



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

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

Jay Ulrich, Director
(julrich@stlawco.gov)

Goal 1

Goal 1: Title Improve access to crisis services for individuals experiencing behavioral health crises across all disabilities.

Goal 1: Target Completion Date Sep 01, 2026

Goal 1: Description Our current provider of crisis services utilizes trained volunteers for telephonic response and provides mobile crisis services only from 9:00am to 11:00pm; they are not certified through OMH. Data gathered from January to June of 2023 indicates law enforcement have responded to 96% of wellness check requests.

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

Goal 1: OASAS? Yes Goal 1: OMH? Yes Goal 1: OPWDD? Yes

Goal 1: Need Addressed 1 Crisis Services

Goal 1: Need Addressed 2 Cross System Services

Goal 1: Need Addressed 3

Goal 1, Objective 1: Title Secure any additional funding for an enhanced, comprehensive county-wide cross-system crisis program..

Goal 1, Objective 1, Target Completion Date Dec 01, 2024

Goal 1, Objective 1, Description

Goal 1, Objective 2: Title Identify a provider capable of delivering guidance compliant crisis services to the largest, predominantly rural county in NYS.

Goal 1, Objective 2, Target Completion Date Jun 01, 2025

Goal 1, Objective 2, Description This will be accomplished through an RFP process.

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

Goal 1, Objective 3, Target Completion Date Jun 01, 2026

Goal 1, Objective 3, Description

Goal 1, Objective 4: Title The provider of crisis services will have the capability to submit benefit claims to MMCOs for applicable services rendered.

Goal 1, Objective 4, Target Completion Date Jun 01, 2026

Goal 1, Objective 4, Description

Goal 1, Objective 5: Title Once established, the crisis service provider will work collaboratively with stabilization, detox, rehabilitation and housing providers.

Goal 1, Objective 5, Target Completion Date Sep 01, 2026

Goal 1, Objective 5, Description

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

Goal 1, Objective 6, Target Completion Date Jun 01, 2024

Goal 1, Objective 6, Description

Goal 2

Goal 2: Title Increase access and availability of treatment and support services to individuals with co-occurring needs.

Goal 2: Target Completion Date Jan 01, 2027

Goal 2: Description This goal represents the increased need for integrated treatment, recovery, and support services across the continuum of care, as well as the need for increased training for behavioral health providers.

Goal 2: OASAS? Yes Goal 2: OMH? Yes Goal 2: OPWDD? Yes

Goal 2: Need Addressed 1 Cross System Services

Goal 2: Need Addressed 2 Housing

Goal 2: Need Addressed 3 Outpatient treatment

Goal 2, Objective 1: Title Work with local providers to secure ongoing State and Federal funding for increased housing for individuals with co-occurring disorders.

Goal 2, Objective 1, Target Completion Date Sep 01, 2025

Goal 2, Objective 1, Description Within the County there exists a significant need for more specialized supportive housing for individuals, particularly for those with co-morbid mental health and addiction diagnoses as well as those with mental health and developmental disabilities. There are currently 57 individuals on the waiting list for supportive housing services; one co-occurring individual has been on the waiting list since 2020.

Goal 2, Objective 2: Title Increase the competency of behavioral health providers in efforts to meet the clinical and community support needs of individuals with co-occurring disorders.

Goal 2, Objective 2, Target Completion Date Jan 01, 2025

Goal 2, Objective 2, Description Increase the awareness and provide State regulatory agencies' vetted evidence-based trainings to local community providers for individuals with co-occurring needs across all disabilities.

Goal 2, Objective 3: Title Launch System of Care for children services.

Goal 2, Objective 3, Target Completion Date Sep 01, 2024

Goal 2, Objective 3, Description The start-up System of Care Action Planning Workshop will be held October 2023.

Goal 3

Goal 3: Title Increase adult inpatient mental health capacity.

Goal 3: Target Completion Date Jan 01, 2026

Goal 3: Description The local 9.39 hospital that operates an adult inpatient unit is frequently at capacity resulting in patients being transferred to outlying county hospitals. This creates barriers for discharge planning, continuity of care, and transportation hardships. When long-term inpatient care is indicated, there are often significant wait-times for State PC admissions.

Goal 3: OASAS? Yes Goal 3: OMH? Yes Goal 3: OPWDD? Yes

Goal 3: Need Addressed 1 Inpatient Treatment

Goal 3: Need Addressed 2 Cross System Services

Goal 3: Need Addressed 3

Goal 3, Objective 1: Title The LGU will support increased adult inpatient capacity within the County.

Goal 3, Objective 1, Target Completion Date Dec 31, 2026

Goal 3, Objective 1, Description

Goal 4

Goal 4: Title Increase the capacity of outpatient behavioral health services.

Goal 4: Target Completion Date Jan 01, 2025

Goal 4: Description Currently all MHOTRS operating within the County have a waiting list with limited, immediate access to walk-in services. Workforce shortages are the most salient barrier to increasing outpatient capacity.

Goal 4: OASAS? No Goal 4: OMH? Yes Goal 4: OPWDD? No

Goal 4: Need Addressed 1 Outpatient treatment

Goal 4: Need Addressed 2 Workforce

Goal 4: Need Addressed 3

Goal 4, Objective 1: Title Continue to provide a dashboard of community behavioral health providers wait-times on the County Community Services website to inform the public and increase provider participation..

Goal 4, Objective 1, Target Completion Date Sep 01, 2024

Goal 4, Objective 1, Description Submitting wait times is encouraged but is voluntary; three providers are consistently participating.

Goal 4, Objective 2: Title Support and promote Federal, State, and local initiatives to increase workforce capacity.

Goal 4, Objective 2, Target Completion Date Dec 31, 2027

Goal 4, Objective 2, Description Lack of workforce is a most salient barrier to county-wide service expansion.

Goal 5

Goal 5: Title Enhance and improve emergency department discharge planning and diversion opportunities.

Goal 5: Target Completion Date Jan 01, 2026

Goal 5: Description Promote efforts to improve more comprehensive discharge planning and timely 7-day follow-up appointment for individuals being seen for emergency department behavioral health crisis evaluations for which inpatient

admission was not indicated.

Goal 5: OASAS? Yes Goal 5: OMH? Yes Goal 5: OPWDD? Yes

Goal 5: Need Addressed 1 Other

Goal 5: Need Addressed 2 Cross System Services

Goal 5: Need Addressed 3

Goal 5, Objective 1: Title Create an electronic emergency department referral system.

Goal 5, Objective 1, Target Completion Date Jul 01, 2024

Goal 5, Objective 1, Description Through the use of State Aid and OSF funding, develop an electronic referral system and processes to improve discharge planning and 7-day follow-up appointments to ensure continuity of care and timely access.

Goal 5, Objective 2: Title Explore crisis respite opportunities

Goal 5, Objective 2, Target Completion Date Dec 31, 2025

Goal 5, Objective 2, Description Collaborate with existing community-based organizations and State partners to develop a regional I/DD crisis respite model for children and adults to avoid extended stays in the emergency departments.

Goal 5, Objective 3: Title

Goal 5, Objective 3, Target Completion Date Dec 31, 2025

Goal 5, Objective 3, Description

Goal 6

Goal 6: Title Prevent opioid and other substance misuse and deaths.

Goal 6: Target Completion Date Dec 31, 2027

Goal 6: Description The County has seen a significant increase in overdoses and fatalities. In 2020, there were 47 suspected overdoses; in 2021 there were 64; in 2022 there were 112. As of August 25, 2023, there have been 104 overdoses in St. Lawrence County.

Goal 6: OASAS? Yes Goal 6: OMH? No Goal 6: OPWDD? No

Goal 6: Need Addressed 1 Prevention

Goal 6: Need Addressed 2

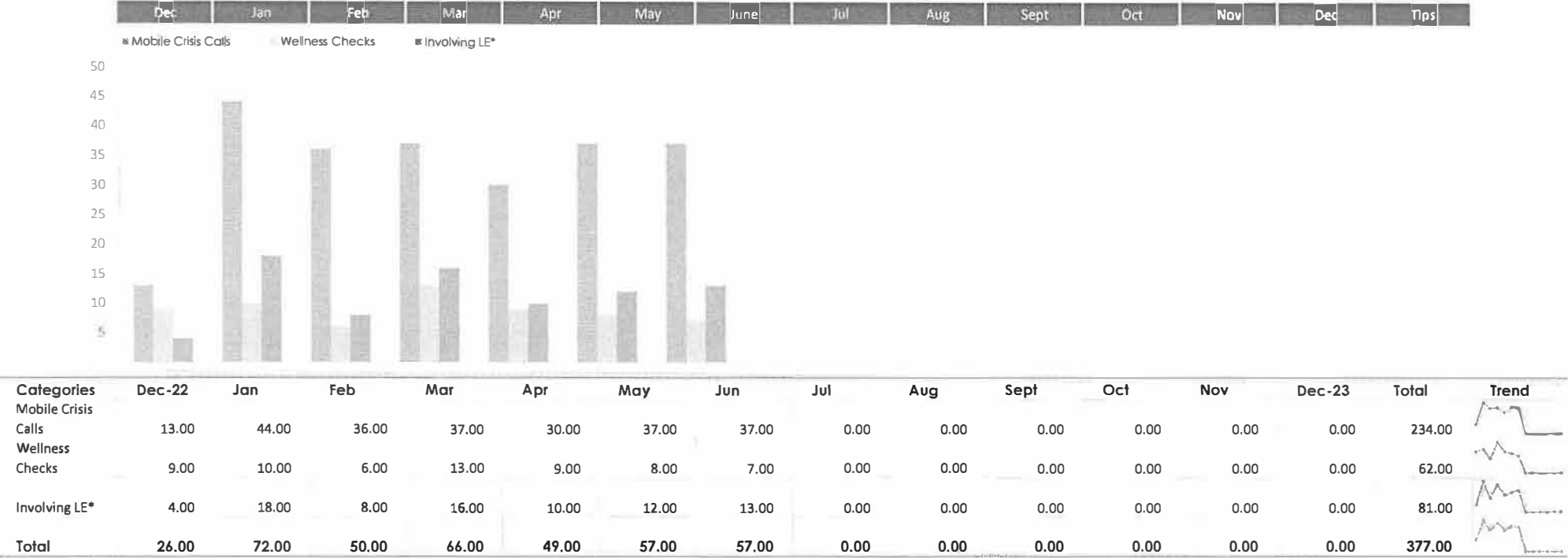
Goal 6: Need Addressed 3

Goal 6, Objective 1: Title Increase access to opioid reversal intervention (Narcan) through training and education across the County; specifically targeting school districts, public transportation, and convenience stores.

Goal 6, Objective 1, Target Completion Date Dec 31, 2024

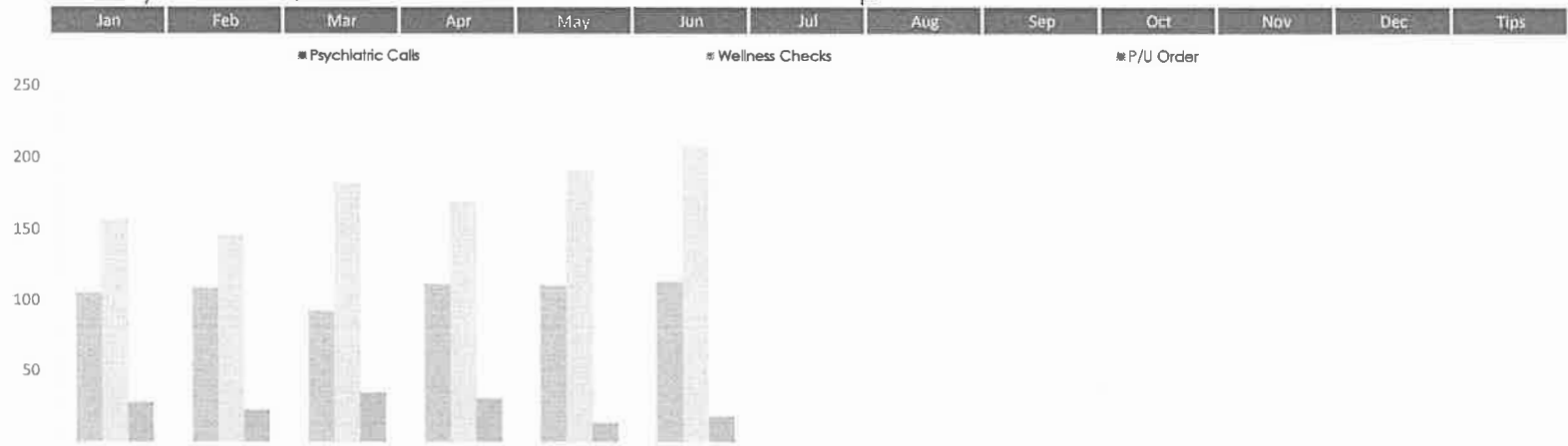
Goal 6, Objective 1, Description In 2022 there were 2341 individuals that received Narcan training. We are aiming to increase the trainings by 5-10%.

Reachout



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

Law Enforcement Psychiatric, Wellness Check and MHL Transports



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

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

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

Recipient Search (Standard)

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

Recipients Found : 181

Single Point of Access Data

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

OMH Vital Signs Dashboard (VSD) - Adult

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

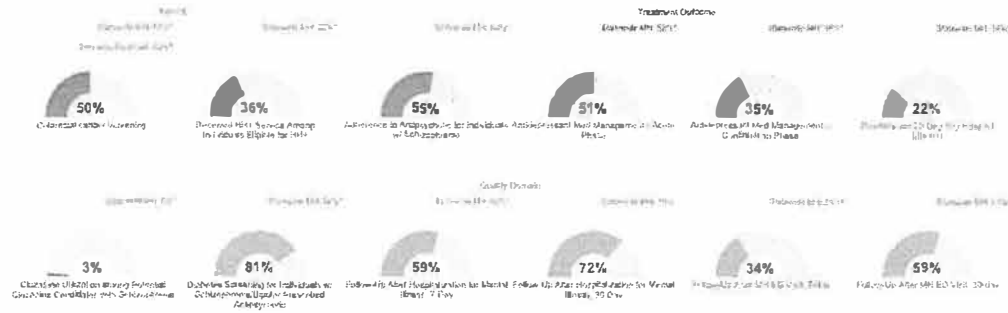
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
Full MH Population



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

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



Statewide Full MH Population Average Rate - Statewide Full Medicaid Population Average Rate

**Health Home Plus eligibility has been expanded to include Medicaid DSH MAP. Individuals since March 2022

Select Disparity Population
None (Primary)

Select to View Chart/Table
Table

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

(Statewide Average Performance is Referring To Statewide Full MH Population Average Rate)

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

Measure	Population	Statewide Average Performance**	Disparity Category	Number of Individuals	Performance	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
Access to Care - Insurance	Full MH Population	50%	Total	59	50%	0	0	0
			White	52	47%	0	0	0
			Black	182	56%	0	0	0
			Hispanic	30	50%	0	0	0
Access to Care - Service Access	Full MH Population	36%	Total	192	50%	0	0	0
			White	127	50%	0	0	0
			Black	28	50%	0	0	0
			Hispanic	5	50%	0	0	0
Access to Care - Appointment	Full MH Population	55%	Total	192	55%	0	0	0
			White	127	55%	0	0	0
			Black	28	55%	0	0	0
			Hispanic	5	55%	0	0	0
Access to Care - Medication	Full MH Population	51%	Total	192	51%	0	0	0
			White	127	51%	0	0	0
			Black	28	51%	0	0	0
			Hispanic	5	51%	0	0	0
Access to Care - Management	Full MH Population	35%	Total	192	35%	0	0	0
			White	127	35%	0	0	0
			Black	28	35%	0	0	0
			Hispanic	5	35%	0	0	0
Access to Care - Support	Full MH Population	22%	Total	192	22%	0	0	0
			White	127	22%	0	0	0
			Black	28	22%	0	0	0
			Hispanic	5	22%	0	0	0
Access to Care - Transportation	Full MH Population	3%	Total	192	3%	0	0	0
			White	127	3%	0	0	0
			Black	28	3%	0	0	0
			Hispanic	5	3%	0	0	0
Access to Care - Transportation	Full MH Population	81%	Total	192	81%	0	0	0
			White	127	81%	0	0	0
			Black	28	81%	0	0	0
			Hispanic	5	81%	0	0	0
Access to Care - Transportation	Full MH Population	59%	Total	192	59%	0	0	0
			White	127	59%	0	0	0
			Black	28	59%	0	0	0
			Hispanic	5	59%	0	0	0
Access to Care - Transportation	Full MH Population	72%	Total	192	72%	0	0	0
			White	127	72%	0	0	0
			Black	28	72%	0	0	0
			Hispanic	5	72%	0	0	0
Access to Care - Transportation	Full MH Population	34%	Total	192	34%	0	0	0
			White	127	34%	0	0	0
			Black	28	34%	0	0	0
			Hispanic	5	34%	0	0	0
Access to Care - Transportation	Full MH Population	59%	Total	192	59%	0	0	0
			White	127	59%	0	0	0
			Black	28	59%	0	0	0
			Hispanic	5	59%	0	0	0

**Performance for Statewide Average Performance is determined by Statewide Average Performance. Performance for Statewide Average Performance is determined by Statewide Average Performance. Performance for Statewide Average Performance is determined by Statewide Average Performance.



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

Jay Ulrich, DCS
julrich@stlawco.gov

Goal 1

Title	Improve access to crisis services for individuals experiencing behavioral health crises across all disabilities.
Update	Our current crisis provider, other than obtaining a NPI number, has made no improvements towards delivering guidance compliant services. Our local 9.39 hospital has been awarded OMH funding to become a CPEP and are in the early stages of planning for this expansion/restructuring.

OBJECTIVES

Secure any additional funding for an enhanced, comprehensive county-wide cross-system crisis program..	Ongoing
Identify a provider capable of delivering guidance compliant crisis services to the largest, predominantly rural county in NYS.	Ongoing
An enhanced crisis service would include a comprehensive 24/7 mobile response, 24 hour telephonic and mobile crisis follow-up services to include peer supports and have the ability to work independently from law enforcement/EMS unless a co-response is indicated due to safety concerns or medical emergencies.	Ongoing
The provider of crisis services will have the capability to submit benefit claims to MMCOs for applicable services rendered.	Ongoing
Once established, the crisis service provider will work collaboratively with stabilization, detox, rehabilitation and housing providers.	Ongoing
The St. Lawrence County Suicide Awareness Coalition will provide continued public education about the 988 Suicide and Crisis Lifeline through the use of social media platforms, PSA's, and community events.	Complete

OBJECTIVE UPDATES

Goal 2

Title	Increase access and availability of treatment and support services to individuals with co-occurring needs.
Update	The North County and Tug Hill regions have been collaborating with Mountain Lakes Services/Arc of Essex County NY to develop programming for individual with co-occurring illnesses and has subsequently received OMH funding to develop a Critical Time Transition Program for Children, Youth and Families for our combined regions. This program will first be developed in the North Country Region. Once established, the program will be expanded to the Tug Hill Region. Additionally, a community partner in St. Lawrence County has received funding for an expansion of their supportive housing program which will include adult co-occurring permanent supportive housing.

OBJECTIVES

Work with local providers to secure ongoing State and Federal funding for increased housing for individuals with co-occurring disorders.	Complete
Increase the competency of behavioral health providers in efforts to meet the clinical and community support needs of individuals with co-occurring disorders.	Ongoing
Launch System of Care for children services.	Ongoing

OBJECTIVE UPDATES

Goal 3

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

OBJECTIVES

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

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

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

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

OASAS Admissions by County



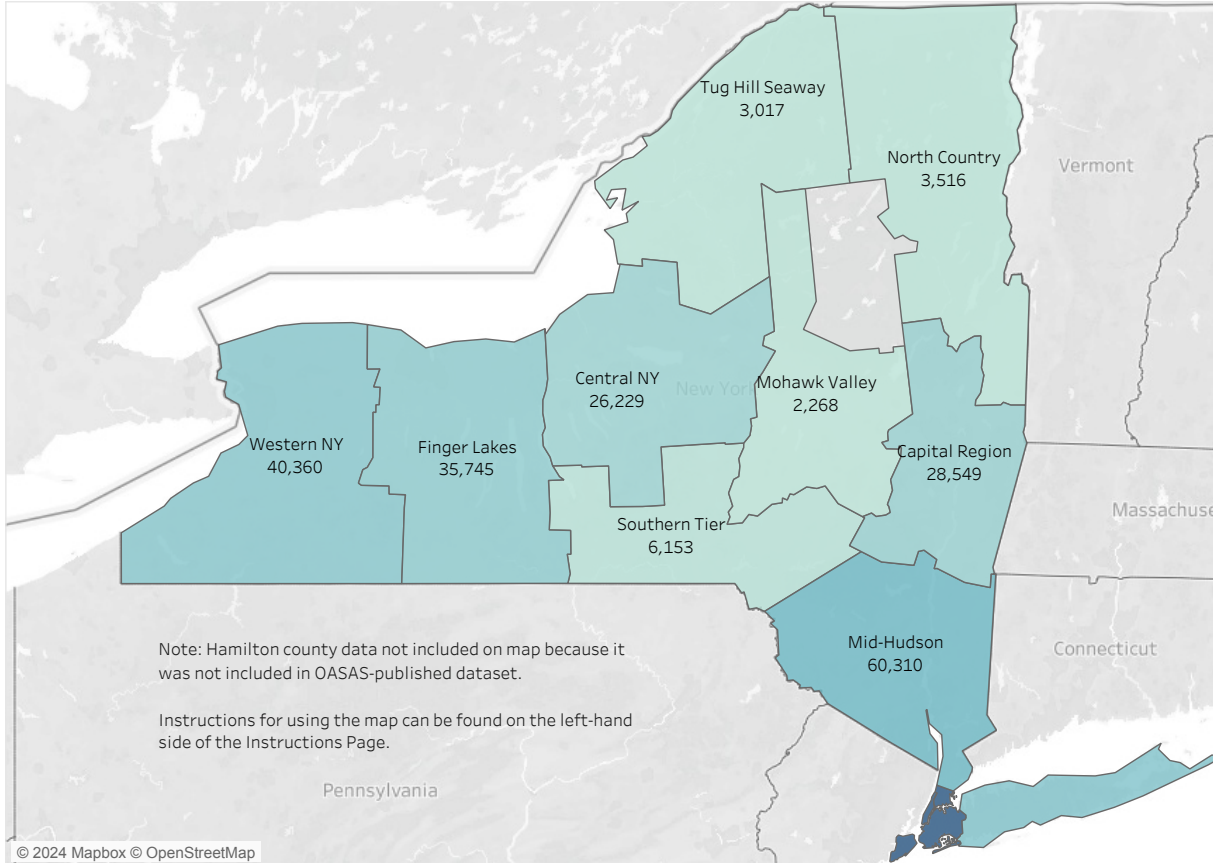
Primary Substance Group
Cocaine

Program Category
All

Age Group
All

Year
All

Admissions
2,268 175,605

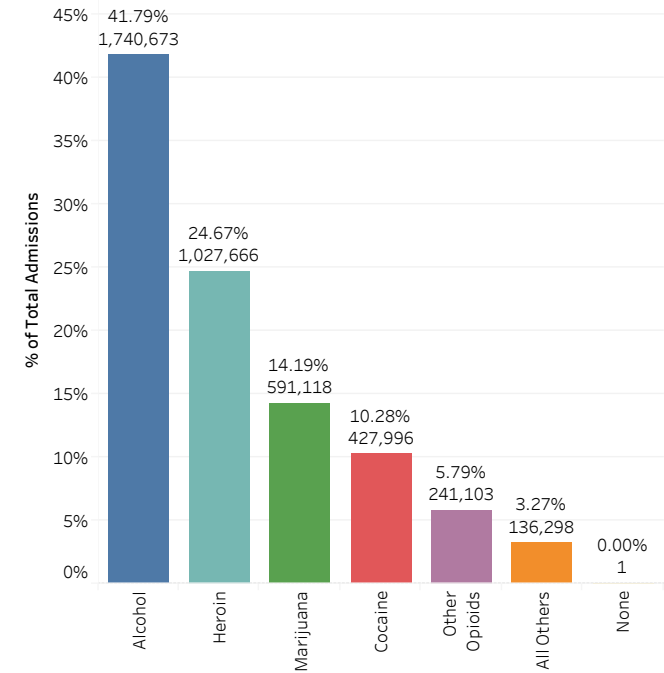


This chart shows the total distribution of Admissions by Substance type. You can filter this chart for specific regions by clicking on a region on the map.

Reset Filter



Primary Substance Group: All



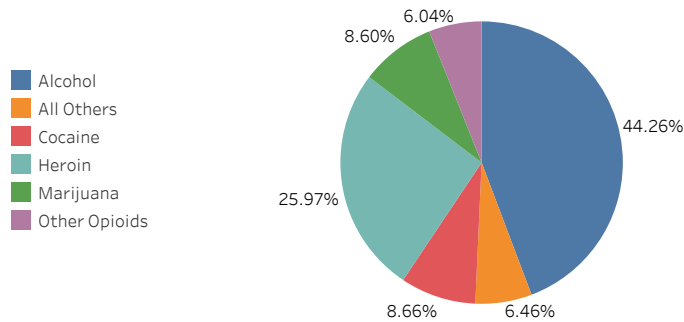
OASAS Admissions - County Drilldown

County
All

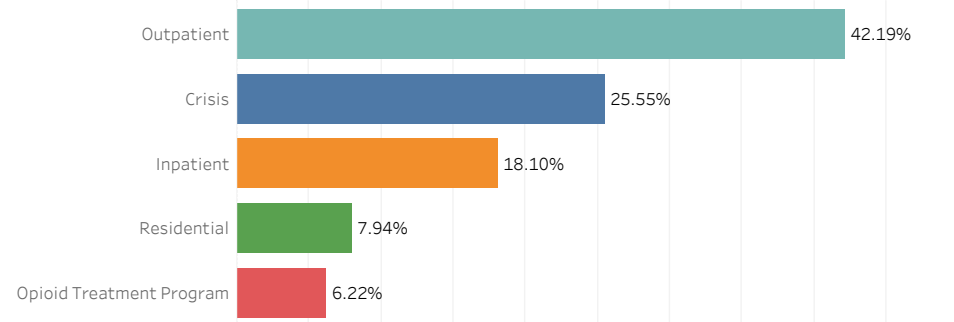
Year
2021

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

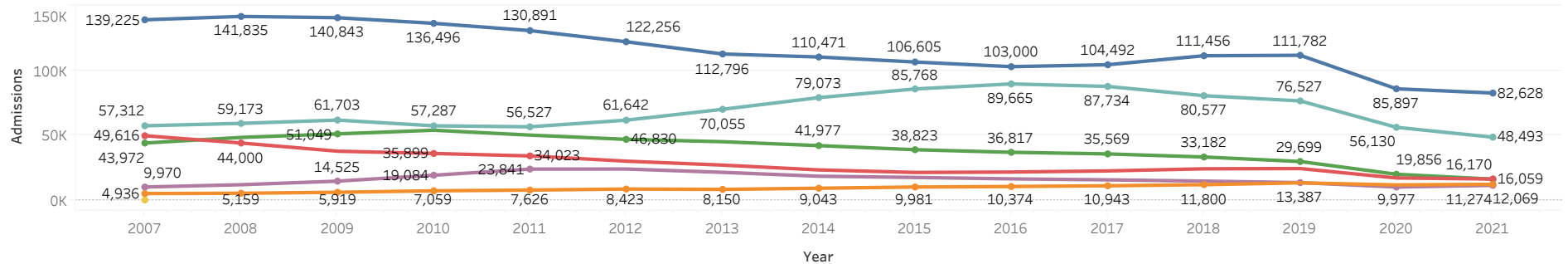
Primary Substance



Program Type



Annual Trend: Primary Substance



OASAS Admissions - County Drilldown



County
Saint Lawrence

Year
2021

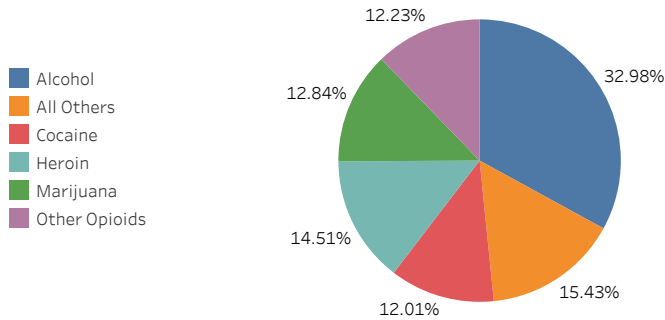
Select a County and/or year using the filters to drill down the data in the charts below based on your selection.

The **Primary Substance** chart shows the total distribution of Substances related to OASAS admissions based on your filter selection. Hover over each slice of the pie chart to see more info.

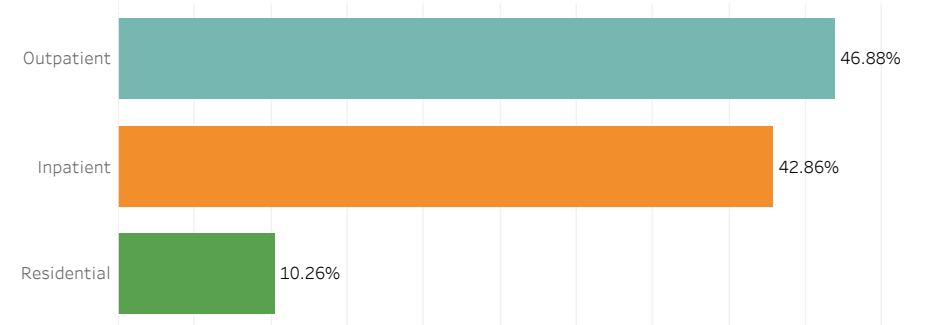
The **Program Type** chart shows the total distribution of Program Types related to OASAS admissions based on your filter selection.

The **Annual Trend: Primary Substance** chart shows the number of admissions by Substance type for each year included in the data (2007-2021). This chart is only affected by the County filter, not the Year filter.

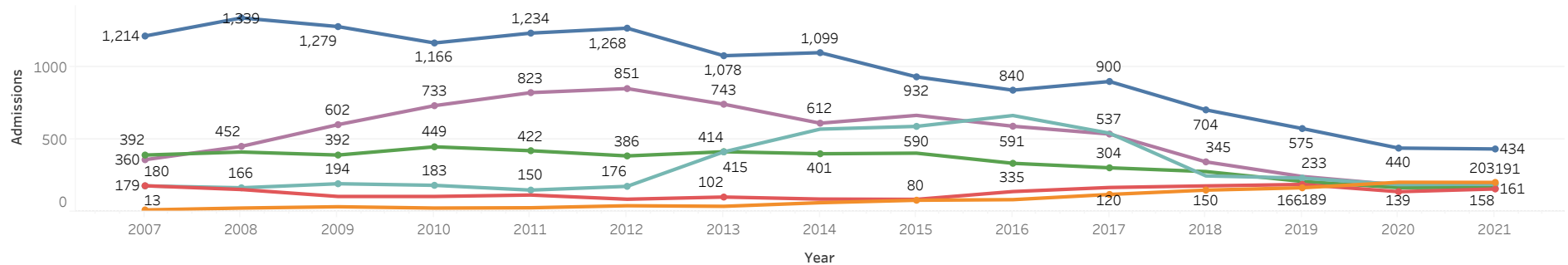
Primary Substance



Program Type



Annual Trend: Primary Substance



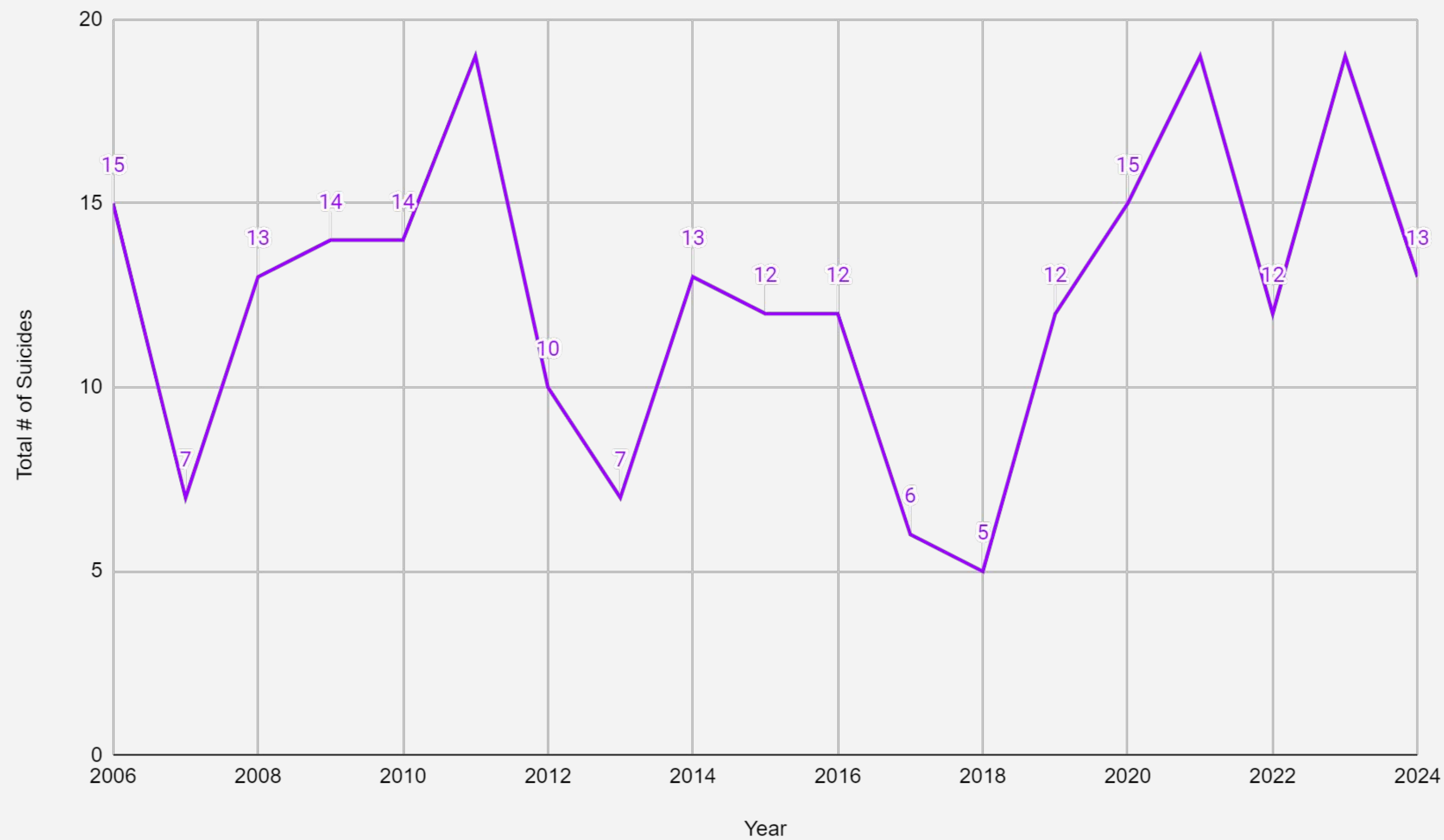
St. Lawrence County

2024 SUICIDE DATA

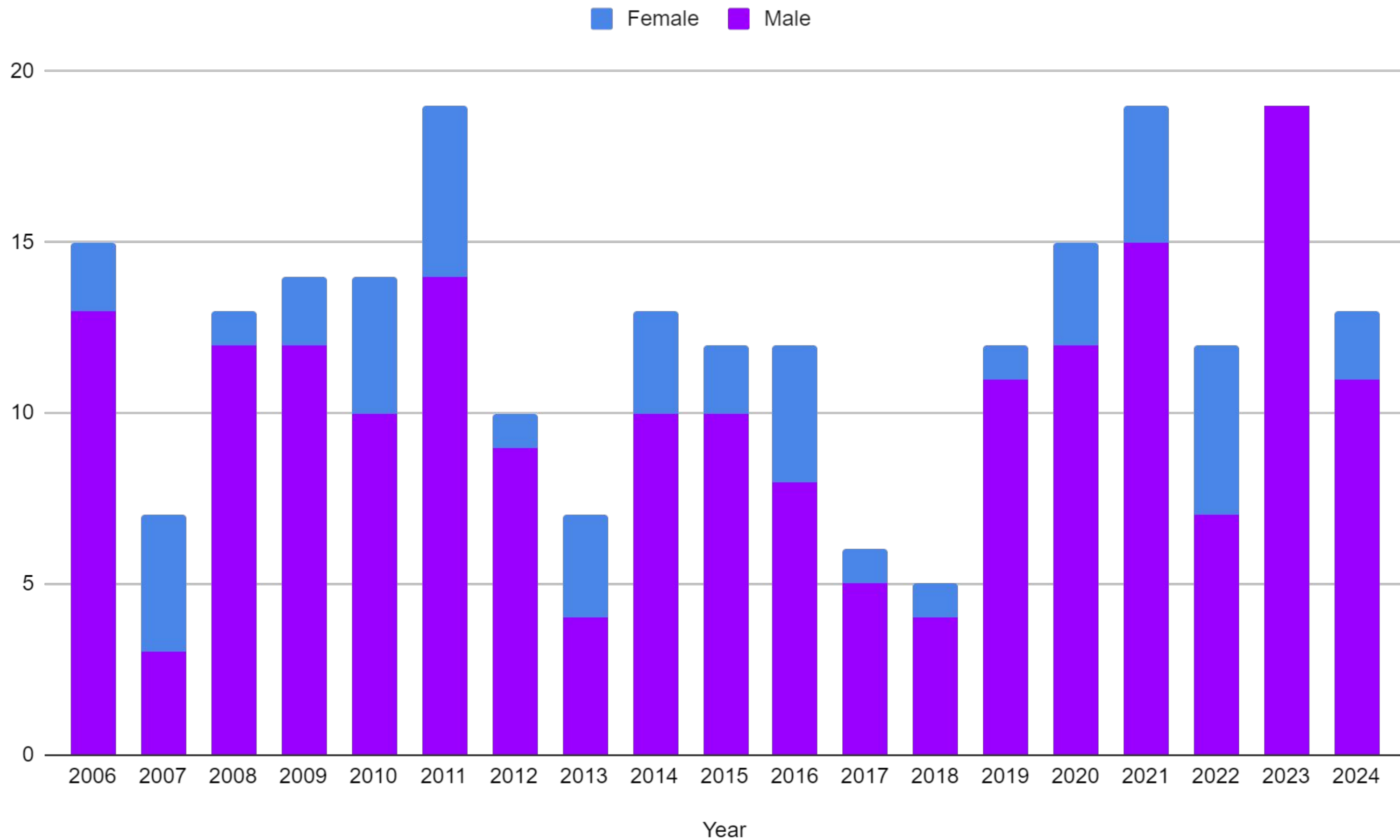
July 18, 2024



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

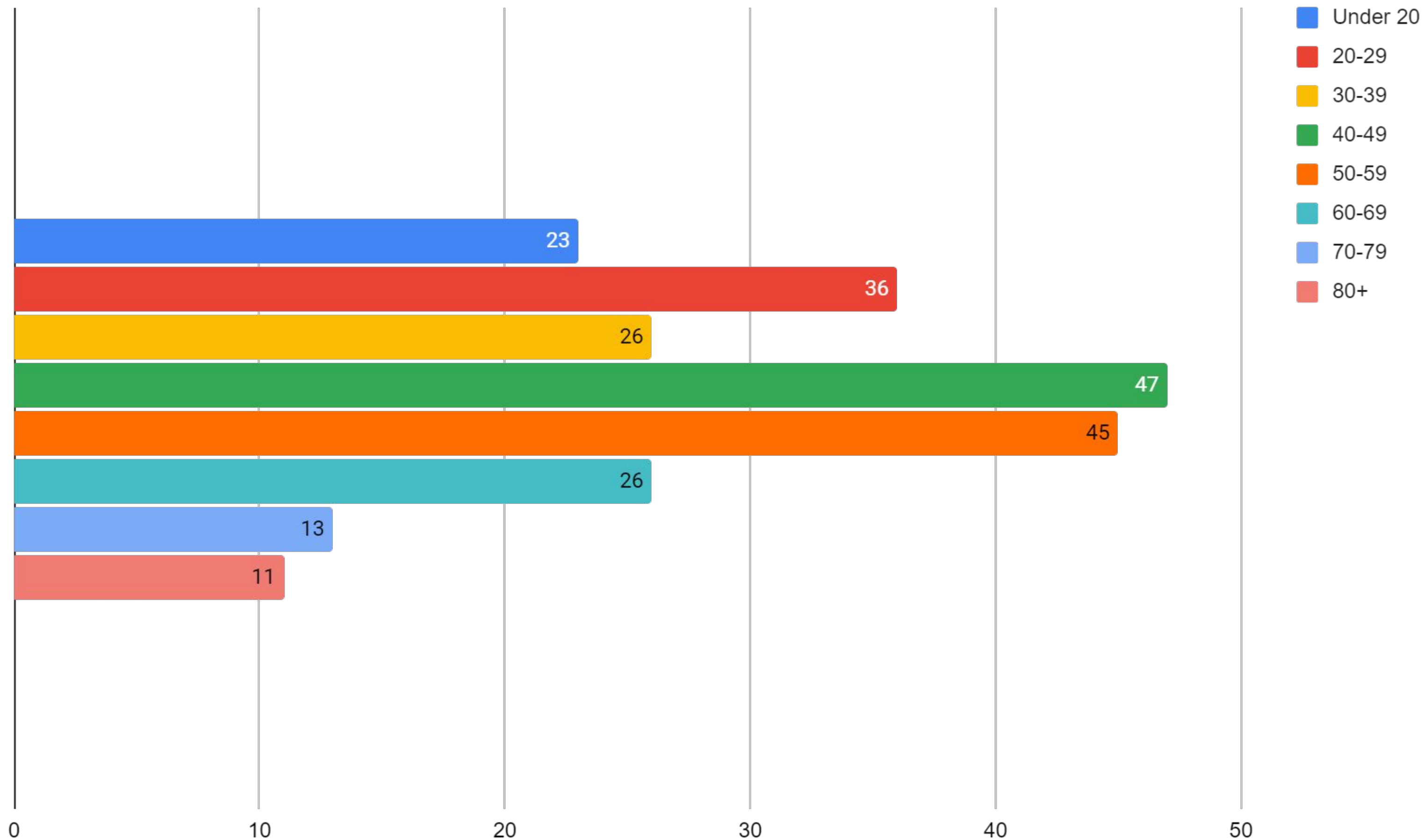


Male vs. Female



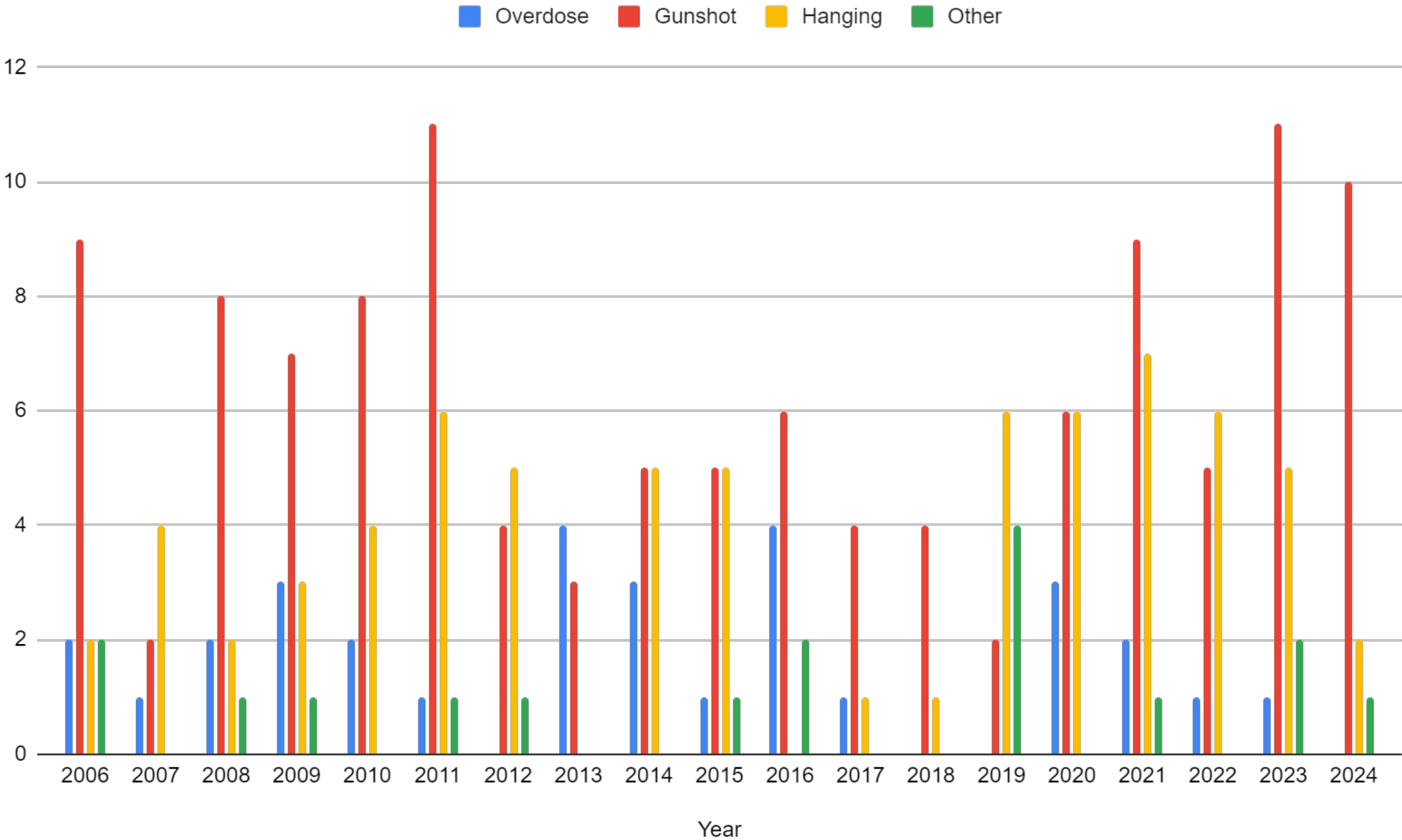
As of July 12, 2024

Total Suicides by Age Group

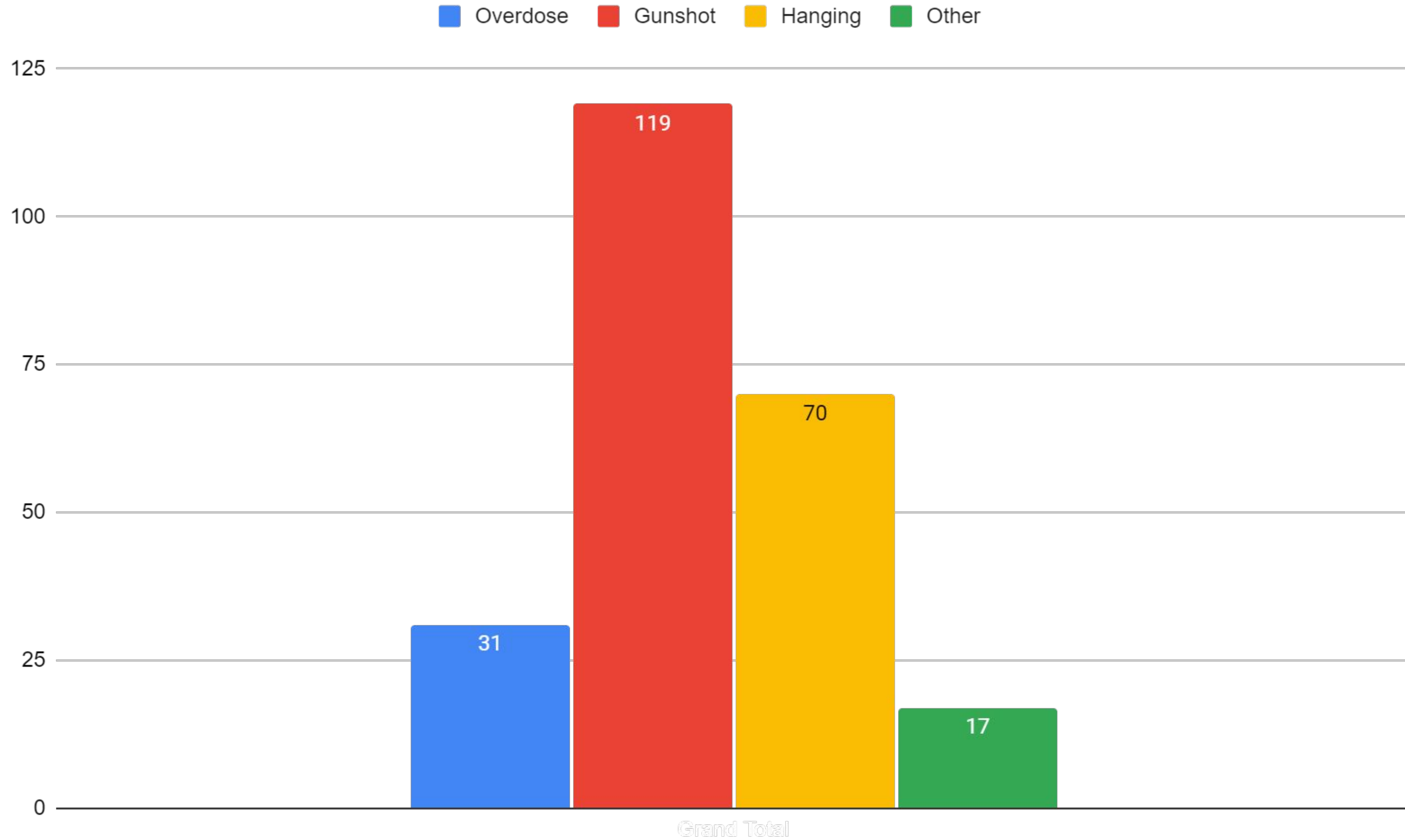


2006-July 12, 2024

Method



Method Totals



2006-July 12, 2024



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

Jay Ulrich, Director
(julrich@stlawco.gov)

Goal 1

Goal 1, 2026 Status Update: Ongoing

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

Goal 1 Objective 1, 2026 Status Update: Ongoing

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

Goal 1 Objective 2, 2026 Status Update: Complete

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

Goal 1 Objective 3, 2026 Status Update: Ongoing

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

Goal 1 Objective 4, 2026 Status Update: Ongoing

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

Goal 1 Objective 5, 2026 Status Update: Ongoing

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

Goal 1 Objective 6, 2026 Status Update: Complete

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

Goal 2

Goal 2, 2026 Status Update: Ongoing

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

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

Goal 2 Objective 1, 2026 Status Update: Ongoing

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

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

Goal 2 Objective 2, 2026 Status Update: Ongoing

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

Goal 2 Objective 3, 2026 Status Update: Ongoing

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

Goal 3

Goal 3, 2026 Status Update: N/A

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

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

Goal 3 Objective 1, 2026 Status Update Description:

Goal 4

Goal 4, 2026 Status Update: Ongoing

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

Goal 4 Objective 1, 2026 Status Update: Complete

Goal 4 Objective 1, 2026 Status Update Description:

Goal 4 Objective 2, 2026 Status Update: Ongoing

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

Goal 5

Goal 5, 2026 Status Update: Ongoing

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

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

Goal 5 Objective 1, 2026 Status Update Description:

Goal 5 Objective 2, 2026 Status Update: Ongoing

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

SLPC continues to operate a crisis respite program for youth.

Goal 6

Goal 6, 2026 Status Update: Ongoing

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

Goal 6 Objective 1, 2026 Status Update: Complete

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

ST. LAWRENCE COUNTY YOUTH BUREAU

2024 NEEDS ASSESSMENT SUMMARY



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(315) 379-9464**

WHY A NEEDS ASSESSMENT?

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

In addition, we analyze social-emotional feedback from the Needs Assessment to evaluate and enhance educational programs and workshops available to county youth. We also share these findings with local school districts and organizations dedicated to youth services to foster collaboration and improve the support available to our young population.

Survey Design and Distribution

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

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

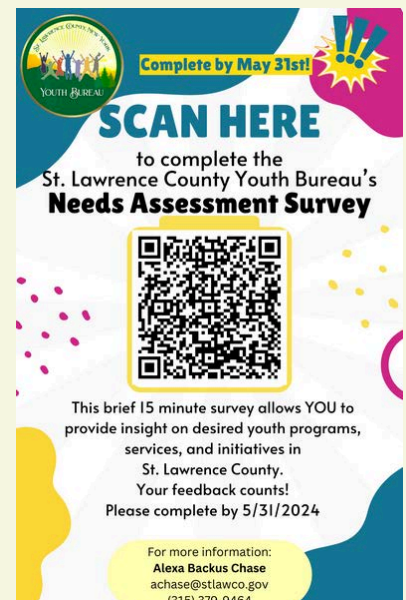
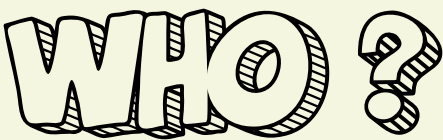


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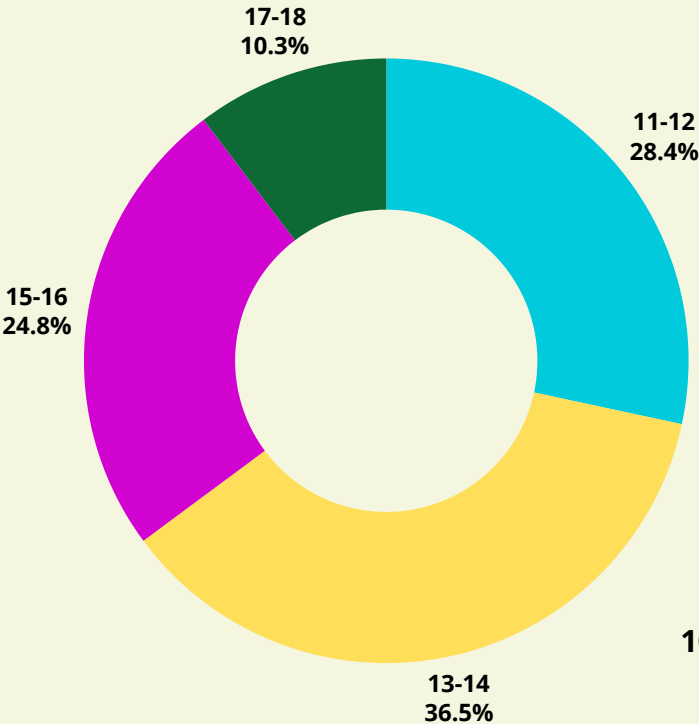
EMPOWERING YOUTH: SURVEY RESULTS FROM 1,767 TEENS

Demographic

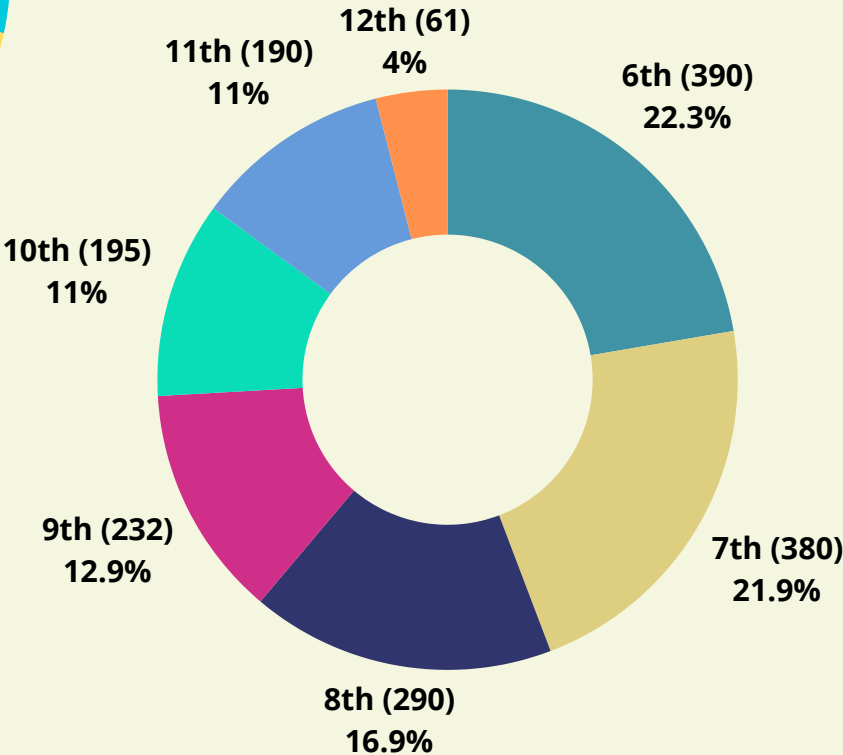


To effectively serve the teens and youth in our community, it is crucial to have a clear understanding of the diverse identities within our population. This year, we received more than twice the number of responses compared to our 2021 Needs Assessment. We are committed to reaching all age groups and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

Students' Ages

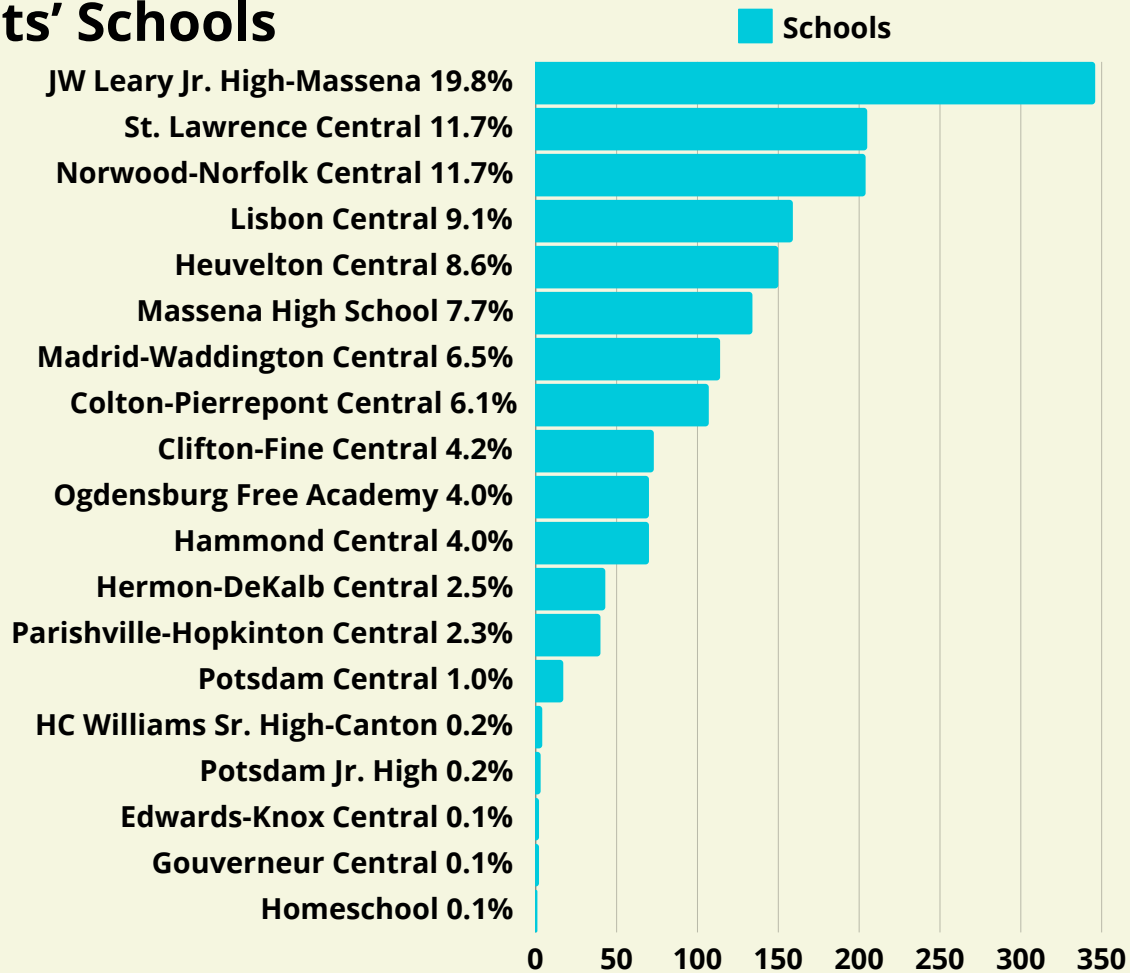


Students' Grade

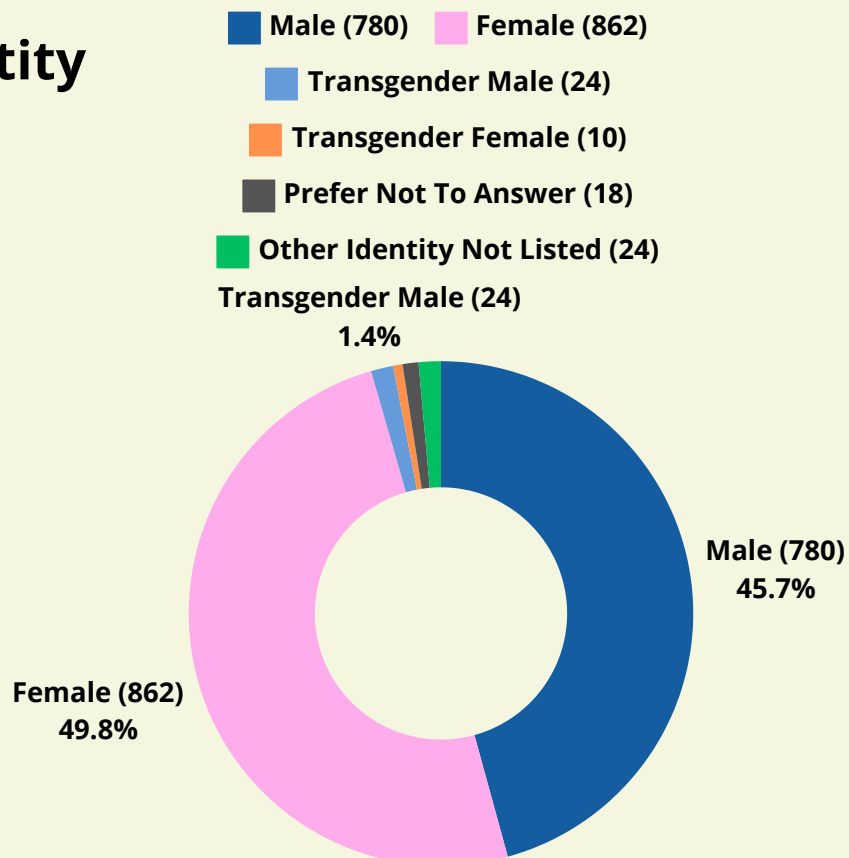


16 SCHOOL DISTRICTS REPRESENTED

Students' Schools



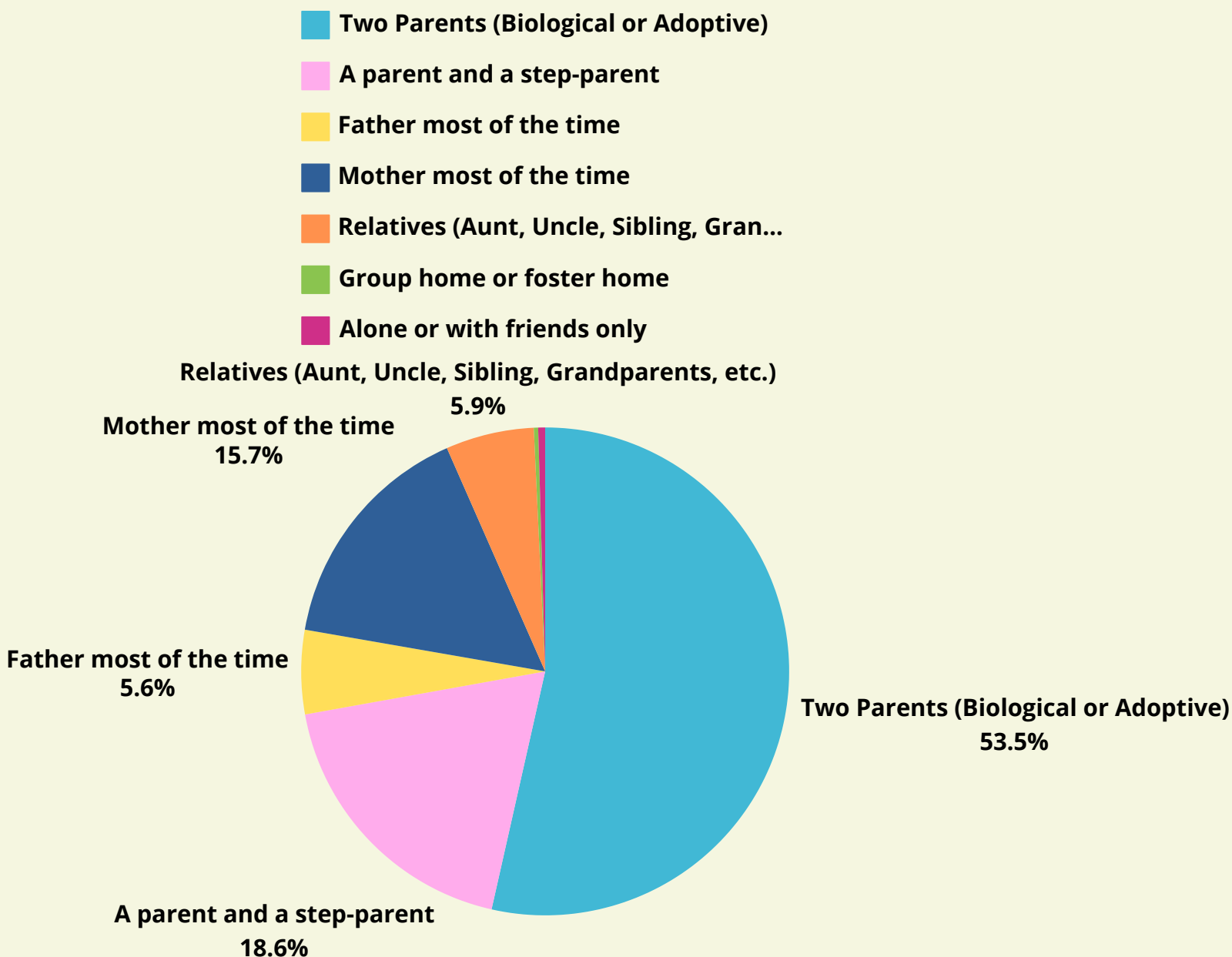
Gender Identity



HOME LIFE

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

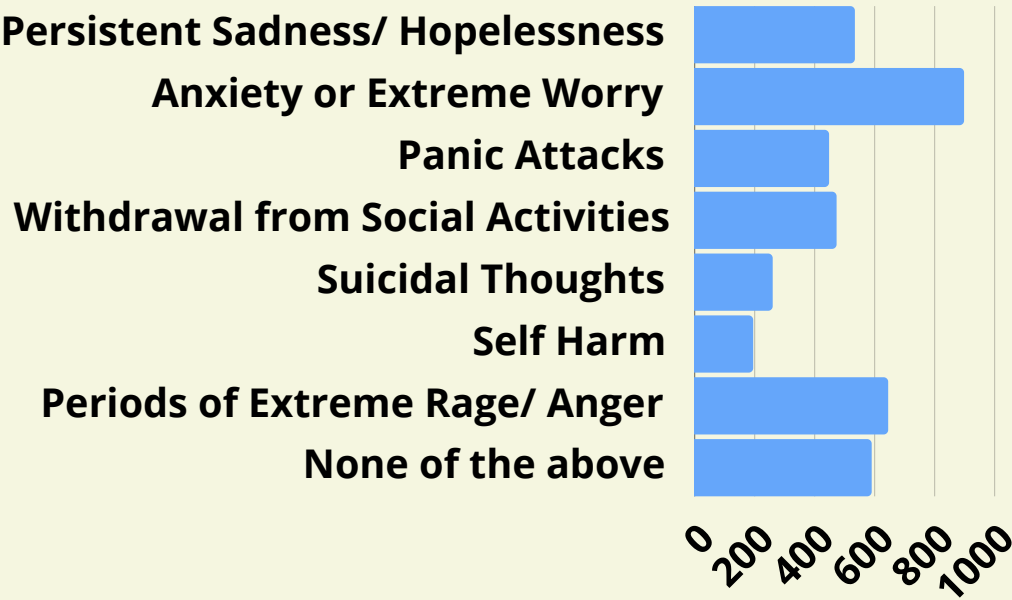
Home Environment:



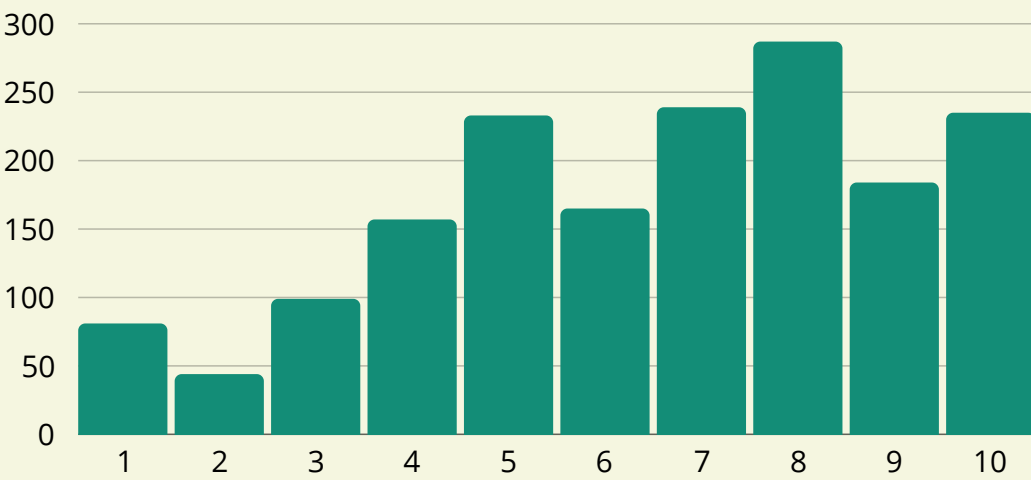
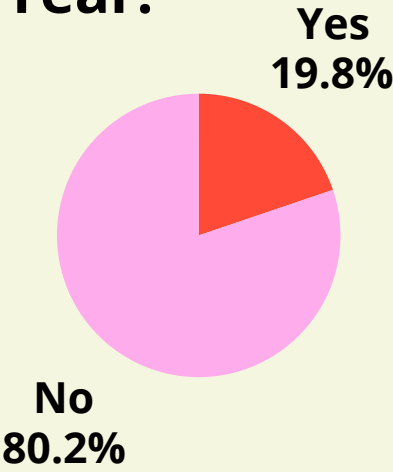
STUDENT MENTAL HEALTH

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

During The Past 12 Months, Students Experienced:



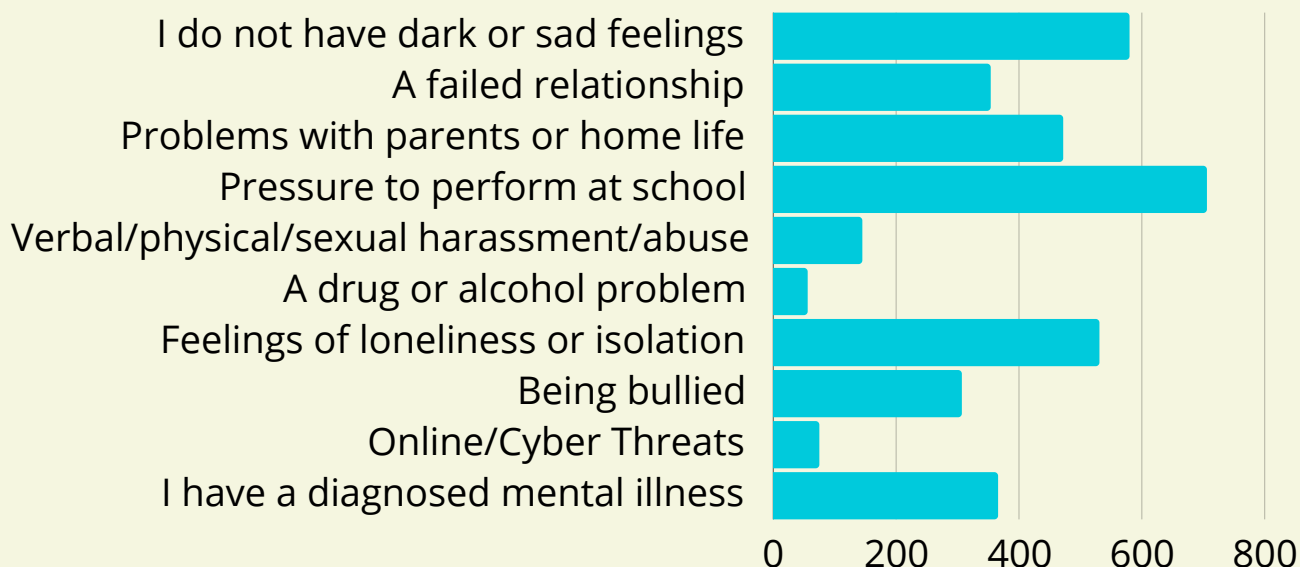
Experienced Suicidal Thoughts in the Past Year:



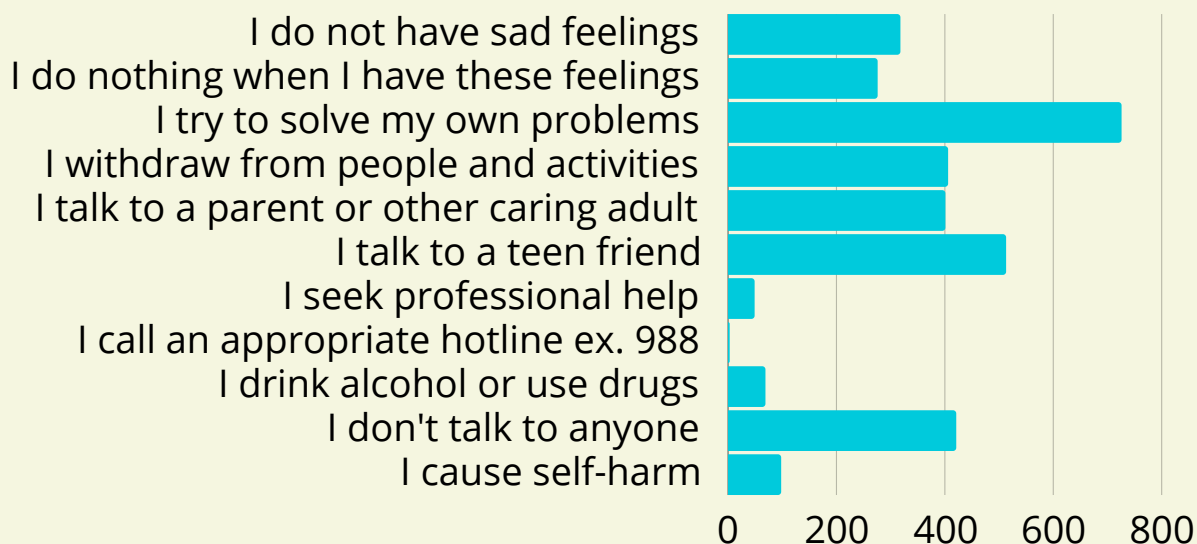
Students' Mental Health Rating Over the Past 12 Months on a Scale of 1-10

IMPACT OF EXTERNAL PRESSURES ON TEEN MENTAL HEALTH

Key Factors Influencing Teen Emotional Well-Being



Seeking Help



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

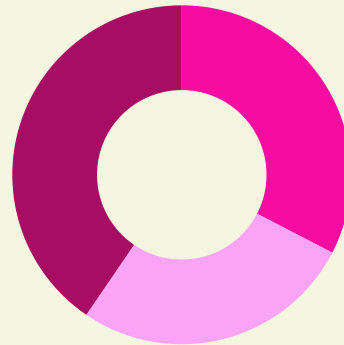
MENTAL HEALTH & STIGMA IN THE COMMUNITY

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

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



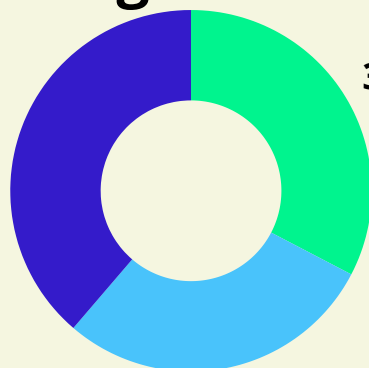
It is NOT talked about
32.6%



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

Does Mental Health Stigma Prevent Getting Help?

Maybe
38.7%

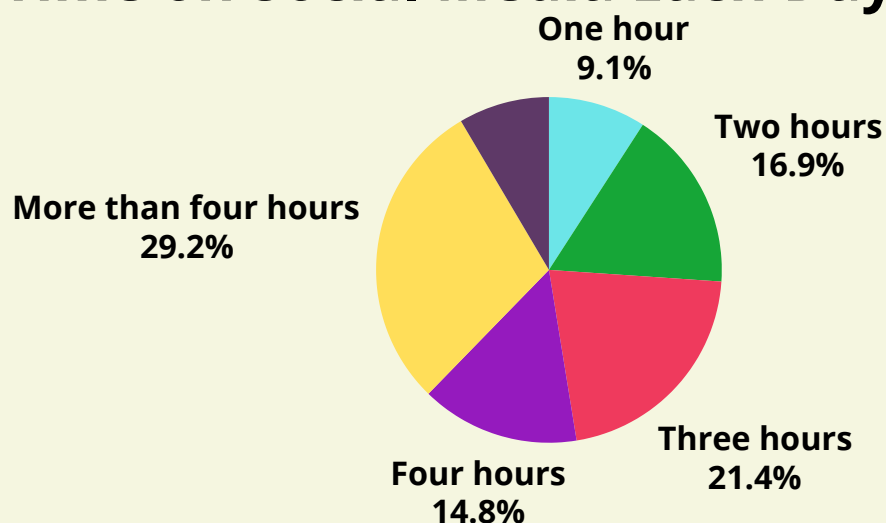


Yes
32.7%

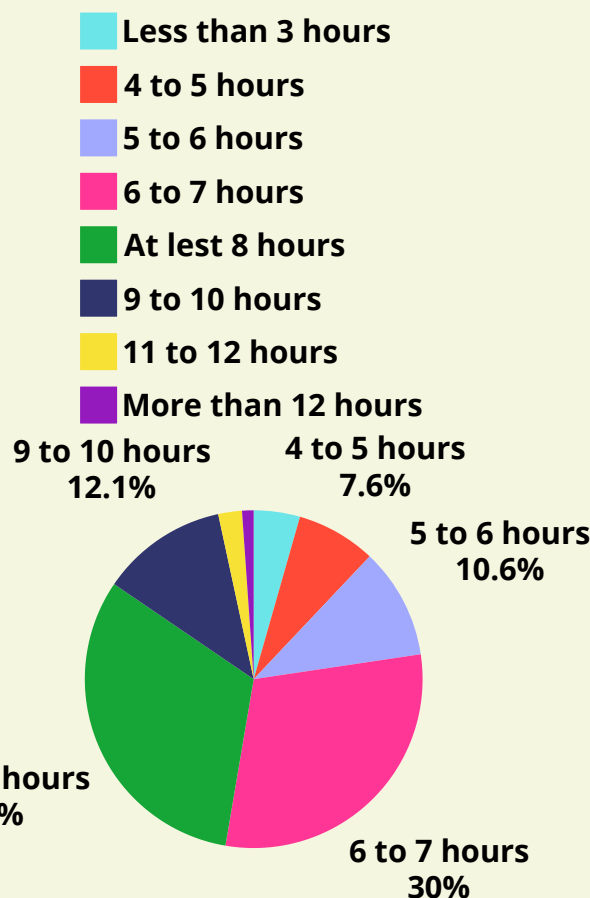
No
28.6%

SOCIAL MEDIA USAGE

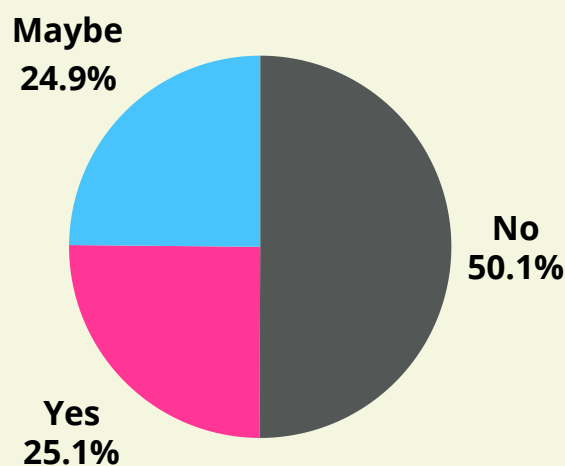
Time on Social Media Each Day:



Quantity of Sleep



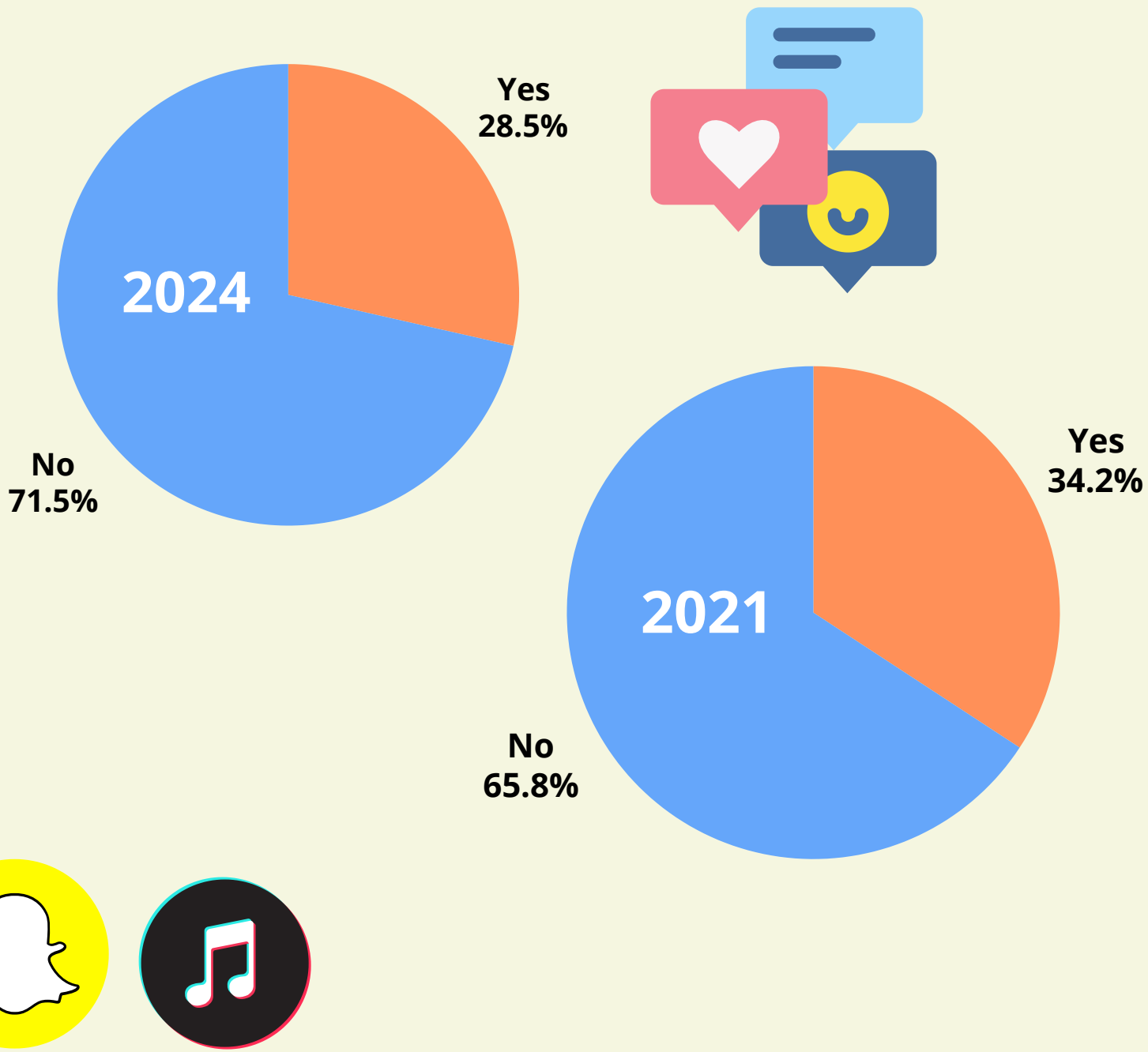
Does social media affect your sleep?



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

TRENDS IN PARENTAL SCREEN TIME MONITORING

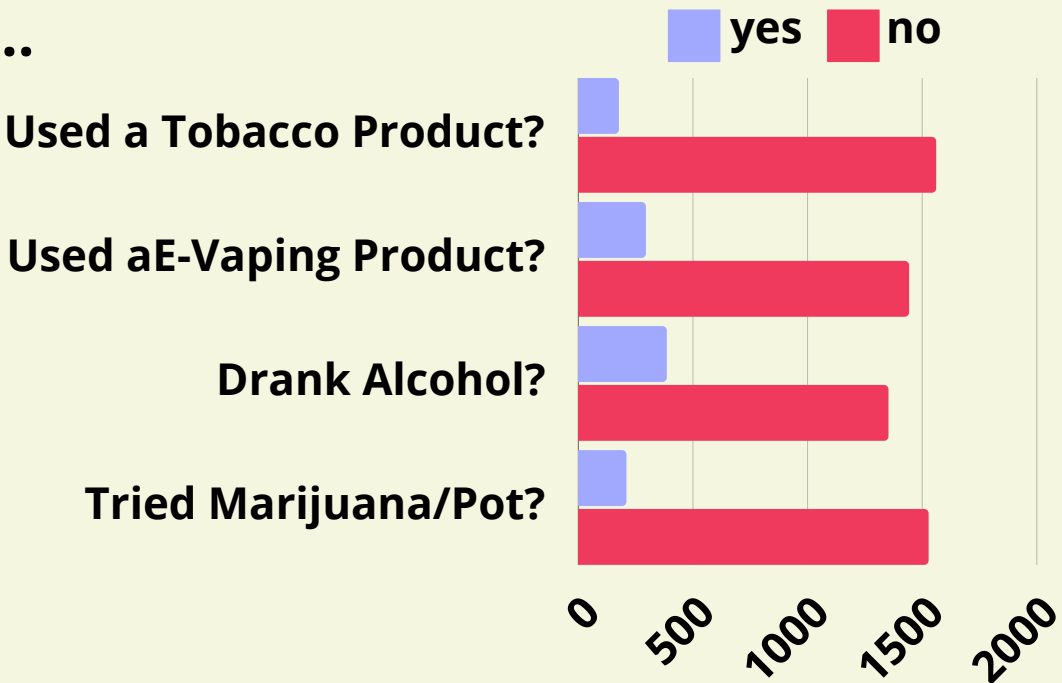
Parental support remains the primary means by which youth and teens receive guidance from adults. However, since 2021, ***there has been a noticeable decline in parental monitoring of screen time.*** Also, Snapchat and TikTok are the most frequently used apps among teens in our county.



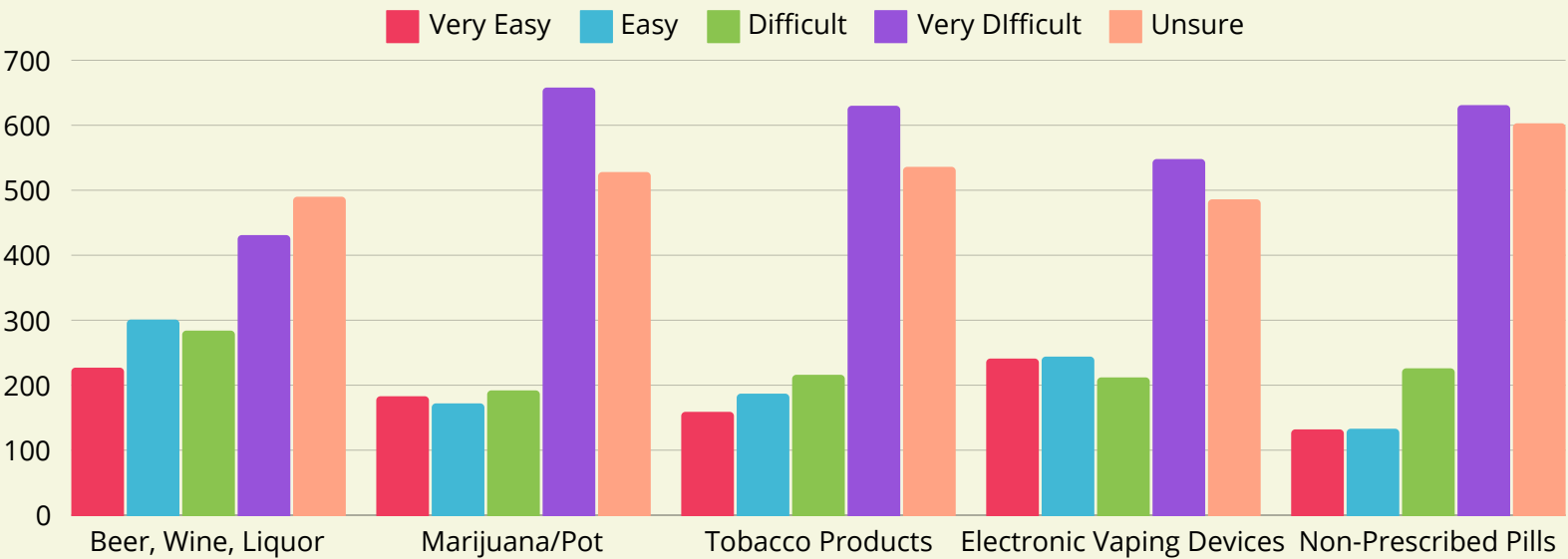
SUBSTANCES

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

Have you ever...



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

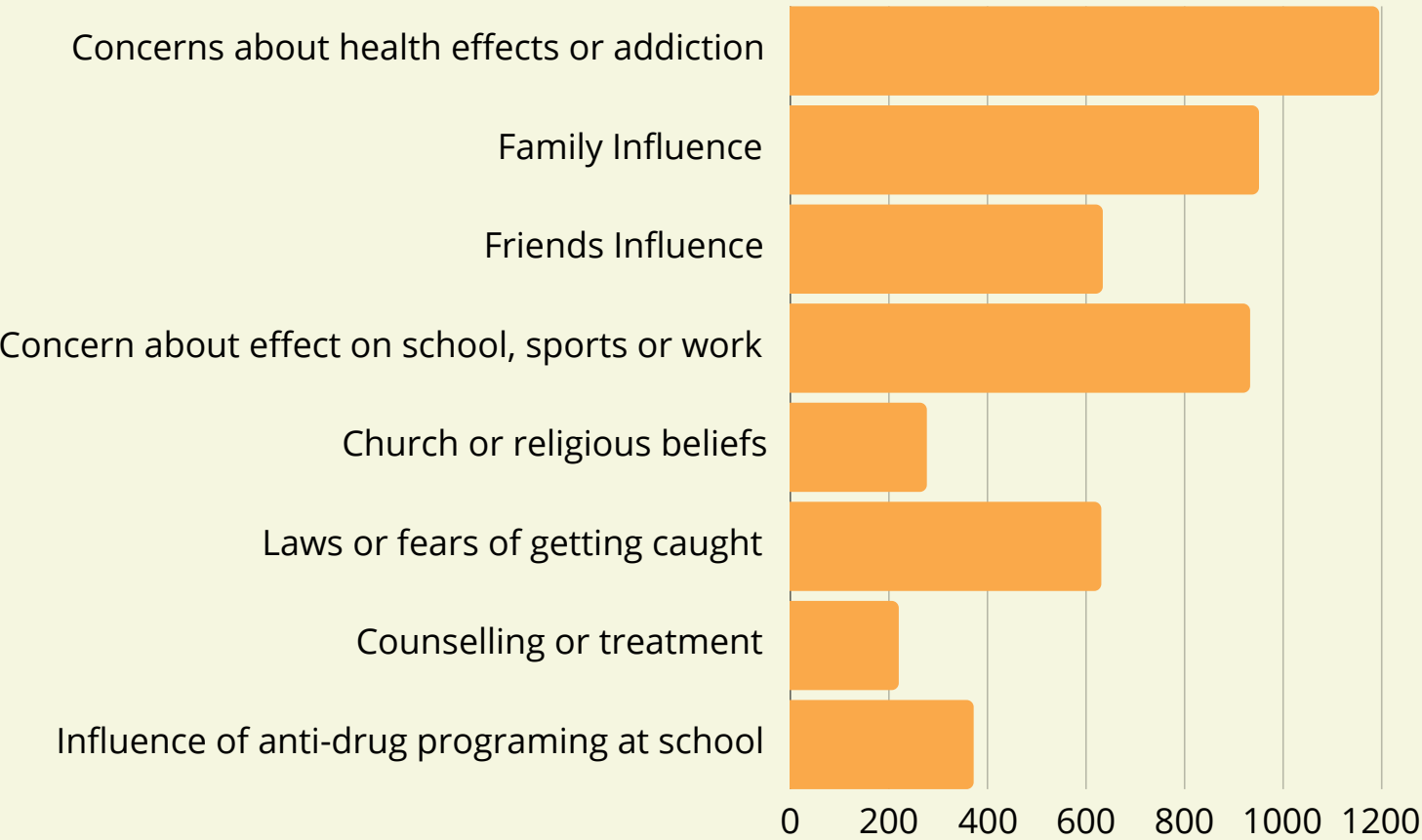


STUDENT ATTITUDES TOWARDS SUBSTANCE USE AND IMPLICATIONS FOR HEALTH EDUCATION



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

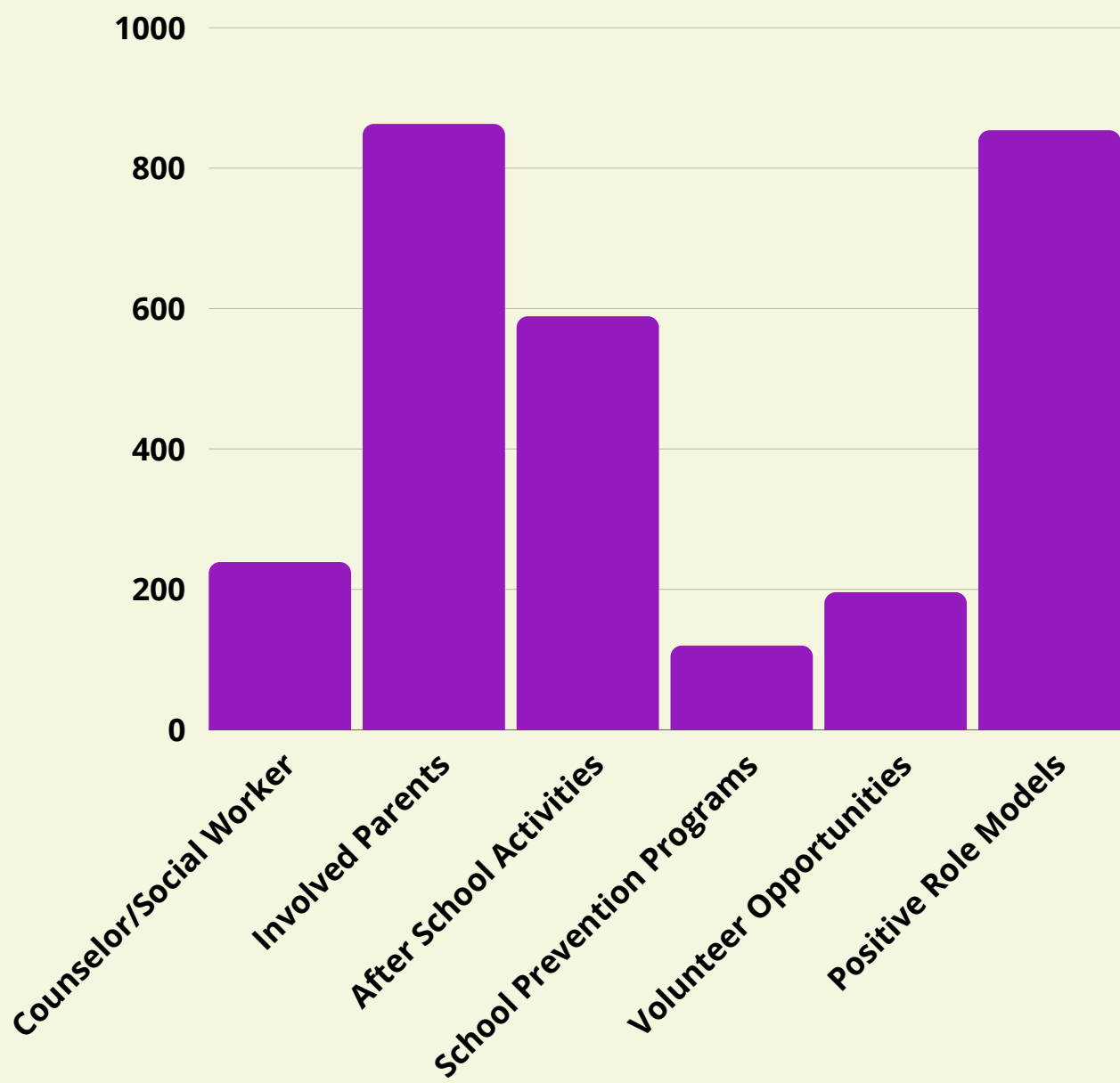
Influences Preventing Substance Use:



FACTORS PREVENTING ENGAGEMENT IN NEGATIVE OR ILLEGAL ACTIVITIES

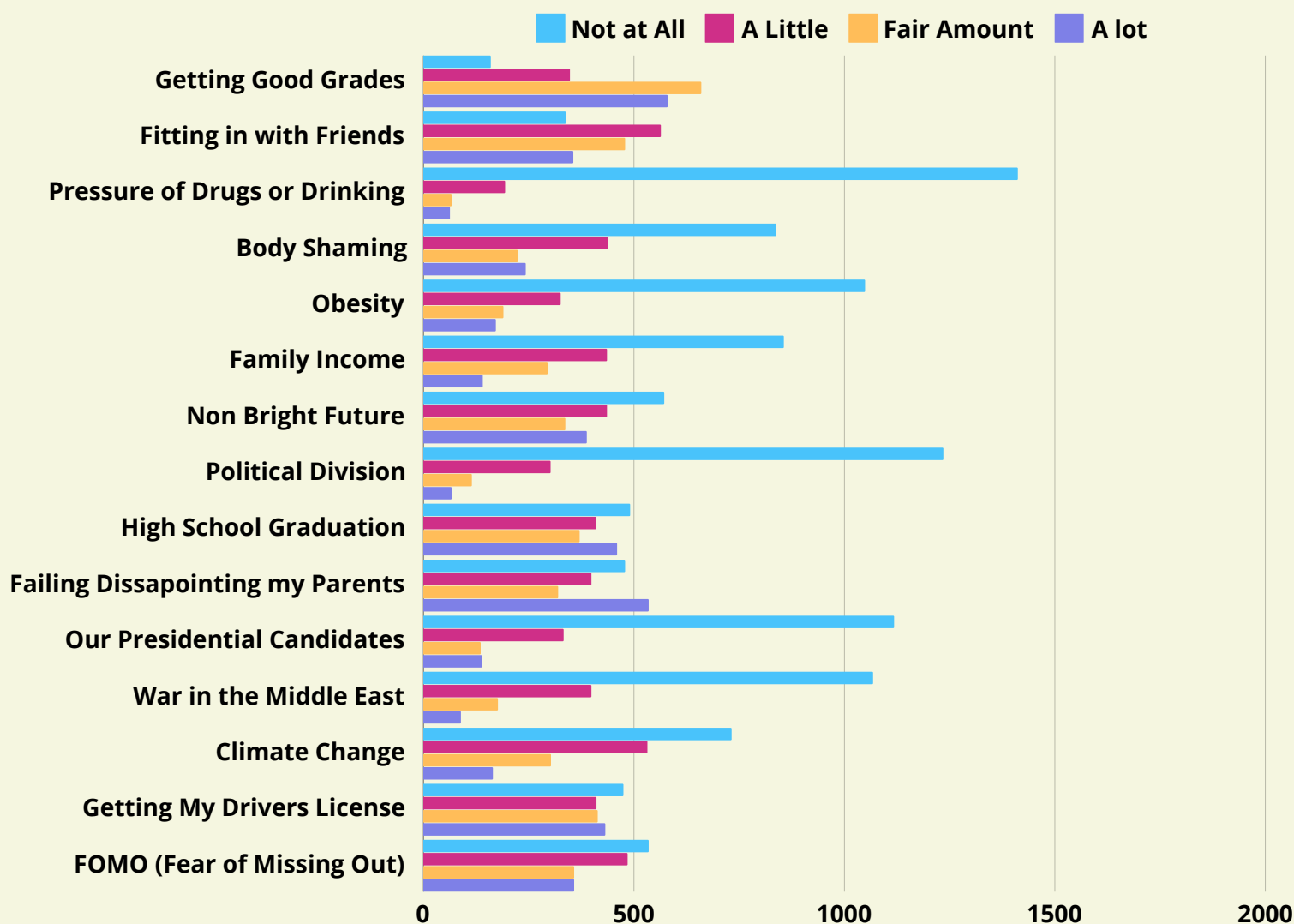
In addition to having positive influences regarding substance use, we also explored what deters students from engaging in general negative or illegal activities. The majority of students indicated that ***positive role models, as well as guidance from parents or family, are key factors that help them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

Positive influences



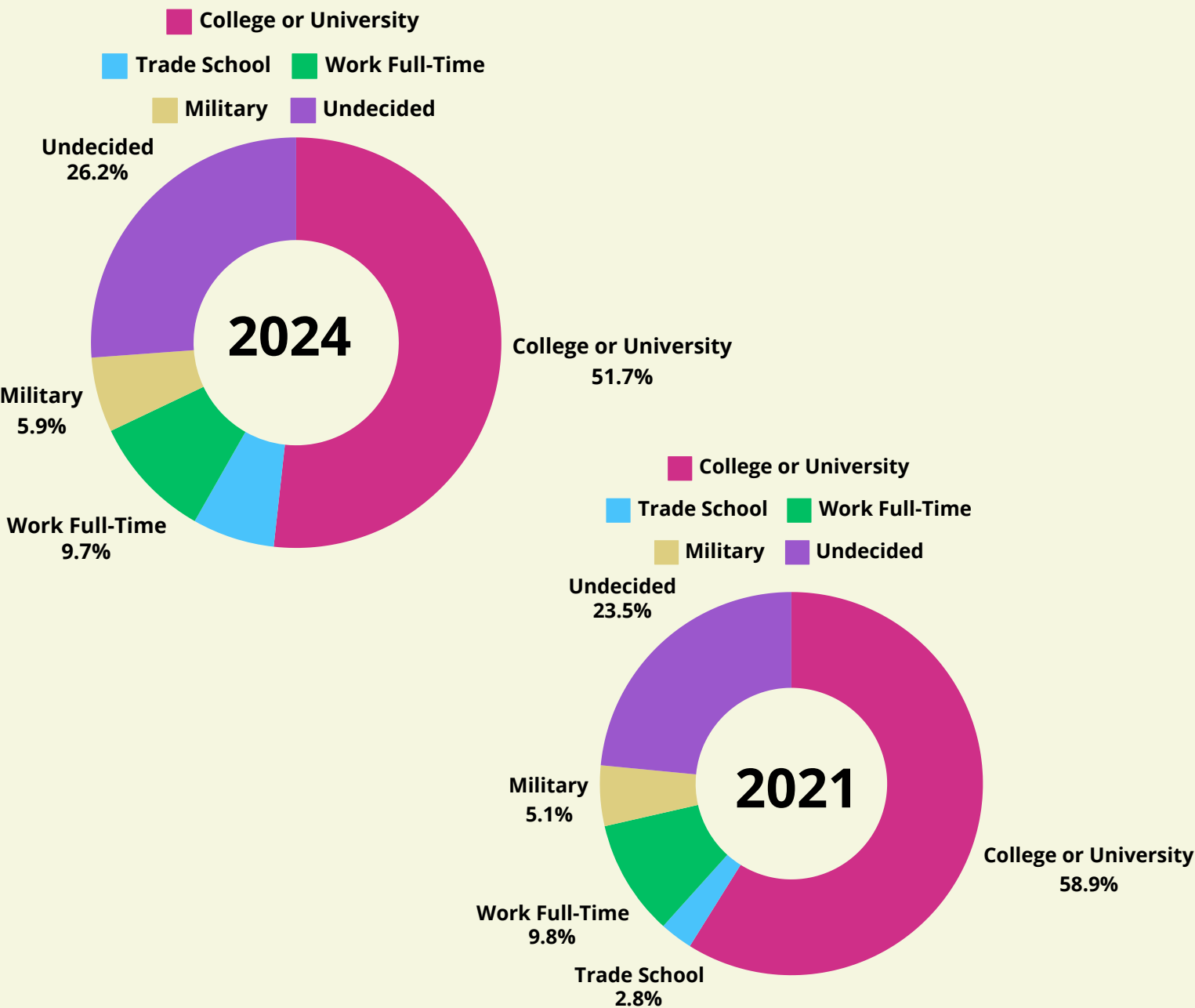
STUDENT PRIORITIES AND CONCERNS

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



FUTURE ASPIRATIONS AND CAREER GOALS

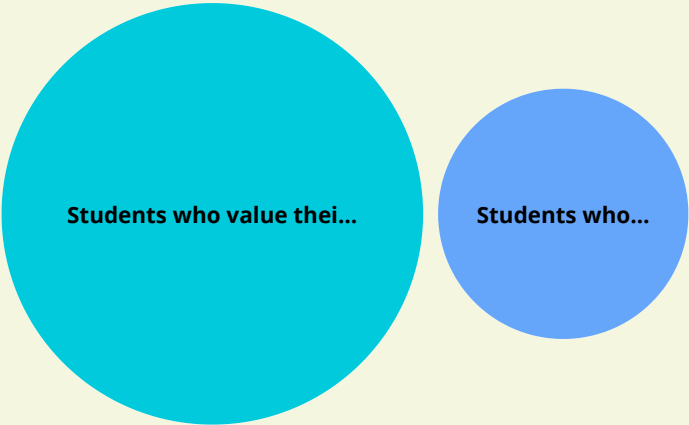
As students contemplate their futures, many have questions about their career paths and life goals. To better align youth programming with their needs, we asked students about their plans after high school and their long-term career aspirations. Over 50% of students intend to pursue college education,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



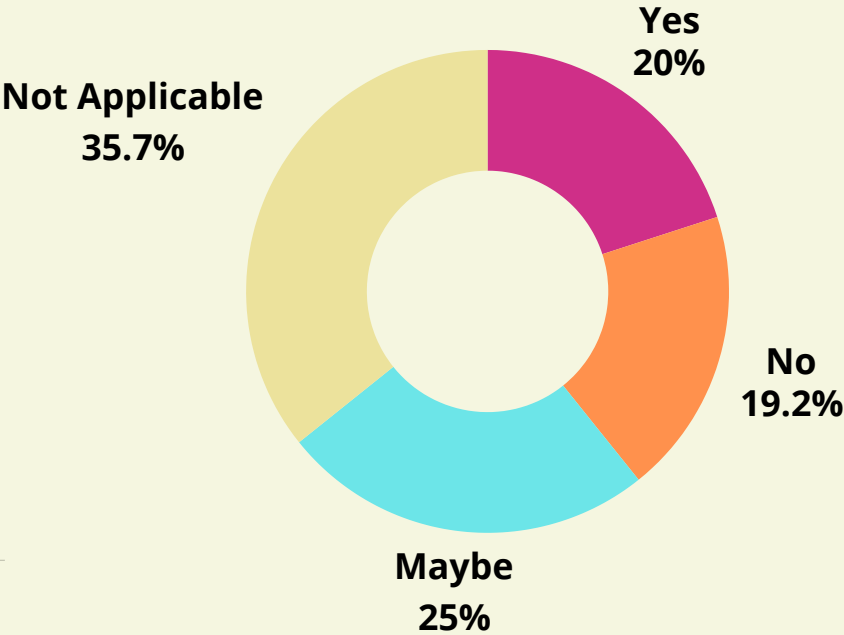
STUDENT ENGAGEMENT WITH ACADEMICS

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

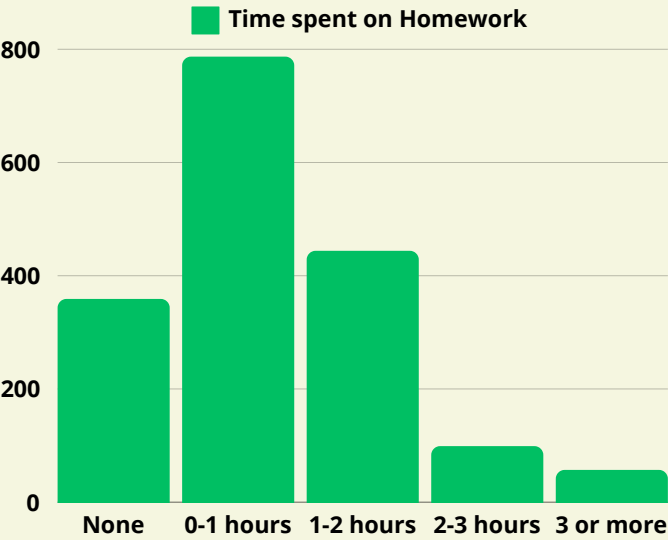
74% Students Value Their Grades



College Entrance Exams (ACT & SAT)



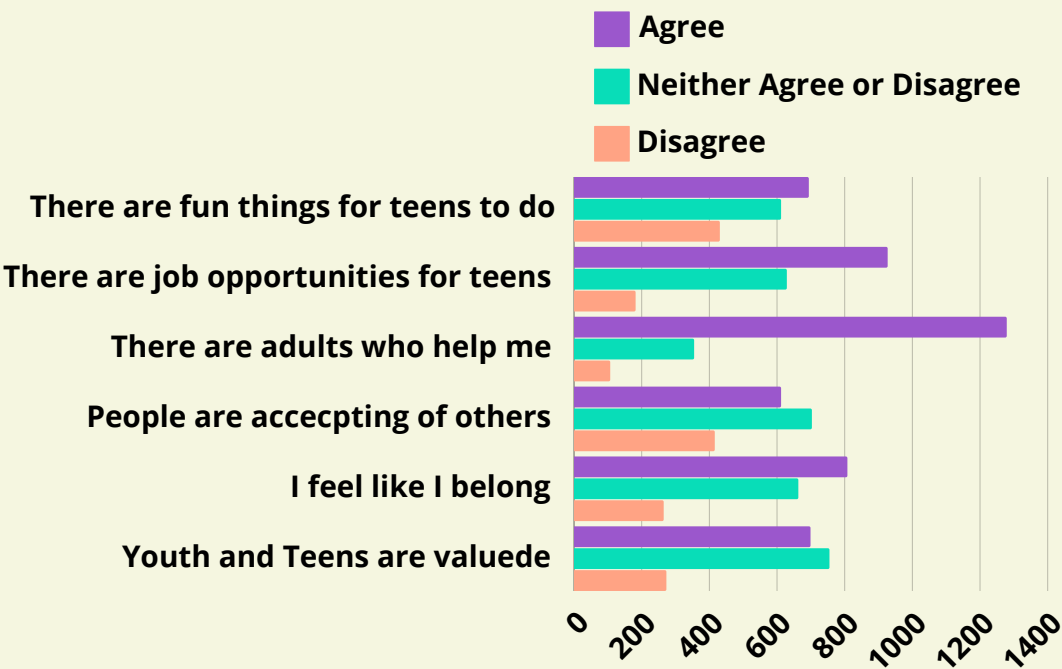
Homework (Time outside of school)



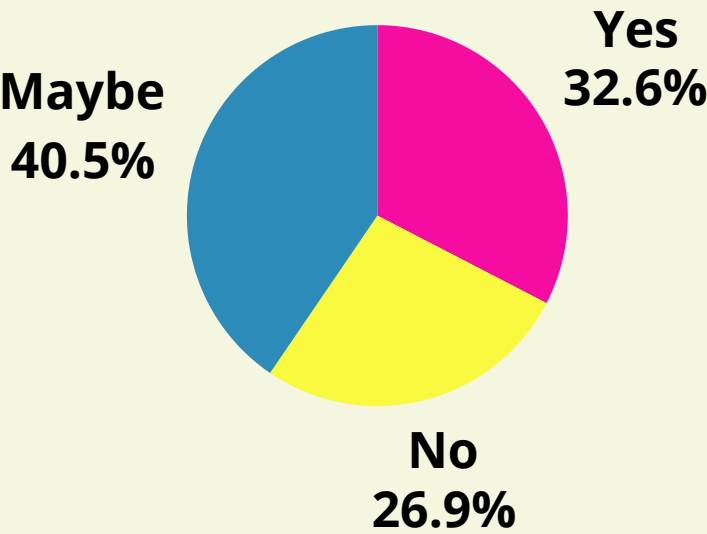
FUTURE OUTLOOK AND COMMUNITY ENGAGEMENT

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

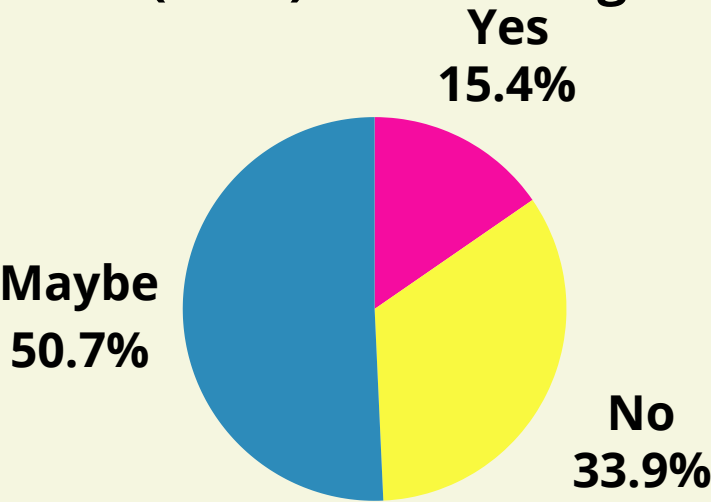
Teens in their Community



Teens living in St. Lawrence County as Adults:



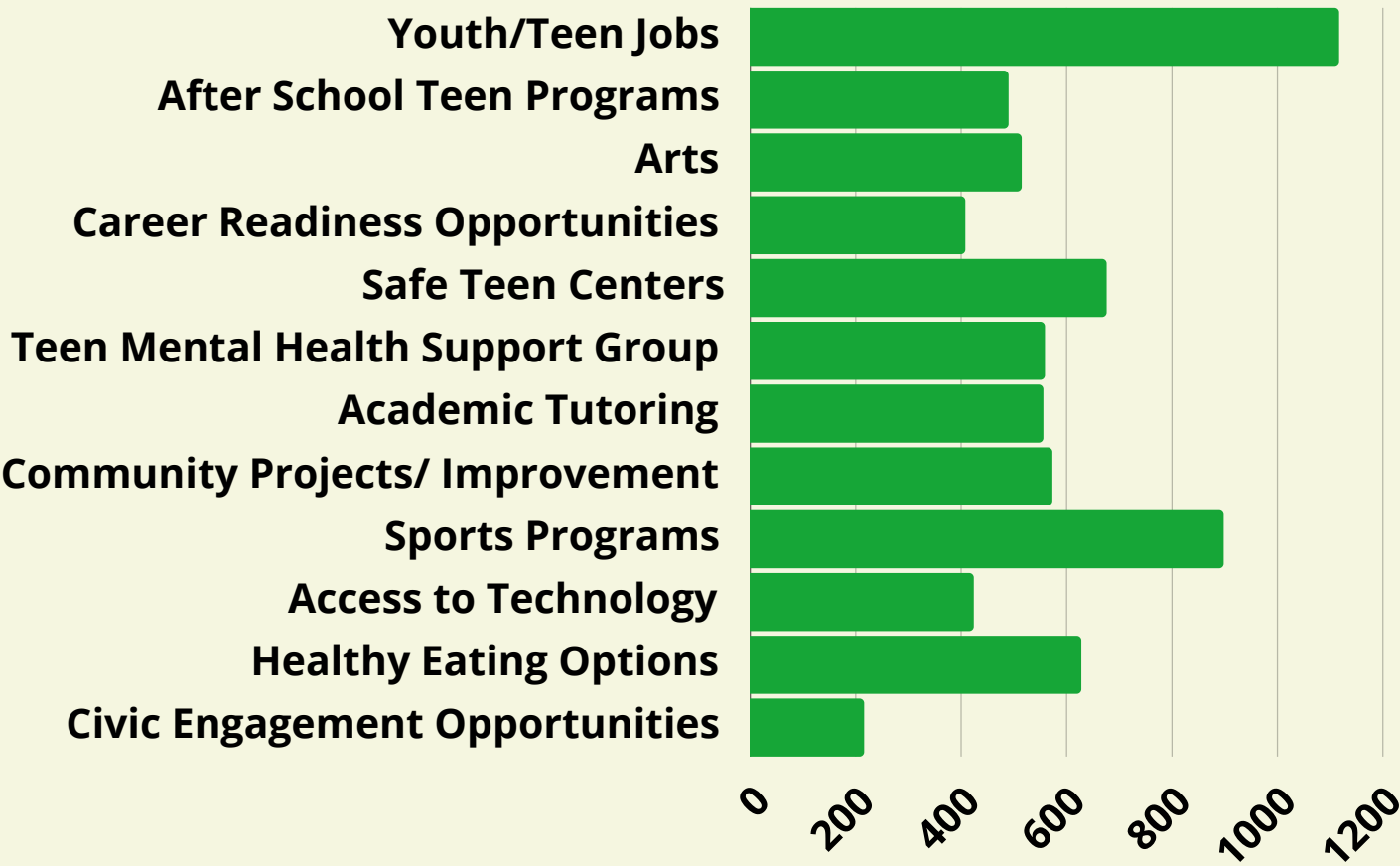
Seeking Employment (here) after College:



DESIRED COMMUNITY PROGRAMS FOR YOUTH

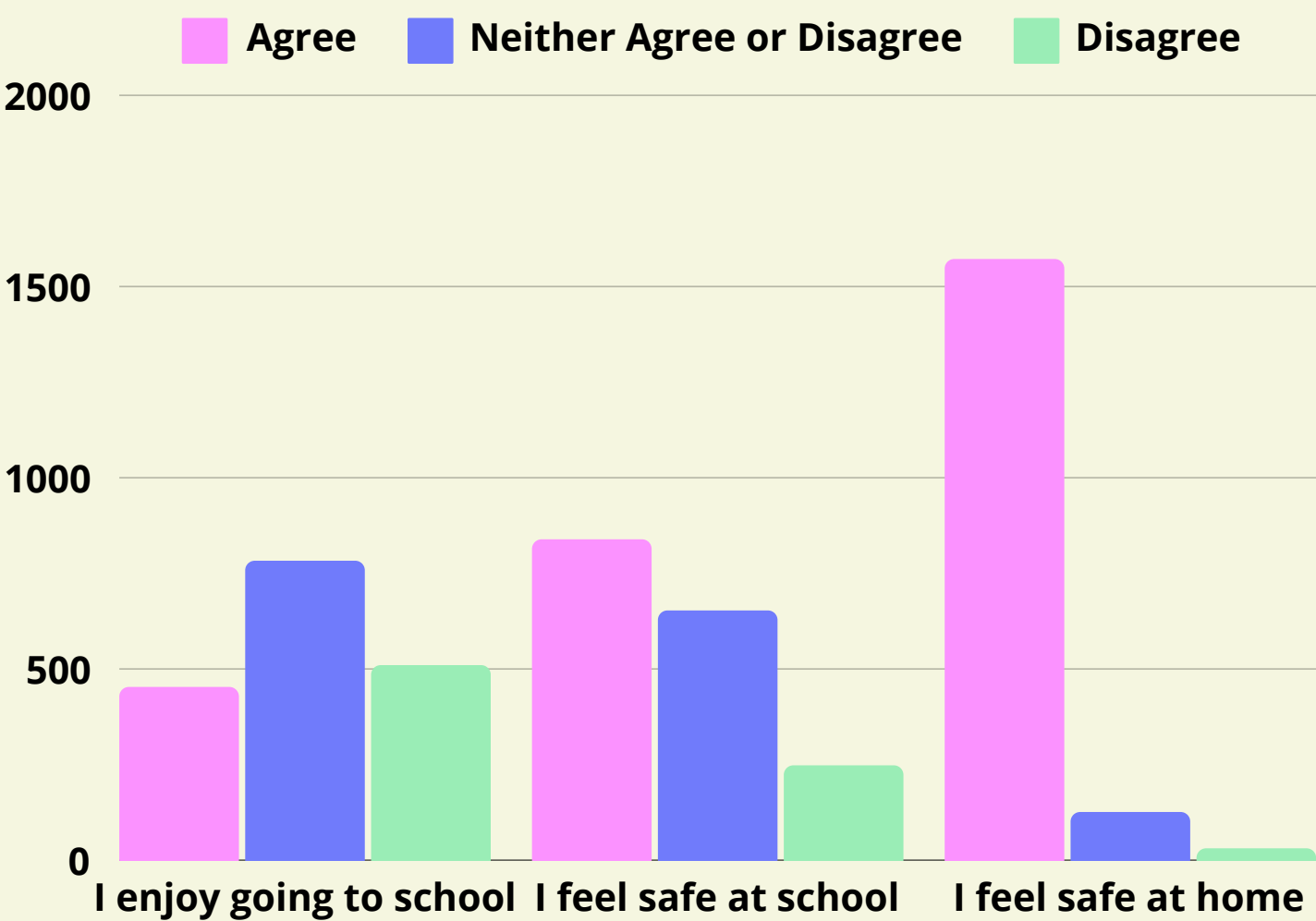
The survey also asked students about the types of programs they would like to see implemented in their community. The responses predominantly focused on informational and health-related topics. *Students expressed the greatest interest in increasing the availability of youth job opportunities and expanding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

Community Programs



STUDENT PERCEPTION OF SAFETY AT HOME & SCHOOL

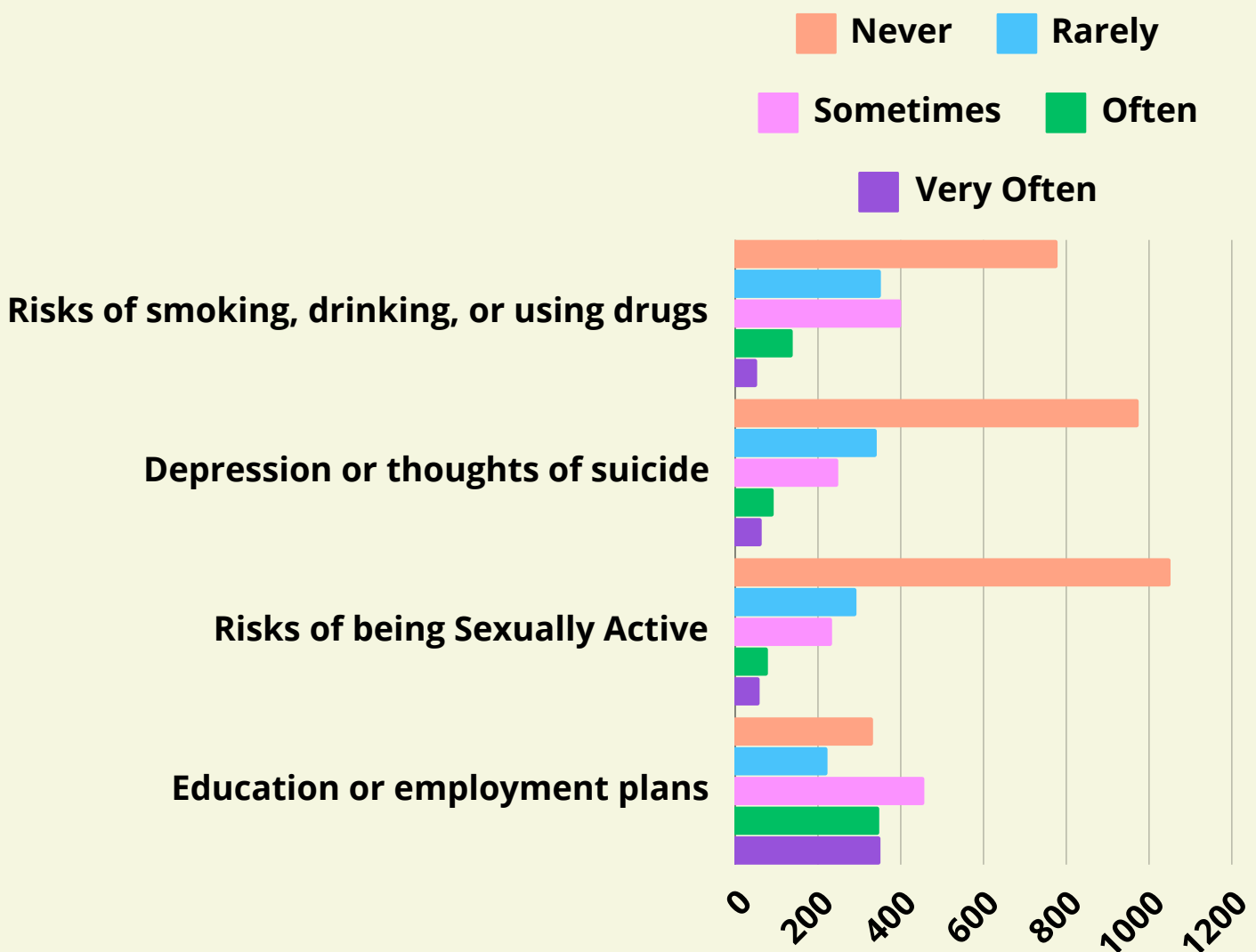
School-related pressures can significantly impact students' stress levels and their overall perception of the school environment. High levels of stress and negative experiences at school may contribute to feelings of unsafety. Additionally, a student's home life plays a crucial role in influencing their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



COMMUNICATION GAPS

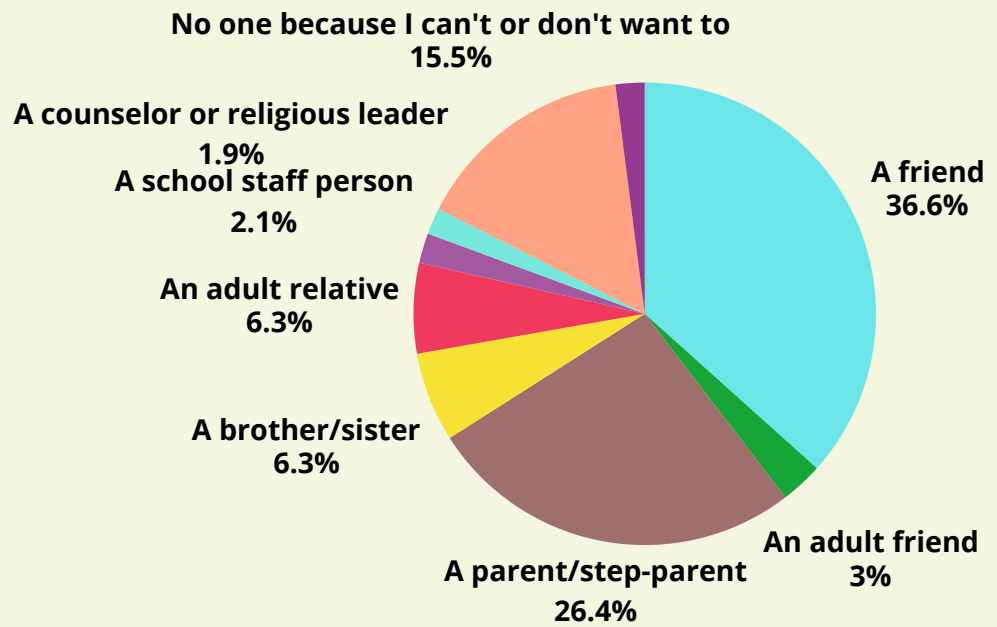
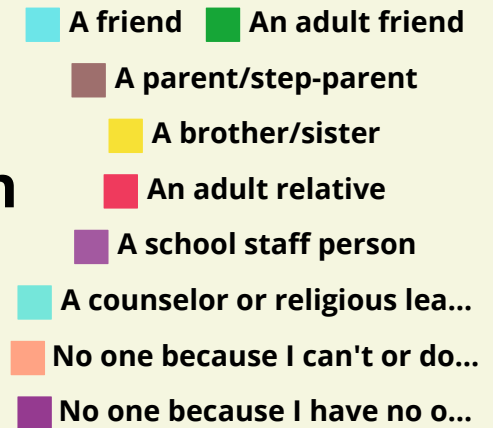
The data reveals that students primarily rely on their parents and role models to help them avoid trouble. ***However, discussions about critical topics such as substances, depression, and sexual activity are often absent from these conversations at home. The majority of teens have not engaged in discussions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

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



SUPPORT SYSTEMS AND STUDENT HELP-SEEKING BEHAVIOR

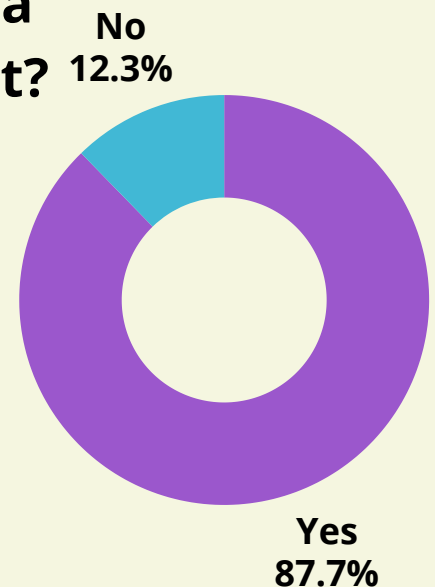
Who students turn to for support:



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

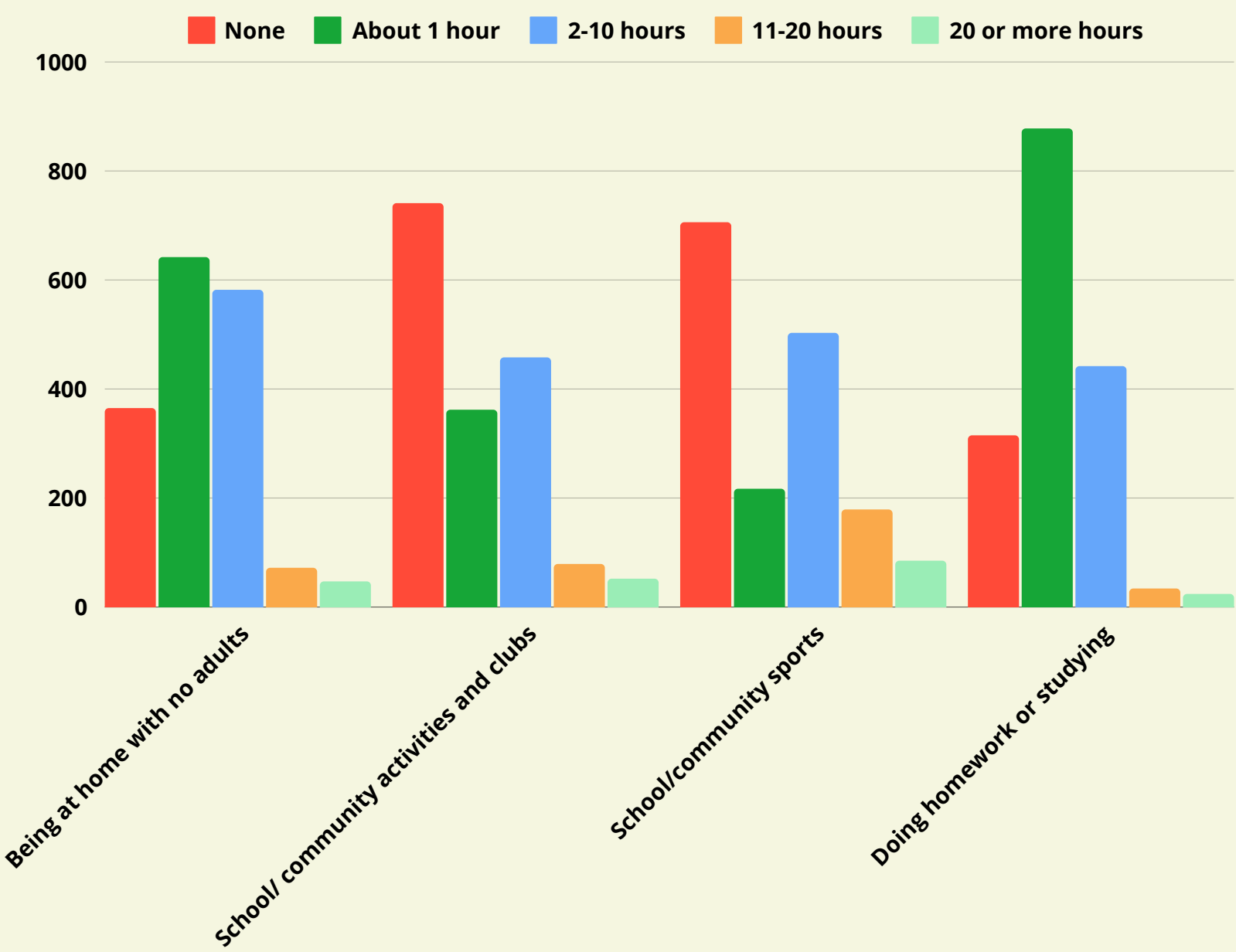
Additionally, 209 students reported not having a trusted adult to turn to for help when needed.

Do you have a Trusted Adult?



STUDENT PERSONAL TIME

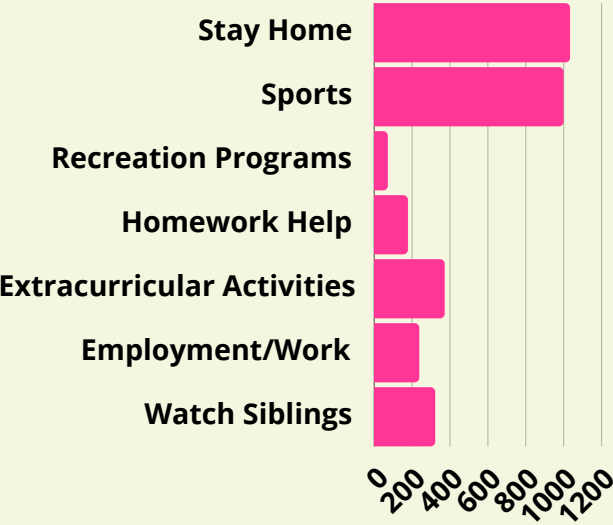
Students spend considerable time connected through their devices, but balancing screen time with other activities remains important. To better allocate resources and support popular programs, the Youth Bureau investigated how students spend their time beyond their phones. Understanding these activities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



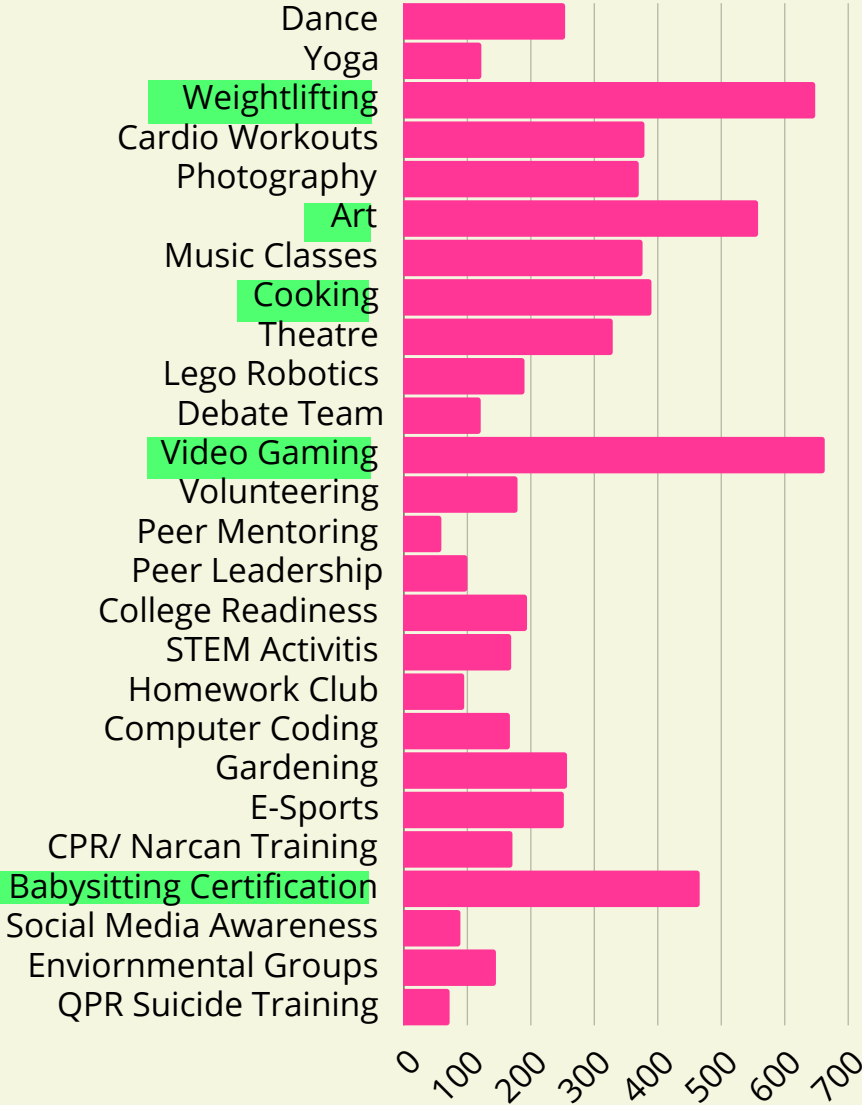
STUDENT INTERESTS BEYOND DIGITAL ACTIVITIES

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

Current After-School Activities:



Student Programming Interests:



SUMMARY

Key Findings

Mental Health Concerns

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

Academic Pressure and Screen Time

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

Support Systems

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

Future Aspirations and Career Goals

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

Desired Community Programs

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

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

RECOMMENDATIONS FOR YOUTH-SERVING PROGRAMS AND ORGANIZATIONS

Enhance Mental Health Support

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

Address Academic and Screen Time Challenges

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

Strengthen Support Systems

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

RECOMMENDATIONS FOR YOUTH-SERVING PROGRAMS AND ORGANIZATIONS CONTINUED

Align Programs with Future Goals and Interests

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

Enhance Community Engagement

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

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





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St. Lawrence County Youth Bureau



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

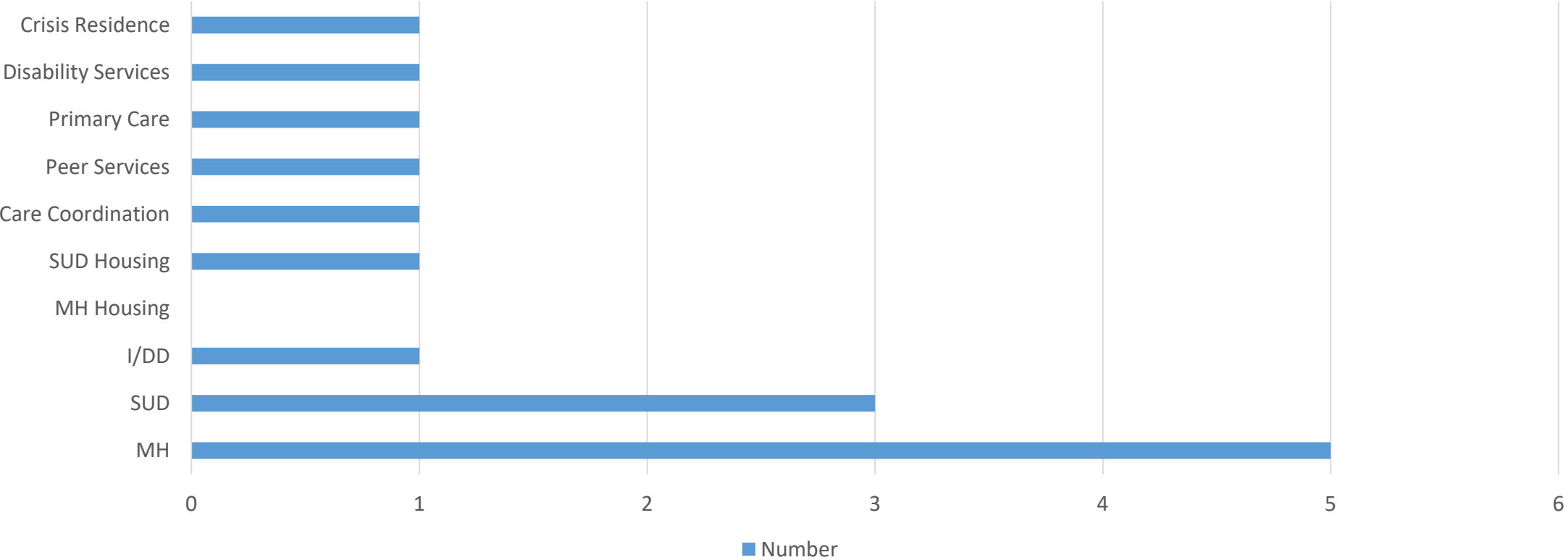
<https://stlawco.gov/Departments/YouthBureau>



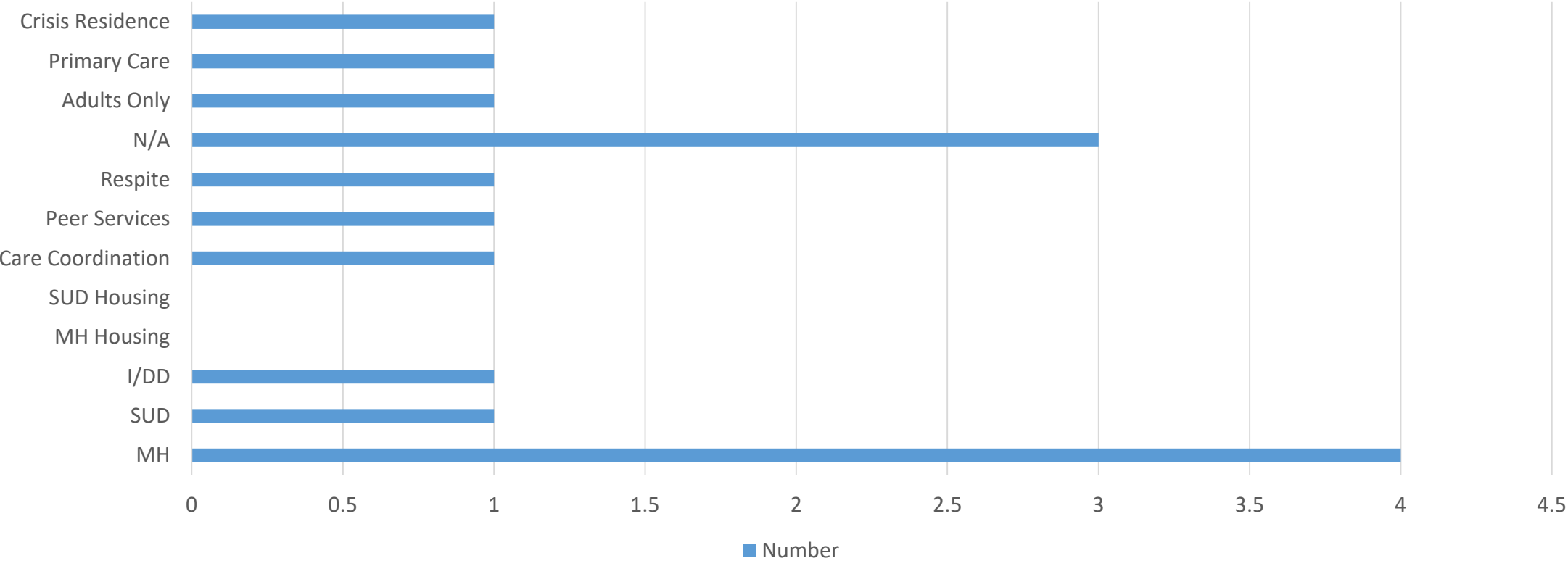
2025 SLC CS LSP Provider Survey Results



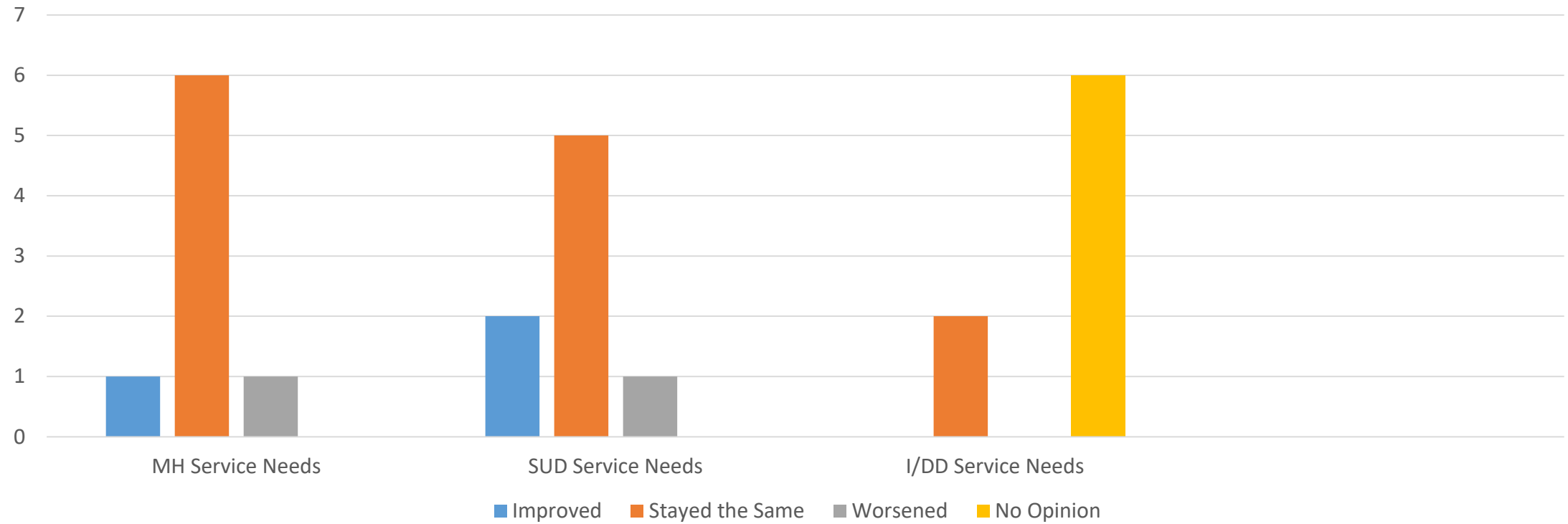
Please check all services your agency provides for Adults.



Please check all services your agency provides for Children.



For each system of care please indicate how the level of unmet need has changed over the past year.



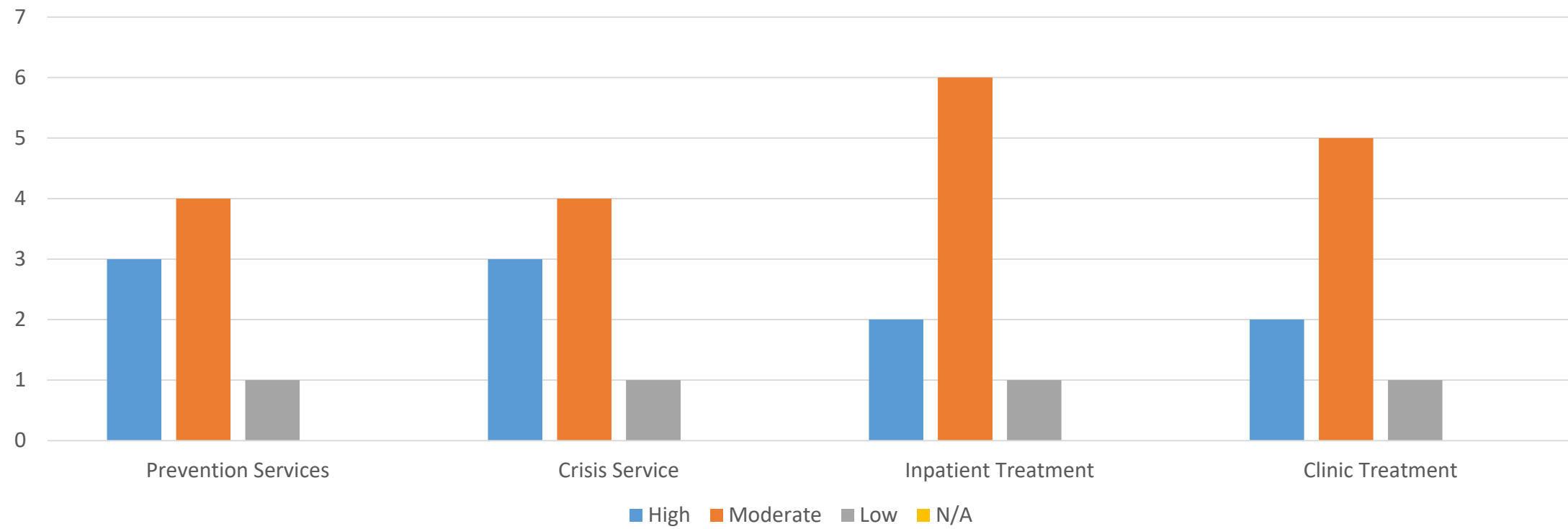
If you indicated there has been a change over the past year to level of unmet need for **mental health services**, please provide specific examples and explanations.

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

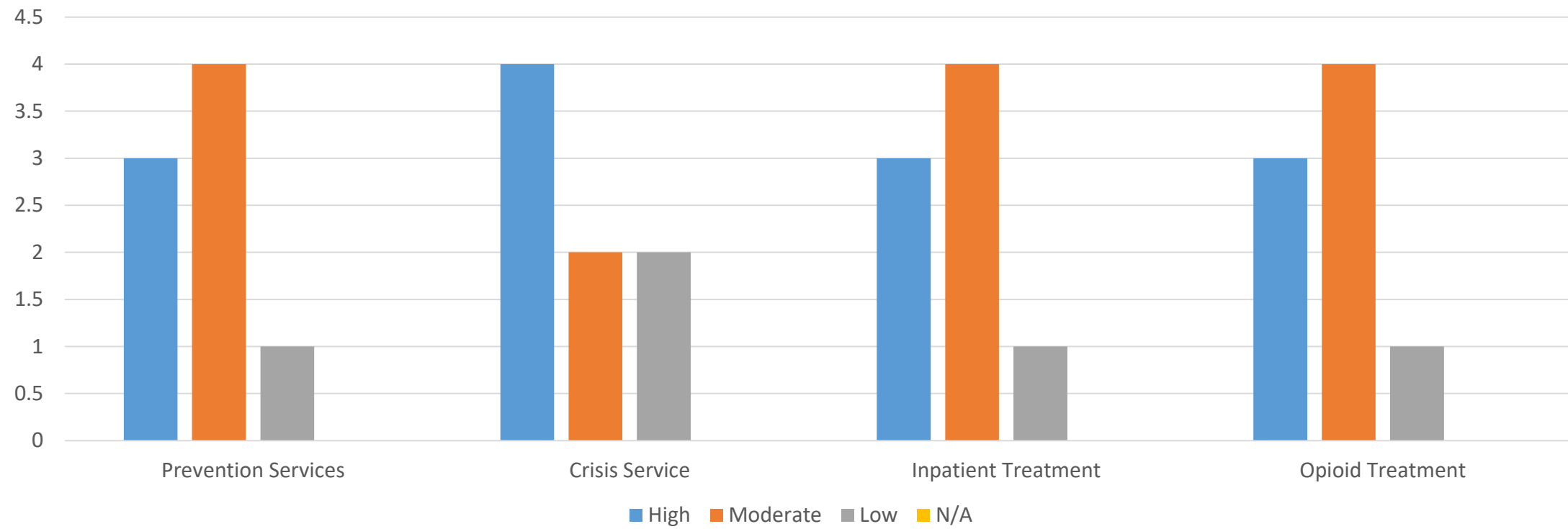
If you indicated there has been a change over the past year to level of unmet need for **substance use disorder** needs, please provide specific examples and explanations.

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

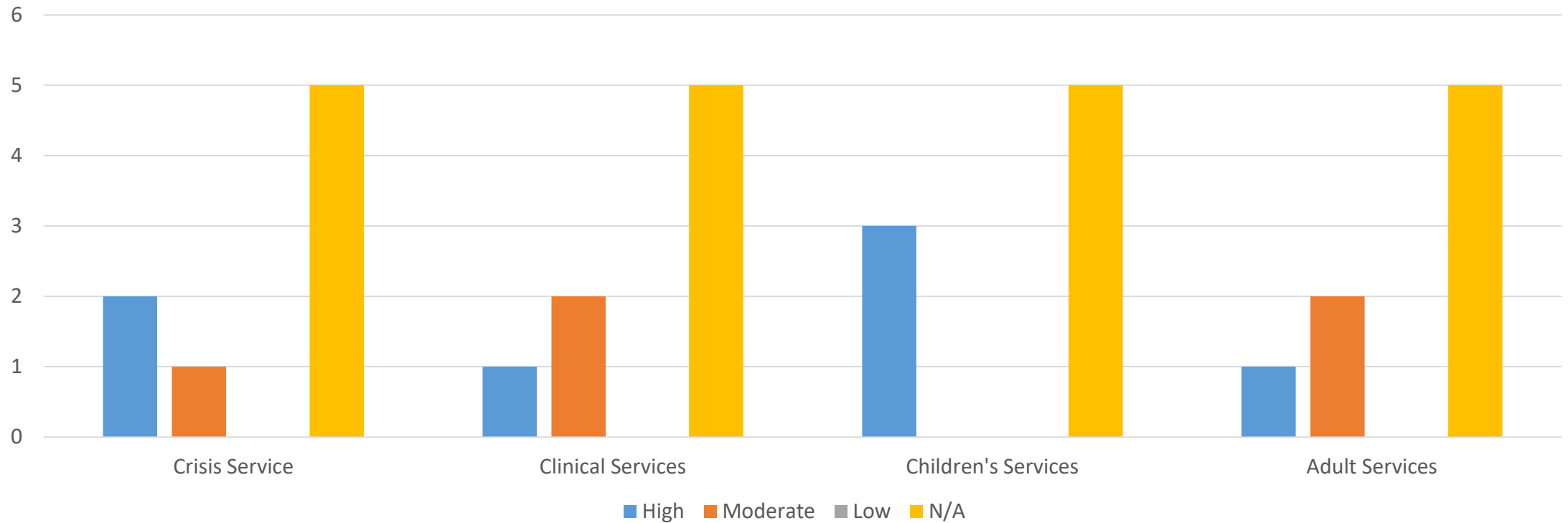
Mental Health Services - Please rate the level of need and/or gaps in the **mental health** system of care in SLC.



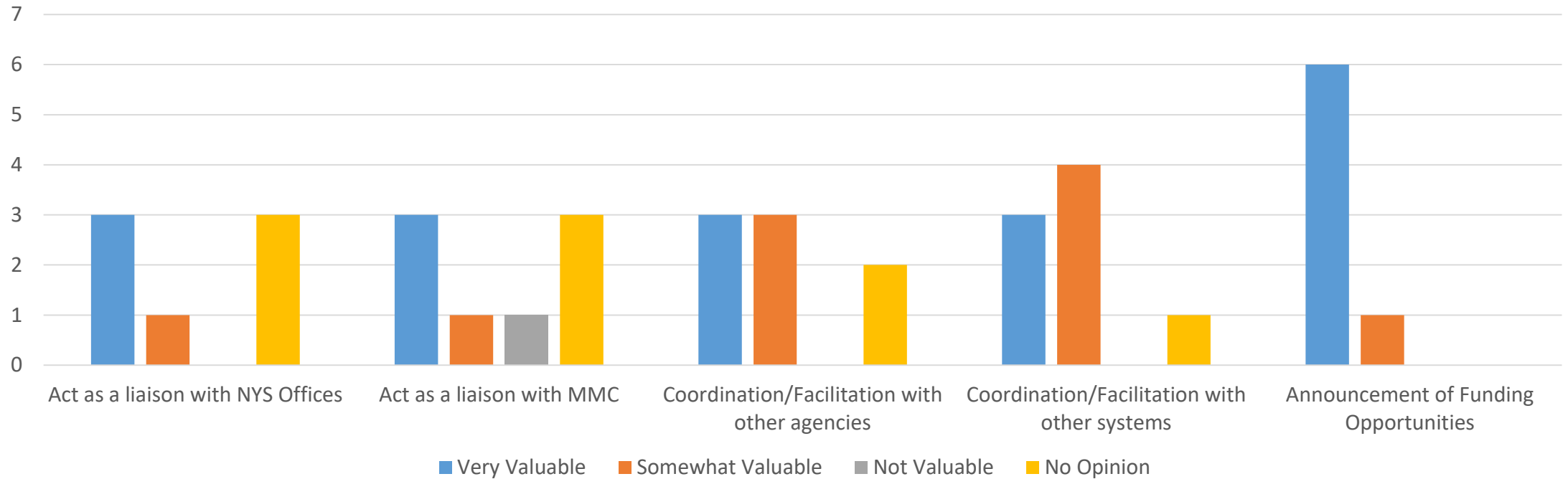
Substance Use Disorder Services - Please rate the level of need and/or gaps in the **substance use disorder** system of care in SLC.



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



If SLC Community Services Board could help your agency in any of the following ways, please indicate how valuable it would be to your agency for the CSB to provide the following activities.



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

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

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

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

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

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

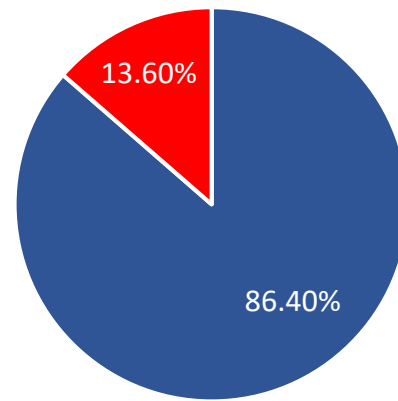
Service Recipient Survey

St. Lawrence County 2026 Local Services Plan

44 responses

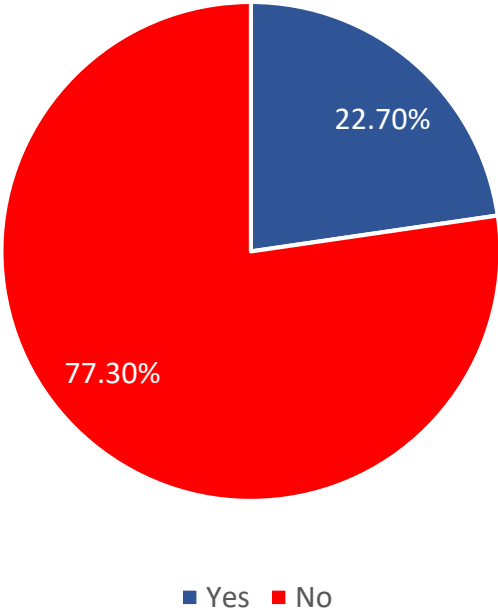


I am currently an individual that is receiving mental health, substance abuse or intellectual/developmental disability services in St. Lawrence County; or not presently, but have received such services in the last 6 months.

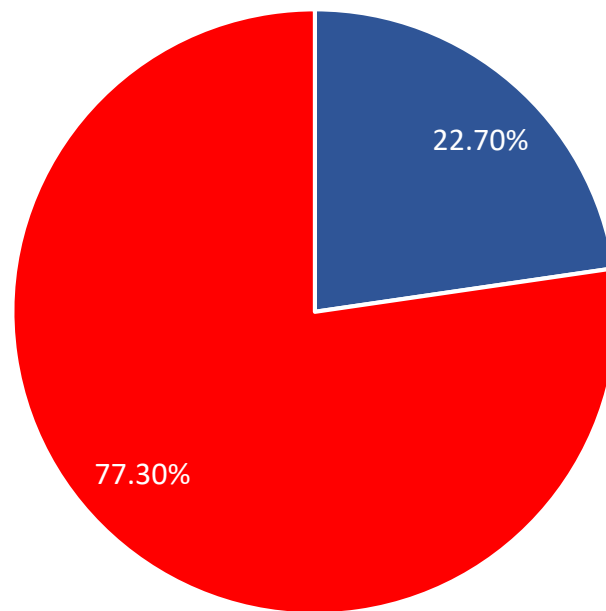


■ Yes ■ No

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

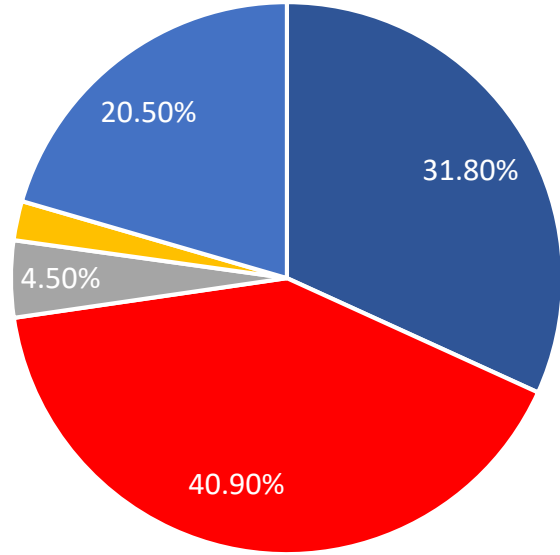


I am enrolled or my dependent is enrolled in a Care Management Agency.



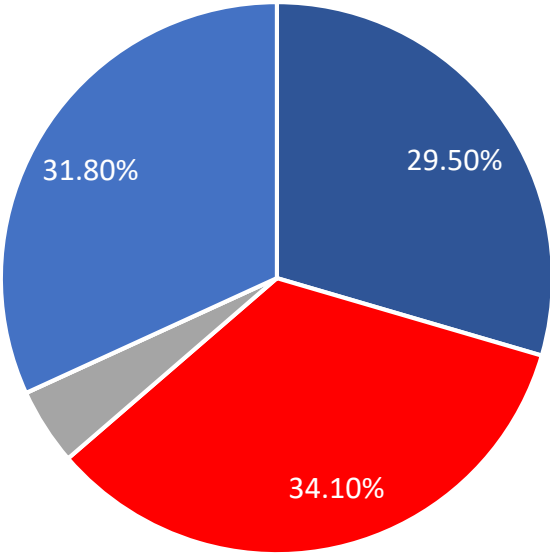
■ Yes ■ No

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



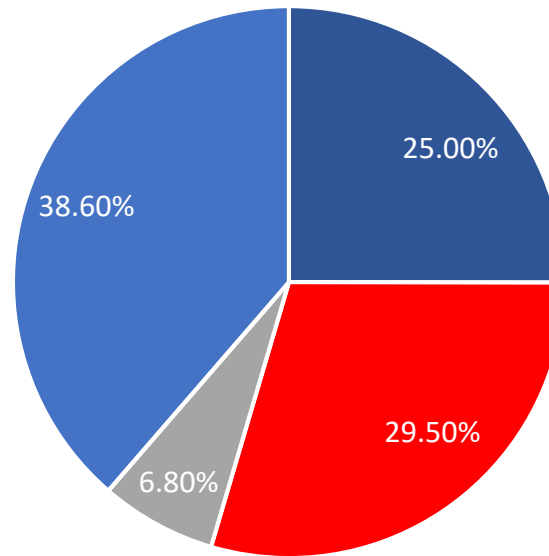
■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

The availability of outpatient alcohol or substance abuse services in St. Lawrence County is adequate.



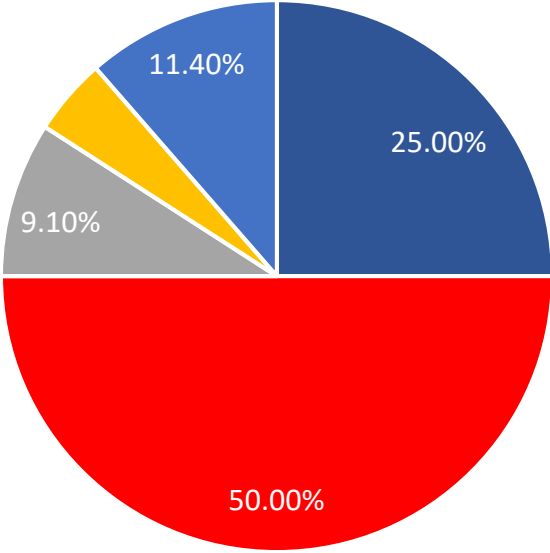
■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

The availability of inpatient alcohol or substance abuse services in St. Lawrence County is adequate.



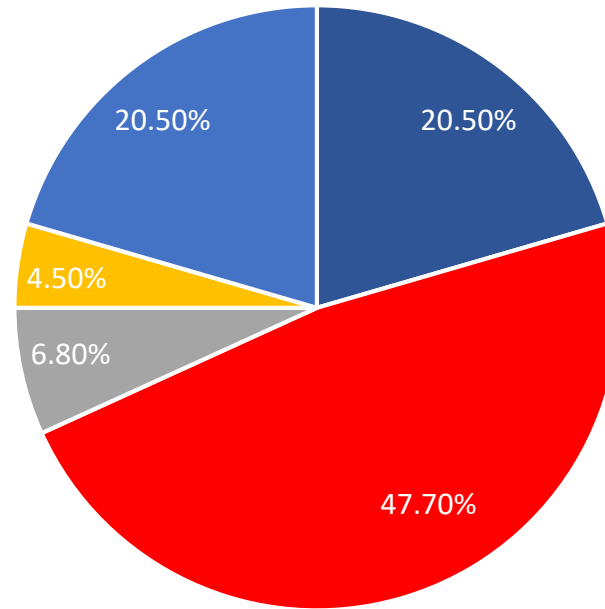
■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

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



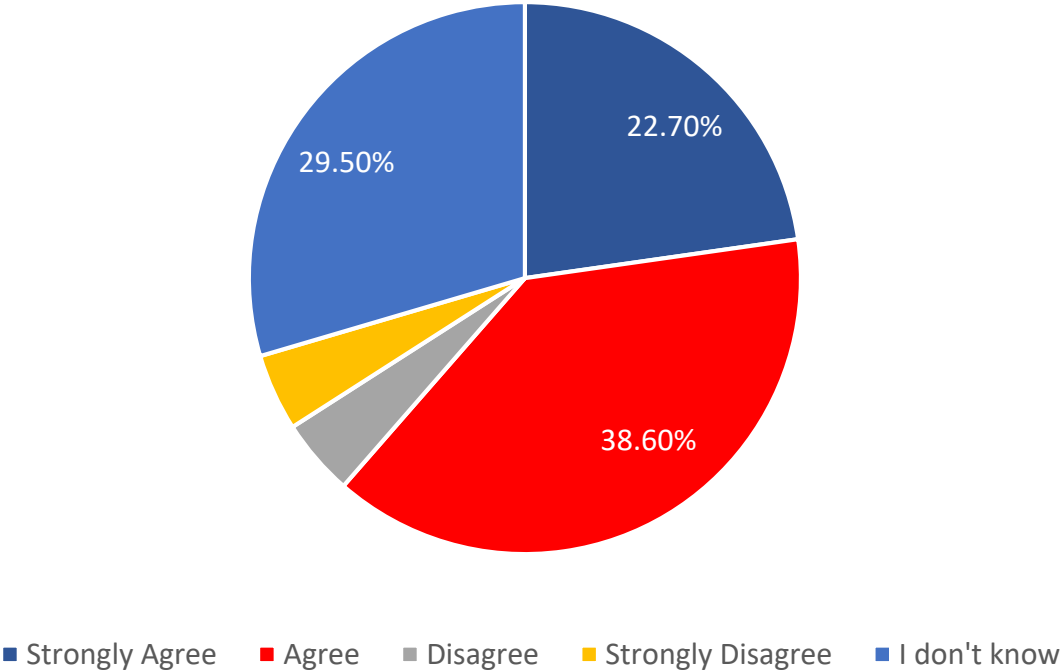
■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

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

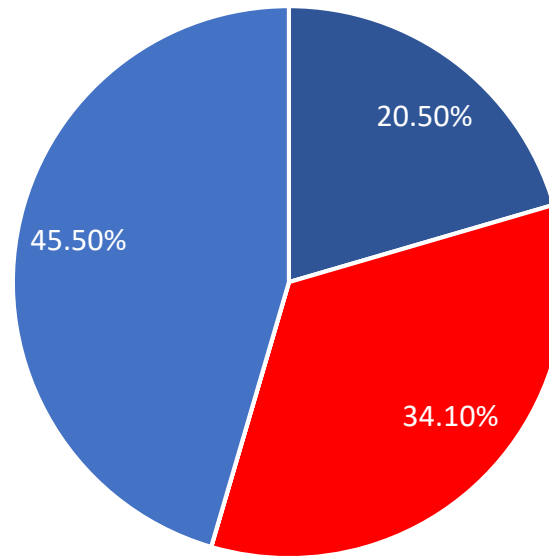


■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

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

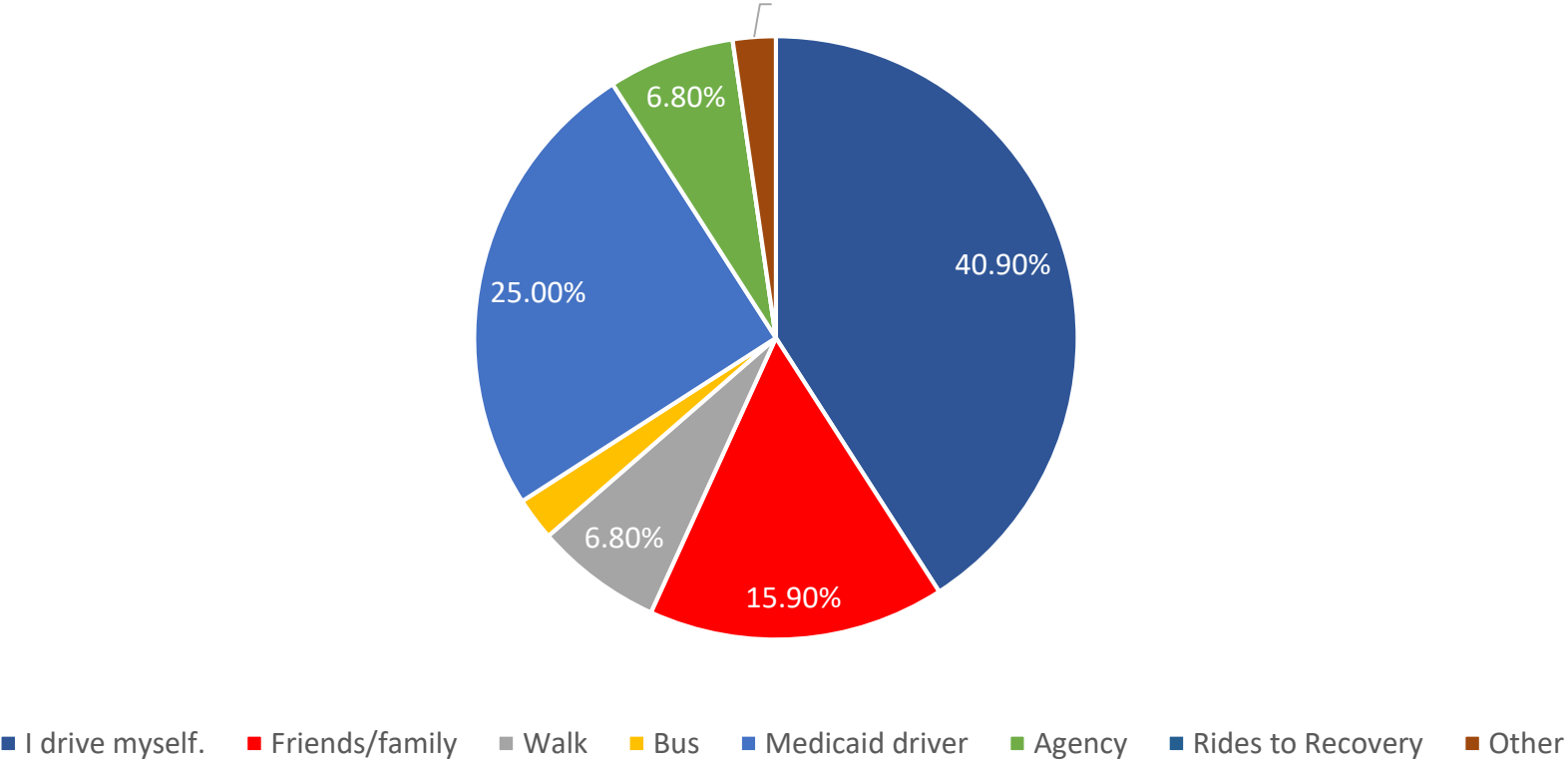


The availability of intellectual/developmental disability services in St. Lawrence County is adequate.

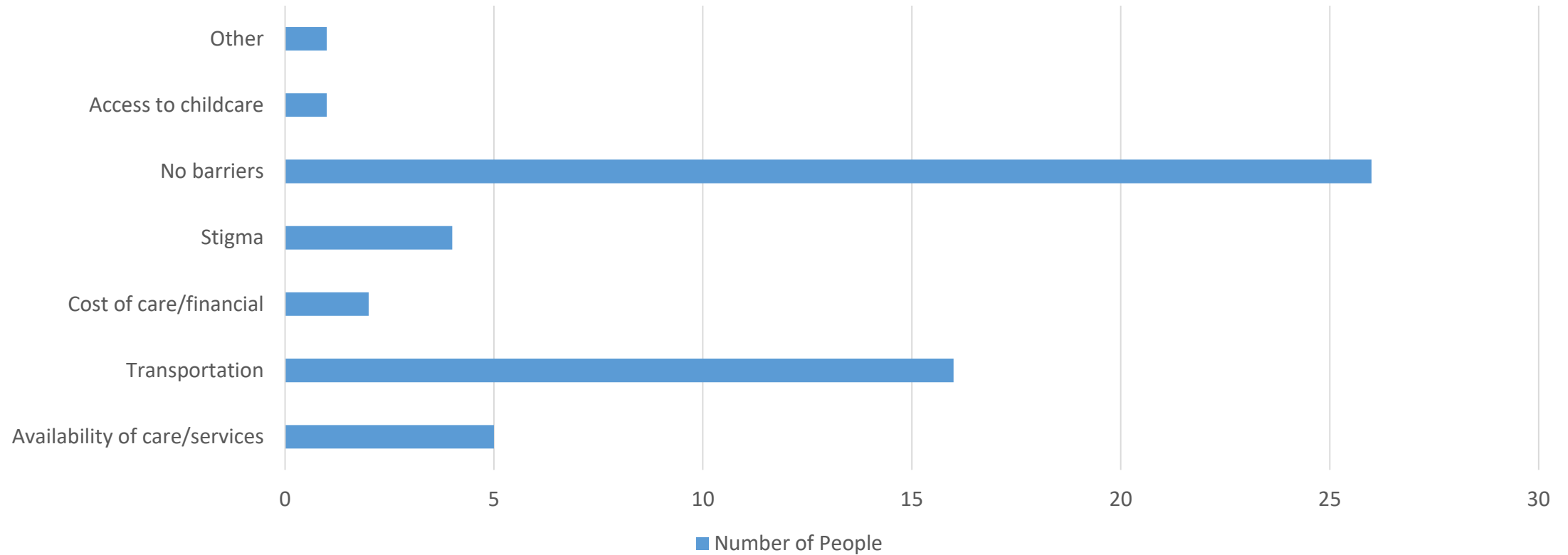


■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

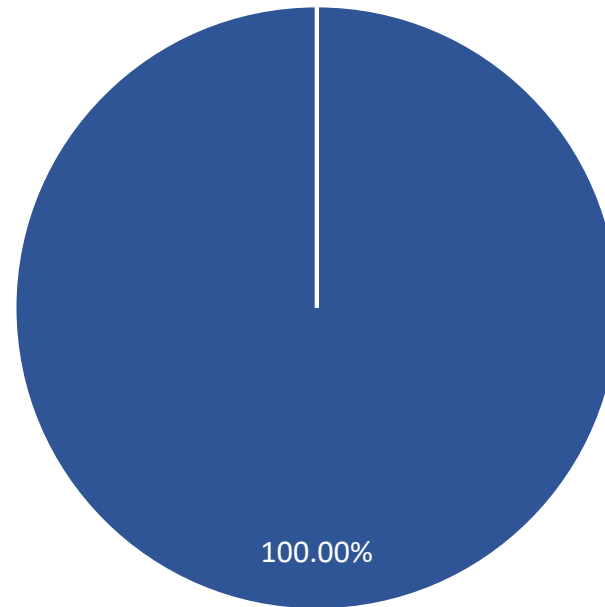
To get to my appointments, the transportation I use most often is:



When accessing care I experience the following barriers (check all that apply):

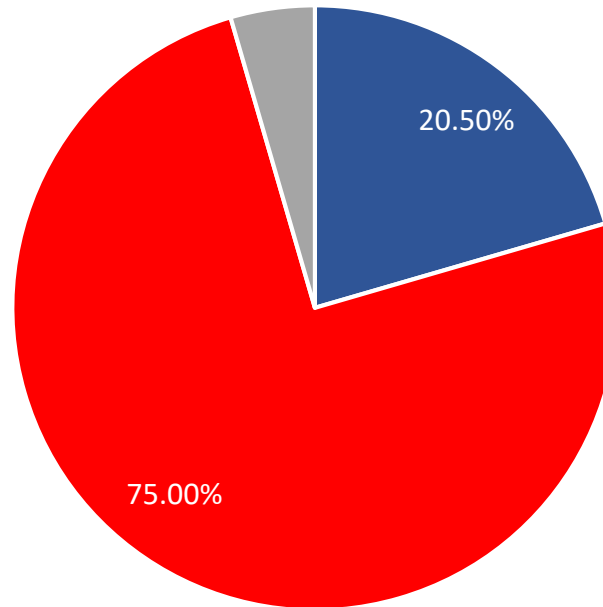


I know who I can call or where I can go when I'm in crisis or my loved one is in crisis.



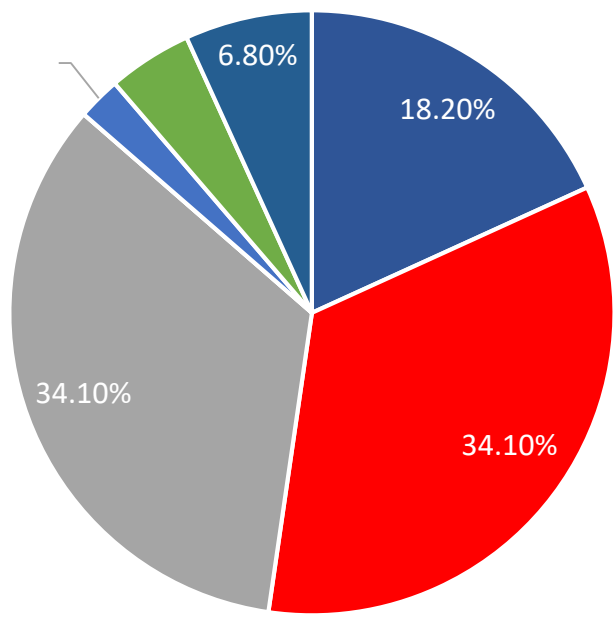
■ Yes ■ No

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



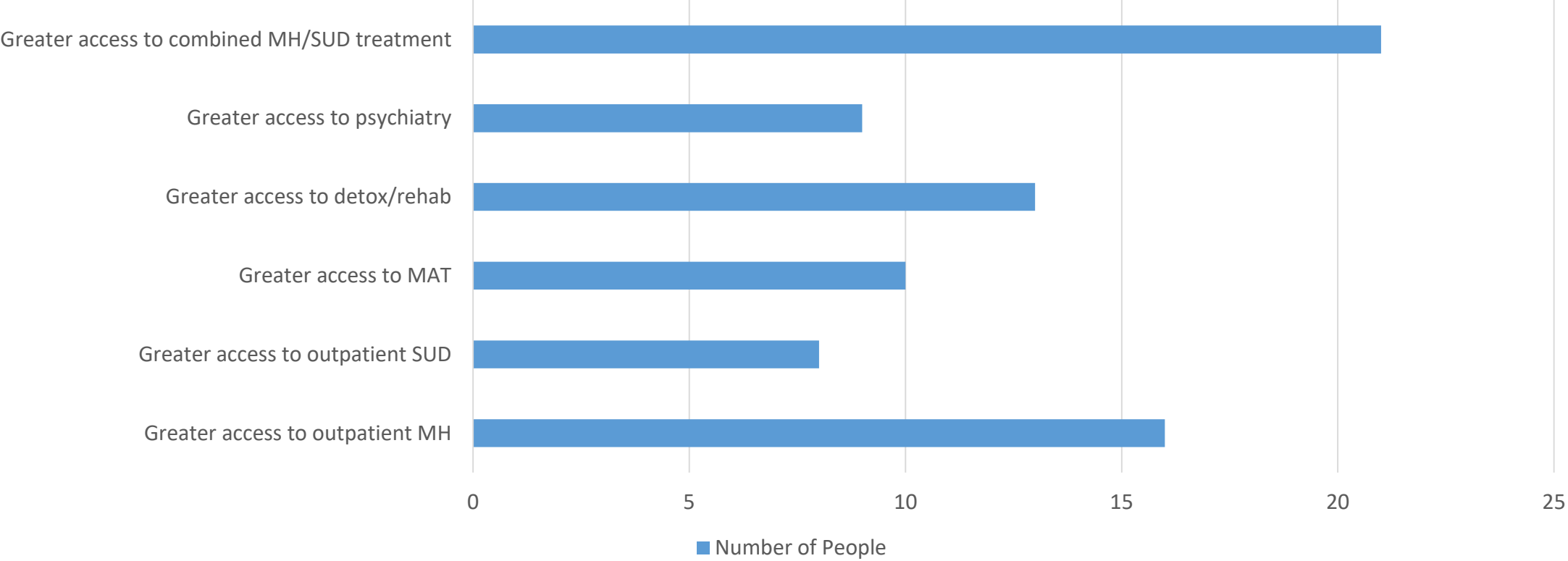
■ Yes ■ No ■ Maybe

In what setting do you currently reside?

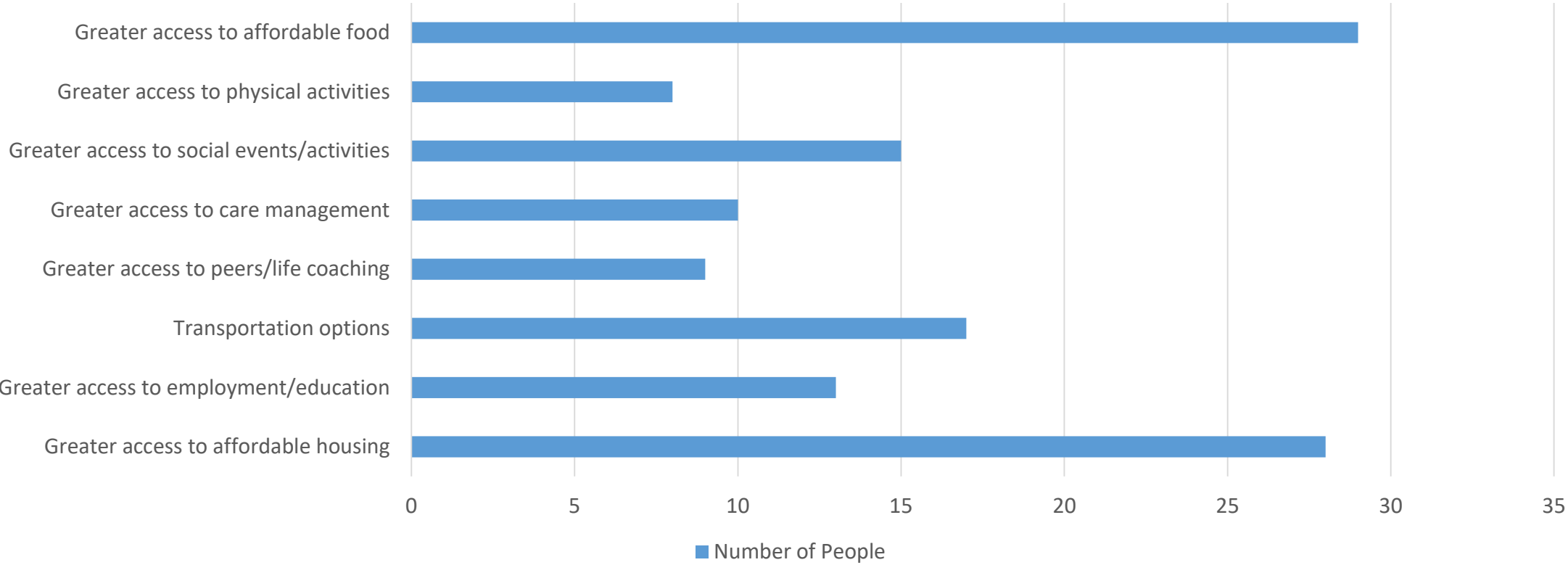


■ Own home ■ Rent ■ Live with friend/relative ■ Staff Supported CR ■ SRO/Transitional ■ IRA ■ Homeless ■ Halfway House

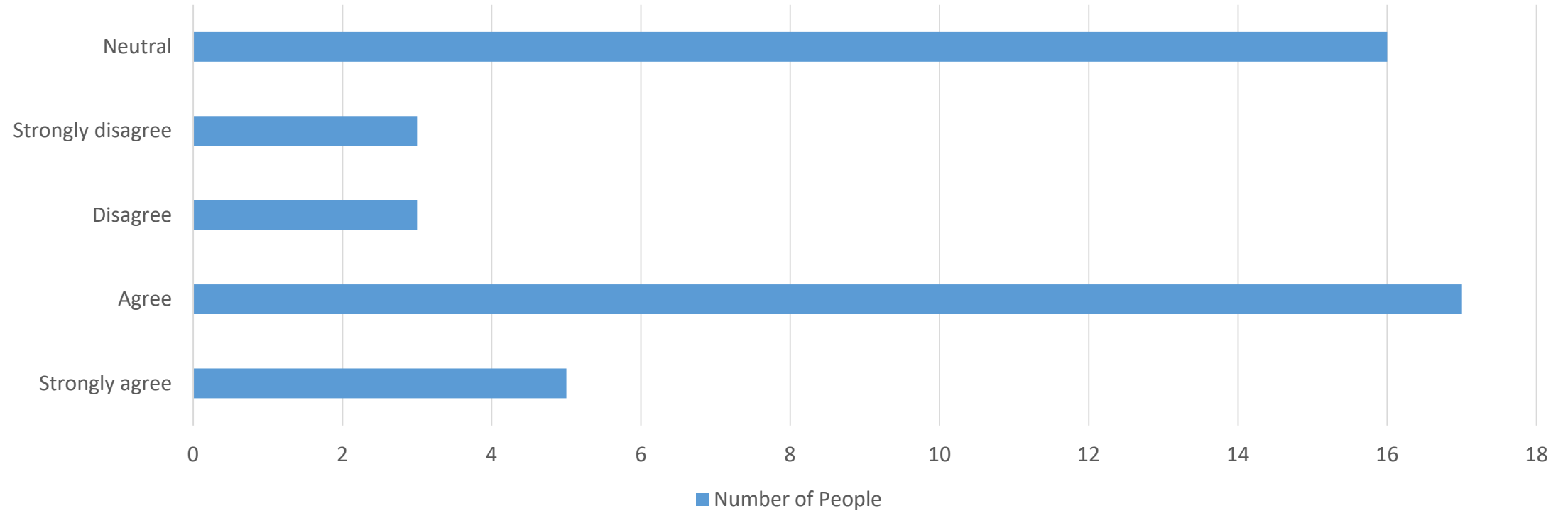
What do you feel the County needs the most?



What support services do you feel the County needs more of?



If you're currently not employed do you feel there are adequate resources and supports to assist you in gaining meaningful employment?



OMH Vital Signs Dashboard (VSD) - Adult

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

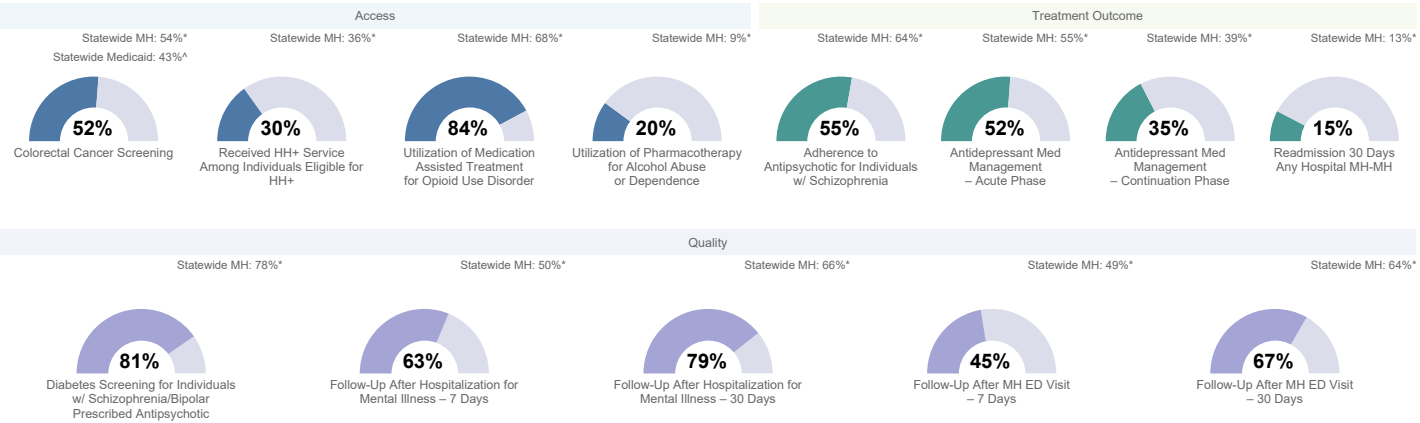
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
Full MH Population

 Reset

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

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



*Statewide Full MH Population Average Rate. ^Statewide Total Medicaid Population Average Rate.
^^Health Home Plus eligibility has been expanded to include Medicaid and DOH MAPP individuals since March 2022

Select Disparity Population
Total Population

Select to View Chart/Table
Table

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

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

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

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

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

OMH Vital Signs Dashboard (VSD) - Child

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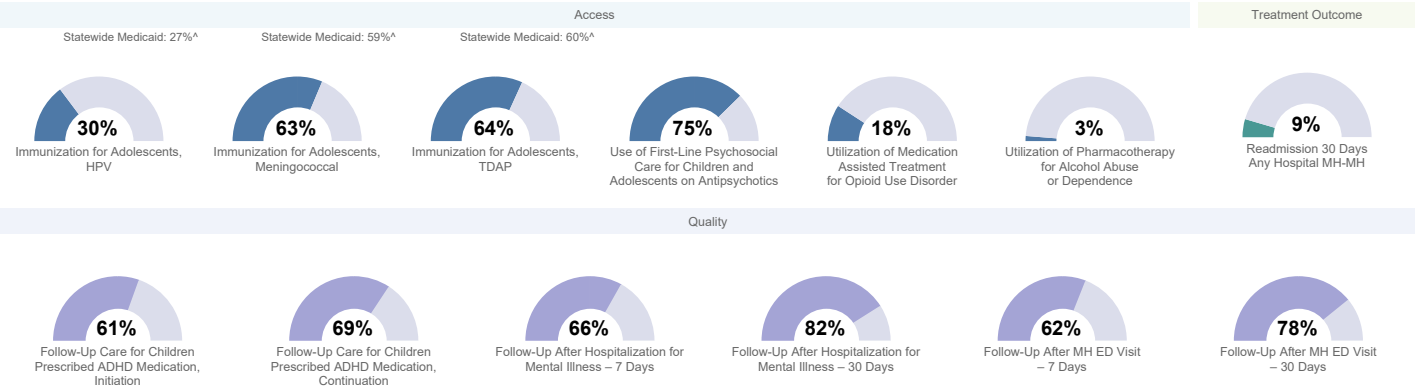
Select Region, County, Network, or Agency
STATEWIDE

Select Population
Full MH Population

Reset

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

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



[^]Statewide Total Medicaid Population Average Rate.

Select Disparity Population
Total Population

Select to View Chart/Table
Table

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

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

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

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

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OMH Vital Signs Dashboard (VSD) - Trends Over Time

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

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

Select Region, County, Network, or Agency
STATEWIDE

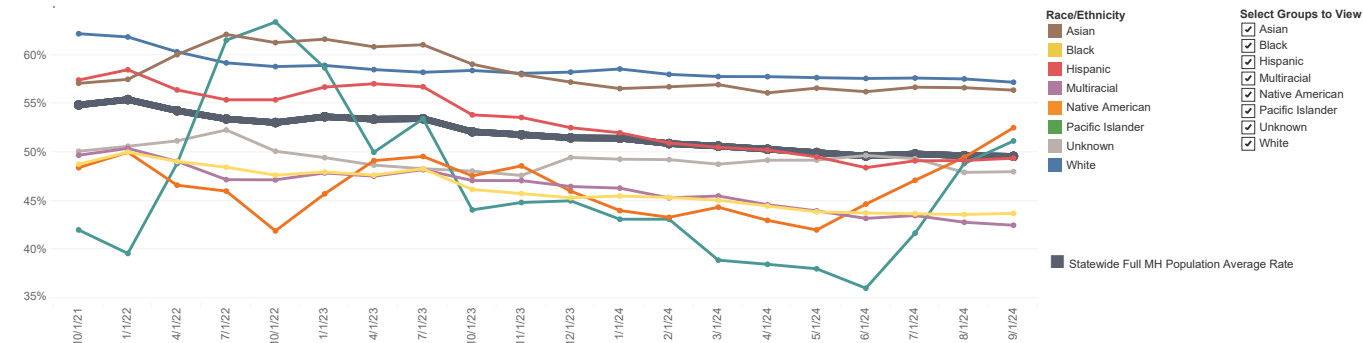
Select Population
--Total OMH Licensed Programs



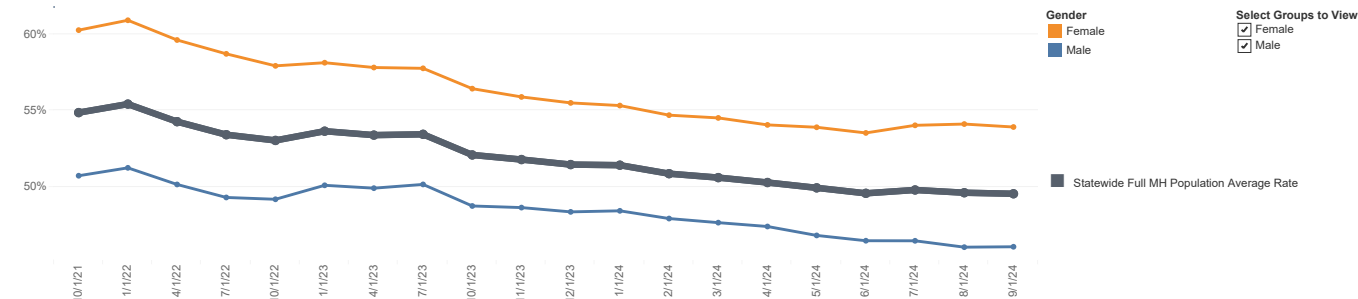
STATEWIDE Total OMH Licensed Programs Over Time Trend: Follow-Up After Hospitalization for Mental Illness - 7 Days (Adult, October 01, 2021 - September 01, 2024)

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

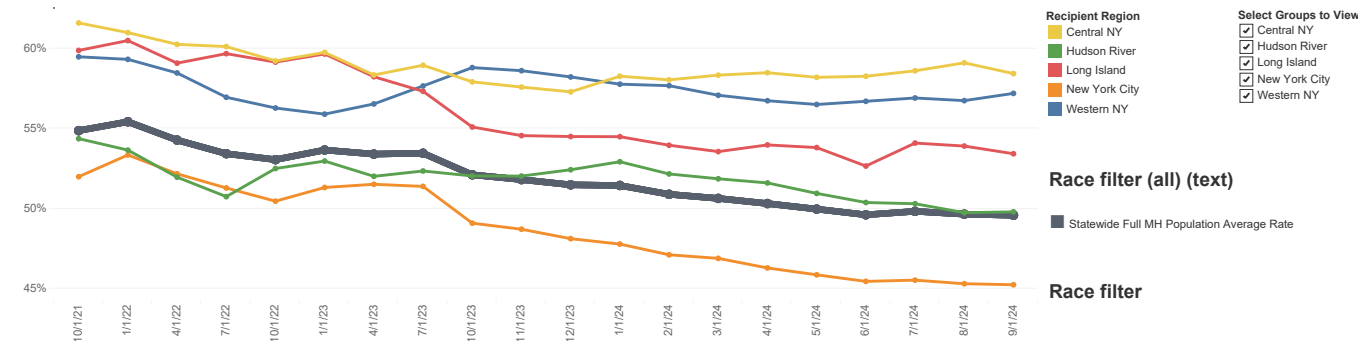
Race/Ethnicity



Gender



Recipient Region



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



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

Office of Mental Health
Last Update: June 2025

Contact us by email

OMH Vital Signs Dashboard (VSD) - Adult

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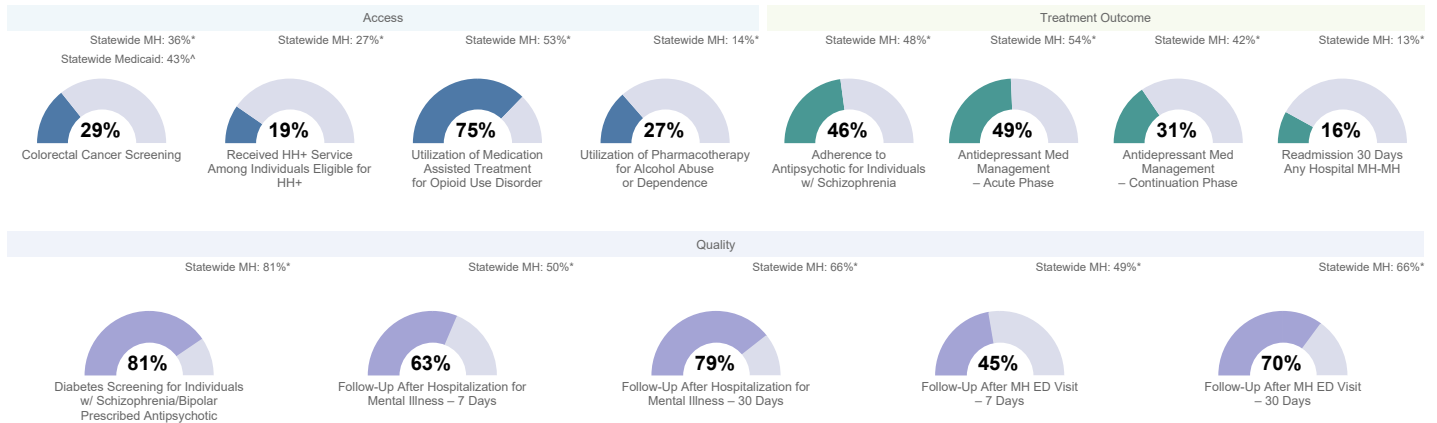
Select Region, County, Network, or Agency
SAINT LAWRENCE

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



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

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



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

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

Select Disparity Population
Total Population

Select to View Chart/Table
Table

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

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

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

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

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OMH Vital Signs Dashboard (VSD) - Child

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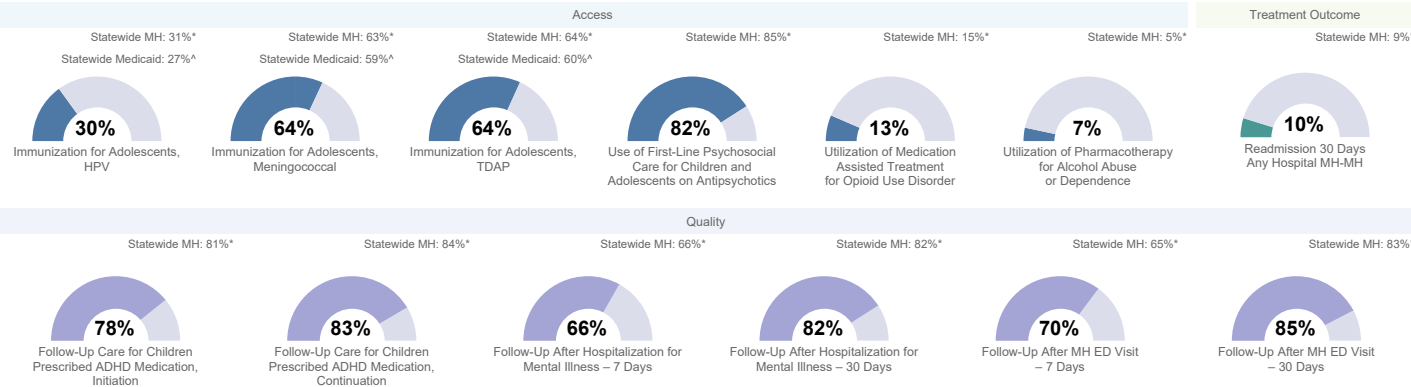
Select Region, County, Network, or Agency
STATEWIDE

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

Reset

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

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



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

Select Disparity Population
Total Population

Select to View Chart/Table
Table

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

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

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

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

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OMH Vital Signs Dashboard (VSD) - Trends Over Time

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

Select Region, County, Network, or Agency
STATEWIDE

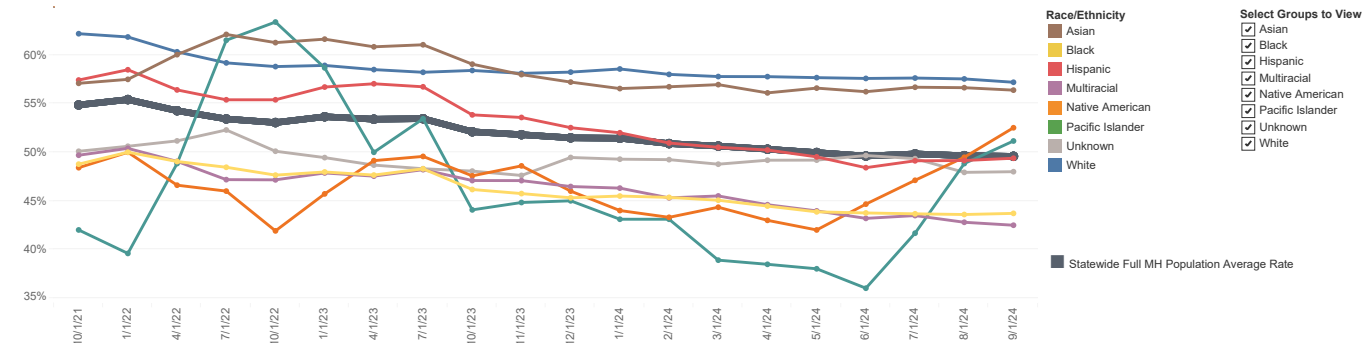
Select Population
--Total OMH Licensed Programs



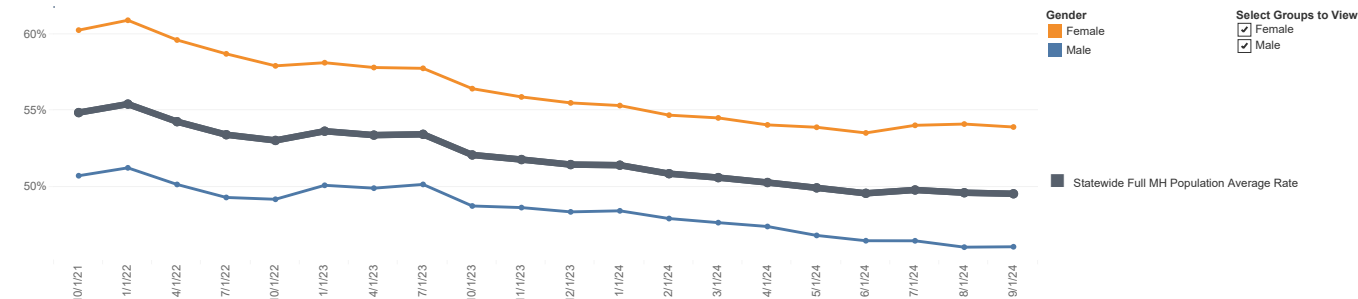
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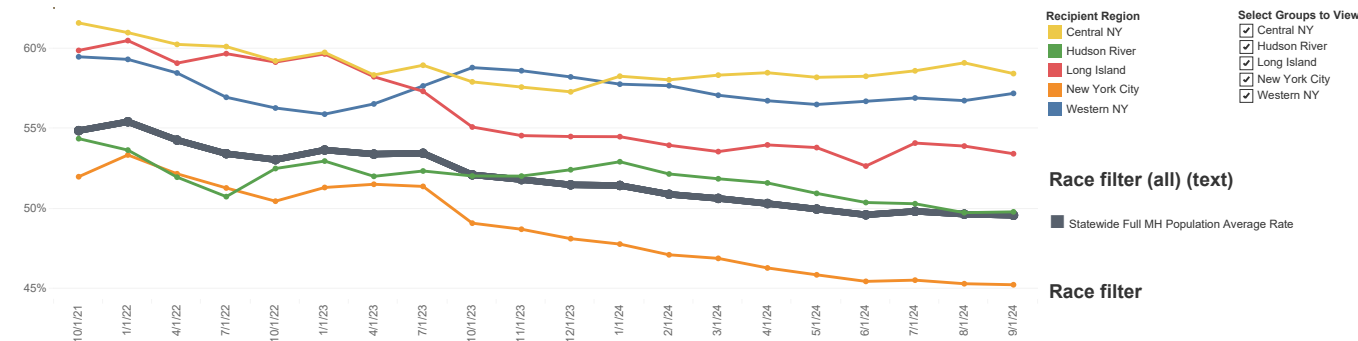
Race/Ethnicity



Gender



Recipient Region



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Office of Mental Health
Last Update: June 2025

Contact us by email



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

Jay Ulrich, Director
(julrich@stlawco.gov)

Goal 1

Goal 1, 2027 Status Update: Complete

Goal 1, 2027 Status Update Description: The CSB appointed provider began to provide mobile crisis response to include clinicians and peers in July 2025. Since that time, we have had monthly stakeholder meetings with the provider which were recently discontinued due to the ongoing stability and success of the program. We are now on a PRN basis for complex situations that may arise.

Goal 1 Objective 1, 2027 Status Update: Complete

Goal 1 Objective 1, 2027 Status Update Description: The funds have been allocated to assist with start up costs and ongoing need to address any staffing turnover for the mobile crisis program.

Goal 1 Objective 2, 2027 Status Update: N/A

Goal 1 Objective 2, 2027 Status Update Description:

Goal 1 Objective 3, 2027 Status Update: Complete

Goal 1 Objective 3, 2027 Status Update Description: The provider has secured the designation as an OMH approved Mobile Crisis Team. Law enforcement has spoken highly of the program and the collaboration with the provider.

Goal 1 Objective 4, 2027 Status Update: Complete

Goal 1 Objective 4, 2027 Status Update Description: The provider has been able to successfully bill for services provided by the Mobile Crisis Team using APG rates.

Goal 1 Objective 5, 2027 Status Update: Complete

Goal 1 Objective 5, 2027 Status Update Description: Any need for continuous improvement will be addressed at the PRN stakeholder meetings.

Goal 1 Objective 6, 2027 Status Update: N/A

Goal 1 Objective 6, 2027 Status Update Description:

Goal 2

Goal 2, 2027 Status Update: Ongoing

Goal 2, 2027 Status Update Description: Mountain Lake continues to canvass properties for a suitable site for this new program.

Goal 2 Objective 1, 2027 Status Update: Ongoing

Goal 2 Objective 1, 2027 Status Update Description: The provider awarded funding for a 20-bed CR-SRO is nearing the end of the design phase with OMH. The provider of the Steps to Grow, which will be 10 units, and the 42-bed permanent supportive housing projects are nearing completion and are slated to open in the Fall 2026. The same provider has two pending projects, an additional 20 bed supported housing project that includes wrap around supports and a 14 bed transitional housing project.

Goal 2 Objective 2, 2027 Status Update: Ongoing

Goal 2 Objective 2, 2027 Status Update Description: In conjunction with the local Public Health Department an attempt was made to arrange for training in the local community. Efforts are ongoing.

Goal 2 Objective 3, 2027 Status Update: Ongoing

Goal 2 Objective 3, 2027 Status Update Description: The LGU is looking to restructure the SPOA and AOT programs. Once this is approved, the CSPOA Coordinator will be able to enhance efforts to continue to expand the County System of Care.

Goal 3

Goal 3, 2027 Status Update: Ongoing

Goal 3, 2027 Status Update Description: The local 9.39 hospital is undergoing significant restructuring and fiscal stress. Due to this, efforts to increase their services with the awarded CPEP have been placed on hold.

Goal 3 Objective 1, 2027 Status Update: **Complete**

Goal 3 Objective 1, 2027 Status Update Description: The local inpatient provider secured funding to expand children's psychiatric inpatient services rather than adults. Unless additional funding becomes available this goal will not be considered.

Goal 4

Goal 4, 2027 Status Update: **Ongoing**

Goal 4, 2027 Status Update Description: The provider in Massena that was looking to increase their service capacity is continuing their efforts, but have been delayed due to unforeseen EPA constraints.

Goal 4 Objective 1, 2027 Status Update: **Complete**

Goal 4 Objective 1, 2027 Status Update Description:

Goal 4 Objective 2, 2027 Status Update: **Ongoing**

Goal 4 Objective 2, 2027 Status Update Description: Local universities have engaged in efforts to assist in expanding the behavioral health workforce. The LGU is continuing to urge providers to take part in the Social Care Network.

Goal 5

Goal 5, 2027 Status Update: **Ongoing**

Goal 5, 2027 Status Update Description: County providers are continuing to participate in the regional Hospital and Community Connections OMH initiative. Fort Drum Regional Health Planning Organization coordinates a monthly meeting to review workflows and discharge planning for high risk individuals within the County.

Goal 5 Objective 1, 2027 Status Update: **N/A**

Goal 5 Objective 1, 2027 Status Update Description: The current 9.39 environment has not allowed this expansion.

Goal 5 Objective 2, 2027 Status Update: **Ongoing**

Goal 5 Objective 2, 2027 Status Update Description: The county is continuing to await the opening of the ARC Jefferson-St. Lawrence's Critical Time Transition Program for adults in the Tug Hill Region and also the Mountain Lake Services CTT program.

Goal 6

Goal 6, 2027 Status Update: **Ongoing**

Goal 6, 2027 Status Update Description:

Goal 6 Objective 1, 2027 Status Update: **Complete**

Goal 6 Objective 1, 2027 Status Update Description: In addition to the St. Lawrence County Addiction Services, other local providers are now distributing Narcan and providing training. Additionally, there are Narcan vending machines located at designated public buildings within the County. In 2025, St. Lawrence County Addiction services distributed 618 doses of Narcan, 1657 Fentanyl Test Strips and 1236 Zylazine Test Strips within the county.



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2024 Needs Assessment Form St. Lawrence County Community Services

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Adults Only

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Youth Only

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): The LGU plans to expand Teen Intervene Programs in targeted school districts through the use of the State Opioid Settlement funds..

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Currently St. Lawrence County does not have any (in-county) Residential Treatment Service for the OMH and OPWDD populations. This creates both hardships and barriers for the involved families.

Respite Yes

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Although we have Medicaid transportation (MAS), SLC Public Transit System, and the Volunteer Transportation Center, there remains additional needs particularly for emergency situations. For example, when a child or youth is taken to the local 9.39 ED, the parents often have barriers getting to the hospital when lacking their own transportation. The LGU plans to use OASAS Opioid Settlement funds to expand existing transportation services.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Workforce shortage remains a concern across the region for all O agency programs. Some agencies are providing sign-on bonuses, others have increased salary while the payer reimbursement rates remain the same. Staff shortages increase clinician caseloads which subsequently contributes to higher levels of staff burnout.

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

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

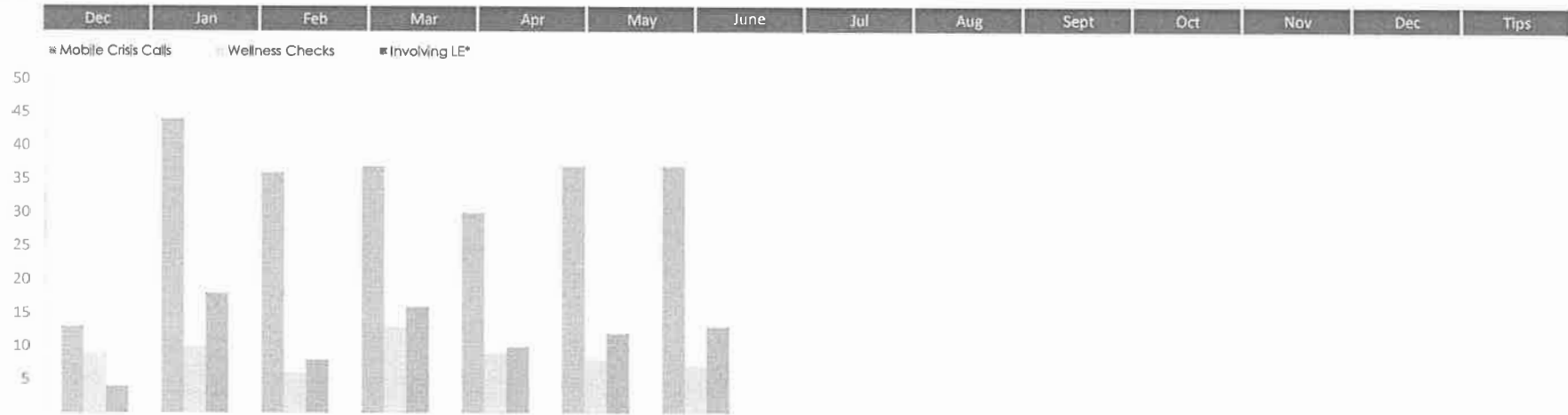
Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

LGU Representative: Jay Ulrich

Submitted for: St. Lawrence County Community Services

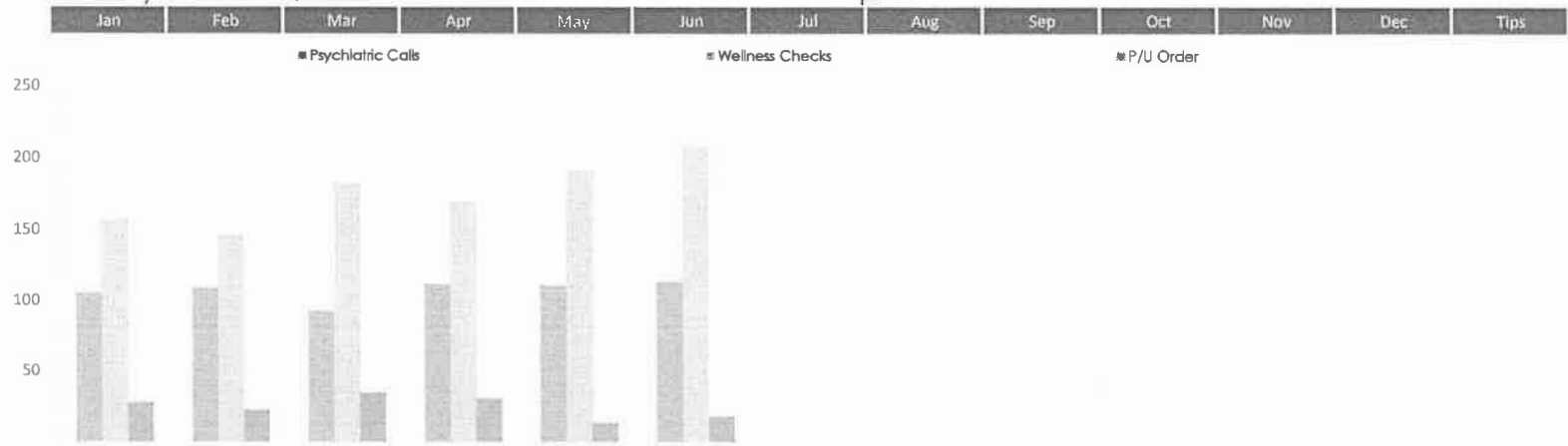
Reachout



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

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

Law Enforcement Psychiatric, Wellness Check and MHL Transports



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

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

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

Recipient Search (Standard)

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

Recipients Found : 181

Single Point of Access Data

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

OMH Vital Signs Dashboard (VSD) - Adult

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

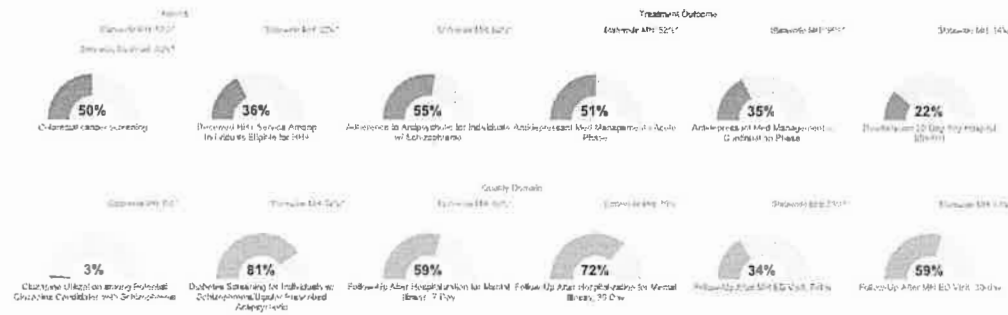
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
Full MH Population



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

Here, over 7% for measure definitions (full list in 'Definitions' tab). All measures leverage Medicaid data.



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

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

Select Disparity Population
Race/Ethnicity

Select to View Chart/Table
Table

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

Statewide Average Performance is Referencing To Statewide Full MH Population Average Rate

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

Measure	Population	Statewide Average Performance	Disparity Category	Numerator	Denominator	Performance	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
Adherence to MH Service (Schizophrenia)	Full MH Population	45%	Total	59	127	46%			
			White	52	117	44%			
			Black	182	390	46%			
			Hispanic	39	70	56%			
			Native American	9	16	56%			
			Other	172	258	67%			
Adherence to Antipsychotic Management in Acute Phase	Full MH Population	55%	Total	127	360	35%			
			White	28	70	40%			
			Black	5	16	31%			
			Hispanic	93	258	36%			
			Native American	1	31	3%			
			Other	0	5	0%			
Adherence to Antipsychotic Management in Outpatient Phase	Full MH Population	51%	Total	0	21	0%			
			White	1,118	2,253	50%			
			Black	12	22	55%			
			Hispanic	7	13	54%			
			Native American	208	472	44%			
			Other	96	96	100%			
Discharge to Long-Term Care	Full MH Population	22%	Total	15	29	52%			
			White	163	227	72%			
			Black	20	20	100%			
			Hispanic	146	178	82%			
Discharge to Home	Full MH Population	73%	Total	19	58	33%			
			White	16	49	33%			
			Black	33	56	59%			
			Hispanic	30	48	63%			
Follow-Up After MH ED Visit > 7 Day	Full MH Population	73%	Total	163	279	58%			
			White	24	54	44%			
			Black	8	11	73%			
			Hispanic	199	206	97%			
			Native American	0	0	0%			
Follow-Up After MH ED Visit > 30 Day	Full MH Population	73%	Total	199	279	71%			

**Adherence to Antipsychotic Management in Acute Phase is determined by 28% adherence threshold of the statewide average performance. Discharge to Long-Term Care is determined by 22% adherence threshold of the statewide average performance. Follow-Up After MH ED Visit > 7 Day is determined by 73% adherence threshold of the statewide average performance. Follow-Up After MH ED Visit > 30 Day is determined by 73% adherence threshold of the statewide average performance.



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

Office of Mental Health
Last Updated: 05/20/23

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Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2025 Needs Assessment Form St. Lawrence County Community Services

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): In St. Lawrence County ACEs will likely always be a relevant issue.

Likewise, so will keeping staff trained in ACEs due to turnover and shortages.

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? No

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

Residential Treatment Services Yes

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

Respite Yes

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

Transportation Yes

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

Workforce Yes

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

LGU Representative: Jay Ulrich

Submitted for: St. Lawrence County Community Services



**Office of Addiction
Services and Supports**

**Office of
Mental Health**

**Office for People With
Developmental Disabilities**

**2026 Needs Assessment Form
St. Lawrence County Community Services**

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Respite Yes

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Transition Age Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): We recently learned through the Youth Advisory Board Needs Assessment that there is a growing population of transition age youth that are in need of support services.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Although we have Medicaid transportation (MAS), SLC Public Transit System, and the Volunteer Transportation Center, there remains additional needs particularly for emergency situations. For example, when a child or youth is taken to the local 9.39 ED, the parents often have barriers getting to the hospital when lacking their own transportation. The LGU has used OASAS Opioid Settlement Funds to expand existing transportation services.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

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

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

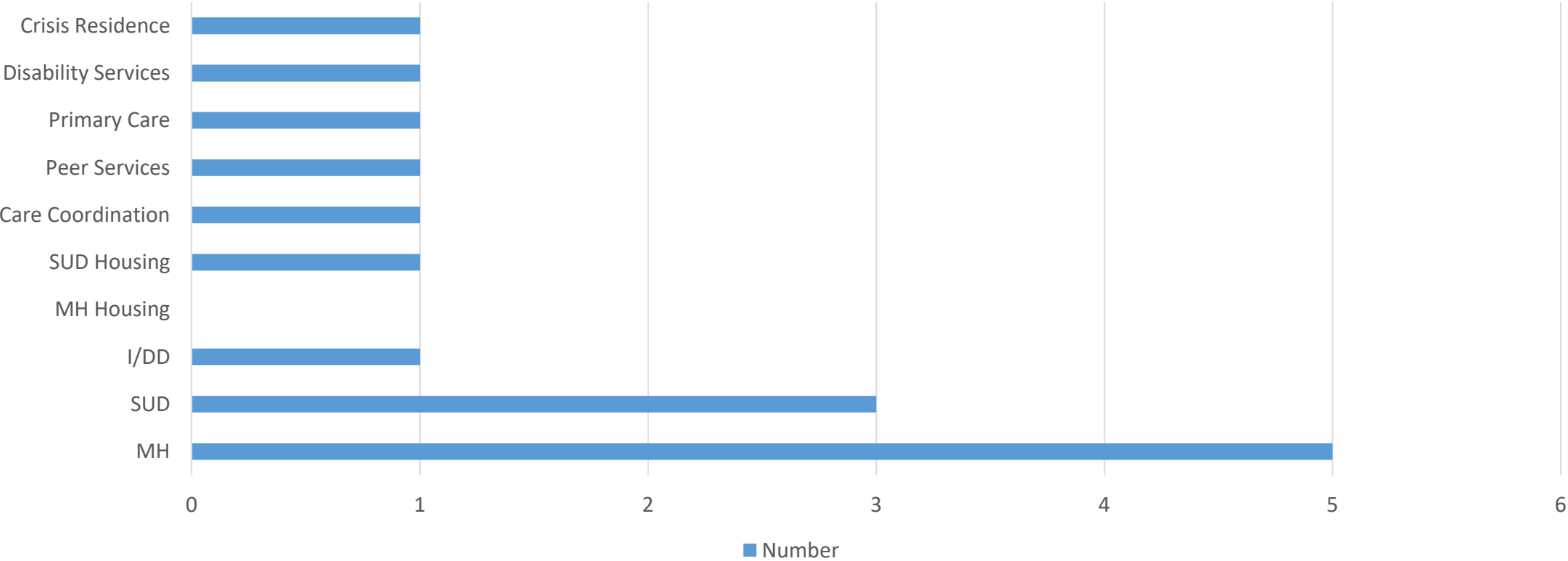
LGU Representative: Jay Ulrich

Submitted for: St. Lawrence County Community Services

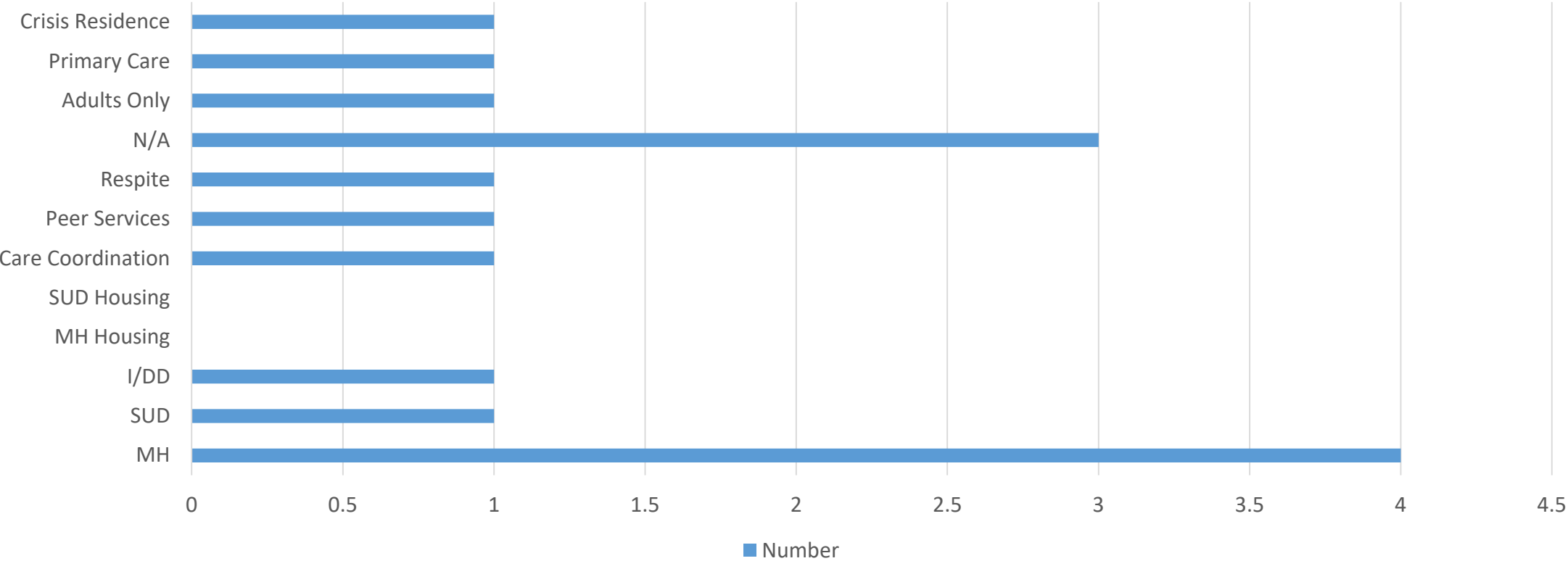
2025 SLC CS LSP Provider Survey Results



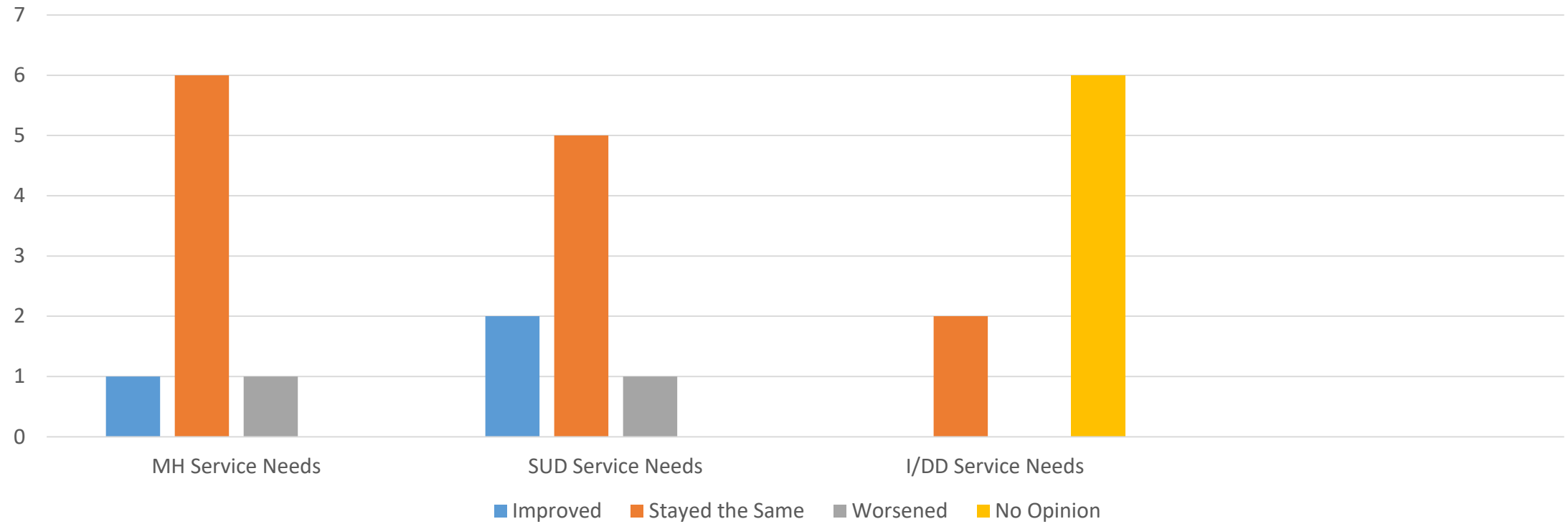
Please check all services your agency provides for Adults.



Please check all services your agency provides for Children.



For each system of care please indicate how the level of unmet need has changed over the past year.



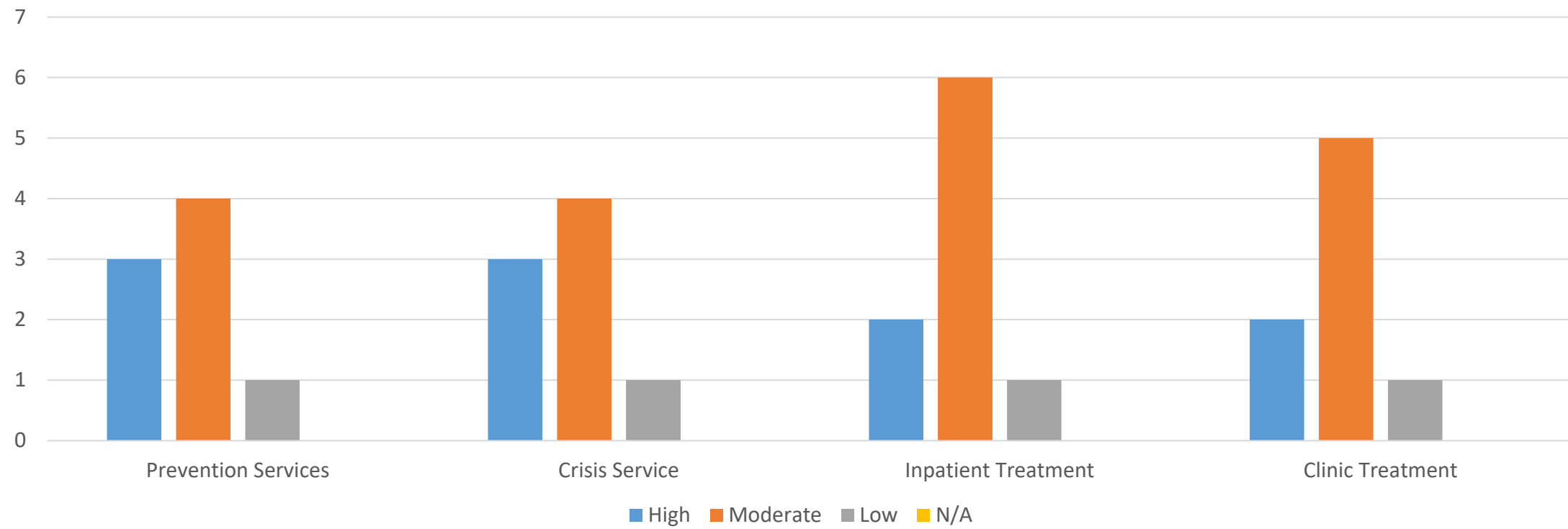
If you indicated there has been a change over the past year to level of unmet need for **mental health services**, please provide specific examples and explanations.

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

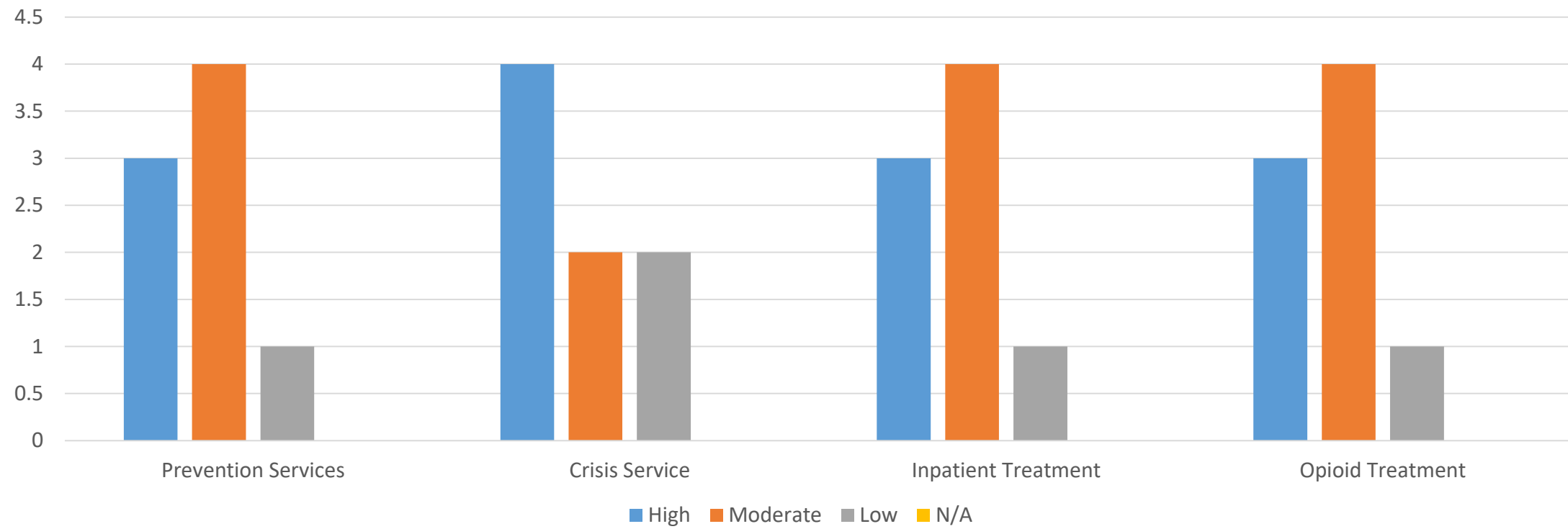
If you indicated there has been a change over the past year to level of unmet need for **substance use disorder** needs, please provide specific examples and explanations.

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

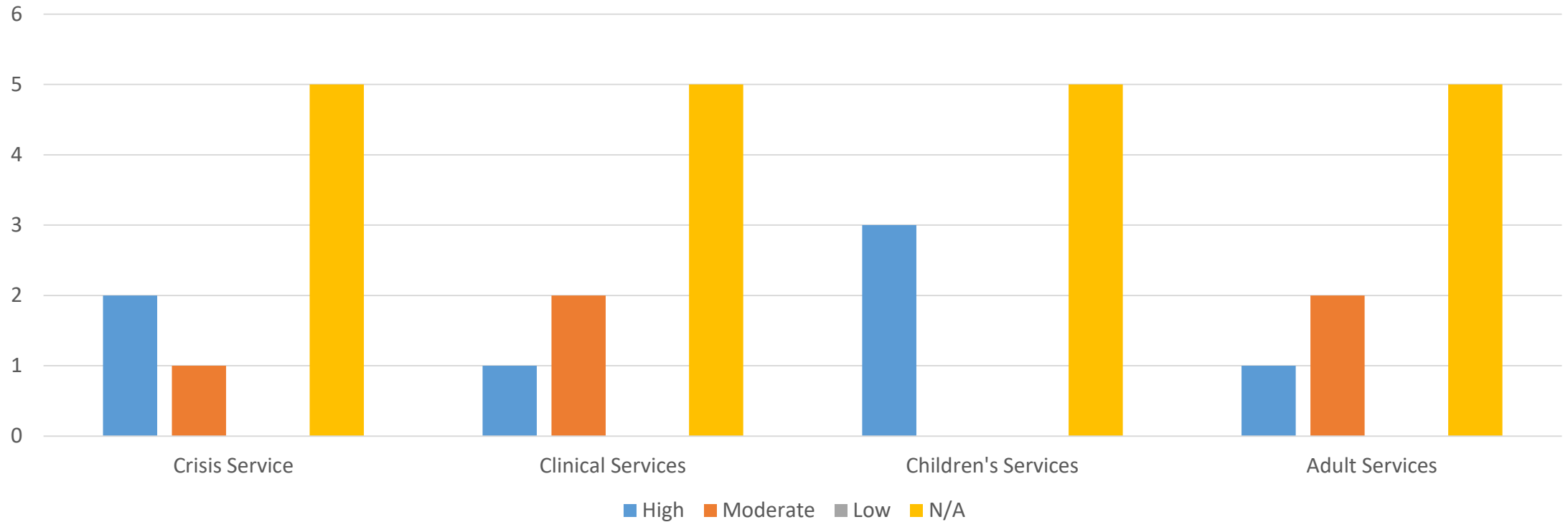
Mental Health Services - Please rate the level of need and/or gaps in the **mental health** system of care in SLC.



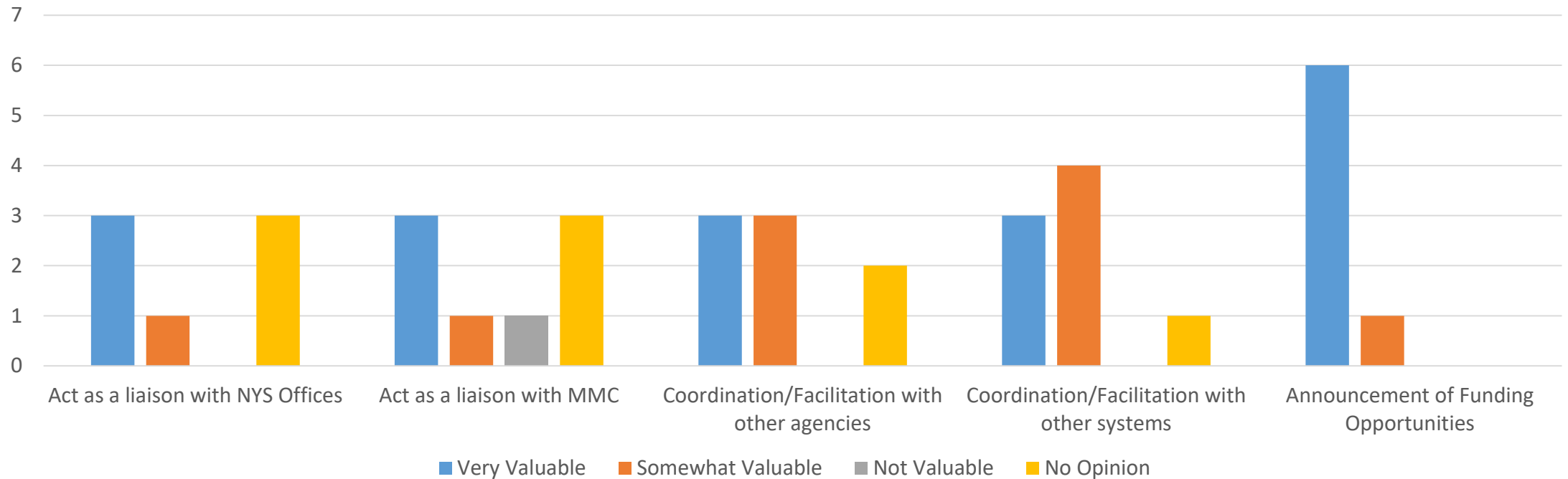
Substance Use Disorder Services - Please rate the level of need and/or gaps in the **substance use disorder** system of care in SLC.



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



If SLC Community Services Board could help your agency in any of the following ways, please indicate how valuable it would be to your agency for the CSB to provide the following activities.



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

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

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

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

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

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

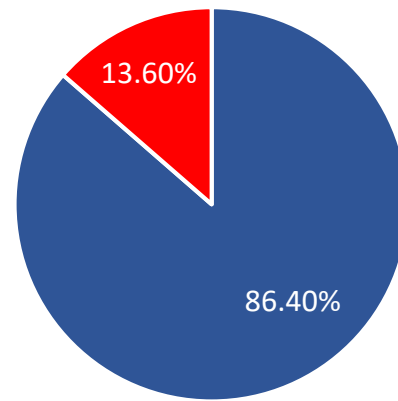
Service Recipient Survey

St. Lawrence County 2026 Local Services Plan

44 responses

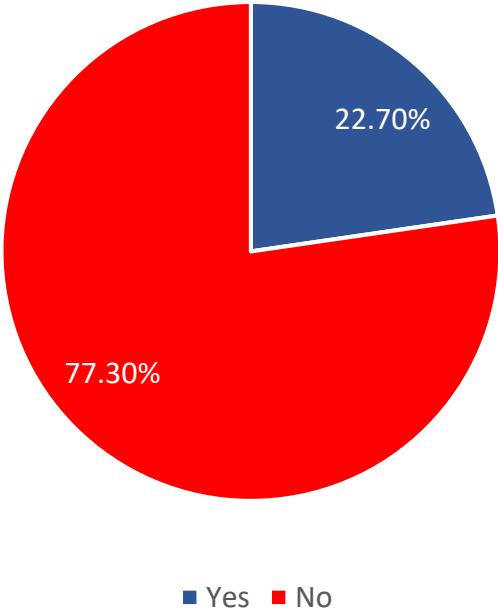


I am currently an individual that is receiving mental health, substance abuse or intellectual/developmental disability services in St. Lawrence County; or not presently, but have received such services in the last 6 months.

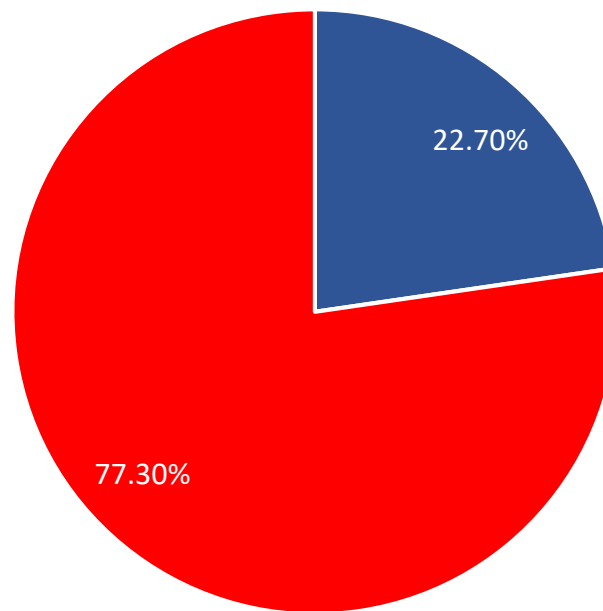


■ Yes ■ No

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

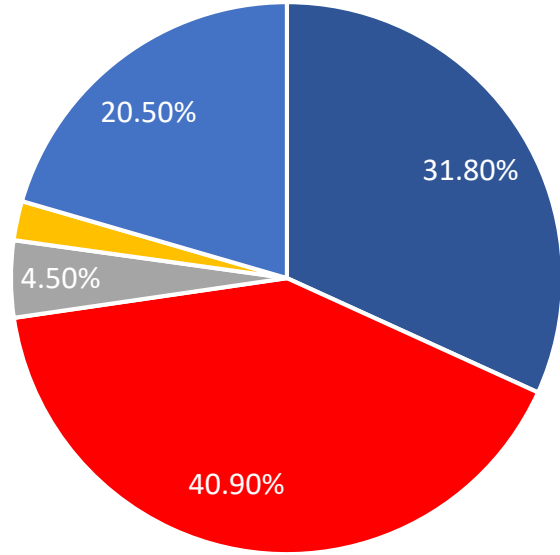


I am enrolled or my dependent is enrolled in a Care Management Agency.



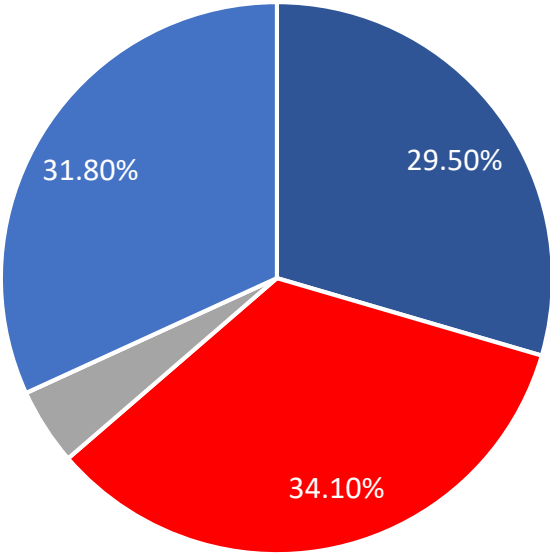
■ Yes ■ No

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



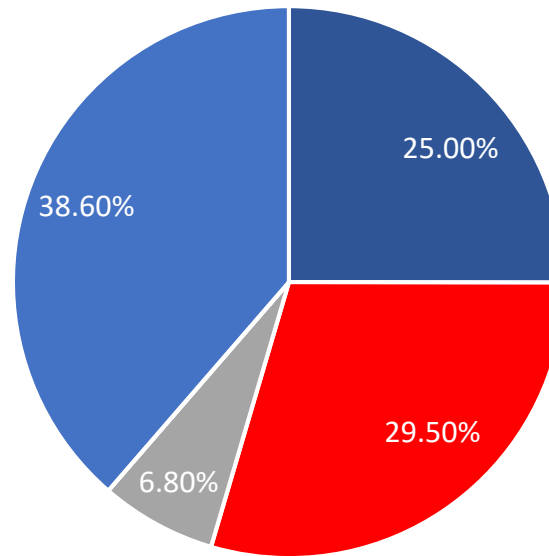
■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

The availability of outpatient alcohol or substance abuse services in St. Lawrence County is adequate.



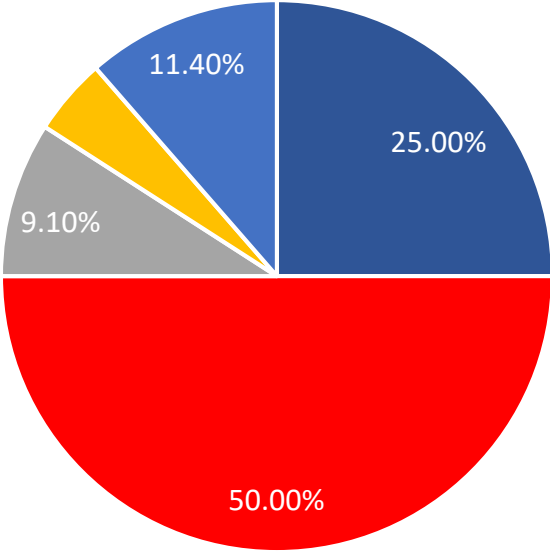
■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

The availability of inpatient alcohol or substance abuse services in St. Lawrence County is adequate.



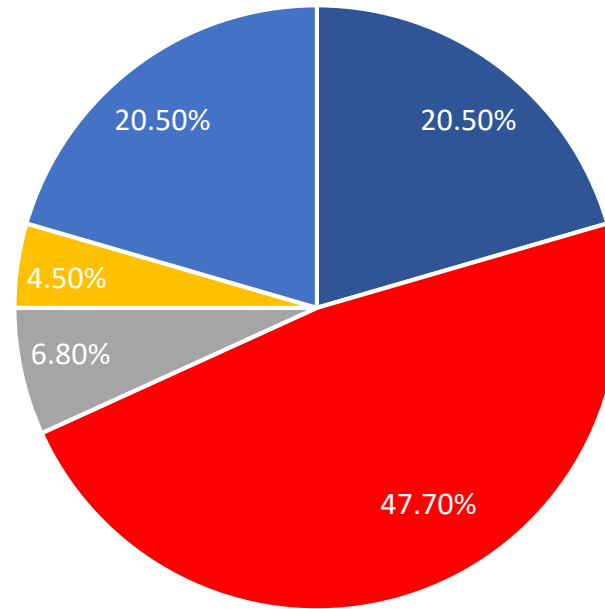
■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

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



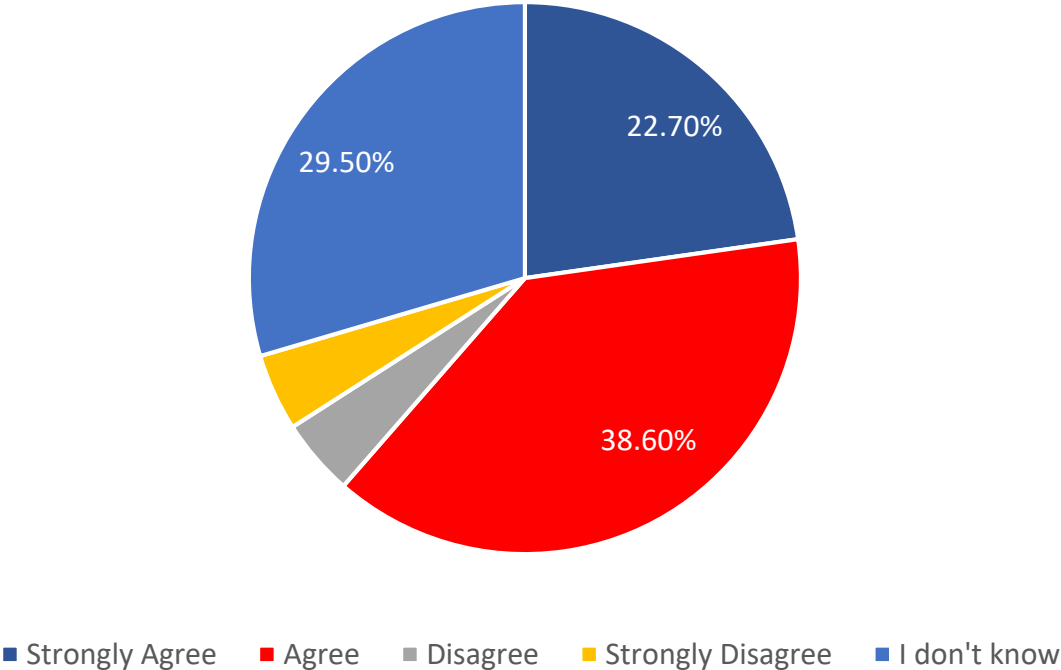
■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

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

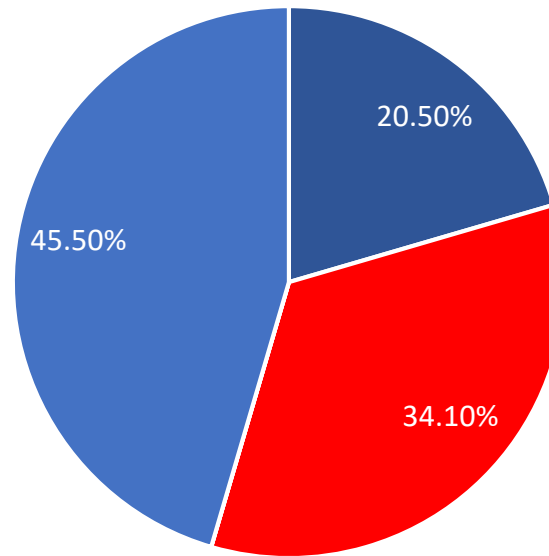


■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

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

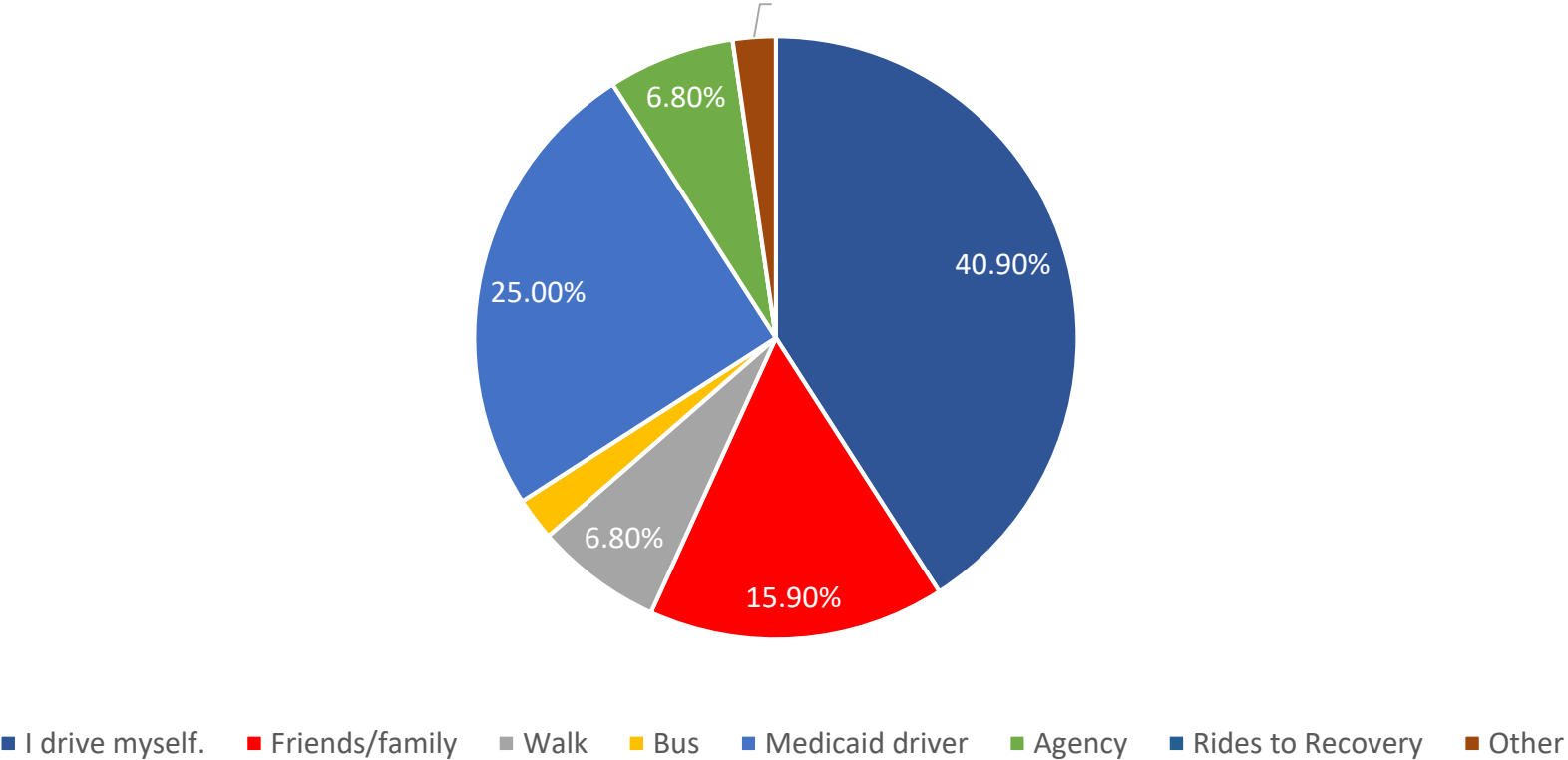


The availability of intellectual/developmental disability services in St. Lawrence County is adequate.

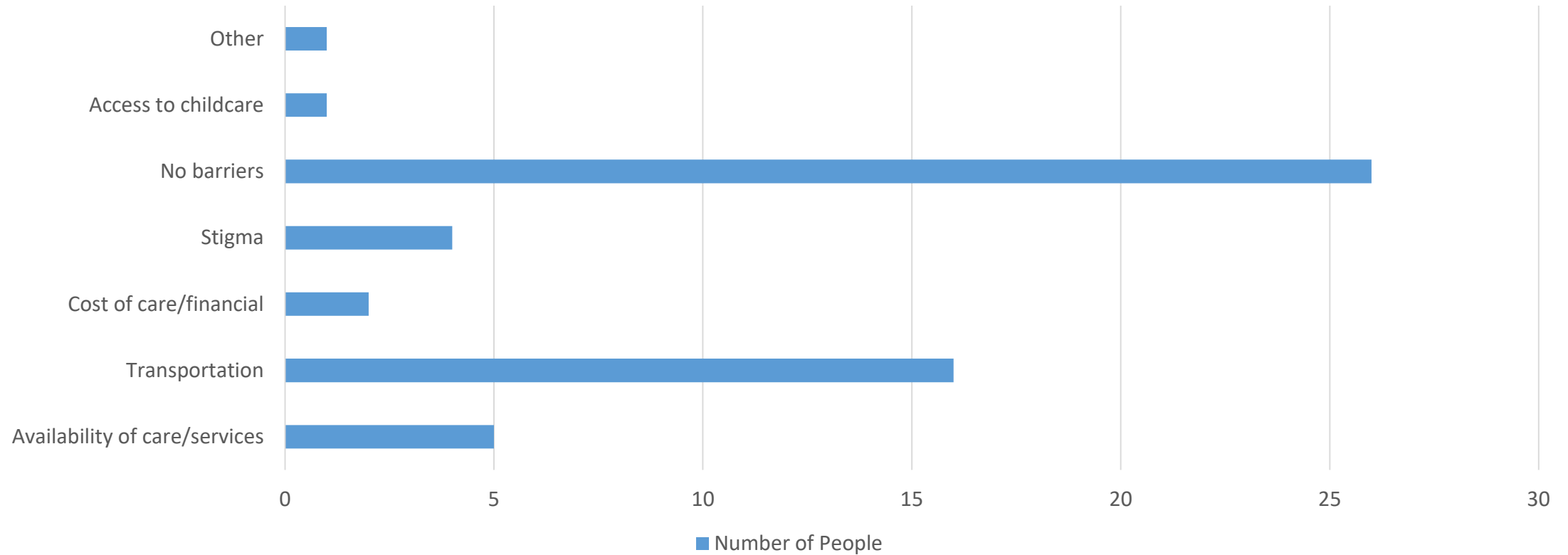


■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree ■ I don't know

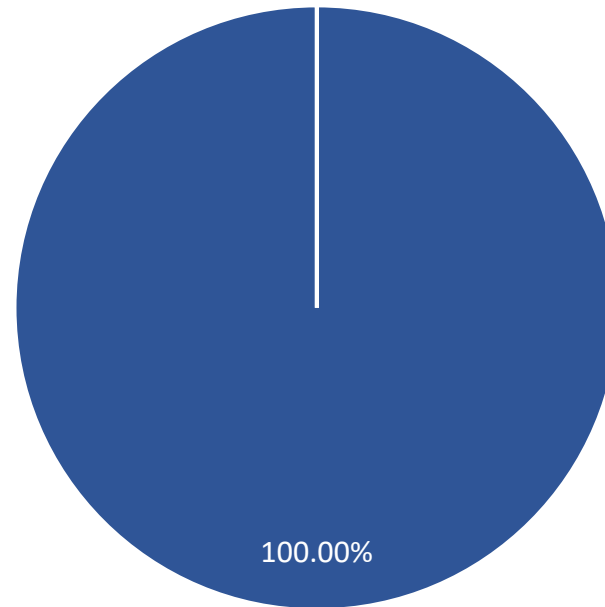
To get to my appointments, the transportation I use most often is:



When accessing care I experience the following barriers (check all that apply):

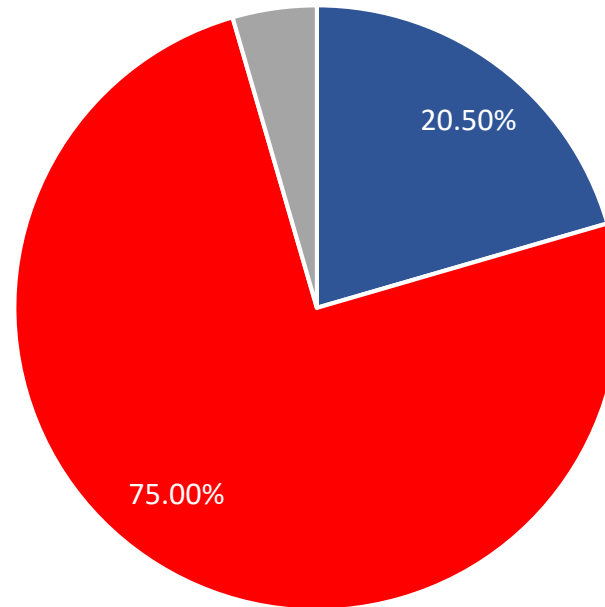


I know who I can call or where I can go when I'm in crisis or my loved one is in crisis.



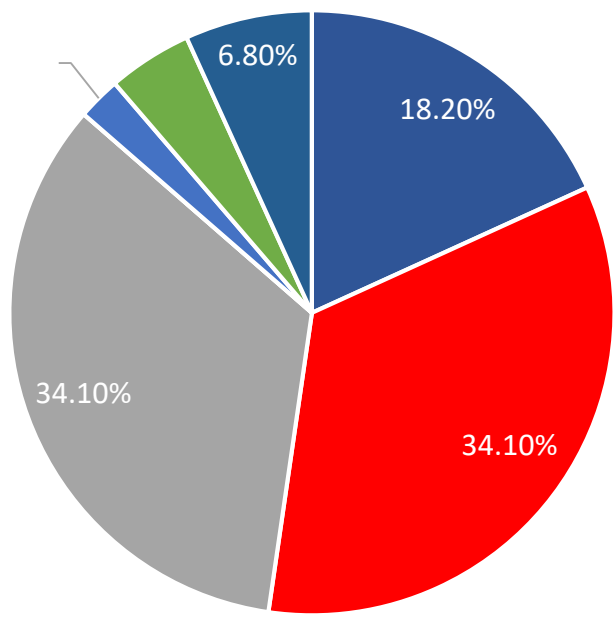
■ Yes ■ No

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



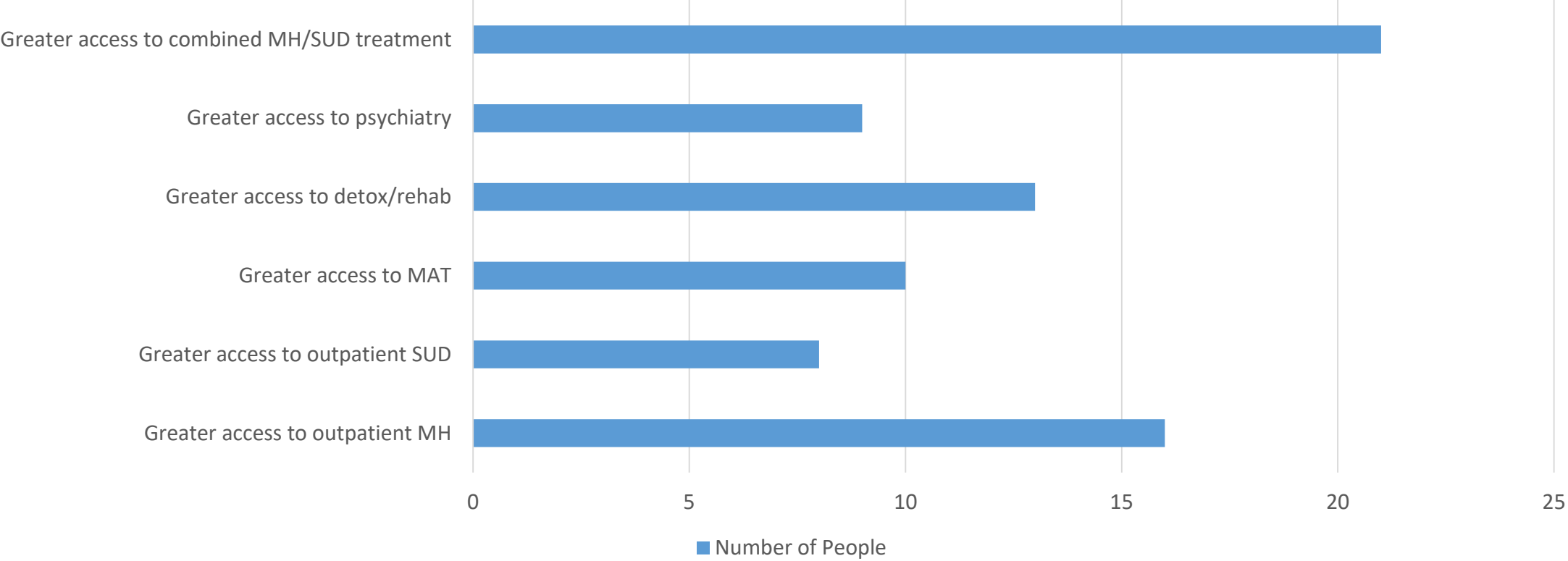
■ Yes ■ No ■ Maybe

In what setting do you currently reside?

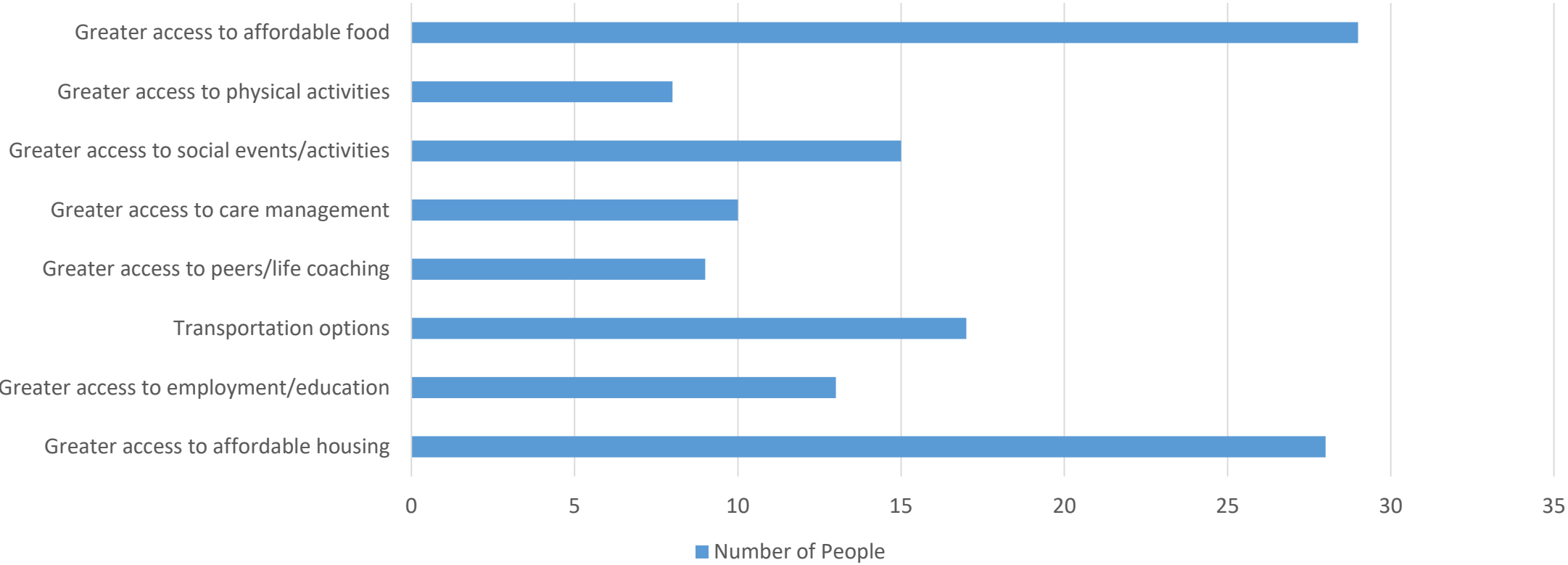


- Own home
- Rent
- Live with friend/relative
- Staff Supported CR
- SRO/Transitional
- IRA
- Homeless
- Halfway House

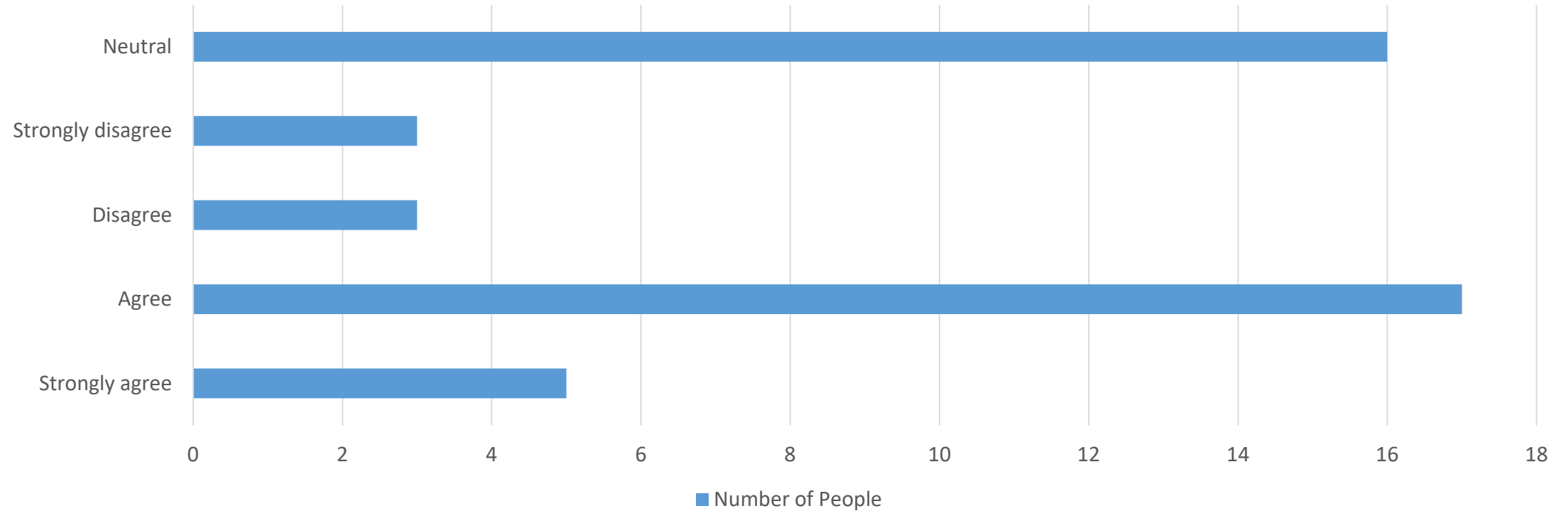
What do you feel the County needs the most?



What support services do you feel the County needs more of?



If you're currently not employed do you feel there are adequate resources and supports to assist you in gaining meaningful employment?



OMH Vital Signs Dashboard (VSD) - Adult

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

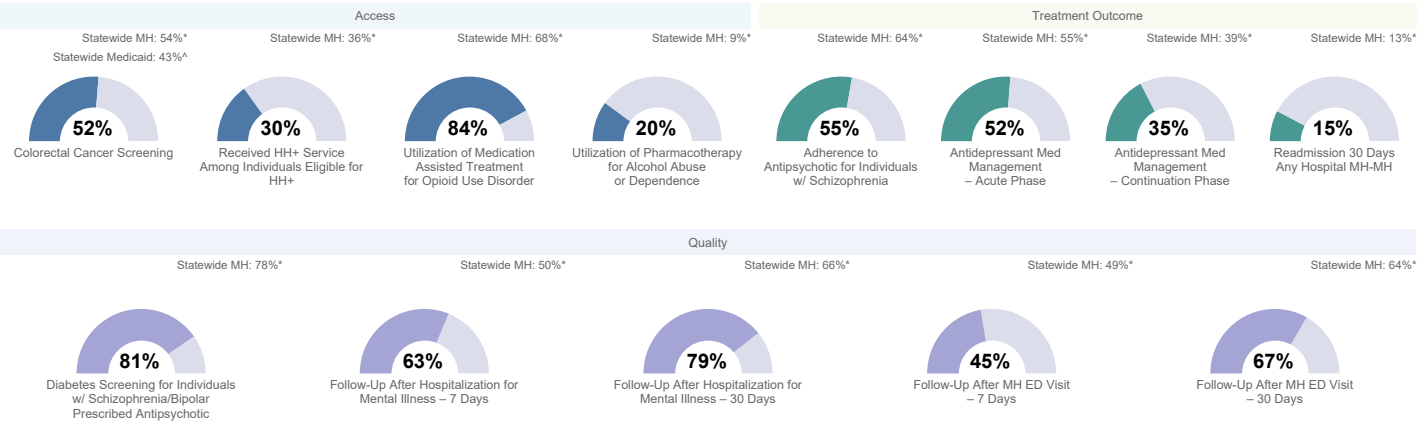
Select Region, County, Network, or Agency
SAINT LAWRENCE

Select Population
Full MH Population

Reset

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

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



*Statewide Full MH Population Average Rate. ^Statewide Total Medicaid Population Average Rate.
^^Health Home Plus eligibility has been expanded to include Medicaid and DOH MAPP individuals since March 2022

Select Disparity Population
Total Population

Select to View Chart/Table
Table

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

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

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

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

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

OMH Vital Signs Dashboard (VSD) - Child

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

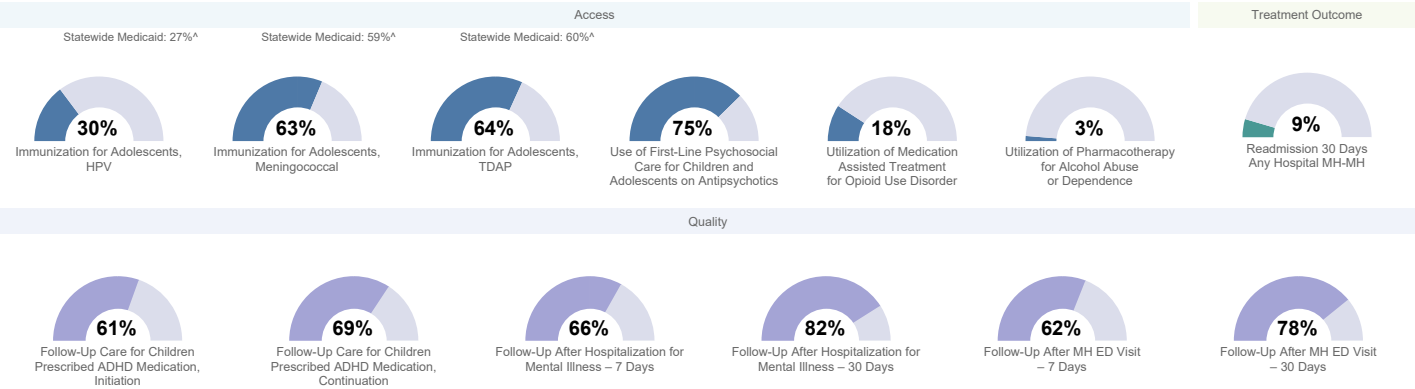
Select Region, County, Network, or Agency
STATEWIDE

Select Population
Full MH Population

Reset

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

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



[^]Statewide Total Medicaid Population Average Rate.

Select Disparity Population
Total Population

Select to View Chart/Table
Table

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

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

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

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

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OMH Vital Signs Dashboard (VSD) - Trends Over Time

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

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

Select Region, County, Network, or Agency
STATEWIDE

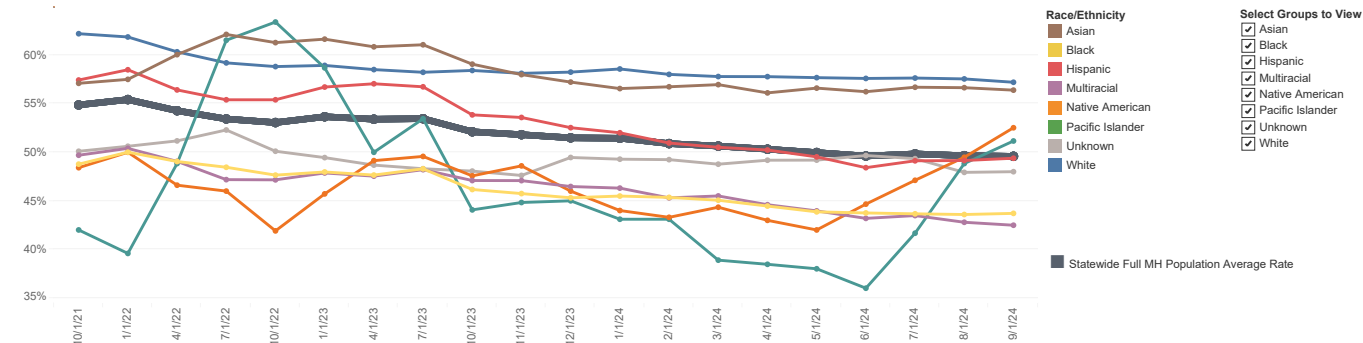
Select Population
--Total OMH Licensed Programs



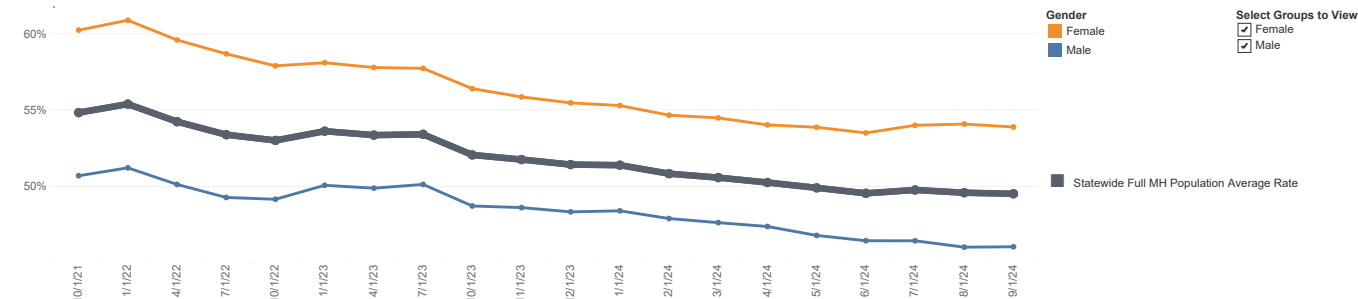
STATEWIDE Total OMH Licensed Programs Over Time Trend: Follow-Up After Hospitalization for Mental Illness - 7 Days (Adult, October 01, 2021 - September 01, 2024)

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

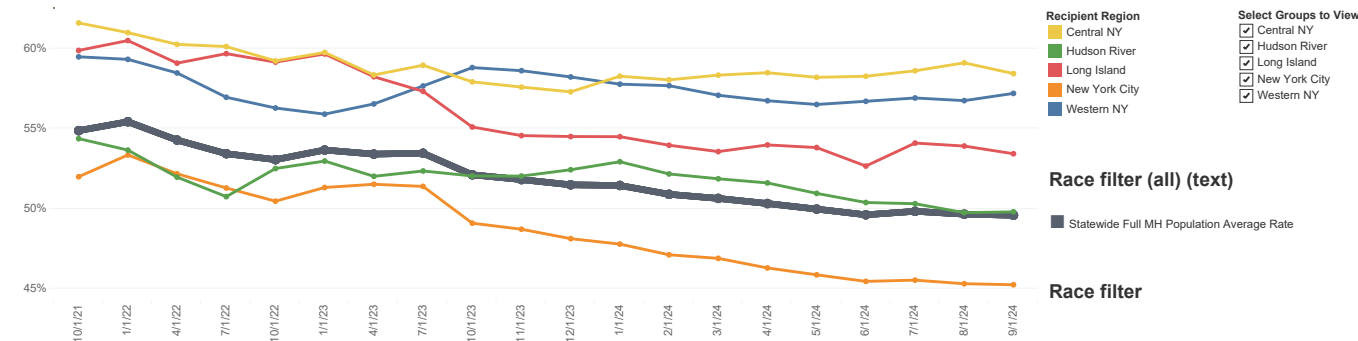
Race/Ethnicity



Gender



Recipient Region



Data are suppressed where the numerator or denominator has a value of 1 to 10. In the case where a group value is suppressed and the column total is known, the next lowest value group is also suppressed regardless of whether the numerator or denominator has a value of 10 or less.

Please note: the specifications for the two measures Follow-Up After Emergency Department Visit for Mental Illness within 7 days of the ED visit and Follow-Up After Emergency Department Visit for Mental Illness within 30 days of the ED visit changed in December 2023 resulting in a noticeable yet artificial decline.



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

Office of Mental Health
Last Update: June 2025

Contact us by email

OMH Vital Signs Dashboard (VSD) - Adult

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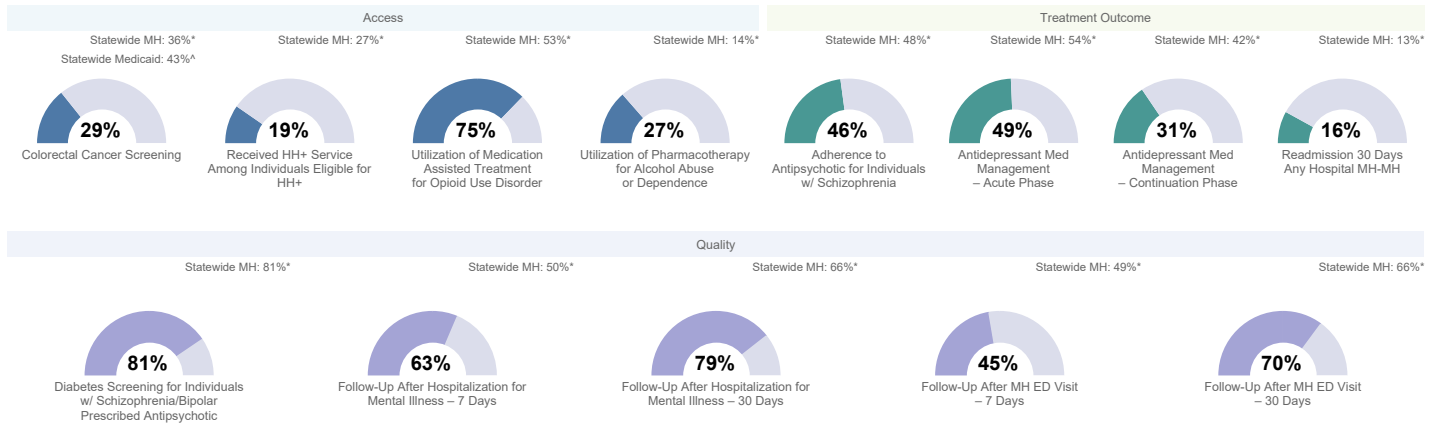
Select Region, County, Network, or Agency
SAINT LAWRENCE

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



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

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



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

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

Select Disparity Population
Total Population

Select to View Chart/Table
Table

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

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

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

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

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OMH Vital Signs Dashboard (VSD) - Child

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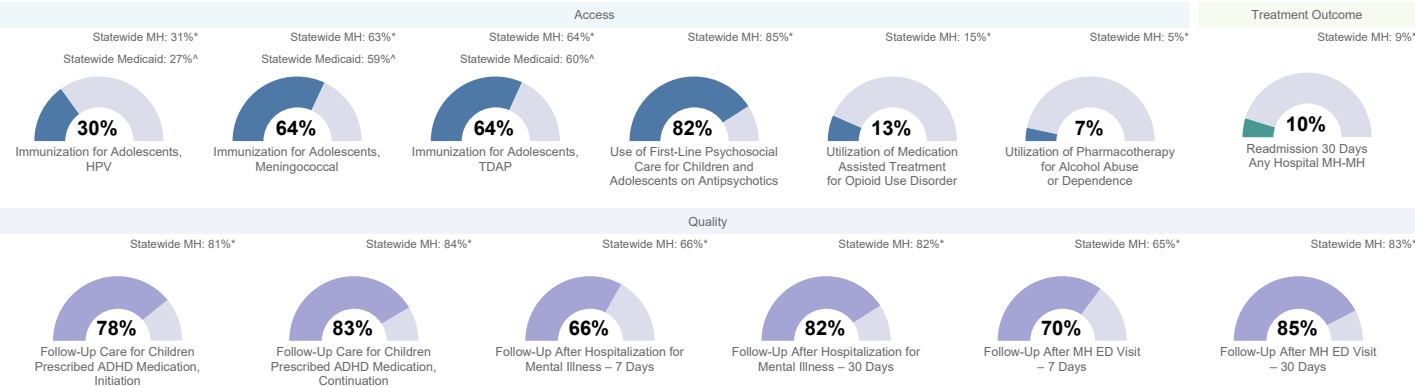
Select Region, County, Network, or Agency
STATEWIDE

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

Reset

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

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



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

Select Disparity Population
Total Population

Select to View Chart/Table
Table

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

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

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

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

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OMH Vital Signs Dashboard (VSD) - Trends Over Time

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

Select Region, County, Network, or Agency
STATEWIDE

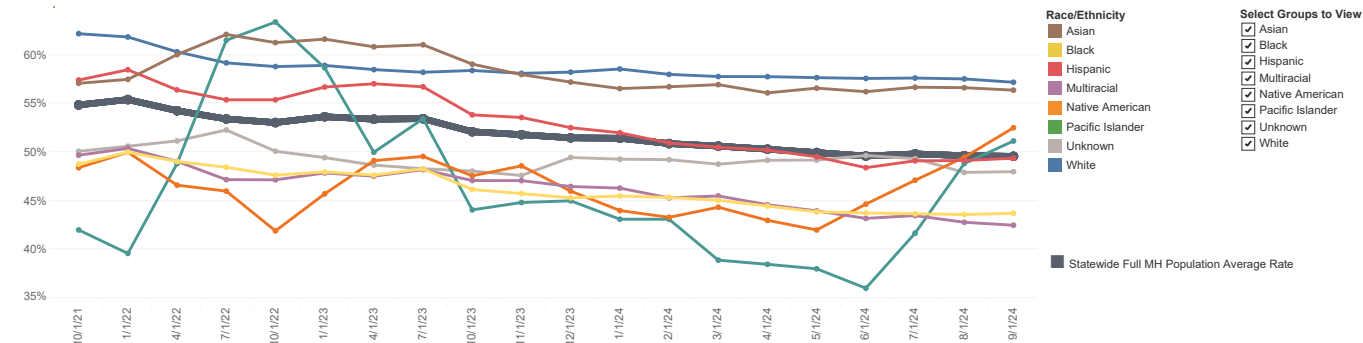
Select Population
--Total OMH Licensed Programs



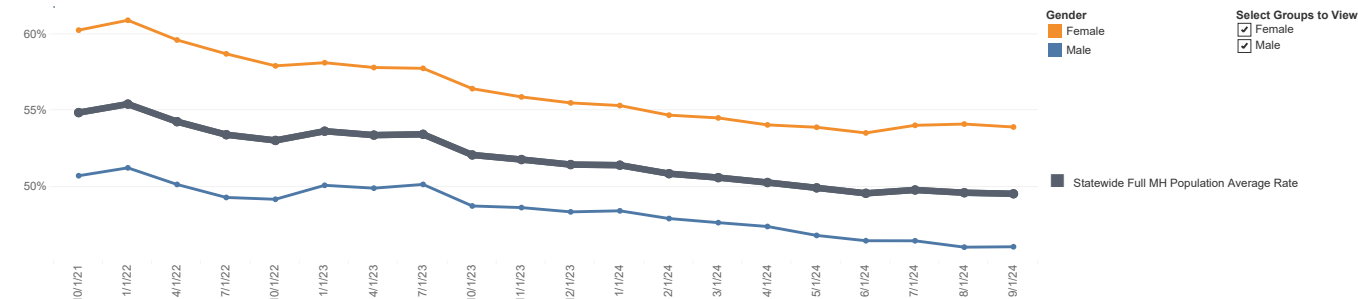
STATEWIDE Total OMH Licensed Programs Over Time Trend: Follow-Up After Hospitalization for Mental Illness - 7 Days (Adult, October 01, 2021 - September 01, 2024)

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

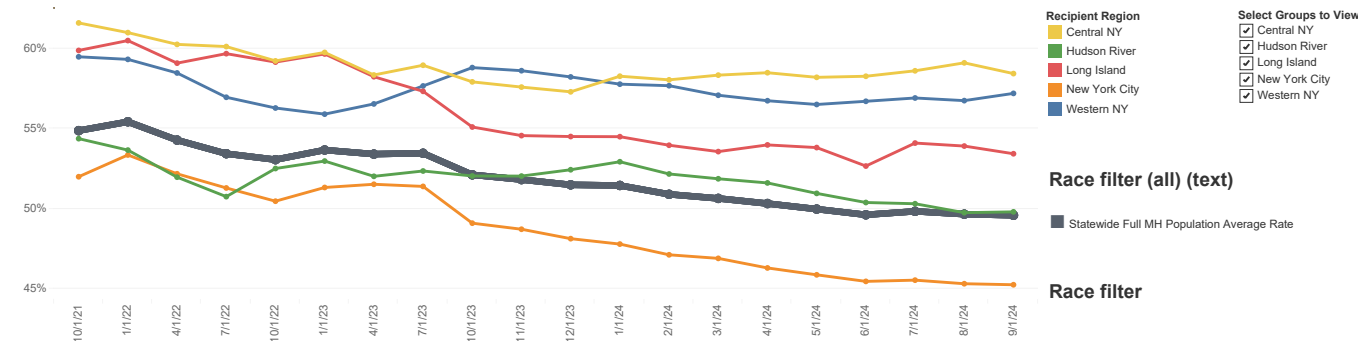
Race/Ethnicity



Gender



Recipient Region



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Office of Mental Health
Last Update: June 2025

Contact us by email

ST. LAWRENCE COUNTY YOUTH BUREAU

2024 NEEDS ASSESSMENT SUMMARY



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

WHY A NEEDS ASSESSMENT?

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

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

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

Survey Design and Distribution

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

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

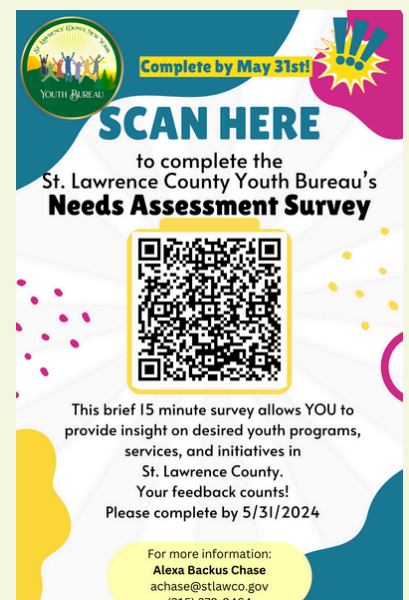
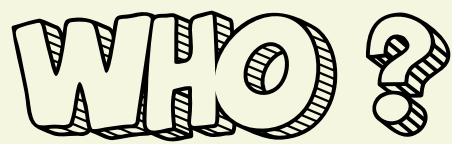


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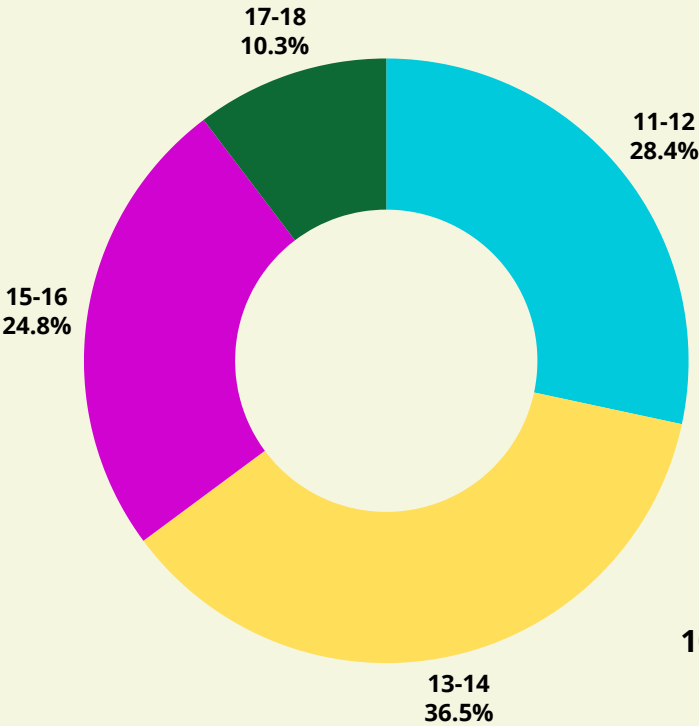
EMPOWERING YOUTH: SURVEY RESULTS FROM 1,767 TEENS

Demographic

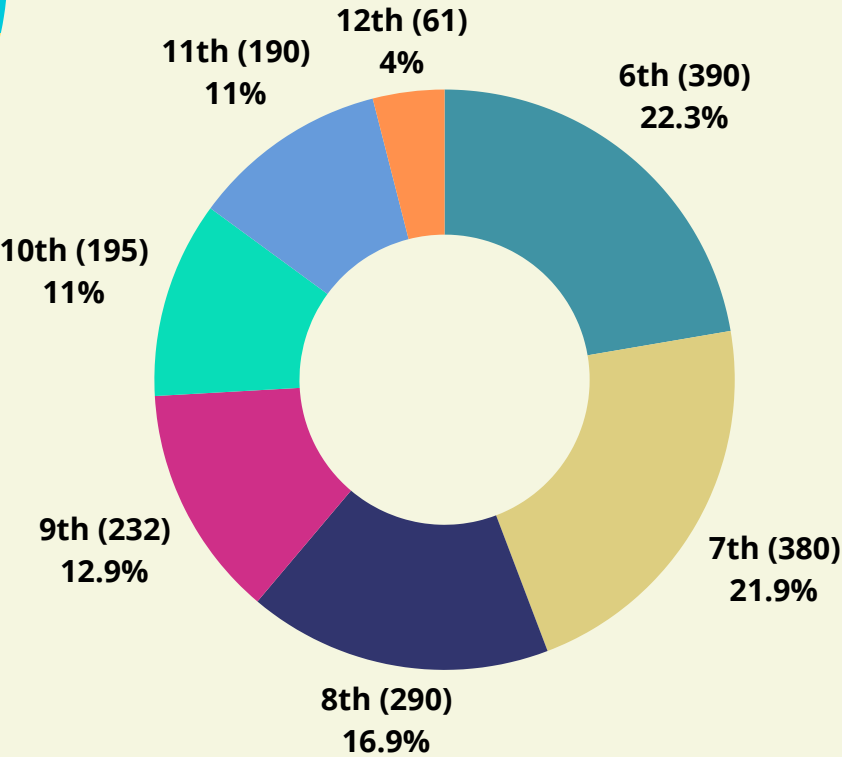


To effectively serve the teens and youth in our community, it is crucial to have a clear understanding of the diverse identities within our population. This year, we received more than twice the number of responses compared to our 2021 Needs Assessment. We are committed to reaching all age groups and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

Students' Ages

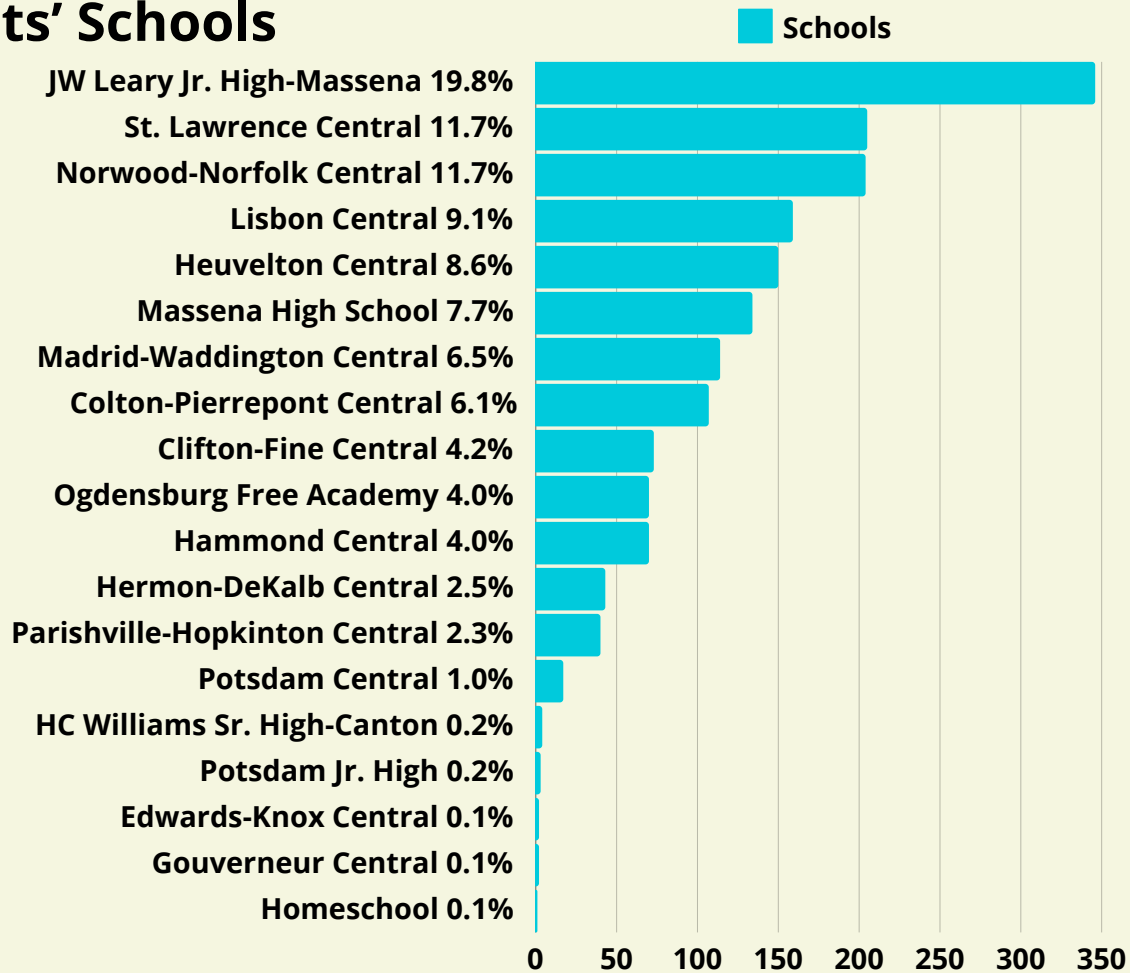


Students' Grade

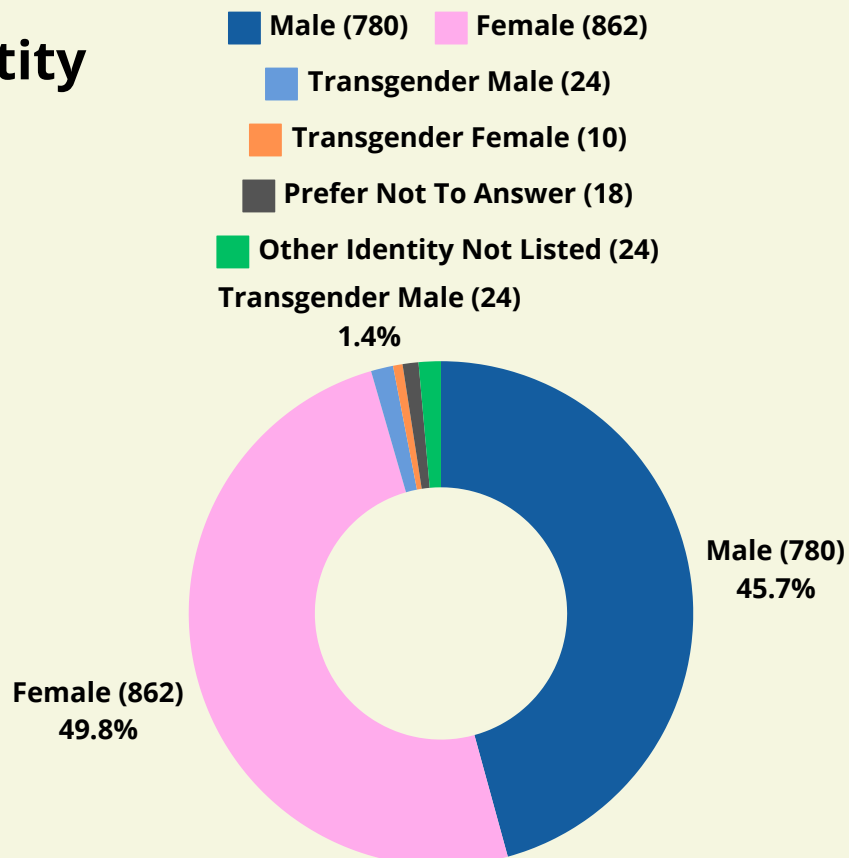


16 SCHOOL DISTRICTS REPRESENTED

Students' Schools



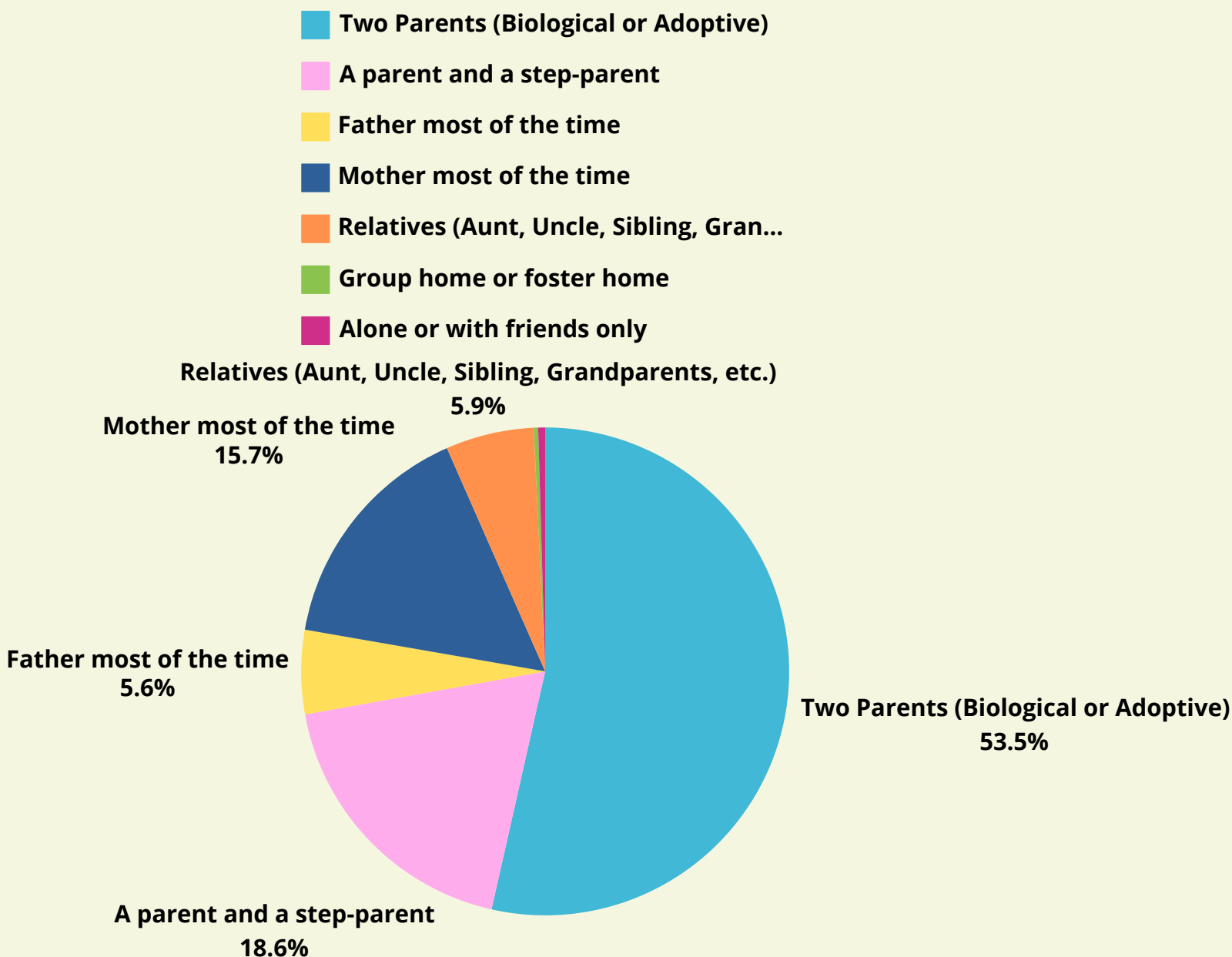
Gender Identity



HOME LIFE

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

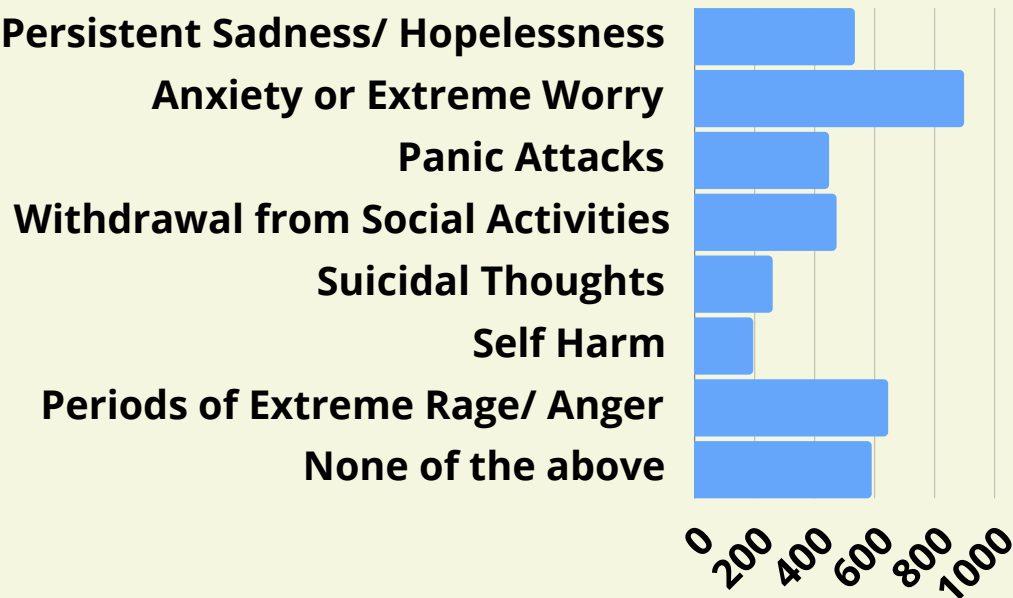
Home Environment:



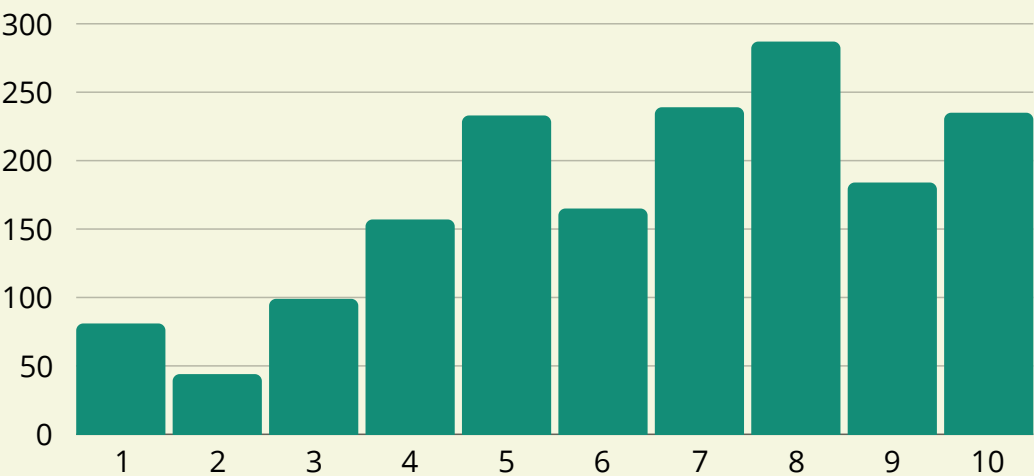
STUDENT MENTAL HEALTH

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

During The Past 12 Months, Students Experienced:



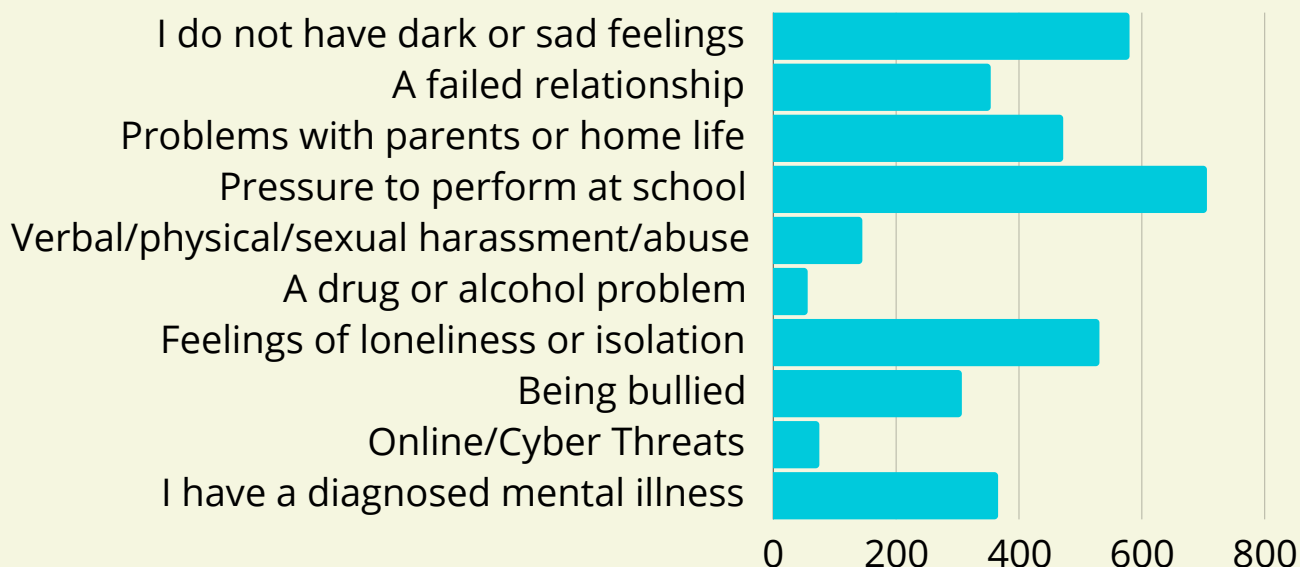
Experienced Suicidal Thoughts in the Past Year:



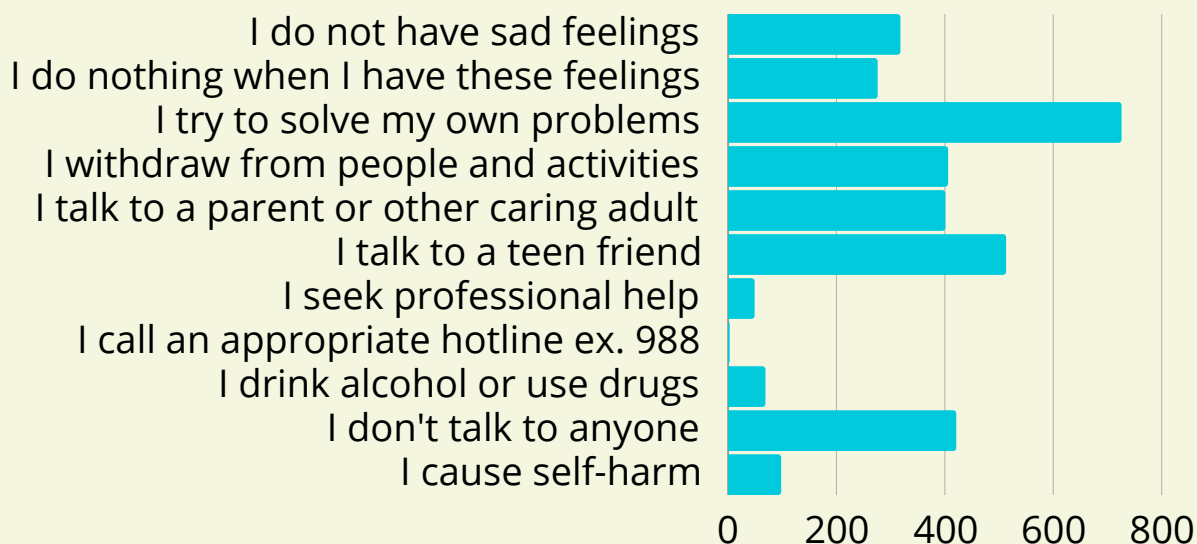
Students' Mental Health Rating Over the Past 12 Months on a Scale of 1-10

IMPACT OF EXTERNAL PRESSURES ON TEEN MENTAL HEALTH

Key Factors Influencing Teen Emotional Well-Being



Seeking Help



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

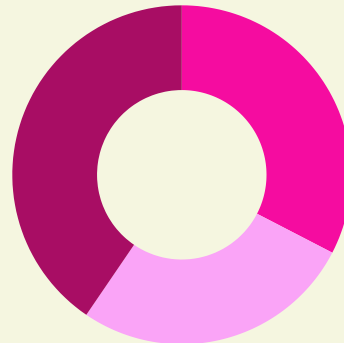
MENTAL HEALTH & STIGMA IN THE COMMUNITY

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

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



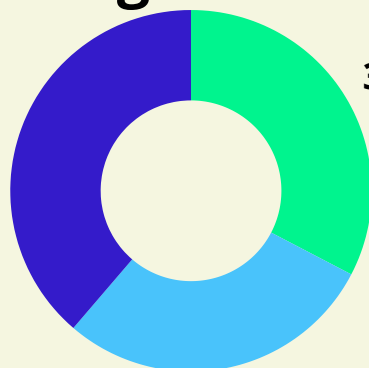
It is NOT talked about
32.6%



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

Does Mental Health Stigma Prevent Getting Help?

Maybe
38.7%

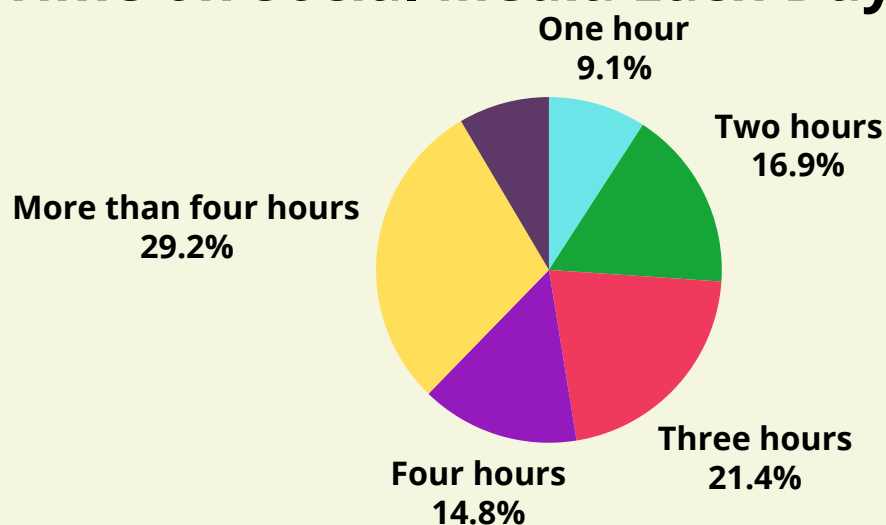


Yes
32.7%

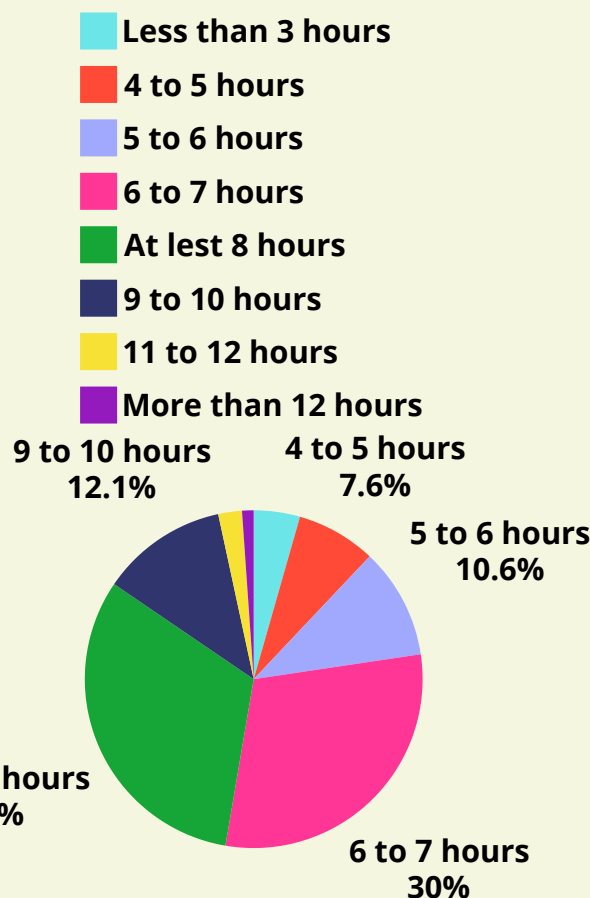
No
28.6%

SOCIAL MEDIA USAGE

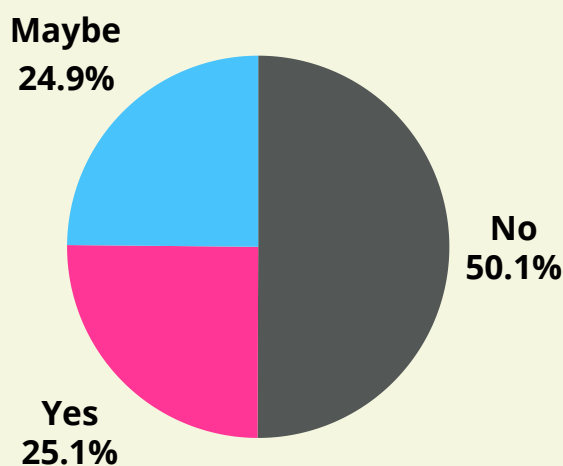
Time on Social Media Each Day:



Quantity of Sleep



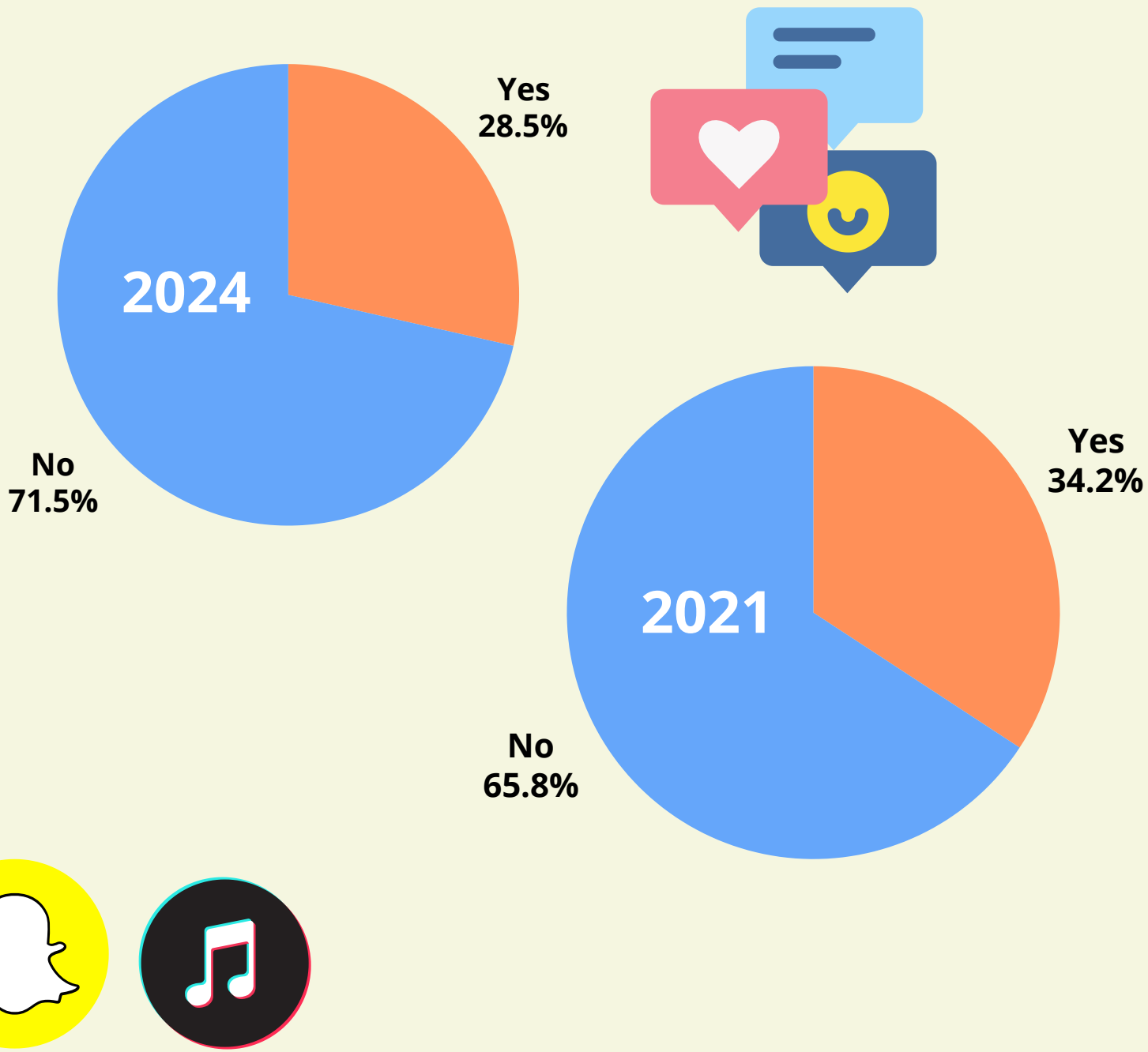
Does social media affect your sleep?



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

TRENDS IN PARENTAL SCREEN TIME MONITORING

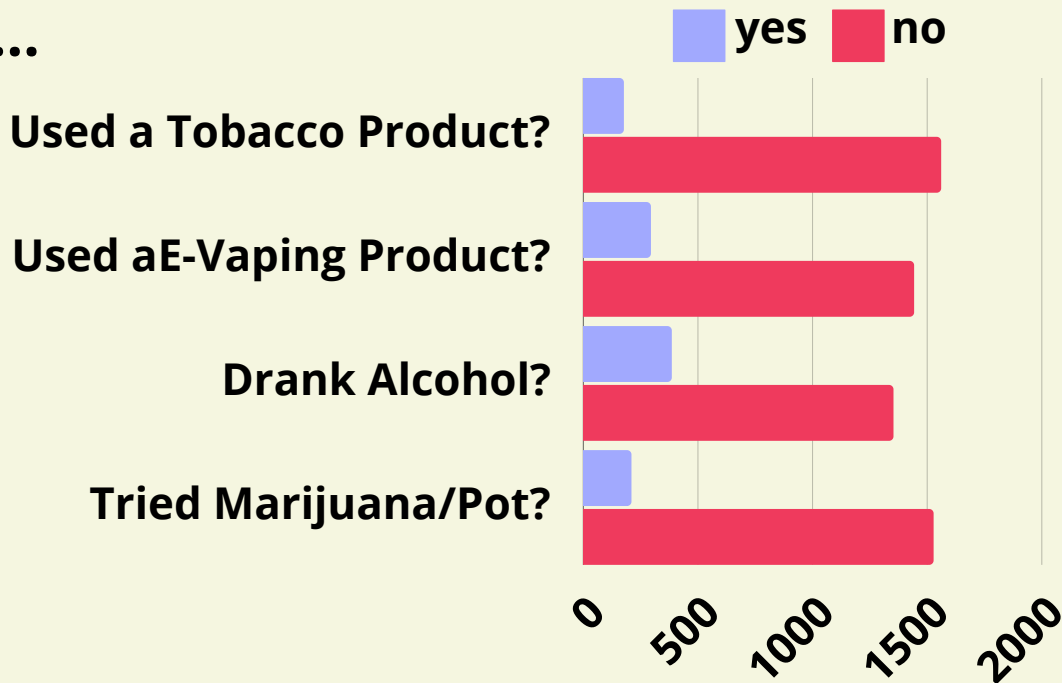
Parental support remains the primary means by which youth and teens receive guidance from adults. However, since 2021, ***there has been a noticeable decline in parental monitoring of screen time.*** Also, Snapchat and TikTok are the most frequently used apps among teens in our county.



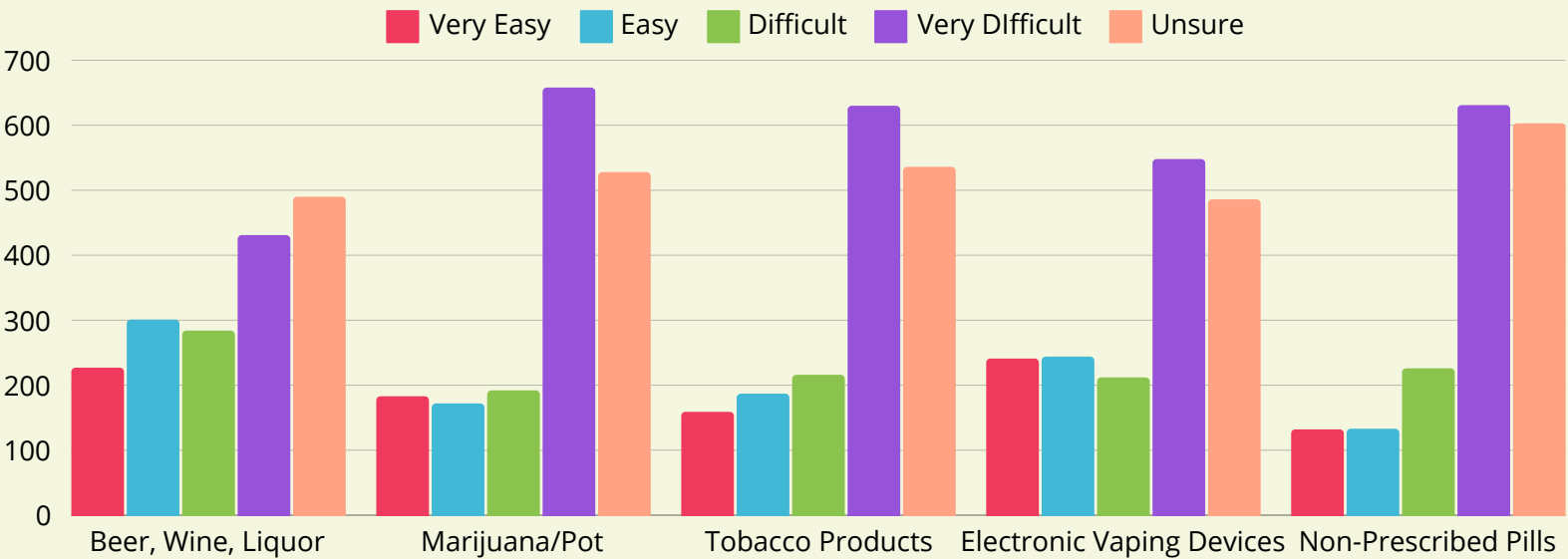
SUBSTANCES

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

Have you ever...



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

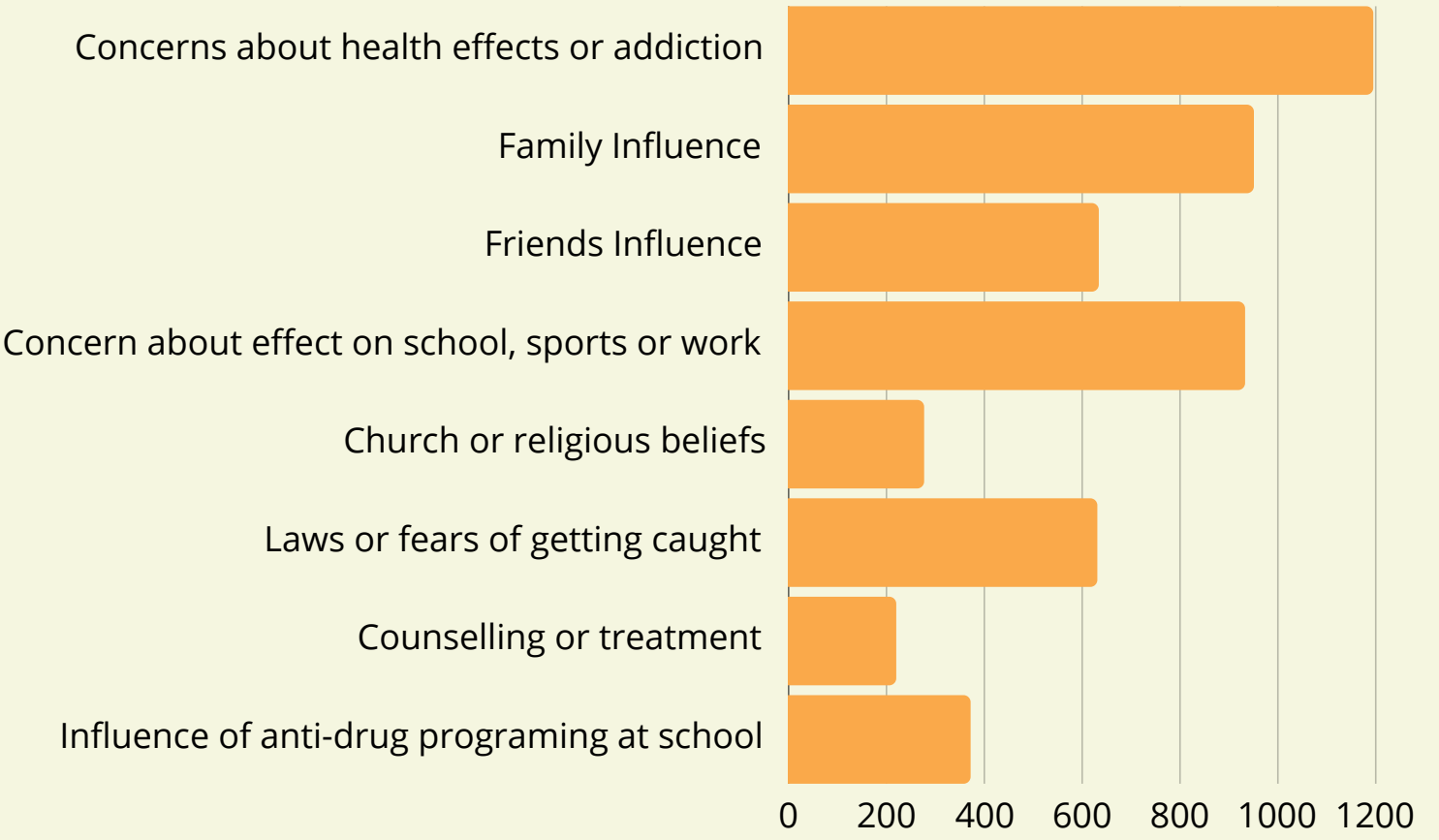


STUDENT ATTITUDES TOWARDS SUBSTANCE USE AND IMPLICATIONS FOR HEALTH EDUCATION



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

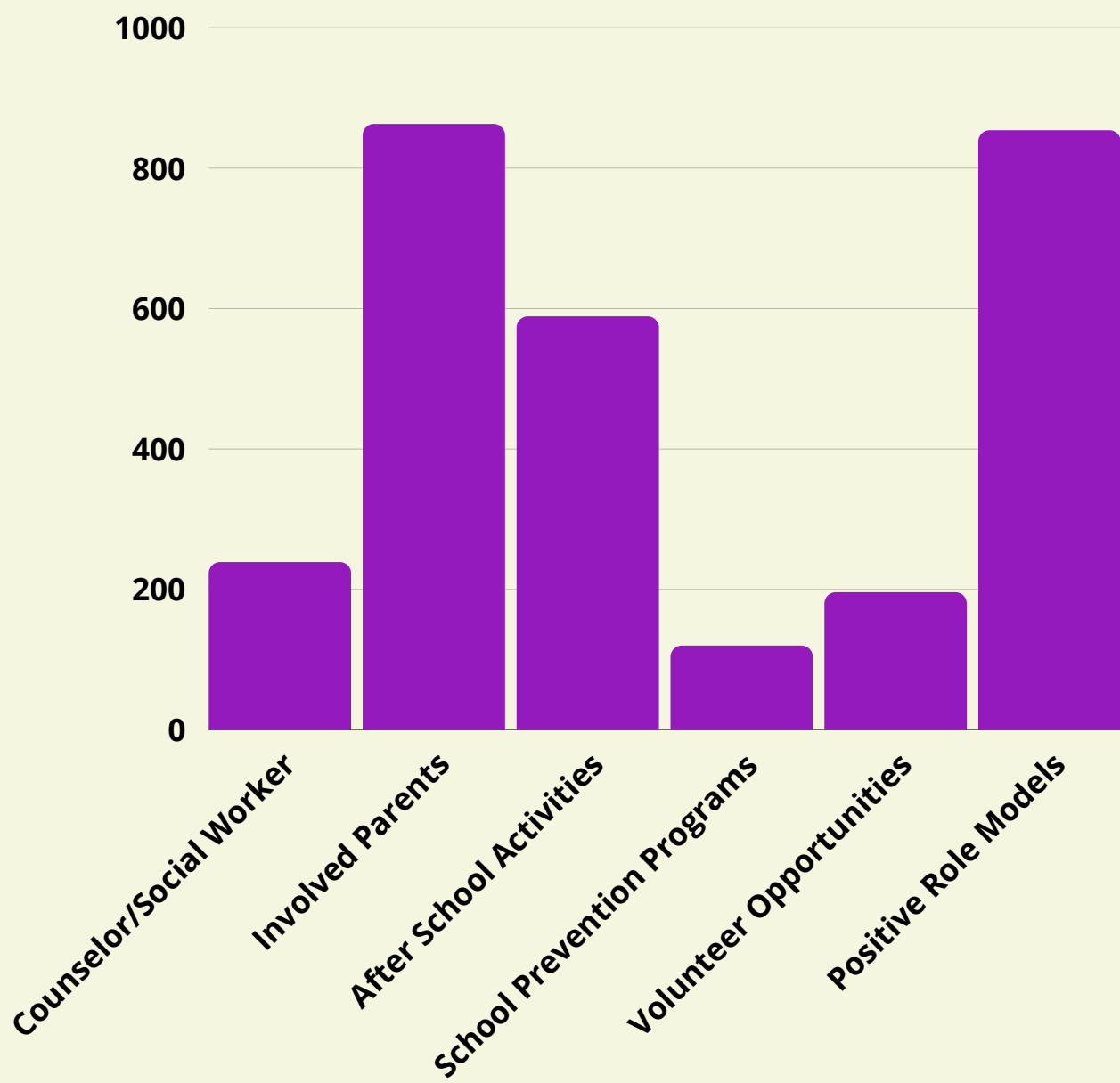
Influences Preventing Substance Use:



FACTORS PREVENTING ENGAGEMENT IN NEGATIVE OR ILLEGAL ACTIVITIES

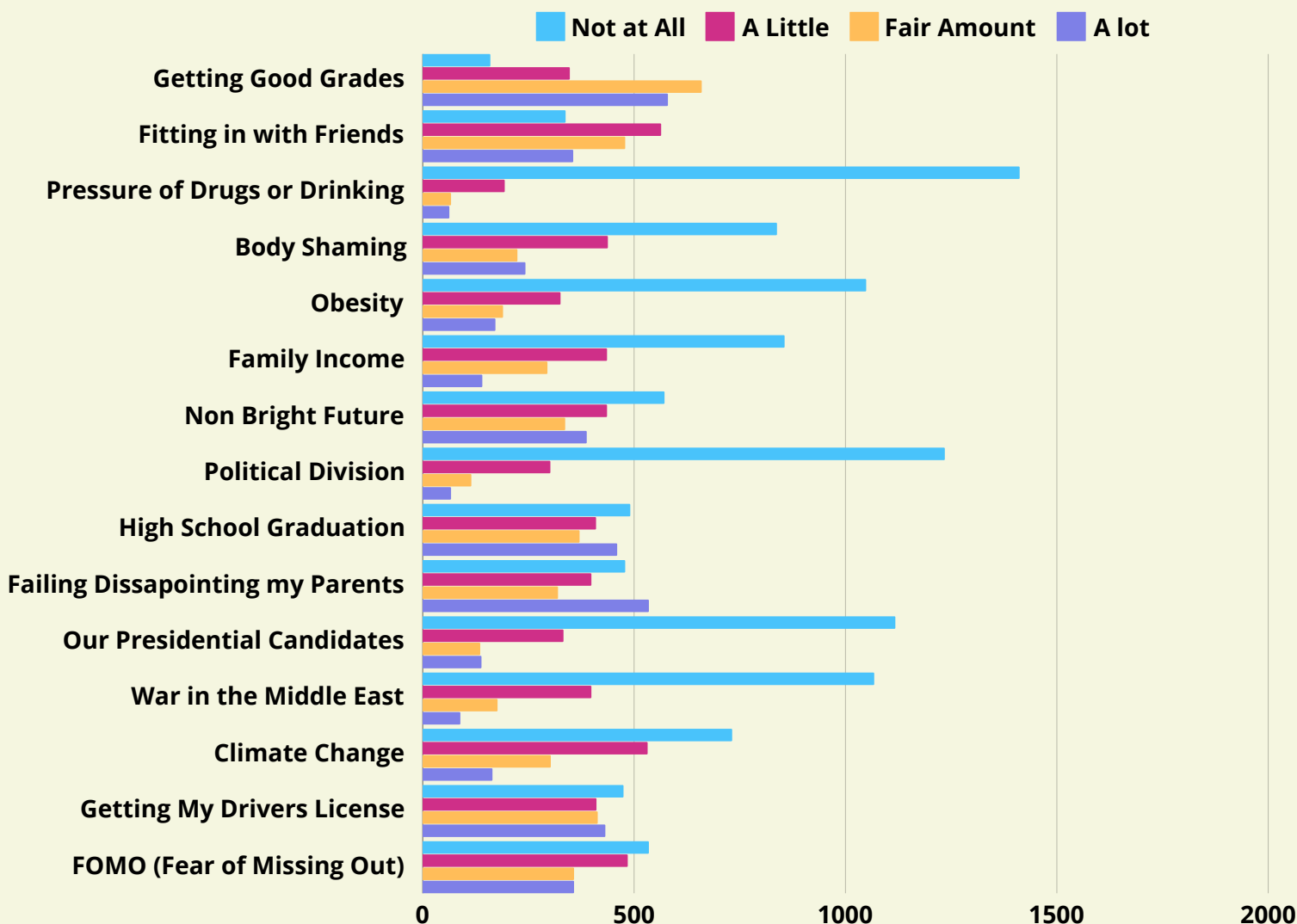
In addition to having positive influences regarding substance use, we also explored what deters students from engaging in general negative or illegal activities. The majority of students indicated that ***positive role models, as well as guidance from parents or family, are key factors that help them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

Positive influences



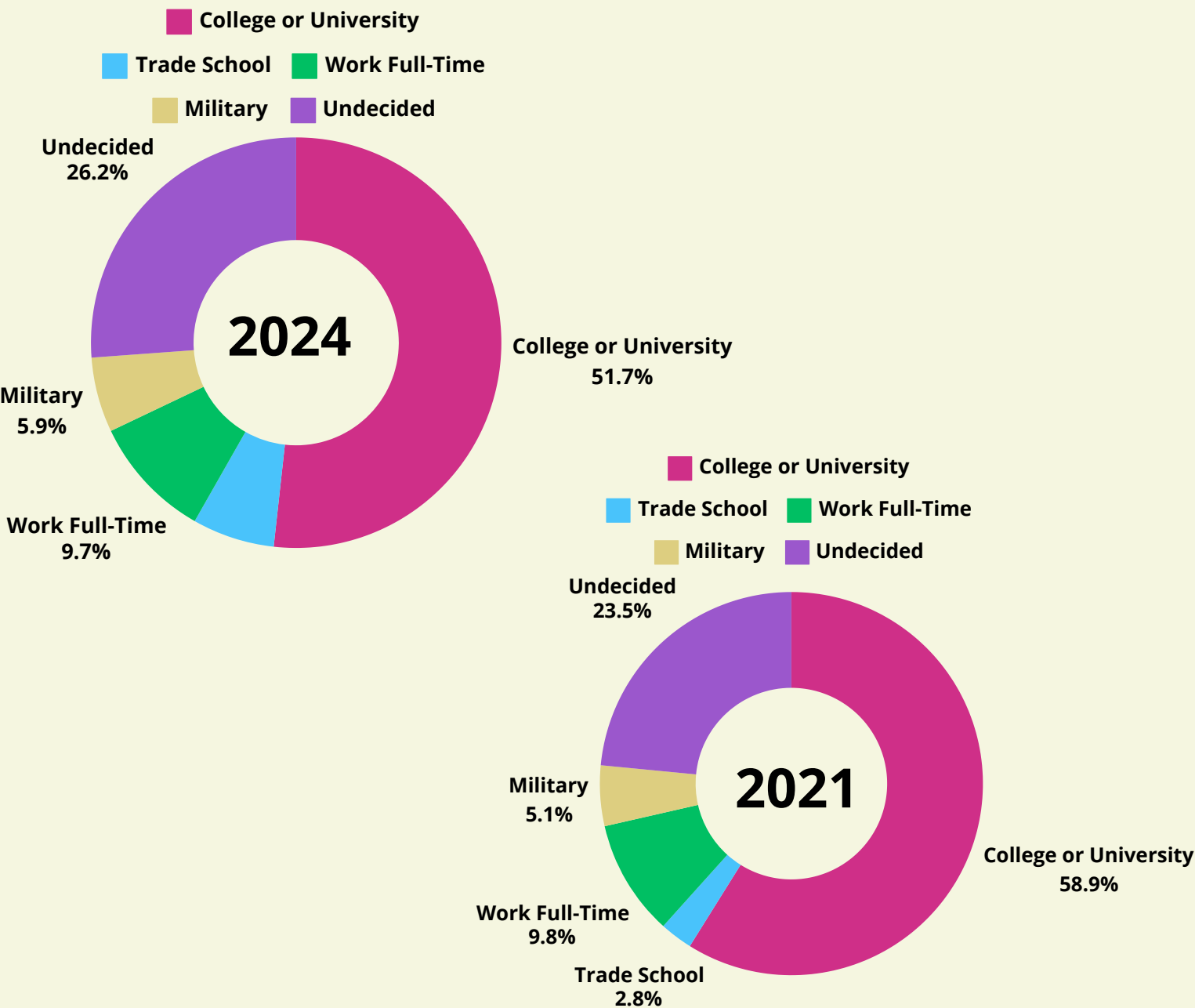
STUDENT PRIORITIES AND CONCERNS

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



FUTURE ASPIRATIONS AND CAREER GOALS

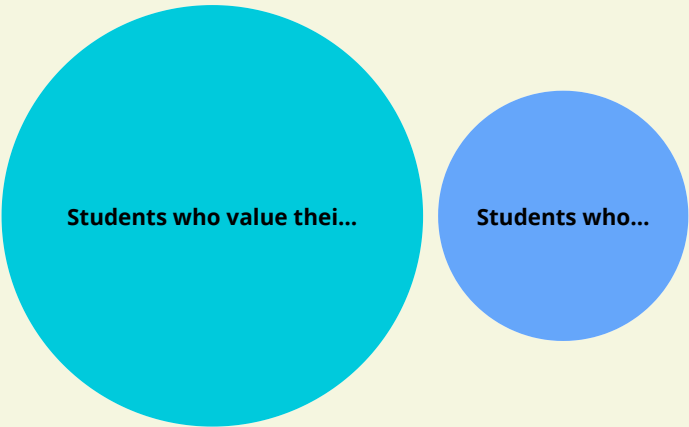
As students contemplate their futures, many have questions about their career paths and life goals. To better align youth programming with their needs, we asked students about their plans after high school and their long-term career aspirations. Over 50% of students intend to pursue college education,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



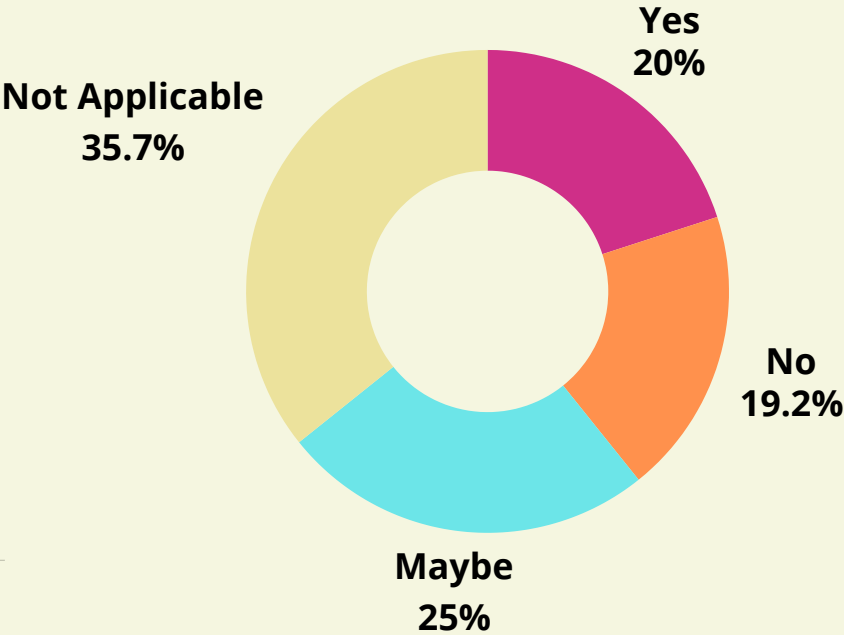
STUDENT ENGAGEMENT WITH ACADEMICS

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

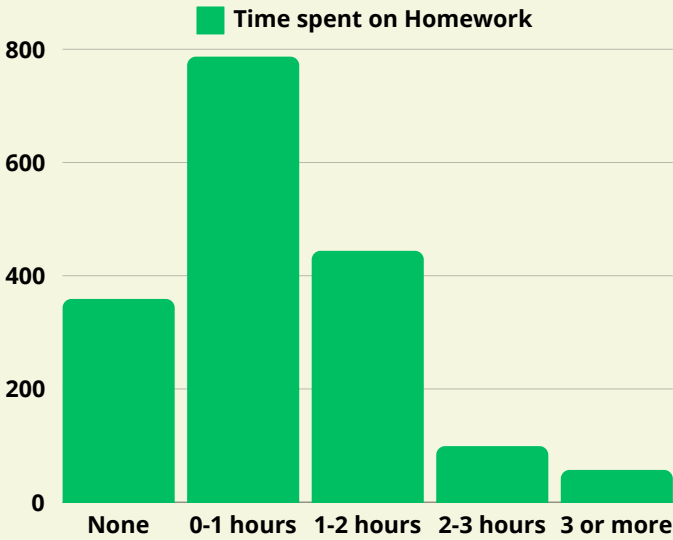
74% Students Value Their Grades



College Entrance Exams (ACT & SAT)



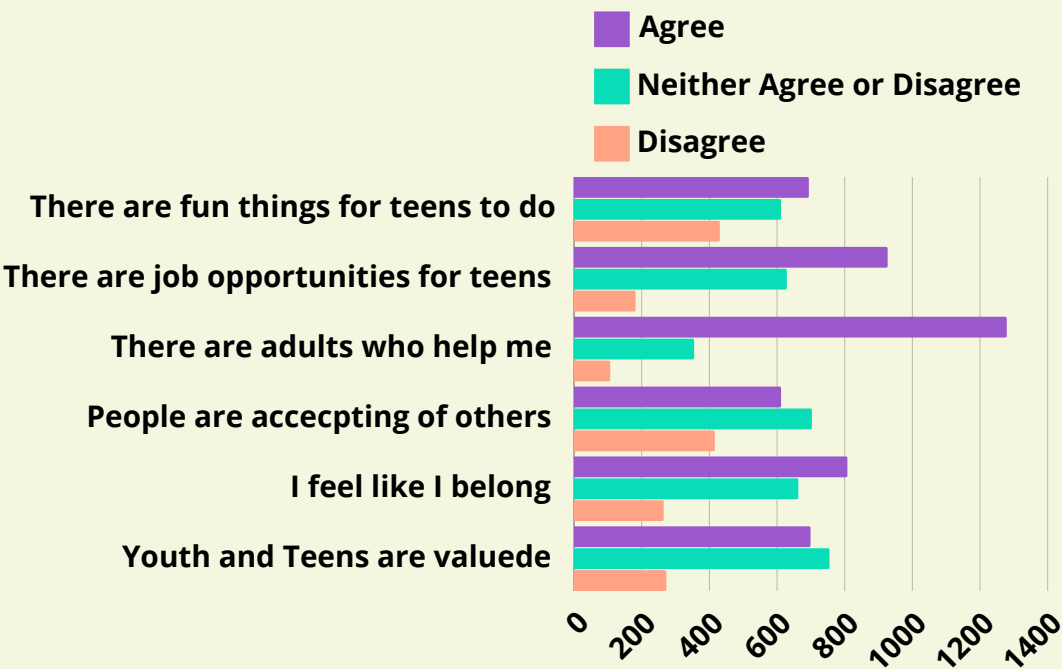
Homework (Time outside of school)



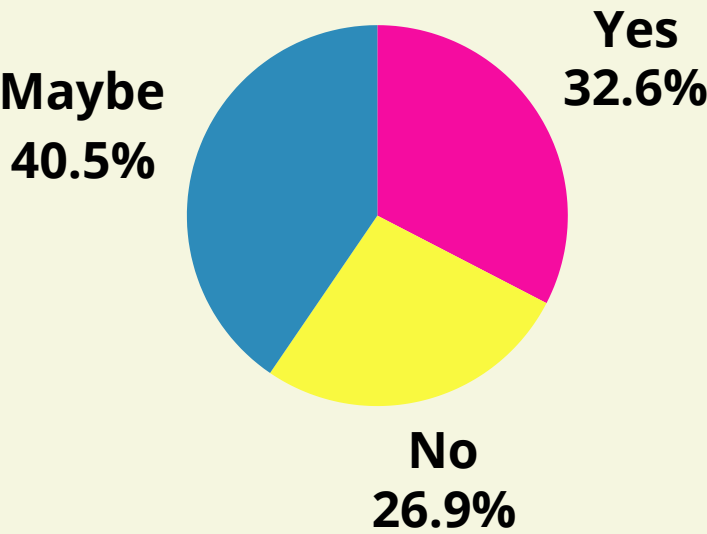
FUTURE OUTLOOK AND COMMUNITY ENGAGEMENT

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

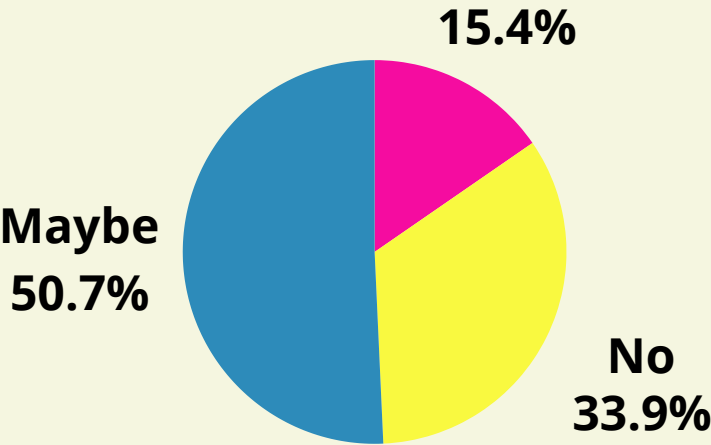
Teens in their Community



Teens living in St. Lawrence County as Adults:



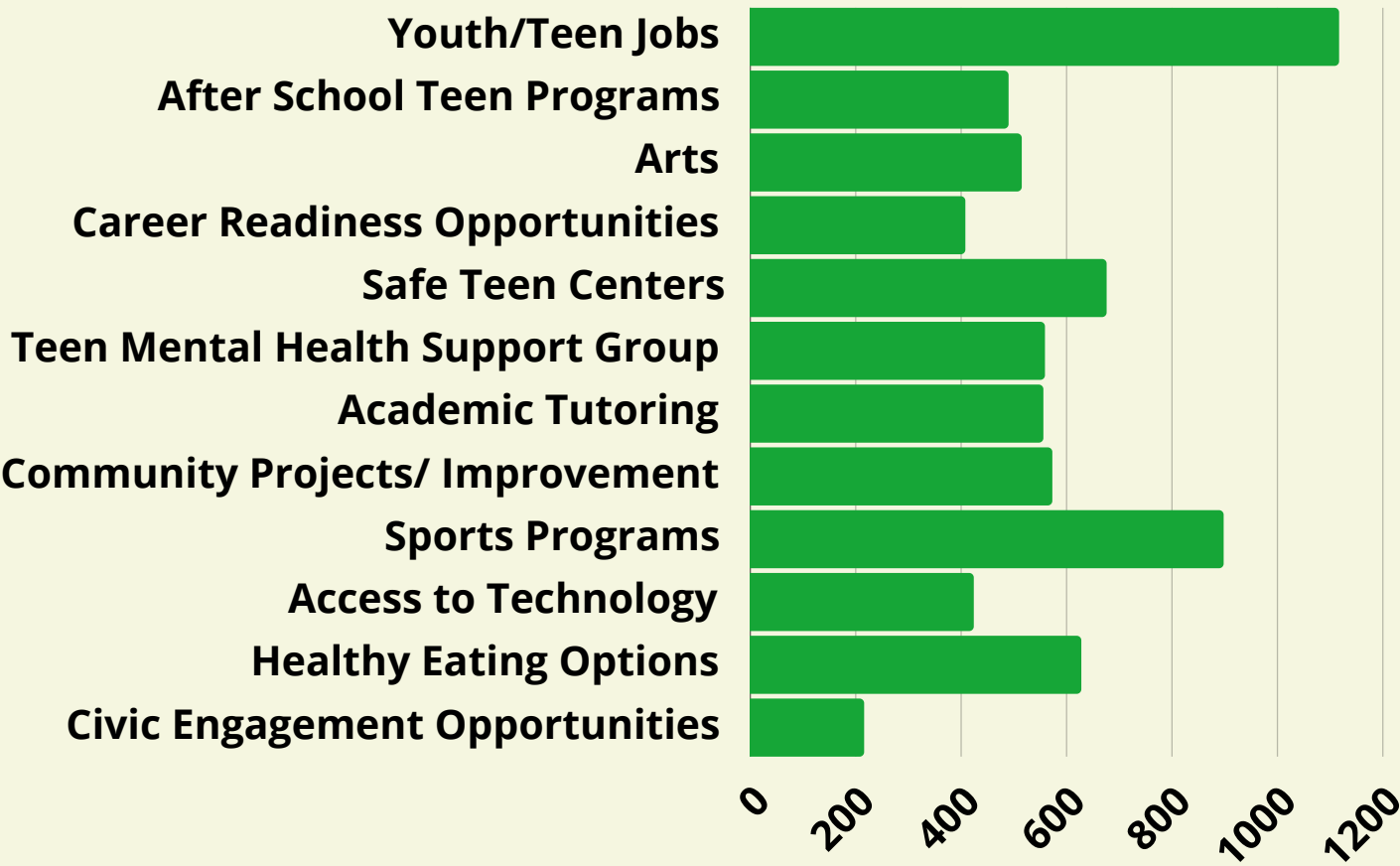
Seeking Employment (here) after College:



DESIRED COMMUNITY PROGRAMS FOR YOUTH

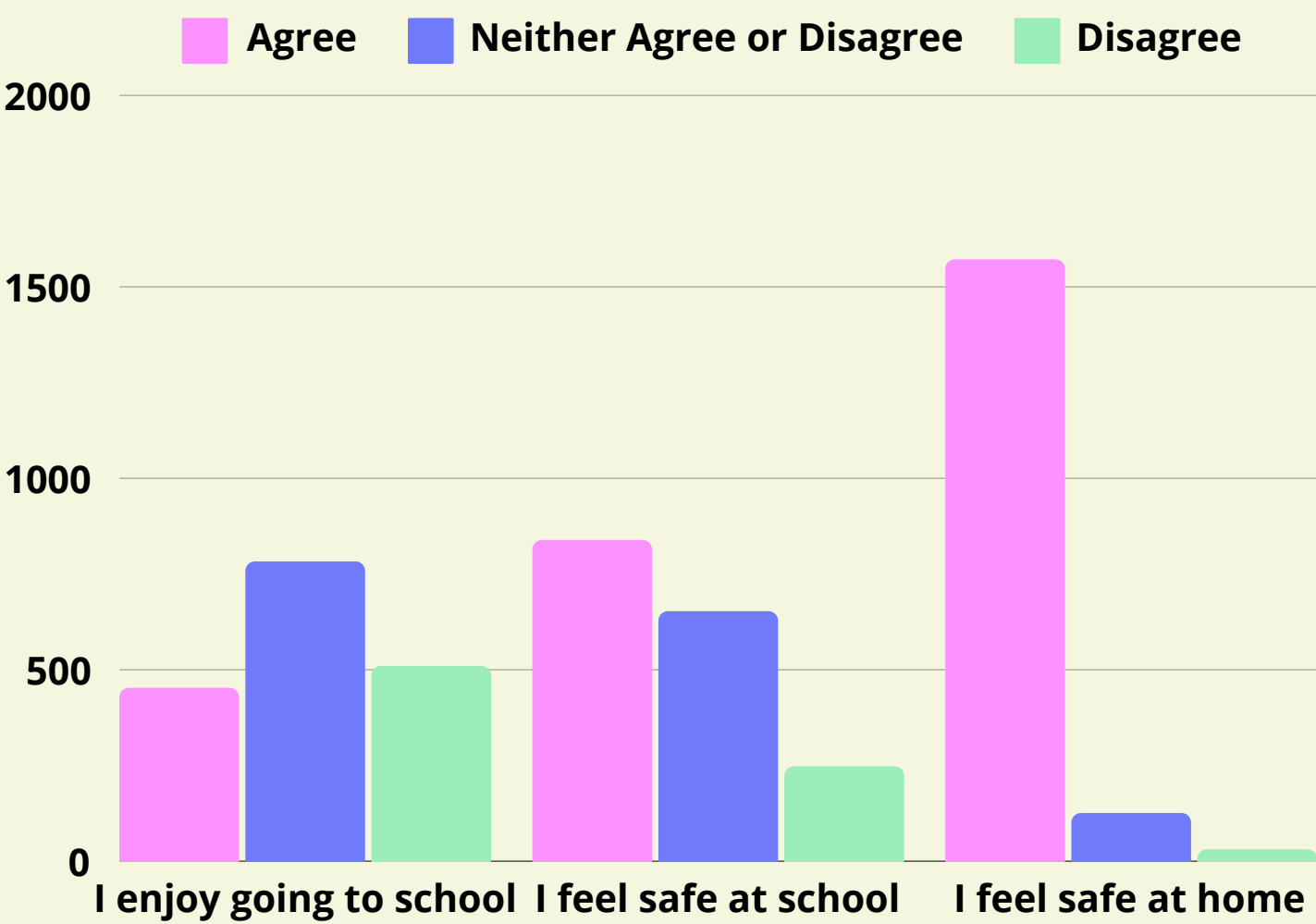
The survey also asked students about the types of programs they would like to see implemented in their community. The responses predominantly focused on informational and health-related topics. *Students expressed the greatest interest in increasing the availability of youth job opportunities and expanding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

Community Programs



STUDENT PERCEPTION OF SAFETY AT HOME & SCHOOL

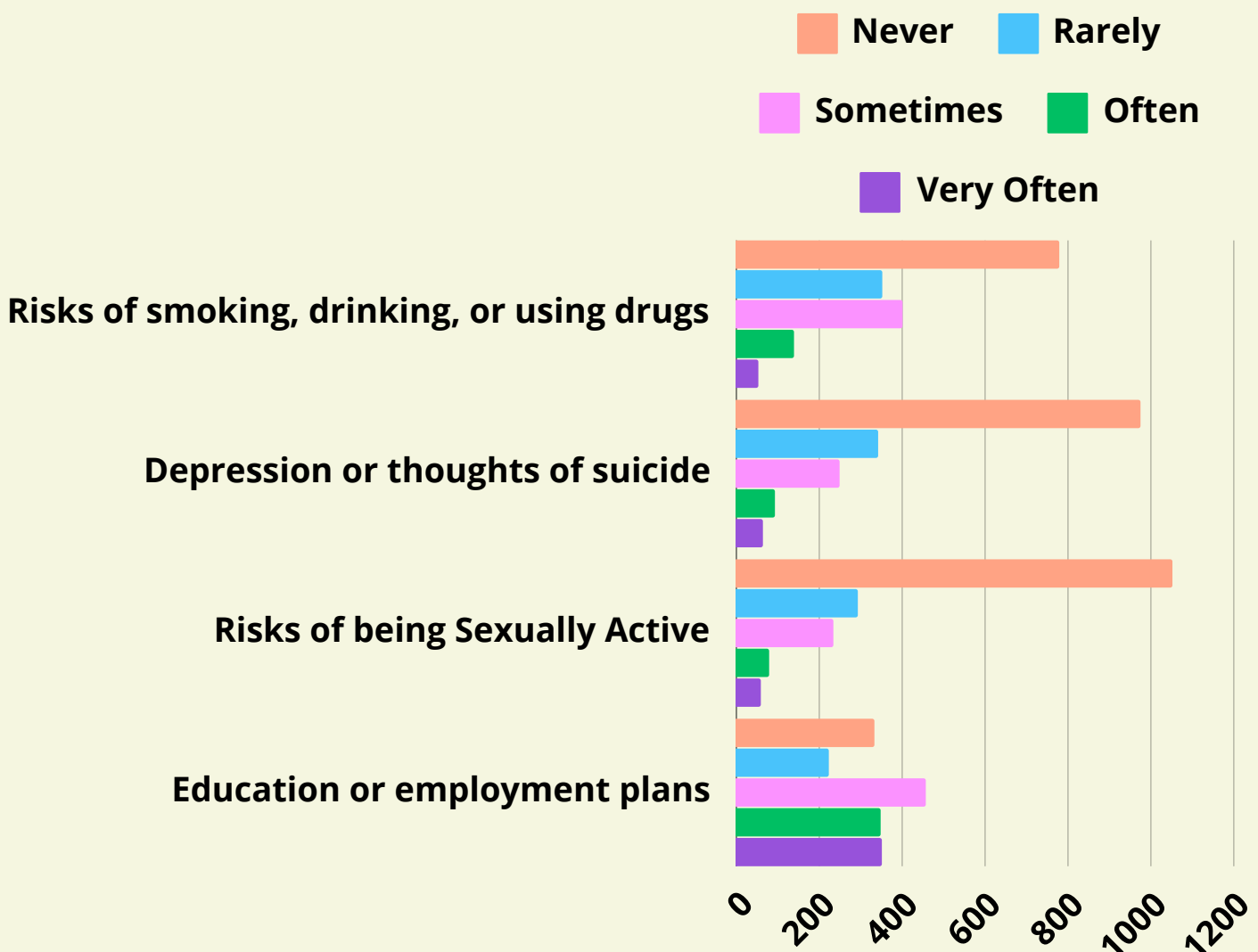
School-related pressures can significantly impact students' stress levels and their overall perception of the school environment. High levels of stress and negative experiences at school may contribute to feelings of unsafety. Additionally, a student's home life plays a crucial role in influencing their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



COMMUNICATION GAPS

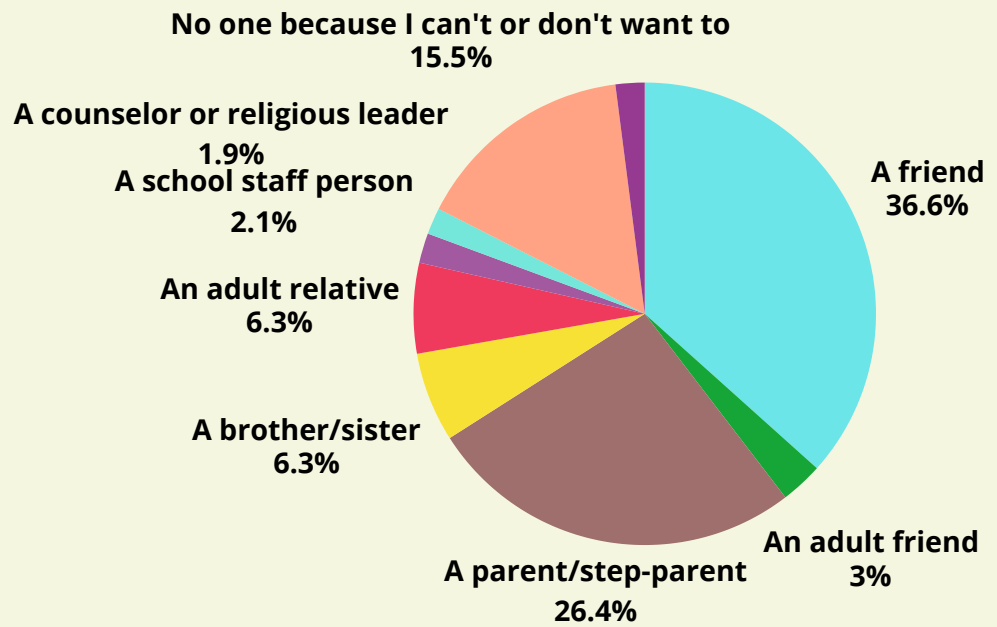
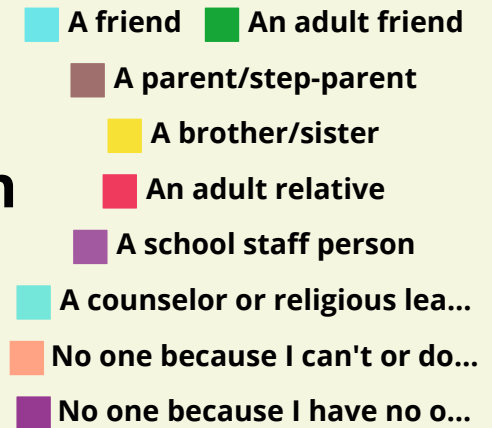
The data reveals that students primarily rely on their parents and role models to help them avoid trouble. ***However, discussions about critical topics such as substances, depression, and sexual activity are often absent from these conversations at home. The majority of teens have not engaged in discussions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

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



SUPPORT SYSTEMS AND STUDENT HELP-SEEKING BEHAVIOR

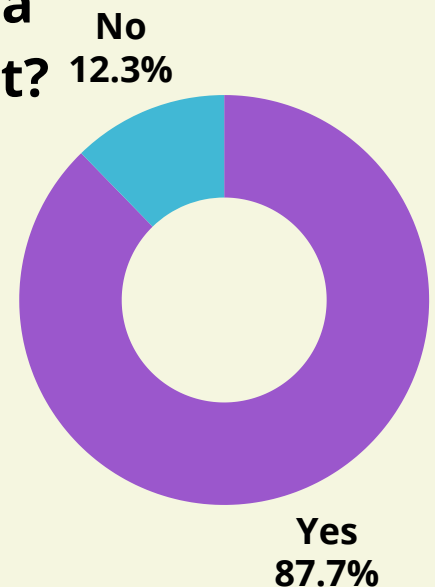
Who students turn to for support:



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

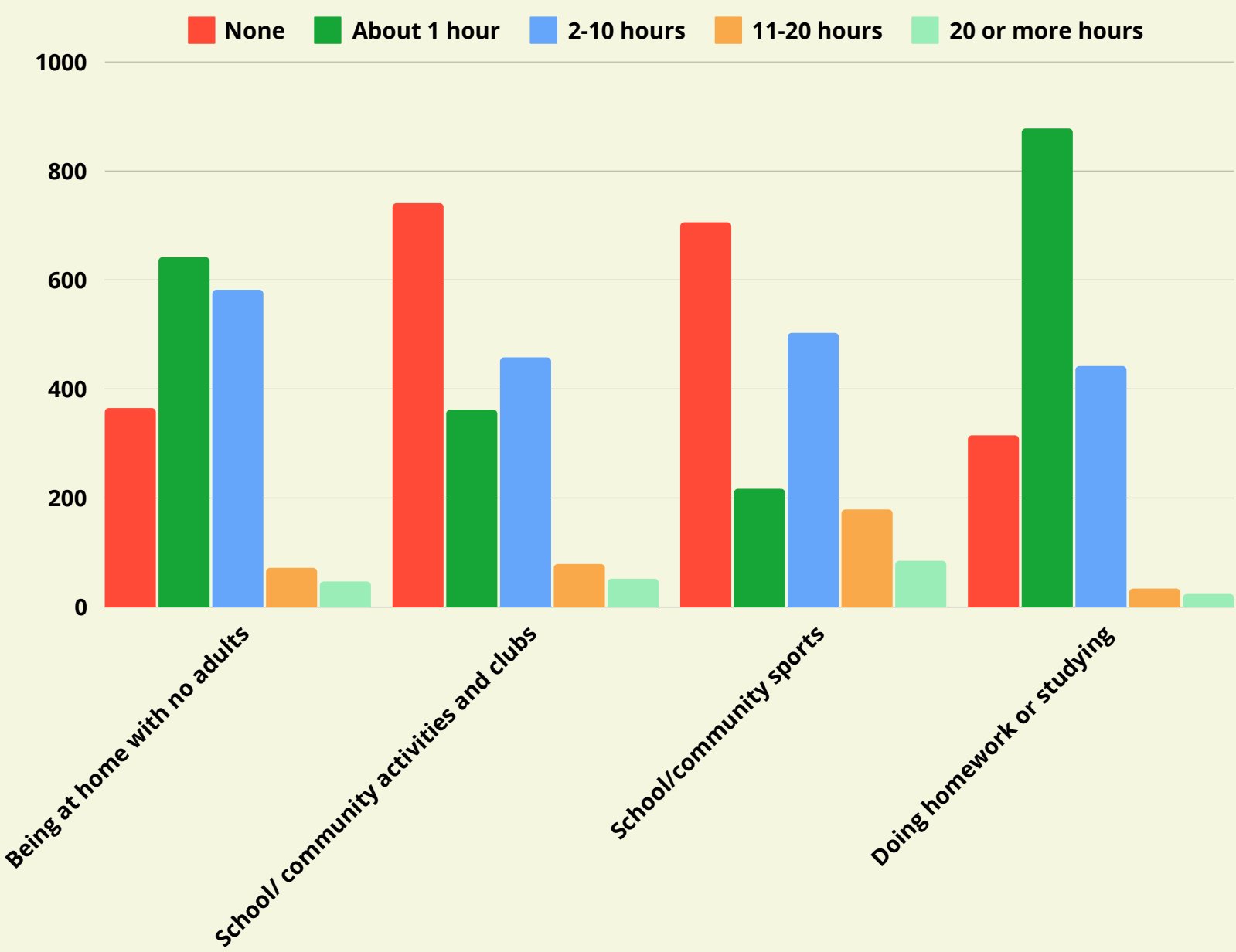
Additionally, 209 students reported not having a trusted adult to turn to for help when needed.

Do you have a Trusted Adult?



STUDENT PERSONAL TIME

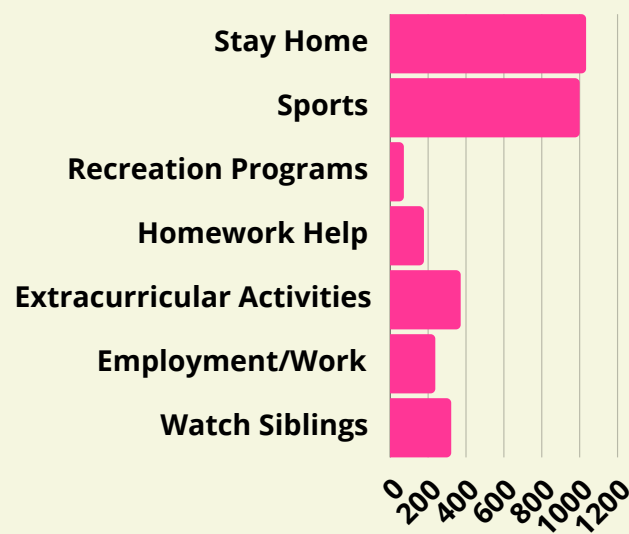
Students spend considerable time connected through their devices, but balancing screen time with other activities remains important. To better allocate resources and support popular programs, the Youth Bureau investigated how students spend their time beyond their phones. Understanding these activities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



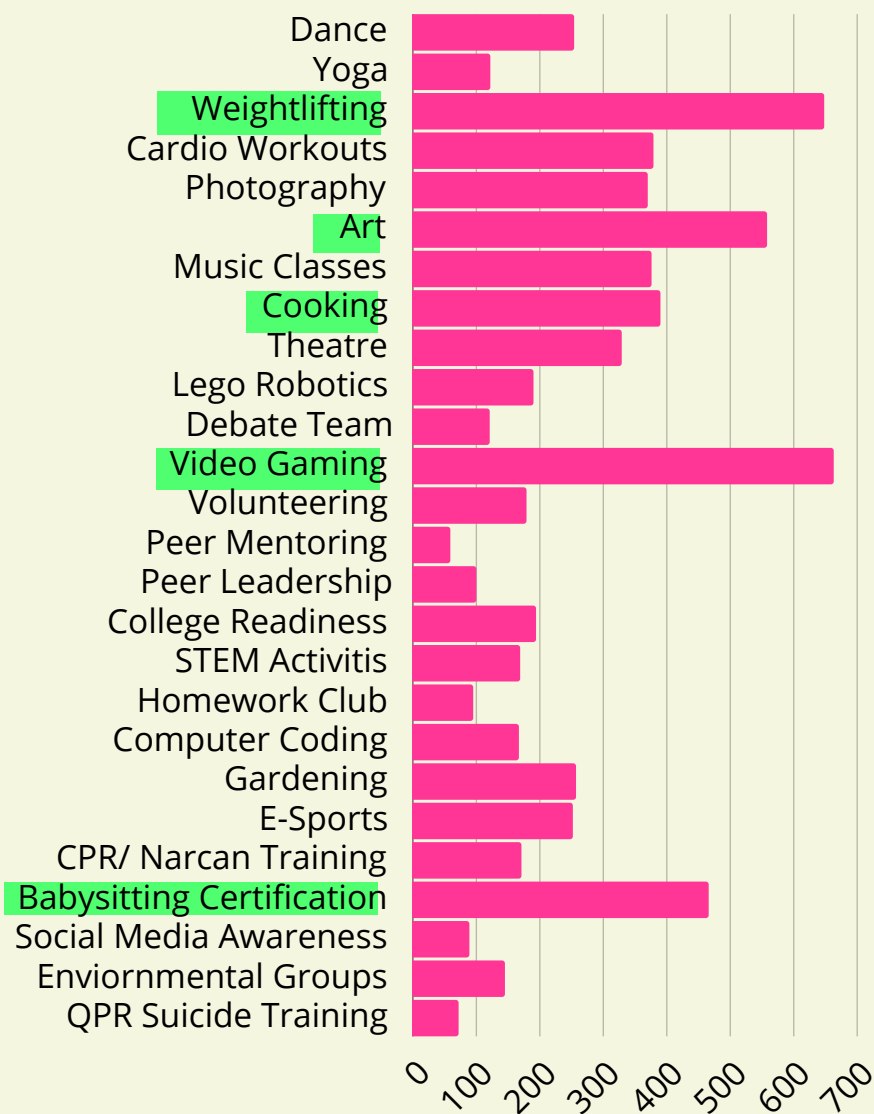
STUDENT INTERESTS BEYOND DIGITAL ACTIVITIES

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

Current After-School Activities:



Student Programming Interests:



SUMMARY

Key Findings

Mental Health Concerns

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

Academic Pressure and Screen Time

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

Support Systems

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

Future Aspirations and Career Goals

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

Desired Community Programs

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

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

RECOMMENDATIONS FOR YOUTH-SERVING PROGRAMS AND ORGANIZATIONS

Enhance Mental Health Support

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

Address Academic and Screen Time Challenges

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

Strengthen Support Systems

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

RECOMMENDATIONS FOR YOUTH-SERVING PROGRAMS AND ORGANIZATIONS CONTINUED

Align Programs with Future Goals and Interests

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

Enhance Community Engagement

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

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





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St. Lawrence County Youth Bureau



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

<https://stlawco.gov/Departments/YouthBureau>





**Office of Addiction
Services and Supports**

**Office of
Mental Health**

**Office for People With
Developmental Disabilities**

**2027 Needs Assessment Form
St. Lawrence County Community Services**

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Anecdotally, generational trauma and poverty are the ideology of many behavioral health concerns presented in treatment.

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Adults Only

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): The LGU continues to get very limited information on treatment and progress on individuals receiving state restoration services. The County Correctional Facility is increasingly becoming a closed system and it is difficult for the LGU to ascertain whether incarcerated individuals are receiving mandated mental health and addiction services other than reports being received from previously incarcerated individuals alledging inadequate care.

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Given the recent news regarding the 9.39 hospital there are significant concerns about the financial viability of the hospital system at large.

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): There is a need for continued program growth and engagement in existing prevention services.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Youth Only

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Currently, the county does not have any OMH residential options for youth in need of that level of care. When placement is indicated, youth are placed out of the County creating treatment barriers and financial hardships for families.

Respite Yes

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

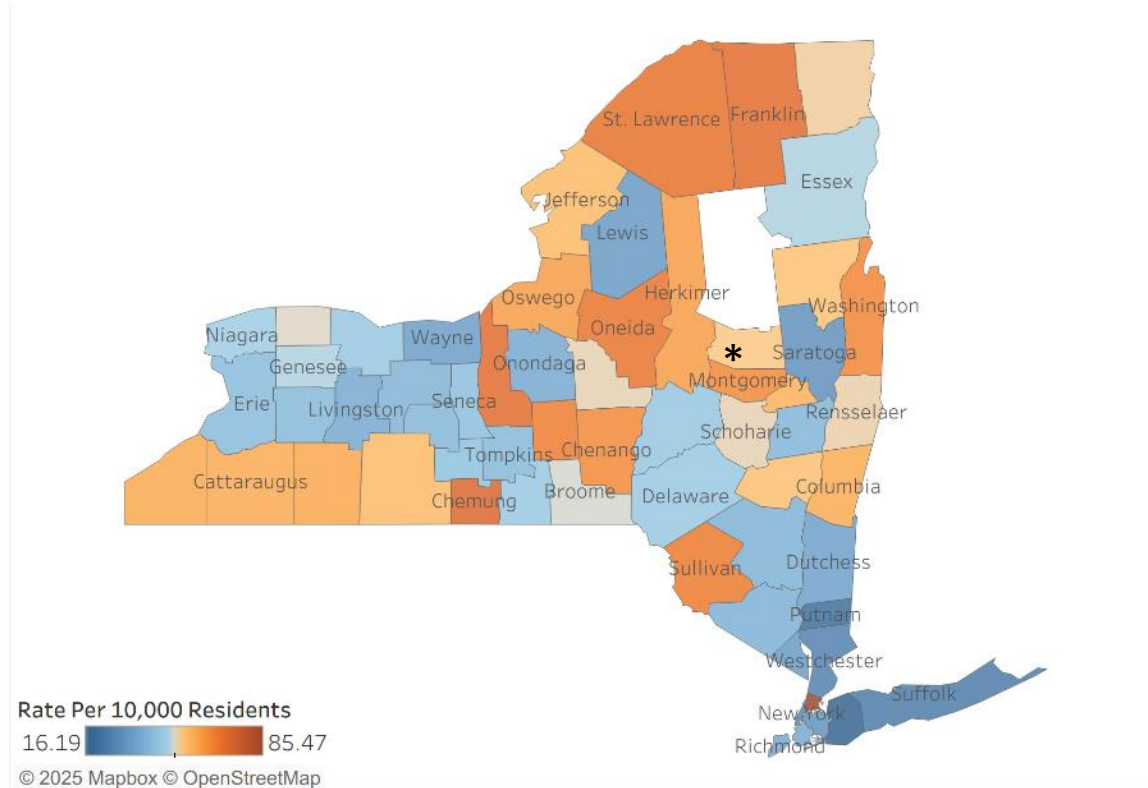
LGU Representative: Jay Ulrich

Submitted for: St. Lawrence County Community Services

Concentration of High Complexity Youth

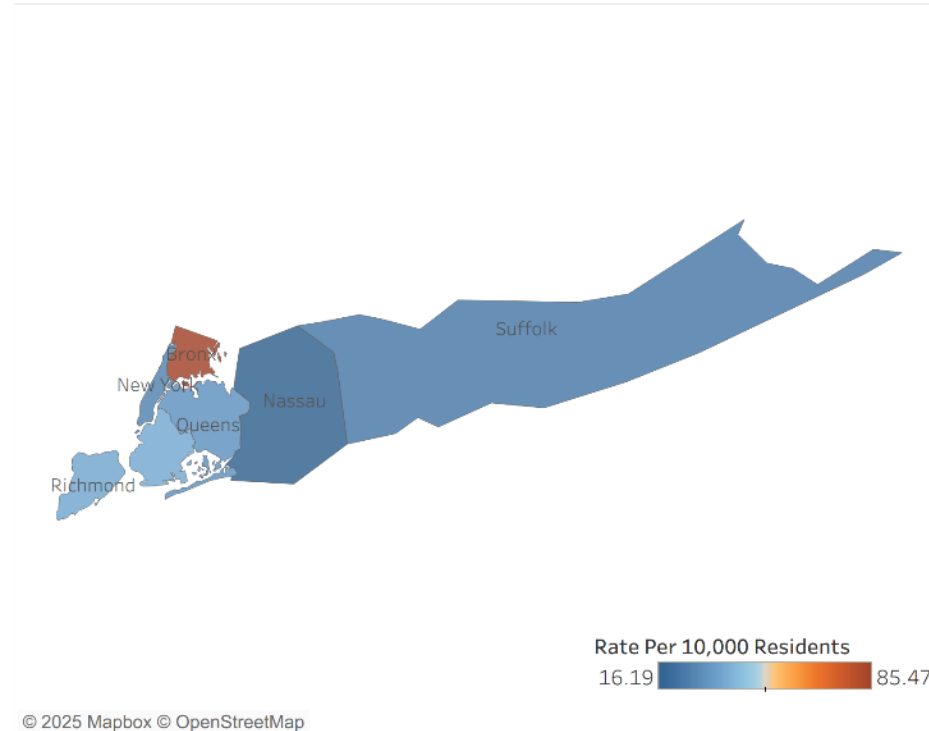
Concentration of High Complexity Youth Across New York Counties per 10,000 Residents

Ages 21 and Under | 2019 - 2023



Concentration of High Complexity Youth Across New York Counties - per 10,000 Residents

NYC Boroughs & Long Island | Ages 21 and Under | 2019 - 2023

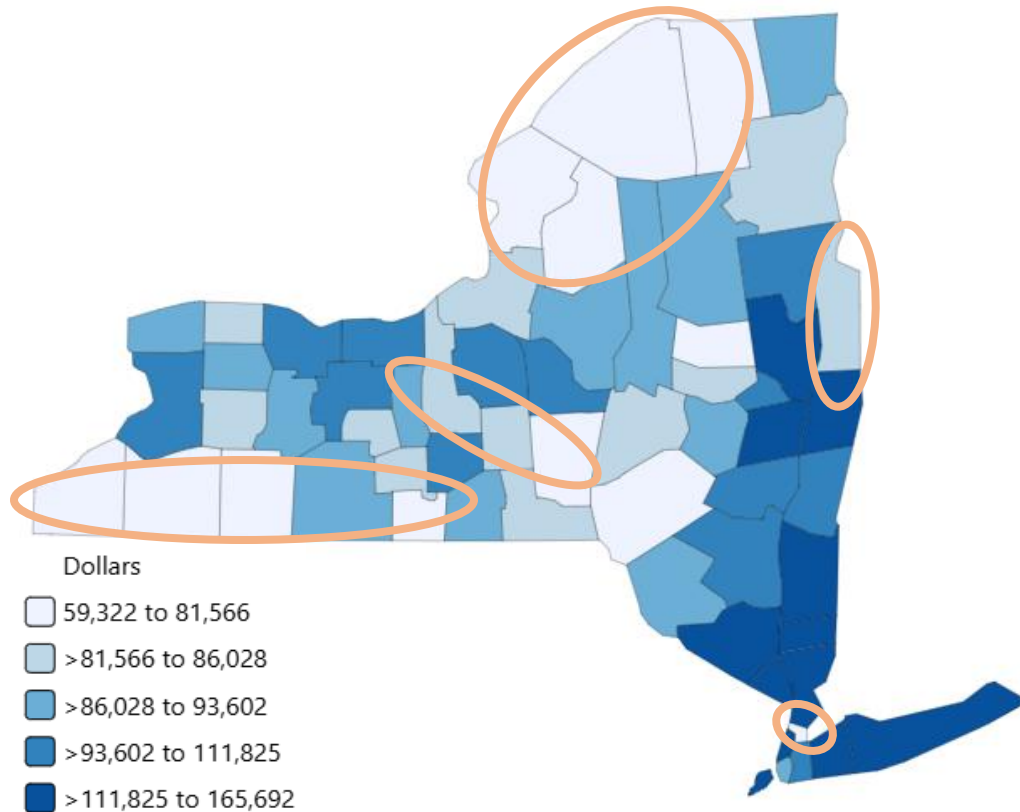


*Data suppressed for Hamilton County due to small case counts.

Income and Complexity: Poverty and Complexity Correlate

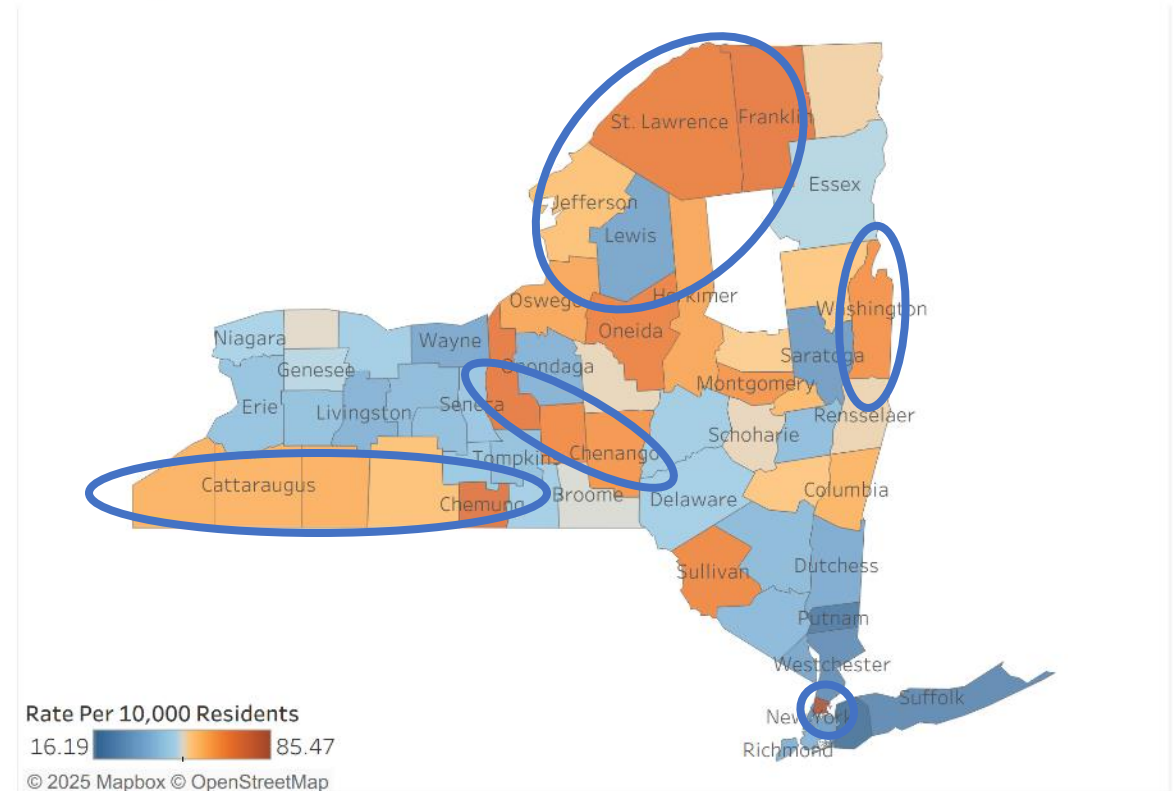
Income (Median family income) for New York by County

All Races (includes Hispanic/Latino), Both Sexes, All Ages, 2019-2023



Concentration of High Complexity Youth Across New York Counties per 10,000 Residents

Ages 21 and Under | 2019 - 2023

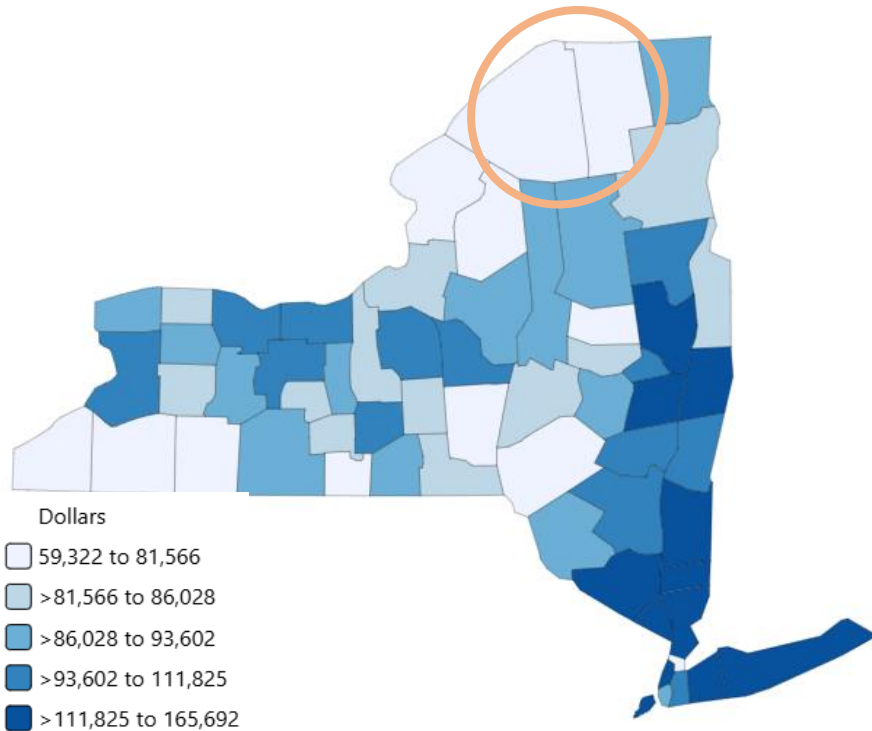


HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Created 10/13/2025. Available from <https://hdpulse.nimhd.nih.gov>

Income & Service Utilization

Income (Median family income) for New York by County

All Races (includes Hispanic/Latino), Both Sexes, All Ages, 2019-2023



HDpulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Created 10/13/2025. Available from <https://hdpulse.nimhd.nih.gov>

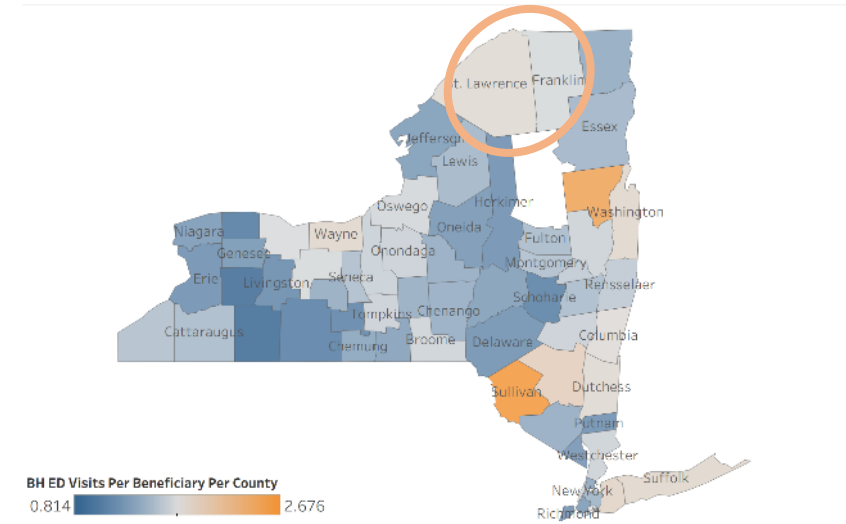


NYS Coalition
for Children's Behavioral Health

There are some pockets of lower income counties + higher ED use + lower OP use.

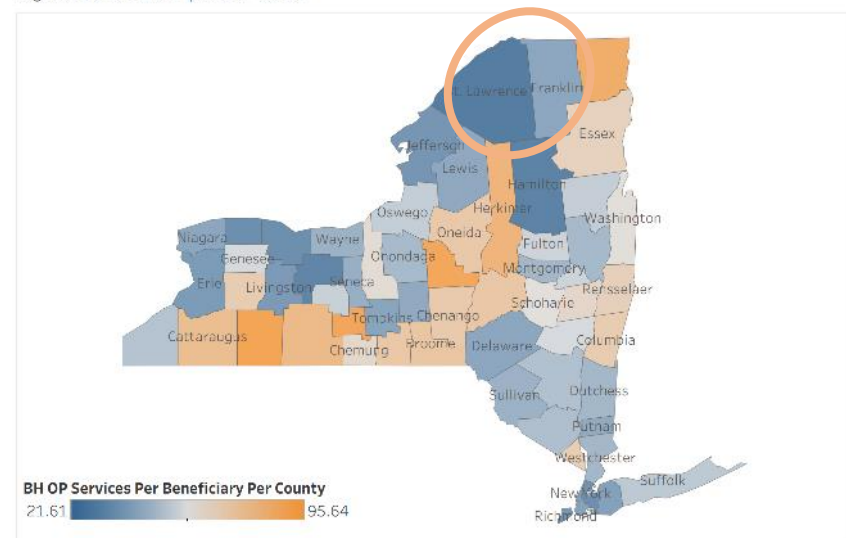
Behavioral Health-Related Emergency Department Visits Per Beneficiary Across New York Counties

Ages 21 and Under | 2019 - 2023



Behavioral Health-Related Outpatient Service Utilization Per Beneficiary Across New York Counties

Ages 21 and Under | 2019 - 2023



2025 New York Prevention Needs Assessment Survey



Survey Results for:
St. Lawrence County

Sponsored by:
Seaway Valley Prevention Council
206 Ford Street, Suite 301
Ogdensburg, NY 13669
(315) 713-4861



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Introduction and Demographics

2025 Prevention Needs Assessment Survey Profile Report

This report summarizes the findings from the Prevention Needs Assessment (PNA) Survey that was conducted during 2025. The results are presented along with comparisons to the Monitoring the Future Survey (A nation-wide survey of grades 8, 10, and 12) and the Bach Harrison Norm (BH Norm). The BH Norm is described in more detail on page 10 of this report.

The survey was designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. The risk and protective factors have been shown to influence the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth.

Table 1 contains the characteristics of the students who completed the survey from your community. When using the information in this report, please pay attention to the number and percentage of students who participated from your community. The sample size for this survey administration was 3,718 students. If 60% or more of the sample participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, a review of who participated should be completed prior to generalizing the results to the entire community.

Table 1. Characteristics of Participants

Student Totals						
Total Students	St. Lawrence County					
	2021		2023		2025	
	Number	Percent	Number	Percent	Number	Percent
	2087	100	2588	100	3281	100
Grade						
6	462	22.1	561	21.7	894	27.2
8	592	28.4	674	26.0	860	26.2
10	577	27.6	777	30.0	757	23.1
12	456	21.8	576	22.3	770	23.5

Student Percentages by Grade

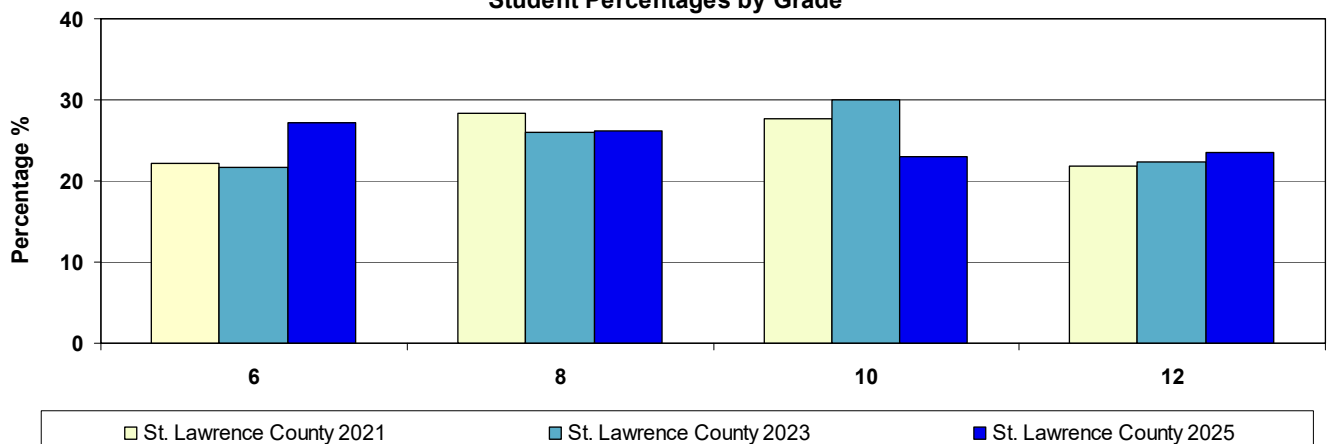


Table 1. represents the total survey population. Students were given the option to skip questions, and not all students completed the survey. The percentages in remaining tables/figures of this report reflect the percent of students responding to each question, rather than the percent of the total survey population.



Demographics

Table 1. (Continued) Characteristics of Participants

Student Totals

	2021		2023		2025	
	Number	Percent	Number	Percent	Number	Percent
Gender						
Male	1053	51.1	1287	49.8	1584	48.4
Female	1006	48.9	1235	47.8	1622	49.6
Other	n/a	n/a	61	2.4	64	2.0

Student Percentages by Gender

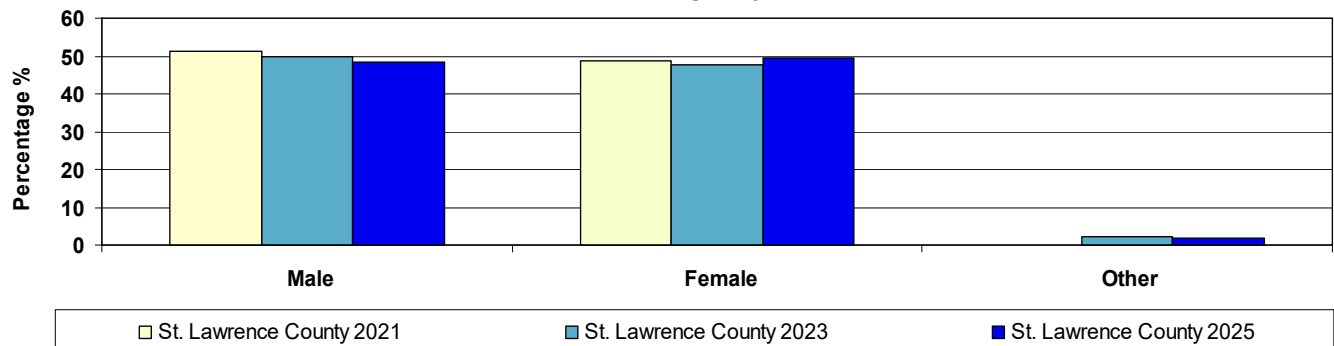
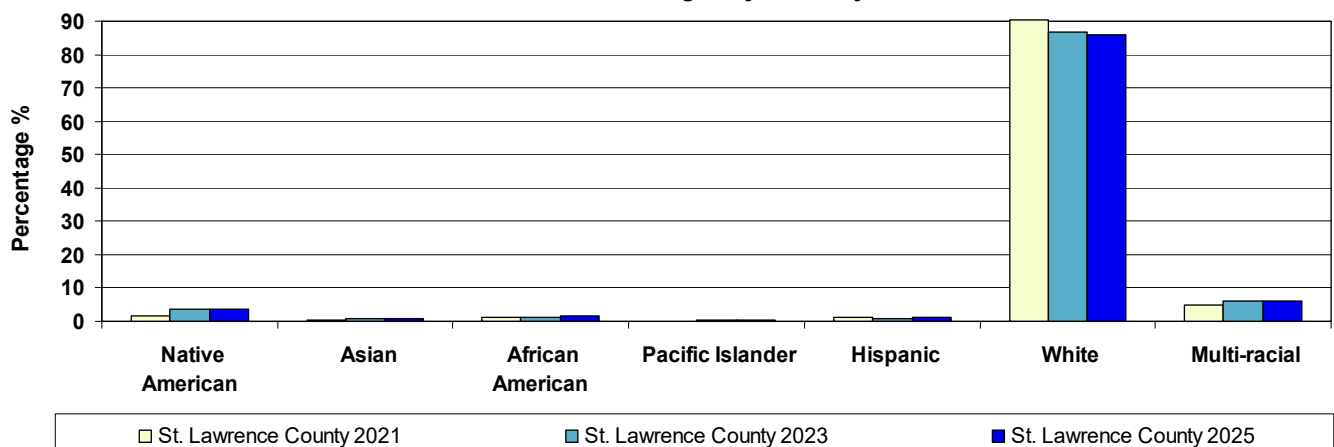


Table 1. (Continued) Characteristics of Participants

Student Totals

	2021		2023		2025	
	Number	Percent	Number	Percent	Number	Percent
Ethnicity						
Native American	37	1.8	89	3.5	125	3.9
Asian	9	0.4	19	0.7	32	1.0
African American	25	1.2	36	1.4	56	1.7
Pacific Islander	2	0.1	12	0.5	14	0.4
Hispanic	25	1.2	24	0.9	35	1.1
White	1865	90.4	2230	86.9	2786	85.9
Multi-racial	100	4.8	155	6.0	197	6.1

Student Percentages by Ethnicity



Risk and Protective Factors

The Risk and Protective Factor Model of Substance Abuse Prevention

Prevention is a science. The Risk and Protective Factor Model of Prevention is a proven way of reducing substance abuse and its related consequences.

This model is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth. For example, children who live in disorganized and crime-ridden neighborhoods are more likely to become involved in crime and drug use than children who live in safe neighborhoods.

The chart below shows the links between the nineteen risk factors in this survey and six problem behaviors.

Risk Factors																			
	Community		Family						School		Peer/Individual								
Problem Behaviors	Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	Perceived Availability of Drugs	Poor Family Management	Family Conflict	Sibling Drug Use	Exposure to Adult Antisocial Behavior	Parental Attitudes Favorable Towards Antisocial Behavior	Parental Attitudes Favorable Towards Drugs	Academic Failure	Low Commitment to School	Early Initiation of Antisocial Behavior	Early Initiation of Drug Use	Attitudes Favorable Toward Antisocial Behavior	Attitudes Favorable Toward Drug Use	Perceived Risk of Drug Use	Interaction with Antisocial Peers	Friend's Use of Drugs	Rewards for Antisocial Behavior	Depressive Symptoms
Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delinquency	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Teen Pregnancy			✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
School Drop-Out			✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Violence	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Depression & Anxiety			✓	✓	✓				✓		✓	✓							✓

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include strong bonding to family, school, community and peers, and healthy beliefs and clear standards for behavior. Protective bonding depends on three conditions:

- **Opportunities** for young people to actively contribute
- **Skills** to be able to successfully contribute
- **Consistent recognition** or reinforcement for their efforts and accomplishments

Risk and Protective Factors

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these schools, families and neighborhoods must communicate healthy values and set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to antisocial peers would not be likely to reinforce positive behavior.

The chart below shows the links between the ten protective factors in this survey and five positive influences.

Research on risk and protective factors has important implications for children's academic success, positive youth development, and prevention of health and behavior problems. In order to promote academic success and positive youth development and to prevent problem behaviors, **it is necessary to address the factors that predict these outcomes.** By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

In addition to helping assess current conditions and prioritize areas of greatest need, data from this survey can be a powerful tool in applying for and complying with several federal programs, outlined later in this report, such as the Strategic Prevention Framework process. The survey also gathers valuable data which allows state and local agencies to address other prevention issues related to academic achievement, mental health, gang involvement, health and fitness, and personal safety.

Protective Factors										
	Community	Family			School		Peer/Individual			
Positive Influences	Rewards for Prosocial Involvement	Family Attachment	Opportunities for Prosocial Involvement	Rewards for Prosocial Involvement	Opportunities for Prosocial Involvement	Rewards for Prosocial Involvement	Belief in the Moral Order	Interaction with Prosocial Peers	Prosocial Involvement	Rewards for Prosocial Involvement
Healthy Beliefs and Clear Standards				✓			✓			
Bonding	✓	✓	✓	✓	✓	✓		✓	✓	✓
Opportunities			✓		✓					
Skills								✓	✓	
Recognition	✓			✓		✓				✓

Building a Strategic Prevention Framework

The survey is an important data source for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF). CSAP created the SPF model to guide states and communities in creating planned, data-driven, effective, and sustainable prevention programs. Each part represents an interdependent element of the ongoing process of prevention coordination.

Assessment: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery. The SPF begins with an assessment of the needs in the community that is based on data. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness. The PNA results presented in this Profile Report will help you to identify needs for prevention services. PNA data include adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

Capacity: Mobilize and/or Build Capacity to Address Needs. Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Planning: Develop a Comprehensive Strategic Plan. States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on the assessments conducted during Step 1. The Plan should address the priority needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities.

Implementation: Implement Evidence-based Prevention Programs and Infrastructure Development Activities. By measuring and identifying the risk factors and other causal factors that contribute to the targeted problems specified in your strategic plan, programs can be implemented that will reduce the prioritized substance abuse problems. After completing Steps 1, 2, and 3, communities will be able to choose prevention strategies that



Building a Strategic Prevention Framework (Continued)

have been shown to be effective, are appropriate for the population served, can be implemented with fidelity, are culturally appropriate, and can be sustained over time. SAMHSA developed an internet tool located at www.samhsa.gov/nrepp for identifying Best Practice Programs. Another way to access the resources is from this address: www.nrepp.samhsa.gov.

Evaluation: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail. Finally, ongoing monitoring and evaluation are essential to determine if the desired outcomes are achieved, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. The OPNA allows communities to monitor levels of ATOD use, antisocial behavior, risk, and protection.

Sustainability and Cultural Competence: Incorporate principles of cultural competence and sustainability in each of the five elements. At the center of the SPF model, sustainability and cultural competence play a key role in assessment, capacity appraisal, planning, implementation and evaluation, ensuring successful, long lasting prevention programs.

Sustainability is accomplished by utilizing a comprehensive approach. States and communities should plan adaptive, flexible programs around a variety of resources, funding, and organizations. An inclusive design helps build sustainable programs and achieve sustainable outcomes. A strategic plan that dynamically responds to changing issues, data, priorities, and resources is more likely to achieve long term results.

Sharing information gathered during the evaluation stage with key stakeholders, forging partnerships and encouraging creative collaboration all enhance sustainability.

Cultural Competence recognizes unique needs, styles, values and beliefs of the recipients of prevention efforts. Culturally competent prevention strategies use interventions, evaluations and communication strategies appropriate to their intended community. Cultural issues reflect a range of influences and are not just a matter of ethnic or racial identity. Learning to communicate with audiences from diverse geographic, cultural, economic, social, and linguistic backgrounds can increase program efficacy and ensure sustainable results.

Whether enlisting extended family networks as a prevention resource for single parent households, or ensuring there are resources available to bridge language gaps, cultural competency will help you recognize differences in prevention needs and tailor prevention approaches accordingly.

A one-size-fits-all program is less effective than a program that draws on community-based values, traditions, and customs and works with knowledgeable people from the community to develop focused interventions, communication, and support.

Validity Measures

Honesty: Because the survey was anonymous, and because confidentiality was stressed through the survey's administration process, most of the reasons for students to exaggerate or deny behaviors were eliminated. However, Bach Harrison has built several checks into the data analysis to minimize the impact of students who were either not truthful in their responses or who did not take the survey seriously. Surveys were eliminated from the final data reported in this report for meeting one or more the following five pre-determined dishonesty indicators:

1. In response to a question about whether or not they had been honest in completing the survey, the students indicated that they were "Not Honest At All" in completing the survey.
2. The students indicated that they had used a non-existent, fictitious drug in their lifetime or in the past 30 days.
3. The students reported an impossibly high level of multiple drug use (having used substances on 120 or more occasions in the past 30 days).
4. The students indicated past-month use rates that were higher than lifetime use rates. The student can make one mistake, which is then recoded so that the lifetime is equal to the 30 day value.
5. The students reported an age that was inconsistent with their grade or their school; for example, a 10-year-old 12th grader or 19-year-old 6th grader.

Additionally, if a student did not answer enough of the validity questions to determine whether or not they were honest in their responses to the five criteria, their survey data were also removed from the final analysis presented in this report.

How to Read the Charts

There are four types of charts presented in this report:

1. Substance use charts
2. Antisocial behavior (ASB) charts
3. Risk factor charts
4. Protective factor charts

Data from the charts are also presented in Tables 3 through 10. Additional data found in later tables are explained at the end of this section.

Understanding the Format of the Charts

There are several graphical elements common to all the charts. Understanding the format of the charts and what these elements represent is essential in interpreting the results of the PNA survey.

The Bars on substance use and antisocial behavior charts represent the percentage of students in that grade who reported a given behavior. The bars on the risk and protective factor charts represent the percentage of students whose answers reflect significant risk or protection in that category. Each set of differently colored bars represents one of the past administrations of the PNA. By looking at the percentages over time, it is possible to identify trends in substance use and antisocial behavior. By studying the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.

Dots and Diamonds provide points of comparison to larger samples. The dots on the charts represent the percentage of all of the youth surveyed who reported substance use, problem behavior, elevated risk, or elevated protection. Please note that the dot represents the aggregate results of all participating students rather than a random sample of students. The survey results provide considerable information for communities to use in planning

How to Read the Charts (Continued)

prevention services. The diamonds represent national data from either the Monitoring the Future (MTF) Survey or the Bach Harrison Norm (BH Norm). The BH Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from ten statewide surveys and one large regional survey across the nation were combined into a database of approximately 642,000 students. The results were weighted to make the contribution of each state and region proportional to its share of the national population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as BH Norm. In order to keep the BH Norm relevant, it is updated approximately every few years as new data become available.

A comparison to survey-wide and national results provides additional information for your community in determining the relative importance of levels of alcohol, tobacco and other drug (ATOD) use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, it is important to observe the factors that differ the most from the BH Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than those in other communities. The risk factors that are higher than the BH Norm and the protective factors are lower than the BH Norm are probably the factors that you should consider addressing when planning prevention programs.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors. Once the PNA survey had been given to over 460,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale

that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for separating youth into the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Lifetime, 30 Day & Heavy ATOD Use Charts

There are three types of use measured on the ATOD charts.

Lifetime use is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.

30-day use is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.

Heavy use is measured in two ways: *binge drinking* (five or more drinks in a row over the last two weeks), and use of *one-half a pack or more of cigarettes per day*.

Supplement 1. ATOD Questions

This contains the full wording for the ATOD questions.



How to Read the Charts (Continued)

Antisocial Behavior, Driving and Alcohol Charts

Antisocial behavior (ASB) is a measure of the percentage of students who report any involvement during the past year with the eight antisocial behaviors listed in the charts.

Driving and Alcohol is a measure of the percentage of students who report drinking and driving, or being a passenger in a car where the driver had been drinking in the past 30 days.

Risk and Protective Factor Charts

Risk and protective factor scales measure specific aspects of a youth's life experience that predict whether he/she will engage in problem behaviors. The scales, defined in Table 2, are grouped into four domains: community, family, school, and peer/individual. The risk and protective factor charts show the percentage of students at risk and with protection for each of the scales.

The tables are a list of the numbers and percents presented in the report. Before each table group is a summary of what is detailed in that section.



Tables

Tables in this Report

Tables 3 and 4 detail the Risk and Protective Scales.

Tables 5 to 8 detail ATOD Use, Problem ATOD Use, and Alcohol and Driving Behaviors.

Table 9 shows Antisocial Behaviors.

Tables 10 and 11, Sources and Places of Student Alcohol and Marijuana Use, presents the percentages of how and where students obtained and used alcohol and marijuana during the past year. The data focus on a subgroup of students who indicated at least one means of obtaining or using alcohol. (Students reporting no alcohol use are not represented.) It is important to note that the table represents a subgroup of users and not the entire survey population. Additionally, the smaller the sample, the more dramatic the influence of a student's responses. For example, if only one student in a particular grade reported where he/she obtained alcohol or marijuana, each category would show up as either 0% or 100%. The table indicates the sample size for each grade surveyed to help clarify the value of the data.

Table 12, Drug Free Communities Report. It contains information required by communities with Drug Free Communities Grants, such as the perception of the risks of ATOD use, perception of parent and peer disapproval of ATOD use, past 30-day use, and average age of first use.

Table 13, Youth Perceptions of Substance Use. Youth often overestimate the percentage of their peers who are using substances. Youth perceptions of the percentage of their peers who use cigarettes, alcohol, marijuana, and other illegal drugs are shown in these tables.

Table 14, Additional Items. It contains information such as the parent attitudes regarding drinking, general student well being, and types of substances used in vaping.

Finally, extra questions your agency might have included on the questionnaire are listed.

Tools for Assessment and Planning

What are the numbers telling you?

Review the charts and data tables presented in this report. Note your findings as you discuss the following questions.

Which 3-5 risk factors appear to be higher than you would want when compared to the Bach Harrison Norm?

Which 3-5 protective factors appear to be lower than you would want when compared to the Bach Harrison Norm?

Which levels of 30-day drug use are increasing and/or unacceptably high? Which substances are your students using the most? At which grades do you see unacceptable usage levels?

Which antisocial behaviors are increasing and/or unacceptably high? Which behaviors are your students exhibiting the most? At which grades do you see unacceptable behavior levels?

How to identify high priority problem areas

Once you have familiarized yourself with the data, you can begin to identify priorities.

Look across the charts for items that stand out as either much higher or much lower than the others.

Compare your data with statewide, and/or national data. Differences of 5% between local and other data are probably significant.

Prioritize problems for your area according to the issues you've identified. Which can be realistically addressed with the funding available to your community? Which problems fit best with the prevention resources at hand?

Determine the standards and values held within your community. For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

Use these data for planning.

Once priorities are established, use data to guide your prevention efforts.

Substance use and antisocial behavior data are excellent tools to raise awareness about the problems and promote dialogue.

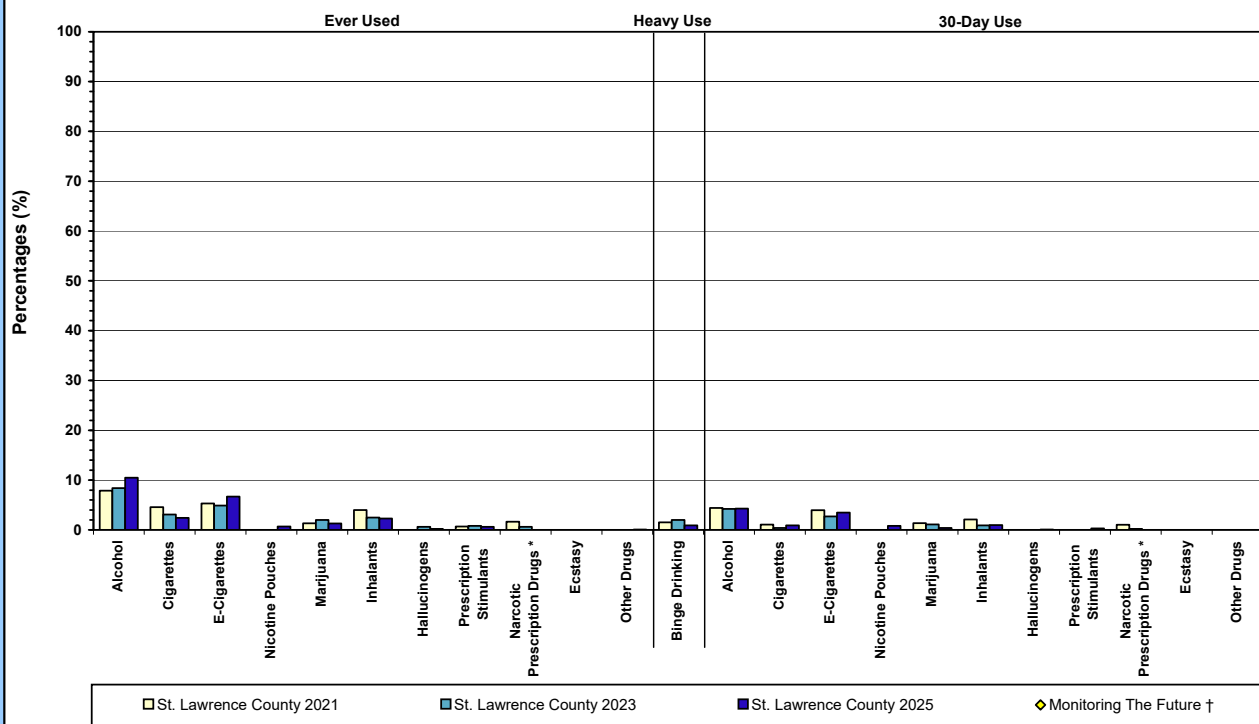
Risk and protective factor data can be used to identify exactly where the community needs to take action.

Promising approaches for any prevention goal are available through resources listed on the last page of this report. These contacts are a great resource for information about programs that have been proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

	Sample	Priority Rate 1	Priority Rate 2	Priority Rate 3
Risk Factors	6th grd Fav. Attitude to Drugs (Peer/Indiv. Scale) @ 15% (8% > 8-state av.)			
Protective Factors	10th grd - Rewards for prosocial involm. (School Domain) 40% (down 5% from 2 yrs ago & 16% below state av.)			
30-day Substance Abuse	8th grd Binge Drinking @ 13% (5% above state av.)			
Antisocial Behavior	12th grd - Drunk/High at School @ 21% (about same as state, but remains a priority.)			

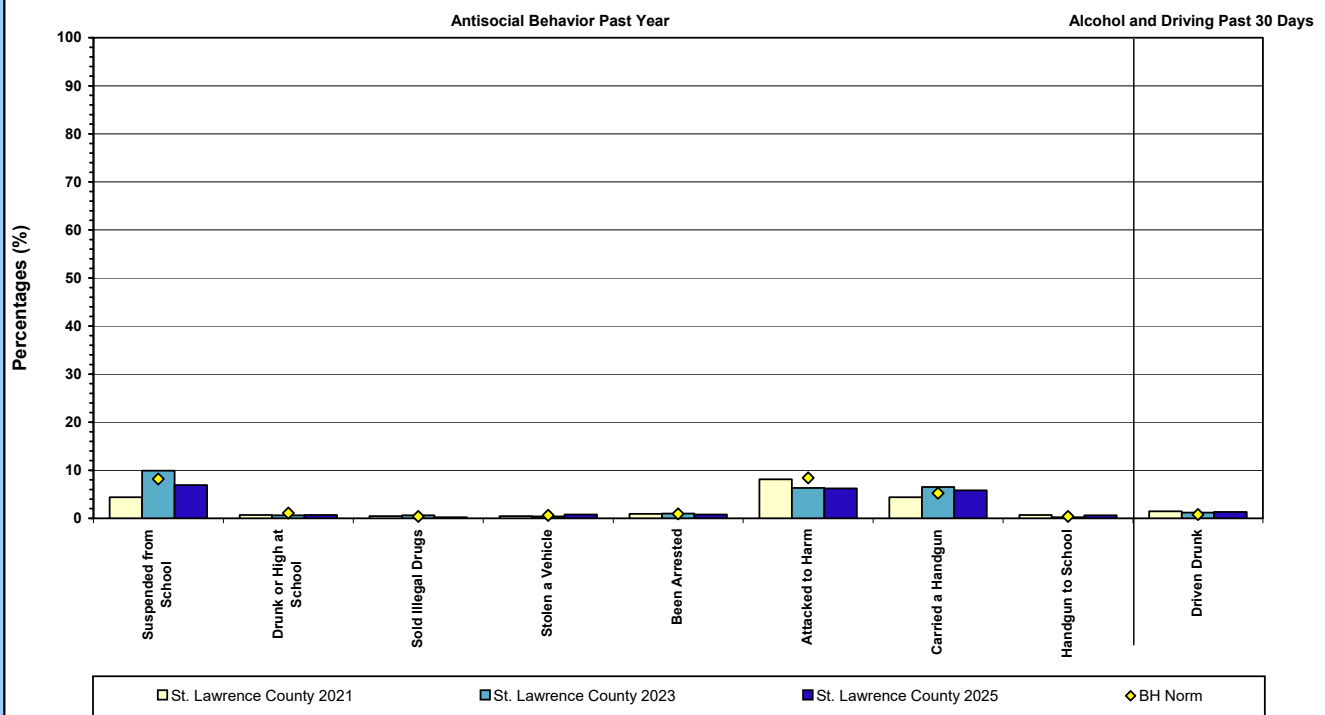
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2025 St. Lawrence County Student Survey, Grade 6



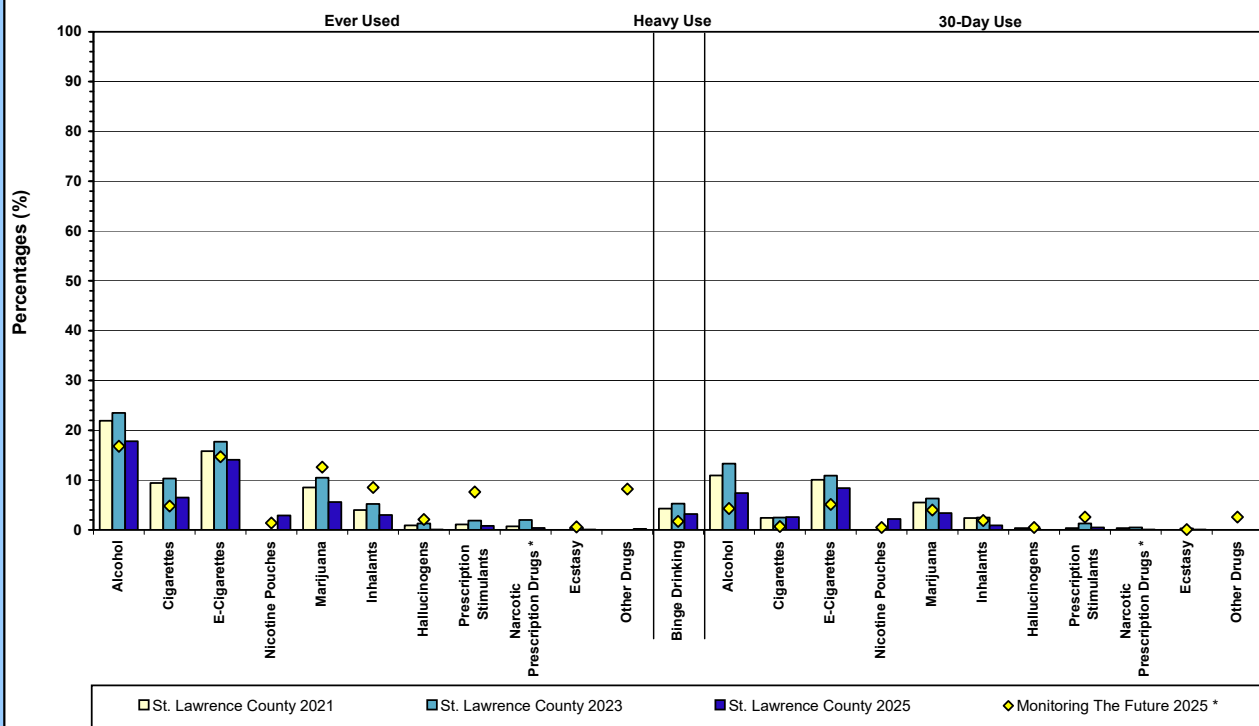
† MTF only surveys grades 8, 10, and 12.

ANTISOCIAL BEHAVIOR & ALCOHOL AND DRIVING
2025 St. Lawrence County Student Survey, Grade 6



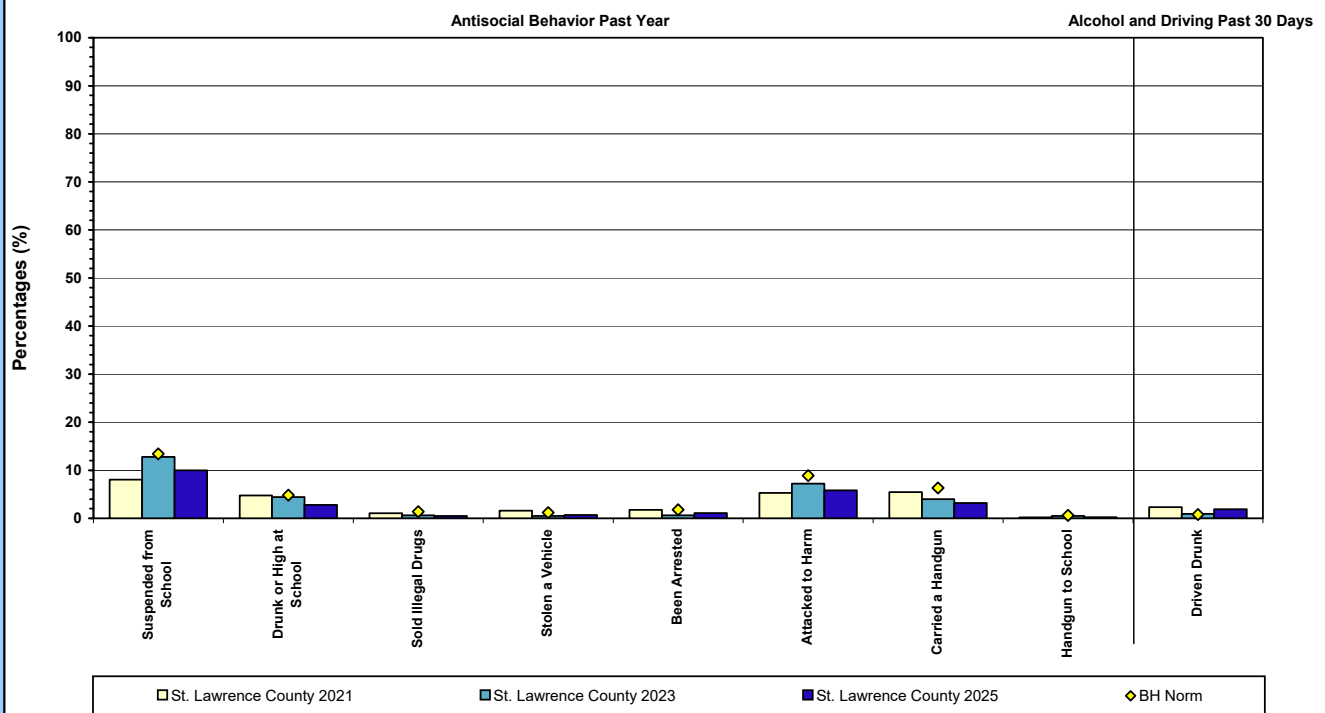
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2025 St. Lawrence County Student Survey, Grade 8



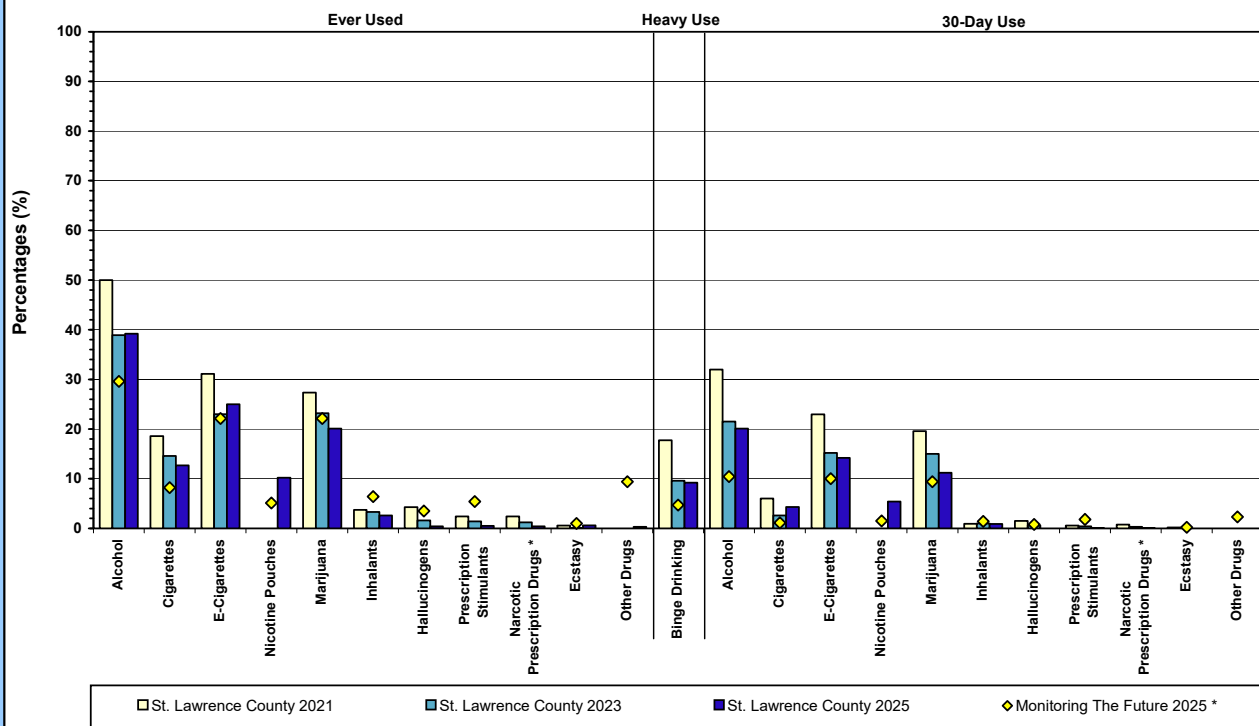
* MTF does not publish 8th, 10th, or combined grade values for "Narcotic Prescription Drugs".
MTF has stopped reporting some questions, what is reported is the last available value. See the ATOD charts for details.

ANTISOCIAL BEHAVIOR & ALCOHOL AND DRIVING
2025 St. Lawrence County Student Survey, Grade 8



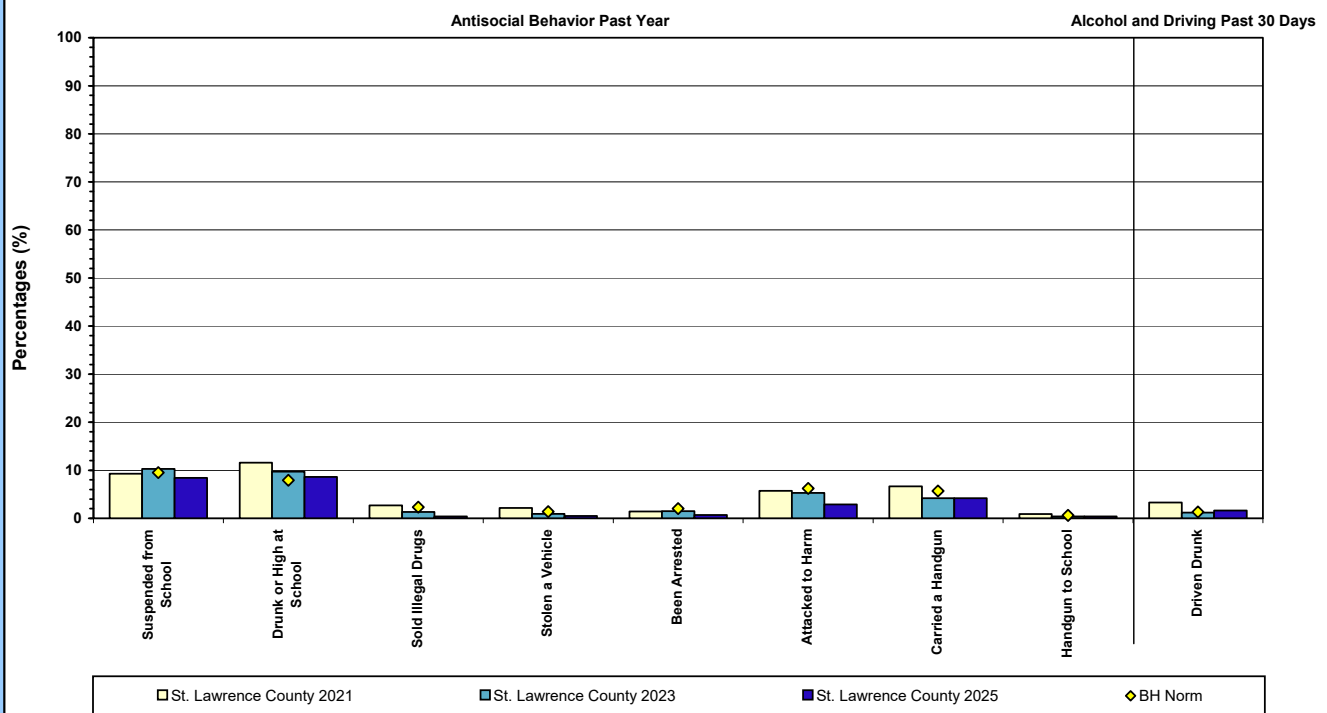
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE 2025 St. Lawrence County Student Survey, Grade 10



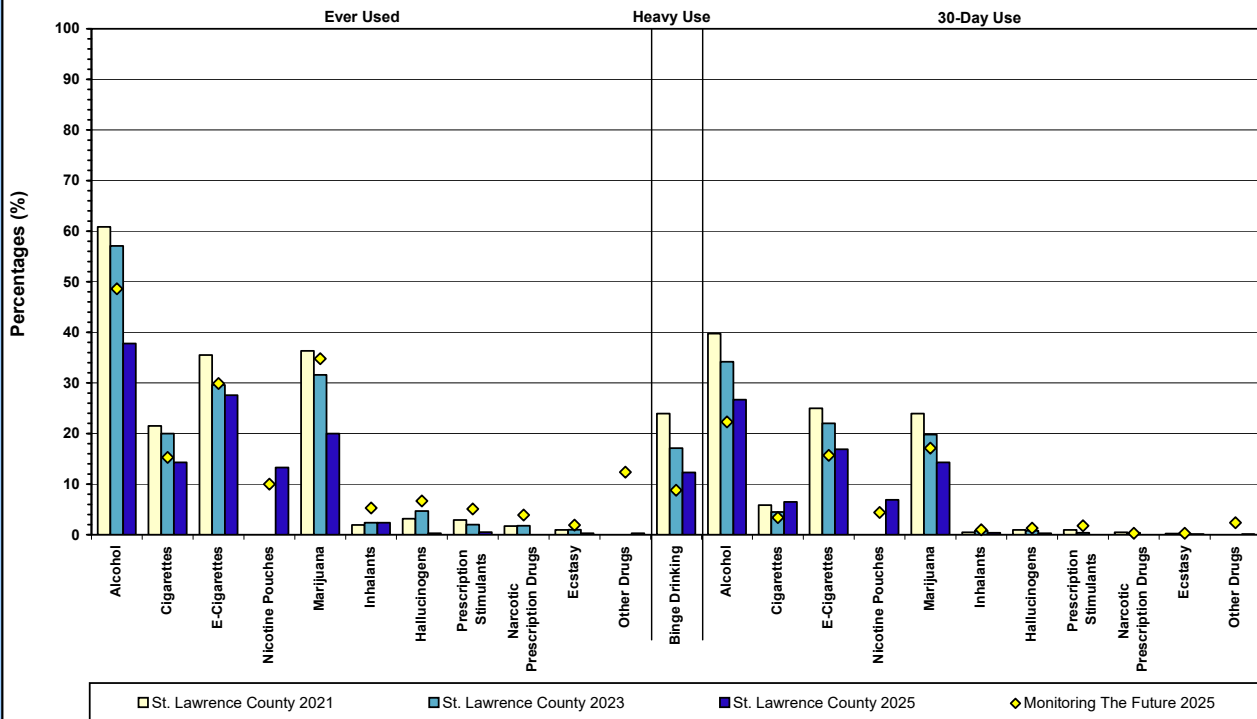
* MTF does not publish 8th, 10th, or combined grade values for "Narcotic Prescription Drugs". MTF has stopped reporting some questions, what is reported is the last available value. See the ATOD charts for details.

ANTISOCIAL BEHAVIOR & ALCOHOL AND DRIVING 2025 St. Lawrence County Student Survey, Grade 10



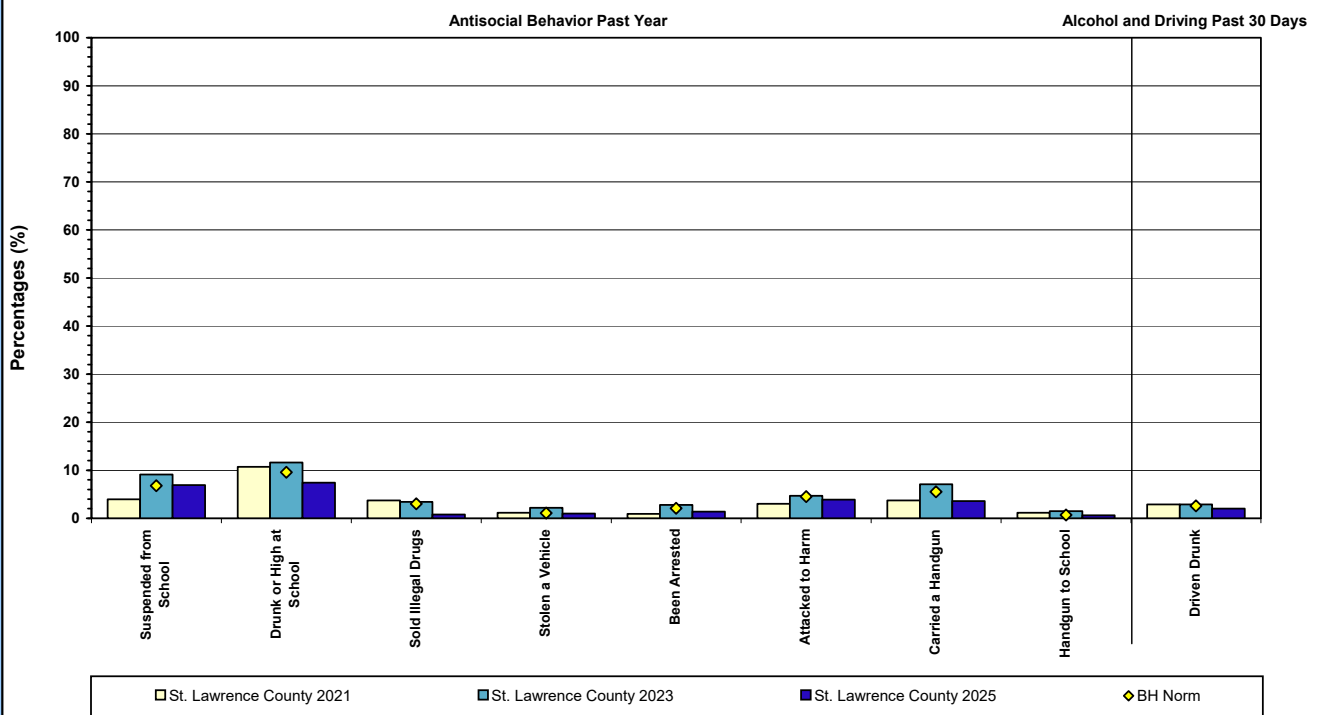
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2025 St. Lawrence County Student Survey, Grade 12



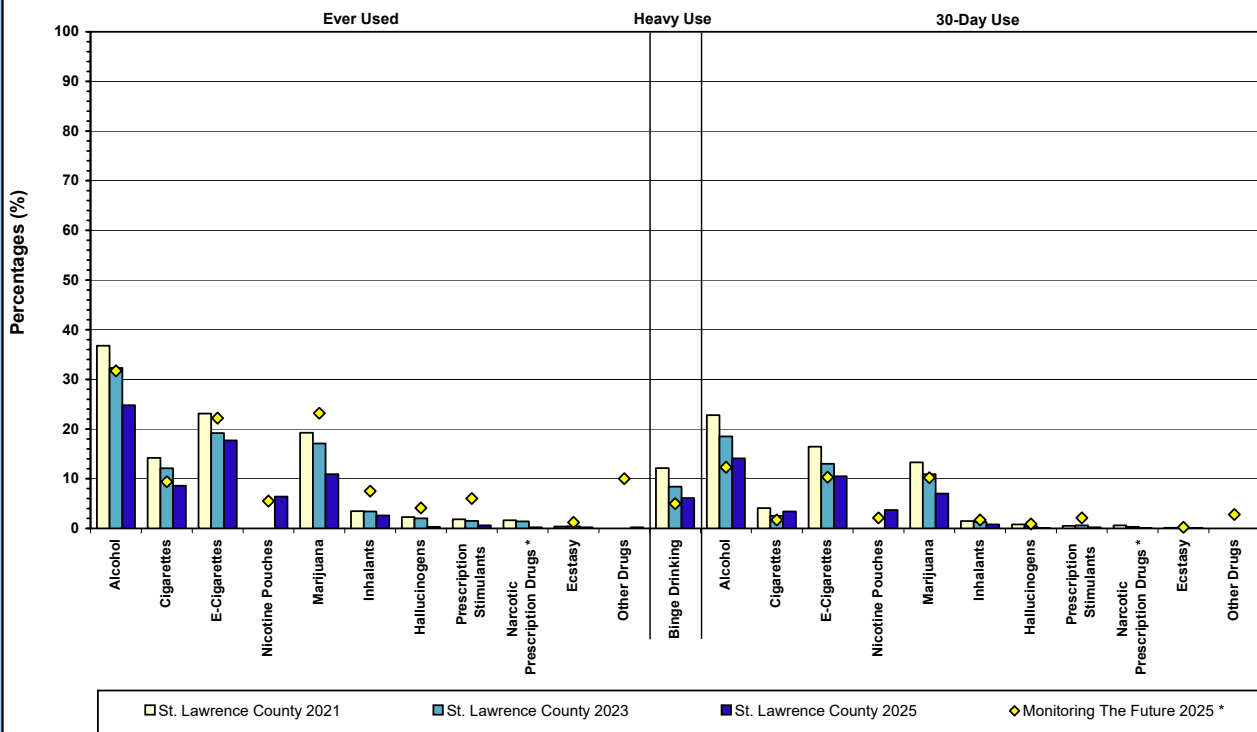
MTF has stopped reporting some questions, what is reported is the last available value. See the ATOD charts for details.

ANTISOCIAL BEHAVIOR & ALCOHOL AND DRIVING
2025 St. Lawrence County Student Survey, Grade 12



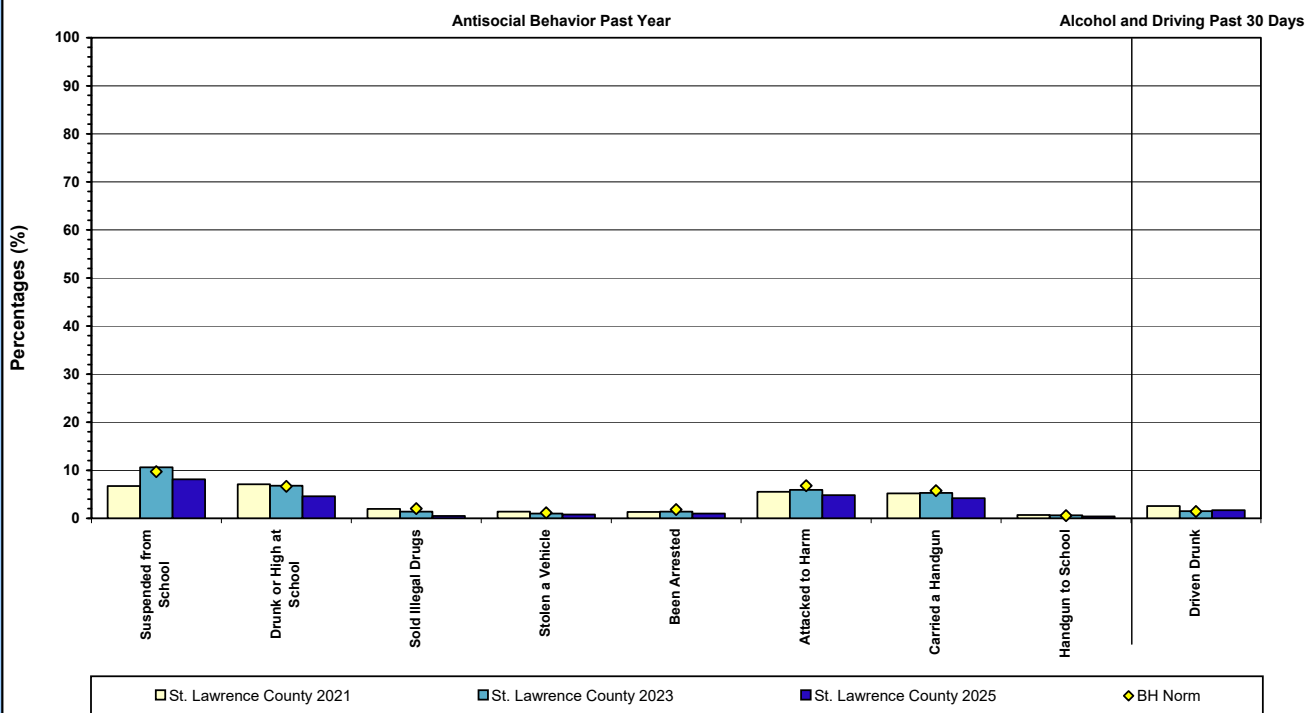
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2025 St. Lawrence County Student Survey, All Grades



* MTF does not publish 8th, 10th, or combined grade values for "Narcotic Prescription Drugs".
MTF has stopped reporting some questions, what is reported is the last available value. See the ATOD charts for details.

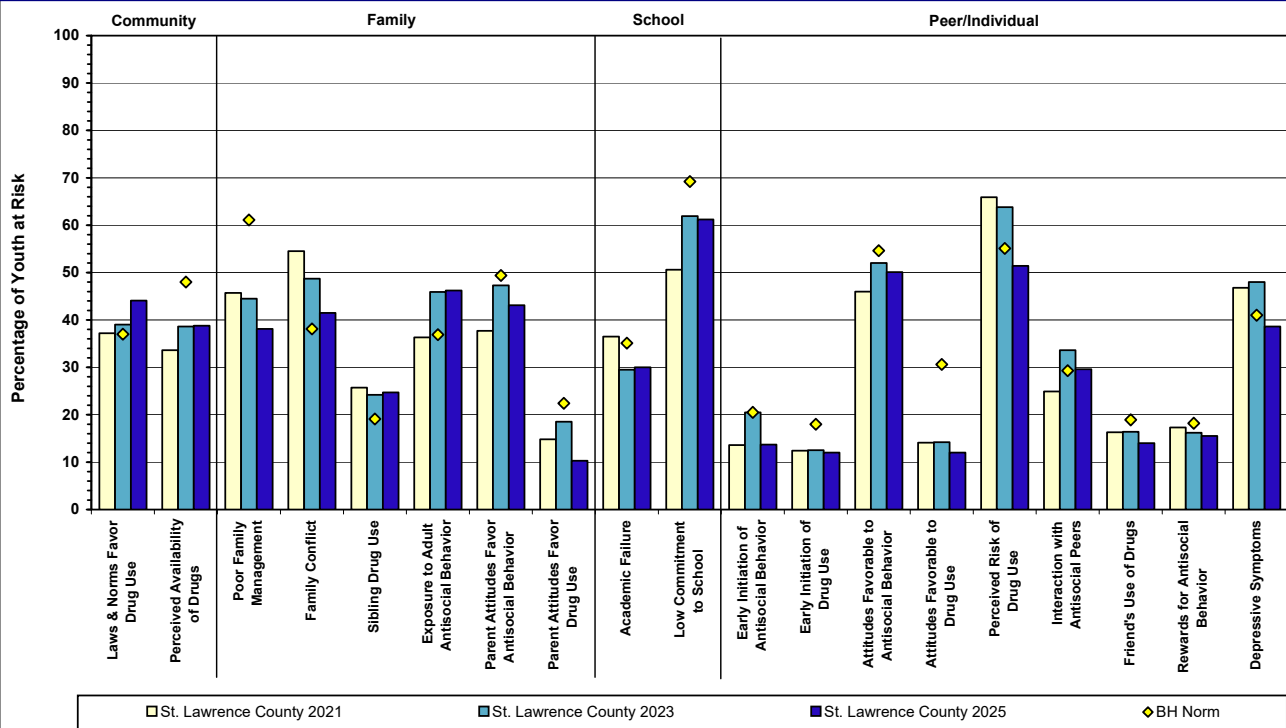
ANTISOCIAL BEHAVIOR & ALCOHOL AND DRIVING
2025 St. Lawrence County Student Survey, All Grades



Substance Use and Antisocial Behavior

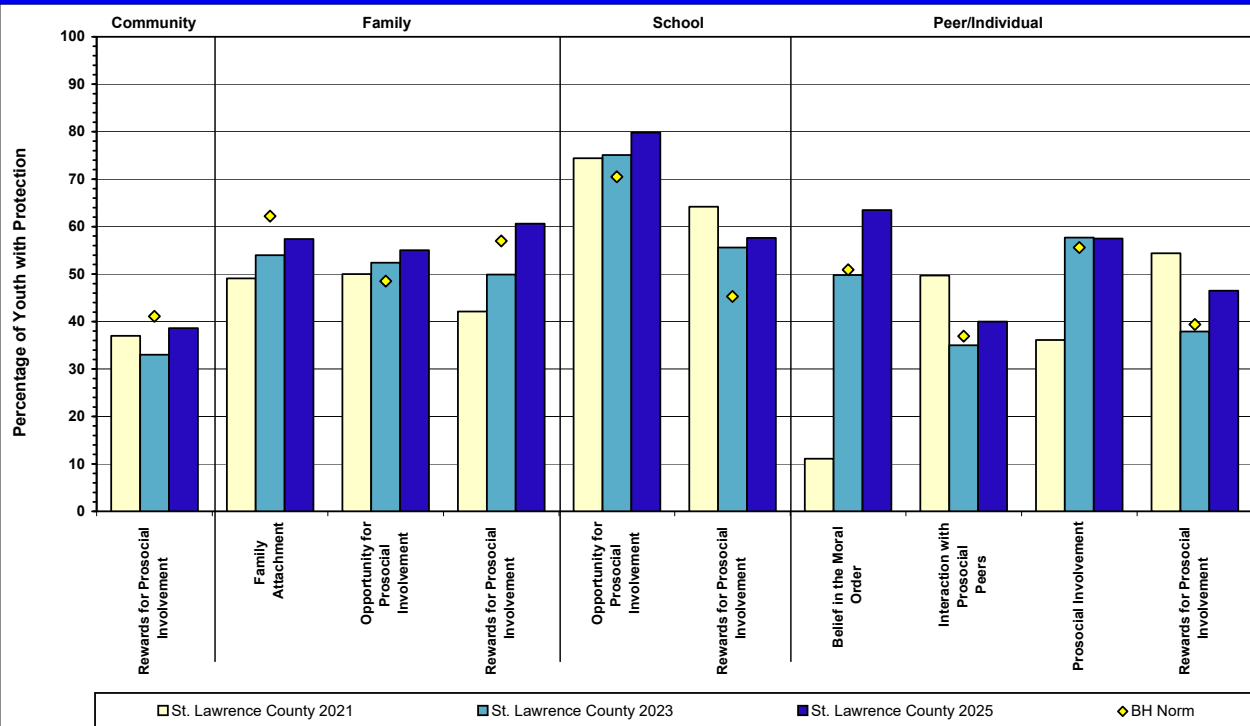
RISK PROFILE

2025 St. Lawrence County Student Survey, Grade 6



PROTECTIVE PROFILE

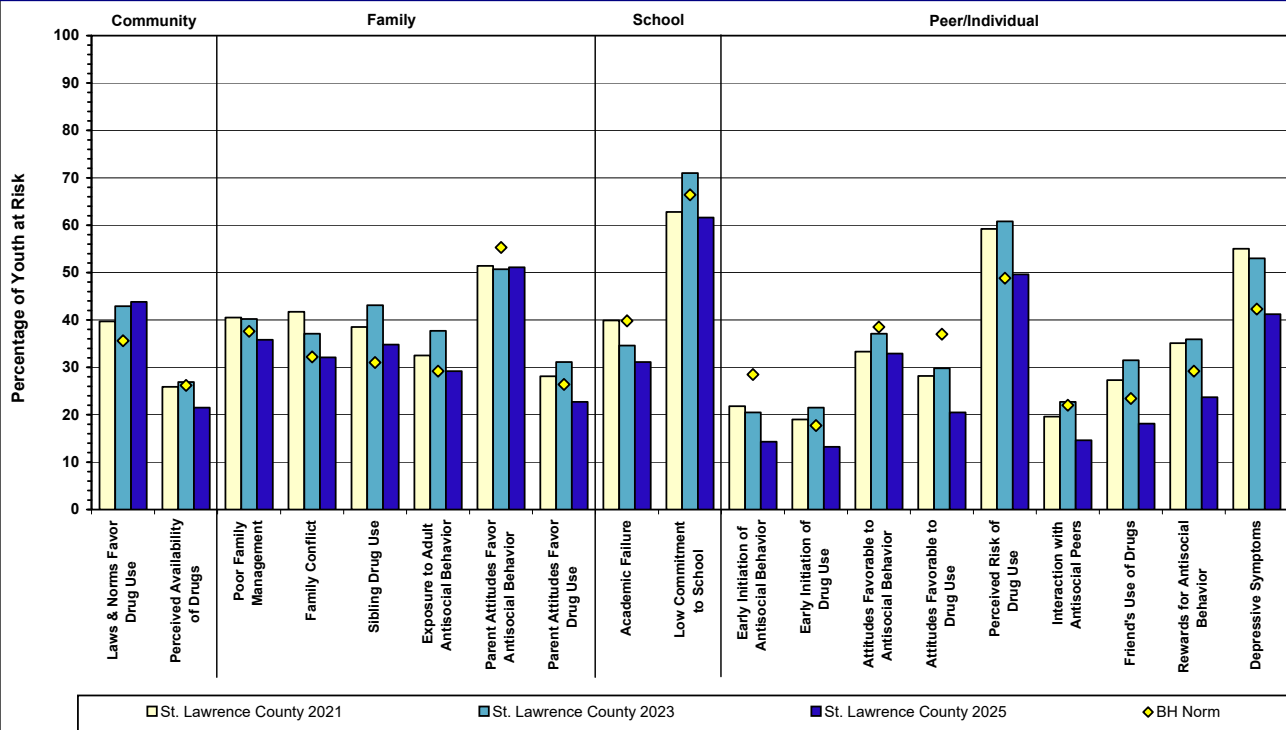
2025 St. Lawrence County Student Survey, Grade 6



Risk and Protective Factor Profiles

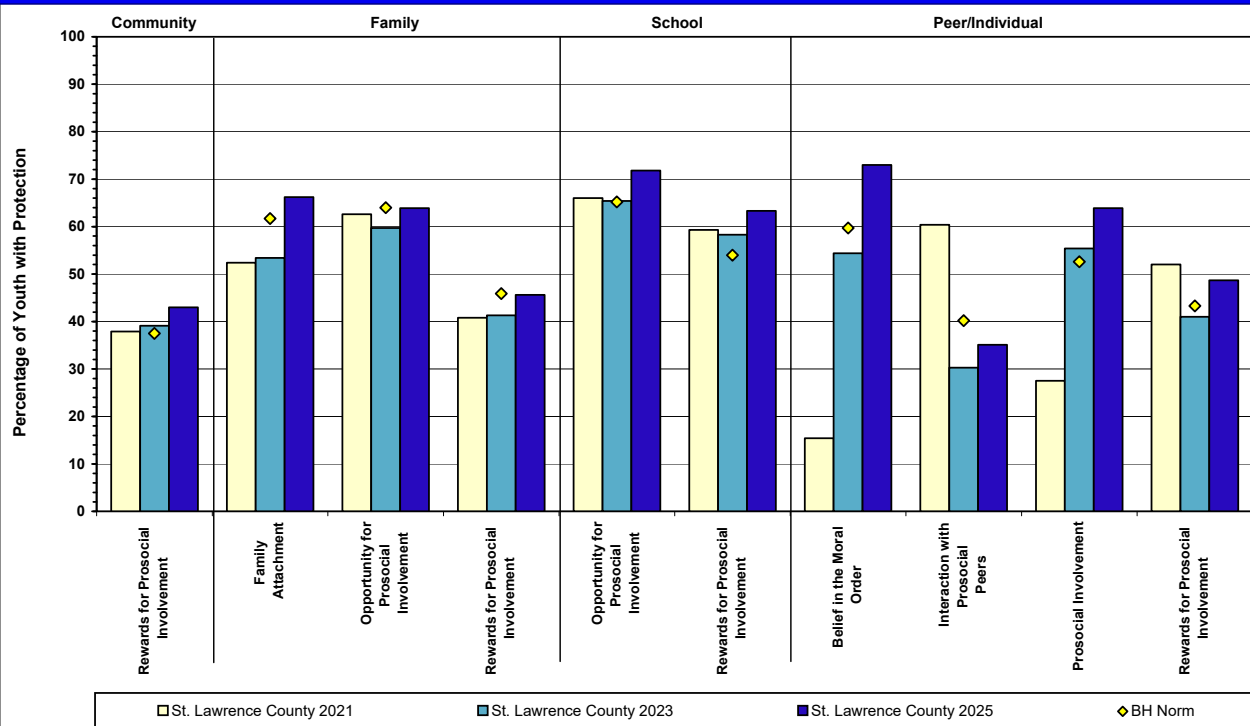
RISK PROFILE

2025 St. Lawrence County Student Survey, Grade 8



PROTECTIVE PROFILE

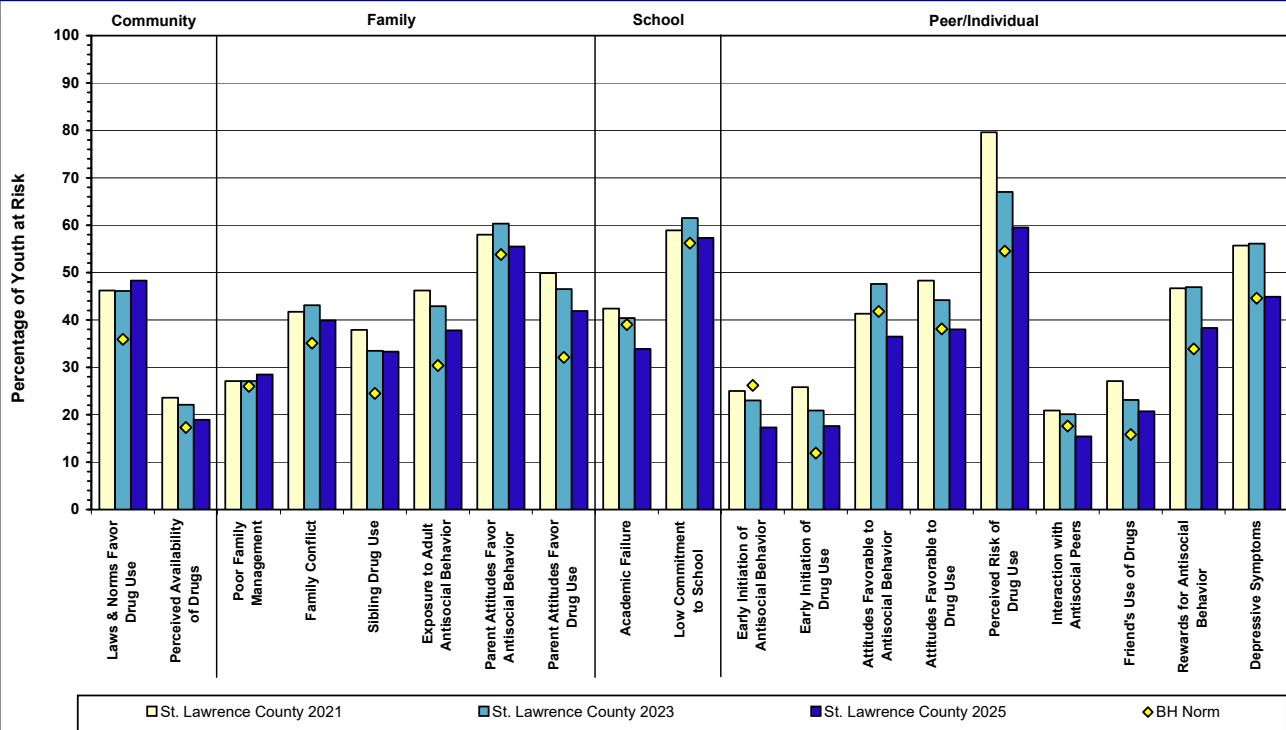
2025 St. Lawrence County Student Survey, Grade 8



Risk and Protective Factor Profiles

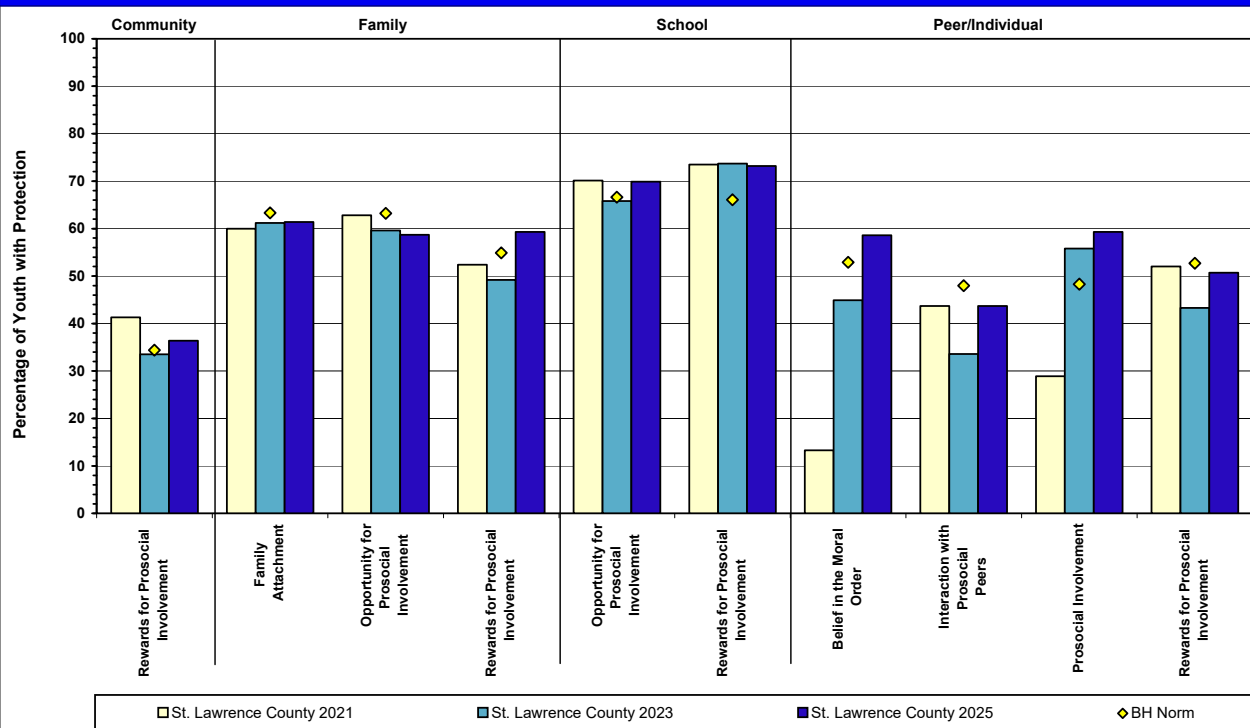
RISK PROFILE

2025 St. Lawrence County Student Survey, Grade 10



PROTECTIVE PROFILE

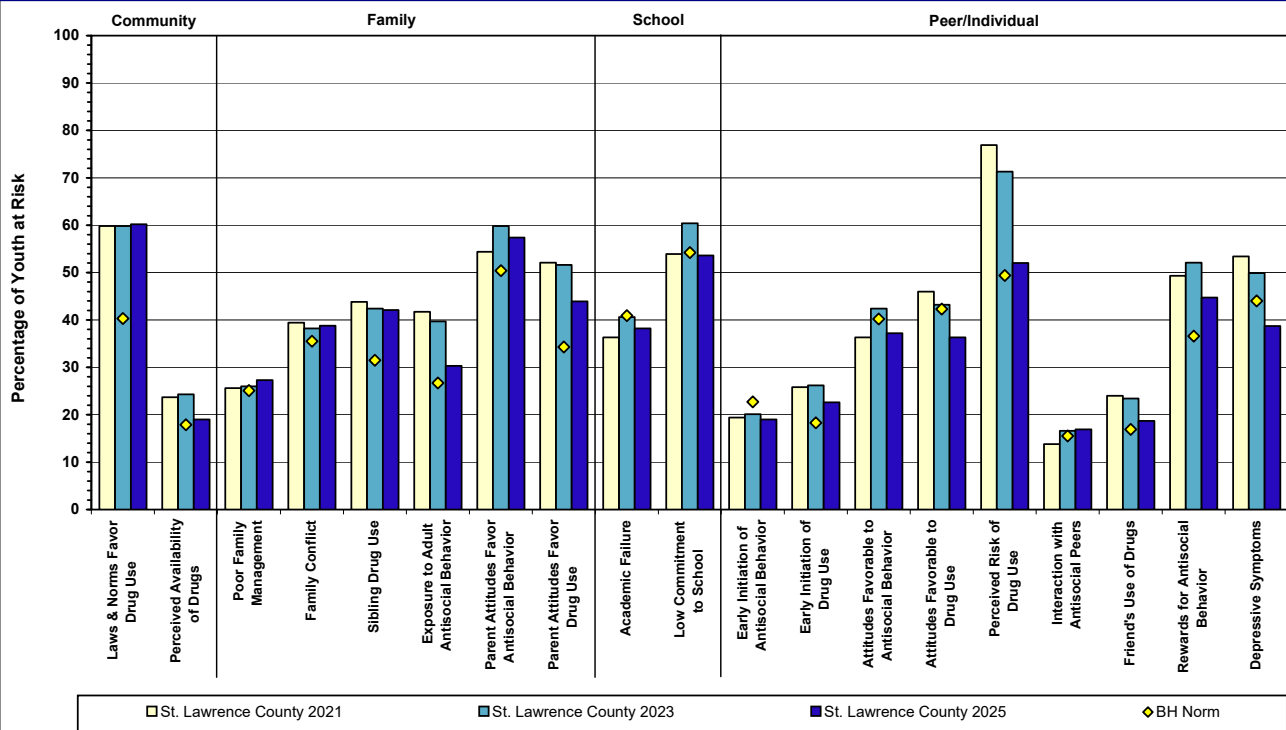
2025 St. Lawrence County Student Survey, Grade 10



Risk and Protective Factor Profiles

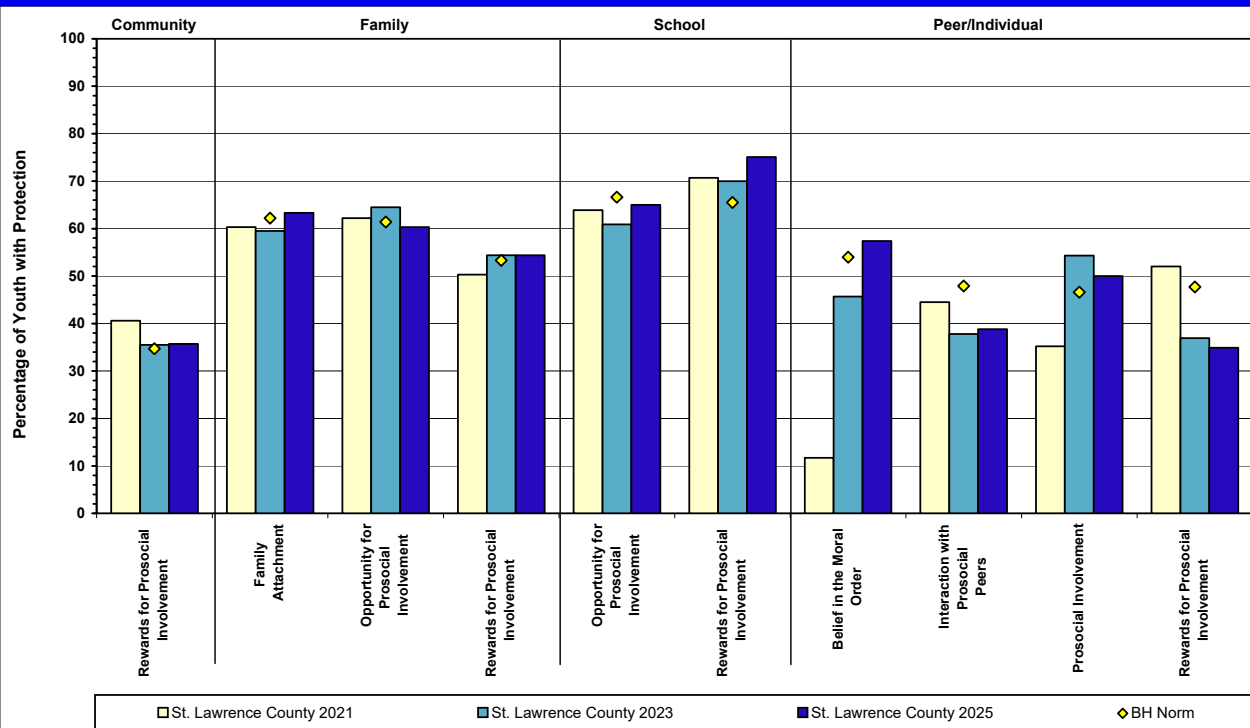
RISK PROFILE

2025 St. Lawrence County Student Survey, Grade 12



PROTECTIVE PROFILE

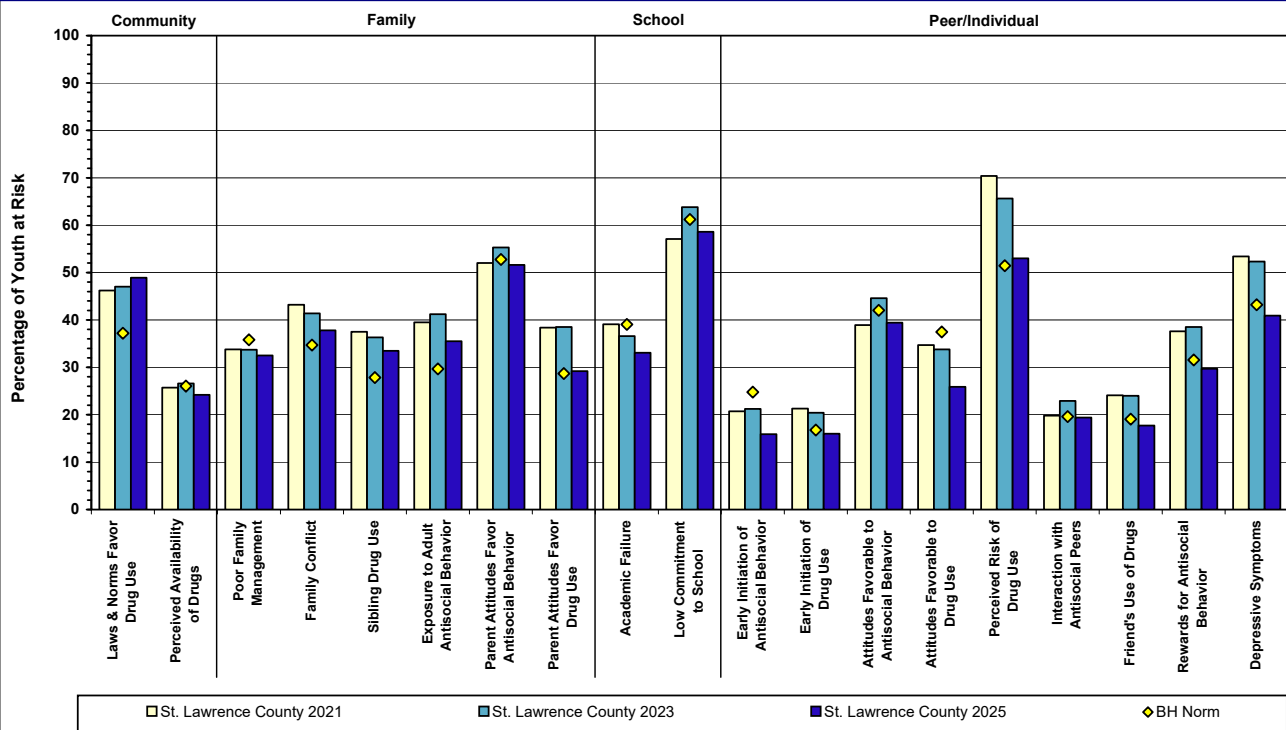
2025 St. Lawrence County Student Survey, Grade 12



Risk and Protective Factor Profiles

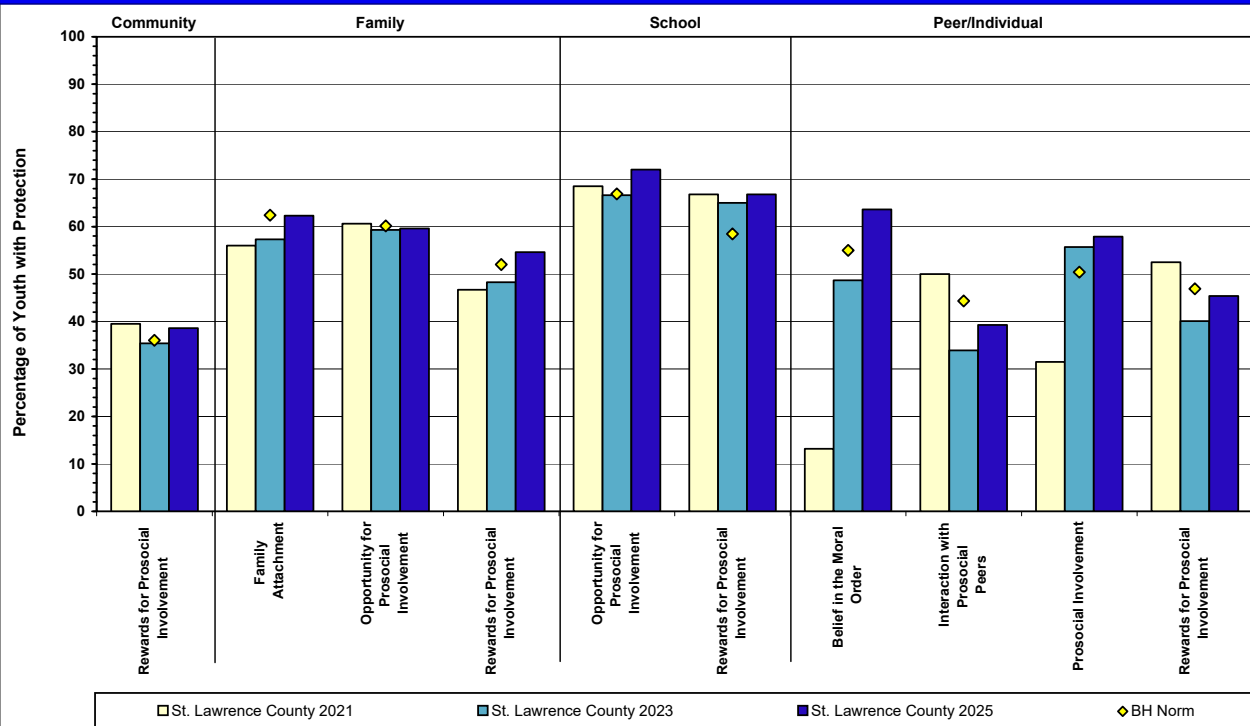
RISK PROFILE

2025 St. Lawrence County Student Survey, All Grades



PROTECTIVE PROFILE

2025 St. Lawrence County Student Survey, All Grades



Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

<i>Community Domain Risk Factors</i>	
Laws and Norms Favorable Toward Drug Use	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
Scale Questions for Laws and Norms Favorable Toward Drug Use	<i>If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey or gin) in your neighborhood would he or she be caught by the police?</i>
	<i>If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?</i>
	<i>If a kid carried a handgun in your neighborhood, would he or she be caught by the police?</i>
	<i>How wrong would most adults (over 21) in your neighborhood think it is for kids your age to use marijuana?</i>
	<i>How wrong would most adults (over 21) in your neighborhood think it is for kids your age to drink alcohol?</i>
Perceived Availability of Drugs	<i>How wrong would most adults (over 21) in your neighborhood think it is for kids your age to smoke cigarettes?</i>
	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.
Scale Questions for Perceived Availability of Drugs	<i>If you wanted to get some cigarettes, how easy would it be for you to get some?</i>
	<i>If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?</i>
	<i>If you wanted to get some marijuana, how easy would it be for you to get some?</i>
	<i>If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?</i>
<i>Community Domain Protective Factors</i>	
Rewards for Prosocial Involvement	Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use.
Scale Questions for Rewards for Prosocial Involvement	<i>My neighbors notice when I am doing a good job and let me know about it.</i>
	<i>There are people in my neighborhood who are proud of me when I do something well.</i>
	<i>There are people in my neighborhood who encourage me to do my best.</i>
<i>Family Domain Risk Factors</i>	
Poor Family Management	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.
Scale Questions for Poor Family Management	<i>The rules in my family are clear.</i>
	<i>When I am not at home, one of my parents knows where I am and who I am with.</i>
	<i>If you drank some beer or wine or liquor (for example, vodka, whiskey or gin) without your parents' permission, would you be caught by your parents?</i>
	<i>My family has clear rules about alcohol use.</i>
	<i>My family has clear rules about other drug use.</i>
	<i>If you carried a handgun without your parents' permission, would you be caught by your parents?</i>
	<i>If you skipped school, would you be caught by your parents?</i>
	<i>My parents ask if I've gotten my homework done.</i>
	<i>Would your parents know if you did not come home on time?</i>

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

<i>Family Domain Risk Factors (Continued)</i>	
Family Conflict	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
Scale Questions for Family Conflict	<i>People in my family often insult or yell at each other.</i>
	<i>We argue about the same things in my family over and over.</i>
	<i>People in my family have serious arguments.</i>
Sibling Drug Use and Exposure to Adult Antisocial Behavior	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
Scale Questions for Sibling Drug Use	<i>Have any of your brothers or sisters ever:</i>
	<i>drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?</i>
	<i>smoked marijuana?</i>
	<i>smoked cigarettes?</i>
Scale Questions for Exposure to Adult Antisocial Behavior	<i>About how many adults (over 21) have you known personally who in the past year have:</i>
	<i>used marijuana, crack, cocaine, or other drugs?</i>
	<i>sold or dealt drugs?</i>
	<i>done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others, etc.?</i>
	<i>gotten drunk or high?</i>
Parental Attitudes Favorable Toward Antisocial Behavior and Parental Attitudes Favorable Toward Drugs	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
Scale Questions for Parental Attitudes Favorable Toward Antisocial Behavior	<i>How wrong do your parents feel it would be for YOU to steal something worth more than \$5?</i>
	<i>How wrong do your parents feel it would be for YOU to draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?</i>
	<i>How wrong do your parents feel it would be for YOU to pick a fight with someone?</i>
Scale Questions for Parental Attitudes Favorable Toward Drug Use	<i>How wrong do your parents feel it would be for YOU to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?</i>
	<i>How wrong do your parents feel it would be for YOU to smoke cigarettes?</i>
	<i>How wrong do your parents feel it would be for YOU to smoke marijuana?</i>
<i>Family Domain Protective Factors</i>	
Family Attachment	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
Scale Questions for Family Attachment	<i>Do you share your thoughts and feelings with your parents?</i>
	<i>Do you feel very close to your parents?</i>

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

<i>Family Domain Protective Factors (Continued)</i>	
Opportunities for Prosocial Involvement	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
Scale Questions for Opportunities for Prosocial Involvement	<i>If I had a personal problem, I could ask my mom or dad for help.</i>
	<i>My parents give me lots of chances to do fun things with them.</i>
	<i>My parents ask me what I think before most family decisions affecting me are made</i>
Rewards for Prosocial Involvement	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
Scale Questions for Rewards for Prosocial Involvement	<i>My parents notice when I am doing a good job and let me know about it.</i>
	<i>How often do your parents tell you they're proud of you for something you've done?</i>
	<i>Do you enjoy spending time with your parents?</i>
<i>School Domain Risk Factors</i>	
Academic Failure	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Scale Questions for Academic Failure	<i>Putting them all together, what were your grades like last year?</i>
	<i>Are your school grades better than the grades of most students in your class?</i>
Low Commitment to School	Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.
Scale Questions for Low Commitment to School	<i>During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?</i>
	<i>How often do you feel that the school work you are assigned is meaningful and important?</i>
	<i>How interesting are most of your courses to you?</i>
	<i>How important do you think the things you are learning in school are going to be for your later life?</i>
	<i>Now, thinking back over the past year in school, how often did you enjoy being in school?</i>
	<i>Now, thinking back over the past year in school, how often did you hate being in school?</i>
	<i>Now, thinking back over the past year in school, how often did you try to do your best work in school?</i>
<i>School Domain Protective Factors</i>	
Opportunities for Prosocial Involvement	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
Scale Questions for Opportunities for Prosocial Involvement	<i>In my school, students have lots of chances to help decide things like class activities and rules.</i>
	<i>There are lots of chances for students in my school to get involved in sports, clubs, or other school activities outside of class.</i>
	<i>There are lots of chances for students in my school to talk with a teacher one-on-one.</i>
	<i>I have lots of chances to be part of class discussions or activities.</i>

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

<i>School Domain Protective Factors (Continued)</i>	
Rewards for Prosocial Involvement	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
Scale Questions for Rewards for Prosocial Involvement	<i>My teachers notice when I am doing a good job and lets me know about it.</i>
	<i>The school lets my parents know when I have done something well.</i>
	<i>My teachers praise me when I work hard in school.</i>
<i>Peer-Individual Risk Factors</i>	
Early Initiation of Antisocial Behavior and Early Initiation of Drug Use	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
Scale Questions for Early Initiation of Antisocial Behavior	<i>How old were you when you first...</i>
	<i>got suspended from school?</i>
	<i>got arrested?</i>
	<i>carried a handgun?</i>
	<i>attacked someone with the idea of seriously hurting them?</i>
Scale Questions for Early Initiation of Drug Use	<i>How old were you when you first...</i>
	<i>smoked a cigarette, even just a puff?</i>
	<i>had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey or gin)?</i>
	<i>began drinking alcoholic beverages regularly, that is, at least once or twice a month?</i>
	<i>smoked marijuana?</i>
Attitudes Favorable Toward Antisocial Behavior and Attitudes Favorable Toward Drug Use	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
Scale Questions for Attitudes Favorable Toward Antisocial Behavior	<i>How wrong do you think it is for someone your age to...</i>
	<i>take a handgun to school?</i>
	<i>steal anything worth more than \$5?</i>
	<i>pick a fight with someone?</i>
	<i>attack someone with the idea of seriously hurting them?</i>
	<i>stay away from school all day when their parents think they are at school?</i>
Scale Questions for Attitudes Favorable Toward Drug Use	<i>How wrong do you think it is for someone your age to...</i>
	<i>drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?</i>
	<i>smoke cigarettes?</i>
	<i>smoke marijuana?</i>
	<i>use LSD, cocaine, amphetamines or another illegal drug?</i>

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

<i>Peer-Individual Risk Factors (Continued)</i>	
Perceived Risk of Drug Use	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Scale Questions for Perceived Risk of Drug Use	<i>How much do you think people risk harming themselves (physically or in other ways) if they:</i>
	<i>smoke one or more packs of cigarettes per day?</i>
	<i>try marijuana once or twice?</i>
	<i>smoke marijuana regularly?</i>
	<i>take one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day?</i>
Interaction with Antisocial Peers	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Scale Questions for Interaction with Antisocial Peers	<i>Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:</i>
	<i>been suspended from school?</i>
	<i>carried a handgun?</i>
	<i>sold illegal drugs?</i>
	<i>stolen or tried to steal a motor vehicle such as a car or motorcycle?</i>
	<i>been arrested?</i>
	<i>dropped out of school?</i>
Friends' Use of Drugs	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
Scale Questions for Friends' Use of Drugs	<i>Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:</i>
	<i>smoked cigarettes?</i>
	<i>tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?</i>
	<i>used marijuana?</i>
	<i>used LSD, cocaine, amphetamines, or other illegal drugs?</i>
Rewards for Antisocial Behavior	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
Scale Questions for Rewards for Antisocial Behavior	<i>What are the chances you would be seen as cool if you:</i>
	<i>smoked cigarettes?</i>
	<i>began drinking alcoholic beverages regularly, that is, at least once or twice a month?</i>
	<i>smoked marijuana?</i>
Depressive Symptoms	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and youth problem behaviors.
Scale Questions for Depressive Symptoms	<i>Sometimes I think that life is not worth it.</i>
	<i>At times I think I am no good at all.</i>
	<i>All in all, I am inclined to think that I am a failure.</i>
	<i>In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?</i>

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

<i>Peer-Individual Protective Factors</i>	
Belief in the Moral Order	Young people who have a belief in what is “right” or “wrong” are less likely to use drugs.
Scale Questions for Belief in the Moral Order	<i>It is all right to beat up people if they start the fight.</i>
	<i>It is important to be honest with your parents, even if they become upset or you get punished.</i>
	<i>I think it is okay to take something without asking if you can get away with it.</i>
	<i>I think sometimes it's okay to cheat at school.</i>
Interaction with Prosocial Peers	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.
Scale Questions for Interaction with Antisocial Peers	<i>Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:</i>
	<i>participated in clubs, organizations or activities at school?</i>
	<i>made a commitment to stay drug-free?</i>
	<i>tried to do well in school?</i>
	<i>liked school?</i>
	<i>regularly attended religious services?</i>
Prosocial Involvement	Participation in positive school and community activities helps provide protection for youth.
Scale Questions for Prosocial Involvement	<i>How many times in the past year (12 months) have you:</i>
	<i>participated in clubs, organizations or activities at school?</i>
	<i>done extra work on your own for school?</i>
	<i>volunteered to do community service?</i>
Rewards for Prosocial Involvement	Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.
Scale Questions for Rewards for Prosocial Involvement	<i>What are the chances you would be seen as cool if you:</i>
	<i>worked hard at school?</i>
	<i>defended someone who was being verbally abused at school?</i>
	<i>regularly volunteered to do community service?</i>

Risk and Protective Factor Tables

Table 3. Percentage of Students Reporting Protection

Protective Factors	Grade 6				Grade 8				Grade 10				Grade 12				Total			
	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm
Community Domain																				
Rewards for Prosocial Involvement	37.0	33.0	38.6	41.1	37.9	39.1	43.0	37.5	41.3	33.5	36.4	34.4	40.6	35.5	35.7	34.7	39.5	35.4	38.6	36.1
Family Domain																				
Family Attachment	49.1	54.0	57.4	62.2	52.4	53.4	66.2	61.7	60.0	61.2	61.4	63.3	60.3	59.5	63.3	62.2	56.0	57.3	62.3	62.4
Opportunity for Prosocial Involvement	50.0	52.4	55.0	48.5	62.6	59.7	63.9	64.0	62.8	59.6	58.7	63.2	62.2	64.5	60.3	61.4	60.6	59.3	59.6	60.1
Rewards for Prosocial Involvement	42.1	49.9	60.6	57.0	40.8	41.3	45.6	45.9	52.4	49.2	59.3	54.9	50.3	54.4	54.4	53.3	46.7	48.3	54.6	52.0
School Domain																				
Opportunity for Prosocial Involvement	74.4	75.1	79.8	70.5	66.0	65.4	71.8	65.2	70.1	65.8	69.9	66.6	63.9	60.9	65.0	66.6	68.5	66.6	72.0	66.9
Rewards for Prosocial Involvement	64.2	55.6	57.6	45.3	59.3	58.3	63.3	54.0	73.5	73.7	73.2	66.1	70.7	70.0	75.1	65.5	66.8	65.0	66.8	58.5
Peer-Individual Domain																				
Belief in the Moral Order	11.1	49.8	63.5	50.9	15.4	54.4	73.0	59.7	13.3	44.9	58.6	52.9	11.7	45.7	57.4	54.0	13.2	48.7	63.6	55.0
Interaction with Prosocial Peers	49.7	35.0	40.0	36.9	60.4	30.3	35.1	40.2	43.7	33.6	43.7	48.0	44.5	37.8	38.8	47.9	50.0	33.9	39.3	44.4
Prosocial Involvement	36.1	57.7	57.5	55.6	27.5	55.4	63.9	52.6	28.9	55.8	59.3	48.3	35.2	54.3	50.0	46.6	31.5	55.7	57.9	50.4
Rewards for Prosocial Involvement	54.4	37.9	46.5	39.4	52.0	41.0	48.7	43.3	52.0	43.3	50.7	52.7	52.0	36.9	34.9	47.7	52.5	40.1	45.4	46.9

Risk and Protective Factor Tables

Table 4. Percentage of Students Reporting Risk

Risk Factors	Grade 6				Grade 8				Grade 10				Grade 12				Total			
	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm
Community Domain																				
Laws & Norms Favor Drug Use	37.2	39.0	44.1	37.0	39.7	42.9	43.8	35.6	46.2	46.1	48.3	35.9	59.8	59.8	60.2	40.3	46.2	47.0	48.9	37.2
Perceived Availability of Drugs	33.6	38.6	38.8	48.0	25.9	26.9	21.5	26.2	23.6	22.1	18.9	17.3	23.7	24.3	19.0	17.9	25.7	26.6	24.2	26.0
Family Domain																				
Poor Family Management	45.7	44.5	38.1	61.1	40.5	40.2	35.8	37.6	27.1	27.1	28.5	26.0	25.6	26.0	27.3	25.1	33.8	33.7	32.5	35.8
Family Conflict	54.5	48.7	41.5	38.1	41.7	37.1	32.1	32.2	41.7	43.1	39.9	35.1	39.4	38.2	38.8	35.5	43.2	41.4	37.8	34.7
Sibling Drug Use	25.7	24.2	24.7	19.1	38.5	43.1	34.8	31.0	37.9	33.5	33.3	24.5	43.8	42.4	42.1	31.5	37.5	36.3	33.5	27.8
Exposure to Adult Antisocial Behavior	36.3	45.9	46.2	36.9	32.5	37.7	29.2	29.2	46.2	42.9	37.8	30.4	41.7	39.7	30.3	26.7	39.5	41.2	35.5	29.7
Parent Attitudes Favor Antisocial Behavior	37.7	47.3	43.1	49.4	51.4	50.7	51.1	55.3	58.0	60.3	55.5	53.8	54.4	59.8	57.4	50.4	52.0	55.3	51.6	52.8
Parent Attitudes Favor Drug Use	14.8	18.5	10.3	22.4	28.1	31.1	22.7	26.4	49.9	46.5	41.9	32.1	52.1	51.6	43.9	34.3	38.4	38.5	29.2	28.7
School Domain																				
Academic Failure	36.5	29.5	30.0	35.1	39.9	34.6	31.1	39.8	42.4	40.4	33.9	39.0	36.3	40.6	38.2	40.9	39.1	36.6	33.1	39.1
Low Commitment to School	50.6	61.9	61.2	69.2	62.8	71.0	61.6	66.4	58.9	61.5	57.3	56.2	53.9	60.4	53.6	54.2	57.1	63.8	58.6	61.2
Peer-Individual Domain																				
Early Initiation of Antisocial Behavior	13.6	20.5	13.7	20.5	21.8	20.5	14.3	28.5	25.0	23.0	17.3	26.2	19.4	20.1	19.0	22.7	20.7	21.2	15.9	24.8
Early Initiation of Drug Use	12.4	12.5	12.0	18.0	19.0	21.5	13.2	17.7	25.8	20.9	17.6	11.9	25.8	26.2	22.6	18.3	21.3	20.4	16.0	16.8
Attitudes Favorable to Antisocial Behavior	46.0	52.0	50.1	54.6	33.3	37.1	32.9	38.5	41.3	47.6	36.5	41.8	36.3	42.4	37.2	40.2	38.9	44.6	39.4	42.0
Attitudes Favorable to Drug Use	14.1	14.2	12.0	30.6	28.2	29.8	20.5	37.0	48.3	44.2	38.0	38.1	46.0	43.2	36.3	42.3	34.7	33.8	25.9	37.5
Perceived Risk of Drug Use	65.9	63.8	51.4	55.1	59.2	60.8	49.6	48.8	79.6	67.0	59.5	54.5	76.9	71.3	52.0	49.4	70.4	65.6	53.0	51.5
Interaction with Antisocial Peers	24.9	33.6	29.6	29.3	19.6	22.7	14.6	22.0	20.9	20.1	15.4	17.6	13.8	16.6	16.9	15.5	19.8	22.9	19.4	19.6
Friend's Use of Drugs	16.3	16.4	14.0	18.9	27.3	31.5	18.1	23.4	27.1	23.1	20.7	15.8	24.0	23.4	18.7	16.9	24.1	24.0	17.7	19.1
Rewards for Antisocial Behavior	17.3	16.2	15.5	18.2	35.1	35.9	23.7	29.2	46.7	46.9	38.3	33.9	49.3	52.1	44.7	36.6	37.6	38.5	29.7	31.6
Depressive Symptoms	46.8	48.0	38.6	41.0	55.0	53.0	41.2	42.3	55.7	56.1	44.9	44.6	53.4	49.9	38.7	44.0	53.4	52.3	40.9	43.2



High Prevalence/Early Initiation Drugs

Alcohol, tobacco (cigarettes, smokeless, and vaporized), marijuana, and inhalants are the drugs first and most commonly abused by youth. The higher prevalence and earlier initiation of use makes monitoring these drugs useful when monitoring at-risk students for progression from experimentation to social use to addiction to these and other substances.

Because these drugs generally enjoy more social acceptability, their use may normalize the larger idea of drug use as acceptable. Another potential risk is their use may “prime” the brain for addiction to other substances.

The most common early initiation/higher prevalence substances used are alcoholic beverages (beer, wine or hard liquor) (24.8% of all students in this survey indicating lifetime use), cigarettes (8.6% indicating lifetime use), electronic cigarettes, e-cigarettes, vape pens, or e-hookahs (17.7% indicating lifetime use), and marijuana (grass, pot) or hashish (hash, hash oil) (10.9% indicating lifetime use).

Prescription Medications

In recent years, the non-medical use of prescription drugs has emerged as a major public health issue. According to the recent Monitoring the Future study, prescription drugs are the most abused category of drugs after alcohol, tobacco, and marijuana.

Students often believe these substances are safer than illicit drugs because they are prescribed by a doctor and dispensed by a pharmacist. This is particularly troubling given the adverse health consequences related to prescription drug abuse: physiological and psychological addiction, physical dependence, and the possibility of overdose. Recent studies have found that once access to prescription drugs is limited, some abusers have adopted the use of heroin or other illicit substances. In 2014, the CDC reported that 3 out of 4 new heroin users report having abused prescription opioids prior to using heroin.

In 2020, 91,799 drug overdose deaths occurred in the United States. The age-adjusted rate of overdose deaths increased by 31% from 2019 (21.6 per 100,000) to 2020 (28.3 per 100,000). Opioids were involved in 68,630 overdose deaths in 2020, 74.8% of all overdose deaths.

Opioids, mainly synthetic opioids (other than methadone), are currently the main driver of drug overdose deaths. 82% of opioid-involved overdose deaths involve synthetic opioids. Drug overdose deaths involving psychostimulants such as methamphetamine are increasing with and without synthetic opioid involvement.

The prescription drugs measured in this survey are prescription stimulants or amphetamines (0.2% of students indicating lifetime use), prescription sedatives including barbiturates or sleeping pills (0.2% indicating lifetime use), prescription tranquilizers (0.2% indicating lifetime use), and prescription pain relievers (14.1% of students indicating lifetime use).

Other Drugs

The Survey also measures the prevalence of use for a variety of other drugs. The rates for prevalence of use of these other drugs are generally lower than the rates for alcohol, tobacco, marijuana, and inhalants. Use of these other drugs tends to be concentrated in the upper grade levels.

The most frequently used substances in the “other” category in this survey are LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, “shrooms” or psilocybin) (2.6% of students indicating lifetime use), cocaine (like cocaine powder) or “crack” (cocaine in chunk or rock form) (0.3% of students indicating lifetime use), and “synthetic marijuana” (“K2”, “Spice”) (10.5% of students indicating lifetime use).

ATOD Tables

Table 5. Number of Students Who Completed the Survey

Number of Youth	Grade 6			Grade 8				Grade 10				Grade 12				Total			
	2021	2023	2025	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †
	462	561	894	592	674	860	†	577	777	757	†	456	576	770	†	2087	2588	3281	†

Table 6. Percentage of Students Who Used ATODs During Their Lifetime

Substance	Grade 6			Grade 8				Grade 10				Grade 12				Total			
	2021	2023	2025	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †
	7.9	8.4	10.5	21.9	23.5	17.8	16.8	50.0	38.9	39.2	29.6	60.8	57.1	37.8	48.6	36.8	32.3	24.8	31.7
Alcohol	7.9	8.4	10.5	21.9	23.5	17.8	16.8	50.0	38.9	39.2	29.6	60.8	57.1	37.8	48.6	36.8	32.3	24.8	31.7
Cigarettes	4.6	3.1	2.4	9.4	10.3	6.5	4.8	18.6	14.6	12.7	8.2	21.5	20.0	14.3	15.3	14.2	12.1	8.6	9.4
E-Cigarettes	5.3	4.9	6.7	15.8	17.7	14.1	14.7	31.1	23.0	25.0	22.1	35.5	29.6	27.6	29.9	23.1	19.2	17.7	22.2
Nicotine Pouches	n/a	n/a	0.7	n/a	n/a	2.9	1.4	n/a	n/a	10.2	5.1	n/a	n/a	13.3	10.0	n/a	n/a	6.4	5.5
Marijuana	1.3	2.0	1.3	8.5	10.5	5.6	12.6	27.3	23.2	20.1	22.1	36.3	31.6	20.0	34.8	19.3	17.1	10.9	23.2
Inhalants	4.0	2.5	2.3	4.0	5.2	3.0	8.5	3.7	3.3	2.6	6.4	2.0	2.4	2.4	5.3	3.4	3.4	2.6	7.5
Hallucinogens	0.0	0.6	0.2	0.9	1.3	0.1	2.1	4.3	1.6	0.4	3.5	3.2	4.7	0.3	6.7	2.3	2.0	0.3	4.1
Prescription Stimulants	0.7	0.8	0.6	1.1	1.9	0.8	7.6	2.4	1.4	0.5	5.4	2.9	2.0	0.5	5.1	1.8	1.5	0.6	6.0
Narcotic Prescription Drugs *	1.7	0.6	0.0	0.7	2.0	0.4	n/a	2.4	1.2	0.4	n/a	1.7	1.8	0.0	3.9	1.6	1.4	0.2	n/a
Ecstasy	0.0	0.0	0.0	0.0	0.5	0.1	0.6	0.6	0.1	0.6	1.0	1.0	1.0	0.3	1.9	0.4	0.4	0.2	1.2
Other Drugs	n/a	n/a	0.1	n/a	n/a	0.2	8.2	n/a	n/a	0.3	9.4	n/a	n/a	0.3	12.4	n/a	n/a	0.2	10.0

† See the Monitoring The Future (MTF) website (www.monitoringthefuture.org). MTF only surveys grades 8, 10 and 12.

MTF has stopped reporting the questions highlighted in orange. The last available value is reported.

* MTF does not publish 8th, 10th, or combined grade values for "Narcotic Prescription Drugs".

ATOD Tables

Table 7. Percentage of Students Who Used ATODs During The Past 30 Days

Substance	Grade 6			Grade 8				Grade 10				Grade 12				Total			
	2021	2023	2025	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †
Alcohol	4.4	4.2	4.3	10.9	13.3	7.4	4.3	32.0	21.5	20.1	10.4	39.8	34.2	26.7	22.3	22.8	18.5	14.1	12.3
Cigarettes	1.1	0.4	0.9	2.4	2.5	2.6	0.7	6.0	2.6	4.3	1.1	5.9	4.5	6.5	3.4	4.1	2.5	3.4	1.7
E-Cigarettes	4.0	2.7	3.5	10.1	10.9	8.4	5.1	23.0	15.2	14.2	10.0	25.0	22.0	16.9	15.7	16.5	13.0	10.5	10.3
Nicotine Pouches	n/a	n/a	0.8	n/a	n/a	2.2	0.5	n/a	n/a	5.4	1.5	n/a	n/a	6.9	4.4	n/a	n/a	3.7	2.1
Marijuana	1.4	1.1	0.4	5.5	6.3	3.4	4.0	19.6	15.0	11.2	9.4	24.0	19.8	14.3	17.1	13.3	10.9	7.0	10.2
Inhalants	2.1	0.9	1.0	2.4	2.5	0.9	1.9	0.9	1.0	0.9	1.4	0.5	0.8	0.4	1.0	1.5	1.3	0.8	1.7
Hallucinogens	0.0	0.0	0.1	0.4	0.2	0.0	0.5	1.5	0.6	0.0	0.8	1.0	0.8	0.3	1.3	0.8	0.4	0.1	0.9
Prescription Stimulants	0.0	0.0	0.3	0.4	1.3	0.5	2.6	0.6	0.4	0.1	1.8	1.0	0.4	0.0	1.8	0.5	0.6	0.2	2.1
Narcotic Prescription Drugs *	1.0	0.2	0.0	0.4	0.5	0.1	n/a	0.7	0.3	0.1	n/a	0.5	0.4	0.0	0.3	0.6	0.3	0.1	n/a
Ecstasy	0.0	0.0	0.0	0.0	0.3	0.1	0.1	0.2	0.0	0.0	0.2	0.2	0.2	0.1	0.3	0.1	0.1	0.1	0.2
Other Drugs	n/a	n/a	0.0	n/a	n/a	0.0	2.6	n/a	n/a	0.0	2.3	n/a	n/a	0.1	2.4	n/a	n/a	0.0	2.8

Table 8. Percentage of Students With Problem ATOD Use

Problem Use	2021	2023	2025	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †	2021	2023	2025	MTF 2025 †
Binge Drinking (past 2 weeks)	1.5	2.0	0.9	4.3	5.3	3.2	1.7	17.7	9.6	9.2	4.7	24.0	17.1	12.3	8.8	12.1	8.4	6.1	5.0
Alcohol and Driving in the Past 30 Days	2021	2023	2025	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm
Drinking and Driving	1.5	1.2	1.3	2.3	0.9	1.9	0.8	3.3	1.2	1.6	1.3	2.9	2.9	2.0	2.6	2.6	1.5	1.7	1.4

† See the Monitoring The Future (MTF) website (www.monitoringthefuture.org). MTF only surveys grades 8, 10 and 12.

MTF has stopped reporting the questions highlighted in orange. The last available value is reported.

* MTF does not publish 8th, 10th, or combined grade values for "Narcotic Prescription Drugs".

ATOD Tables, Supplement 1

Supplement 1. ATOD Questions

If ever, how old were you when you first (or during the past 30 days):

Alcohol	had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or tequila)?
Cigarettes	smoked a cigarette, even just a puff?
E-Cigarettes	used a vape product (e-cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars)?
Nicotine Pouches	used nicotine pouches like Zyn, On, and Velo?
Marijuana	used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil)?
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?
Hallucinogens	used LSD (acid) or other hallucinogens (like PCP, mescaline, "shrooms" or psilocybin)?
Amphetamines	used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?
Narcotic Prescription Drugs	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?
Sedatives	used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) not prescribed to you in your lifetime (or during the past 30 days)?
Tranquilizers	used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) not prescribed to you in your lifetime (or during the past 30 days)?
Heroin	used heroin in your lifetime (or during the past 30 days)?
Other Narcotics	used prescription pain relievers (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, or Percocet) not prescribed to you in your lifetime (or during the past 30 days)?
Ecstasy	used MDMA (X,E, or ecstasy) in your lifetime (or during the past 30 days)?
Other Drugs	used other drugs like cocaine, heroin, methamphetamine or fentanyl?

Problem Use

Binge Drinking (past 2 weeks)	Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?
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Alcohol and Driving in the Past 30 Days

Drinking and Driving	During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?
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Antisocial Behavior

The tables that follow present the rates of a variety of antisocial behaviors (ASB). Antisocial behavior may be outwardly directed, involving aggression against adults or peers, or might be behavior destructive to property, self, and others.

Less overt antisocial behavior includes addictive behavior (such as gambling) or dishonest communication with parents.

Rates of both antisocial behavior and gambling reflect reported behavior in the past year. Questions assess lifetime incidence of gambling, online betting, personal skills games (such as pool, darts, coin tossing, video games), and other ways as means to provide additional information about gambling involvement. Intervention programs that focus on diminishing rewards for ASB and increasing reinforcement for prosocial behavior can encourage young people to discard these detrimental behavioral strategies.

This section presents the percentage of youth who reported engaging in various antisocial behaviors (e.g., attacking someone with the idea of seriously hurting them, selling illegal drugs, attending school while drunk or high), and related consequences (e.g., being suspended from school or arrested).

The most frequently reported antisocial behaviors in this survey are having “been suspended from school?” reported by 8.1% of students, having “been drunk or high at school?”, reported by 4.6% of students having “attacked someone with the idea of seriously hurting them?”, reported by 4.8% of students, and having “carried a handgun?”, reported by 4.2% of students.

Antisocial Behavior Tables

Table 9. Percentage of Students With Antisocial Behavior in the Past Year

How many times in the past year (12 months) have you: (One or more times)	Grade 6				Grade 8				Grade 10				Grade 12				Total			
	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm	2021	2023	2025	BH Norm
Been Suspended from School	4.4	9.9	6.9	8.2	8.1	12.8	10.0	13.4	9.3	10.3	8.4	9.5	4.0	9.1	6.9	6.8	6.7	10.6	8.1	9.7
Been Drunk or High at School	0.7	0.6	0.7	1.1	4.7	4.4	2.8	4.8	11.6	9.7	8.6	7.9	10.7	11.6	7.4	9.6	7.1	6.8	4.6	6.7
Sold Illegal Drugs	0.5	0.6	0.2	0.4	1.1	0.6	0.5	1.4	2.7	1.3	0.4	2.3	3.7	3.4	0.8	3.0	2.0	1.4	0.5	2.0
Stolen or Tried to Steal a Motor Vehicle	0.5	0.4	0.8	0.6	1.6	0.5	0.7	1.2	2.1	0.9	0.5	1.4	1.2	2.2	1.0	1.1	1.4	1.0	0.8	1.1
Been Arrested	0.9	1.0	0.8	0.9	1.8	0.6	1.1	1.8	1.4	1.5	0.7	2.0	0.9	2.8	1.4	2.1	1.3	1.4	1.0	1.8
Attacked Someone with the Idea of Seriously Hurting Them	8.1	6.3	6.2	8.4	5.3	7.2	5.8	8.9	5.7	5.3	2.9	6.2	3.0	4.7	3.9	4.5	5.5	5.9	4.8	6.8
Carried a Handgun	4.4	6.5	5.8	5.2	5.4	4.0	3.2	6.3	6.6	4.2	4.2	5.7	3.7	7.1	3.6	5.5	5.2	5.3	4.2	5.7
Carried a Handgun to School	0.7	0.2	0.6	0.4	0.2	0.5	0.2	0.6	0.9	0.4	0.4	0.6	1.2	1.5	0.6	0.7	0.7	0.6	0.4	0.6



Sources and Places of Alcohol, Marijuana, and Vaping Use Tables

Access to Alcohol, Marijuana, and Vaping

Questions about how and where ATODs were obtained help suggest new approaches for preventing substance use.

Sources include individuals such as a parent, brother or sister, relative, friend, or strangers, and other methods such as from a store, a party, work, or the internet. Places include at your home or a friend's home (with or without parent permission), in a car, open areas such as parks or back roads, restaurants or public events, and at school, both during the day and at after-school events, such as a dance or sports game.

Because the questions are multiple choice, the total percentages can add to more than 100%.

The most frequent sources/methods of obtaining the alcohol used by students taking this survey were “I got it at a party.” with 49.1% of students indicating this method, “I got it from someone I know age 21 or older.” with 49.9% of students indicating this method, “I got it from home with my parents’ permission.” with 44.9% of students indicating this method, and “I got it in another way.” with 18.3% of students indicating this method.

The most frequent places of using alcohol reported by students taking this survey were “At my home or someone else's home without any parent permission.” with 43.9% of students choosing this answer, “At my home with my parent's permission.” with 50.4% of students, “At someone else's home with their parent's permission.” with 40.6% of students, “At a restaurant, bar, or a nightclub.” with 10.5%, and “In another place.” with 36.8% of students.

The most frequent sources/methods of obtaining the marijuana used by students taking this survey were “I bought it myself from a store.” with 14.3%, “I got it at a party.” with 37.6% of students indicating this method, “I gave someone else money to buy it for me.” with 36.7%,

“I got it from someone I know age 21 or older.” with 34.8% of students indicating this method, “I got it from someone I know under age 21.” with 53.3% of students indicating this method, “I got it from home without my parents’ permission.” with 27.6% of students indicating this method, and “I got it in another way.” with 24.8% of students indicating this method.

The most frequent places of using marijuana reported by students taking this survey were “At my home or someone else's home without any parent permission.” with 61.5% of students choosing this answer, “At my home with my parent's permission.” with 27.7% of students, “At an open area like a park, beach, or back road.” with 40.4% of students, “In a car.”, with 45.1%, and “In another place.” with 50.7% of students.

The most frequent sources/methods of obtaining the vape products used by students taking this survey were “I got it at a party.” with 33.3% of students indicating this method, “I got it from someone I know age 21 or older.” with 33.0% of students indicating this method, “I got it from someone I know under age 21.” with 54.4% of students indicating this method, “I borrowed or bummed it.” with 41.1%, and “I got it in another way.” with 30.2% of students indicating this method.

The most frequent places of using vape products reported by students taking this survey were “At my home or someone else's home without any parent permission.” with 72.5% of students choosing this answer, “At an open area like a park, beach, or back road.” with 52.7% of students, “At a restaurant, bar, or a nightclub.” with 36.6% of students, “In a car.” with 59.3%, “Near school.” with 32.2%, and “In another place.” with 57.1% of students.

Sources and Places of Alcohol Use Tables

Table 10. Sources and Places of Student Alcohol Use

If you drank alcohol (not just a sip or taste) in the past year (12 months), how did you get it?	Grade 6			Grade 8			Grade 10			Grade 12			Total		
	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025
Sample size *	63	72	24	156	202	35	285	282	147	258	286	199	762	842	405
I bought it myself from a store.	7.9	4.2	4.2	0.0	0.5	5.7	1.4	3.2	2.7	7.0	9.1	13.1	3.5	4.6	8.1
I got it at a party.	7.9	6.9	33.3	14.1	13.9	28.6	37.9	37.2	46.9	49.2	45.8	56.3	34.4	31.9	49.1
I gave someone else money to buy it for me.	4.8	1.4	0.0	5.8	7.4	20.0	16.1	18.1	23.8	31.0	27.3	41.7	18.1	17.2	30.9
I got it from someone I know age 21 or older.	9.5	12.5	29.2	14.1	21.8	48.6	34.0	32.3	42.9	46.1	43.7	57.8	32.0	31.9	49.9
I got it from someone I know under age 21.	4.8	2.8	8.3	10.9	12.9	42.9	16.8	19.5	32.7	19.0	22.4	38.2	15.4	17.5	34.8
I got it from a family member or relative other than my parents.	14.3	5.6	25.0	16.7	16.3	31.4	29.8	20.2	27.9	25.6	23.1	29.6	24.4	19.0	28.9
I got it from home with my parents' permission.	20.6	37.5	62.5	23.1	20.8	31.4	38.6	29.1	36.1	39.9	37.1	51.8	34.4	30.5	44.9
I got it from home without my parents' permission.	7.9	6.9	20.8	12.8	19.3	34.3	20.7	20.9	34.7	16.7	17.8	25.1	16.7	18.3	29.1
I got it at work.	1.6	4.2	4.2	0.6	0.0	5.7	0.4	1.1	2.7	1.2	2.4	5.5	0.8	1.5	4.4
I bought it over the internet.	3.2	2.8	0.0	0.0	1.0	5.7	1.1	1.4	0.7	0.8	2.4	4.5	0.9	1.8	3.0
I borrowed or bummed it.	n/a	n/a	4.2	n/a	n/a	14.3	n/a	n/a	17.0	n/a	n/a	25.1	n/a	n/a	20.0
I got it in another way.	60.3	47.2	12.5	51.9	49.0	22.9	18.9	22.7	17.7	9.7	17.1	18.6	26.0	29.2	18.3

During the past year (12 months) did you drink alcohol at any of the following places?	Grade 6			Grade 8			Grade 10			Grade 12			Total		
	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025
Sample size *	59	59	27	158	196	45	278	269	148	253	274	201	748	798	421
At my home or someone else's home without any parent permission.	20.3	11.9	14.8	20.9	30.6	42.2	38.5	40.1	47.3	40.7	37.2	45.8	34.1	34.7	43.9
At my home with my parent's permission.	32.2	44.1	59.3	30.4	27.6	46.7	47.1	42.4	41.2	59.3	52.9	56.7	46.5	42.5	50.4
At someone else's home with their parent's permission.	6.8	8.5	11.1	15.8	13.8	26.7	33.5	31.6	36.5	49.8	46.7	50.7	33.2	30.7	40.6
At an open area like a park, beach, or back road.	3.4	1.7	7.4	7.0	11.7	17.8	17.6	18.2	18.9	24.5	24.5	25.9	16.6	17.5	21.4
At public events such as a sporting event, festival, or concert.	3.4	1.7	11.1	2.5	4.6	15.6	6.8	12.3	10.8	10.7	16.4	16.9	7.0	11.0	14.3
At a restaurant, bar, or a nightclub.	3.4	3.4	7.4	1.3	2.0	6.7	3.6	4.1	4.1	7.9	11.7	16.4	4.5	6.1	10.5
In a car.	0.0	5.1	7.4	5.1	9.2	15.6	14.0	18.2	10.8	16.6	19.0	21.9	11.9	15.3	16.4
At a school dance, a game, or other event.	0.0	0.0	7.4	1.9	1.5	8.9	4.7	7.4	6.8	6.3	6.6	15.4	4.3	5.1	11.2
At school during the day.	1.7	1.7	0.0	4.4	0.5	8.9	3.6	3.3	4.1	0.8	1.5	4.0	2.7	1.9	4.3
Near school.	3.4	1.7	7.4	1.9	2.0	11.1	4.7	4.5	2.7	2.8	3.6	7.5	3.3	3.4	6.2
In another place.	49.2	40.7	22.2	44.9	48.5	40.0	22.3	23.8	43.2	18.2	19.3	33.3	27.8	29.6	36.8

* Sample size represents the number of youth who answered the question, not including students reporting no use in the past year. In the case of smaller sample sizes, caution should be exercised before generalizing results and yearly trends to the entire community.

Sources and Places of Marijuana Use Tables

Table 11. Sources and Places of Student Marijuana Use

If you used marijuana in the past year (12 months), how did you get it?	Grade 6			Grade 8			Grade 10			Grade 12			Total		
	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025
Sample size *	n/a	45	6	n/a	162	18	n/a	211	72	n/a	189	114	n/a	607	210
I bought it myself from a store.	n/a	4.4	33.3	n/a	0.6	5.6	n/a	7.1	11.1	n/a	16.9	16.7	n/a	8.2	14.3
I got it at a party.	n/a	13.3	33.3	n/a	9.9	22.2	n/a	21.3	37.5	n/a	33.3	40.4	n/a	21.4	37.6
I gave someone else money to buy it for me.	n/a	6.7	16.7	n/a	10.5	33.3	n/a	20.9	34.7	n/a	20.1	39.5	n/a	16.8	36.7
I got it from someone I know age 21 or older.	n/a	8.9	33.3	n/a	14.8	38.9	n/a	25.1	34.7	n/a	24.3	34.2	n/a	20.9	34.8
I got it from someone I know under age 21.	n/a	6.7	33.3	n/a	25.3	50.0	n/a	29.9	50.0	n/a	30.2	57.0	n/a	27.0	53.3
I got it from a family member or relative other than my parents.	n/a	6.7	16.7	n/a	14.2	22.2	n/a	15.2	27.8	n/a	14.3	21.9	n/a	14.0	23.8
I got it from home with my parents' permission.	n/a	24.4	16.7	n/a	4.3	11.1	n/a	15.2	18.1	n/a	14.8	19.3	n/a	12.9	18.1
I got it from home without my parents' permission.	n/a	6.7	33.3	n/a	11.1	61.1	n/a	10.9	34.7	n/a	8.5	17.5	n/a	9.9	27.6
I got it at work.	n/a	4.4	16.7	n/a	1.2	5.6	n/a	0.0	4.2	n/a	4.2	7.0	n/a	2.0	6.2
I bought it over the internet.	n/a	4.4	16.7	n/a	3.7	16.7	n/a	5.2	4.2	n/a	7.9	5.3	n/a	5.6	6.2
I borrowed or bummed it.	n/a	n/a	16.7	n/a	n/a	16.7	n/a	n/a	31.9	n/a	n/a	36.0	n/a	n/a	32.4
I got it in another way.	n/a	55.6	16.7	n/a	56.2	44.4	n/a	32.2	23.6	n/a	25.9	22.8	n/a	38.4	24.8

During the past year (12 months) did you use marijuana at any of the following places?	Grade 6			Grade 8			Grade 10			Grade 12			Total		
	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025
Sample size *	n/a	36	6	n/a	158	21	n/a	200	72	n/a	173	114	n/a	567	213
At my home or someone else's home without any parent permission.	n/a	8.3	16.7	n/a	28.5	66.7	n/a	38.5	65.3	n/a	38.7	60.5	n/a	33.9	61.5
At my home with my parent's permission.	n/a	5.6	16.7	n/a	10.8	9.5	n/a	24.5	25.0	n/a	25.4	33.3	n/a	19.8	27.7
At someone else's home with their parent's permission.	n/a	2.8	0.0	n/a	14.6	28.6	n/a	34.5	41.7	n/a	39.9	43.0	n/a	28.6	39.9
At an open area like a park, beach, or back road.	n/a	8.3	0.0	n/a	12.7	28.6	n/a	27.0	50.0	n/a	32.9	38.6	n/a	23.6	40.4
At public events such as a sporting event, festival, or concert.	n/a	5.6	0.0	n/a	5.1	4.8	n/a	17.0	19.4	n/a	24.9	26.3	n/a	15.3	21.1
At a restaurant, bar, or a nightclub.	n/a	2.8	16.7	n/a	3.2	4.8	n/a	7.5	9.7	n/a	12.7	14.0	n/a	7.6	11.7
In a car.	n/a	2.8	16.7	n/a	11.4	33.3	n/a	36.0	41.7	n/a	38.7	50.9	n/a	27.9	45.1
At a school dance, a game, or other event.	n/a	0.0	0.0	n/a	7.0	14.3	n/a	13.0	22.2	n/a	12.1	27.2	n/a	10.2	23.5
At school during the day.	n/a	5.6	0.0	n/a	6.3	23.8	n/a	18.5	37.5	n/a	11.6	22.8	n/a	12.2	27.2
Near school.	n/a	5.6	16.7	n/a	4.4	19.0	n/a	13.5	18.1	n/a	9.2	22.8	n/a	9.2	20.7
In another place.	n/a	72.2	50.0	n/a	62.7	61.9	n/a	35.0	56.9	n/a	27.2	44.7	n/a	42.7	50.7

* Sample size represents the number of youth who answered the question, not including students reporting no use in the past year. In the case of smaller sample sizes, caution should be exercised before generalizing results and yearly trends to the entire community.

Sources and Places of Vaping Tables

Table 12. Sources and Places of Student Vaping Use

If you vaped in the past year (12 months), how did you get it?	Grade 6			Grade 8			Grade 10			Grade 12			Total		
	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025
Sample size *	n/a	n/a	30	n/a	n/a	55	n/a	n/a	86	n/a	n/a	114	n/a	n/a	285
I bought it myself from a store.	n/a	n/a	16.7	n/a	n/a	3.6	n/a	n/a	9.3	n/a	n/a	38.6	n/a	n/a	20.7
I got it at a party.	n/a	n/a	16.7	n/a	n/a	12.7	n/a	n/a	36.0	n/a	n/a	45.6	n/a	n/a	33.3
I gave someone else money to buy it for me.	n/a	n/a	20.0	n/a	n/a	23.6	n/a	n/a	48.8	n/a	n/a	60.5	n/a	n/a	45.6
I got it from someone I know age 21 or older.	n/a	n/a	26.7	n/a	n/a	25.5	n/a	n/a	34.9	n/a	n/a	36.8	n/a	n/a	33.0
I got it from someone I know under age 21.	n/a	n/a	46.7	n/a	n/a	54.5	n/a	n/a	53.5	n/a	n/a	57.0	n/a	n/a	54.4
I got it from a family member or relative other than my parents.	n/a	n/a	26.7	n/a	n/a	18.2	n/a	n/a	20.9	n/a	n/a	23.7	n/a	n/a	22.1
I got it from home with my parents' permission.	n/a	n/a	20.0	n/a	n/a	12.7	n/a	n/a	9.3	n/a	n/a	12.3	n/a	n/a	12.3
I got it from home without my parents' permission.	n/a	n/a	30.0	n/a	n/a	38.2	n/a	n/a	33.7	n/a	n/a	26.3	n/a	n/a	31.2
I got it at work.	n/a	n/a	3.3	n/a	n/a	5.5	n/a	n/a	5.8	n/a	n/a	12.3	n/a	n/a	8.1
I bought it over the internet.	n/a	n/a	6.7	n/a	n/a	7.3	n/a	n/a	8.1	n/a	n/a	7.9	n/a	n/a	7.7
I borrowed or bummed it.	n/a	n/a	40.0	n/a	n/a	34.5	n/a	n/a	43.0	n/a	n/a	43.0	n/a	n/a	41.1
I got it in another way.	n/a	n/a	26.7	n/a	n/a	36.4	n/a	n/a	27.9	n/a	n/a	29.8	n/a	n/a	30.2
During the past year (12 months) did you vape at any of the following places?	Grade 6			Grade 8			Grade 10			Grade 12			Total		
	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025	2021	2023	2025
Sample size *	n/a	n/a	24	n/a	n/a	60	n/a	n/a	80	n/a	n/a	109	n/a	n/a	273
At my home or someone else's home without any parent permission.	n/a	n/a	54.2	n/a	n/a	66.7	n/a	n/a	80.0	n/a	n/a	74.3	n/a	n/a	72.5
At my home with my parent's permission.	n/a	n/a	25.0	n/a	n/a	18.3	n/a	n/a	10.0	n/a	n/a	20.2	n/a	n/a	17.2
At someone else's home with their parent's permission.	n/a	n/a	20.8	n/a	n/a	23.3	n/a	n/a	30.0	n/a	n/a	41.3	n/a	n/a	32.2
At an open area like a park, beach, or back road.	n/a	n/a	37.5	n/a	n/a	33.3	n/a	n/a	48.8	n/a	n/a	69.7	n/a	n/a	52.7
At public events such as a sporting event, festival, or concert.	n/a	n/a	12.5	n/a	n/a	23.3	n/a	n/a	35.0	n/a	n/a	50.5	n/a	n/a	36.6
At a restaurant, bar, or a nightclub.	n/a	n/a	4.2	n/a	n/a	8.3	n/a	n/a	10.0	n/a	n/a	30.3	n/a	n/a	17.2
In a car.	n/a	n/a	20.8	n/a	n/a	33.3	n/a	n/a	52.5	n/a	n/a	87.2	n/a	n/a	59.3
At a school dance, a game, or other event.	n/a	n/a	12.5	n/a	n/a	18.3	n/a	n/a	30.0	n/a	n/a	40.4	n/a	n/a	30.0
At school during the day.	n/a	n/a	8.3	n/a	n/a	30.0	n/a	n/a	46.3	n/a	n/a	37.6	n/a	n/a	35.9
Near school.	n/a	n/a	16.7	n/a	n/a	20.0	n/a	n/a	32.5	n/a	n/a	42.2	n/a	n/a	32.2
In another place.	n/a	n/a	62.5	n/a	n/a	48.3	n/a	n/a	57.5	n/a	n/a	60.6	n/a	n/a	57.1
* Sample size represents the number of youth who answered the question, not including students reporting no use in the past year. In the case of smaller sample sizes, caution should be exercised before generalizing results and yearly trends to the entire community.															



Drug Free Communities and Youth Perception Tables

These factors have been chosen as a common set of measures to fulfill the reporting requirements of several national drug prevention grants. Because all grantees collect these same core measures, evaluators use them to assess the compliance and effectiveness of the programs.

Systemic Factors

Systemic factors are measures of the attitudes and perceptions students hold about substances. They measure the perceived risks of use for individual substances and how acceptable these substances are perceived to be from both a peer standpoint and parental standpoint.

The systemic factors covered here are student's perception of risk, that is, how much the student thinks people risk harming themselves if they regularly use the substance in question; perception of disapproval (parental and peer), that is, the student's perception of how wrong his or her parents/friends would feel it was if the student regularly used the substance; and attitudes toward peer use, that is, a measure of the student's level of approval or disapproval if someone their age regularly used the substance.

Perception of risk

Perception of risk is an important determinant in the decision-making process young people go through when deciding whether or not to use alcohol, tobacco, or other drugs.

Data analysis shows a consistent negative correlation between perception of risk and the level of reported ATOD use. That is, generally when the perceived risk of harm is high, reported frequency of use is low.

Evidence also suggests that perceptions of the risks and benefits associated with drug use sometimes serve as a leading indicator of future drug use patterns in a community. These are presented as prevalence rates for surveyed youth assigning "moderate risk" or "great risk" of harm to six drug use behaviors.

Perception of Parent Disapproval

Parents influence the attitudes and behavior of their children, including their perceptions on drug and alcohol use.

For example, parental approval of moderate drinking, even under parental supervision, substantially increases the likelihood of the young person using alcohol. Further, in families where parents involve children in their own drug or alcohol behavior, there is an increased likelihood that their children will use drugs in adolescence.

Parental attitudes were measured by asking surveyed youth "how wrong do your parents feel it would be for you to" use various substances. The rates are the percentages of surveyed youth who reported that their parents feel it would be "wrong" or "very wrong" to use the substance.

Perception of Peer Disapproval

Parent influences tend to be more salient for younger students, whereas peer influences are more predominant for eighth graders. The older the student is, the more influence a student's peers exert on the student's behavior.

Researchers have identified a positive correlation between the amount of peer disapproval of alcohol and other drug use and the level of alcohol and other drug use among students. Thus, the greater the peer disapproval, the less likely students are to use alcohol and other drugs. The rates are the percentages of surveyed youth who reported that their friends feel it would be "wrong" or "very wrong" for them to use the substance.

Drug Free Communities and Youth Perception Tables

Table 12. Drug Free Communities Report *

Outcomes	Definition	Grade 6		Grade 8		Grade 10		Grade 12		Total		Male		Female	
		Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.
How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day? †	Neither Approve nor Disapprove	10.3	86	16.2	133	19.5	142	23.9	169	17.2	530	20.1	300	14.6	223
	Somewhat Disapprove	2.6	22	10.9	90	15.8	115	15.0	106	10.8	333	9.7	145	11.9	182
	Strongly Disapprove	76.9	639	64.3	529	51.3	373	50.1	355	61.4	1896	59.2	885	63.2	967
	Don't know or can't say	10.1	84	8.6	71	13.3	97	11.0	78	10.7	330	11.0	165	10.3	157
How much do you think people risk harming themselves (physically or in other ways) if they: (Moderate risk or Great Risk)	take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	76.3	768	72.7	822	70.1	710	68.8	682	72.1	2982	68.2	1430	75.3	1487
	have five or more drinks of an alcoholic beverage once or twice a week?	80.9	763	78.4	818	75.0	704	72.5	677	76.9	2962	74.4	1421	78.9	1476
	smoke 1 or more packs of cigarettes per day.	83.5	769	81.2	825	82.3	713	83.5	685	82.6	2992	80.9	1440	83.9	1488
	use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	80.8	760	78.3	820	76.6	708	72.5	683	77.2	2971	75.9	1430	78.1	1476
	smoke marijuana once or twice a week?	76.6	764	65.5	820	55.9	709	45.1	676	61.4	2969	58.8	1427	63.7	1478
	use prescription drugs that are not prescribed to them?	88.4	760	84.6	819	87.3	710	85.2	683	86.4	2972	85.5	1430	86.9	1477
How wrong do your parents feel it would be for YOU to: (Wrong or Very Wrong)	have one or two drinks of an alcoholic beverage nearly every day?	98.9	713	97.8	802	96.1	694	92.8	667	96.5	2876	95.6	1370	97.2	1445
	smoke cigarettes	98.6	718	97.4	803	97.3	692	93.5	665	96.8	2878	96.6	1372	97.0	1445
	use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	98.5	711	97.2	797	95.8	694	93.2	665	96.3	2867	97.0	1366	95.6	1441
	smoke marijuana	98.5	711	96.6	801	91.3	686	80.5	666	92.0	2864	92.1	1367	92.2	1437
	use prescription drugs that are not prescribed to them?	99.3	711	99.1	804	98.4	692	97.3	664	98.6	2871	98.4	1367	98.8	1443

† For this question only, the numbers and percentages represent the students' answers for all response options.

* The "Num." column represents the sample size (the number of youth who answered the question). The "Per." column represents the percentage of youth in the sample answering the question as specified.

Drug Free Communities and Youth Perception Tables

Table 12. (Continued) Drug Free Communities Report *

Outcomes	Definition	Grade 6		Grade 8		Grade 10		Grade 12		Total		Male		Female	
		Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.
How wrong do your friends feel it would be for you to: (Wrong or Very Wrong)	have one or two drinks of an alcoholic beverage nearly every day?	98.5	777	93.8	827	80.2	713	78.2	688	88.2	3005	86.5	1444	89.6	1495
	smoke cigarettes	98.2	777	95.4	827	82.9	714	76.8	686	88.9	3004	88.1	1444	89.7	1495
	use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	96.0	776	89.7	827	73.9	712	68.7	687	82.8	3002	85.0	1443	80.6	1493
	smoke marijuana	98.4	773	93.3	825	76.8	712	65.0	685	84.2	2995	84.6	1439	84.2	1490
	use prescription drugs that are not prescribed to them?	98.7	774	97.7	823	94.6	710	93.0	685	96.2	2992	95.8	1438	96.7	1488
Past 30 day use of (at least one use in the Past 30 Days):	Alcohol	4.3	763	7.4	819	20.1	711	26.7	681	14.1	2974	14.5	1425	14.2	1484
	Cigarettes	0.9	765	2.6	819	4.3	704	6.5	681	3.4	2969	3.9	1422	3.0	1482
	E-cigarettes	3.5	762	8.4	819	14.2	704	16.9	681	10.5	2966	8.0	1421	12.9	1480
	Marijuana	0.4	766	3.4	819	11.2	706	14.3	680	7.0	2971	6.7	1423	7.3	1482
	Any Prescription Drug	0.4	764	0.6	818	0.3	704	0.0	680	0.3	2966	0.3	1419	0.4	1482
		Age	Num.	Age	Num.	Age	Num.	Age	Num.	Age	Num.	Age	Num.	Age	Num.
Average Age of Onset **	Alcohol	10.7	82	11.7	148	13.3	273	14.4	319	13.2	822	13.2	382	13.3	424
	Cigarettes	11.3	23	11.8	55	12.7	94	13.5	130	12.8	302	13.0	145	12.6	145
	E-cigarettes	11.1	56	12.5	118	13.7	180	14.4	195	13.4	549	13.6	215	13.3	320
	Marijuana	11.7	13	12.1	46	13.6	142	14.6	193	13.8	394	14.0	182	13.7	200
	Narcotic Prescription Drugs	0.0	0	11.3	3	13.7	3	16.0	2	13.4	8	12.2	5	15.3	3

* The "Num." column represents the sample size (the number of youth who answered the question). The "Per." column represents the percentage of youth in the sample answering the question as specified.

** For Average Age of Onset, "Num." represents the number of youth who reported any age of first use for the specified substance other than "Never Used."

Drug Free Communities and Youth Perception Tables

Table 13. Youth Perceptions of Substance Use

Now think about all the students in your grade at school. How many of them do you think:	Substance	Grade 6		Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
a. smoke one or more cigarettes a day?	None (0%)	653	75.8	445	52.5	290	39.0	251	33.8	1639	51.3
	Few (1-10%)	163	18.9	216	25.5	188	25.3	241	32.4	808	25.3
	Some (11-30%)	31	3.6	106	12.5	135	18.2	124	16.7	396	12.4
	Half or less (31-50%)	8	0.9	43	5.1	69	9.3	57	7.7	177	5.5
	Half or more (51-70%)	3	0.3	19	2.2	30	4.0	33	4.4	85	2.7
	Most (71-90%)	2	0.2	13	1.5	25	3.4	23	3.1	63	2.0
	Almost All (91-100%)	1	0.1	6	0.7	6	0.8	14	1.9	27	0.8
b. drank alcohol sometime in the past month?	None (0%)	649	75.7	360	42.6	177	23.9	165	22.2	1351	42.4
	Few (1-10%)	149	17.4	193	22.8	67	9.0	48	6.5	457	14.3
	Some (11-30%)	36	4.2	128	15.1	112	15.1	80	10.8	356	11.2
	Half or less (31-50%)	12	1.4	77	9.1	139	18.8	125	16.8	353	11.1
	Half or more (51-70%)	6	0.7	47	5.6	121	16.3	141	19.0	315	9.9
	Most (71-90%)	3	0.4	29	3.4	95	12.8	113	15.2	240	7.5
	Almost All (91-100%)	2	0.2	12	1.4	30	4.0	70	9.4	114	3.6
c. used marijuana sometime in the past month?	None (0%)	719	84.1	416	49.5	206	27.8	184	25.0	1525	48.1
	Few (1-10%)	95	11.1	175	20.8	96	13.0	56	7.6	422	13.3
	Some (11-30%)	33	3.9	99	11.8	130	17.6	107	14.5	369	11.6
	Half or less (31-50%)	5	0.6	69	8.2	123	16.6	111	15.1	308	9.7
	Half or more (51-70%)	1	0.1	43	5.1	88	11.9	118	16.0	250	7.9
	Most (71-90%)	1	0.1	30	3.6	75	10.1	116	15.8	222	7.0
	Almost All (91-100%)	1	0.1	9	1.1	22	3.0	44	6.0	76	2.4
d. used an illegal drug in the past month (not including marijuana)?	None (0%)	752	88.4	542	64.1	311	42.5	304	41.1	1909	60.3
	Few (1-10%)	72	8.5	176	20.8	209	28.6	233	31.5	690	21.8
	Some (11-30%)	18	2.1	61	7.2	124	16.9	88	11.9	291	9.2
	Half or less (31-50%)	6	0.7	30	3.5	41	5.6	55	7.4	132	4.2
	Half or more (51-70%)	2	0.2	23	2.7	23	3.1	19	2.6	67	2.1
	Most (71-90%)	0	0.0	8	0.9	16	2.2	26	3.5	50	1.6
	Almost All (91-100%)	1	0.1	6	0.7	8	1.1	14	1.9	29	0.9
e. used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs in the past month?	None (0%)	442	51.5	282	33.3	176	23.8	177	23.9	1077	33.8
	Few (1-10%)	245	28.6	139	16.4	44	5.9	26	3.5	454	14.2
	Some (11-30%)	101	11.8	130	15.3	63	8.5	52	7.0	346	10.9
	Half or less (31-50%)	36	4.2	96	11.3	121	16.3	95	12.8	348	10.9
	Half or more (51-70%)	17	2.0	88	10.4	133	17.9	118	15.9	356	11.2
	Most (71-90%)	10	1.2	74	8.7	138	18.6	149	20.1	371	11.6
	Almost All (91-100%)	7	0.8	38	4.5	66	8.9	125	16.8	236	7.4

Additional Data Tables

Table 14. Additional items

Question	Response	Grade 6		Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
For the following for questions, during the past 30 days, how often did you:											
Feel nervous?	Never	85	11.5	99	12.1	112	15.8	107	15.8	403	13.7
	Once	96	13.0	134	16.4	138	19.5	112	16.5	480	16.3
	Twice	215	29.0	245	30.1	233	32.9	206	30.3	899	30.5
	Three or four times	230	31.0	209	25.6	130	18.4	116	17.1	685	23.3
	Five or more times	115	15.5	128	15.7	95	13.4	138	20.3	476	16.2
Feel hopeless?	Never	73	9.9	60	7.4	32	4.5	43	6.4	208	7.1
	Once	68	9.2	83	10.2	70	9.9	70	10.3	291	9.9
	Twice	94	12.7	128	15.8	134	19.0	100	14.8	456	15.6
	Three or four times	140	19.0	165	20.4	171	24.3	145	21.4	621	21.2
	Five or more times	363	49.2	374	46.2	298	42.3	319	47.1	1354	46.2
Feel restless or fidgety?	Never	137	18.7	167	20.6	131	18.7	118	17.4	553	18.9
	Once	111	15.1	129	15.9	131	18.7	141	20.8	512	17.5
	Twice	122	16.6	160	19.8	154	22.0	127	18.7	563	19.3
	Three or four times	169	23.1	152	18.8	136	19.4	122	18.0	579	19.8
	Five or more times	194	26.5	202	24.9	149	21.3	171	25.2	716	24.5
Feel so depressed that nothing could cheer you up?	Never	66	9.0	56	6.9	43	6.2	45	6.6	210	7.2
	Once	42	5.7	55	6.8	42	6.0	45	6.6	184	6.3
	Twice	76	10.3	111	13.7	103	14.8	89	13.1	379	13.0
	Three or four times	130	17.7	130	16.0	154	22.1	132	19.5	546	18.7
	Five or more times	422	57.3	458	56.5	356	51.0	367	54.1	1603	54.9

Additional Data Tables

Table 14. (Continued) Additional items

Question	Response	Grade 6		Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
For the following for questions, during the past 12 months, how many times has each of the following things happened?											
Feel that everything was an effort?	Never	91	12.5	85	10.6	71	10.1	77	11.4	324	11.1
	Once	92	12.6	102	12.7	96	13.7	89	13.2	379	13.0
	Twice	111	15.2	142	17.7	169	24.1	132	19.6	554	19.1
	Three or four times	151	20.7	176	21.9	150	21.4	149	22.1	626	21.5
	Five or more times	285	39.0	297	37.0	215	30.7	228	33.8	1025	35.2
Feel worthless?	Never	82	11.2	85	10.5	59	8.4	49	7.2	275	9.4
	Once	61	8.3	67	8.3	55	7.8	53	7.8	236	8.1
	Twice	55	7.5	83	10.3	100	14.3	88	13.0	326	11.2
	Three or four times	106	14.5	114	14.1	136	19.4	108	15.9	464	15.9
	Five or more times	429	58.5	458	56.8	351	50.1	380	56.0	1618	55.4
For the following for questions, if you used a vape product such as e-cigarettes, vape pens or mods in the past 12 months, what did you put in it?											
I did not use a vape product in the past 12 months	Yes	645	94.2	631	85.9	478	76.0	423	70.0	2177	82.1
	No	40	5.8	104	14.1	151	24.0	181	30.0	476	17.9
E-juice with zero nicotine	Yes	7	1.0	15	2.0	15	2.4	15	2.5	52	2.0
	No	678	99.0	720	98.0	614	97.6	589	97.5	2601	98.0
E-juice with nicotine	Yes	6	0.9	40	5.4	77	12.2	93	15.4	216	8.1
	No	679	99.1	695	94.6	552	87.8	511	84.6	2437	91.9
Marijuana	Yes	3	0.4	14	1.9	43	6.8	51	8.4	111	4.2
	No	682	99.6	721	98.1	586	93.2	553	91.6	2542	95.8
Other	Yes	4	0.6	4	0.5	6	1.0	6	1.0	20	0.8
	No	681	99.4	731	99.5	623	99.0	598	99.0	2633	99.2
Not sure	Yes	26	3.8	50	6.8	50	7.9	63	10.4	189	7.1
	No	659	96.2	685	93.2	579	92.1	541	89.6	2464	92.9

Additional Data Tables

Table 14. (Continued) Additional items

Question	Response	Grade 6		Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
During the past 12 months, did you ever seriously consider attempting suicide?	No	659	89.2	683	83.5	596	84.3	613	90.0	2551	86.6
	Yes	80	10.8	135	16.5	111	15.7	68	10.0	394	13.4
During the past 12 months, did you make a plan about how you would attempt suicide?	No	674	91.3	711	87.1	618	87.5	627	92.1	2630	89.4
	Yes	64	8.7	105	12.9	88	12.5	54	7.9	311	10.6
During the past 12 months, how many times did you actually attempt suicide?	0 times	697	93.6	742	90.7	657	93.1	662	97.1	2758	93.5
	1 time	28	3.8	35	4.3	27	3.8	5	0.7	95	3.2
	2 to 3 times	11	1.5	32	3.9	20	2.8	11	1.6	74	2.5
	4 to 5 times	2	0.3	4	0.5	1	0.1	3	0.4	10	0.3
	6 or more times	7	0.9	5	0.6	1	0.1	1	0.1	14	0.5
On an average school day, how many hours do you use an electronic device for something that is not school work? (Count time spent on things such as Xbox, PlayStation, texting, YouTube, Instagram, TikTok, or other social media.)	Less than 1 hour per day	86	13.8	88	11.3	68	9.8	85	13.0	327	11.9
	1 hour per day	57	9.1	59	7.6	41	5.9	46	7.0	203	7.4
	2 hours per day	100	16.1	123	15.9	90	13.0	81	12.4	394	14.4
	3 hours per day	110	17.7	140	18.0	155	22.4	126	19.3	531	19.3
	4 hours per day	85	13.6	125	16.1	102	14.7	104	15.9	416	15.2
	5 or more hours per day	185	29.7	241	31.1	236	34.1	212	32.4	874	31.8
In the past 12 months, how often have you been threatened or harassed over the internet, by e-mail, or by someone using a cell phone?	Never	480	76.8	619	79.5	527	76.9	541	83.0	2167	79.1
	Once	73	11.7	60	7.7	51	7.4	41	6.3	225	8.2
	Twice	40	6.4	57	7.3	52	7.6	38	5.8	187	6.8
	Three or four times	9	1.4	19	2.4	10	1.5	7	1.1	45	1.6
	Five or more times	23	3.7	24	3.1	45	6.6	25	3.8	117	4.3

Contacts for Prevention

NATIONAL RESOURCES

**United States Department of Health and Human Services (USDHHS)
Substance Abuse and Mental Health Service Administration (SAMHSA)**

1 Choke Cherry Rd., Rm. 8-1054
Rockville, Maryland 20857
240-276-2000

info@samhsa.hhs.org

www.samhsa.gov

(From this website, the programs and services provided by the Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Mental Health Services can be accessed)

Center for Substance Abuse Prevention (CSAP)

1 Choke Cherry Rd., Ste 4-1057
Rockville, Maryland 20857
240-276-2420

info@samhsa.hhs.org

<http://prevention.samhsa.gov/>

CSAP's Centers for the Advancement of Prevention Technologies (all five CSAP Centers can be accessed through this web site)

<http://captus.samhsa.gov/home.cfm>

National Institutes of Health (NIH)

6001 Executive Blvd., Rm. 5213
Bethesda, Maryland 20892-9561
301-443-1124

<http://www.nida.nih.gov/>

988 Suicide & Crisis Lifeline



STATE RESOURCES

**New York State
Office of Alcoholism and Substance Abuse Services (OASAS),
Division of Prevention and Treatment**

prevention@oasas.state.ny.us

www.oasas.state.ny.us

**This Report Was Prepared
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North Country Regional Convening I Summary

Executive Summary

The sixth, seventh, and eighth of thirteen regional convenings took place across the North Country Region on September 17–19, 2025, in Glens Falls, Plattsburgh, and Watertown, New York, respectively. The region was divided into three convenings to account for its large geography and to maximize stakeholder participation.

The North Country region includes Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, Lewis, St. Lawrence, Warren, and Washington counties, which are home to approximately 500,000 residents. The convenings engaged stakeholders in identifying and reaching consensus on regional needs and gaps across physical, behavioral, and social care needs, while surfacing current challenges, interventions, and new opportunities to address unmet needs under the Medicaid 1115 Waiver.

Across the three convenings, a diverse group of 134 stakeholders (excluding UHF staff) participated in half-day sessions. Collectively, these sessions established a foundation for collaborative planning and regional prioritization to support the development of Regional Needs Assessments and Population Health Plans.

Top Identified Priorities

Physical & Behavioral Health Needs:

- Mental Health
- Diabetes
- Obesity
- Heart Disease
- Substance Use Disorder

Health-Related Social Needs (HRSNs):

- Housing
- Transportation
- Food
- Employment
- Childcare and Dependent Care

Convening Goals

The convenings were designed to:

- **Create a structured, equitable process** for identifying and prioritizing Medicaid member health and social needs at the regional level
- **Build a common baseline of information** to support evidence-informed planning
- **Elevate diverse perspectives and expertise** from across sectors, recognizing the critical role of community-based organizations (CBOs), providers, managed care organizations (MCOs), and community voices

- **Empower stakeholders to shape regional priorities**, which will inform development of Regional Needs Assessments, Population Health Plans, and future value-based payment (VBP) recommendations

Convening Structure

Prior to the first convening, UHF distributed a pre-convening survey to regional stakeholders, asking respondents to identify the top five physical and behavioral health needs and health-related social needs within the region. This information served as an initial reference point for small group discussions. Participants were provided with regional data, including population-level demographic information and health statistics, to align understanding and inform the subsequent prioritization discussions. Based on the presented data, participants worked collaboratively in small groups to refine the prioritization of the top five physical and behavioral health needs and HRSNs. The convening concluded with a large group discussion to identify challenges and develop potential solutions. These efforts were intended to establish a foundation for collaborative planning in future convenings, focusing on workforce and sustainability models, regional prioritization, and guiding the development of CMS required Regional Needs Assessments and subsequent Population Health Plans.

Participant Composition

The three convenings in total brought together 134 individuals from organizations across sectors to share local expertise about the region's most pressing population health challenges.

Table 1: % of North Country Attendees from Each Organization Type

Organization Type	Attendees (%)
County/Local Public Health and Mental Health Department	16%
SCNs and their network CBO social care providers	16%
Primary Care (independent, hospital ambulatory, multi-specialty, IPA/ACO)	14%
Hospital	10%
Behavioral Health Provider - Community-based MH and SUD	9%
Key regional/local social support organization (e.g., United Way, Co-Ops, etc.)	8%
CBOs not providing HRSN services or participating in SCN network	7%
Current or former Medicaid member	4%
FQHC	3%
CCBHC	2%
Behavioral Health Provider - Hospital inpatient and ambulatory	2%

BHCC/IPA	2%
WIO	1%
Medicaid Managed Care Organization	1%
Other	3%

Table 1. Participants were primarily affiliated with county or local health departments, SCNs and their networks of CBOs, primary care providers, hospitals, and behavioral health organizations.

Key Convening Insights

Pain Points & Opportunities

Improve System Integration and Navigation

Participants emphasized the need for more seamless collaboration across disciplines and agencies to reduce fragmented care and better center services around beneficiaries. Stakeholders noted that there is no “sole source” provider or single point of service; individuals often rely on multiple programs (e.g., SNAP and food pantries) to meet basic needs. As a result, beneficiaries are expected to become “experts” in how to navigate services, which can lead to duplicative efforts and missed opportunities for coordinated support.

Strengthen Interoperability and Reduce Administrative Burden

Consistent with other regions, stakeholders raised concerns about interoperability. Fragmented systems were seen as increasing administrative burden on already capacity-constrained organizations. Participants discussed the need for interoperable platforms and shared tools (e.g., EHR systems such as Epic) to streamline information sharing and reduce duplication.

Integrate Physical and Behavioral Health

There was strong consensus that mental health, substance use disorders, obesity, diabetes, cancer, and heart disease are deeply interconnected. Stakeholders questioned the separation of behavioral health and primary care in practice and policy, underscoring the importance of whole-person care that addresses physical and behavioral health together.

Address Workforce Shortages and Turnover

Participants described persistent workforce shortages across the region, including a lack of licensed social workers and other specialists. High turnover makes it difficult to build sustained relationships with patients and communities. Stakeholders identified the need for higher wages to attract and retain staff, along with workforce development in harm reduction, LGBTQ+ inclusivity, and peer support roles.

Physical & Behavioral Health Needs

Mental Health Conditions: Mental health was noted as a top priority across all three sub-regions, consistent with regional data indicating high levels of need. Stakeholders highlighted anxiety, depression, and loneliness, noting that youth under 30 and adults over 65 are disproportionately affected. Harsh winters and rural isolation were cited as contributing factors. Limited provider availability and stigma around mental health and substance use further exacerbate the issue.

Obesity: Stakeholders discussed the high prevalence of obesity and its relationship to diabetes, hypertension, and heart disease, as well as its connection to mental health. Obesity was viewed as both a standalone concern and an underlying driver of multiple chronic conditions.

Diabetes: Diabetes was prioritized in alignment with regional data, which show higher-than-average rates in rural areas and a slight upward trend. Participants linked diabetes closely with obesity and emphasized the need for prevention and early intervention.

Heart Disease: Heart disease was identified as a high priority and is consistent with regional data showing it as the leading cause of death and the second leading cause of premature mortality in the North Country, both above state averages. It was frequently discussed in connection with obesity and other cardiometabolic risk factors.

Substance Use Disorders: Stakeholders emphasized the importance of distinguishing between individuals in active use and those in recovery, as needs and interventions can differ. SUD was identified as particularly pressing in the Watertown sub-region and was noted as the third leading cause of premature mortality (years of potential life lost) in regional data.

Additional Physical & Behavioral Health Priorities Proposed Included:

- **Alzheimer's/Dementia**
- **Cancer**
- **Dental/Oral health:** A major gap due to low Medicaid reimbursement and lack of coverage, especially for dual-eligibles. Suggested solutions included mobile dental vans and inclusion of dental professionals in workforce incentive programs.

Health-Related Social Needs

Housing: Agreement across the three subregions that housing is the top priority of HRSNs for the region. Quality, affordability (particularly with low wages), and safety were all issues that made this a top need. Some stakeholders suggested combining housing with utilities.

Others spoke about how predatory landlords and zoning restrictions limit access to safe, affordable housing.

Transportation: A substantial issue given the large rural geography of the region, with challenges including lack of public transit, fuel costs, and limited access to care due to a scarcity of providers. Stakeholders also shared that transportation for those with accessibility issues is extremely difficult; they face frequent cancelations, long wait times, and limited providers. As a result, this contributes to “no-shows” at medical appointments. Noted that one county has made a lot of improvements and has a bus system that is used by many, whereas other counties lag in public transportation offerings.

Food: Lack of affordable healthy food, lack of education on how to access healthy food, and limited Food Rx programs, were cited by stakeholders as reasons for this as a priority. Participants discussed this issue in connection with addressing obesity as a high priority.

Employment: Stakeholders felt this issue was a priority, but with more expansive framing to include underemployed and economic insufficiency as many individuals are employed and still need assistance. There was also a desire to focus education on the skills needed for employment.

Childcare and Dependent Care: Lack of providers in the region contributes to high cost and it can take months to get into a childcare program, impacting the ability for some to take employment opportunities.

Additional HRSN Priorities Proposed Included:

- **Education & Health Literacy:** To improve prevention and management of chronic conditions

Additional Insights

In addition to priority populations highlighted in the data (e.g., Black, Indigenous, and People of Color; children and youth; immigrant and refugee communities; older adults; people with disabilities; and rural residents), participants identified several subpopulations deserving greater focus that are often underrepresented in quantitative data:

- ALICE (Asset Limited, Income Constrained, Employed) households
- Homeless populations, particularly given recent increases in visible homelessness in the region
- Subgroups defined by age and other demographic characteristics, with several stakeholders emphasizing the importance of population stratification to refine HRSN prioritization

Participants' rankings for health conditions and HRSNs generally aligned with existing regional data, particularly around mental health, diabetes, obesity, cardiovascular disease, and the top three HRSN priorities of housing, food, and transportation.

Participants discussed opportunities for deeper cross-system collaboration in support of future Population Health Plan activities and noted several key voices that were underrepresented or missing from the convenings, including:

- Frontline providers such as school-based staff, community health workers, and peers with lived experience
- Representatives from housing, food security, and transportation sectors
- Payers and insurers, as well as policy representatives
- Representatives from immigrant, refugee, and LGBTQ+ communities
- Rural residents from the most geographically isolated areas

Engaging these stakeholders will be critical to designing responsive, sustainable strategies for the region.

Emerging Cross-Convening Takeaways

The themes that emerged from the North Country convenings' large group discussions overlapped with other regions North Country themes are highlighted in blue.

Table 2: Themes Emerging from Regional Convening Large Group Discussions

Cross Convening Theme	# of Regions cited
Improve workforce and network adequacy	10
Improve Interoperability and Integration	7
Build capacity and alleviate administrative burden	7
Drive further integration of care	5
Incorporate sub-regional nuance	4
Take preventative approaches	4
Increase interorganizational communication	3
Improve collaboration between communities and policy makers	3
Increase access to data	3
Define sustainability and ROI	2
Address cultural and political Barriers	2
Use technology to improve access for beneficiaries	2

Table 2. Consistent themes across convenings include the need to address workforce gaps and network adequacy, improve interoperability and upgrade technology infrastructure, and build capacity while reducing administrative burdens that stakeholders see as barriers to providing services to their communities.

Looking Ahead

The next convening is scheduled for early next year and will focus on workforce and capacity needs in the region. Attendees can expect a pre-convening survey to gather insights and help shape the live discussion, along with additional regional data reflecting feedback that emphasizes specificity and a focus on Medicaid beneficiaries from the previous convening.

Individuals with additional insights, perspectives, or feedback are encouraged to contact Medicaid@uhfnyc.org.

ST. LAWRENCE COUNTY COMMUNITY SERVICES 2026 SERVICE PROVIDER SURVEY

Draft Local Services Plan narrative + charts

Prepared from 43 survey responses

At a glance

Responses analyzed 43	Named agencies 18	Use caution Response-level results; not agency-weighted
Most worsening reported Mental health (19%)	Top MH gap Housing	Top SUD gap Housing

Summary. Across the three systems of care, providers most often reported that unmet need stayed the same rather than improved. The strongest worsening signal was for mental health (8 of 43 responses, 19%). When respondents rated specific service gaps, housing, transportation, crisis access, workforce shortages, residential care, and children's services consistently surfaced near the top.

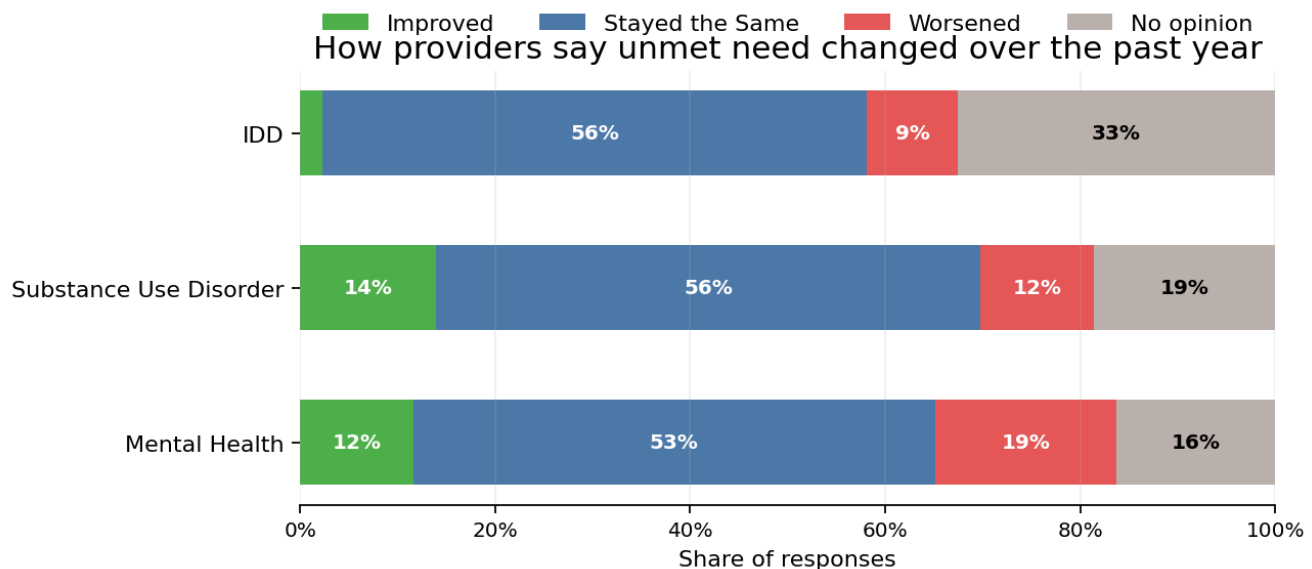
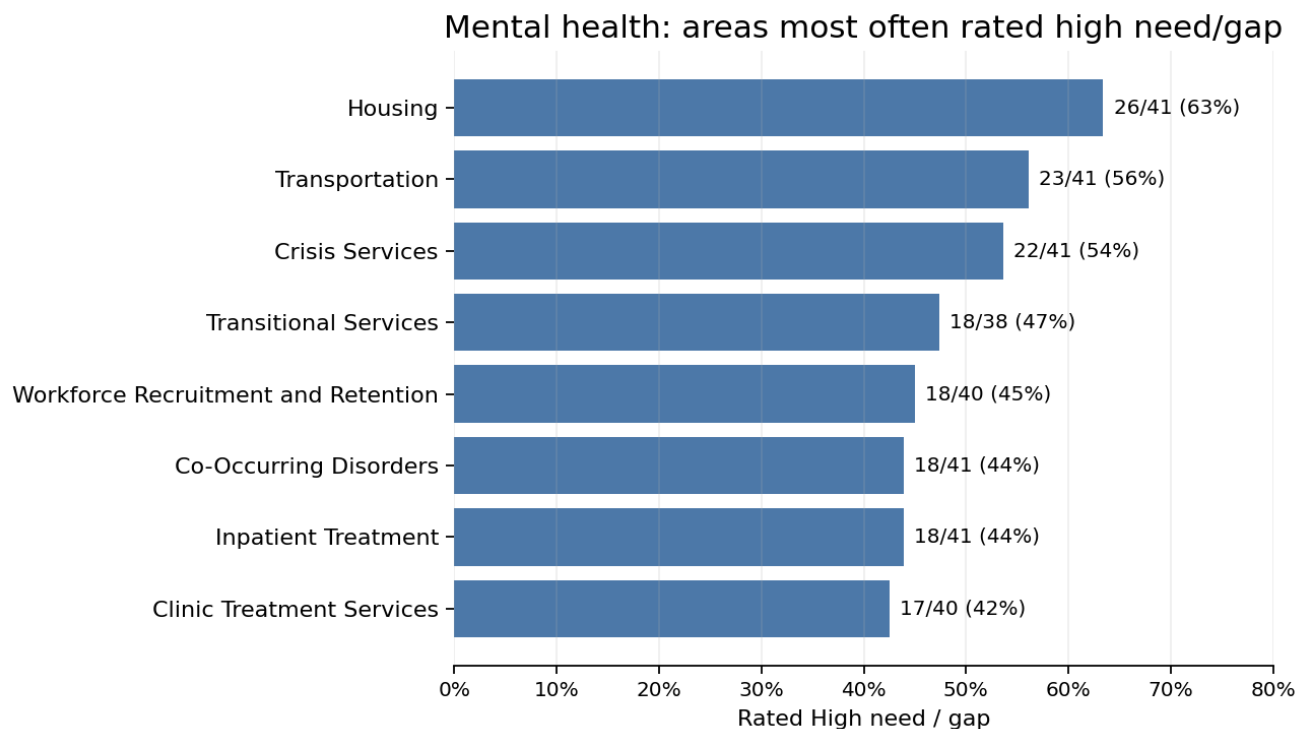


Figure 1. Provider assessment of whether unmet need improved, stayed the same, or worsened over the past year.

Mental health findings

Key finding. Mental health respondents identified housing, transportation, crisis services, workforce recruitment/retention, and transitional services as the most pronounced gaps. Housing received the largest share of high-need ratings (26 of 41, 63%). Open-ended comments reinforced long wait times, provider shortages, and concern about recent service reductions.



Mental health findings chart.

Points to carry into the LSP

- Prioritize housing-linked mental health capacity, especially for people with serious mental illness and unstable housing.
- Treat transportation and crisis access as access-to-care issues, not side issues; both ranked near the top of provider concerns.
- Workforce recruitment and retention appears to be a system-wide constraint that is directly affecting appointment frequency and wait times.
- Youth mental health access remains a recurring concern in narrative comments.

Draft narrative language

Survey responses indicate that the county's mental health system continues to face significant access pressures. Providers most frequently identified housing, transportation, crisis services, workforce recruitment and retention, and transitional services as areas with the greatest unmet need. Comments described lengthy waits for appointments, difficulty securing consistent counseling, and concern regarding clinic closures or changes in mobile crisis capacity. Taken together, the results suggest that the county should continue to prioritize timely outpatient access, crisis responsiveness, and supportive housing and transportation strategies as core mental health planning priorities.

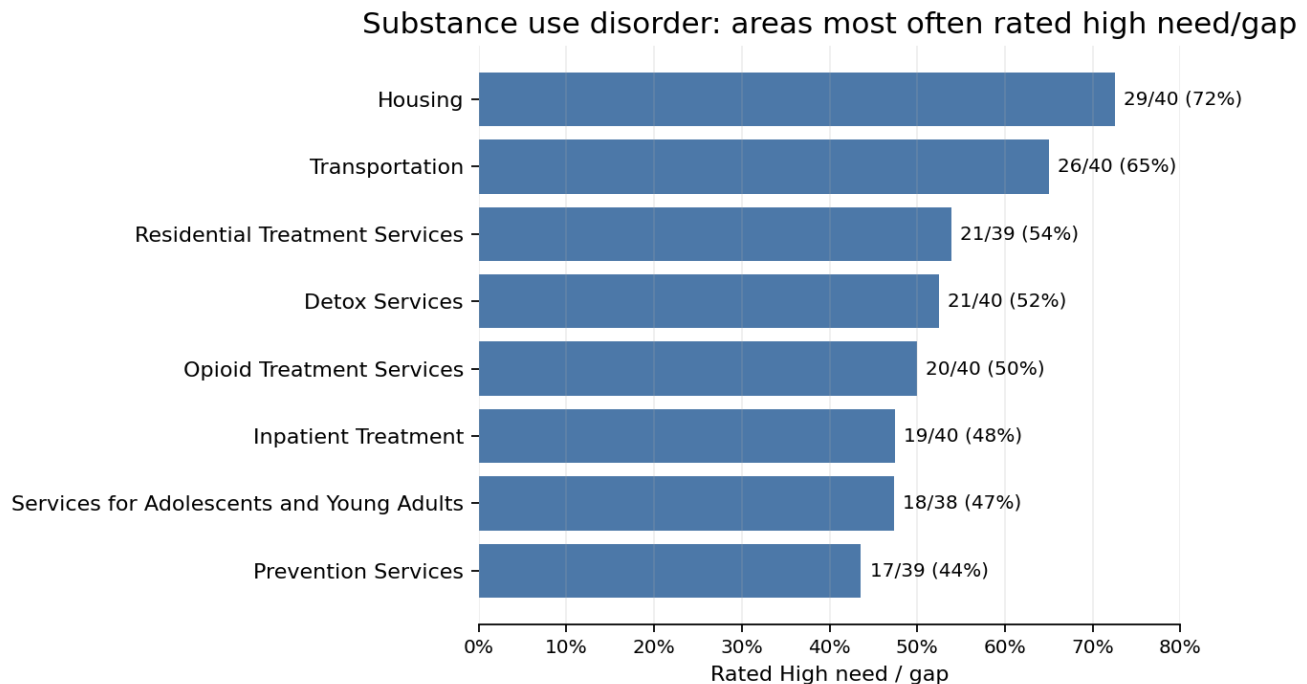
Illustrative provider comments

"Mental health services take well over 6 months to get an appointment."

"There is a need for more mental health providers, wait times are long."

Substance use disorder findings

Key finding. Substance use disorder responses showed the strongest concentration of high need around housing, transportation, residential treatment, detox, and opioid treatment services. Housing was the top SUD gap (29 of 40, 72% high). Narrative comments also pointed to detox access problems, MAT/provider shortages, and the operational importance of transportation.



Substance use disorder findings chart.

Points to carry into the LSP

- Expand housing options that are recovery-supportive, particularly for people leaving inpatient or detox settings.
- Transportation barriers appear to interfere with treatment continuity and appointment attendance.
- Residential treatment, detox, and opioid treatment capacity remain high-priority pressure points.
- Respondents described a need for more consistent MAT access, especially in parts of the county with limited provider coverage.

Draft narrative language

Providers continue to report substantial unmet need within the substance use disorder system of care. The highest-ranked gaps were housing, transportation, residential treatment, detox services, and opioid treatment services. Open-ended comments emphasized that individuals ready to engage in treatment may face delays or discouragement when attempting to access detox or medication-assisted treatment, and several comments linked transportation limitations to missed appointments and relapse risk. These findings support continued county emphasis on recovery-supportive housing, transportation assistance, and strengthened treatment and detox pathways.

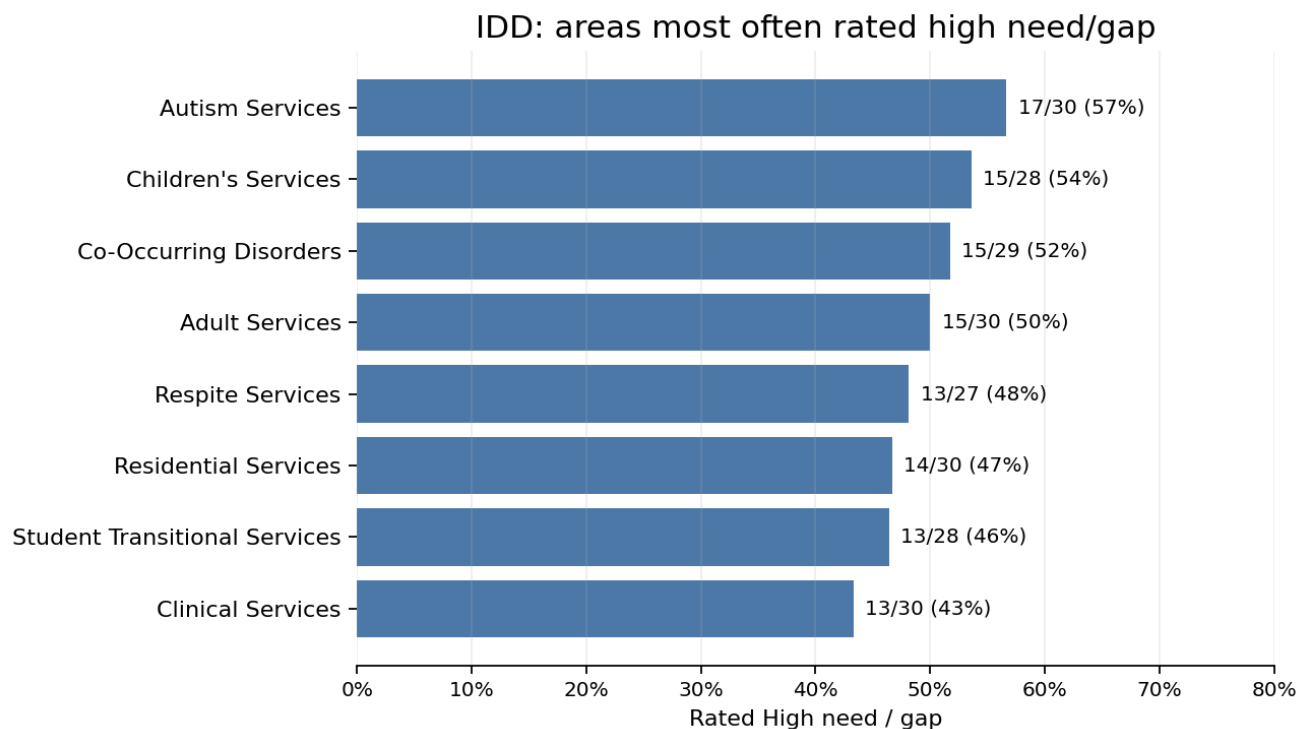
Illustrative provider comments

“There don’t seem to be enough providers available to support people in MAT recovery”

“Detox services in this county is awful.”

Intellectual/developmental disability findings

Key finding. IDD responses were somewhat more mixed because more respondents selected 'no opinion' at the system level, but among those rating service areas, the highest concerns centered on children's services, autism services, co-occurring disorders, respite, adult services, and residential services. Comments repeatedly referenced OPWDD access barriers, eligibility challenges, and a shortage of responsive services.



Intellectual/developmental disability findings chart.

Points to carry into the LSP

- Maintain focus on children's services, autism services, respite, and adult/residential supports.
- Comments suggest that eligibility and access barriers can be as limiting as outright service shortages.
- Co-occurring disorder needs are notable and point to the importance of cross-system planning between IDD and behavioral health providers.
- Narrative responses suggest concern about gaps for people with both disabilities and housing instability.

Draft narrative language

Although a sizable share of respondents reported limited familiarity with the IDD system, those who did rate service areas identified significant gaps in children's services, autism services, co-occurring disorder supports, respite, adult services, and residential options. Open-ended comments described persistent difficulty accessing OPWDD-related services, challenges with eligibility, and concern that individuals with intersecting disabilities and housing instability may be overlooked. The results support continued collaboration with OPWDD and local providers to improve access, family supports, respite, and service coordination across systems.

Illustrative provider comments

"There is an ongoing and significant need for improved services from OPWDD for both children and adults."

“The services for IDD remain the same. They continue to be lacking and the accessibility to eligibility is a huge barrier.”

Cross-system priorities and requested CSB support

What providers asked from the Community Services Board. Providers most often rated coordination across agencies/systems and announcement of outside funding opportunities as valuable CSB roles. This suggests the Board is viewed not only as a planner and monitor, but also as a convener, connector, and advocate.

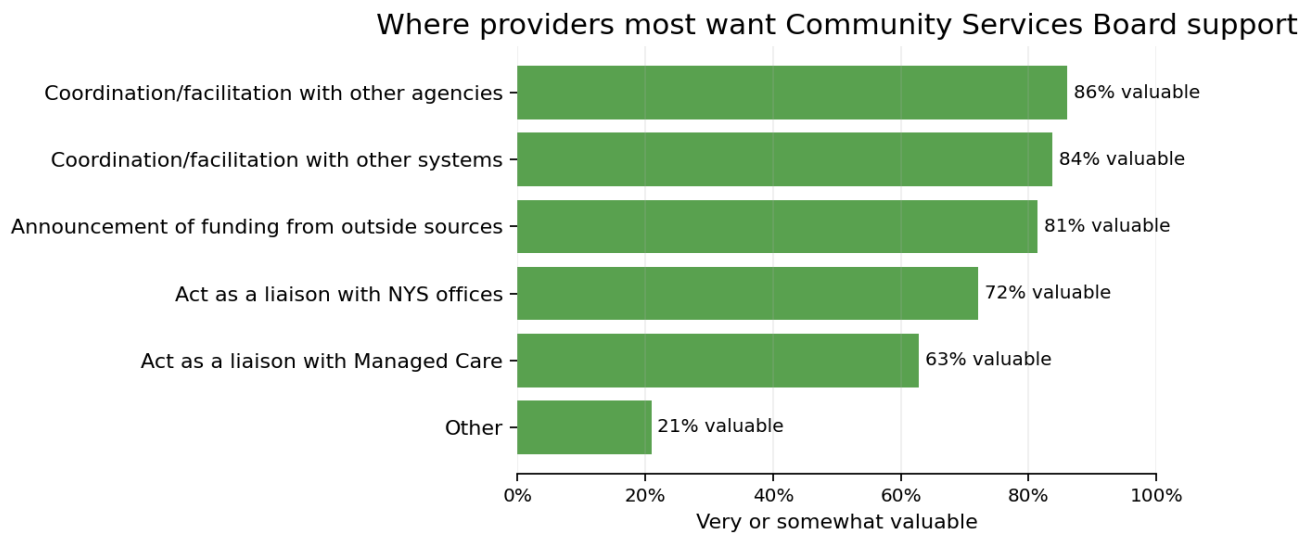


Figure 5. Activities providers most want from the Community Services Board.

Themes from narrative comments. Across open-ended responses, recurring themes included substance use treatment access, workforce/provider shortages, children and youth needs, system coordination, and housing instability.

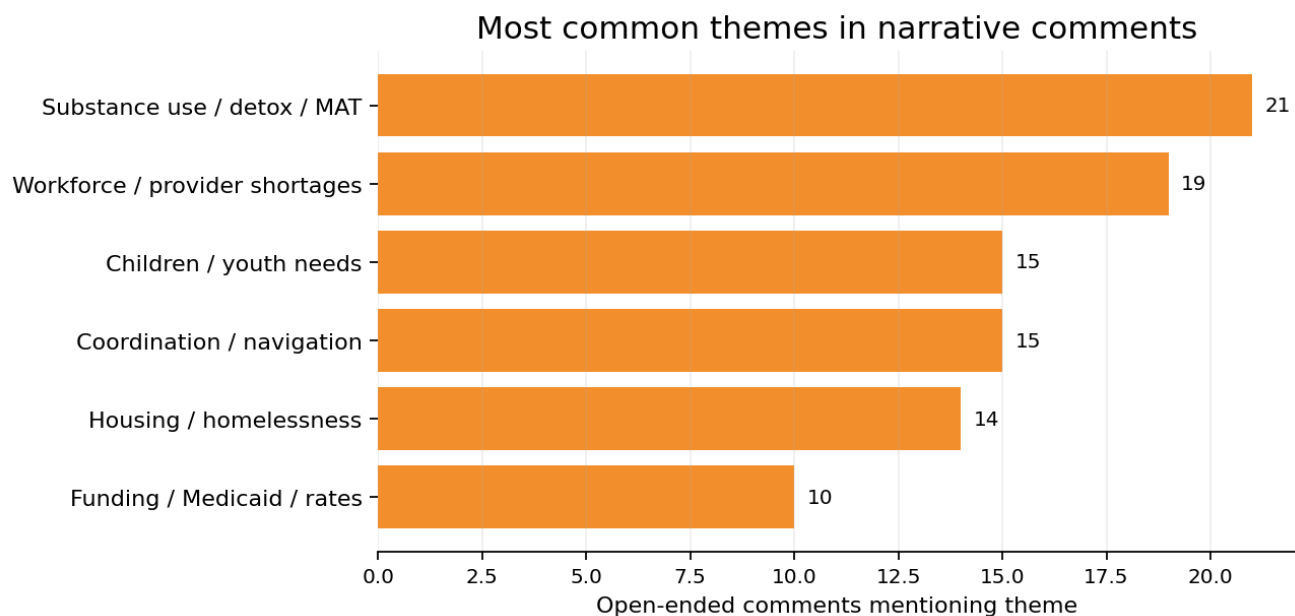


Figure 6. Most common themes mentioned in narrative responses.

Training topics most often requested

- Crisis response, de-escalation, and related models such as TCI/CISM
- Mental health and substance use identification, symptoms, and current drug trends
- Trauma-informed care, cultural humility, and behavioral health awareness
- Child and youth mental health and family engagement
- Current service landscape, referral pathways, and the CSB role

Suggested countywide LSP narrative

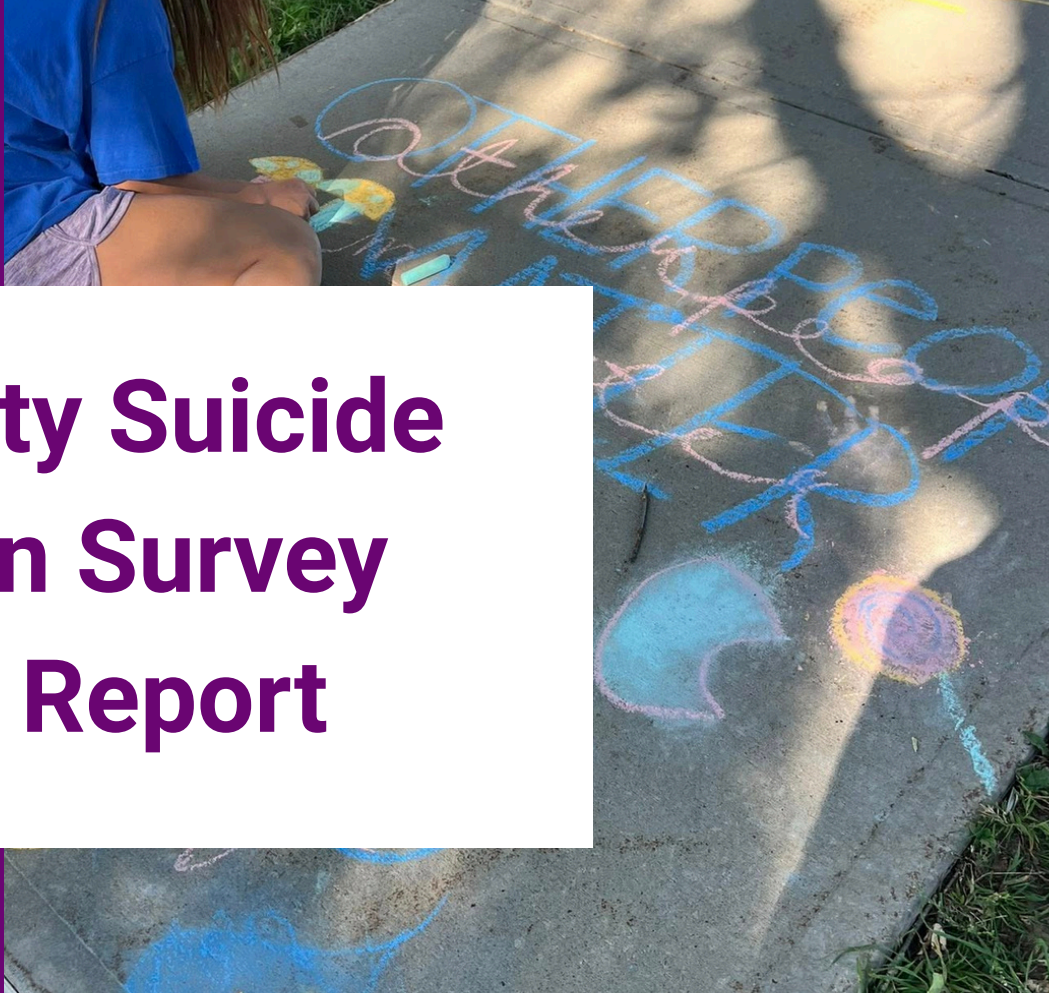
Findings from the 2026 Service Provider Survey indicate that providers continue to experience substantial unmet need across mental health, substance use disorder, and intellectual/developmental disability systems of care in St. Lawrence County. Most respondents reported that needs have stayed the same over the past year rather than improved, and mental health showed the largest share of respondents reporting worsening unmet need. Across systems, housing, transportation, workforce shortages, care coordination, and access to specialized or residential levels of care emerged as persistent barriers. Mental health findings emphasized wait times, crisis access, and the effects of provider shortages. Substance use disorder findings highlighted recovery-supportive housing, transportation, residential treatment, detox, and medication-assisted treatment. IDD findings pointed to continued concern about children's services, autism services, respite, residential supports, and barriers related to OPWDD eligibility and access. Providers also expressed a strong interest in the Community Services Board serving as a coordinator across agencies and systems, a source of funding information, and an advocate with state partners. Based on these results, the Local Services Plan should continue to prioritize workforce development, housing and transportation solutions, improved cross-system coordination, youth-serving capacity, and stronger pathways to crisis, detox, residential, and community-based supports.

Five planning priorities that follow from the survey

- Build or align housing options for people with behavioral health and co-occurring needs, including recovery-supportive and transitional models.
- Address transportation as a direct service-access strategy, particularly for rural treatment and recovery appointments.
- Support workforce recruitment, retention, and training to reduce wait times and improve continuity of care.
- Strengthen cross-system coordination among behavioral health, IDD, housing, schools, hospitals, and criminal legal partners.
- Continue targeted attention to children/youth services, crisis access, and specialized treatment capacity.

Method note

This summary is based on 43 submitted survey responses. Results are reported at the response level. Some agencies submitted multiple responses, some agency names were entered inconsistently, and 2 responses did not include an agency name. Open-ended theme counts are simple mention counts and should be used directionally rather than as a formal qualitative coding study.



Community Suicide Prevention Survey Summary Report

2025

CONTACT US:



STLCSAC@stlawco.org

Our Mission

The St. Lawrence County Suicide Awareness Coalition works to cultivate a resilient community by providing education, training, services, and support in order to reduce the number of deaths by suicide in St. Lawrence County, New York.

Our Vision

Through addressing and reducing stigma, via education and awareness activities, St. Lawrence County community is well educated, trained and service rich for mental health, leading to zero suicides.



The St. Lawrence County Suicide Awareness Coalition launched the Community Suicide Prevention Survey in May 2025 in recognition of Mental Health Awareness Month.

The survey was created to gather meaningful insights from residents, living in St. Lawrence County, regarding their knowledge of suicide prevention, access to mental health resources, and opinions on community support needs.

The survey remained open through Tuesday, November 4, 2025 and received a total of 399 responses.

Purpose of the Survey

This survey was designed to help guide the Coalition's future efforts by identifying gaps in awareness, services, and perceived barriers related to suicide and mental health. Community feedback will inform targeted programs, training, education, and advocacy efforts that reflect the voices and needs of St. Lawrence County residents.

Methodology

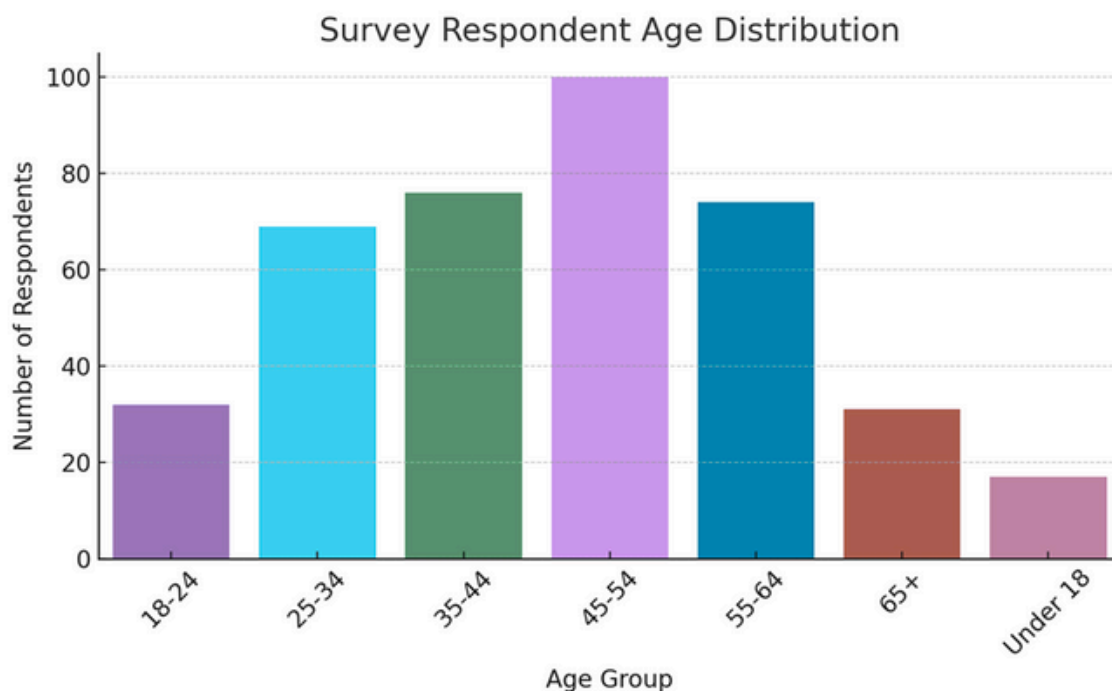
The survey was distributed online using Google Forms and promoted through coalition member organizations, social media, partner agencies, and community-based outreach.

Participation was voluntary and responses were anonymous, with an optional raffle entry via email. Questions included multiple choice, check-all-that-apply, Likert scale, and open-ended formats.

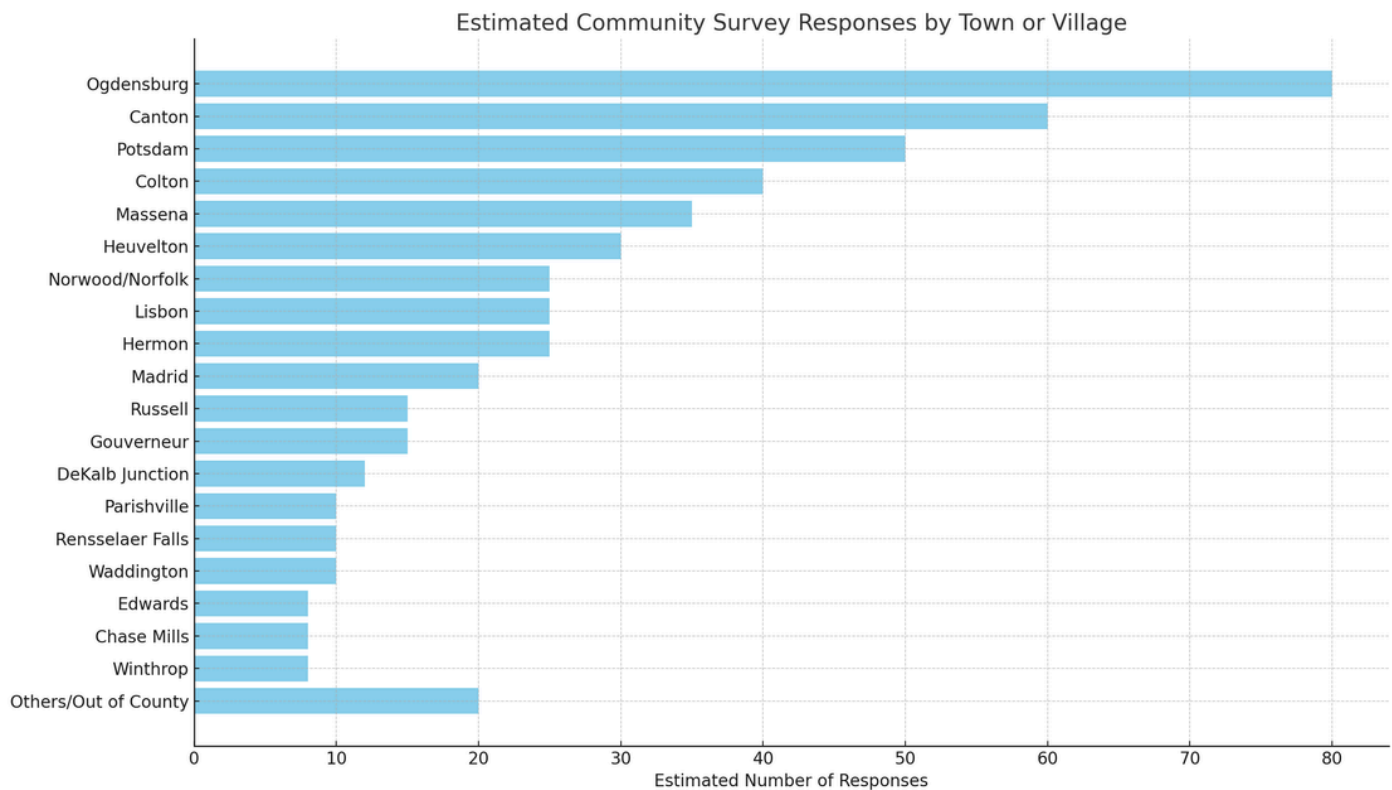
Response Overview

Total Responses: **399**

Age Distribution of Survey Respondents



Responses by Zip Code



- Ogdensburg, Canton, and Potsdam had the highest response counts.
- Smaller towns like Hermon, Lisbon, and Norwood/Norfolk also had strong participation.
- “Others/Out of County” includes responses from area with zip codes such as 12922, 12927, 12930, 12953, 12965, 07020, and 90080.

Respondents Connection to Suicide

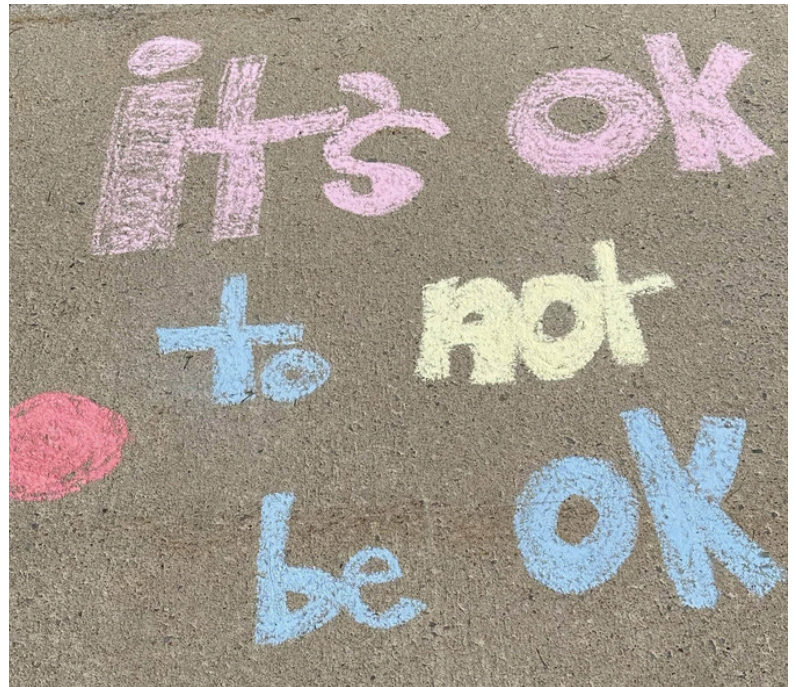
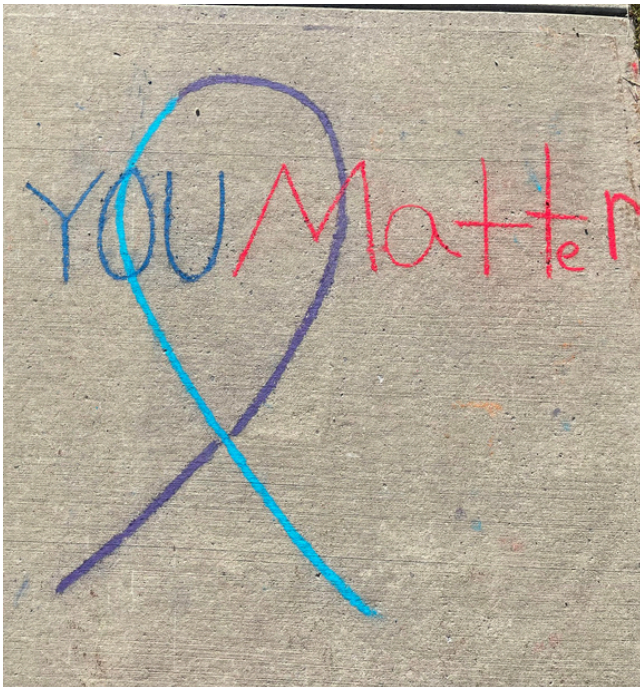
- “Someone close to me has lived experience with suicide or lives with a mental health condition.” **223 (55.9%)**
- “I have encountered suicide or mental health struggles at my place of work or school.” **178 (44.6%)**
- “I am a suicide loss survivor.” (Someone close to me has died by suicide.) **146 (36.6%)**
- “I live with a (diagnosed) mental health condition.” **139 (34.8%)**
- “I have lived experience with thoughts of suicide.” **137 (34.3%)**
- “I have not been personally impacted by suicide in any of the above ways but I care about this issue and/or want to help.” **57 (14.3%)**
- “I am a suicide (attempt) survivor” **43 (10.8%)**

Community Attitudes and Perceptions

The survey included a series of statements to assess community attitudes toward mental health, suicide prevention, and perceived personal and community-level readiness to respond to a crisis. Respondents answered using a Likert scale ranging from 'Strongly Agree' to 'Strongly Disagree'. Below is a summary of key response trends:

- **350 respondents strongly agreed that mental health is equally important as physical health.**
- **295 strongly agreed that seeing a mental health provider is a sign of strength.**
- **153 strongly agreed that suicide is preventable, while 191 respondents disagreed or were unsure.**
- **Comfort levels discussing suicide at home (222 strongly agree) were higher than in public (157 strongly agree).**
- **Only 233 strongly agreed, or agreed, that reducing access to lethal means can reduce suicide risk—an opportunity for education.**

These results suggest strong community recognition of the importance of mental health and help-seeking behavior, but highlight opportunities to strengthen knowledge around prevention, warning signs, and safe messaging about suicide in public spaces.



Barriers to Mental Health Support

Respondents identified the following as common barriers preventing people in their community from seeking mental health support:

- **Stigma/Fear of being judged or feeling embarrassed: 347 responses**
- **Lack of providers or long wait times: 315 responses**
- **Cost of services/Cannot afford treatment: 300 responses**
- **Lack of family support: 280 responses**
- **Lack of insurance: 275 responses**
- **Transportation issues: 255 responses**
- **Lack of hope: 245 responses**
- **Don't know where to go for help: 235 responses**
- Cultural or language barriers: 94 responses
- Other: 14 responses
- Taking time off work to go: 2 responses
- Medication that can be monitored daily: 1 response
- Lack of self awareness that they are struggling with a mental health issue that they have always struggled with: 1 response
- I don't know: 2 responses
- Our elected officials need to start advocating for people with mental health illnesses. : 1 response
- They don't recognize that they have a problem: 1 response
- People on outside should be responsible for their own: 1 response
- Addiction issues very poorly often making them nervous or afraid to seek help: 1 response
- Sometimes several of these issues: 1 response
- Youth are dependent on parents to gain access to counseling: 1 response
- As a professional that is known within "the system" - postpartum was hard - sought out online options because it is such a small north country : 1 response
- Quality of services offered. The places that don't have wait lists are usually part of the problem!: 1 response
- The state needs to open up mental institutions to house those who need a safe environment. The federal government needs to realize that they made a huge mistake by closing these facilities and thinking that every person can function and manage there meds and housing without help. The mentally ill become exploited by people who want their meds or money that they cannot manage for housing. Some of our mentally ill people need a safe environment provides structure: 1 response
- The feeling that it doesn't help. : 1 response
- Not agreeing with doctors or those that help.: 1 response
- I imagine all of these could be barriers in our community.: 1 response
- Honestly Most times Medical professionals treat ppl with mental health: 1 response
- Fear of being vulnerable.: 1 response
- Fear of being held without consent: 2 responses
- Depends on the person: 1 response

Stigma, lack of access, affordability, and fear of judgment remain significant concerns across the county.

Community Feedback

Survey participants were invited to share any additional thoughts on suicide prevention in St. Lawrence County.

Below are selected comments that reflect common themes, **including a need for more education, family support, and access to care:**

“

"I would also be happy to be involved in anything you may be planning. I have a bachelors in psychology and have completed some grad school for counseling, no plans to return at this time due to financial reasons. I also have life experience with severe mental health issues."

"Removing access to firearms is less detrimental than getting people access to mental health and substance use services, especially in rural areas."

"When we asked at the hospital for someone to teach us what say or do for our son, or what to read; We were told there was no one at the hospital to teach/talk to us and we were to look online for all our answers. My spouse was very disappointed with their lack of support for the family."

"I don't necessarily think it's a lack of resources as much as it is an implicit bias and/or stigmatization of receiving mental health services."

"Overall better services for our veterans, better integration into our communities after they retire from military duty, better PR to reduce stigma not only in re to mental health but also in re to unhelpful stereotypes of veterans ."

"Adequate mental health providers, manageable case loads, and quality over site of programs in our county!"

"Having readily available services without fear or repercussions."

"Having group supports or crisis supports that are local."

"More outreach programs to find those who may be suffering, but have been unable or reluctant to seek help."

"Removing stigma, counseling services expanded, training families to recognize issues."

"The frontline first responders need to be included in this, not just the active military. Over 90% of our county's emergency services is volunteer based. Helping along side with law enforcement, they are sometimes forgotten about and fall through the cracks in the system"

”

Military & Veteran Support

When asked whether the community provides enough mental health support for military members, veterans, and their families, responses were as follows:

- **No: 226 responses**
- **I'm not sure: 132 responses**
- **Yes: 33 responses**

Many respondents cited a need for more targeted outreach, counseling services, and family supports for those connected to military service.

Community Interest in Suicide Prevention Training

When asked if they would be interested in attending a free suicide prevention training, responses were as follows:

- **Yes: 178 responses**
- **Unsure/Maybe: 152 responses**
- **No: 69 responses**

This reflects a promising level of community interest in becoming more equipped to respond to those in crisis.

Recommendations & Next Steps

Based on the findings from this survey, the St. Lawrence County Suicide Awareness Coalition may consider the following actions:

- Expand suicide prevention training opportunities across all communities.
- Increase public education about the warning signs of suicide and the importance of reducing access to lethal means.
- Strengthen outreach and support for veterans, military members, and their families.
- Partner with local organizations and service providers to reduce stigma and improve access to care.
- Develop culturally and geographically accessible materials and services tailored to rural populations.



Acknowledgments

The St. Lawrence County Suicide Awareness Coalition would like to thank all community members, partners, and organizations who helped share this survey and encourage participation.

Most importantly, we extend our gratitude to the 399 individuals who took time to share their thoughts, experiences, and ideas. ***Your voices will help shape a safer, more informed, and more compassionate community.***

thank you



St. Lawrence County List of OMH Providers

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

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

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

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

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