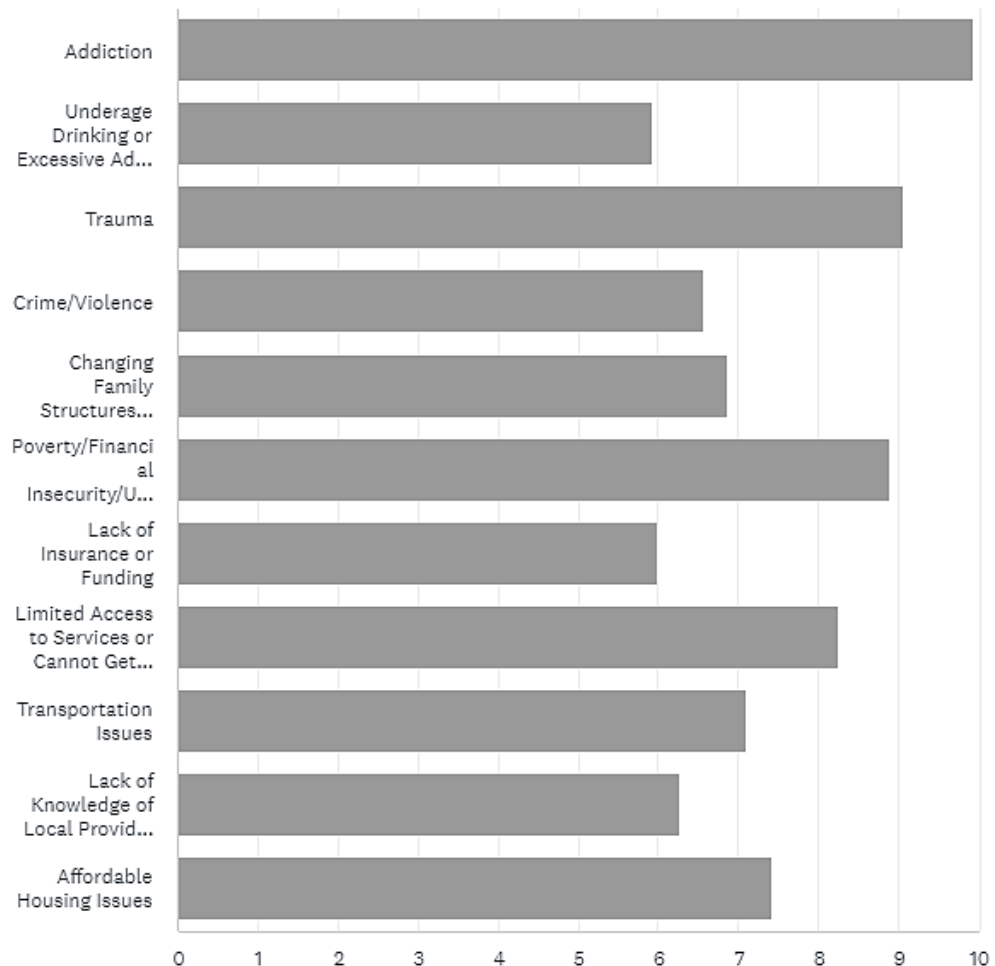
According to scores, the top 5 Stakeholder/Partners concerns were identified as the following:

1. Mental Health Issues
2. Substance Abuse (Drugs, Alcohol, etc.)
3. Depression/Anxiety
4. Domestic Abuse/Violence
5. Housing Insecurity

Food Insecurity and Smoking/Tobacco Use also presented as priorities by some respondents.

## Contributing Factors

Answered: 37 Skipped: 0



According to scores, the top 5 contributing factors were identified by Stakeholders/Partners as the following:

1. Addiction
2. Trauma
3. Poverty/Financial Insecurity/Unemployment
4. Limited Access to Services or Cannot Get Appointment
5. Affordable Housing Issues

Transportation Issues and Changing Family Structures (i.e., Increased Foster Care) also presented as priorities by some respondents.

Complete survey results are included as Appendix E.

## Meeting Responses

In addition to these surveys, people were invited to communicate with CITIZEN during facilitated group discussions at recent stakeholder/partner agency meetings and client advisory group (a group comprised of people with lived experience of mental health and substance use conditions) meetings. The following feedback was received.

### Community Needs

Prevalent Health Issues/Concerns Needing Attention

- Substance Use and Mental Health Crisis

Biggest Challenges Facing the Community

- Social and Economic Inequalities
- Lack of Transitional Resources
- Lack of Safe/Affordable Housing
- Physical Barriers/Rural Area/Lack of Transportation

How Can CA Address the Challenges Facing the Community

- Follow Up and Case Management

### Access and Barriers to Care

Major Barriers to Accessing Mental Health and Substance Use Disorder Services

- Transportation
- Lack of Support Systems
- Financial Barriers
- Lack of Mental Health Providers in the Area/Limited Access

Opportunities for Improvement

- Enhance Partnerships and Decrease Staff Turnover

### Certified Community Behavioral Health Services

The Most Important Services CITIZEN Provides

- Substance Use and Mental Health Treatment
- Crisis and Outpatient
- Medication Management
- Peer Support Services
- Children's Respite
- Housing

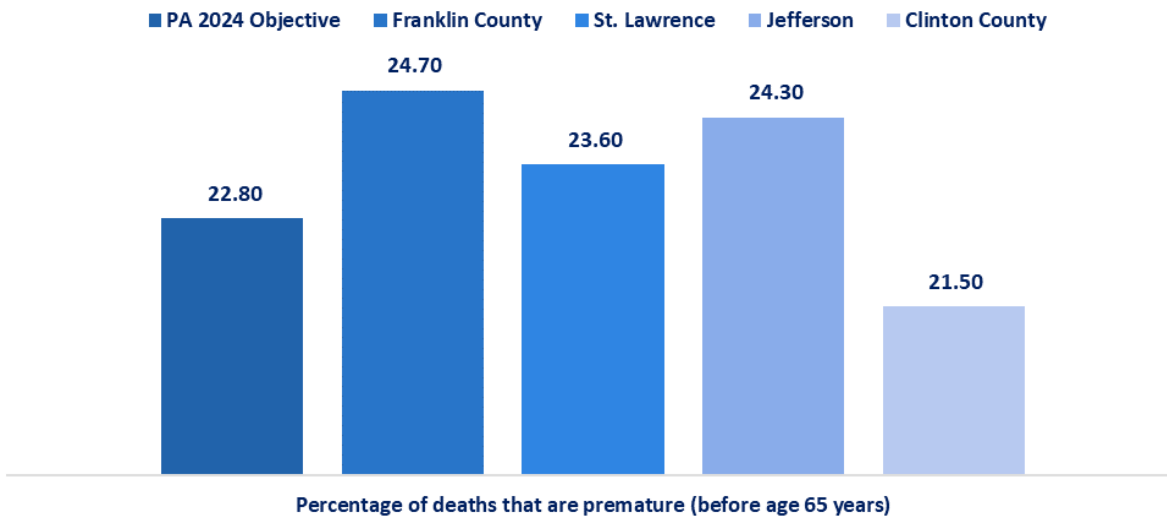
Mental Health or Substance Use Services Lacking in the Community

- Co-Occurring Mental Health/Substance Use Disorder Treatment
- Groups Tailored Around Children/Families
- Licensed Providers
- Trauma Informed Care

Some attendees also provided feedback that it was convenient to access services at CITIZEN (days, times, locations, and telehealth options) as well as that they felt welcomed walking into CITIZEN's clinics.

## NYS Prevention Agenda Priority Areas - Related Analysis

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 ailing 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 (2021)

- **Franklin County**
  1. Cancer
  2. Heart Disease
  3. COVID-19
  4. Unintentional Injury
  5. Chronic Lower Respiratory Disease
  
- **St. Lawrence County**
  1. Heart Disease
  2. Cancer
  3. COVID-19
  4. Chronic Lower Respiratory Disease
  5. Unintentional Injury
  
- **Jefferson County**
  1. Heart Disease
  2. Cancer
  3. COVID-19

- 4. Unintentional Injury
- 5. Chronic Lower Respiratory Disease

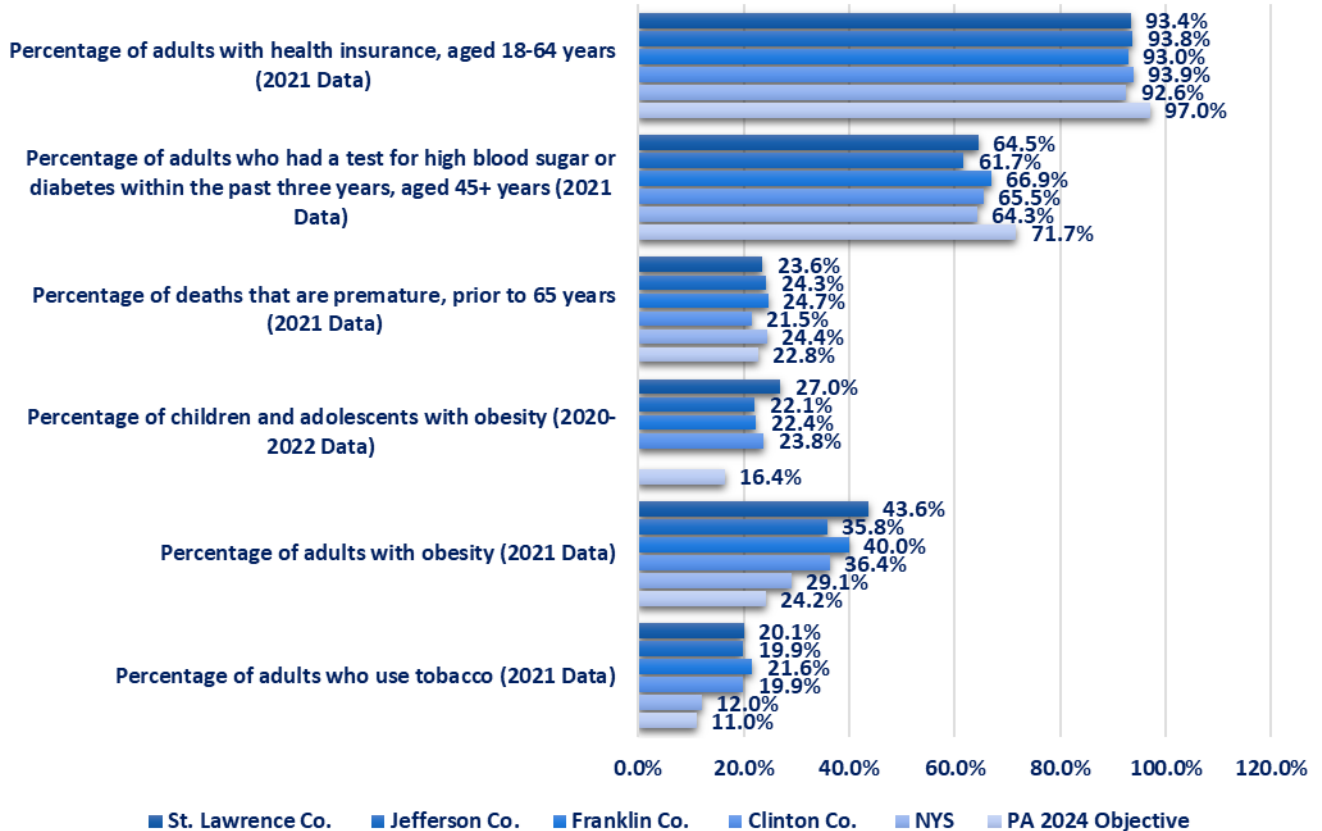
- **New York State**

- 1. Heart Disease
- 2. Cancer
- 3. COVID-19
- 4. Unintentional injury
- 5. Cerebrovascular Disease

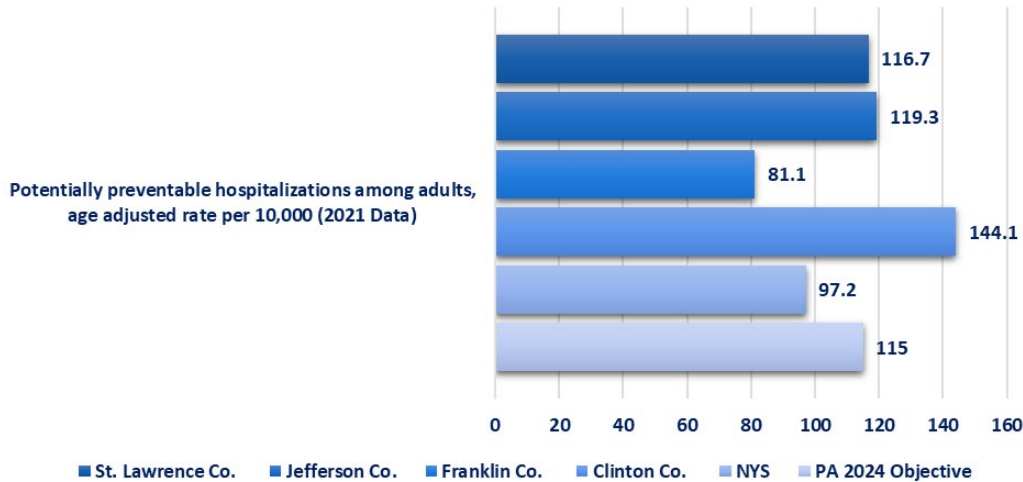
## Prevention Priority Area 1: Prevent Chronic Diseases

Chronic diseases such as Heart Disease, Cancer, and Cerebrovascular Disease (stroke) 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



## Chronic Disease Priority Area Comparison



### Data Highlights

- All four counties have adult and child obesity rates more than the prevention agenda goals.
- All four counties report significantly higher rates of tobacco use among adults than the NYS average.
- All four counties report that the percentage of adults having health insurance is lower than the prevention agenda goal.

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

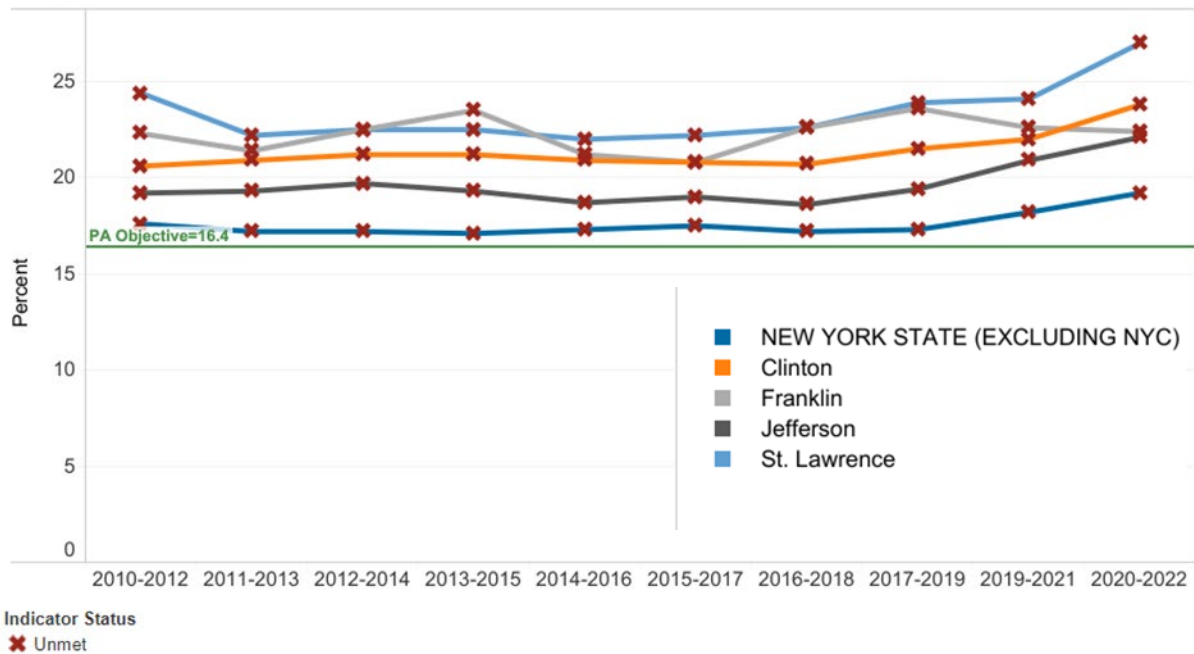
### Obesity

The percentage of NYS children and adolescents with obesity increased from 17.6% in 2010 to 19.2% in 2022. All four Counties show an increase in their respective percentages from 2010-2022.

- Franklin County's percentage of children and adolescents with obesity increased from 22.3% in 2010 to 22.4% in 2022.
- St. Lawrence County's percentage of children and adolescents with obesity increased from 24.4% in 2010 to 27.0% in 2022.
- Jefferson County's percentage of children and adolescents with obesity increased from 19.2% in 2010 to 22.10% in 2022.
- Clinton County's percentage of children and adolescents with obesity increased from 20.6% in 2010 to 23.8% in 2022.



### Percentage of children and adolescents with obesity (NYS Outside NYC)



#### Franklin County Chronic Disease data:

Residents of Franklin County suffer from obesity and are more likely to utilize tobacco than NYS as a whole. In 2021, cancer and heart disease were the leading causes of premature death in Franklin County.

- The percentage of premature deaths (<65 years) in 2021 was 24.7% as compared with 24.4% statewide.
- The percentage of tobacco use among adults in 2021 was 21.6% as compared with 12.0% statewide.
- The percentage of adults with obesity in 2021 was 40.0% as compared with 29.10% statewide.
- The percentage of children and adolescents with obesity was 22.4% in 2020-2022, as compared with the prevention agenda goal of 16.4%.

#### St. Lawrence County Chronic Disease data:

Residents of St. Lawrence County suffer from obesity and high rates of tobacco use. These preventable risk factors indicate potential areas for improvement. In 2021, cancer and heart disease were the leading causes of premature death in St. Lawrence County.

- The percentage of tobacco use among adults in 2021 was 20.1% as compared with 12.0% statewide.

- The percentage of adults with obesity in 2021 was 43.6% as compared with 29.10% statewide.
- The percentage of children and adolescents with obesity was 27.0% in 2020-2022, as compared with the prevention agenda goal of 16.4%.

### **Jefferson County Chronic Disease data:**

Residents of Jefferson County suffer from obesity and high rates of tobacco use. These preventable risk factors indicate potential areas for improvement. In 2021, cancer and heart disease were the leading causes of premature death in Jefferson County.

- The percentage of tobacco use among adults in 2021 was 19.9% as compared with 12.0% statewide.
- The percentage of adults with obesity in 2021 was 35.8% as compared with 29.10% statewide.
- The percentage of children and adolescents with obesity was 22.10% in 2020-2022, as compared with the prevention agenda goal of 16.4%.

### **Clinton County Chronic Disease data:**

Residents of Clinton County suffer from obesity and high rates of tobacco use. These preventable risk factors indicate potential areas for improvement. In 2021, cancer and heart disease were the leading causes of premature death in Clinton County.

- The percentage of tobacco use among adults in 2021 was 19.9% as compared with 12.0% statewide.
- The percentage of adults with obesity in 2021 was 36.4% as compared with 29.10% statewide.
- The percentage of children and adolescents with obesity was 23.8% in 2020-2022, as compared with the prevention agenda goal of 16.4%.

## **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 disorders, including conduct disorders, depression, and substance abuse. Adverse childhood experiences and many mental, emotional, and behavioral 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

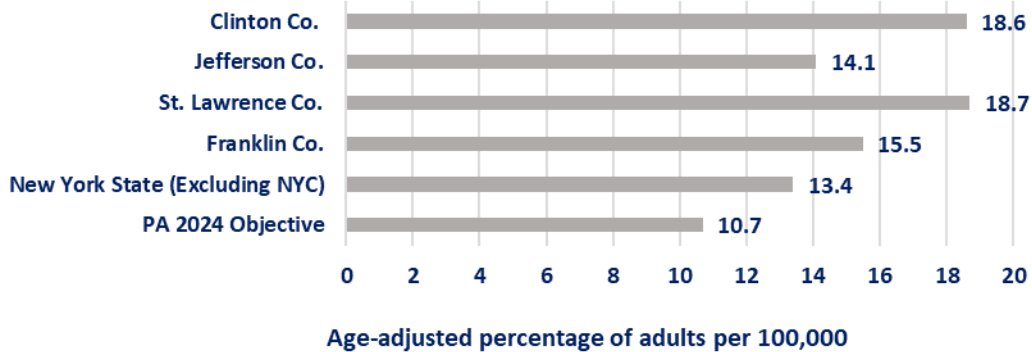
Disorder Prevention. All four target counties, Franklin, St. Lawrence, Jefferson, and Clinton, face multiple challenges and opportunities for improvement in this area.

### Well-being in Franklin, St. Lawrence, Jefferson, and Clinton Counties

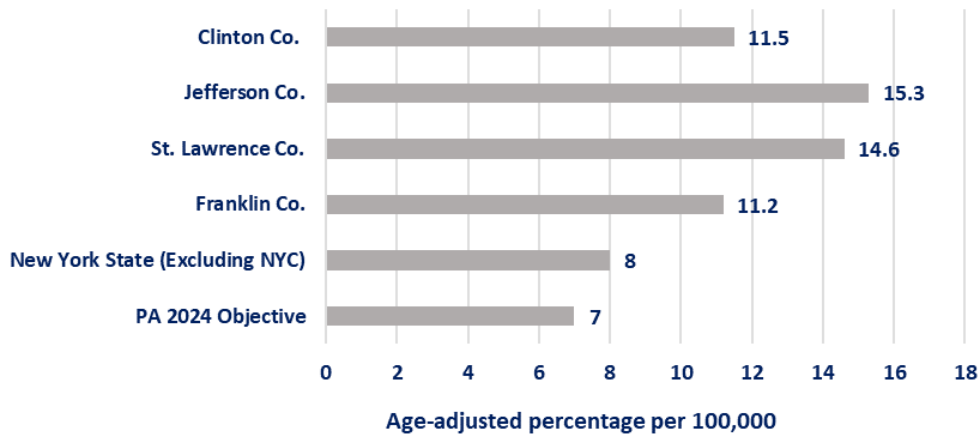
All four counties evidence areas of unmet needs and potential improvements in overall well-being and mental health as measured by Prevention Agenda Indicators (see detail in Appendix C). In all four counties, the opportunity index scores are lower than the Prevention Agenda 2024 goal and the community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

- In Franklin County, 10 of the 12 Prevention Agenda indicators are not met. In St. Lawrence County, 9 of the 12 Prevention Agenda Indicators are not met. In Jefferson County, 9 of the 12 are not met. In Clinton County, 10 of the 12 are not met. This indicates room for improvement.
- Reports of abuse/maltreatment, rate per 1,000 children - aged 0-17 years for all four target counties are higher than the Prevention Agenda goals and NYS averages.

#### 2021 Frequent Mental Distress During the Past Month



#### 2019-2021 Suicide Mortality Rate



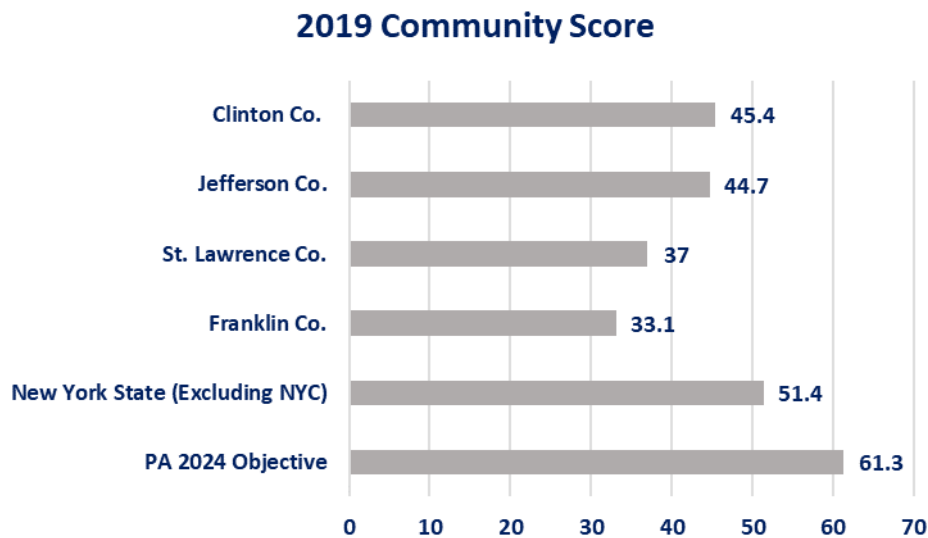
### Opportunity Index Score

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.
- St. Lawrence County's Opportunity Index Score is 51, as compared with the PA goal of 59.2.
- Jefferson County's Opportunity Index Score is 54.7, as compared with the PA goal of 59.2.
- Clinton County's Opportunity Index Score is 54.3, as compared with the PA goal of 59.2.

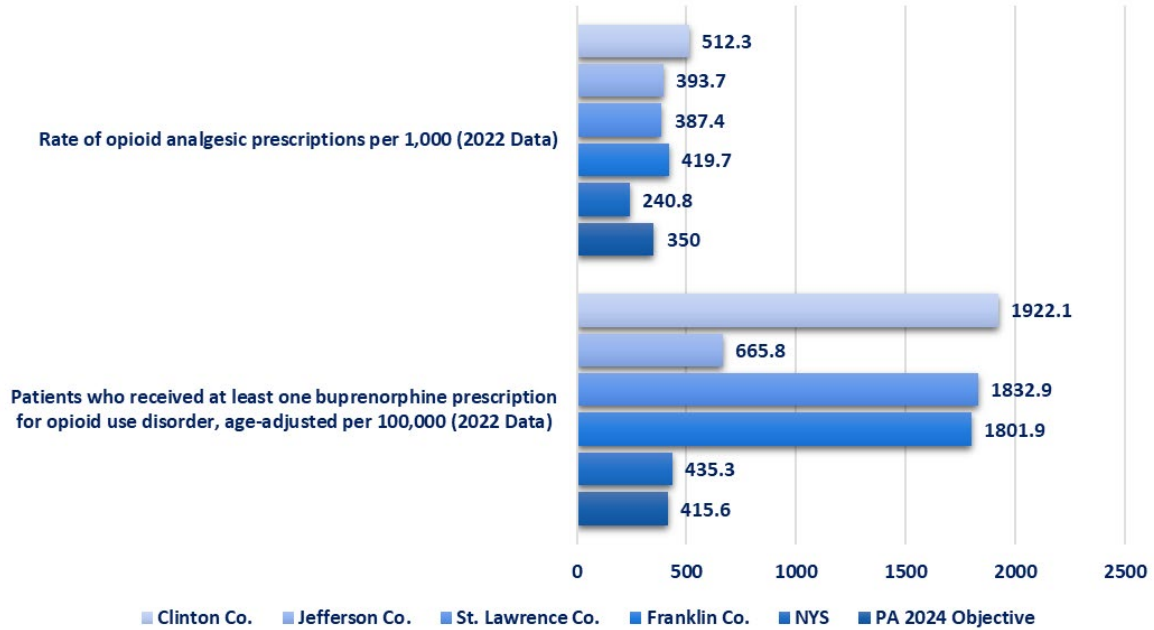
## Community Score

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. All four counties have community scores below PA goals depicted below.



## Behavioral Health Needs

Prevention Agenda metrics indicate continuing behavioral health needs in the North Country region. Adults in all four 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 for all four counties are in excess of statewide averages and PA goals.

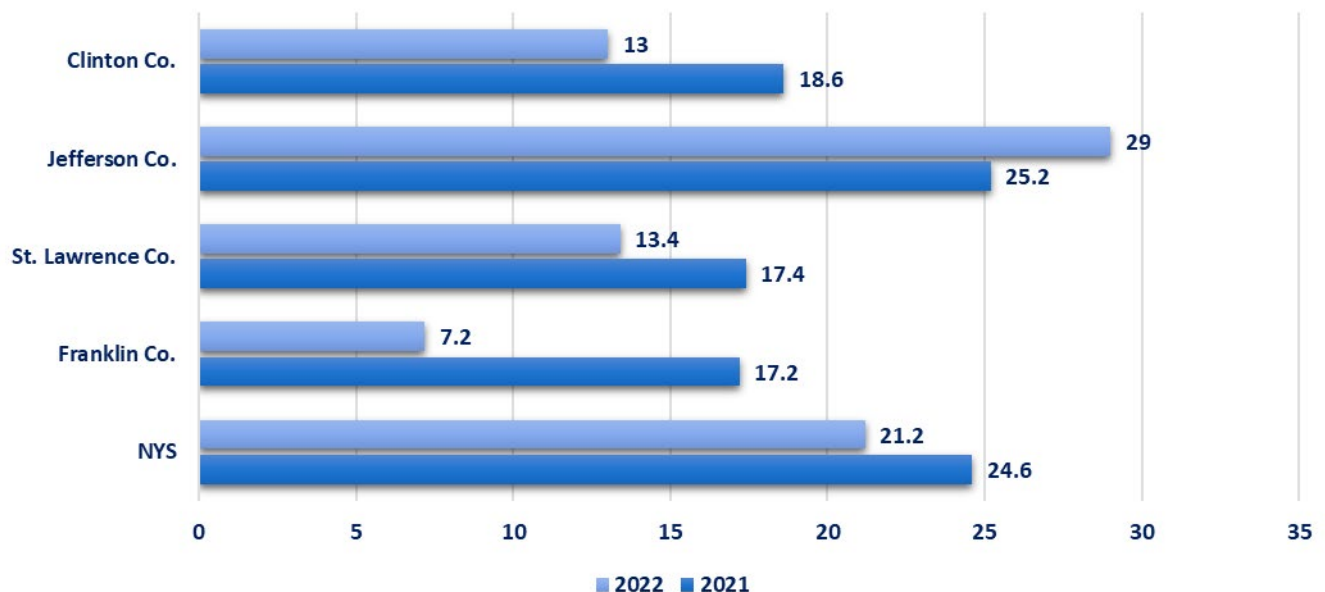


## Behavioral Health Needs Continued

### Opioid Use Status:

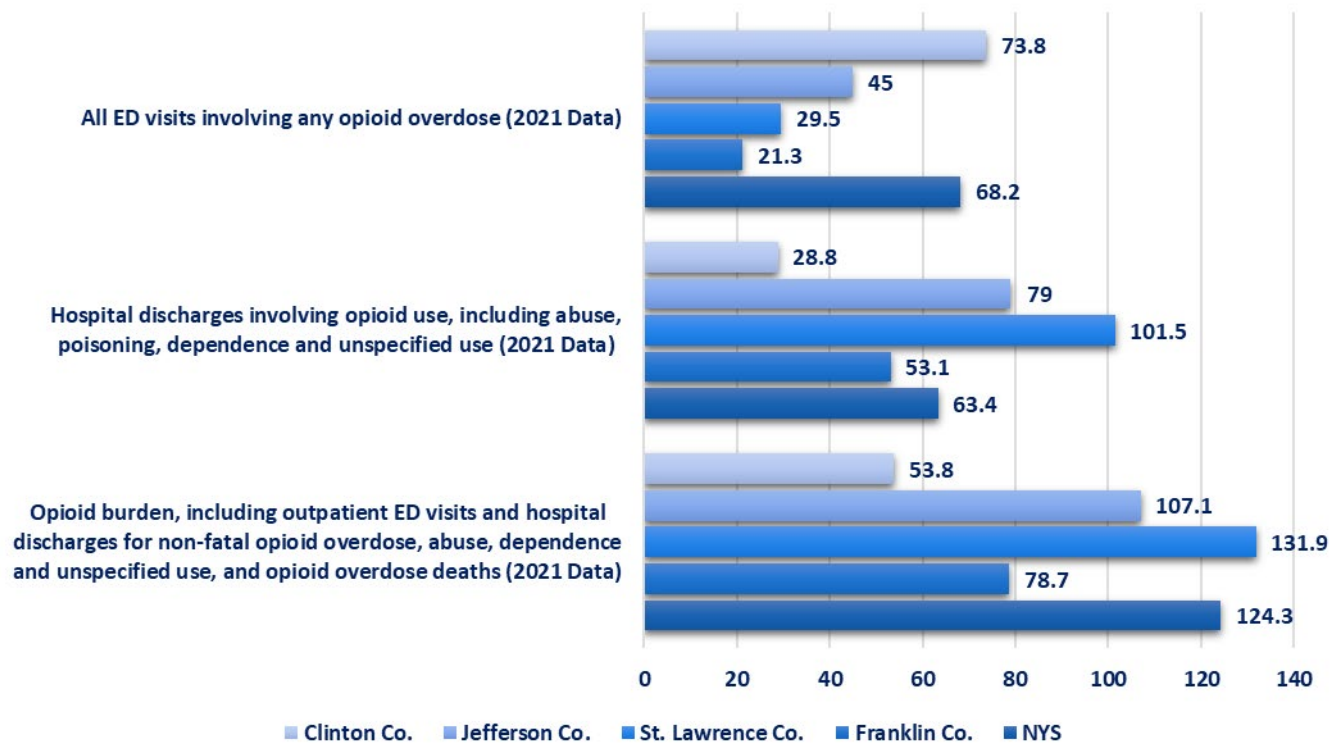
To assess the need in each of the target counties, a review of the NYS Department of Health Opioid Data Dashboard was completed. The dashboard is an interactive visual presentation of indicators tracking opioid data at state and county levels. It is also a key resource for monitoring fatal and nonfatal 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 and previous year indicating improvement over past years, with the exception of Jefferson County. This improvement is attributable, in part, to the work of the Certified Community Behavioral Health Clinic and provision of Medication Assisted Treatment within Franklin and St. Lawrence County as well as Clinton County residents. See below for a graph comparing the death rate in 2021 and 2022. This information shows a decreasing trend which may be attributed to the increase in availability of Medication Assisted Treatment for opioid dependence. Medication Assisted Therapy has been a widely underutilized, evidence-based treatment for opioid and alcohol addiction. CITIZEN increased the number of clients receiving Medication Assisted Treatment by approximately 60% overall from the beginning to the end of 2022.

### Overdose Deaths Involving Any Opioid, Age-Adjusted Rate Per 100,000 Population



During CITIZEN's Certified Community Behavioral Health Clinic expansion project, teams delivered community educational and training opportunities. 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 demonstrated the commitment and compassion the community shares to understand addiction and chronic mental health issues by offering evidence-based solutions. In summary the following was revealed: (details provided in Appendix D):



CITIZEN has worked diligently to build community partnerships on behalf of mental health needs as well and is currently in five school districts to provide much needed services and reduce high rates of suicide. The organization's Behavioral Health Urgent Care centers also provide Crisis Stabilization for minors at risk for suicide and has dedicated crisis respite beds for youth.

## Prioritization of Significant Health Needs

The preceding sections paint a picture of the residents of the North Country region that includes limited access to care and numerous health challenges, recently compounded by the COVID-19 Pandemic. More specifically, the people served:

- Suffer from high rates of preventable chronic conditions and behavioral health disorders.
- Are low-income.
- Suffer from food insecurity.
- Are more likely to be obese.
- Are more likely to smoke cigarettes and/or drink excessively.
- 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 emergency department 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 CITIZEN 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 - Tobacco Prevention

**Why a Priority?** The negative effects of smoking on a person's health and the health of others are well documented. In all four counties the prevalence of cigarette smoking among adults is higher than the statewide average and higher than NYS prevention agenda goals.

#### **CITIZEN's Intervention Goals:**

- Decrease the percentage of cigarette smoking among adults.
- Decrease the prevalence of any tobacco use by high school students.

#### **CITIZEN's Interventions Will Include:**

- Routine and increased screenings for tobacco use and provide tobacco cessation Intervention for those identified as a tobacco user.



- Continue to offer motivational interviewing, cognitive-behavioral therapy, and nicotine replacement therapy for individuals with a desire to end their dependence on nicotine.
- Continuation of school-based prevention services to teach adolescents and teens the skills and confidence to make healthy choices.

### **Focus Area - Chronic Disease Preventive Care and Management**

**Why a Priority?** It is well-documented that seriously or chronically ill individuals have higher rates of anxiety, depression, or some form of emotional or psychological distress. In some cases, those same individuals are also struggling with an addiction. All four counties experience challenges in the following areas as evidenced by rates higher than statewide averages and NYS Prevention Agenda goals:

- ✓ High percentage of adults and children/adolescents with obesity
- ✓ Low testing for high blood sugar or diabetes

#### **CITIZEN'S Intervention Goals:**

- Decrease the percentages of adults as well as children and adolescents with obesity. This PA 2024 Objective is unmet.
- Increase the percentage of adults who test for high blood sugar or diabetes. This PA Objective is unmet.
- Improvement of self-management skills for people with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.

#### **CITIZEN'S Interventions Will Include:**

- Continue to provide motivational interviewing and cognitive behavioral therapy to help people experiencing mental illness achieve medical, nutritional, and fitness goals.
- Continue to connect individuals to a variety of programs and services to improve physical health.
- Increase health monitoring to help identify potential medical issues.
- Continue to provide care coordination to help connect with medical services.

#### **Services Offered Directly from Citizen Advocates, include:**

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

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

### Focus Area - Promote Well-Being

**Why a Priority?** In all four counties, percentages for frequent mental distress during the past month among adults are higher than the statewide average and higher than NYS prevention agenda goals. Community Scores and Opportunity Index Scores are low.

#### **CITIZEN'S Intervention Goals:**

- Decrease rates of mental distress. This PA Objective is unmet.
- Increase the Community Scores (Includes Violent Crime, Access to Primary Health Care, Access to Healthy Food, Incarceration)
- Increase the Opportunity Index Scores (Economy, Education, Health, and Community)

#### **CITIZEN'S Interventions Will Include:**

- Routine and increased screenings for depression in clients who have never had a diagnosis and if positive, provide a follow up plan.
- Continue with care coordination to identify and access the services that will best address the problems individuals are experiencing and help them achieve a higher quality of life.
- Continue with law enforcement collaboration efforts to divert individuals away from the criminal justice system.
- Continue with collaboration efforts with Fieldstone Foundation to support the Backpack Program which provides healthy meals on the weekends to students.
- Expand school-based counseling services for youth who experience behavioral, emotional, or substance abuse problems that affect school performance.

### Focus Area - Mental and Substance Use Disorders Prevention

**Why a Priority?** All four counties experience challenges in the following areas as evidenced by rates higher than the statewide average and more than NYS Prevention Agenda goals:

- ✓ Rates higher than the statewide average for excessive drinking.
- ✓ Higher than average percentage of adults who have experienced two or more adverse childhood experiences (ACEs).
- ✓ Rates of overdose deaths involving any opioids above the PA 2024 objective.
- ✓ 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 children/youth in indicated reports of abuse/maltreatment.

## **CITIZEN's Intervention Goals:**

### **Alcohol Use**

- Reduce the age-adjusted percentage of adult (age 18 and older) binge drinking (five drinks or more for men during one occasion, and four or more drinks for women during one occasion) during the past month. This PA 2024 Objective is unmet with a range of concern.

### **Opioids**

- Reduce the age-adjusted overdose deaths involving any opioid. This PA 2024 Objective is unmet with a range of concern.
- Maintain the age-adjusted rate of people who received at least one Buprenorphine prescription for opioid use disorder.
- Reduce emergency department visits (including outpatients and admitted patients) involving any opioid overdose for Clinton County. The PA Objective is unmet with a high level of concern.

### **Suicide**

- Reduce the age-adjusted suicide mortality rate. This PA 2024 Objective is unmet with a range of concern.
- Improve suicide prevention and evidence-based care.

## **CITIZEN's Interventions Will Include:**

- Routine and increased screenings for unhealthy alcohol use and provide brief counseling if identified as an unhealthy alcohol user which may include feedback on alcohol use and harm, coping strategies for high risk drinking situations, and motivation to reduce drinking.
- Increase availability of/access to overdose reversal (Naloxone) community trainings.
- Build support systems to care for opioid users at risk of an overdose.
- Increase availability of/access to medication-assisted treatment (MAT) including buprenorphine.
- Continuation of school-based prevention services to raise awareness around substance abuse, addiction and mental health challenges confronting students.
- Expansion of school-based counseling services for youth who experience behavioral, emotional or substance abuse problems.
- Trauma-informed approaches, including staff training, protocol development and cross-system collaboration.
- Continuation of Evidence-based cognitive behavioral approaches such as Eye Movement Desensitization and Reprocessing (EMDR) therapy.
- Implementation of the Zero Suicide model which includes but is not limited to assessment, safety planning, lethal means reduction, structured follow up and monitoring, and evidence-based treatment.
- Promotion of peer support services and parent support services.

### **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
- ✓ Stabilization Services
- ✓ School-based Mental Health Counselors
- ✓ School-based Prevention Specialist
- ✓ Signs of Suicide Program
- ✓ Substance use disorder evaluation and treatment
- ✓ Ancillary withdraw services
- ✓ Medication Assisted Treatment (MAT)
- ✓ Individualized co-occurring Behavioral Health services
- ✓ Individual, group, and family psychotherapy
- ✓ 24/7/365 Substance Use Disorder Crisis Services
- ✓ Impaired driving assessment and remediation
- ✓ Community clubs
- ✓ Naloxone training

### **Our Services and Partners**

CITIZEN partners with and participates in numerous health delivery initiatives, including Northwinds and the Adirondacks Accountable Care Organization (ACO). Through and with these partners, CITIZEN can ensure all people have access to a wide array of complementary supports and services. Working collaboratively, the organization 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.

Northwinds is an affiliation of 15 leading primary care, mental health and addiction treatment, and safety net 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. CITIZEN 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.

In addition to these partnerships, CITIZEN works closely with the Fieldstone Foundation under the DAXIA network to close gaps for people seeking access to healthy food and financial support for basic life necessities. CITIZEN also began a partnership in 2023 with St. Joseph's Addiction Treatment & Recovery Center to team up and expand access to lifesaving mental health and addiction services.

## Staffing Plan

CITIZEN ensures all staff are trained and training addresses cultural competence and is focused on providing person centered, recovery oriented, evidence based and trauma informed care, with a full integration of physical health and behavioral health services model of care.

CITIZEN's staffing plans are guided by this assessment of needs, unmet needs, anticipated client volumes and align credentialed staff to meet these needs while maintaining certification criteria with Office of Mental Health (OMH), Office of Addiction and Support Services (OASAS) and Office of People with Developmental Disabilities (OPWDD) and the agency's accreditor, The Council of Quality and Leadership (CQL) and the Commission on Accreditation of Rehabilitation Facilities (CARF).

All credentialed staff meet the complex needs of clients with training and expertise in evidence-based practices such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing, Trauma Informed Care, etc.

Staffing plans consist of trained clinicians with expertise in addressing trauma with evidence-based practices which promotes the recovery of children and adolescents with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) to address an underserved population within the service area.

Staff are also trained to meet the needs of Veteran clients and their families as required.

Staffing plans include Targeted Case Managers to support service referrals, linkages, and related activities to address economic factors and social determinants of health affecting the population's access to health services.

CITIZEN employs Credentialed Alcoholism and Substance Abuse Counselors (CASAC) and prescribers are medically trained professionals who are authorized to prescribe and manage medications under the auspices of state guidelines which includes but is not limited to, buprenorphine products, naltrexone, and other medications to treat opioid, alcohol, and mental health disorders.

Outpatient services are available Monday-Friday at all locations (including Malone, Saranac Lake, and Massena) and behavioral health urgent care is available 24/7, 365 days a year in Malone, Ogdensburg, and Watertown and includes open access to crisis stabilization and respite care. Clinicians are also embedded in area schools to ensure accessibility.

Tele-mental health services are available for individuals who cannot leave their home, work unconventional hours, or those with unreliable transportation exacerbated by living in a rural or remote area.

CITIZEN contracts staff as needed to alleviate workforce shortages when they exist.

## **Evaluation and Dissemination Plan**

Upon completion and submission of this assessment CITIZEN 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. The organization will present its findings at community events, professional conferences, and other relevant venues. 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 the CITIZEN's 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 current efforts are in alignment with the findings in this assessment, the organization will review services and programs to identify additional supports needed to achieve defined goals and objectives in alliance with the NYS Prevention Agenda. Doing so will highlight the steps needed to achieve agency goals—including addressing gaps in knowledge and building capacity, coordination, and collaboration among project participants. Then, most importantly, CITIZEN will use the findings to develop project approaches. To ensure that the 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 CITIZEN and its partner agencies. CITIZEN uses a Continuous Quality Improvement approach to analyze performance of the organization and emphasize prevention related to needs in the community. A dashboard tracks outcomes and is regularly reviewed by a committee established within the organization. At the conclusion of three years, a formal reassessment of needs, resources, achievements, and challenges will be conducted to inform future planning.

## Appendix A: Office of Mental Health Statistics and Reports

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

County (2022 Data)	Medicaid Services	Individuals Served	Service Units	Medicaid Paid (\$)	% Medicaid Paid
<b>NYS</b>	<b>All Medicaid Services</b>	<b>606,259</b>	<b>27,990,051</b>	<b>\$8,369,105,505</b>	<b>100.00%</b>
	Mental Health	496,998	7,973,083	\$3,065,360,509	36.63%
	SUD	102,275	2,846,140	\$676,421,755	8.08%
	BH	410,209	8,467,002	\$758,269,156	9.06%
	HCBS	19,641	165,704	\$253,366,498	3.03%
	HH	133,685	1,179,730	\$440,194,637	5.26%
	Non BH*	548,378	479,596	\$3,175,492,950	37.94%
<b>Franklin</b>	<b>All Medicaid Services</b>	<b>3,028</b>	<b>127,798</b>	<b>\$33,546,457</b>	<b>100%</b>
	Mental Health	2,686	33,765	\$11,289,324	33.65%
	SUD	444	8,307	\$2,159,322	6.44%
	BH	2,257	48,252	\$4,655,771	13.88%
	HCBS	73	492	\$158,959	0.47%
	HH	696	6,080	\$2,214,675	6.60%
	Non BH*	2,655	30,902	\$13,068,406	38.96%
<b>SLC</b>	<b>All Medicaid Services</b>	<b>4,739</b>	<b>206,706</b>	<b>\$47,265,883</b>	<b>100.00%</b>
	Mental Health	3,862	46,208	\$18,900,340	39.99%
	SUD	991	16,214	\$3,354	0.01%
	BH	3,768	92,849	\$7,202,540	15.24%
	HCBS	73	450	\$151,740	0.32%
	HH	901	7,585	\$2,948,233	6.24%
	Non BH*	4,236	43,400	\$14,708,771	31.12%
<b>Jefferson</b>	<b>All Medicaid Services</b>	<b>5,715</b>	<b>219,452</b>	<b>\$51,230,793</b>	<b>100.00%</b>
	Mental Health	4,925	44,394	\$16,608,218	32.42%
	SUD	866	17,880	\$3,387,948	6.61%
	BH	4,381	85,513	\$6,846,925	13.36%
	HCBS	109	436	\$111,212	0.22%
	HH	1,582	13,349	\$4,884,714	9.53%
	Non BH*	5,155	57,880	\$19,391,776	37.85%
<b>Clinton</b>	<b>All Medicaid Services</b>	<b>4,226</b>	<b>206,987</b>	<b>\$38,955,559</b>	<b>100.00%</b>
	Mental Health	3,611	55,311	\$13,641,531	35.02%
	SUD	738	15,769	\$2,945,191	7.56%
	BH	3,128	76,191	\$4,935,369	12.67%
	HCBS	357	4,647	\$1,388,136	3.56%
	HH	1,142	9,866	\$4,014,340	10.30%
	Non BH*	3,817	45,203	\$12,030,991	30.88%



## Appendix B: New York State Prevention Agenda Statistics, Franklin, St. Lawrence, Jefferson, and Clinton Counties

Prevention Agenda (PA) Indicator	Data Year	PA 2024 Objective	New York State (Percentage or Rate or Ratio)	Franklin Co. (Percentage or Rate or Ratio)	St. Lawrence Co. (Percentage or Rate or Ratio)	Jefferson Co. (Percentage or Rate or Ratio)	Clinton Co. (Percentage or Rate or Ratio)
Percentage of children with obesity, among children aged 2-4 years participating in the WIC program	2017	86.7	85.0	18.1	17.0	12.3	12.1
Percentage of adults with obesity	2021	24.2	29.1	40.0	43.6	35.8	36.4
Percentage of adults with an annual household income less than \$25,000 who consume one or more sugary drinks per day	2021	28.5	27.5			44.7	
Percentage of adults with an annual household income less than \$25,000 with perceived food security	2021	61.4	48.1		0.7	58.3	
Prevalence of cigarette smoking among adults	2021	11.0	12.0	21.6	20.1	19.9	19.9
Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2021	67.4	60.3	66.9	64.5	61.7	65.5
Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure	2021	10.6	9.8	85.8	80.9	74.3	79.3

## Appendix C: New York State Prevention Agenda Well-Being and Mental Health Indicators

Promote Well-Being & Prevent Mental and Substance Use Disorders	Data Year	PA 2024 Objective	New York State (Percentage or Rate or Ratio)	Franklin Co. (Percentage or Rate or Ratio)	St. Lawrence Co. (Percentage or Rate or Ratio)	Jefferson Co. (Percentage or Rate or Ratio)	Clinton Co. (Percentage or Rate or Ratio)
Opportunity Index Score	2019	59.2	57.4	48.7	51.0	54.7	54.3
Frequent mental distress during the past month among adults, age-	2021	10.7	13.4	15.5	18.7	14.1	18.6
Economy Score	2019	52.3	51.9	51.3	60.4	56.9	56.9
Community Score	2019	61.3	58.4	33.1	37.0	44.7	45.4
Binge drinking during the past month among adults,	2021	16.4	16.0	21.6	20.7	20.5	17.0
Overdose deaths involving any opioids, age-adjusted	2021	14.3	24.6	17.2	17.4	25.2	18.6
Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate	2022	415.6	240.8	1,801.9	1,832.9	665.8	1,922.1
Opioid analgesic prescription, age-adjusted	2022	350.0	240.8	419.7	387.4	393.7	512.3
Emergency department visits (including outpatients and admitted patients) involving any	2021	53.3	67.3	24.6	32.1	48.2	72.4
Percentage of adults who have experienced two or more adverse childhood	2021	33.8	41.9	47.8	39.7	36.7	36.4
Indicated reports of abuse/maltreatment, rate	2022	15.6	12.4	18.9	21.1	26.8	17.5
Suicide mortality, age-adjusted rate per 100,000 population	2019-2021	7.0	8.0	11.2	14.6	15.3	11.5

## Appendix D: New York State Opioid Statistics

Opioid Data Overview	Data Year	New York State (Excluding NYC)	Franklin Co.	St. Lawrence Co.	Jefferson Co.	Clinton Co.
Overdose deaths involving any opioid, crude rate per 100,000 population	2021	25.2	17.0	15.7	22.1	16.3
Overdose deaths involving synthetic opioids other than methadone, crude rate per 100,000 population	2021	22.9	10.6	13.8	18.7	11.3
Unique naloxone administrations by EMS agencies, crude rate per 1,000 unique 911 EMS dispatches	2022	4.7	3.8	4.1	4.7	5.7
All emergency departments visits (including outpatients and admitted patients) involving any opioid overdose, crude rate per 100,000 population	2021	73.1	21.3	29.5	45.9	73.8
All emergency departments visits (including outpatients and admitted patients) involving heroin overdose, crude rate per 100,000 population	2021	32.6		12.0	26.3	31.3
Hospital discharges involving opioid use (including abuse, poisoning, dependence and unspecified use), crude rate per 100,000 population	2021	65.3	53.1	101.5	79.0	28.8
ED visits (outpatients) and hospital discharges involving opioid abuse, dependence and unspecified use, crude rate per 100,000 population	2021	108.7	78.7	131.9	107.1	53.8
Admissions to OASIS-certified substance use disorder treatment programs for any opioid (incl. heroin), crude per 100,000 population - Aged 12+ years	2022	446.8	555.8	707.4	568.8	709.9

Hospital Discharges	Data Year	New York State (Excluding NYC)	Franklin Co.	St. Lawrence Co.	Jefferson Co.	Clinton Co.
Hospital discharges involving any drug overdose, crude rate per 100,000 population	2021	64.8	53.1	58.1	76.5	87.5
Hospital discharges involving any drug overdose, age-adjusted rate per 100,000 population	2021	78.8	69.2	63.4	98.7	80.4
Hospital discharges involving any drug overdose, crude rate per 100,000 population - Aged 45-64 years	2021	69.4		58.0	87.0	141.9
Hospital discharges involving any drug overdose, age-adjusted rate per 100,000 population	2021	64.5	56.7	61.2	80.6	83.0
Emergency Department Visits	Data Year	New York State (Excluding NYC)	Franklin Co.	St. Lawrence Co.	Jefferson Co.	Clinton Co.
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, crude rate per 100,000 population	2021	201.4	161.6	185.4	177.6	257.5
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, crude rate per 100,000 population - Aged 18-24 years	2021	240.3	324.1	145.1	164.6	196.8
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, crude rate per 100,000 population - Aged 25-44 years	2021	326.2	227.3	284.3	269.0	396.5
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, crude rate per 100,000 population - Aged 45-64 years	2021	171.1	86.7	119.6	153.3	260.1
All emergency department visits (including outpatients and admitted patients) involving any drug overdose, age-adjusted rate per 100,000 population	2021	212.3	174.7	200.3	179.0	272.2
All emergency department visits (including outpatients and admitted patients) involving any opioid overdose, crude rate per 100,000 population	2021	66.3	21.3	29.5	45.9	73.8

## Appendix E: Community Needs Survey Results

### Stakeholders/Partners

#### Question:

In your opinion, what are the top health and well-being concerns affecting your community? Please rank the health concerns from 1 (Highest) to 5 (Lowest) and check “Lower Priority” next to unselected options.

	1	2	3	4	5	6	7	8	9	LOWER PRIORITY	TOTAL	SCORE
Substance Abuse (Drugs, Alcohol, etc.)	50.00% 17	23.53% 8	17.65% 6	8.82% 3	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	34	8.15
Smoking/Tobacco Use (Including e-cigarettes or vaping)	3.70% 1	0.00% 0	14.81% 4	11.11% 3	14.81% 4	7.41% 2	0.00% 0	0.00% 0	11.11% 3	37.04% 10	27	5.06
Mental Health Issues	41.18% 14	47.06% 16	5.88% 2	5.88% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	34	8.24
Depression/Anxiety	7.14% 2	14.29% 4	25.00% 7	25.00% 7	3.57% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	25.00% 7	28	6.95
Domestic Abuse/Violence	0.00% 0	9.68% 3	16.13% 5	19.35% 6	25.81% 8	6.45% 2	3.23% 1	0.00% 0	0.00% 0	19.35% 6	31	5.84
Physical Health	0.00% 0	0.00% 0	0.00% 0	13.64% 3	18.18% 4	4.55% 1	18.18% 4	0.00% 0	4.55% 1	40.91% 9	22	4.23
Disability Needs	0.00% 0	3.85% 1	7.69% 2	3.85% 1	26.92% 7	7.69% 2	0.00% 0	19.23% 5	0.00% 0	30.77% 8	26	4.50
Housing Insecurity	9.38% 3	9.38% 3	15.63% 5	15.63% 5	25.00% 8	0.00% 0	9.38% 3	6.25% 2	0.00% 0	9.38% 3	32	5.83
Food Insecurity	0.00% 0	3.57% 1	17.86% 5	17.86% 5	10.71% 3	7.14% 2	0.00% 0	3.57% 1	14.29% 4	25.00% 7	28	4.86

#### Question:

In your opinion, what are the top contributing factors to the health concerns you chose? Please rank the contributing factors from 1 (highest) to 5 (lowest) and check “Lower Priority” next to unselected options.

	1	2	3	4	5	6	7	8	9	10	11	LOWER PRIORITY	TOTAL
Addiction	42.42% 14	30.30% 10	12.12% 4	6.06% 2	3.03% 1	0.00% 0	3.03% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	3.03% 1	33
Underage Drinking or Excessive Adult Drinking	0.00% 0	10.00% 2	5.00% 1	0.00% 0	25.00% 5	0.00% 0	0.00% 0	0.00% 0	5.00% 1	5.00% 1	10.00% 2	40.00% 8	20
Trauma	32.26% 10	12.90% 4	9.68% 3	16.13% 5	12.90% 4	0.00% 0	3.23% 1	3.23% 1	0.00% 0	0.00% 0	0.00% 0	9.68% 3	31
Crime/Violence	0.00% 0	4.35% 1	4.35% 1	13.04% 3	17.39% 4	4.35% 1	4.35% 1	4.35% 1	8.70% 2	0.00% 0	0.00% 0	39.13% 9	23
Changing Family Structures (i.e., Increased Foster Care)	4.76% 1	9.52% 2	14.29% 3	4.76% 1	4.76% 1	9.52% 2	0.00% 0	4.76% 1	4.76% 1	9.52% 2	0.00% 0	33.33% 7	21
Poverty/Financial Insecurity/Unemployment	15.63% 5	21.88% 7	25.00% 8	21.88% 7	6.25% 2	3.13% 1	0.00% 0	0.00% 0	3.13% 1	0.00% 0	0.00% 0	3.13% 1	32
Lack of Insurance or Funding	4.76% 1	4.76% 1	4.76% 1	0.00% 0	9.52% 2	14.29% 3	0.00% 0	0.00% 0	0.00% 0	4.76% 1	9.52% 2	47.62% 10	21
Limited Access to Services or Cannot Get Appointment	14.29% 4	14.29% 4	17.86% 5	7.14% 2	21.43% 6	0.00% 0	7.14% 2	0.00% 0	0.00% 0	0.00% 0	3.57% 1	14.29% 4	28
Transportation Issues	0.00% 0	0.00% 0	16.67% 5	23.33% 7	20.00% 6	3.33% 1	6.67% 2	0.00% 0	3.33% 1	0.00% 0	3.33% 1	23.33% 7	30
Lack of Knowledge of Local Providers or Services Available	5.00% 1	5.00% 1	0.00% 0	20.00% 4	5.00% 1	0.00% 0	0.00% 0	0.00% 0	5.00% 1	15.00% 3	0.00% 0	45.00% 9	20
Affordable Housing Issues	3.70% 1	11.11% 3	18.52% 5	14.81% 4	11.11% 3	0.00% 0	0.00% 0	14.81% 4	0.00% 0	0.00% 0	3.70% 1	22.22% 6	27

## 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>

**2024 Annual Disability Infographic.**

<https://www.researchondisability.org/sites/default/files/media/2024-03/2024-rural-infographic-a11y-final.pdf>

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

**Emergency Department Visits in NYS.** <https://nyshc.health.ny.gov/web/nyapd/emergency-department-visits-in-new-york#>

**Food Insecurity Among the Overall Population in New York.**

<https://map.feedingamerica.org/county/2021/overall/new-york>

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

**Hospital Bed Capacities.** <https://www.urban.org/policy-centers/health-policy-center/projects/understanding-hospital-bed-capacities-nationwide-amid-covid-19>

**Leading Causes of Death in New York State.**

[https://apps.health.ny.gov/public/tabvis/PHIG\\_Public/lcd/reports/#state](https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state)

**NYS Graduation Rate Data.** <https://data.nysed.gov/lists.php?type=county>

**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://apps.health.ny.gov/public/tabvis/PHIG\\_Public/pa/reports/#county](https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county)

**NYS Health Connector.** <https://nyshc.health.ny.gov/web/nyapd/home>

**NYS Health Profiles.**

[https://profiles.health.ny.gov/hospital/county\\_or\\_region?countyRegion=county:089&service=](https://profiles.health.ny.gov/hospital/county_or_region?countyRegion=county:089&service=)

**Office of Mental Health County Planning Profiles.**

<https://omh.ny.gov/omhweb/tableau/county-profiles.html>

**NYS DOH Suicide and Self-Harm Dashboard.**

[https://www.health.ny.gov/prevention/injury\\_prevention/suicide\\_selfharm.htm](https://www.health.ny.gov/prevention/injury_prevention/suicide_selfharm.htm)

**The Kids' Well-being Indicators Clearinghouse (KWIC).**

[https://www.nyskwic.org/get\\_data/indicator\\_data.cfm](https://www.nyskwic.org/get_data/indicator_data.cfm)

**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>