



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

Goals and Objectives 2024-2027 Niagara County Department of Mental Health

Myrla Gibbons-Doxey, Deputy Director
(Myrla.Doxey@niagaracounty.com)

Goal 1

Goal 1: Title Timely Access to Care

Goal 1: Target Completion Date Dec 31, 2027

Goal 1: Description Niagara County's high risk / high need individuals will have timely access to appropriate services to support them in the least restrictive level of care.

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

Goal 1: Need Addressed 1 Other

Goal 1: Need Addressed 2 Case Management/Care Coordination

Goal 1: Need Addressed 3 Residential Treatment Services

Goal 1, Objective 1: Title Adult ACT Expansion

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

Goal 1, Objective 1, Description The LGU will advocate for funding to expand the number of adult Assertive Community Treatment (ACT) slots in Niagara County that will serve both Medicaid and non-Medicaid eligible individuals.

Goal 1, Objective 2: Title Transition between levels of Care

Goal 1, Objective 2, Target Completion Date Dec 31, 2024

Goal 1, Objective 2, Description The LGU will work in collaboration with stakeholders to develop innovative processes, programming and/or models of care that will allow individuals to be admitted to and transition between levels of care in a timely manner.

Goal 1, Objective 3: Title Residential Programming

Goal 1, Objective 3, Target Completion Date Dec 31, 2024

Goal 1, Objective 3, Description The LGU will monitor availability of and access to residential programming through available data sources and support expansion and/or new program development where need is clearly demonstrated.

Goal 1, Objective 4: Title Promote Recovery for Individuals with Co-Occurring Disorders

Goal 1, Objective 4, Target Completion Date Dec 31, 2024

Goal 1, Objective 4, Description The LGU will support the development and implementation of strategies / programming that will enhance services available to individuals with co-occurring disorders in order to promote recovery in multiple realms.

Goal 2

Goal 2: Title Expanded Access to Treatment

Goal 2: Target Completion Date Dec 31, 2027

Goal 2: Description Niagara County residents across the lifespan will have expanded access to quality treatment at time of need.

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

Goal 2: Need Addressed 1 Inpatient Treatment

Goal 2: Need Addressed 2 Outpatient treatment

Goal 2: Need Addressed 3 Workforce

Goal 2, Objective 1: Title Expansion of Treatment Options

Goal 2, Objective 1, Target Completion Date Dec 31, 2024

Goal 2, Objective 1, Description Utilizing available data sources, the LGU will monitor availability and access to inpatient and outpatient treatment and support expansion and/or new program development when need is clearly demonstrated.

Goal 2, Objective 2: Title Stabilization and Recovery

Goal 2, Objective 2, Target Completion Date Dec 31, 2024

Goal 2, Objective 2, Description The LGU will support the development and implementation of strategies and/or program expansions that promote the stabilization and recovery of individuals with co-occurring disorders when need is clearly demonstrated.

Goal 3

Goal 3: Title Increase Access to Housing

Goal 3: Target Completion Date Dec 31, 2027

Goal 3: Description Niagara County residents will have increased access to and retention in safe and affordable housing that supports long term stabilization and recovery.

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

Goal 3: Need Addressed 1 Housing

Goal 3: Need Addressed 2

Goal 3: Need Addressed 3

Goal 3, Objective 1: Title SRO / Supportive Housing Expansion

Goal 3, Objective 1, Target Completion Date Dec 31, 2024

Goal 3, Objective 1, Description The LGU will advocate for the expansion of single room occupancy and supportive housing opportunities and support proposals that expand these affordable housing opportunities where need is clearly demonstrated.

Goal 3, Objective 2: Title Landlord and Community Education

Goal 3, Objective 2, Target Completion Date Dec 31, 2024

Goal 3, Objective 2, Description The LGU will work in collaboration with stakeholders to provide education to local landlords and the general community about mental illness, substance use disorders, I/DD and available resources to support individuals with these disabilities in order to increase housing opportunities and the retention of individuals in housing.

Goal 4

Goal 4: Title Crisis Services Continuum of Care

Goal 4: Target Completion Date Dec 31, 2027

Goal 4: Description Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.

Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? Yes

Goal 4: Need Addressed 1 Crisis Services

Goal 4: Need Addressed 2 Cross System Services

Goal 4: Need Addressed 3 Respite

Goal 4, Objective 1: Title Community Resources Awareness and Utilization

Goal 4, Objective 1, Target Completion Date Dec 31, 2024

Goal 4, Objective 1, Description The LGU, in collaboration with stakeholders, will provide community education through various mediums to increase the community's awareness and use of available resources.

Goal 4, Objective 2: Title Community Education and Training

Goal 4, Objective 2, Target Completion Date Dec 31, 2024

Goal 4, Objective 2, Description The LGU, in collaboration with stakeholders, will facilitate and/or coordinate education and training opportunities that equip both providers and the general public with the knowledge and skill sets to recognize and appropriately respond to individuals in crisis.

Goal 4, Objective 3: Title Expand Options Within The Crisis Continuum of Care

Goal 4, Objective 3, Target Completion Date Dec 31, 2024

Goal 4, Objective 3, Description The LGU will support proposals that expand options and/or enhance services within the crisis continuum of care where need is clearly demonstrated in order to serve individuals in the least restrictive setting.

Goal 4, Objective 4: Title Cross System Planning and Intervention

Goal 4, Objective 4, Target Completion Date Dec 31, 2024

Goal 4, Objective 4, Description The LGU will work in collaboration with cross-system providers to identify and implement strategies that support a coordinated response to effectively intervene with and guide high risk / need individuals, and their families, in crisis.

Goal 4, Objective 5: Title HBCI or Like Services for Children / Adolescents

Goal 4, Objective 5, Target Completion Date Dec 31, 2024

Goal 4, Objective 5, Description The LGU will work in collaboration with cross-system providers to identify and implement strategies that support a coordinated response to effectively intervene with and guide high risk / need individuals, and their families, in crisis.

Goal 4, Objective 6: Title Access to Respite

Goal 4, Objective 6, Target Completion Date Dec 31, 2024

Goal 4, Objective 6, Description The LGU will support the expansion of respite opportunities that address the unmet needs of individuals, and their caregivers, where need is clearly demonstrated.

Goal 5

Goal 5: Title Cross-System Services

Goal 5: Target Completion Date Dec 31, 2027

Goal 5: Description Increase accessibility to integrated, coordinated care and services across the lifespan for individuals with co-occurring needs through innovative multifaceted cross-systems collaborative approaches.

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

Goal 5: Need Addressed 1 Cross System Services

Goal 5: Need Addressed 2

Goal 5: Need Addressed 3

Goal 5, Objective 1: Title Systems of Care

Goal 5, Objective 1, Target Completion Date Dec 31, 2024

Goal 5, Objective 1, Description The LGU will lead the Niagara County Systems of Care (Community Network of Care – CNOC- for Children & Families in Niagara County) to engage cross-system providers in strategic planning, implementation activities, and continuous quality improvement efforts to effectively respond to identified system needs and service gaps.

Goal 5, Objective 2: Title Resources to Support Collaborations

Goal 5, Objective 2, Target Completion Date Dec 31, 2024

Goal 5, Objective 2, Description The LGU will identify additional resources and funding opportunities that can support sustainable cross-system engagement and collaborations in areas where need exists.

Goal 5, Objective 3: Title Service System Navigation and Improved Access to Care

Goal 5, Objective 3, Target Completion Date Dec 31, 2024

Goal 5, Objective 3, Description The LGU will work in partnership with cross-system providers to devise a pilot project that will assist youth, families and adults in effectively navigate the service system and improve access to care.

Goal 6

Goal 6: Title Workforce Recruitment and Retention

Goal 6: Target Completion Date Dec 31, 2027

Goal 6: Description The Niagara County Mental Hygiene service system will strengthen the workforce and establish a continuous pipeline of qualified staff to meet the demand for services in a timely manner.

Goal 6: OASAS? Yes Goal 6: OMH? Yes Goal 6: OPWDD? Yes

Goal 6: Need Addressed 1 Workforce

Goal 6: Need Addressed 2 Employment/volunteer (client)

Goal 6: Need Addressed 3 Non-Clinical supports

Goal 6, Objective 1: Title Culturally Competent and Diverse Workforce

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

Goal 6, Objective 1, Description The LGU will evaluate available data sources, best practices and innovative strategies to engage in workforce development initiatives that recruit and retain culturally competent and diverse personnel that are responsive to the needs of the populations served.

Goal 6, Objective 2: Title Integrating Emerging Paraprofessionals / Professionals in the Workforce

Goal 6, Objective 2, Target Completion Date Dec 31, 2024

Goal 6, Objective 2, Description The LGU will work in collaboration with local providers to identify and implement strategies that will increase the integration of emerging paraprofessionals and qualified health professionals in the workforce through innovative means.

Goal 6, Objective 3: Title Options to Support Recruitment and Retention of Personnel

Goal 6, Objective 3, Target Completion Date Dec 31, 2024

Goal 6, Objective 3, Description The LGU will coordinate with stakeholders to identify options for tuition reimbursement, loan forgiveness, no-cost or cost-sharing trainings, and funding to support recruitment and retention of agency personnel.

Goal 6, Objective 4: Title Improve Timely Access to Community Based Support Services

Goal 6, Objective 4, Target Completion Date Dec 31, 2024

Goal 6, Objective 4, Description The LGU will evaluate available data and engage in targeted activities that will help improve timely access to HH+, HARP, HCBS, CORE and CFTS services for eligible individuals and prevent / reduce unnecessary utilization of higher cost / level of services.

Goal 6, Objective 5: Title Engage in Cross-system Collaborations to Increase Workforce Development and Job Placements

Goal 6, Objective 5, Target Completion Date Dec 31, 2024

Goal 6, Objective 5, Description The LGU will engage in cross-system collaborations to identify resources and link people

with opportunities that promote skill development, marketability, and increase job placements.

Goal 6, Objective 6: Title Increase Number of Peers in the Workforce

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

Goal 6, Objective 6, Description The LGU will work in collaboration with local providers to identify and implement strategies that will increase the number and retention of credentialed peers in the workforce to meet people “where they are at” when needed.

Goal 6, Objective 7: Title Integration of I/DD Individuals in the Workforce

Goal 6, Objective 7, Target Completion Date Dec 31, 2024

Goal 6, Objective 7, Description The LGU, in collaboration with stakeholders, will promote community education efforts related to employment skills training for I/DD individuals to increase opportunities for integration into the general workforce.

Goal 7

Goal 7: Title Expand Prevention Activities

Goal 7: Target Completion Date Dec 31, 2027

Goal 7: Description Expand prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized and underserved populations, to protect, promote and maintain the health and well-being of Niagara County residents.

Goal 7: OASAS? Yes Goal 7: OMH? Yes Goal 7: OPWDD? Yes

Goal 7: Need Addressed 1 Prevention

Goal 7: Need Addressed 2 Cross System Services

Goal 7: Need Addressed 3

Goal 7, Objective 1: Title Suicide Prevention Coalition

Goal 7, Objective 1, Target Completion Date Dec 31, 2024

Goal 7, Objective 1, Description The LGU will work in partnership with stakeholders to facilitate an active and responsive Niagara County Suicide Prevention Coalition with a diverse membership.

Goal 7, Objective 2: Title Commitment to Zero Suicide Model

Goal 7, Objective 2, Target Completion Date Dec 31, 2024

Goal 7, Objective 2, Description The LGU will work in partnership with stakeholders to make a formal commit to, and establish benchmarks for, the adoption of the Zero Suicide Model.

Goal 7, Objective 3: Title Promotion of Healthy Living

Goal 7, Objective 3, Target Completion Date Dec 31, 2024

Goal 7, Objective 3, Description To promote healthy living, the LGU will work in partnership with the public health and prevention providers to implement evidence-supported / based approaches to prevent and/or reduce alcohol and substance use and related consequences as well as mental, social-emotional, intellectual/developmental and behavioral disabilities.

Goal 7, Objective 4: Title Expand Early Intervention Activities

Goal 7, Objective 4, Target Completion Date Dec 31, 2024

Goal 7, Objective 4, Description The LGU will work with cross systems providers to expand early intervention activities where need is clearly demonstrated to prevent the development of long-term negative health outcomes.

Goal 8

Goal 8: Title Tackle the Opioid / Drug Epidemic

Goal 8: Target Completion Date Dec 31, 2027

Goal 8: Description Increase the availability of, access to, and awareness of harm reduction options in a manner that demonstrates humility and compassion towards people who use drugs (and their loved ones) to reduce overdoses and other negative health outcomes.

Goal 8: OASAS? Yes Goal 8: OMH? Yes Goal 8: OPWDD? No

Goal 8: Need Addressed 1 Other

Goal 8: Need Addressed 2 Non-Clinical supports

Goal 8: Need Addressed 3

Goal 8, Objective 1: Title Public Awareness / Engagement Opportunities

Goal 8, Objective 1, Target Completion Date Dec 31, 2024

Goal 8, Objective 1, Description The LGU will work in partnership with stakeholders to analyze data and other reliable resources to inform public awareness/engagement activities that will reduce stigma and barriers to care while increasing awareness of and linkage to community resources.

Goal 8, Objective 2: Title Expand Harm Reduction Options

Goal 8, Objective 2, Target Completion Date Dec 31, 2024

Goal 8, Objective 2, Description The LGU will support the expansion of harm-reduction programs, activities, supports and services that focus on meeting the basic needs of persons who use drugs, creating a safe space and

developing/establishing trust as an entry point to care.

Goal 8, Objective 3: Title Education and Training Opportunities

Goal 8, Objective 3, Target Completion Date Dec 31, 2024

Goal 8, Objective 3, Description The LGU, in partnership with stakeholders, will identify and facilitate access to education and training opportunities that equip the public with life-saving skills and harm reduction resources.

Goal 8, Objective 4: Title Expand Access to trained Peers / Family Peers

Goal 8, Objective 4, Target Completion Date Dec 31, 2024

Goal 8, Objective 4, Description The LGU will work in collaboration with stakeholders to expand the reach of trained peer and family peer specialists/advocates to areas that will “meet people where they are at” and engage them “when they are ready”.



Update to 2024-2027 Goals and Objectives Niagara County Department of Mental Health

Myrla Gibbons Doxey, Deputy Director
Myrla.Doxey@niagaracounty.com

Goal 1

Title	Timely Access to Care
Update	Progress on Goal: ACT in collaboration with SPOA minimized their waitlist in 2023 and began enrolling new referrals without delay. ACT worked diligently with the LGU and local Health Home Plus providers to transition individuals on the ACT caseload to a lower level of care. The number of Assisted Outpatient Treatment program clients on the ACT caseload decreased from 79% in January 2023 to 56% in April 2024. The LGU also advocated with NYS, requesting at least 12 ACT slots be added in Niagara County. (Objectives 1, 2) An OASAS Article 820 Residential Reintegration Program, Newfane House of Hope, opened in May 2023, making 12 treatment beds available for men receiving substance use treatment and transitioning to the community. (Objective 3) The LGU also hosted a planning session on the service system related to individuals who have co-occurring mental health and substance use disorders, with 24 providers from local agencies attending. The LGU and providers examined barriers for people with co-occurring MH/SUD and what gaps exist in the housing continuum of care for individuals with co-occurring MH/SUD. (Objective 4)
OBJECTIVES	
Adult ACT Expansion	Ongoing
Transition between levels of Care	Ongoing
Residential Programming	Ongoing
Promote Recovery for Individuals with Co-Occurring Disorders	Ongoing
OBJECTIVE UPDATES	
Objective 1: Adult ACT Expansion - Target Date: 12/31/2025 - The LGU will advocate for funding to expand the number of adult Assertive Community Treatment (ACT) slots in Niagara County that will serve both Medicaid and non-Medicaid eligible individuals.	
Objective 2: Transition Between Levels of Care - Target Date: 12/31/2025 - The LGU will work in collaboration with stakeholders to develop innovative processes, programming and/or models of care that will allow individuals to be admitted to and transition between levels of care in a timely manner.	
Objective 3: Residential Programming - Target Date: 12/31/2025 - The LGU will monitor availability of and access to residential programming through available data sources and support expansion and/or new program development where need is clearly demonstrated.	
Objective 4: Promote Recovery for Individuals with Co-Occurring Disorders - Target Date: 12/31/2025 - The LGU will support the development and implementation of strategies / programming that will enhance services available to individuals with co-occurring disorders in order to promote recovery in multiple realms.	
Objective 5: Improve Timely Access to Community Based Support Services - Target Date: 12/31/2025 - The LGU will evaluate available data and engage in targeted activities that will help improve timely access to HH+, HARP, HCBS, CORE and CFTS services for eligible individuals and prevent / reduce unnecessary utilization of higher cost / level of services.	

Goal 2

Title	Expanded Access to Treatment
Update	Progress on Goal: The LGU continues work on plans related to integrated co-occurring mental health and substance use treatment methods for inpatient, outpatient, and residential treatment. The LGU is in the early phases of discussing a comprehensive evidence-based orientation program for all new-hires in behavioral health programs.
OBJECTIVES	
Expansion of Treatment Options	Ongoing
Stabilization and Recovery	Ongoing
OBJECTIVE UPDATES	

Objective 1: Expansion of Treatment Options - Target Date: 12/31/2025 - Utilizing available data sources, the LGU will monitor availability and access to inpatient and outpatient treatment and support expansion and/or new program development when need is clearly demonstrated.
Objective 2: Stabilization and Recovery - Target Date: 12/31/2025 - The LGU will support the development and implementation of strategies and/or program expansions that promote the stabilization and recovery of individuals with co-occurring disorders when need is clearly demonstrated.
Objective 3: Building on the Workforce - Target Date: 12/31/2026 - The LGU will work in collaboration with local providers to improve accessibility to mental health, substance use, and intellectual and developmental disability trainings through the development of a training network and evidence-based curriculum to ensure baseline competencies in behavioral health programming.

Goal 3	
Title	Increase Access to Housing
Update	Progress on Goal: In October 2023, Governor Kathy Hochul announced, Community Services for Every1, Inc., received \$4.5 million to develop 18 units and 26 beds of permanent supportive housing in Niagara Falls for families and individuals. This is part of a larger project, The Nest, that will feature the new construction of a six-story mixed use building with a total of 73 units, a community room, on-site rental office, laundry facilities, tenant parking, and greenspace with a playground. The commercial space will be utilized by Community Services for Every1 to provide job readiness and workforce development for local residents. (Objective 1) Cazenovia Recovery Systems reported OASAS awarded the agency 20 HUD beds between Erie and Niagara, which will include an additional peer position. (Objective 1) The LGU hosted Landlord Education workshops in 2023, but engagement from landlords was difficult. These workshops were facilitated by Housing Opportunities Made Equal (HOME), the LGU, and Niagara Orleans Regional Land Improvement Corporation (NORLIC). HOME provided a discussion on Fair Housing and its implications as an owner and manager of real estate property. NORLIC provided an overview of the NORLIC Land Bank. The LGU provided education on mental health and substance use and distributed a comprehensive guide to resources in Niagara County. (Objective 2)
OBJECTIVES	
SRO / Supportive Housing Expansion	Ongoing
Landlord and Community Education	Ongoing
OBJECTIVE UPDATES	
Objective 1: SRO / Supportive Housing Expansion - Target Date: 12/31/2025 - The LGU will advocate for the expansion of single room occupancy and supportive housing opportunities and support proposals that expand these affordable housing opportunities where need is clearly demonstrated.	
Objective 2: Landlord and Community Education - Target Date: 12/31/2025 - The LGU will work in collaboration with stakeholders to provide education to local landlords and the general community about mental illness, substance use disorders, I/DD and available resources to support individuals with these disabilities in order to increase housing opportunities and the retention of individuals in housing.	
Objective 3: Support Housing Stability - Target Date: 12/31/2026 - The LGU will promote community education efforts related to homeownership opportunities and the resources available to remain housed.	

Goal 4	
Title	Crisis Services Continuum of Care
Update	Progress on Goal: Objectives 1, 2, 4 The Well Niagara app launched in October 2023, providing Niagara County residents with immediate access to information on local resources at their fingers. At this time the app has been downloaded over 600 times. The Well Niagara App corresponding webpage was also published shortly after the App's release further expanding residents' access to information. Niagara County Crisis Services (NCCS) became 988 affiliated in September 2022. In 2023, NCCS averaged 237 988 answered calls per month, which accounted for about 10% of NCCS calls in 2023. The LGU provided 30 community trainings on mental health, substance use, LGU services, crisis services, trauma-informed-care, crisis de-escalation, and other similar topics in 2023. The LGU collaborated with Orleans and Niagara Career and Technical Centers' Graphic Communications program students to design unique Crisis Services tear away flyers and updated bus bench signage with Niagara County Crisis Services and 988 information for benches across Niagara Falls, NY. The updated bus bench signage was installed in 2023 and in October 2023 the flyers were distributed to every private and public middle and high school in Niagara County. The LGU, in partnership with stakeholders, continues to distribute the flyers community wide. The LGU receives ongoing positive feedback from school personnel and community members alike about the use of these flyers. Niagara County Suicide Prevention Coalition (NCSPC) resumed activities in September 2023, with 24 local services providers present. NCSPC currently has 58 members, with 41 different organizations represented. In 2023 and early 2024, NCDMH representatives participated in several regional suicide prevention efforts and trainings. Objective 3

	Implementation of Trauma, Illness and Grief in Schools (TIG) began in April 2024. TIG is a comprehensive training and crisis response network for K-12 education and beyond. The innovative TIG program model trains networks of school-based professionals to meet the holistic needs of students and equips them with evidence-based crisis response skills, resources, and ongoing technical support to help students cope with trauma, violence, illness, death, and grief in the school setting. The goal of TIG is to strengthen and grow an organization's internal capacity to prepare to have appropriate support for students and staff in place to help minimize risk for crisis, respond more effectively and efficiently, and recover quickly by promoting health recovery strategies in the event of a traumatic incident. The goal is for 120 - 150 school personnel and Niagara County Crisis Services response staff to be trained in TIG before school begins in fall 2024. The LGU, in partnership with local school districts, is coordinating this initiative.
OBJECTIVES	
Community Resources Awareness and Utilization	Ongoing
Community Education and Training	Ongoing
Expand Options Within The Crisis Continuum of Care	Ongoing
Cross System Planning and Intervention	Ongoing
HBCI or Like Services for Children / Adolescents	Ongoing
Access to Respite	Ongoing
OBJECTIVE UPDATES	
Objective 1: Community Resources Awareness and Utilization - Target Date: 12/31/2025 - The LGU, in collaboration with stakeholders, will provide community education through various mediums to increase the community's awareness and use of available resources.	
Objective 2: Community Education and Training - Target Date: 12/31/2025 - The LGU, in collaboration with stakeholders, will facilitate and/or coordinate education and training opportunities that equip both providers and the general public with the knowledge and skill sets to recognize and appropriately respond to individuals in crisis.	
Objective 3: Expand Options within the Crisis Continuum of Care - Target Date: 12/31/2025 - The LGU will support proposals that expand options and/or enhance services within the crisis continuum of care where need is clearly demonstrated in order to serve individuals in the least restrictive setting.	
Objective 4: Cross System Planning and Intervention - Target Date: 12/31/2025 - The LGU will work in collaboration with cross-system providers to identify and implement strategies that support a coordinated response to effectively intervene with and guide high risk / need individuals, and their families, in crisis.	
Objective 5: HBCI or Like Services for Children/Adolescents - Target Date: 12/31/2025 - The LGU will evaluate the need for Home Based Crisis Intervention (HCBi) or like services (children's hospital diversion services) and support proposals for implementation when need is clearly demonstrated.	
Objective 6: Access to Respite - Target Date: 12/31/2025 - The LGU will support the expansion of respite opportunities that address the unmet needs of individuals, and their caregivers, where need is clearly demonstrated.	
Objective 7: Crisis Intervention in Schools - Target Date: 12/31/2026 - The LGU, in collaboration with local school districts, will facilitate the training of school personnel and equip them with the knowledge and skills to recognize and appropriately respond to students experiencing a mental health and/or substance use related crisis.	

Goal 5	
Title	Cross-System Services
Update	Progress on Goal: The LGU continues to facilitate the Community Network of Care for Children and Families in Niagara County (CNOC), Early Childhood Advisory Council, Niagara County OASIS (Opioid) Task Force Public Awareness/Involvement Subcommittee, and the Niagara County Suicide Prevention Coalition (NCSPC). (Objective 1) The Community Network of Care Coalition (CNOC) organized CNOC University, on May 15, 2023, with the goal of taking a deeper dive into learning more about the various supports, services and treatment options available to children, youth and their families in Niagara County and to provide the opportunity for cross-systems networking. The event was a success as 54 cross-system providers engaged in strategic planning, implementation activities, and continuous quality improvement efforts to effectively respond to identified system needs and service gaps. A common thread amongst attendees was the request to organize another CNOC University, this time with an emphasis on early childhood intervention. (Objective 3) CNOC developed and held the second CNOC University: Niagara County Early Childhood Symposium on October 24, 2023, with the goal of learning and discussing the current state of our youngest children (0-5 years) and their families in Niagara County and to develop goals/focus attention on how we can improve and enhance services and programming for these children and their families. The event was a success as 57 cross-system providers engaged in strategic planning and discussing quality improvement efforts to effectively respond to identified system needs and service gaps. (Objective 3)
OBJECTIVES	
Systems of Care	Ongoing
Resources to Support Collaborations	Ongoing
Service System Navigation and Improved Access to Care	Ongoing
OBJECTIVE UPDATES	

Objective 1: Systems of Care - Target Date: 12/31/2025 - The LGU will lead the Niagara County Systems of Care (Community Network of Care - CNOC- for Children & Families in Niagara County) to engage cross-system providers in strategic planning, implementation activities, and continuous quality improvement efforts to effectively respond to identified system needs and service gaps.
Objective 2: Resources to Support Collaborations - Target Date: 12/31/2025 - The LGU will identify additional resources and funding opportunities that can support sustainable cross-system engagement and collaborations in areas where need is demonstrated.
Objective 3: Service System Navigation and Education on Community Resources - Target Date: 12/31/2025 - The LGU will work in partnership with cross-system providers to increase awareness of existing system platforms, which connect youth, families and adults to community resources that improve and sustain mental, emotional, behavioral, and physical wellness.

Goal 6

Title	Workforce Recruitment and Retention	
Update	Progress on Goal: Objectives 1, 2, 4, 5 Service providers noted success with the following methods: - Attending local job fairs - Strengthening relationships with local universities - Digital media campaigns to spread awareness about jobs - Reviewing job descriptions to reassess what qualification are recommended opposed to what qualifications NYS mandates - Revising language used in job descriptions, to not deter individuals from applying - Changing job titles and reclassifying roles - Bringing in interns, who then secure a job placement following their graduation/licensure Objectives 1, 3, 4, 5 Service providers noted success with the following methods: - Development of leadership programs - Adjusting staff to telehealth/virtual when appropriate - Restructuring orientation process to minimize time behind a desk/in virtual trainings - Providing 'big picture' operations for new hires - Greater emphasis on supervision and consistent scheduling of supervision for staff	
OBJECTIVES		
Culturally Competent and Diverse Workforce	Ongoing	
Integrating Emerging Paraprofessionals / Professionals in the Workforce	Ongoing	
Options to Support Recruitment and Retention of Personnel	Ongoing	
Improve Timely Access to Community Based Support Services	Ongoing	
Engage in Cross-system Collaborations to Increase Workforce Development and Job Placements	Ongoing	
Increase Number of Peers in the Workforce	Ongoing	
Integration of I/DD Individuals in the Workforce	N/A	
OBJECTIVE UPDATES		
Objective 1: Culturally Competent and Diverse Workforce - Target Date: 12/31/2025 - The LGU will evaluate available data sources, best practices and innovative strategies to engage in workforce development initiatives that recruit and retain culturally competent and diverse personnel that are responsive to the needs of the populations served.		
Objective 2: Integrating Emerging Paraprofessionals/Professionals in the Workforce - Target Date: 12/31/2025 - The LGU will work in collaboration with local providers to identify and implement strategies that will increase the integration of emerging paraprofessionals and qualified health professionals in the workforce through innovative means.		
Objective 3: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements - Target Date: 12/31/2025 - The LGU will engage in cross-system collaborations to identify resources and link people with opportunities that promote cultural competency, skill development, marketability, and increase job placements.		
Objective 4: Increase Number of Peers in the Workforce - Target Date: 12/31/2025 - The LGU will work in collaboration with local providers to identify and implement strategies that will increase the number and retention of credentialed peers in the workforce to meet people "where they are at" when needed.		
Objective 5: Integration of Individuals with IDD in the Workforce - Target Date: 12/31/2025 - The LGU, in collaboration with stakeholders, will promote community education efforts related to employment skills training for individuals with I/DD to increase opportunities for integration into the general workforce.		
Objective 6: Development of Standardized Training Practices - Target Date 12/31/2026 - The LGU will work in partnership with stakeholders to develop an evidence-based orientation training curriculum, to support the recruitment and retention of paraprofessionals and behavioral health personnel.		

Goal 7	
Title	Expand Prevention Activities

Update	Progress on Goal: Objectives 1, 2, 3 The Niagara County Suicide Prevention Coalition (NCSPC) resumed meetings after a brief hiatus in early 2023. NCSPC currently has 58 members, with 41 different organizations represented. In 2023 and early 2024, NCDMH representatives participated in several regional suicide prevention efforts and trainings, such as specialized education for the faith based, indigenous, LGBTQ, veteran, and youth communities. An NCDMH representative was trained to be a trainer for the Firearm Safety and Suicide Prevention which partners a suicide prevention expert with a firearms expert to share information with families and caregivers about how to safely and respectfully address the presence and potential use of a firearm. Objectives 2, 3 The Well Niagara app and its corresponding webpage launched, increasing awareness of and connection to over 393 different resources across WNY. Well Niagara provides quick access to: Niagara County Crisis Services hotline and Crisis Text Line Information on Narcan and harm reduction tools Guidance to navigate the different service systems Local trainings and events The LGU presented to 16 different audiences, on topics such as suicide prevention, helping students at risk, crisis intervention and de-escalation, and local community resources. The LGU tabled 13 different events, interfacing with students, parents, school staff, mental health professionals, and individuals in MH/SUD treatment, sharing information about harm reduction, NCDMH services, mental health, and overall wellbeing. The Niagara County PATH-3D (Presenting Alternatives for Treatment and Healing - Deflect, Destigmatize, attend to Diversity, Equity and Inclusion) program and Addict2Addict Niagara distributed 374 Narcan kits, at the Niagara County Fair in 2023, three times the number distributed at the fair in 2022. Both entities are scheduled to conduct training and distribute Narcan at the 2024 Niagara County Fair. Objective 3 The LGU held CNOC University: Niagara County Early Childhood Symposium on October 24, 2023, with the goal of learning and discussing the current state of our youngest children (0-5 years) and their families in Niagara County and to develop goals/focus attention on how we can improve & enhance services and programming for these children and their families.	
	OBJECTIVES	
	Suicide Prevention Coalition	Ongoing
	Commitment to Zero Suicide Model	Ongoing
	Promotion of Healthy Living	Ongoing
	Expand Early Intervention Activities	Ongoing
	OBJECTIVE UPDATES	
	Objective 1: Commitment to Zero Suicide Model - Target Date: 12/31/2025 - The LGU will work in partnership with the Suicide Prevention Coalition and stakeholders to make a formal commitment to, and establish benchmarks for, the adoption of the Zero Suicide Model. Objective 2: Promotion of Healthy Living - Target Date: 12/31/2025 - To promote healthy living, the LGU will work in partnership with the public health and prevention providers to implement evidence-supported / based approaches to prevent and/or reduce alcohol and substance use and related consequences as well as mental, social-emotional, intellectual/developmental and behavioral disabilities. Objective 3: Expand Early Intervention Activities - Target Date: 12/31/2025 - The LGU will work with cross systems providers to expand early intervention activities where need is clearly demonstrated to prevent the development of long-term negative health outcomes. Objective 4: Expansion of Trauma Response in Schools - Target Date: 12/31/2026 - The LGU will collaborate with local school districts to develop a comprehensive training and crisis response network for grades K - 12 education and beyond.	

Goal 8		
Title	Tackle the Opioid / Drug Epidemic	
Update	Progress on Goal: Community-based agencies, in an initiative supported by the LGU, installed 130 wall mounts, 15 Narcan stands, and 2 Narcan vending machines across Niagara County. These harm reduction resources are strategically placed in a wide range of locations, including golf courses in North Tonawanda, barbershops in Niagara Falls, local gas stations in the city of Lockport, and in residential apartments across Niagara County. The PATH-3D program works with the local HIDA (High Intensity Drug Trafficking Areas) Officer to identify "hot spots" where overdoses are more prevalent and then increase access to Narcan and other harm reduction tools. These mounts and stands include information fentanyl test strips, Narcan, contact information for the PATH-3D program, and more. (Objectives 1, 2)	
	The PATH-3D program continues to follow up with individuals post-overdose, offering support and referrals as appropriate. The program provided Narcan trainings to several agencies across multiple disciplines in 2023. The program continues to engage in community canvassing to increase visibility in the community and provide preventative interventions. The program continues to struggle to identify, thus be able to reach out to,	

	individuals who experienced an overdose event and did not seek first responder assistance, as there is no current method to track these individuals. (Objectives 1, 2, 3)
OBJECTIVES	
Public Awareness / Engagement Opportunities	Ongoing
Expand Harm Reduction Options	Ongoing
Education and Training Opportunities	Ongoing
Expand Access to trained Peers / Family Peers	Ongoing
OBJECTIVE UPDATES	
Objective 1: Public Awareness/Engagement Opportunities - Target Date: 12/31/2025 - The LGU will work in partnership with stakeholders to analyze data and other reliable resources to inform public awareness/engagement activities that will reduce stigma and barriers to care while increasing awareness of and linkage to community resources.	
Objective 2: Expand Harm Reduction Options - Target Date: 12/31/2025 - The LGU will support the expansion of harm-reduction programs, activities, supports and services that focus on meeting the basic needs of persons who use drugs, creating a safe space and developing/establishing trust as an entry point to care.	
Objective 3: Education and Training Opportunities - Target Date: 12/31/2025 - The LGU, in partnership with stakeholders, will identify and facilitate access to education and training opportunities that equip the public with life-saving skills and harm reduction resources.	
Objective 4: Expand Access to Trained Peers / Family Peers - Target Date: 12/31/2025 - The LGU will work in collaboration with stakeholders to expand the reach of trained recovery peer advocates and family peer specialists/advocates to areas that will "meet people where they are at" and engage them "when they are ready".	



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Issue Category	Applicable State Agency	Applicable Population
Adverse Childhood Experiences (ACES)	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Case Management / Care Coordination	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Crisis Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Cross Systems Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Employment/Volunteer (Client)	☐ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Forensics	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Housing	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Inpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Non-Clinical Supports	☒ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Outpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Prevention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Problem Gambling	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Refugees and Immigrants	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Residential Treatment Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Respite	☒ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Transitional Age Services	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Transportation	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Workforce Recruitment & Retention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Other 1: Adult Assertive Community Treatment (ACT)	☒ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Other 2: Harm Reduction	☐ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults



**Niagara County Department of Mental Health & Substance Abuse Services
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Goal 1: Timely Access to Care

Target Date: 12/31/2027

Niagara County's high risk / high need individuals will have timely access to appropriate services to support them in the least restrictive level of care.

LSP Issue Categories goal is applicable to:

1. Case Management/Care Coordination 2. Residential 3. Other 1 (ACT)

Goal 1: Progress to date:

- ACT in collaboration with SPOA minimized their waitlist in 2023 and began enrolling new referrals without delay. ACT worked diligently with the LGU and local Health Home Plus providers to transition individuals on the ACT caseload to a lower level of care. The number of Assisted Outpatient Treatment program clients on the ACT caseload decreased from 79% in January 2023 to 56% in April 2024. The LGU also advocated with NYS, requesting at least 12 ACT slots be added in Niagara County. **(Objectives 1, 2)**
- An OASAS Article 820 Residential Reintegration Program, Newfane House of Hope, opened in May 2023, making 12 treatment beds available for men receiving substance use treatment and transitioning to the community. **(Objective 3)**
- The LGU also hosted a planning session on the service system related to individuals who have co-occurring mental health and substance use disorders, with 24 providers from local agencies attending. The LGU and providers examined barriers for people with co-occurring MH/SUD and what gaps exist in the housing continuum of care for individuals with co-occurring MH/SUD. **(Objective 4)**

Objective 1: Adult ACT Expansion

Target Date: 12/31/2025

The LGU will advocate for funding to expand the number of adult Assertive Community Treatment (ACT) slots in Niagara County that will serve both Medicaid and non-Medicaid eligible individuals.

Objective 2: Transition Between Levels of Care

Target Date: 12/31/2025

The LGU will work in collaboration with stakeholders to develop innovative processes, programming and/or models of care that will allow individuals to be admitted to and transition between levels of care in a timely manner.



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Objective 3: Residential Programming

Target Date: 12/31/2025

The LGU will monitor availability of and access to residential programming through available data sources and support expansion and/or new program development where need is clearly demonstrated.

Objective 4: Promote Recovery for Individuals with Co-Occurring Disorders

Target Date: 12/31/2025

The LGU will support the development and implementation of strategies / programming that will enhance services available to individuals with co-occurring disorders in order to promote recovery in multiple realms.

Objective 5: Improve Timely Access to Community Based Support Services

Target Date: 12/31/2025

The LGU will evaluate available data and engage in targeted activities that will help improve timely access to HH+, HARP, HCBS, CORE and CFTS services for eligible individuals and prevent / reduce unnecessary utilization of higher cost / level of services.



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Goal 2: Expanded Access to Treatment

Target Date: 12/31/2027

Niagara County residents across the lifespan will have expanded access to quality treatment at time of need.

LSP Issue Categories goal is applicable to:

1. Inpatient Treatment
2. Outpatient Treatment
3. Workforce

Goal 2: Progress to date:

- The LGU continues work on plans related to integrated co-occurring mental health and substance use treatment methods for inpatient, outpatient, and residential treatment.
- The LGU is in the early phases of discussing a comprehensive evidence-based orientation program for all new-hires in behavioral health programs.

Objective 1: Expansion of Treatment Options

Target Date: 12/31/2025

Utilizing available data sources, the LGU will monitor availability and access to inpatient and outpatient treatment and support expansion and/or new program development when need is clearly demonstrated.

Objective 2: Stabilization and Recovery

Target Date: 12/31/2025

The LGU will support the development and implementation of strategies and/or program expansions that promote the stabilization and recovery of individuals with co-occurring disorders when need is clearly demonstrated.

Objective 3: Building on the Workforce

Target Date: 12/31/2026

The LGU will work in collaboration with local providers to improve accessibility to mental health, substance use, and intellectual and developmental disability trainings through the development of a training network and evidence-based curriculum to ensure baseline competencies in behavioral health programming.



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Goal 3: Increase Access to Housing

Target Date: 12/31/2027

Niagara County residents will have increased access to and retention in safe and affordable housing that supports long term stabilization and recovery.

LSP Issue Categories goal is applicable to:

1. Housing

Goal 3: Progress to date:

- In October 2023, Governor Kathy Hochul announced, Community Services for Every1, Inc., received \$4.5 million to develop 18 units and 26 beds of permanent supportive housing in Niagara Falls for families and individuals. This is part of a larger project, The Nest, that will feature the new construction of a six-story mixed use building with a total of 73 units, a community room, on-site rental office, laundry facilities, tenant parking, and greenspace with a playground. The commercial space will be utilized by Community Services for Every1 to provide job readiness and workforce development for local residents. **(Objective 1)**
- Cazenovia Recovery Systems reported OASAS awarded the agency 20 HUD beds between Erie and Niagara, which will include an additional peer position. **(Objective 1)**
- The LGU hosted Landlord Education workshops in 2023, but engagement from landlords was difficult. These workshops were facilitated by Housing Opportunities Made Equal (HOME), the LGU, and Niagara Orleans Regional Land Improvement Corporation (NORLIC). HOME provided a discussion on Fair Housing and its implications as an owner and manager of real estate property. NORLIC provided an overview of the NORLIC Land Bank. The LGU provided education on mental health and substance use and distributed a comprehensive guide to resources in Niagara County. **(Objective 2)**

Objective 1: SRO / Supportive Housing Expansion

Target Date: 12/31/2025

The LGU will advocate for the expansion of single room occupancy and supportive housing opportunities and support proposals that expand these affordable housing opportunities where need is clearly demonstrated.

Objective 2: Landlord and Community Education

Target Date: 12/31/2025

The LGU will work in collaboration with stakeholders to provide education to local landlords and the general community about mental illness, substance use disorders, I/DD and available resources to support individuals with these disabilities in order to increase housing opportunities and the retention of individuals in housing.



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Objective 3: Support Housing Stability

Target Date: 12/31/2026

The LGU will promote community education efforts related to homeownership opportunities and the resources available to remain housed.



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Goal 4: Crisis Services Continuum of Care

Target Date: 12/31/2027

Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.

LSP Issue Categories goal is applicable to:

- | | | |
|--------------------|------------------|------------|
| 1. Crisis Services | 2. Cross-Systems | 3. Respite |
|--------------------|------------------|------------|

Goal 4: Progress to date:

Objectives 1, 2, 4

- The Well Niagara app launched in October 2023, providing Niagara County residents with immediate access to information on local resources at their fingers. At this time the app has been downloaded over 600 times. The Well Niagara App corresponding webpage was also published shortly after the App's release further expanding residents' access to information.
- Niagara County Crisis Services (NCCS) became 988 affiliated in September 2022. In 2023, NCCS averaged 237 988 answered calls per month, which accounted for about 10% of NCCS calls in 2023.
- The LGU provided 30 community trainings on mental health, substance use, LGU services, crisis services, trauma-informed-care, crisis de-escalation, and other similar topics in 2023.
- The LGU collaborated with Orleans and Niagara Career and Technical Centers' Graphic Communications program students to design unique Crisis Services tear away flyers and updated bus bench signage with Niagara County Crisis Services and 988 information for benches across Niagara Falls, NY. The updated bus bench signage was installed in 2023 and in October 2023 the flyers were distributed to every private and public middle and high school in Niagara County. The LGU, in partnership with stakeholders, continues to distribute the flyers community wide. The LGU receives ongoing positive feedback from school personnel and community members alike about the use of these flyers.
- Niagara County Suicide Prevention Coalition (NCSPC) resumed activities in September 2023, with 24 local services providers present. NCSPC currently has 58 members, with 41 different organizations represented. In 2023 and early 2024, NCDMH representatives participated in several regional suicide prevention efforts and trainings.

Objective 3

- Implementation of Trauma, Illness and Grief in Schools (TIG) began in April 2024. TIG is a comprehensive training and crisis response network for K-12 education and beyond. The innovative TIG program model trains networks of school-based professionals to meet the holistic needs of students and equips them with evidence-based crisis response skills, resources, and ongoing technical support to help students cope with trauma, violence, illness, death, and grief in the school setting. The goal of



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TIG is to strengthen and grow an organization's internal capacity to prepare to have appropriate support for students and staff in place to help minimize risk for crisis, respond more effectively and efficiently, and recover quickly by promoting health recovery strategies in the event of a traumatic incident. The goal is for 120 – 150 school personnel and Niagara County Crisis Services response staff to be trained in TIG before school begins in fall 2024. The LGU, in partnership with local school districts, is coordinating this initiative.

Objective 1: Community Resources Awareness and Utilization

Target Date: 12/31/2025

The LGU, in collaboration with stakeholders, will provide community education through various mediums to increase the community's awareness and use of available resources.

Objective 2: Community Education and Training

Target Date: 12/31/2025

The LGU, in collaboration with stakeholders, will facilitate and/or coordinate education and training opportunities that equip both providers and the general public with the knowledge and skill sets to recognize and appropriately respond to individuals in crisis.

Objective 3: Expand Options within the Crisis Continuum of Care

Target Date: 12/31/2025

The LGU will support proposals that expand options and/or enhance services within the crisis continuum of care where need is clearly demonstrated in order to serve individuals in the least restrictive setting.

Objective 4: Cross System Planning and Intervention

Target Date: 12/31/2025

The LGU will work in collaboration with cross-system providers to identify and implement strategies that support a coordinated response to effectively intervene with and guide high risk / need individuals, and their families, in crisis.

Objective 5: HBCI or Like Services for Children/Adolescents

Target Date: 12/31/2025

The LGU will evaluate the need for Home Based Crisis Intervention (HBCI) or like services (children's hospital diversion services) and support proposals for implementation when need is clearly demonstrated.

Objective 6: Access to Respite

Target Date: 12/31/2025

The LGU will support the expansion of respite opportunities that address the unmet needs of individuals, and their caregivers, where need is clearly demonstrated.

Objective 7: Crisis Intervention in Schools

Target Date: 12/31/2026



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The LGU, in collaboration with local school districts, will facilitate the training of school personnel and equip them with the knowledge and skills to recognize and appropriately respond to students experiencing a mental health and/or substance use related crisis.



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Goal 5: Cross-System Services

Target Date: 12/31/2027

Increase accessibility to integrated, coordinated care and services across the lifespan for individuals with co-occurring needs through innovative multifaceted cross-systems collaborative approaches.

LSP Issue Categories goal is applicable to:

1. Cross System Services

Goal 5: Progress to date:

- The LGU continues to facilitate the Community Network of Care for Children and Families in Niagara County (CNOC), Early Childhood Advisory Council, Niagara County OASIS (Opioid) Task Force Public Awareness/Involvement Subcommittee, and the Niagara County Suicide Prevention Coalition (NCSPC). **(Objective 1)**
- The Community Network of Care Coalition (CNOC) organized CNOC University, on May 15, 2023, with the goal of taking a deeper dive into learning more about the various supports, services and treatment options available to children, youth and their families in Niagara County and to provide the opportunity for cross-systems networking. The event was a success as 54 cross-system providers engaged in strategic planning, implementation activities, and continuous quality improvement efforts to effectively respond to identified system needs and service gaps. A common thread amongst attendees was the request to organize another CNOC University, this time with an emphasis on early childhood intervention. **(Objective 3)**
- CNOC developed and held the second CNOC University: Niagara County Early Childhood Symposium on October 24, 2023, with the goal of learning and discussing the current state of our youngest children (0-5 years) and their families in Niagara County and to develop goals/focus attention on how we can improve and enhance services and programming for these children and their families. The event was a success as 57 cross-system providers engaged in strategic planning and discussing quality improvement efforts to effectively respond to identified system needs and service gaps. **(Objective 3)**

Objective 1: Systems of Care

Target Date: 12/31/2025

The LGU will lead the Niagara County Systems of Care (Community Network of Care – CNOC- for Children & Families in Niagara County) to engage cross-system providers in strategic planning, implementation activities, and continuous quality improvement efforts to effectively respond to identified system needs and service gaps.



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Objective 2: Resources to Support Collaborations

Target Date: 12/31/2025

The LGU will identify additional resources and funding opportunities that can support sustainable cross-system engagement and collaborations in areas where need is demonstrated.

Objective 3: Service System Navigation and Education on Community Resources

Target Date: 12/31/2025

The LGU will work in partnership with cross-system providers to increase awareness of existing system platforms, which connect youth, families and adults to community resources that improve and sustain mental, emotional, behavioral, and physical wellness.



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Goal 6: Workforce Recruitment and Retention

Target Date: 12/31/2027

The Niagara County Mental Hygiene service system will strengthen the workforce and establish a continuous pipeline of qualified staff to meet the demand for services in a timely manner.

LSP Issue Categories goal is applicable to:

1. Workforce 2. Employment/Volunteer (clients) 3. Non-Clinical Supports

Goal 6: Progress to date:

Objectives 1, 2, 4, 5

Service providers noted success with the following methods:

- Attending local job fairs
- Strengthening relationships with local universities
- Digital media campaigns to spread awareness about jobs
- Reviewing job descriptions to reassess what qualifications are recommended opposed to what qualifications NYS mandates
- Revising language used in job descriptions, to not deter individuals from applying
- Changing job titles and reclassifying roles
- Bringing in interns, who then secure a job placement following their graduation/licensure

Objectives 1, 3, 4, 5

Service providers noted success with the following methods:

- Development of leadership programs
- Adjusting staff to telehealth/virtual when appropriate
- Restructuring orientation process to minimize time behind a desk/in virtual trainings
- Providing ‘big picture’ operations for new hires
- Greater emphasis on supervision and consistent scheduling of supervision for staff

Objective 1: Culturally Competent and Diverse Workforce Target Date: 12/31/2025

The LGU will evaluate available data sources, best practices and innovative strategies to engage in workforce development initiatives that recruit and retain culturally competent and diverse personnel that are responsive to the needs of the populations served.



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Objective 2: Integrating Emerging Paraprofessionals/Professionals in the Workforce

Target Date: 12/31/2025

The LGU will work in collaboration with local providers to identify and implement strategies that will increase the integration of emerging paraprofessionals and qualified health professionals in the workforce through innovative means.

Objective 3: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements

Target Date: 12/31/2025

The LGU will engage in cross-system collaborations to identify resources and link people with opportunities that promote cultural competency, skill development, marketability, and increase job placements.

Objective 4: Increase Number of Peers in the Workforce **Target Date: 12/31/2025**

The LGU will work in collaboration with local providers to identify and implement strategies that will increase the number and retention of credentialed peers in the workforce to meet people “where they are at” when needed.

Objective 5: Integration of Individuals with IDD in the Workforce

Target Date: 12/31/2025

The LGU, in collaboration with stakeholders, will promote community education efforts related to employment skills training for individuals with I/DD to increase opportunities for integration into the general workforce.

Objective 6: Development of Standardized Training Practices

Target Date: 12/31/2026

The LGU will work in partnership with stakeholders to develop an evidence-based orientation training curriculum, to support the recruitment and retention of paraprofessionals and behavioral health personnel.



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Goal 7: Expand Prevention Activities

Target Date: 12/31/2027

Expand prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized and underserved populations, to protect, promote and maintain the health and well-being of Niagara County residents.

LSP Issue Categories goal is applicable to:

1. Prevention
2. Cross System Services

Goal 7: Progress to date:

Objectives 1, 2, 3

- The Niagara County Suicide Prevention Coalition (NCSPC) resumed meetings after a brief hiatus in early 2023. NCSPC currently has 58 members, with 41 different organizations represented.
- In 2023 and early 2024, NCDMH representatives participated in several regional suicide prevention efforts and trainings, such as specialized education for the faith based, indigenous, LGBTQ, veteran, and youth communities.
- An NCDMH representative was trained to be a trainer for the Firearm Safety and Suicide Prevention which partners a suicide prevention expert with a firearms expert to share information with families and caregivers about how to safely and respectfully address the presence and potential use of a firearm.

Objectives 2, 3

- The Well Niagara app and its corresponding webpage launched, increasing awareness of and connection to over 393 different resources across WNY.
- Well Niagara provides quick access to:
 - Niagara County Crisis Services hotline and Crisis Text Line
 - Information on Narcan and harm reduction tools
 - Guidance to navigate the different service systems
 - Local trainings and events
- The LGU presented to 16 different audiences, on topics such as suicide prevention, helping students at risk, crisis intervention and de-escalation, and local community resources.
- The LGU tabled 13 different events, interfacing with students, parents, school staff, mental health professionals, and individuals in MH/SUD treatment, sharing information about harm reduction, NCDMH services, mental health, and overall wellbeing.
- The Niagara County PATH-3D (Presenting Alternatives for Treatment and Healing – Deflect, Destigmatize, attend to Diversity, Equity and Inclusion) program and Addict2Addict Niagara distributed 374 Narcan kits, at the Niagara County Fair in 2023, three times the number distributed at the fair in 2022. Both entities are scheduled to conduct training and distribute Narcan at the 2024 Niagara County Fair.



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Objective 3

The LGU held CNOC University: Niagara County Early Childhood Symposium on October 24, 2023, with the goal of learning and discussing the current state of our youngest children (0-5 years) and their families in Niagara County and to develop goals/focus attention on how we can improve & enhance services and programming for these children and their families.

Objective 1: Commitment to Zero Suicide Model

Target Date: 12/31/2025

The LGU will work in partnership with the Suicide Prevention Coalition and stakeholders to make a formal commitment to, and establish benchmarks for, the adoption of the Zero Suicide Model.

Objective 2: Promotion of Healthy Living

Target Date: 12/31/2025

To promote healthy living, the LGU will work in partnership with the public health and prevention providers to implement evidence-supported / based approaches to prevent and/or reduce alcohol and substance use and related consequences as well as mental, social-emotional, intellectual/developmental and behavioral disabilities.

Objective 3: Expand Early Intervention Activities

Target Date: 12/31/2025

The LGU will work with cross systems providers to expand early intervention activities where need is clearly demonstrated to prevent the development of long-term negative health outcomes.

Objective 4: Expansion of Trauma Response in Schools

Target Date: 12/31/2026

The LGU will collaborate with local school districts to develop a comprehensive training and crisis response network for grades K – 12 education and beyond.



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Goal 8: Tackle the Opioid / Drug Epidemic

Target Date: 12/31/2027

Increase the availability of, access to, and awareness of harm reduction options in a manner that demonstrates humility and compassion towards people who use drugs (and their loved ones) to reduce overdoses and other negative health outcomes.

LSP Issue Categories goal is applicable to:

1. Other 2: Harm Reduction 2. Non-clinical Supports

Goal 8: Progress to date:

- Community-based agencies, in an initiative supported by the LGU, installed 130 wall mounts, 15 Narcan stands, and 2 Narcan vending machines across Niagara County. These harm reduction resources are strategically placed in a wide range of locations, including golf courses in North Tonawanda, barbershops in Niagara Falls, local gas stations in the city of Lockport, and in residential apartments across Niagara County. The PATH-3D program works with the local HIDA (High Intensity Drug Trafficking Areas) Officer to identify "hot spots" where overdoses are more prevalent and then increase access to Narcan and other harm reduction tools. These mounts and stands include information fentanyl test strips, Narcan, contact information for the PATH-3D program, and more. **(Objectives 1, 2)**
- The PATH-3D program continues to follow up with individuals post-overdose, offering support and referrals as appropriate. The program provided Narcan trainings to several agencies across multiple disciplines in 2023. The program continues to engage in community canvassing to increase visibility in the community and provide preventative interventions. The program continues to struggle to identify, thus be able to reach out to, individuals who experienced an overdose event and did not seek first responder assistance, as there is no current method to track these individuals. **(Objectives 1, 2, 3)**

Objective 1: Public Awareness/Engagement Opportunities Target Date: 12/31/2025

The LGU will work in partnership with stakeholders to analyze data and other reliable resources to inform public awareness/engagement activities that will reduce stigma and barriers to care while increasing awareness of and linkage to community resources.

Objective 2: Expand Harm Reduction Options Target Date: 12/31/2025

The LGU will support the expansion of harm-reduction programs, activities, supports and services that focus on meeting the basic needs of persons who use drugs, creating a safe space and developing/establishing trust as an entry point to care.



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
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Objective 3: Education and Training Opportunities

Target Date: 12/31/2025

The LGU, in partnership with stakeholders, will identify and facilitate access to education and training opportunities that equip the public with life-saving skills and harm reduction resources.

Objective 4: Expand Access to trained Peers / Family Peers

Target Date: 12/31/2025

The LGU will work in collaboration with stakeholders to expand the reach of trained recovery peer advocates and family peer specialists/advocates to areas that will “meet people where they are at” and engage them “when they are ready”.



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Goals and Objectives**

Glossary

ACEs – Adverse Childhood Experiences
ACT – Assertive Community Treatment
CFTS – Child and Family Treatment Services
CNOC - Community Network of Care for Children & Families in Niagara County
HARP – Health and Recovery Plan
HBCI – Home Based Crisis Intervention
HCBS – Home and Community-Based Waiver Services
HH+ – Health Home Plus
HIDA – High Intensity Drug Trafficking Areas
HOME – Housing Opportunities Made Equal
HUD – Housing and Urban Development
I/DD – Intellectual/Developmental Disorder
LGBTQ – Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning
LGU – Local Government Unit
LSP – Local Services Plan
MH – Mental Health
NCCS – Niagara County Crisis Services
NCDMH – Niagara County Department of Mental Health and Substance Abuse Services
NCSPC – Niagara County Suicide Prevention Coalition
NORLIC – Niagara Orleans Regional Land Improvement Corporation
OASAS – Office of Addiction Services and Supports
OMH – Office of Mental Health
OPWDD – Office for People with Developmental Disabilities
PATH-3D – Presenting Alternatives for Treatment and Healing – Deflect, Destigmatize, attend to Diversity, Equity and Inclusion
SPOA – Single Point of Access
SRO – Single Room Occupancy
SUD – Substance Use Disorder
TIG – Trauma, Illness, and Grief



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Goals and Objectives**

VA – Veterans Affairs

WNY – Western New York



2026 Update to 2024-2027 Goals and Objectives Niagara County Department of Mental Health

Myrla Gibbons Doxey, Deputy Director
(Myrla.Doxey@niagaracounty.gov)

Goal 1

Goal 1, 2026 Status Update: Ongoing

Goal 1, 2026 Status Update Description: The overall service system in Niagara County remains understaffed and under resourced, particularly with regard to services for individuals with high needs. The need for services and supports grew dramatically beginning in 2020 with the COVID-19 pandemic coupled with the Opioid Epidemic. Increased need still remains and those children/youth whose lives were severely impacted with disrupted schooling, family, and social lives, have begun to reach adulthood. The service system is seeing a disproportionately greater number of transition age youth/young adults in need of support and services, including those with co-occurring mental health and substance use disorders and those with co-occurring mental health disorders and intellectual /developmental disabilities.

Evidence of a crisis for young adults and individuals with co-occurring disorders can be found in the Assisted Outpatient Treatment (AOT) program. The AOT program is designed to support individuals diagnosed with severe and persistent mental illness (SPMI), who live in the community are at the highest risk for adverse events. During the COVID-19 pandemic, individuals experienced difficulty accessing services, particularly face-to-face and in-home services, and reported experiencing an increase in mental health symptoms and substance use. The average monthly caseload for the AOT program increased by 46.8% from 2019 - 2024. In 2024, individuals ages 18-29 had the highest number of AOT court orders, with 30.6% of individuals involved with the AOT program within this age range. Additionally, over 34.6% of referrals to the AOT program in 2024 were for individuals with co-occurring mental health and substance use disorders.

Some limited progress has been made, particularly related to staffing for adult Health Home Care Management, thus opening up movement between levels of care in community settings. In other settings, workforce shortages have continued to make needed services unavailable and created lengthy waiting lists for others.

On average in 2024, 55% of the Spectrum ACT roster consisted of individuals on an Assisted Outpatient Treatment (AOT) court order or enhanced service contract monitoring. This rate is significantly lower than the average in 2023, when 77% of the Spectrum ACT roster consisted of individuals on an AOT court order or enhanced service contract. As Specialty Mental Health Care Management agencies who service the AOT population in Niagara County have been able to hire and retain qualified staff, movement between ACT and Health Home Plus levels of care have improved, thus impacting the number of AOT individuals served in the ACT program as the goal is to serve individuals in the least restrictive level of care.

The wait list for Spectrum Human Services Assertive Community Treatment (ACT) program, managed through the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Adult Single Point of Access (SPOA) Program, had an average of three (3) individuals in 2024 as compared to 11 in 2023. The reduction in the wait list in 2024 is correlated to SPOA and ACT providers working collaboratively to vet the wait list as well as Health Home Plus care management services being more accessible due to staffing availability, allowing movement between levels of care. A need remains for increased ACT slots to ensure timely access to care at time of need. In previous years, entities stopped referring potentially eligible individuals for ACT services due to a lack of service availability and the anticipated lengthy wait for services.

Child & Family Services Youth Assertive Community Treatment (YACT) remains challenged with workforce recruitment and retention having to pause acceptance of new referrals multiple times since its inception in October 2023. In May 2025, the agency placed new referrals on pause again and does not anticipate being able to serve new referrals for approximately three (3) months. Additionally, the agency has rejected various referrals to the program due to the high risk / need presented that were not conducive with the structure of the program and with recommendations for residential or other types of community based services to meet the youths' needs.

Access to other community based services such as NYS OMH and OPWDD Home & Community Based Waiver services and CFTS Service remains limited due to workforce challenges and lengthy waitlists. As the Single Point of Access Programs (SPOAs) are not utilized to process these applications and maintain the wait lists, the Local Governmental Unit is challenged in monitoring and assisting with prioritization of individuals seeking these services. It would be of great benefit to centralize the referral process and maintenance of a wait list to county SPOAs who are well-versed in these processes.

In an effort to improve timely access to care, the LGU and Niagara County Department of Mental Health & Substance Abuse Services SPOA, AOT, Community Based-Services, Clinics and Crisis Services programs are actively working on enhanced collaboration and coordination with schools through the family support centers and other school-based contacts and with

local hospitals' CPEP, emergency departments and inpatient units. In 2025, the LGU developed and shared a comprehensive listing of cross-systems points of contacts and local resource information including the Well Niagara App and corresponding web-page which houses a wealth of resource information on community based services, supports, treatment and other pertinent information, to improve cross-system collaborations and transitions within and between levels of care. Further state efforts are required to support seamless transitions between levels of care. During Local Planning meetings, providers identified the need for NYS OMH, OASAS and OPWDD to develop a mechanism to allow licensed, certified and funded programs operating under these state entities to exchange information cross-systems without the barriers often presented by the requirement to obtain patient consent. Development of guidance that is similar to the Guidance for OMH providers that was released in 2024 is requested.

Creation of a mental hygiene service system "road map" has been identified as a high need for providers as well as youth, adults and their families alike who do not know where to start when seeking services; this will be developed in the coming year with the LGU taking lead in this initiative. Another idea was generated during local planning efforts for is to broaden the reach of SPOA services, through additional personnel who, when integrated into the System of Care, can assist youth/families who may not yet met SED criteria with navigating the service system. The concept expands the reach of our SPOA and Systems of Care and effectively can prevent the need for higher intensity services. This concept will be further explored on how to potentially incorporate it into existing structures and funding sources that is not duplicative of current resources.

Timely access to residential services, remains a high unmet need in Niagara County. Though the LGU does not have access to the number of individuals on the Office for People with Developmental Disabilities (OPWDD) Certified Residential Opportunities (CRO) wait list, it is understood that the wait list is extensive and can take months (if deemed an emergency) to years for people to get served. At times, individuals get stuck in emergency departments, CPEPs or psychiatric inpatient settings awaiting access to an appropriate placement as they are unable to have their needs met in another setting that can assist with maintaining their safety and security. This is unfair to the individual and to the settings who are doing their best to manage and to prioritize individuals in need of their level of care. Due concerns with the reimbursement model, administrative burden and long-term fiscal viability of Intermediate Care Facilities (ICFs), one agency serving Niagara County closed all through of their ICFs between 2024 - 2025 resulting in a loss of 34 beds at this high level of care. Although a total of 30 supervised Individual Residential Alternative (IRA) beds are expected to be gained by the end of 2025, there remains a loss of beds to serve individuals in need who remain on extensive wait lists.

Waitlists for NYS OASAS programs in Niagara County persist, with four (4) out of five (5) residential rehabilitation programs averaging 46 people per month on the wait list and an average of a 22-day wait for admission in 2024. These delays create a bottleneck in care transitions, putting individuals at risk for adverse events when timely substance use treatment is unavailable. In 2024, NYS OASAS licensed residential programs in Niagara County operated at 98.7% occupancy, limiting access further. Furthermore, New York no longer has NYS OASAS licensed adolescent residential program, making intensive treatment for youth with severe substance use concerns increasingly difficult. St. Joseph's Rose Hill Adolescent Treatment Center in Messina, NY and BestSelf Behavioral Health's Renaissance House in Buffalo, NY closed and the Villa of Hope Living in Freedom Early Life (LIFE) program was redesigned to no longer serve adolescents in 2025. Niagara County substance abuse outpatient treatment providers report being significantly challenged to meet adolescents' unique treatment needs within the current system. At a crucial stage in development, youth require accessible, timely and appropriate intensive care to prevent adverse outcomes.

Children and adolescents also do not have timely access to NYS OMH licensed residential care due to lengthy referral and admission determination processes as well as wait lists. One Niagara County Community Residence program has not been able to accept referrals or keep the program open consistently due to work force shortages for a number of years. For children and adolescents with co-occurring mental health and intellectual/development disabilities, access to specialized residential care is severely limited. Additionally, transitional-aged youth struggle to find programming to meet their unique needs, including those transitioning out of the foster-care system.

Furthermore, individuals with co-occurring mental health and substance use disorders, as well as those with co-occurring mental health and intellectual/developmental disabilities experience significant challenges with accessing residential care to meet their complex needs. Often times they are denied access to care with agencies citing an inability to meet their needs due to regulatory and/or program expertise limitations and recommend services be pursued in another service system. Until NYS Office of Mental Health and NYS OASAS restructures regulations for residential programs to allow for integrated care and treatment and better equip the work force to provide integrated care, timely and appropriate access to residential care will remain a critical unmet need.

As the only NYS OMH licensed Apartment Treatment Program in Niagara County only offers double-room apartments, the occupancy rates remain around 75% over the past few years. Referred individuals often decline that level of care due to not wanting to reside with a stranger or wishing to remain living independently with increased community based supports. Changes are needed to the Apartment Treatment Program in order to meet the current needs of individuals seeking service at this level of care.

Agencies providing community-based support services face workforce shortages and inadequate reimbursement rates, limiting timely access to care. Child & Family Treatment Support Services (CFTSS) wait list extensive, with some agencies

pausing referrals or closing their programs that serve Niagara County. Individuals with co-occurring mental health and intellectual/developmental disabilities needs are unable to access both Specialty Mental Health, Health Home Care Management and Care Coordination services, forcing them to choose between systems that lack integrated care expertise and often the knowledge to navigate both service systems. Advocacy is needed to improve provider competency in navigating both systems or to allow Medicaid to support coordinated, dual-service access without duplication, ensuring comprehensive care for individuals with complex needs.

Goal 1 Objective 1, 2026 Status Update: Ongoing

Goal 1 Objective 1, 2026 Status Update Description: NYS Office of Mental Health (OMH) has provided opportunities for the expansion of ACT Team from 48 to 65; however the expansion requires movement from a traditional ACT Team to Forensic ACT. In late 2024, the LGU in partnership with Spectrum Human Services ACT program leadership advocated with NYS OMH on a hybrid model to meet the current needs of Niagara County individuals; however NYS OMH was unable to approve the request. Future funding opportunities will be explored to expand ACT to meet the complex needs of Niagara County residents who may benefit from this service.

The wait list for Spectrum Human Services Assertive Community Treatment (ACT) program, managed through the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Adult Single Point of Access (SPOA) Program, had an average of three (3) individuals in 2024 as compared to 11 in 2023. In 2024, SPOA and ACT providers worked collaboratively to vet, ongoing, the wait list. Additionally, Health Home Plus care management services (as step-down) were more accessible as staffing stabilized. This allowed movement between levels of care and thus a reduced waiting list. A need remains for increased ACT slots to ensure timely access to care at time of need. In previous years, entities stopped referring potentially eligible individuals for ACT services due to a lack of service availability and the anticipated lengthy wait for services.

Goal 1 Objective 2, 2026 Status Update: Ongoing

Goal 1 Objective 2, 2026 Status Update Description: The Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Single Point of Access (SPOA) program approved 79% and 84.5% of the referrals received to the Adult and Children's SPOA Programs respectively in 2024, resulting in 369 total linkages to housing, residential, Adult / Youth ACT, care management, and / or other types of community based supports through the SPOA program in 2024. Primary reasons for SPOA applications not being approved is due to lack of ability to determine program eligibility based on incomplete applications and lack of response from referral sources and/or applicants to complete the application requirements.

NCDMH SPOA staff remain active participants in cross-system and other collaborative provider meetings. For example, they attend the Western Region SPOA meetings as scheduled; facilitate monthly separate Children's and Adult SPOA meetings via WebEx; engage in weekly cross-systems collaborative calls facilitated by ECMC CPEP staff to discuss discharge planning needs of Niagara County youth presenting to the hospital; participate in both ad-hoc and regularly scheduled meetings for particular youth who may be experiencing systemic barriers to accessing appropriate levels of care and/or community-based resources; and attend monthly Community Network of Care (CNOC) for Children & Families in Niagara County meetings. SPOA staff routinely elevate high risk/need cases and system-related issues to Department Leadership as they arise in order for appropriate courses of action to be determined, further direction to be provided and/or administrative action to be taken.

In fall 2024, SPOA staff participated in a collaborative meeting facilitated by WNY Office of Mental Health Children's Division leadership that included staff from ECMC CPEP, Erie County SPOA and other local providers for the purpose of reviewing and the currently weekly CPEP cross-system provider meeting process and determining any necessary revisions to make it most beneficial. Outcomes of this meeting included the following:

- o ECMC will begin to provide county Children's SPOAs with a list of all youth that have been in CPEP in the past week, not just the youth experiencing discharge barriers. The intent is to allow CSPOA's to enhance coordination efforts with families post-discharge from CPEP and assess further for appropriate services to meet their unique needs. A schedule was determined for when lists will be sent.
- o ECMC discussed the possibility of opening a children's help center, similar to their adult help center that could potentially reduce presentations in CPEP that may be more appropriate for intervention in a less restrictive level of care.
- o SPOA staff "revived" a previously utilized School to Hospital Communication Form devised by NCDMH Deputy Director in collaboration with local school districts and the previous Eastern Niagara Hospital Child and Adolescent Psychiatric Unit personnel as part of the County's System of Care initiatives as a request was received from a local school district to reinstate utilization of this form with local hospitals (as it had not been utilized since ENH's children's unit close in late 2019). ECMC and WNY OMH staff provided their feedback on use of the form and were receptive to this mode of communication in the event a youth is transported directly to CPEP from a school either voluntarily or under Mental Hygiene Laws.

□ Following this meeting, NCDMH Deputy Director updated this form with current local hospital contact information and distributed it local school districts through CNOC for utilization as schools see fit.

- o NCDMH Deputy revised and distributed to local hospitals and system of care stakeholders a comprehensive directory of points of contacts at Niagara County schools; psychiatric hospital emergency departments and inpatient units; mental health, school-based satellite and substance abuse treatment clinics; and an array of community-based services provider agencies.

In 2025, the Local Governmental Unit (LGU) and Niagara Falls Memorial Medical Center (NFMCC) leadership began routine collaborations to improve hospital-community communications, facilitate timely access and reduce barriers to care for children, adolescents and adults presenting to the psychiatric emergency department.

Goal 1 Objective 3, 2026 Status Update: Ongoing

Goal 1 Objective 3, 2026 Status Update Description: According to the NYS CAIRS reporting system for adult residential services for 2023 - 2024 data, Niagara County based program occupancy rates were as follows:

- o Community Residences: 87.6% occupancy
- o Apartment Treatment Program: 75.4% occupancy

Some reasons for lower occupancy rates in higher level of care include referred individuals' desire to reside independently in the community or without a roommate. Construction on one the community residences in Niagara County will occur in 2025 to create single rooms for individuals.

OASAS funded residential programs in Niagara County occupancy rates based on local reports were as follows:

- o Community Residential: 97% occupancy
- o Residential Rehabilitation: 99% occupancy
- o Residential Reintegration: 100% occupancy

Four (4) out of five (5) residential rehabilitation programs had wait lists averaging 46 people waiting per month with an average length of stay on the waitlist of 22 days.

Cazenovia Recovery Services is in process of construction on the Community Residential Program for women, including pre and postnatal and women with children up to age five (5) which will increase capacity by five (5) women and one (1) additional child.

Several changes occurred in the past year, and more are in process of occurring this year, with NYS OPWDD residential programming in Niagara County. A total of three (3) Intermediate Care Facilities (ICFs) closed, resulting in a loss of 34 ICF beds, while supervised Individualized Residential Alternative (IRA) opportunities will be increased by a total of 30 between 2024 and 2025. Changes include the following:

- o People Inc. increased capacity at the supervised IRA located at 4632 Miller Rd. in Niagara Falls, NY from four (4) to five (5) from a relocated opportunity from 2496 Delaware Ave, Buffalo, NY to 4632 Miller Rd., Niagara Falls, NY.
- o People Inc. relocated one (1) opportunity from the supervised IRA at 4696 Creek Rd., Lewiston, NY to 520 Englewood Ave, Buffalo, NY, which reduced bed capacity.
- o People Inc. is in process of relocating three (3) Free Standing Respite (FSR) opportunities from 6828 Townline Rd., N. Tonawanda, NY to 80 Acacia Dr., Amherst, NY and suspending the operating certificate and two (2) remaining FSR opportunities. The agency indicates the new location will be more centralized and accessible for families in Erie and Niagara Counties. Additionally, the agency is in process of relocating a total of six (6) supervised IRAs from 80 A and B Acacia Dr., Amherst, NY to 6828 Townline Rd., N. Tonawanda, NY expanding the supervised IRA opportunities in Niagara County.
- o NYS OPWDD operated supervised IRA decreased capacity from six (6) to five (5) beds at 6228 Dale Rd., Newfane, NY to comply with Life Safety Code.
- o NYSARC Inc. Cattaraugus Niagara Counties Chapter (DBA InTandem) closed and decertified the ICF located at 115 Mead St., N. Tonawanda, NY and transitioned individuals in this location to supervised IRAs within Niagara County to better meet their current needs.
- o NYSARC Inc. Cattaraugus Niagara Counties Chapter (DBA InTandem) converted the ICF located at 6821 Sy Rd., Niagara Falls, NY (12 opportunities) to a supervised IRA at the same location to reduce the administrative burden and reinvest time into staffing efficiencies and individual care and to increase fiscal long-term fiscal health of the agency and program. The agency indicates the conversion would not negatively impact clients in care as they are all able to be served appropriately in the IRA.
- o NYSARC Inc. Cattaraugus Niagara Counties Chapter (DBA InTandem) converted the ICF located at 3076 Saunders Settlement Rd., Sanborn, NY (12 opportunities) to a supervised IRA at the same location to reduce the administrative burden and reinvest time into staffing efficiencies and individual care and to increase fiscal long-term fiscal health of the agency and program. The agency indicates the conversion would not negatively impact clients in care as they are all able to be served appropriately in the IRA.
- o Heritage Christian Services is in process of relocating five (5) opportunities from 4441 Tonawanda Creek Rd., N. Tonawanda, NY to 7237 Townline Rd., N. Tonawanda, which will be a new supervised IRA, and adding an additional one (1) opportunity to bring capacity to six (6). The new supervised IRA is a one-story home providing individuals to age-in-place more effectively.

More OPWDD licensed / certified residential opportunities are needed in Niagara County to meet the needs of individuals awaiting these services. The CRO list continues to be lengthy, often having individuals waiting for several months to years to access residential services.

Goal 1 Objective 4, 2026 Status Update: Ongoing

Goal 1 Objective 4, 2026 Status Update Description: Through NYS OMH funding, Spectrum Health and Human Services Assisted Community Treatment (ACT) Program added an Individual Placement and Support (IPS) employee, who predominately works on securing employment for clients enrolled in the program. IPS is aimed at increasing the use of

evidence-based supported employment in OMH licensed and designated outpatient rehabilitation programs, including Assertive Community Treatment (ACT) Teams and Community Oriented Recovery and Empowerment (CORE) Psychosocial Rehabilitation (PSR) designated providers.

On average in 2024, 55% of the Spectrum ACT roster consisted of individuals on an Assisted Outpatient Treatment (AOT) court order or enhanced monitoring contract. This rate is significantly lower than the average in 2023, when 77% of the Spectrum ACT roster consisted of individuals on involved with AOT.

Goal 1 Objective 5, 2026 Status Update: Ongoing

Goal 1 Objective 5, 2026 Status Update Description: Objective 5 was revised in 2025 to include Health Homes Serving Individuals with Intellectual and/or Developmental Disabilities (CCO/HHs). The revised objective is below: The LGU will evaluate available data and engage in targeted activities that will help improve timely access to HCBS Waiver Services, Assertive Community Treatment (ACT), CCO/HHs and HH+, HARP, HCBS, CORE and CFTS services for eligible individuals and prevent / reduce unnecessary utilization of higher cost / level of services.

Sisters of Charity Care Management Program, which serves Niagara County, sought NYS OMH designation as a Specialty Mental Health Care Management program in December 2024.

Due to program underutilization the Niagara County Department of Mental Health & Substance Abuse Services closed their Community Oriented Recovery and Empowerment Services (CORE) Community Psychiatric Support and Treatment (CPST) Program effective April 1, 2025. Currently, Allwel and Venture Forthe remain designated to provide CORE CPST services to Niagara County Residents.

In 2024 and continuing into 2025, Child and Family Services Youth Assertive Community Treatment (ACT) Program paused acceptance of new referrals at times during the year due to ongoing staff recruitment and retention issues; however this did not significantly impact the ability of youth accessing the program services in a timely manner when such was needed.

Hillside Children's Center Children and Family Treatment and Support (CFTS) Services discontinued all CFTS services as of June 2024 due to lack of staffing and fiscal viability. Access to services for children and youth remained very challenging for any CFTS services in Niagara County due to program staffing issues and long wait lists.

Based upon local report data, waitlists continue for all CFTS Services due to such factors as staffing vacancies and potential duplicated individuals on multiple agency wait lists.

Targeted trainings were offered to local providers who offer HH+, HARP, HCBS, CORE and CFTS services. These trainings included a Youth Mental Health First Aid (YMHFA) workshop with 10 providers trained and multiple Adult Mental Health First Aid (AMHFA) workshops with 41 providers trained.

Goal 2

Goal 2, 2026 Status Update: Ongoing

Goal 2, 2026 Status Update Description: It is essential for the mental hygiene service systems to reimagine the work force structure and traditional treatment approaches to respond to the changing landscape. Beyond simply increasing staff and service expansion, the system requires enhanced care continuity, innovate treatment methods, and improve staff expertise in mental health, substance use, and intellectual/developmental disabilities in order to provide integrated treatment for those with co-occurring disorders when necessary.

Inpatient treatment facilities must enhance care options for individuals with co-occurring mental health, substance use, and developmental disabilities. Many seeking care find themselves caught between mental health and developmental disability service systems, with each disputing which would better serve them. In Niagara County in 2024, denial rates for inpatient detox and rehabilitation were 28% and 56%, respectively--often due to severe mental health concerns. Among those who received care, both program types had a 71% average successful discharge rate (e.g. met goals). To improve integrated care, regulations, reimbursement rates, and staff training must evolve.

Since Eastern Niagara Hospital's inpatient unit closed in 2019, Niagara County has lacked dedicated child and adolescent psychiatric inpatient care. As a result, children in need of inpatient treatment often wait days in emergency departments or CPEP, causing additional stress for them and their caregivers. When no inpatient bed is available, they are often discharged into the community with limited support, as existing services are not readily available to adequately meet their intensive needs during this critical time.

Outpatient treatment is concentrated in Niagara Falls, Lockport, and North Tonawanda, leaving rural areas underserved. For children and adolescents, full-service outpatient clinics are only available in Niagara Falls and Lockport. To address these gaps for school-aged youth, NYS OMH promoted school-based mental health satellite clinics. While these clinics could improve rural access, providers face challenges in establishing and sustaining them. Success often depends on a supportive school administrator advocating for behavioral health services as well as recruiting and retaining clinicians, especially when the location is in a rural setting. Clinicians in the school-based satellite settings tend to feel isolated and require additional supervision compared to those in traditional outpatient clinics.

NYS behavioral health providers face challenges with employed LMHCs and LMFTs needing to obtain their diagnostic privilege due to strict education and credentialing requirements. Many seasoned licensed practitioners, particularly those who graduated before 2010, lack the 60-credit-hour coursework needed to qualify. Limited post-graduate programs offering required courses further restrict access. While NYSED allows individuals until June 2027 to fulfill deficits, many struggle with limited opportunities for completion. Without diagnostic privileges, practitioners face scope-of-practice limitations, requiring additional supervision to perform diagnostic evaluation and assessment based treatment planning, which strains provider capacity in an already understaffed system. Furthermore, providers face significant challenges in hiring mental health professionals who require supervision to perform diagnostic evaluations and assessment based treatment planning due to a shortage of available LCSWs who are able to supervise LMSWs and other mental health practitioners.

As NYSED limits LMHCs and LMFTs with their diagnostic privilege to only supervising others with the same degree, this places significant burden on LCSWs within an agency who are already stretched thin, making it difficult to accommodate supervision needs. Additionally, NYSED imposes limits on the number of individuals an LCSW, LMHC-D or LMFT-D can supervise at one time if they lack diagnostic privilege, further restricting the ability to onboard new staff. These constraints create bottlenecks in workforce development, slowing the availability of qualified clinicians and limiting access to timely care. Without expanded supervision capacity or adjustments to regulatory limits, providers will continue to struggle to maintain adequate staffing and ensure comprehensive diagnostic and assessment based treatment planning services for clients.

Niagara County providers report increased youth involvement in serious crimes and risky behaviors, driven by COVID-19-related school disruptions and changes in NYS juvenile justice laws since 2018. Key laws include:

- **Raise the Age Law (2018):** This law changed the age of criminal responsibility, ensuring that 16- and 17-year-olds are no longer automatically prosecuted as adults. Instead, most cases are handled in Family Court or the Youth Part of the Supreme or County Court.
- **Juvenile Justice and Delinquency Prevention Act (2021 & 2022 Updates):** These updates raised the lower age of juvenile delinquency jurisdiction from 7 to 12 years old, limited detention for violations, and reinforced protections for youth in the system.
- **Youthful Offender Status:** Allows certain juveniles to avoid permanent criminal records if granted this status by the court.
- **Family Court Jurisdiction Expansion (2019):** Extended Family Court jurisdiction to include 16- and 17-year-olds charged with misdemeanors under the Penal Law, treating them as Juvenile Delinquents.
- **Adolescent Offender Classification (2019):** Established a separate category for 16- and 17-year-olds charged with felonies, initially heard in the Youth Part of the Supreme or County Court.
- **Probation Case Plans (2018):** Requires probation departments to assess juvenile offenders and adolescent offenders for individualized programming and referrals.

While these laws promote rehabilitative and developmentally appropriate responses for juveniles rather than punitive measures, youth often struggle to engage in treatment and support services due to their voluntary nature, accessibility and motivation barriers. When individuals with substance use disorders cannot access timely care, particularly youth, they are more likely to enter the criminal justice system. Strengthening the OMH, OASAS, and OPWDD service systems would improve access to more appropriate support than reliance on the criminal justice system.

Niagara County SPOA faces challenges with community awareness of services available through referral and incomplete referrals received from providers, negatively impacting potentially eligible individuals from accessing needed services. According to PSYCKES data (April 2025), less than 42% of individuals (ages 6-64) discharged from inpatient mental health care at the local 9.39 hospital received five or more follow-up visits within 90 days. In 2024, only 36% of NYS OMH licensed MHOTRS clinic program discharges were successful. Additionally, in April 2025, nearly 40% of individuals (18+ years old) discharged from the hospital's emergency department did not attend an outpatient mental health visit within 30 days.

To effectively address Niagara County's evolving mental hygiene challenges, service systems need to reimagine workforce structures, treatment approaches, and care integration for individuals with co-occurring disorders. Persistent gaps in inpatient and outpatient services, especially for youth, highlight the urgent need for expanded access, regulatory reform, and strengthened provider capacity. Workforce constraints, including challenges to obtainment of diagnostic privileges and supervision bottlenecks, further strain the system, delaying timely intervention. Additionally, changes in juvenile justice laws, coupled with unmet behavioral health needs, have contributed to increased youth involvement in risky behaviors. By improving regulatory flexibility, reimbursement rates, and service coordination across OMH, OASAS, and OPWDD, Niagara County can build a more responsive, equitable, and accessible mental health system.

Goal 2 Objective 1, 2026 Status Update: Ongoing

Goal 2 Objective 1, 2026 Status Update Description: Niagara Falls Memorial Medical Center closed its Continuing Day Treatment (CDT) program in October 2024 due to decreasing census and lack of fiscal viability. This is a loss of services to the Niagara County community who were diagnosed with Severe Mental Illness (SMI) and benefited from this older model of care.

In 2024, Horizon Health Services was awarded the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program for their Niagara County clinic locations in Niagara Falls and Lockport, NY. CCBHCs aim to provide coordinated

outreach and care to individuals who have complex mental health, substance use, and co-occurring medical and other related concerns. This expands the availability of CCBHC services from two (2) to four (4) locations in Niagara County as Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Counseling and Wellness Services Clinics are established CCBHCs in Lockport and Niagara Falls, NY. <https://horizon-health.org/press-release-horizon-health-services-awarded-ccbhc-demonstration-designation-by-omh-and-oasas-for-niagara-county/>

NCDMH Niagara County Counseling & Wellness Services Lockport Clinic is in process of relocating to 475 South Transit Road in Lockport. This location is on a bus-route, is more accessible, and will have the opportunity to expand capacity with an additional licensed clinician position.

In 2025, Catholic Charities Monsignor Carr Institute expanded population served to include adults at their Lockport and Niagara Falls clinic locations.

In the past year, three (3) new NYS Office of Mental Health (OMH) school-based satellite clinics were established, while one (1) school based satellite clinic closed due to inability for agency to staff the site and one (1) other clinic satellite closure due to lack of demonstrated need at the location. Additionally, three (3) school-based satellite clinics reduced hours due to both workforce challenges and lack of demonstrated need.

o This year, currently proposals are pending approval from NYS Office of Mental Health (OMH) for expansion of one (1) OMH licensed MHOTRS satellite clinic in Niagara Falls, NY, and five (5) school-based satellite clinics as well as the closure of one (1) satellite clinic co-located at a pediatric office due to the office no longer requesting these services.

In 2024, Recovery Center of Niagara expanded their NYS Office of Addiction and Support Services (OASAS) licensed medically supervised withdrawal (detox) services from 15 beds to 21 beds, and their Inpatient Rehabilitation Services from 25 beds to 79 beds.

Goal 2 Objective 2, 2026 Status Update: Ongoing

Goal 2 Objective 2, 2026 Status Update Description: For those seeking substance use treatment in Niagara County in 2024, denial rates for inpatient detox were 28% and 56% for inpatient rehabilitation. Declinations were often due to individuals' high acuity mental health concerns. Facilities state they are unable to manage in "traditional" inpatient programs.

Goal 2 Objective 3, 2026 Status Update: Ongoing

Goal 2 Objective 3, 2026 Status Update Description: The Community Network of Care (CNOC) for Children & Families in Niagara County is reimagining CNOC University into a full-day skill building workshop for community providers to help enhance skill sets from a cross-systems perspective.

NYS Office of Mental Health (OMH) rolled out the "OMH Funded Training for Providers" platform in 2024, a database of over 3,300 trainings available free of charge. While this will improve workforce competencies, awareness of this platform is limited and many of these trainings are virtual. The LGU is actively sharing this resource with local service providers.

Goal 3

Goal 3, 2026 Status Update: Ongoing

Goal 3, 2026 Status Update Description: Niagara County faces a critical shortage of safe, affordable housing for individuals and families with mental illness, substance use disorders, and developmental disabilities, and including specialized housing to meet the unique needs of transition-aged youth. These populations are at higher risk of homelessness, yet providers report insufficient housing slots to meet demand. The number of unhoused individuals is rising, while increasing rent costs and strict landlord requirements, such as credit checks and large upfront payments, create further barriers to securing housing.

In 2024, 13 new beds were allocated to supportive housing providers serving Niagara County, while one agency lost 10 supportive housing beds due to reconciliation on the number funded. Despite the net addition of three (3) beds, the demand for supportive housing far exceeds availability, preventing access for many. NYS OMH funded supportive housing programs combined had a 112% occupancy rate due to more beds filled than allotted and were later reconciled. The one Single Room Occupancy (SRO) program had an average occupancy of 94.2% and the current demand for this housing program well exceeds availability with the current wait list anticipated to be 12 - 15 years at this point. For NYS OASAS funded supportive housing, the 2024 occupancy rate was 66.7%. Based on the reimbursement model, fiscal viability of this program is not possible and will lead to its closure.

Niagara County providers highlight the need for landlord education on mental health, substance use, and developmental disabilities. Better awareness could reduce unnecessary police involvement and evictions, equipping landlords to connect tenants with local services. Providers stress the need for more landlords in North Tonawanda and rural Niagara County, where affordable and safe housing options are even more limited.

A new objective was added to the 2026 LSP.

Objective 4: Expansion of Transitional Aged Youth Housing Options

Target Date: 12/31/2026

The LGU will advocate for and support the expansion of housing options for transitional age youth, ensuring access to short-

term, transitional, and permanent housing, which is safe and accessible by high risk/high need youth where need is clearly established

Goal 3 Objective 1, 2026 Status Update: Ongoing

Goal 3 Objective 1, 2026 Status Update Description: 2024 NYS Office of Mental Health (OMH) funded supportive housing updates include the following:

- o Living Opportunities of DePaul was awarded 10 Scattered Site Supportive Housing beds in Niagara County.
- o Community Missions Inc. had a loss of 10 supportive housing beds (five scattered site and five long-stay). Based on NYS OMH slot reconciliation/research it was determined that Community Missions is only funded for 96 Supportive Housing Community Services beds through Direct Contract with NYS OMH, and two (2) psychiatric center (PC) long stay beds through State Aid Letter. Community Missions was stretching the funds to cover the additional beds. NYS OMH clarified that this is not allowable.
- o Recovery Options Made Easy Inc. (Formerly Housing Options Made Easy, Inc.) Supportive Housing Provider received an additional two (2) long-stay supported housing beds. While looking at funding and bed counts, NYS OMH found that ROME is funded for five (5) PC long stay beds, not three (3) and were instructed to increase the capacity from (3) to (5) to rectify this.
- o Overall supportive housing occupancy rates were 112%, over 100% due to capacity exceeding funded beds for a period of time until this was reconciled. The demand for supportive housing continues to exceed availability.
- o DePaul Community Services Packet Boat Landing Single Room Occupancy (SRO) program had an average occupancy of 94.2%; the demand for this housing program well exceeds availability with the current wait list anticipated to be years at this point.

In 2024, the LGU provided a letter of support to Living Opportunities of DePaul to build and operate affordable housing with support services in the town of Wheatfield in Niagara County. There is a high unmet need for supportive housing that prevents homelessness in Niagara County, and DePaul's proposal to provide housing with supports for adults with serious mental illness (SMI), Veterans, frail seniors, and the chronic homeless will help address critical gaps in services in Niagara County.

Based on local data reports received by the LGU, the NYS Office of Addiction Services and Supports (OASAS) funded supportive housing program in Niagara County had an occupancy rate of 66.7%. Based on the reimbursement model, fiscal viability of the program is not possible.

In 2024, The LGU hosted a planning session on the service system for co-occurring mental health (MH) and substance use disorders (SUD), with 24 providers from local agencies attending. The LGU and providers examined barriers for people with co-occurring MH/SUD and what gaps exist in the housing continuum of care for individuals with co-occurring MH/SUD. Information gathered from this session is being utilized to identify potential funding opportunities for proposals that will meet needs of individuals in Niagara County.

Goal 3 Objective 2, 2026 Status Update: Ongoing

Goal 3 Objective 2, 2026 Status Update Description: No 2026 Status Updates

Goal 3 Objective 3, 2026 Status Update: Ongoing

Goal 3 Objective 3, 2026 Status Update Description: No 2026 Status Updates

Goal 4

Goal 4, 2026 Status Update: Ongoing

Goal 4, 2026 Status Update Description: Awareness of mental health and substance abuse resources has grown across the United States, with 988 being a key initiative. Niagara County Crisis Services (NCCS) affiliated with 988 in September 2022 and saw a 97% increase in calls to the dedicated 988 line from 2023 to 2024, rising from an average of 239 to 471 calls per month. Calls answered on the 988 line tend to be higher acuity, more intensive cases than those received on the local County Crisis Services line. Initial assumptions were that calls to the local Niagara County Crisis Services line may decrease with the implementation of 988; however the opposite occurred. This surge highlights increasing mental health and substance use challenges and awareness of the crisis line. Despite these efforts, suicide remained the 2nd leading cause of death in the U.S. for individuals aged 10-14 and 25-34 in 2023 (according to the CDC fatal injury report) and New York (excluding NYC) saw a 27.8% rise in suicide-related emergency visits from 2019 to 2023.

Without sufficient staffing, crisis response systems cannot meet the growing demand, leaving individuals in urgent need without timely care. Expanding the number of qualified and prepared workforce is essential to ensure rapid, effective intervention and prevent worsening mental health and substance use crises.

Youth mental health concerns continue to rise. For example, Niagara County Crisis Services has seen mental health evaluations for youth increase 202% from 2023 to 2024. Hospitalizations and ER visits for self-harm have also risen. According to Poison Center data, in 2024 43% of intentional substance ingestions in Niagara County involved individuals ages 13-29. In 2023, 2.7% of ER visits in Niagara County were suicide-related, with ages 10-19 having the highest suicide-related ER visits in New York (excluding NYC). In 2021, this age group accounted for 42.7% of self-harm ER visits. In 2023, 56.7% of suicide-related ER discharges involved patients at high risk for another attempt, as studies show risk is highest

within 30 days of ED or inpatient psychiatric discharge.

To address rising youth risks, Niagara County implemented Trauma, Illness, and Grief (TIG) in Schools model, a comprehensive training and crisis response network for K-12 education. TIG equips school professionals with evidence-based crisis skills, resources, and support to help students cope with trauma, violence, illness, and grief. Niagara County Department of Mental Health & Substance Abuse Services, in partnership with Orleans/Niagara BOCES and its 13 component districts established the Niagara/Orleans TIG Consortium, building an infrastructure to support schools and respond to TIG needs in a coordinated and competent manner. Through the support of Opioid Settlement funds received by the County to abate the opioid epidemic, NCDMH contracted with Coordinated Care Services, Inc. (CCSI) to provide the TIG trainings and technical support 2024 - 2025. Continued investment in the N/O TIG Consortium is necessary to equip NCDMH crisis responses team members and all school district staff in with the skills and resources necessary to respond effectively in times of crisis.

Niagara County needs more community-based crisis stabilization options to reduce reliance on higher-level services, such as emergency rooms, for individuals with mental health, substance use, and developmental disabilities. Limited respite options strain caregivers, increasing reliance on emergency responders, crisis services, and inpatient care. Funding for expanded respite services would strengthen the crisis continuum by providing short-term relief, preventing escalation, and supporting recovery. Respite care reduces hospitalizations, helps caregivers manage burnout, and improves long-term stability, ensuring timely intervention and a more effective crisis response system.

Investing in evidence-based training like Adult, Teen, and Youth Mental Health First Aid, ASIST, Crisis Intervention Training (CIT), and Critical Incident Support Teams (CIST) is essential to equip professionals and community members with the skills to recognize, respond to, and de-escalate mental health crises, furthering early intervention and reducing long-term consequences. CIST plays a vital role in providing immediate support to first responders and others after major incidents to minimize stress-related injury/illness. These programs enhance early intervention, reduce stigma, and improve outcomes by ensuring timely, appropriate support. Expanding access to such training strengthens crisis response systems and helps prevent unnecessary hospitalizations, justice system involvement, and long-term mental health deterioration.

Goal 4 Objective 1, 2026 Status Update: Ongoing

Goal 4 Objective 1, 2026 Status Update Description: The number of answered calls on the local Niagara County Crisis Services 24/7 line increased by 14% from 2023 to 2024 while the number of answered calls on the 988 line increased by 96.7% for the same time period. With the implementation of 988, initial assumptions were that calls to the local Niagara County Crisis Services line may decrease; however the opposite occurred. Calls to the 988 line tend to be higher acuity, more intensive cases. The call volume increases demonstrate greater community awareness and utilization of these vital services.

The Well Niagara app and corresponding webpage launched on 10/19/2023, providing Niagara County residents with immediate access to local resources at the touch of their fingers. Currently, the Well Niagara app downloads exceed 1,000. In the past six (6) months of 2025, the top five (5) features accessed were: Counseling Menu (outpatient treatment), Basic Needs, Community Services, my Safety Plan and the Calendar of events. The text to the Crisis Text Line 741741 and call for help to the Niagara County Crisis Services features are also utilized in app.

You Matter Coffee Sleeve Project: In September 2024 during Suicide Prevention and Recovery Month, approximately 9,600 coffee sleeves were utilized by 14 different coffee shops / stops around Niagara County with the Niagara County Crisis Services 24/7 Crisis Number and 988 as well as a QR code to access the Well Niagara App and Webpage for information on community resources and supports. Some shops also shared their efforts on social media which got some attention from the community.

The LGU continues to advertise the Niagara County Crisis Services and 988 phone numbers on seven (7) bus benches throughout Niagara Falls, NY. Student Designs are utilized on the benches to engage youth in community involvement and resource awareness activities.

NCDMH staff provided various presentations and participated in numerous community and school tabling events to share information and resources about services, supports and treatment available in Niagara County.

At the beginning of the 2024-2025 school year, the LGU distributed Niagara County Crisis Services and 988 phone number Tear-Off flyers to every public and private junior and senior high school in Niagara County, including 22 public schools, eight (8) private schools, 16 ONBOCES locations, and three (3) colleges. These flyers were created with students' designs from the Orleans and Niagara Career and Technical Center's Graphic Communications Program.

- o Throughout 2024 - 2025, these flyers were distributed throughout the Niagara County community and in the NYS Park in Niagara Falls.

- o At the request of a NYS Parks representative, the flyers were tailored for distribution throughout all NYS Parks with only the 988 number listed.

Goal 4 Objective 2, 2026 Status Update: Ongoing

Goal 4 Objective 2, 2026 Status Update Description: Thirty-nine (39) participants completed the Soul Shop for Leaders training on 9/18/2024 with many of them being faith-based leaders. The one-day workshop was designed to equip leaders to minister to those impacted by suicide. This includes the creating of worship resource, training congregation members in suicide awareness and basic conversation skills, and then how to extend the invitation to those who have been suicidal in the past to share their stories.

In 2024, numerous trainings were offered by Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Trained Staff on crisis de-escalation, suicide prevention and intervention to a wide range of individuals in Niagara County. This includes, but was not limited to the following:

- o Youth Mental Health First Aid (YMHFA) and Adult Mental Health First Aid (AMHFA) Workshops were offered to Niagara County residents by NCDMH trained staff. Trainees included provider agency staff, first responders, and NYS Park staff inclusive of Park Rangers, Tour Guides, Maintenance personnel, Horticulturalists and Park vendor cashiers. The MHFA trainings teach people how to identify, understand and respond to signs of mental illness and substance use disorders. The training provides the skills needed to reach out and offer initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. The Well Niagara app and corresponding webpage is shared with trainees to increase awareness and utilization of local resources when connection to care is needed.
- o Crisis Intervention Training (CIT) for law enforcement which teaches law enforcement to effectively respond to individuals experiencing mental health crises. The training is designed to enhance the ability of law enforcement to interact with individuals in crisis, fostering partnership between law enforcement, advocacy and mental health communities.

In 2025, an NCDMH staff member was trained by the Suicide Prevention Center of NY (SPCNY) in Applied Suicide Intervention Skills Training (ASIST), which aims to help caregivers learn to recognize and review risk, and to intervene to prevent imminent risk of suicide. It also offers 15-contact hours for social workers (LMSWs, LCSWs) and licensed mental health counselors (LMHC). This training will be added to the cadre of training offerings provided to the Niagara County community.

Throughout 2024 - 2025, the Niagara County PATH (Presenting Alternatives to Treatment and Healing) Program Quick Response Team provided information and resources on PATH services which provide a bridge between the crisis and a safer future with "Knock and Talk" post overdose follow up; increasing access to supports and treatment; preventing future drug overdoses; and reducing the number of drug overdoses.

Goal 4 Objective 3, 2026 Status Update: Ongoing

Goal 4 Objective 3, 2026 Status Update Description: Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) is in process of supporting the implementation of the Navi App in four (4) Niagara County school districts within the Niagara/Orleans Trauma, Illness and Grief (TIG) Consortium. Navi is a Tier 1 wellness program for students ages eight (8) and up. Navi provides evidence based, single-session, mental wellness supports to students in their critical moments of need, including skills development, action plans, and in the moment solutions to everyday problems. Navi integrates school and local crisis resources and expands service availability, and this resource will address the need for students to have more immediate access to supports in-the-moment of need, assist in reducing social stigma and uncertainty around the process of help-seeking therefore increasing help-seeking behavior, and increase students' knowledge and skill sets to make a positive impact on their lives to abate the opioid epidemic.

BestResponse is expected to open in 2025 in Erie County, serving Niagara County residents. BestResponse will operate 24/7, providing Niagara County residents with immediate crisis support without the need for prior medical clearance. Services will be accessible in-person and through telehealth options as needed. Individuals may seek assistance through walk-in visits, referrals, or arrival via emergency services. BestResponse will be equipped to offer and coordinate a range of services, including mental health and substance use support, as well as medication management. The center is designed to address immediate needs and support long-term recovery and reintegration into the community.

Goal 4 Objective 4, 2026 Status Update: Ongoing

Goal 4 Objective 4, 2026 Status Update Description: Beginning in 2024, Niagara County Department of Mental Health & Substance Abuse Services (NCDMH), in partnership with the Orleans/Niagara BOCES and their 13 component districts, established the Niagara/Orleans Trauma, Illness and Grief (TIG) Consortium. Training and implementation efforts are supported by Coordinated Care Services Inc. (CCSI). The TIG approach is based on trauma-informed response model that teaches participants how to be aware of trauma, illness and grief with evidence-based crisis response skills, resources, and ongoing technical support to help students with trauma, violence, illness, death and grief in the school setting. TIG incorporates prevention, intervention and recovery response. Currently, there are almost 150 TIG trained responder, with additional trainings being offered in 2025 to up to 100 more participants.

The Niagara County Departments of Mental Health & Substance Abuse Services, Emergency Management and Public Health are working collaboratively to establish the Niagara County Critical Incident Support Team. The CIST is a program developed to provide timely professional assistance after major incidents to minimize stress-related injury/illness to all Niagara County Emergency Services personnel, County first responders and their family members.

Goal 4 Objective 5, 2026 Status Update: Ongoing

Goal 4 Objective 5, 2026 Status Update Description: In 2025, New Directions Youth & Family Services was awarded funding through NYS Office of Mental Health (OMH) to establish Home Based Crisis Intervention (HBCI) Traditional services, serving both Niagara and Erie Counties. HBCI is a community-based, short term, intensive crisis program designed to avert psychiatric hospitalizations and placements for youth ages five years to 20 years 11 months, experiencing an acute mental health crisis.

Goal 4 Objective 6, 2026 Status Update: Ongoing

Goal 4 Objective 6, 2026 Status Update Description: No 2026 Status Updates

Goal 4 Objective 7, 2026 Status Update: Ongoing

Goal 4 Objective 7, 2026 Status Update Description: The Creating Suicide Safety in Schools Workshop was provided by NCDMH staff to school districts in Niagara and Erie Counties; one on 11/5/2024, with 45 school staff participating and another on 2/3/25 with 12 participants. The Workshop is for school administrators, school psychologists, social workers and school counselors who may be involved in prevention initiatives.

NCDMH staff presented to over 500 school staff on 8/28/2024 and 8/29/2024 on Suicide Awareness, Intervention, and available community resources.

Goal 5

Goal 5, 2026 Status Update: Ongoing

Goal 5, 2026 Status Update Description: Niagara County service systems remain siloed and despite at least 14 active coalitions working to fill service gaps, there are often duplicate efforts and efforts focus on urban areas while overlooking rural communities. Improved and streamlined cross-system collaboration is needed to improve resource awareness, as both providers and residents struggle to navigate available services. The Well Niagara app and corresponding website was designed to centralize information, but marketing reach has been challenging.

A major barrier to collaboration is the limited ability for counselors, physicians, nurses, etc to receive reimbursement for time spent in cross-system coordination efforts. Even when schedules allow the time for case conferencing, mechanisms to achieve reimbursement for these critical functions are complex or non-existent. Providers often struggle to engage in partnerships that improve care because these activities are unfunded, limiting their ability to dedicate time and resources to joint initiatives. Expanding funding or alternative support for non-reimbursable coordination is vital to breaking down silos and strengthening the crisis response network. Furthermore, overreliance on virtual meetings post-pandemic due to busyness of schedules has also weakened engagement. A return to in-person meetings could foster stronger collaboration and more effective service coordination if people can afford such in their schedules.

Goal 5 Objective 1, 2026 Status Update: Ongoing

Goal 5 Objective 1, 2026 Status Update Description: The Community Network of Care (CNOC) for Children & Families in Niagara County Coalition participated in the study conducted by a University at Buffalo School of Social Work Ph.D. candidate, "Understanding and Enhancing Collaboration across Outpatient Children's Mental Health Care Service Delivery Models in a County-Level System of Care." The study provided recommendations on how to enhance collaboration in Niagara County, including re-engagement efforts, hosting CNOC University, utilizing Basecamp for project communications, the co-location of services, continuing efforts to engage pediatric integrated care (PIC) stakeholders, and identifying current service gaps.

The CNOC Coalition partnered with NYS Project TEACH to virtually offer the "Bridging Gaps in Perinatal Mental Health: Strengthening Suicide Prevention and Crisis Response" presentation by Dr. Joshna Singh on 5/9/2025. Dr. Singh shared important topics and her recent study related to perinatal mental health. The event aimed to create awareness, provide support, and share resources for providers who are working with individuals experiencing mental health challenges during pregnancy and postpartum. Dr. Singh specializes in the evaluation and treatment of psychiatric disorders across the female life cycle and how hormonal fluctuations during different phases of women's life span including perinatal period, menstrual cycle, and perimenopause affect their mental health. Currently, Dr. Singh is an Assistant Professor of Psychiatry, and this year will complete 10 years with the department. She primarily practices at the outpatient clinic where she treats all adults between the ages of 21-65 years. She also works at Buffalo General Hospital as a consultation liaison psychiatrist. In the past few years, Dr. Singh had the opportunity to become involved in two research projects involving women's mental health.

A CNOC University event was held on 6/5/2025 with a focus on four (4) different skill building sessions, bringing together cross-systems providers. Sessions included: Hidden Mischief by Northpointe Council which provides a lifelike teenage room to search for hidden drugs and paraphernalia while learning about concealment methods and drug culture references; Safety and Conflict Resolution while working in the community and de-escalation techniques presented by Niagara County Sheriff Office Deputy Samantha Jones; In Her Shoes by Pinnacle Community Services which focuses on empathy building as participants move, act, think, and make choices as a person experiencing an abusive relationship; and an Engagement with Young Children presentation by Pinnacle Community Services utilizing the NYS Pyramid Model which teaches skills and techniques to use with parents to support positive parent/child interaction for children ages 0 to 7 years.

The CNOC Coalition membership increased from 95 to 161 members with increased effort to form more strategic, intentional partnerships rather than just new members. This membership has increased partially due to success of CNOC University

events.

The CNOC Advisory Council returned to incorporating in-person meetings to improve collaboration amongst providers.

Goal 5 Objective 2, 2026 Status Update: Complete

Goal 5 Objective 2, 2026 Status Update Description: The CNOC Coalition is reimagining CNOC University to further increase cross-systems collaborations and pool available resources. CNOC University intends to enhance cross-system staff training needs by supporting skill development, cultural humility and workforce retention.

Goal 5 Objective 3, 2026 Status Update: Ongoing

Goal 5 Objective 3, 2026 Status Update Description: The Well Niagara app was utilized to send push-notifications about upcoming events in the community, spreading awareness of local training opportunities.

Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) personnel provided over 25 tabling/presentations at events in Niagara County, sharing information about mental health, Narcan, Well Niagara app and corresponding webpage, Niagara County Crisis Services and 988, and NCDMH services.

Goal 6

Goal 6, 2026 Status Update: Ongoing

Goal 6, 2026 Status Update Description: Immediate action is needed to address the crisis-level shortage of direct care workers, paraprofessionals, peers, and licensed professionals in New York State. Niagara County faces severe workforce shortages, limiting service availability and increasing reliance on higher levels of care, especially in underserved rural areas.

Key priorities include:

- Enhancing recruitment and retention by improving wages for entry-level direct care jobs, many of which require a bachelor's degree but start just above the county's living wage.
- Expanding workforce development to meet rising behavioral health needs, particularly for individuals with co-occurring disorders.
- Investing in workforce stabilization--OPWDD allocated 76% of ARPA funds to support direct care professionals in its 2023-2027 Strategic Plan. Similar initiatives from OMH and OASAS are essential to address vacancies and improve retention.
- Strengthening outpatient care to reduce reliance on emergency services, inpatient admissions, and crisis evaluations.
- Supporting paraprofessionals, peers, and licensed professionals who play a critical role in behavioral health care but face barriers related to training, supervision, and adequate reimbursement for provided services.

For reference, the number of Niagara County licensees by discipline as of 1/1/25 based on data from the NYS Office of Professions are as follows:

- LMHC 131
- LMFT 3
- LCAT 6
- LMSW 178
- LCSW 128
- RN 3,385
- LPN 1,025

According to County Health Rankings & Roadmaps 2025 Annual Data Release, which tracks mental health provider shortages across the U.S., the current ratio of population to mental health provider in Niagara is 626:1 compared to NYS, 281:1.

Without urgent investment across all levels of the workforce, service gaps will persist, worsening access to care and straining crisis response systems.

Goal 6 Objective 1, 2026 Status Update: Ongoing

Goal 6 Objective 1, 2026 Status Update Description: In 2025, the LGU will distribute two Local Services Planning Workforce Surveys. One will assess workforce challenges among mental hygiene agencies in Niagara County and compare data from the last survey in 2021. The second will evaluate the Human Services Workforce county-wide, gathering insights from both job seekers and current employees. Findings will inform Community Network of Care (CNOC) for Children & Families in Niagara County Coalition efforts and help shape workforce recruitment and retention strategies for the NCDMH Annual Local Services Plan.

Goal 6 Objective 2, 2026 Status Update: Ongoing

Goal 6 Objective 2, 2026 Status Update Description: Niagara University received a grant in early 2024 to begin supporting students in clinical mental health counselling programs. The grant from the Patrick P. Lee Foundation, establishes up to five scholarships for full-time students in the program. Scholarship recipients will receive up to \$10,000 per year for the three-year program, for a total award of \$30,000.

The State University of New York (SUNY) and Office of Mental Health (OMH) established a Scholarship Pipeline Program expanding and diversifying the mental health professionals' pipeline. The Program offers paid internship and is intended to attract, retain, and graduate students trained in the various mental health professions and who demonstrate potential for positively affecting the quality of mental health care for all NYS residents, with a focus on service to those individuals who may have historically lacked quality mental health care <https://www.suny.edu/diversity/mentalhealth-scholarship/>. Beginning in spring 2025, SUNY Niagara is a participating school and is partnering with mental health provider agencies in Niagara County, including the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH), for this pilot program.

Goal 6 Objective 3, 2026 Status Update: N/A

Goal 6 Objective 3, 2026 Status Update Description: This objective was revised in 2025 and combined with Goal 6: Workforce Recruitment and Retention, Objective 5: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements

Target Date: 12/31/2026

The LGU will engage in cross-system collaborations to identify resources and link people with opportunities that promote cultural competency, skill development, marketability, and increase job placements.

Goal 6 Objective 4, 2026 Status Update: N/A

Goal 6 Objective 4, 2026 Status Update Description: This objective was revised in 2025 and combined with Goal 1: Timely Access to Care, Objective 5: Improve Timely Access to Community Based Support Services

Target Date: 12/31/2026

The LGU will evaluate available data and engage in targeted activities that will help improve timely access to HCBS Waiver Services, Assertive Community Treatment (ACT), CCO/HHs and HH+, HARP, HCBS, CORE and CFTS services for eligible individuals and prevent / reduce unnecessary utilization of higher cost / level of services.

Goal 6 Objective 5, 2026 Status Update: Ongoing

Goal 6 Objective 5, 2026 Status Update Description: As described in Goal 4, CNOC University will promote cultural competency and skill development. The goal of CNOC University is that it will become a standardized training practice for all new hires working at a human service agency in Niagara County.

Goal 6 Objective 6, 2026 Status Update: Ongoing

Goal 6 Objective 6, 2026 Status Update Description: No 2026 Status Updates

Goal 6 Objective 7, 2026 Status Update: Ongoing

Goal 6 Objective 7, 2026 Status Update Description: No 2026 Status Updates

Goal 6 Objective 8, 2026 Status Update: Ongoing

Goal 6 Objective 8, 2026 Status Update Description: As described in Goal 4, CNOC University will promote cultural competency and skill development. The goal of CNOC University is that it will become a standardized training practice for all new hires working at a human service agency in Niagara County.

Goal 7

Goal 7, 2026 Status Update: Ongoing

Goal 7, 2026 Status Update Description: Niagara County must reexamine prevention strategies to improve health outcomes, as according to County Health Rankings & Roadmaps data, Niagara ranked 52nd in health outcomes out of 62 counties in NYS in 2024 and had a mortality rate 32% higher than the state average (excluding NYC) in 2022. Life expectancy from 2020-2022 was 75.4 years, ranking 57th statewide while 2019 - 2022 data indicates several areas, including Niagara Falls, Lockport, North Tonawanda, Tuscarora Nation Reservation, and rural communities, saw over 20% of residents dying before age 65.

From 2017-2019, the NYS Suicide and Self Harm Dashboard data indicates Niagara County had 72 suicide deaths, with the highest rates among individuals ages 35-44 and 55-64, followed by 45-54. Most cases involved White Non-Hispanic individuals, never-married individuals, and non-veterans.

For self-harm emergency department (ED) visits and hospitalizations, individuals aged 10-19 had the highest numbers, followed by those aged 25-34. More females than males sought treatment, with overdose/drug poisoning being the most common method. The most frequent discharge outcome was a return home. This data underscores the need for focused prevention efforts, especially for youth and middle-aged adults.

According to the NYS Opioid Dashboard, Niagara County's 2022 opioid-related overdose rates were significantly higher than regional and state averages. The county had 41.8 overdose deaths per 100,000, exceeding the region by 3.6 and NYS by 9.3. Emergency department visits for drug overdoses were 253.7 per 100,000, 27.4 higher than the region and 61.5 higher than NYS. Hospital discharges for overdoses were 63.7 per 100,000, slightly above the regional average (by 1.4) but below the NYS average (by 5). This data highlights a pressing need for enhanced prevention, treatment, and harm reduction strategies in Niagara County.

According to the NYS Maternal and Child Health (MHC) Dashboard, Niagara County's 2022 data on newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (any diagnosis) indicates 38.3 newborns per 1,000 discharges affected by neonatal withdrawal symptoms or maternal drug use, significantly exceeding regional data (21.5 newborns per 1,000 discharges) and state averages (6 newborns per 1,000 discharges). The data highlights a critical need for enhanced prenatal care, substance use interventions, and maternal support services to address rising neonatal exposure to addiction-related complications.

To strengthen prevention, efforts must reduce stigma, address barriers to care, and improve service awareness. The current fragmented system requires individuals with co-occurring disorders to engage with multiple providers, often making it overwhelming for those in crisis to access the right care. A more integrated approach is critical to ensuring timely and effective support.

Goal 7 Objective 1, 2026 Status Update: **Complete**

Goal 7 Objective 1, 2026 Status Update Description: Niagara County Suicide Prevention Coalition (NCSPC) resumed activities in September 2023, with 24 local services providers present. By 2025, NCSPC had 60 members, with 41 different organizations represented.

Goal 7 Objective 2, 2026 Status Update: **Ongoing**

Goal 7 Objective 2, 2026 Status Update Description: The Niagara County Suicide Prevention (NCSP) coalition is partnering with the Niagara County Department of Health (NCDOH) to gather quantitative data to better understand the prevalence of suicide and suicidal behaviors in Niagara County. With improved data, the NCSP Coalition can establish benchmarks to track trends related to suicide, and work towards achieving the Zero Suicide Model.

In September 2024 the NCSP Coalition coordinated several public awareness activities spread the message of help and hope during Suicide Prevention and Recovery Month:

- o You Matter Coffee Sleeve Project: Approximately 9,600 coffee sleeves were utilized by 14 different coffee shops / stops around Niagara County with the Niagara County Crisis Services 24/7 Crisis Number and 988 as well as a QR code to access the Well Niagara App and Webpage for information on community resources and supports. Some shops also shared their efforts on social media which got some attention from the community.
- o Suicide Prevention Flag Raising: Niagara Falls High School had approximately 20 students participate in raising the NCSP Coalition flag and shared the event on their Instagram page. Lockport High School had approximately 50 students participate in raising the NCSP Coalition flag during a flag raising ceremony and were featured on a local news station highlighting the importance of suicide prevention activities.
- o Lighting of the Falls: the US and Canadian sides of Niagara Falls were lit up in purple in Teal on 9/2/24 for a 15-minute duration; a live feed of the event was available for the community at large to view.

Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Leadership engaged in collaborations with NYS Parks leadership in Niagara Falls, NY as well as with Kevin Hines, an International Suicide Prevention Spokesman, to obtain guidance on where to begin to make change with suicide prevention efforts at Niagara Falls. Mr. Hines' advocacy efforts were pivotal in the net installation at the Golden Gate Bridge. Mr. Hines provided valuable insights and connections to others to begin this work; the Department anticipates continued collaborations with Mr. Hines in the near future. NCDMH and NYS Parks leadership are working together to create and execute actionable steps for increased suicide prevention efforts at Niagara Falls, NY. Additionally, NCDMH Leadership engaged in conversation with a member in the Governor's Office to further discuss suicide prevention ideas that may need consideration for future funding for suicide prevention efforts in Western NY and across the state.

Goal 7 Objective 3, 2026 Status Update: **Ongoing**

Goal 7 Objective 3, 2026 Status Update Description: Well Niagara app and corresponding webpage continues to increase awareness of and connection to a variety of resources that assist with improving and sustaining mental, emotional, behavioral, and physical wellness.

In 2024, Horizon Health Services was awarded federal funding through SAMHSA to support the agency's Substance Abuse-Free Education/Intervention & Referral (SAFER) Program targeted at serving adolescents and young adults ages 10 to 25 to identify those at risk for substance abuse and in need of substance use intervention.

Horizon Health Services also is building upon its licensed school-based clinician capacity to deliver Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to adolescents in Niagara County (as well as in Erie and Genesee Counties). Attention is being given to underserved, minority and marginalized populations including LGBTQ+ youth. The program aims to increase screening for underage drinking, tobacco, opioid, and other substance use; improving timely access to treatment services; and ultimately reduce alcohol and substance abuse early before it leads to adult alcohol and drug related disorders.

Goal 7 Objective 4, 2026 Status Update: **Ongoing**

Goal 7 Objective 4, 2026 Status Update Description: The Healthy Moms Healthy Babies (HMHB) Coalition, which operates under the umbrella of the Community Network of Care (CNOC) for Children & Families in Niagara County, partnered with the Niagara County Department of Health (NCDOH) and the Niagara Falls Memorial Medical Center (NFMHC) P3 Center

for Teens, Moms and Kids to offer Fresh Air Fridays from July 5, 2024 to August 30, 2024. A total of 388 people attended the events, with 56 Baby Bundles/surveys distributed with the Bundles which resulted in 12 referrals to the HMHB Coalition and 17 referrals to Healthy Neighborhoods. The most popular sites were the Lockport Housing Authority and the Kenan Center in Lockport.

In 2025, the NYS Office of Mental Health (OMH) Healthy Steps Grant awards were awarded to two (2) pediatric practices in Niagara County, Dr. Beney and Wheatfield Pediatrics. The Healthy Steps program is an evidenced-based program that integrates mental health and physical health screening and support in pediatric offices for children, and their families, ages 0 - 3.

In August 2024, the Western New York Integrated Care Collaborative (WNYICC) was selected as one (1) of nine (9) entities statewide to receive \$500 million in combined funding over the next three (3) years to create a new Social Care Network (SCN) program. WNYICC will receive up to \$36.8 million over 2.5 years with an anticipated contract that would end at the close of March 2027, which includes Niagara, Erie, Cattaraugus and Chautauqua Counties. The program will address health disparities in low-income communities by leveraging federal funds to help Medicaid members' access nutrition, housing, transportation and other social services that can impact one's health in a positively.

Goal 7 Objective 5, 2026 Status Update: Ongoing

Goal 7 Objective 5, 2026 Status Update Description: In 2024 and continuing the Niagara/Orleans Trauma, Illness and Grief (TIG) Consortium was established and is growing in the number of TIG trained responders. TIG is a comprehensive training and crisis response network for K-12 education and beyond. The innovative TIG program model trains networks of school-based professionals to meet the holistic needs of students and equips them with evidence-based crisis response skills, resources, and ongoing technical support to help students cope with trauma, violence, illness, death, and grief in the school setting. The goal of TIG is to strengthen and grow an organization's internal capacity to prepare to have appropriate support for students and staff in place to help minimize risk for crisis, respond more effectively and efficiently, and recover quickly by promoting health recovery strategies in the event of a traumatic incident.

o The Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) leads in partnership with Orleans/Niagara BOCES and the 13 component districts. A formal agreement was established in 2025 between NCDMH, ONBOCES and the 13-component districts. Infrastructure development continues to achieve a sustainable TIG network.

o Four (4) TIG training cohorts occurred between April 2024 and May 2025, with close to 150 school and NCDMH staff becoming TIG-trained. Coordinated Community Services Inc. (CCSI) is providing training and technical assistance to the N/O TIG Consortium to revamp school district crisis response plans, threat assessment process and suicide prevention and postvention interventions. The following school districts participating in the Niagara/Orleans TIG Consortium include:

Eastern Region - Niagara/Orleans

- ☐ Albion Central School District
- ☐ Barker Central School District
- ☐ Lyndonville Central School District
- ☐ Medina Central School District
- ☐ Newfane Central School District
- ☐ Orleans/Niagara BOCES (Burt, Medina, Newfane, Roy-Hart Locations)
- ☐ Royalton Hartland Central School District
- ☐ Wilson Central School District

Western Region - Niagara

- ☐ Lewiston Porter Central School District
- ☐ Lockport Central School District
- ☐ Niagara Falls Central School District
- ☐ Niagara Wheatfield Central School District
- ☐ North Tonawanda Central School District
- ☐ Orleans/Niagara BOCES (Niagara Wheatfield, North Tonawanda and Sanborn Locations)
- ☐ Starpoint Central School District

There are two (2) additional TIG training cohorts scheduled in the summer and fall 2025.

Goal 8

Goal 8, 2026 Status Update: Ongoing

Goal 8, 2026 Status Update Description: Niagara County remains disproportionately impacted by the opioid crisis, consistently exceeding NYS opioid-related rates. Designated as a High Intensity Drug Trafficking Area (HIDTA) in 2017, the county faces severe drug trafficking and opioid-related activity, with opioid overdose deaths increasing by 89.8% from 2019-2022. Overdoses have more than tripled since 2014, and 79 individuals died from an overdose in 2023. Niagara Falls (zip codes 14301 and 14303) faces rates 3-4 times higher than the NYS average.

Stigma and misinformation related to substance use disorder (SUD) prevent individuals from seeking treatment, worsening health inequities. According to PSYCKES data, in April 2025, over 60% of discharged individuals with a new SUD diagnosis did not initiate treatment within 14 days, and over 81% failed to engage in sustained care. Limited access to traditional SUD

treatment creates major gaps in care, increasing reliance on crisis services. An alarming trend in Niagara County is the early use of alcohol, tobacco, marijuana, and other drugs. Early use of these substances delays youth from learning positive coping strategies and may impact youth development.

To prevent individuals from falling through the cracks, Niagara County must continue to invest in harm reduction programs, which eliminate barriers, reduce stigma, and save lives. These initiatives need expansion and stronger outreach, particularly for youth, older adults, and rural communities, as early substance use disrupts healthy coping development. Without greater investment, the growing youth mental health crisis may drive more young individuals toward self-medication, increasing overdose deaths in the future.

Goal 8 Objective 1, 2026 Status Update: Ongoing

Goal 8 Objective 1, 2026 Status Update Description: In 2024 the following activities occurred:

In 2024 - 2025, multiple tabling events were participated in by Niagara County Department of Mental Health & Substance Abuse Services and the Niagara County PATH (Presenting Alternatives to Treatment and Healing) Team at churches, schools, and general community events providing information on available resources and Narcan training to interested attendees including family members of students and school staff. NCDMH also presented on the opioid/drug crisis, current trends and stats, local efforts to address the crisis, harm reduction strategies, and available resources and supports to high school staff.

Two End Overdose Rally occurred on International Drug Overdose Awareness Day - 8/31/24, one in Lockport for the eight (8th) year and one in Niagara Falls for the first (1st) year. Members of the community came to together to remember loved ones who passed from a drug overdose, provide messages of hope and recovery, receive Narcan Training and a kit, and information on available community resources.

A subset of the Niagara County OASIS (opioid) Task Force Public Awareness / Involvement Advisory Panel established a work group to begin identifying available data sources and to analyze the data on drug overdoses in Niagara County in order to establish spike alert protocols using a tiered approach. This workgroup's activities are ongoing.

"Inspire a Well Niagara" Campaign sought to have community members submit their own unique encouraging, uplifting and hopeful messages via a Survey Monkey link to be included in a daily push notification to Well Niagara App users beginning during May as Mental Health Awareness Month. Community members who submitted messages had them appear on the Well Niagara App.

"Project ART-C" (Art Restores Transforms and Connects) sought to engage the community in a creative manner; encourage dialogue and reflection, particularly in the context of recovery; familiarize individuals with the array of community services available; and to promote effective communication, healthy personal expression, and the power of choice. The Project collected community member artwork submissions that will be compiled into a booklet incorporating thought provoking questions under each art piece and on the opposite page of each art piece a different community agency's contact information to help share information about available local resources and ways in which people can connect to them. This Project is extending into 2025 to complete.

https://www.niagaracounty.gov/news_detail_T8_R745.php

In 2025 the following activities occurred or are planned:

In the spring, the Niagara Career and Technical Center Graphic Communications Student created new designs to assist the Niagara County OASIS (Opioid) Task Force Public Awareness / Involvement Advisory Committee in its public awareness activities. New graphics will be utilized to update the seven (7) bus bench signs located on bus benches across Niagara Falls, NY, to update tear-off flyers to be distributed through the County, and social media messaging with the Niagara County Crisis Services 24/7 phone line and 988 phone number to connect people to care.

Community Conversation, "Hope Speaks", forums are currently being planned by the Niagara County OASIS (opioid) Task Force Public Awareness / Involvement Advisory Panel for summer - fall 2025 in the three (3) main cities in Niagara County to engage the community in conversations with cross-systems providers (e.g. first responders, court personnel, peer advocates, mental health and substance abuse provider agencies) on the impact drug overdoses are having on our communities, strategies being implemented to help save lives, and the plethora of resources available for individuals and their families impacted by substance use and/or mental health issues.

Goal 8 Objective 2, 2026 Status Update: Ongoing

Goal 8 Objective 2, 2026 Status Update Description: The Niagara County PATH (Presenting Alternatives to Treatment and Healing) Team monitors to keep stock filled in 51 Narcan mount/stand locations in Niagara County. Through events, trainings, and mounts, over 2,000 Narcan kits were distributed by the Niagara County PATH team in 2024.

The Niagara County PATH Team Quick Response to Overdose Team (QRT) followed up on and addressed 419 overdose reports through referral by law enforcement in 2024. The PATH Team's Probation Response Team (PRT) piloted a five (5) week jail program providing 64 group sessions at the Niagara County Jail for inmates with substance use issues, including 47 females and 70 males, to tackle issues to prevent recidivism in 2024.

In 2024, Niagara County Department of Health (NCDOH) became an Opioid Overdose Program to provide Narcan Training and harm reduction supplies to the community. As of mid-May 2025 the NCDOH reports training 370 individuals and more than 1,400 Narcan kits distributed.

In 2024, WNY Independent Living in Niagara County reports training 1,066 people on opioid overdose prevention and response and distributed 782 Narcan kits. In 2025 the agency continues to provide Narcan training at local inpatient and residential substance abuse treatment programs, schools, and in the community.

Save the Michaels of the World, Inc. Recovery Community Center in Lockport initiated a Syringe Exchange Program along with other harm reduction services including distribution of Narcan, Xylazine and Fentanyl test strips in 2024 and is expanding street outreach initiatives in 2025.

Partner agencies in the Niagara County OASIS (Opioid) Task Force Public Awareness/Involvement Advisory Panel tabled at the 2024 Niagara County Fair providing Opioid Overdose Prevention and Response (Narcan) training to fairgoers.

In the past three (3) years of the grant, BestSelf Behavioral Health Virtual Medication Assisted Treatment (MAT) Program served 1,500 Niagara County Individuals out of the 4,800 callers with callers from Lockport, NY identified as having the highest call volume to the Program of all eight (8) counties served.

In April 2025, CHANT (Community Health Alliance in North Tonawanda) organized a Vape Take Back event with a pledge at the North Tonawanda High School.

On 5/20/25, Northpointe Council organized a speaking event at the Niagara Falls High School for students and community members, with Laura Stack from Johnny's Ambassadors. Laura Stack's son, Johnny, died by suicide after becoming delusional from dabbing; he began vaping THC at a party at age 14 five years earlier. Laura started a nonprofit organization, Johnny's Ambassadors, educated parents and teens about the dangers of THC misuse.

In May 2025, Community Missions Inc. (CMI), in partnership with Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) and M&T Bank, opened its Lantern Project. Co-located within the agency's emergency housing shelter at 1570 Buffalo Avenue in Niagara Falls, NY, the Lantern Project is a two-bed safe place reserved for individuals ready to engage in substance abuse treatment. The Lantern Project will fill a gap in the time between when individuals may choose that they would like to engage in rehabilitation for substance use until their admittance to treatment. This provides a safe space for individuals during the time until they are able to access such services.
<https://www.communitymissions.org/news/article/featured/2025/05/12/100156/cmi-unveils-lantern-project-helping-individuals-struggling-with-substance-abuse>

Horizon Health Services received a Medication Assisted Treatment (MAT) grant which assists clients in accessing a MAT provider within the first five (5) days of request, a peer within 48 hours, and a first counseling appointment within two (2) weeks.

Goal 8 Objective 3, 2026 Status Update: Ongoing

Goal 8 Objective 3, 2026 Status Update Description: Throughout 2024, multiple providers offered substance use trainings to Niagara County residents, who were trained in opioid overdose recognition and reversal with naloxone.

Northpointe provides evidence-based substance use and violence prevention interventions "Too Good for Drugs" and "Too Good for Violence" beginning in kindergarten in school districts across Niagara County.

Goal 8 Objective 4, 2026 Status Update: Ongoing

Goal 8 Objective 4, 2026 Status Update Description: As summarized in Objective 2, the PATH Team's Probation Response Team (PRT), which includes a trained Peer, piloted a five (5) week jail program providing 64 group sessions at the Niagara County Jail for inmates with substance use issues to tackle issues to prevent recidivism in 2024. Of those attending groups, 47 were female and 70 were male.

Addict2Addict Niagara continues to host Tossing and Testimonies events through the County. These events are focused on sharing hope, inspiration, building new relationships in recovery, networking, resource sharing, and collaboration with agencies to serve people in recovery to help them sustain their recovery.



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Issue Category	Applicable State Agency	Applicable Population
Adverse Childhood Experiences (ACES)	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Case Management / Care Coordination	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Crisis Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Cross Systems Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Employment/Volunteer (Client)	☐ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Forensics	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Housing	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Inpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Non-Clinical Supports	☒ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Outpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Prevention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Problem Gambling	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Refugees and Immigrants	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Residential Treatment Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Respite	☒ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Transitional Age Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Transportation	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Workforce Recruitment & Retention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Other 1: Adult Assertive Community Treatment (ACT)	☒ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☒ Adult Only ☐ Both Youth & Adults
Other 2: Harm Reduction	☐ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults



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Goal 1: Timely Access to Care

Target Date: 12/31/2027

Niagara County's high risk / high need individuals will have timely access to appropriate services to support them in the least restrictive level of care.

LSP Issue Categories goal is applicable to:

1. Case Management/Care Coordination
2. Residential
3. Other 1 (ACT)

Objective 1: Adult ACT Expansion

Target Date: 12/31/2026

The LGU will advocate for funding to expand the number of adult Assertive Community Treatment (ACT) slots in Niagara County that will serve both Medicaid and non-Medicaid eligible individuals.

Objective 2: Transition Between Levels of Care

Target Date: 12/31/2026

The LGU will work in collaboration with stakeholders to develop innovative processes, programming and/or models of care that will allow individuals to be admitted to and transition between levels of care in a timely manner.

Objective 3: Residential Programming

Target Date: 12/31/2026

The LGU will monitor availability of and access to residential programming through available data sources and support expansion and/or new program development where need is clearly demonstrated.

Objective 4: Promote Recovery for Individuals with Co-Occurring Disorders

Target Date: 12/31/2026

The LGU will support the development and implementation of strategies / programming that will enhance services available to individuals with co-occurring disorders in order to promote recovery in multiple realms.

Objective 5: Improve Timely Access to Community Based Support Services

Target Date: 12/31/2026

The LGU will evaluate available data and engage in targeted activities that will help improve timely access to HCBS Waiver Services, Assertive Community Treatment (ACT), CCO/HHs and HH+, HARP, HCBS, CORE and CFTS services for eligible individuals and prevent / reduce unnecessary utilization of higher cost / level of services.



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Goal 1 Objective Updates

Objective 1: Adult ACT Expansion

- NYS Office of Mental Health (OMH) has provided opportunities for the expansion of ACT Team from 48 to 65; however the expansion requires movement from a traditional ACT Team to Forensic ACT. In late 2024, the LGU in partnership with Spectrum Human Services ACT program leadership advocated with NYS OMH on a hybrid model to meet the current needs of Niagara County individuals; however NYS OMH was unable to approve the request. Future funding opportunities will be explored to expand ACT to meet the complex needs of Niagara County residents who may benefit from this service.
- The wait list for Spectrum Human Services Assertive Community Treatment (ACT) program, managed through the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Adult Single Point of Access (SPOA) Program, had an average of three (3) individuals in 2024 as compared to 11 in 2023. In 2024, SPOA and ACT providers worked collaboratively to vet, ongoing, the wait list. Additionally, Health Home Plus care management services (as step-down) were more accessible as staffing stabilized. This allowed movement between levels of care and thus a reduced waiting list. A need remains for increased ACT slots to ensure timely access to care at time of need. In previous years, entities stopped referring potentially eligible individuals for ACT services due to a lack of service availability and the anticipated lengthy wait for services.

Objective 2: Transition between Levels of Care

- The Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Single Point of Access (SPOA) program approved 79% and 84.5% of the referrals received to the Adult and Children's SPOA Programs respectively in 2024, resulting in 369 total linkages to housing, residential, Adult / Youth ACT, care management, and / or other types of community based supports through the SPOA program in 2024. Primary reasons for SPOA applications not being approved is due to lack of ability to determine program eligibility based on incomplete applications and lack of response from referral sources and/or applicants to complete the application requirements.
- NCDMH SPOA staff remain active participants in cross-system and other collaborative provider meetings. For example, they attend the Western Region SPOA meetings as scheduled; facilitate monthly separate Children's and Adult SPOA meetings via WebEx; engage in weekly cross-systems collaborative calls facilitated by ECMC CPEP staff to discuss discharge planning needs of Niagara County youth presenting to the hospital; participate in both ad-hoc and regularly scheduled meetings for particular youth who may be experiencing systemic barriers to accessing appropriate levels of care and/or community-based resources; and attend monthly Community Network of Care (CNOC) for Children & Families in Niagara County meetings. SPOA staff routinely elevate high risk/need cases and system-related issues to Department Leadership as they arise in order for appropriate courses of action to be determined, further direction to be provided and/or administrative action to be taken.



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- In fall 2024, SPOA staff participated in a collaborative meeting facilitated by WNY Office of Mental Health Children's Division leadership that included staff from ECMC CPEP, Erie County SPOA and other local providers for the purpose of reviewing and the currently weekly CPEP cross-system provider meeting process and determining any necessary revisions to make it most beneficial. Outcomes of this meeting included the following:
 - ECMC will begin to provide county Children's SPOAs with a list of all youth that have been in CPEP in the past week, not just the youth experiencing discharge barriers. The intent is to allow CSPOA's to enhance coordination efforts with families post-discharge from CPEP and assess further for appropriate services to meet their unique needs. A schedule was determined for when lists will be sent.
 - ECMC discussed the possibly of opening a children's help center, similar to their adult help center that could potentially reduce presentations in CPEP that may be more appropriate for intervention in a less restrictive level of care.
 - SPOA staff "revived" a previously utilized School to Hospital Communication Form devised by NCDMH Deputy Director in collaboration with local school districts and the previous Eastern Niagara Hospital Child and Adolescent Psychiatric Unit personnel as part of the County's System of Care initiatives as a request was received from a local school district to reinstate utilization of this form with local hospitals (as it had not been utilized since ENH's children's unit close in late 2019). ECMC and WNY OMH staff provided their feedback on use of the form and were receptive to this mode of communication in the event a youth is transported directly to CPEP from a school either voluntarily or under Mental Hygiene Laws.
 - Following this meeting, NCDMH Deputy Director updated this form with current local hospital contact information and distributed it local school districts through CNOC for utilization as schools see fit.
 - NCDMH Deputy revised and distributed to local hospitals and system of care stakeholders a comprehensive directory of points of contacts at Niagara County schools; psychiatric hospital emergency departments and inpatient units; mental health, school-based satellite and substance abuse treatment clinics; and an array of community-based services provider agencies.
- In 2025, the Local Governmental Unit (LGU) and Niagara Falls Memorial Medical Center (NFMMC) leadership began routine collaborations to improve hospital-community communications, facilitate timely access and reduce barriers to care for children, adolescents and adults presenting to the psychiatric emergency department.

Objective 3: Residential Programming

- According to the NYS CAIRS reporting system for adult residential services for 2023 – 2024 data, Niagara County based program occupancy rates were as follows:
 - Community Residences: 87.6% occupancy
 - Apartment Treatment Program: 75.4% occupancy

Some reasons for lower occupancy rates in higher level of care include referred individuals' desire to reside independently in the community or without a roommate. Construction on one



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the community residences in Niagara County will occur in 2025 to create single rooms for individuals.

- OASAS funded residential programs in Niagara County occupancy rates based on local reports were as follows:
 - Community Residential: 97% occupancy
 - Residential Rehabilitation: 99% occupancy
 - Residential Reintegration: 100% occupancy

Four (4) out of five (5) residential rehabilitation programs had wait lists averaging 46 people waiting per month with an average length of stay on the waitlist of 22 days.

Cazenovia Recovery Services is in process of construction on the Community Residential Program for women, including pre and postnatal and women with children up to age five (5) which will increase capacity by five (5) women and one (1) additional child.

- Several changes occurred in the past year, and more are in process of occurring this year, with NYS OPWDD residential programming in Niagara County. A total of three (3) Intermediate Care Facilities (ICFs) closed, resulting in a loss of 34 ICF beds, while supervised Individualized Residential Alternative (IRA) opportunities will be increased by a total of 30 between 2024 and 2025. Changes include the following:
 - People Inc. increased capacity at the supervised IRA located at 4632 Miller Rd. in Niagara Falls, NY from four (4) to five (5) from a relocated opportunity from 2496 Delaware Ave, Buffalo, NY to 4632 Miller Rd., Niagara Falls, NY.
 - People Inc. relocated one (1) opportunity from the supervised IRA at 4696 Creek Rd., Lewiston, NY to 520 Englewood Ave, Buffalo, NY, which reduced bed capacity.
 - People Inc. is in process of relocating three (3) Free Standing Respite (FSR) opportunities from 6828 Townline Rd., N. Tonawanda, NY to 80 Acacia Dr., Amherst, NY and suspending the operating certificate and two (2) remaining FSR opportunities. The agency indicates the new location will be more centralized and accessible for families in Erie and Niagara Counties. Additionally, the agency is in process of relocating a total of six (6) supervised IRAs from 80 A and B Acacia Dr., Amherst, NY to 6828 Townline Rd., N. Tonawanda, NY expanding the supervised IRA opportunities in Niagara County.
 - NYS OPWDD operated supervised IRA decreased capacity from six (6) to five (5) beds at 6228 Dale Rd., Newfane, NY to comply with Life Safety Code.
 - NYSARC Inc. Cattaraugus Niagara Counties Chapter (DBA InTandem) closed and decertified the ICF located at 115 Mead St., N. Tonawanda, NY and transitioned individuals in this location to supervised IRAs within Niagara County to better meet their current needs.
 - NYSARC Inc. Cattaraugus Niagara Counties Chapter (DBA InTandem) converted the ICF located at 6821 Sy Rd., Niagara Falls, NY (12 opportunities) to a supervised IRA at the same location to reduce the administrative burden and reinvest time into staffing efficiencies and individual care and to increase fiscal long-term fiscal health of the agency and program. The agency indicates the conversion would not



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negatively impact clients in care as they are all able to be served appropriately in the IRA.

- NYSARC Inc. Cattaraugus Niagara Counties Chapter (DBA InTandem) converted the ICF located at 3076 Saunders Settlement Rd., Sanborn, NY (12 opportunities) to a supervised IRA at the same location to reduce the administrative burden and reinvest time into staffing efficiencies and individual care and to increase fiscal long-term fiscal health of the agency and program. The agency indicates the conversion would not negatively impact clients in care as they are all able to be served appropriately in the IRA.
- Heritage Christian Services is in process of relocating five (5) opportunities from 4441 Tonawanda Creek Rd., N. Tonawanda, NY to 7237 Townline Rd., N. Tonawanda, which will be a new supervised IRA, and adding an additional one (1) opportunity to bring capacity to six (6). The new supervised IRA is a one-story home providing individuals to age-in-place more effectively.

More OPWDD licensed / certified residential opportunities are needed in Niagara County to meet the needs of individuals awaiting these services. The CRO list continues to be lengthy, often having individuals waiting for several months to years to access residential services.

Objective 4: Promote Recovery for Individuals with Co-Occurring Disorders

- Through NYS OMH funding, Spectrum Health and Human Services Assisted Community Treatment (ACT) Program added an Individual Placement and Support (IPS) employee, who predominately works on securing employment for clients enrolled in the program. IPS is aimed at increasing the use of evidence-based supported employment in OMH licensed and designated outpatient rehabilitation programs, including Assertive Community Treatment (ACT) Teams and Community Oriented Recovery and Empowerment (CORE) Psychosocial Rehabilitation (PSR) designated providers.
- On average in 2024, 55% of the Spectrum ACT roster consisted of individuals on an Assisted Outpatient Treatment (AOT) court order or enhanced monitoring contract. This rate is significantly lower than the average in 2023, when 77% of the Spectrum ACT roster consisted of individuals on involved with AOT.

Objective 5: Improve Timely Access to Community Based Support Services

- Sisters of Charity Care Management Program, which serves Niagara County, sought NYS OMH designation as a Specialty Mental Health Care Management program in December 2024.
- Due to program underutilization the Niagara County Department of Mental Health & Substance Abuse Services closed their Community Orientated Recovery and Empowerment Services (CORE) Community Psychiatric Support and Treatment (CPST) Program effective April 1, 2025. Currently, Allwel and Venture Forthe remain designated to provide CORE CPST services to Niagara County Residents.



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- In 2024 and continuing into 2025, Child and Family Services Youth Assertive Community Treatment (ACT) Program paused acceptance of new referrals at times during the year due to ongoing staff recruitment and retention issues; however this did not significantly impact the ability of youth accessing the program services in a timely manner when such was needed.
- Hillside Children's Center Children and Family Treatment and Support (CFTS) Services discontinued all CFTS services as of June 2024 due to lack of staffing and fiscal viability. Access to services for children and youth remained very challenging for any CFTS services in Niagara County due to program staffing issues and long wait lists.
- Based upon local report data, waitlists continue for all CFTS Services due to such factors as staffing vacancies and potential duplicated individuals on multiple agency wait lists.
- Targeted trainings were offered to local providers who offer HH+, HARP, HCBS, CORE and CFTS services. These trainings included a Youth Mental Health First Aid (YMHFA) workshop with 10 providers trained and multiple Adult Mental Health First Aid (AMHFA) workshops with 41 providers trained.



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Goal 2: Expanded Access to Treatment

Target Date: 12/31/2027

Niagara County residents across the lifespan will have expanded access to quality treatment at time of need.

LSP Issue Categories goal is applicable to:

1. Inpatient Treatment
2. Outpatient Treatment
3. Workforce

Objective 1: Expansion of Treatment Options

Target Date: 12/31/2026

Utilizing available data sources, the LGU will monitor availability and access to inpatient and outpatient treatment and support expansion and/or new program development when need is clearly demonstrated.

Objective 2: Stabilization and Recovery

Target Date: 12/31/2026

The LGU will support the development and implementation of strategies and/or program expansions that promote the stabilization and recovery of individuals with co-occurring disorders when need is clearly demonstrated.

Objective 3: Building on the Workforce

Target Date: 12/31/2026

The LGU will work in collaboration with local providers to improve accessibility to mental health, substance use, and intellectual and developmental disability trainings through the development of a training network and evidence-based curriculum to ensure baseline competencies in behavioral health programming.



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Goal 2 Objective Updates

Objective 1: Expansion of Treatment Options

- Niagara Falls Memorial Medical Center closed its Continuing Day Treatment (CDT) program in October 2024 due to decreasing census and lack of fiscal viability. This is a loss of services to the Niagara County community who were diagnosed with Severe Mental Illness (SMI) and benefited from this older model of care.
- In 2024, Horizon Health Services was awarded the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program for their Niagara County clinic locations in Niagara Falls and Lockport, NY. CCBHCs aim to provide coordinated outreach and care to individuals who have complex mental health, substance use, and co-occurring medical and other related concerns. This expands the availability of CCBHC services from two (2) to four (4) locations in Niagara County as Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Counseling and Wellness Services Clinics are established CCBHCs in Lockport and Niagara Falls, NY. <https://horizon-health.org/press-release-horizon-health-services-awarded-ccbhc-demonstration-designation-by-omh-and-oasas-for-niagara-county/>
- NCDMH Niagara County Counseling & Wellness Services Lockport Clinic is in process of relocating to 475 South Transit Road in Lockport. This location is on a bus-route, is more accessible, and will have the opportunity to expand capacity with an additional licensed clinician position.
- In 2025, Catholic Charities Monsignor Carr Institute expanded population served to include adults at their Lockport and Niagara Falls clinic locations.
- In the past year, three (3) new NYS Office of Mental Health (OMH) school-based satellite clinics were established, while one (1) school based satellite clinic closed due to inability for agency to staff the site and one (1) other clinic satellite closure due to lack of demonstrated need at the location. Additionally, three (3) school-based satellite clinics reduced hours due to both workforce challenges and lack of demonstrated need.
 - This year, currently proposals are pending approval from NYS Office of Mental Health (OMH) for expansion of one (1) OMH licensed MHOTRS satellite clinic in Niagara Falls, NY, and five (5) school-based satellite clinics as well as the closure of one (1) satellite clinic co-located at a pediatric office due to the office no longer requesting these services.
- In 2024, Recovery Center of Niagara expanded their NYS Office of Addiction and Support Services (OASAS) licensed medically supervised withdrawal (detox) services from 15 beds to 21 beds, and their Inpatient Rehabilitation Services from 25 beds to 79 beds.



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Objective 2: Stabilization and Recovery

- For those seeking substance use treatment in Niagara County in 2024, denial rates for inpatient detox were 28% and 56% for inpatient rehabilitation. Declinations were often due to individuals' high acuity mental health concerns. Facilities state they are unable to manage in "traditional" inpatient programs.

Objective 3: Building on the Workforce

- The Community Network of Care (CNOC) for Children & Families in Niagara County is reimagining CNOC University into a full-day skill building workshop for community providers to help enhance skill sets from a cross-systems perspective.
- NYS Office of Mental Health (OMH) rolled out the "OMH Funded Training for Providers" platform in 2024, a database of over 3,300 trainings available **free of charge**. While this will improve workforce competencies, awareness of this platform is limited and many of these trainings are virtual. The LGU is actively sharing this resource with local service providers.



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Goal 3: Increase Access to Housing

Target Date: 12/31/2027

Niagara County residents will have increased access to and retention in safe and affordable housing that supports long term stabilization and recovery.

LSP Issue Categories goal is applicable to:

1. Housing
2. Transitional Age Services

Objective 1: SRO / Supportive Housing Expansion

Target Date: 12/31/2026

The LGU will advocate for the expansion of single room occupancy and supportive housing opportunities and support proposals that expand these affordable housing opportunities where need is clearly demonstrated.

Objective 2: Landlord and Community Education

Target Date: 12/31/2026

The LGU will work in collaboration with stakeholders to provide education to local landlords and the general community about mental illness, substance use disorders, I/DD and available resources to support individuals with these disabilities in order to increase housing opportunities and the retention of individuals in housing.

Objective 3: Support Housing Stability

Target Date: 12/31/2026

The LGU will promote community education efforts related to homeownership opportunities and the resources available to remain housed.

Objective 4: (NEW) Expansion of Transitional Aged Youth Housing Options

Target Date: 12/31/2026

The LGU will advocate for and support the expansion of housing options for transitional age youth, ensuring access to short-term, transitional, and permanent housing, which is safe and accessible by high risk/high need youth where need is clearly established.



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Goal 3 Objective Updates

Objective 1: SRO / Supportive Housing Expansion

- 2024 NYS Office of Mental Health (OMH) funded supportive housing updates include the following:
 - Living Opportunities of DePaul was awarded 10 Scattered Site Supportive Housing beds in Niagara County.
 - Community Missions Inc. had a loss of 10 supportive housing beds (five scattered site and five long-stay). Based on NYS OMH slot reconciliation/research it was determined that Community Missions is only funded for 96 Supportive Housing Community Services beds through Direct Contract with NYS OMH, and two (2) psychiatric center (PC) long stay beds through State Aid Letter. Community Missions was stretching the funds to cover the additional beds. NYS OMH clarified that this is not allowable.
 - Recovery Options Made Easy Inc. (Formerly Housing Options Made Easy, Inc.) Supportive Housing Provider received an additional two (2) long-stay supported housing beds. While looking at funding and bed counts, NYS OMH found that ROME is funded for five (5) PC long stay beds, not three (3) and were instructed to increase the capacity from (3) to (5) to rectify this.
 - Overall supportive housing occupancy rates were 112%, over 100% due to capacity exceeding funded beds for a period of time until this was reconciled. **The demand for supportive housing continues to exceed availability.**
 - DePaul Community Services Packet Boat Landing Single Room Occupancy (SRO) program had an average occupancy of 94.2%; **the demand for this housing program well exceeds availability with the current wait list anticipated to be years at this point.**
- In 2024, the LGU provided a letter of support to Living Opportunities of DePaul to build and operate affordable housing with support services in the town of Wheatfield in Niagara County. There is a high unmet need for supportive housing that prevents homelessness in Niagara County, and DePaul's proposal to provide housing with supports for adults with serious mental illness (SMI), Veterans, frail seniors, and the chronic homeless will help address critical gaps in services in Niagara County.
- Based on local data reports received by the LGU, the NYS Office of Addiction Services and Supports (OASAS) funded supportive housing program in Niagara County had an occupancy rate of 66.7%. Based on the reimbursement model, fiscal viability of the program is not possible.
- In 2024, The LGU hosted a planning session on the service system for co-occurring mental health (MH) and substance use disorders (SUD), with 24 providers from local agencies attending. The LGU and providers examined barriers for people with co-occurring MH/SUD and what gaps exist in the housing continuum of care for individuals with co-occurring MH/SUD. Information gathered from this session is being utilized to identify potential funding opportunities for proposals that will meet needs of individuals in Niagara County.



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Goal 4: Crisis Services Continuum of Care

Target Date: 12/31/2027

Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.

LSP Issue Categories goal is applicable to:

1. Crisis Services

2. Cross-Systems

3. Respite

Objective 1: Community Resources Awareness and Utilization

Target Date: 12/31/2026

The LGU, in collaboration with stakeholders, will provide community education through various mediums to increase the community's awareness and use of available resources.

Objective 2: Community Education and Training

Target Date: 12/31/2026

The LGU, in collaboration with stakeholders, will facilitate and/or coordinate education and training opportunities that equip both providers and the general public with the knowledge and skill sets to recognize and appropriately respond to individuals in crisis.

Objective 3: Expand Options within the Crisis Continuum of Care

Target Date: 12/31/2026

The LGU will support proposals that expand options and/or enhance services within the crisis continuum of care where need is clearly demonstrated in order to serve individuals in the least restrictive setting.

Objective 4: Cross System Planning and Intervention

Target Date: 12/31/2026

The LGU will work in collaboration with cross-system providers to identify and implement strategies that support a coordinated response to effectively intervene with and guide high risk / need individuals, and their families, in crisis.

Objective 5: HBCI or Like Services for Children/Adolescents

Target Date: 12/31/2026

The LGU will evaluate the need for Home Based Crisis Intervention (HBCI) or like services (children's hospital diversion services) and support proposals for implementation when need is clearly demonstrated.

Objective 6: Access to Respite

Target Date: 12/31/2026

The LGU will support the expansion of respite opportunities that address the unmet needs of individuals, and their caregivers, where need is clearly demonstrated.



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Objective 7: Crisis Intervention in Schools

Target Date: 12/31/2026

The LGU, in collaboration with local school districts, will facilitate the training of school personnel and equip them with the knowledge and skills to recognize and appropriately respond to students experiencing a mental health and/or substance use related crisis.



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Goal 4 Objective Updates

Objective 1: Community Resources Awareness and Utilization

- The number of answered calls on the local Niagara County Crisis Services 24/7 line increased by 14% from 2023 to 2024 while the number of answered calls on the 988 line increased by 96.7% for the same time period. With the implementation of 988, initial assumptions were that calls to the local Niagara County Crisis Services line may decrease; however the opposite occurred. Calls to the 988 line tend to be higher acuity, more intensive cases. The call volume increases demonstrate greater community awareness and utilization of these vital services.
- The Well Niagara app and corresponding webpage launched on 10/19/2023, providing Niagara County residents with immediate access to local resources at the touch of their fingers. Currently, the Well Niagara app downloads exceed 1,000. In the past six (6) months of 2025, the top five (5) features accessed were: Counseling Menu (outpatient treatment), Basic Needs, Community Services, my Safety Plan and the Calendar of events. The text to the Crisis Text Line 741741 and call for help to the Niagara County Crisis Services features are also utilized in app.
- You Matter Coffee Sleeve Project: In September 2024 during Suicide Prevention and Recovery Month, approximately 9,600 coffee sleeves were utilized by 14 different coffee shops / stops around Niagara County with the Niagara County Crisis Services 24/7 Crisis Number and 988 as well as a QR code to access the Well Niagara App and Webpage for information on community resources and supports. Some shops also shared their efforts on social media which got some attention from the community.
- The LGU continues to advertise the Niagara County Crisis Services and 988 phone numbers on seven (7) bus benches throughout Niagara Falls, NY. Student Designs are utilized on the benches to engage youth in community involvement and resource awareness activities.
- NCDMH staff provided various presentations and participated in numerous community and school tabling events to share information and resources about services, supports and treatment available in Niagara County.
- At the beginning of the 2024-2025 school year, the LGU distributed Niagara County Crisis Services and 988 phone number Tear-Off flyers to every public and private junior and senior high school in Niagara County, including 22 public schools, eight (8) private schools, 16 ONBOCES locations, and three (3) colleges. These flyers were created with students' designs from the Orleans and Niagara Career and Technical Center's Graphic Communications Program.
 - Throughout 2024 – 2025, these flyers were distributed throughout the Niagara County community and in the NYS Park in Niagara Falls.
 - At the request of a NYS Parks representative, the flyers were tailored for distribution throughout all NYS Parks with only the 988 number listed.



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Objective 2: Community Education and Training

- Thirty-nine (39) participants completed the Soul Shop for Leaders training on 9/18/2024 with many of them being faith-based leaders. The one-day workshop was designed to equip leaders to minister to those impacted by suicide. This includes the creating of worship resource, training congregation members in suicide awareness and basic conversation skills, and then how to extend the invitation to those who have been suicidal in the past to share their stories.
- In 2024, numerous trainings were offered by Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Trained Staff on crisis de-escalation, suicide prevention and intervention to a wide range of individuals in Niagara County. This includes, but was not limited to the following:
 - Youth Mental Health First Aid (YMHFA) and Adult Mental Health First Aid (AMHFA) Workshops were offered to Niagara County residents by NCDMH trained staff. Trainees included provider agency staff, first responders, and NYS Park staff inclusive of Park Rangers, Tour Guides, Maintenance personnel, Horticulturalists and Park vendor cashiers. The MHFA trainings teach people how to identify, understand and respond to signs of mental illness and substance use disorders. The training provides the skills needed to reach out and offer initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. The Well Niagara app and corresponding webpage is shared with trainees to increase awareness and utilization of local resources when connection to care is needed.
 - Crisis Intervention Training (CIT) for law enforcement which teaches law enforcement to effectively respond to individuals experiencing mental health crises. The training is designed to enhance the ability of law enforcement to interact with individuals in crisis, fostering partnership between law enforcement, advocacy and mental health communities.
- In 2025, an NCDMH staff member was trained by the Suicide Prevention Center of NY (SPCNY) in Applied Suicide Intervention Skills Training (ASIST), which aims to help caregivers learn to recognize and review risk, and to intervene to prevent imminent risk of suicide. It also offers 15-contact hours for social workers (LMSWs, LCSWs) and licensed mental health counselors (LMHC). This training will be added to the cadre of training offerings provided to the Niagara County community.
- Throughout 2024 – 2025, the Niagara County PATH (Presenting Alternatives to Treatment and Healing) Program Quick Response Team provided information and resources on PATH services which provide a bridge between the crisis and a safer future with “Knock and Talk” post overdose follow up; increasing access to supports and treatment; preventing future drug overdoses; and reducing the number of drug overdoses.

Objective 3: Expand Options within the Crisis Continuum of Care

- Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) is in process of supporting the implementation of the Navi App in four (4) Niagara County school



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districts within the Niagara/Orleans Trauma, Illness and Grief (TIG) Consortium. Navi is a Tier 1 wellness program for students ages eight (8) and up. Navi provides evidence based, single-session, mental wellness supports to students in their critical moments of need, including skills development, action plans, and in the moment solutions to everyday problems. Navi integrates school and local crisis resources and expands service availability, and this resource will address the need for students to have more immediate access to supports in-the-moment of need, assist in reducing social stigma and uncertainty around the process of help-seeking therefore increasing help-seeking behavior, and increase students' knowledge and skill sets to make a positive impact on their lives to abate the opioid epidemic.

- BestResponse is expected to open in 2025 in Erie County, serving Niagara County residents. BestResponse will operate 24/7, providing Niagara County residents with immediate crisis support without the need for prior medical clearance. Services will be accessible in-person and through telehealth options as needed. Individuals may seek assistance through walk-in visits, referrals, or arrival via emergency services. BestResponse will be equipped to offer and coordinate a range of services, including mental health and substance use support, as well as medication management. The center is designed to address immediate needs and support long-term recovery and reintegration into the community.

Objective 4: Cross System Planning and Intervention

- Beginning in 2024, Niagara County Department of Mental Health & Substance Abuse Services (NCDMH), in partnership with the Orleans/Niagara BOCES and their 13 component districts, established the Niagara/Orleans Trauma, Illness and Grief (TIG) Consortium. Training and implementation efforts are supported by Coordinated Care Services Inc. (CCSI). The TIG approach is based on trauma-informed response model that teaches participants how to be aware of trauma, illness and grief with evidence-based crisis response skills, resources, and ongoing technical support to help students with trauma, violence, illness, death and grief in the school setting. TIG incorporates prevention, intervention and recovery response. Currently, there are almost 150 TIG trained responder, with additional trainings being offered in 2025 to up to 100 more participants.
- The Niagara County Departments of Mental Health & Substance Abuse Services, Emergency Management and Public Health are working collaboratively to establish the Niagara County Critical Incident Support Team. The CIST is a program developed to provide timely professional assistance after major incidents to minimize stress-related injury/illness to all Niagara County Emergency Services personnel, County first responders and their family members.

Objective 5: HBCI or Like Services for Children/Adolescents

- In 2025, New Directions Youth & Family Services was awarded funding through NYS Office of Mental Health (OMH) to establish Home Based Crisis Intervention (HBCI) Traditional services, serving both Niagara and Erie Counties. HBCI is a community-based, short term, intensive crisis program designed to avert psychiatric hospitalizations and



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placements for youth ages five years to 20 years 11 months, experiencing an acute mental health crisis.

Objective 7: Crisis Intervention in Schools

- The Creating Suicide Safety in Schools Workshop was provided by NCDMH staff to school districts in Niagara and Erie Counties; one on 11/5/2024, with 45 school staff participating and another on 2/3/25 with 12 participants. The Workshop is for school administrators, school psychologists, social workers and school counselors who may be involved in prevention initiatives.
- NCDMH staff presented to over 500 school staff on 8/28/2024 and 8/29/2024 on Suicide Awareness, Intervention, and available community resources.



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Goal 5: Cross-System Services

Target Date: 12/31/2027

Increase accessibility to integrated, coordinated care and services across the lifespan for individuals with co-occurring needs through innovative multifaceted cross-systems collaborative approaches.

LSP Issue Categories goal is applicable to:

1. Cross System Services

Objective 1: Systems of Care

Target Date: 12/31/2026

The LGU will lead the Niagara County Systems of Care (Community Network of Care – CNOC- for Children & Families in Niagara County) to engage cross-system providers in strategic planning, implementation activities, and continuous quality improvement efforts to effectively respond to identified system needs and service gaps.

Objective 2: Resources to Support Collaborations

Target Date: 12/31/2026

The LGU will identify additional resources and funding opportunities that can support sustainable cross-system engagement and collaborations in areas where need is demonstrated.

Objective 3: Service System Navigation and Education on Community Resources

Target Date: 12/31/2026

The LGU will work in partnership with cross-system providers to increase awareness of existing system platforms, which connect youth, families and adults to community resources that improve and sustain mental, emotional, behavioral, and physical wellness.



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Goal 5 Objective Updates

Objective 1: Systems of Care

- The Community Network of Care (CNOC) for Children & Families in Niagara County Coalition participated in the study conducted by a University at Buffalo School of Social Work Ph.D. candidate, “Understanding and Enhancing Collaboration across Outpatient Children’s Mental Health Care Service Delivery Models in a County-Level System of Care.” The study provided recommendations on how to enhance collaboration in Niagara County, including re-engagement efforts, hosting CNOC University, utilizing Basecamp for project communications, the co-location of services, continuing efforts to engage pediatric integrated care (PIC) stakeholders, and identifying current service gaps.
- The CNOC Coalition partnered with NYS Project TEACH to virtually offer the “Bridging Gaps in Perinatal Mental Health: Strengthening Suicide Prevention and Crisis Response” presentation by Dr. Joshna Singh on 5/9/2025. Dr. Singh shared important topics and her recent study related to perinatal mental health. The event aimed to create awareness, provide support, and share resources for providers who are working with individuals experiencing mental health challenges during pregnancy and postpartum. Dr. Singh specializes in the evaluation and treatment of psychiatric disorders across the female life cycle and how hormonal fluctuations during different phases of women’s life span including perinatal period, menstrual cycle, and perimenopause affect their mental health. Currently, Dr. Singh is an Assistant Professor of Psychiatry, and this year will complete 10 years with the department. She primarily practices at the outpatient clinic where she treats all adults between the ages of 21-65 years. She also works at Buffalo General Hospital as a consultation liaison psychiatrist. In the past few years, Dr. Singh had the opportunity to become involved in two research projects involving women’s mental health.
- A CNOC University event was held on 6/5/2025 with a focus on four (4) different skill building sessions, bringing together cross-systems providers. Sessions included: Hidden Mischief by Northpointe Council which provides a lifelike teenage room to search for hidden drugs and paraphernalia while learning about concealment methods and drug culture references; Safety and Conflict Resolution while working in the community and de-escalation techniques presented by Niagara County Sheriff Office Deputy Samantha Jones; In Her Shoes by Pinnacle Community Services which focuses on empathy building as participants move, act, think, and make choices as a person experiencing an abusive relationship; and an Engagement with Young Children presentation by Pinnacle Community Services utilizing the NYS Pyramid Model which teaches skills and techniques to use with parents to support positive parent/child interaction for children ages 0 to 7 years.
- The CNOC Coalition membership increased from 95 to 161 members with increased effort to form more strategic, intentional partnerships rather than just new members. This membership has increased partially due to success of CNOC University events.



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- The CNOC Advisory Council returned to incorporating in-person meetings to improve collaboration amongst providers.

Objective 2: Resources to Support Collaborations

- The CNOC Coalition is reimagining CNOC University to further increase cross-systems collaborations and pool available resources. CNOC University intends to enhance cross-system staff training needs by supporting skill development, cultural humility and workforce retention.

Objective 3: Service System Navigation and Education on Community Resources

- The Well Niagara app was utilized to send push-notifications about upcoming events in the community, spreading awareness of local training opportunities.
- Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) personnel provided over 25 tabling/presentations at events in Niagara County, sharing information about mental health, Narcan, Well Niagara app and corresponding webpage, Niagara County Crisis Services and 988, and NCDMH services.



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Goal 6: Workforce Recruitment and Retention

Target Date: 12/31/2027

The Niagara County Mental Hygiene service system will strengthen the workforce and establish a continuous pipeline of qualified staff to meet the demand for services in a timely manner.

LSP Issue Categories goal is applicable to:

1. Workforce
2. Employment/Volunteer (clients)
3. Non-Clinical Supports

Objective 1: Culturally Competent and Diverse Workforce Target Date: 12/31/2026

The LGU will evaluate available data sources, best practices and innovative strategies to engage in workforce development initiatives that recruit and retain culturally competent and diverse personnel that are responsive to the needs of the populations served.

Objective 2: Integrating Emerging Paraprofessionals/Professionals in the Workforce

Target Date: 12/31/2026

The LGU will work in collaboration with local providers to identify and implement strategies that will increase the integration of emerging paraprofessionals and qualified health professionals in the workforce through innovative means.

Objective 3: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements

Target Date: 12/31/2026

The LGU will engage in cross-system collaborations to identify resources and link people with opportunities that promote cultural competency, skill development, marketability, and increase job placements.

Objective 4: Increase Number of Peers in the Workforce Target Date: 12/31/2026

The LGU will work in collaboration with local providers to identify and implement strategies that will increase the number and retention of credentialed peers in the workforce to meet people “where they are at” when needed.

Objective 5: Integration of Individuals with IDD in the Workforce

Target Date: 12/31/2026

The LGU, in collaboration with stakeholders, will promote community education efforts related to employment skills training for individuals with I/DD to increase opportunities for integration into the general workforce.

Objective 6: Development of Standardized Training Practices

Target Date: 12/31/2026

The LGU will work in partnership with stakeholders to develop an evidence-based orientation training curriculum, to support the recruitment and retention of paraprofessionals and behavioral health personnel.



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Goal 6 Objective Updates

Objective 1: Culturally Competent and Diverse Workforce

- In 2025, the LGU will distribute two Local Services Planning Workforce Surveys. One will assess workforce challenges among mental hygiene agencies in Niagara County and compare data from the last survey in 2021. The second will evaluate the Human Services Workforce county-wide, gathering insights from both job seekers and current employees. Findings will inform Community Network of Care (CNOC) for Children & Families in Niagara County Coalition efforts and help shape workforce recruitment and retention strategies for the NCDMH Annual Local Services Plan.

Objective 2: Integrating Emerging Paraprofessionals/Professionals in the Workforce

- Niagara University received a grant in early 2024 to begin supporting students in clinical mental health counselling programs. The grant from the Patrick P. Lee Foundation, establishes up to five scholarships for full-time students in the program. Scholarship recipients will receive up to \$10,000 per year for the three-year program, for a total award of \$30,000.
- The State University of New York (SUNY) and Office of Mental Health (OMH) established a Scholarship Pipeline Program expanding and diversifying the mental health professionals' pipeline. The Program offers paid internship and is intended to attract, retain, and graduate students trained in the various mental health professions and who demonstrate potential for positively affecting the quality of mental health care for all NYS residents, with a focus on service to those individuals who may have historically lacked quality mental health care <https://www.suny.edu/diversity/mentalhealth-scholarship/>. Beginning in spring 2025, SUNY Niagara is a participating school and is partnering with mental health provider agencies in Niagara County, including the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH), for this pilot program.

Objective 3: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements and Objective 6: Development of Standardized Training Practices

- As described in Goal 4, CNOC University will promote cultural competency and skill development. The goal of CNOC University is that it will become a standardized training practice for all new hires working at a human service agency in Niagara County.



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Goal 7: Expand Prevention Activities

Target Date: 12/31/2027

Expand prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized and underserved populations, to protect, promote and maintain the health and well-being of Niagara County residents.

LSP Issue Categories goal is applicable to:

1. Prevention
2. Cross System Services

Objective 1: Commitment to Zero Suicide Model

Target Date: 12/31/2026

The LGU will work in partnership with the Suicide Prevention Coalition and stakeholders to make a formal commitment to, and establish benchmarks for, the adoption of the Zero Suicide Model.

Objective 2: Promotion of Healthy Living

Target Date: 12/31/2026

To promote healthy living, the LGU will work in partnership with the public health and prevention providers to implement evidence-supported / based approaches to prevent and/or reduce alcohol and substance use and related consequences as well as mental, social-emotional, intellectual/developmental and behavioral disabilities.

Objective 3: Expand Early Intervention Activities

Target Date: 12/31/2026

The LGU will work with cross systems providers to expand early intervention activities where need is clearly demonstrated to prevent the development of long-term negative health outcomes.

Objective 4: Expansion of Trauma Response in Schools

Target Date: 12/31/2026

The LGU will collaborate with local school districts to develop a comprehensive training and crisis response network for grades K – 12 education and beyond.



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Goal 7 Objective Updates

Objective 1: Commitment to Zero Suicide Model

- The Niagara County Suicide Prevention (NCSP) coalition is partnering with the Niagara County Department of Health (NCDOH) to gather quantitative data to better understand the prevalence of suicide and suicidal behaviors in Niagara County. With improved data, the NCSP Coalition can establish benchmarks to track trends related to suicide, and work towards achieving the Zero Suicide Model.
- In September 2024 the NCSP Coalition coordinated several public awareness activities spread the message of help and hope during Suicide Prevention and Recovery Month:
 - You Matter Coffee Sleeve Project: Approximately 9,600 coffee sleeves were utilized by 14 different coffee shops / stops around Niagara County with the Niagara County Crisis Services 24/7 Crisis Number and 988 as well as a QR code to access the Well Niagara App and Webpage for information on community resources and supports. Some shops also shared their efforts on social media which got some attention from the community.
 - Suicide Prevention Flag Raising: Niagara Falls High School had approximately 20 students participate in raising the NCSP Coalition flag and shared the event on their Instagram page. Lockport High School had approximately 50 students participate in raising the NCSP Coalition flag during a flag raising ceremony and were featured on a local news station highlighting the importance of suicide prevention activities.
 - Lighting of the Falls: the US and Canadian sides of Niagara Falls were lit up in purple in Teal on 9/2/24 for a 15-minute duration; a live feed of the event was available for the community at large to view.
- Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Leadership engaged in collaborations with NYS Parks leadership in Niagara Falls, NY as well as with Kevin Hines, an International Suicide Prevention Spokesman, to obtain guidance on where to begin to make change with suicide prevention efforts at Niagara Falls. Mr. Hines' advocacy efforts were pivotal in the net installation at the Golden Gate Bridge. Mr. Hines provided valuable insights and connections to others to begin this work; the Department anticipates continued collaborations with Mr. Hines in the near future. NCDMH and NYS Parks leadership are working together to create and execute actionable steps for increased suicide prevention efforts at Niagara Falls, NY. Additionally, NCDMH Leadership engaged in conversation with a member in the Governor's Office to further discuss suicide prevention ideas that may need consideration for future funding for suicide prevention efforts in Western NY and across the state.

Objective 2: Promotion of Healthy Living

- Well Niagara app and corresponding webpage continues to increase awareness of and connection to a variety of resources that assist with improving and sustaining mental, emotional, behavioral, and physical wellness.



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- In 2024, Horizon Health Services was awarded federal funding through SAMHSA to support the agency's Substance Abuse-Free Education/Intervention & Referral (SAFER) Program targeted at serving adolescents and young adults ages 10 to 25 to identify those at risk for substance abuse and in need of substance use intervention. <https://kenedy.house.gov/news/documentsingle.aspx?DocumentID=1128>
- Horizon Health Services also is building upon its licensed school-based clinician capacity to deliver Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to adolescents in Niagara County (as well as in Erie and Genesee Counties). Attention is being given to underserved, minority and marginalized populations including LGBTQ+ youth. The program aims to increase screening for underage drinking, tobacco, opioid, and other substance use; improving timely access to treatment services; and ultimately reduce alcohol and substance abuse early before it leads to adult alcohol and drug related disorders. <https://kenedy.house.gov/news/documentsingle.aspx?DocumentID=1128>

Objective 3: Expand Early Intervention Activities

- The Healthy Moms Healthy Babies (HMHB) Coalition, which operates under the umbrella of the Community Network of Care (CNOC) for Children & Families in Niagara County, partnered with the Niagara County Department of Health (NCDOH) and the Niagara Falls Memorial Medical Center (NFMHC) P3 Center for Teens, Moms and Kids to offer Fresh Air Fridays from July 5, 2024 to August 30, 2024. A total of 388 people attended the events, with 56 Baby Bundles/surveys distributed with the Bundles which resulted in 12 referrals to the HMHB Coalition and 17 referrals to Healthy Neighborhoods. The most popular sites were the Lockport Housing Authority and the Kenan Center in Lockport.
- In 2025, the NYS Office of Mental Health (OMH) Healthy Steps Grant awards were awarded to two (2) pediatric practices in Niagara County, Dr. Beney and Wheatfield Pediatrics. The Healthy Steps program is an evidenced-based program that integrates mental health and physical health screening and support in pediatric offices for children, and their families, ages 0 – 3.
- In August 2024, the Western New York Integrated Care Collaborative (WNYICC) was selected as one (1) of nine (9) entities statewide to receive \$500 million in combined funding over the next three (3) years to create a new Social Care Network (SCN) program. WNYICC will receive up to \$36.8 million over 2.5 years with an anticipated contract that would end at the close of March 2027, which includes Niagara, Erie, Cattaraugus and Chautauqua Counties. The program will address health disparities in low-income communities by leveraging federal funds to help Medicaid members' access nutrition, housing, transportation and other social services that can impact one's health in a positively.

Objective 4: Expansion of Trauma Response in Schools

- In 2024 and continuing the Niagara/Orleans Trauma, Illness and Grief (TIG) Consortium was established and is growing in the number of TIG trained responders. TIG is a comprehensive training and crisis response network for K-12 education and beyond. The innovative TIG program model trains networks of school-based professionals to meet the



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holistic needs of students and equips them with evidence-based crisis response skills, resources, and ongoing technical support to help students cope with trauma, violence, illness, death, and grief in the school setting. The goal of TIG is to strengthen and grow an organization's internal capacity to prepare to have appropriate support for students and staff in place to help minimize risk for crisis, respond more effectively and efficiently, and recover quickly by promoting health recovery strategies in the event of a traumatic incident.

- The Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) leads in partnership with Orleans/Niagara BOCES and the 13 component districts. A formal agreement was established in 2025 between NCDMH, ONBOCES and the 13-component districts. Infrastructure development continues to achieve a sustainable TIG network.
- Four (4) TIG training cohorts occurred between April 2024 and May 2025, with close to 150 school and NCDMH staff becoming TIG-trained. Coordinated Community Services Inc. (CCSI) is providing training and technical assistance to the N/O TIG Consortium to revamp school district crisis response plans, threat assessment process and suicide prevention and postvention interventions. The following school districts participating in the Niagara/Orleans TIG Consortium include:

Eastern Region – Niagara/Orleans

- Albion Central School District
- Barker Central School District
- Lyndonville Central School District
- Medina Central School District
- Newfane Central School District
- Orleans/Niagara BOCES (Burt, Medina, Newfane, Roy-Hart Locations)
- Royalton Hartland Central School District
- Wilson Central School District

Western Region – Niagara

- Lewiston Porter Central School District
- Lockport Central School District
- Niagara Falls Central School District
- Niagara Wheatfield Central School District
- North Tonawanda Central School District
- Orleans/Niagara BOCES (Niagara Wheatfield, North Tonawanda and Sanborn Locations)
- Starpoint Central School District

- There are two (2) additional TIG training cohorts scheduled in the summer and fall 2025.



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Goal 8: Tackle the Opioid / Drug Epidemic

Target Date: 12/31/2027

Increase the availability of, access to, and awareness of harm reduction options in a manner that demonstrates humility and compassion towards people who use drugs (and their loved ones) to reduce overdoses and other negative health outcomes.

LSP Issue Categories goal is applicable to:

1. Other: Harm Reduction
2. Non-clinical Supports

Objective 1: Public Awareness/Engagement Opportunities Target Date: 12/31/2026

The LGU will work in partnership with stakeholders to analyze data and other reliable resources to inform public awareness/engagement activities that will reduce stigma and barriers to care while increasing awareness of and linkage to community resources.

Objective 2: Expand Harm Reduction Options Target Date: 12/31/2026

The LGU will support the expansion of harm-reduction programs, activities, supports and services that focus on meeting the basic needs of persons who use drugs, creating a safe space and developing/establishing trust as an entry point to care.

Objective 3: Education and Training Opportunities Target Date: 12/31/2026

The LGU, in partnership with stakeholders, will identify and facilitate access to education and training opportunities that equip the public with life-saving skills and harm reduction resources.

Objective 4: Expand Access to trained Peers / Family Peers Target Date: 12/31/2026

The LGU will work in collaboration with stakeholders to expand the reach of trained recovery peer advocates and family peer specialists/advocates to areas that will “meet people where they are at” and engage them “when they are ready”.



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Goal 8 Objectives Updates

Objective 1: Public Awareness/Engagement Opportunities

In 2024 the following activities occurred:

- In 2024 – 2025, multiple tabling events were participated in by Niagara County Department of Mental Health & Substance Abuse Services and the Niagara County PATH (Presenting Alternatives to Treatment and Healing) Team at churches, schools, and general community events providing information on available resources and Narcan training to interested attendees including family members of students and school staff. NCDMH also presented on the opioid/drug crisis, current trends and stats, local efforts to address the crisis, harm reduction strategies, and available resources and supports to high school staff.
- Two End Overdose Rally occurred on International Drug Overdose Awareness Day – 8/31/24, one in Lockport for the eight (8th) year and one in Niagara Falls for the first (1st) year. Members of the community came to together to remember loved ones who passed from a drug overdose, provide messages of hope and recovery, receive Narcan Training and a kit, and information on available community resources.
- A subset of the Niagara County OASIS (opioid) Task Force Public Awareness / Involvement Advisory Panel established a work group to begin identifying available data sources and to analyze the data on drug overdoses in Niagara County in order to establish spike alert protocols using a tiered approach. This workgroup's activities are ongoing.
- “Inspire a Well Niagara” Campaign sought to have community members submit their own unique encouraging, uplifting and hopeful messages via a Survey Monkey link to be included in a daily push notification to Well Niagara App users beginning during May as Mental Health Awareness Month. Community members who submitted messages had them appear on the Well Niagara App.
- “Project ART-C” (Art Restores Transforms and Connects) sought to engage the community in a creative manner; encourage dialogue and reflection, particularly in the context of recovery; familiarize individuals with the array of community services available; and to promote effective communication, healthy personal expression, and the power of choice. The Project collected community member artwork submissions that will be compiled into a booklet incorporating thought provoking questions under each art piece and on the opposite page of each art piece a different community agency's contact information to help share information about available local resources and ways in which people can connect to them. This Project is extending into 2025 to complete.
https://www.niagaracounty.gov/news_detail_T8_R745.php

In 2025 the following activities occurred or are planned:

- In the spring, the Niagara Career and Technical Center Graphic Communications Student created new designs to assist the Niagara County OASIS (Opioid) Task Force Public Awareness / Involvement Advisory Committee in its public awareness activities. New graphics will be utilized to update the seven (7) bus bench signs located on bus benches



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across Niagara Falls, NY, to update tear-off flyers to be distributed through the County, and social media messaging with the Niagara County Crisis Services 24/7 phone line and 988 phone number to connect people to care.

- Community Conversation, “Hope Speaks”, forums are currently being planned by the Niagara County OASIS (opioid) Task Force Public Awareness / Involvement Advisory Panel for summer – fall 2025 in the three (3) main cities in Niagara County to engage the community in conversations with cross-systems providers (e.g. first responders, court personnel, peer advocates, mental health and substance abuse provider agencies) on the impact drug overdoses are having on our communities, strategies being implemented to help save lives, and the plethora of resources available for individuals and their families impacted by substance use and/or mental health issues.

Objective 2: Expand Harm Reduction Options

- The Niagara County PATH (Presenting Alternatives to Treatment and Healing) Team monitors to keep stock filled in 51 Narcan mount/stand locations in Niagara County. Through events, trainings, and mounts, over 2,000 Narcan kits were distributed by the Niagara County PATH team in 2024.
- The Niagara County PATH Team Quick Response to Overdose Team (QRT) followed up on and addressed 419 overdose reports through referral by law enforcement in 2024. The PATH Team’s Probation Response Team (PRT) piloted a five (5) week jail program providing 64 group sessions at the Niagara County Jail for inmates with substance use issues, including 47 females and 70 males, to tackle issues to prevent recidivism in 2024.
- In 2024, Niagara County Department of Health (NCDOH) became an Opioid Overdose Program to provide Narcan Training and harm reduction supplies to the community. As of mid-May 2025 the NCDOH reports training 370 individuals and more than 1,400 Narcan kits distributed.
- In 2024, WNY Independent Living in Niagara County reports training 1,066 people on opioid overdose prevention and response and distributed 782 Narcan kits. In 2025 the agency continues to provide Narcan training at local inpatient and residential substance abuse treatment programs, schools, and in the community.
- Save the Michaels of the World, Inc. Recovery Community Center in Lockport initiated a Syringe Exchange Program along with other harm reduction services including distribution of Narcan, Xylazine and Fentanyl test strips in 2024 and is expanding street outreach initiatives in 2025.
- Partner agencies in the Niagara County OASIS (Opioid) Task Force Public Awareness/Involvement Advisory Panel tabled at the 2024 Niagara County Fair providing Opioid Overdose Prevention and Response (Narcan) training to fairgoers.



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- In the past three (3) years of the grant, BestSelf Behavioral Health Virtual Medication Assisted Treatment (MAT) Program served 1,500 Niagara County Individuals out of the 4,800 callers with callers from Lockport, NY identified as having the highest call volume to the Program of all eight (8) counties served.
- In April 2025, CHANT (Community Health Alliance in North Tonawanda) organized a Vape Take Back event with a pledge at the North Tonawanda High School.
- On 5/20/25, Northpointe Council organized a speaking event at the Niagara Falls High School for students and community members, with Laura Stack from Johnny's Ambassadors. Laura Stack's son, Johnny, died by suicide after becoming delusional from dabbing; he began vaping THC at a party at age 14 five years earlier. Laura started a nonprofit organization, Johnny's Ambassadors, educated parents and teens about the dangers of THC misuse.
- In May 2025, Community Missions Inc. (CMI), in partnership with Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) and M&T Bank, opened its Lantern Project. Co-located within the agency's emergency housing shelter at 1570 Buffalo Avenue in Niagara Falls, NY, the Lantern Project is a two-bed safe place reserved for individuals ready to engage in substance abuse treatment. The Lantern Project will fill a gap in the time between when individuals may choose that they would like to engage in rehabilitation for substance use until their admittance to treatment. This provides a safe space for individuals during the time until they are able to access such services. <https://www.communitymissions.org/news/article/featured/2025/05/12/100156/cmi-unveils-lantern-project-helping-individuals-struggling-with-substance-abuse>
- Horizon Health Services received a Medication Assisted Treatment (MAT) grant which assists clients in accessing a MAT provider within the first five (5) days of request, a peer within 48 hours, and a first counseling appointment within two (2) weeks.

Objective 3: Education and Training Opportunities

- Throughout 2024, multiple providers offered substance use trainings to Niagara County residents, who were trained in opioid overdose recognition and reversal with naloxone.
- Northpointe provides evidence-based substance use and violence prevention interventions "Too Good for Drugs" and "Too Good for Violence" beginning in kindergarten in school districts across Niagara County.

Objective 4: Expand Access to trained Peers / Family Peers

- As summarized in Objective 2, the PATH Team's Probation Response Team (PRT), which includes a trained Peer, piloted a five (5) week jail program providing 64 group sessions at the Niagara County Jail for inmates with substance use issues to tackle issues to prevent recidivism in 2024. Of those attending groups, 47 were female and 70 were male.



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- Addict2Addict Niagara continues to host Tossing and Testimonies events through the County. These events are focused on sharing hope, inspiration, building new relationships in recovery, networking, resource sharing, and collaboration with agencies to serve people in recovery to help them sustain their recovery.



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Glossary

ACEs – Adverse Childhood Experiences
ACT – Assertive Community Treatment
AMHFA – Adult Mental Health First Aid
AOT – Assisted Outpatient Treatment
ASIST – Applied Suicide Intervention Skills Training
ART-C – Art Restores Transforms and Connects
CCBHC – Certified Community Behavioral Health Clinic
CCSI – Coordinated Care Services Inc.
CDT – Continuing Day Treatment
CFTS – Child and Family Treatment Services
CHANT – Community Health Alliance in North Tonawanda
CIST – Critical Incident Support Team
CIT – Crisis Intervention Training
CMI – Community Missions Inc.
CNOC – Community Network of Care for Children & Families in Niagara County
CORE – Community Oriented Recovery and Empowerment
CPEP – Comprehensive Psychiatric Emergency Program
CPST – Community Psychiatric Support and Treatment
ECMC – Erie County Medical Center
ENH – Eastern Niagara Hospital
FSR – Free Standing Respite
HARP – Health and Recovery Plan
HBCI – Home Based Crisis Intervention
HCBS – Home and Community-Based Waiver Services
HH+ – Health Home Plus
HMHB – Health Moms Healthy Babies Coalition
ICF – Intermediate Care Facilities
IPS – Individual Placement and Support
IRA – Individualized Residential Alternative



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I/DD – Intellectual/Developmental Disorder

LCSW – Licensed Clinical Social Worker

LGBTQ+ – Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning

LGU – Local Government Unit

LMHC – Licensed Mental Health Counselor

LMSW – Licensed Master Social Worker

LSP – Local Services Plan

MAT – Medication Assisted Treatment

MH – Mental Health

MHOTRS – Mental Health Outpatient Treatment and Rehabilitative Service

NCDMH – Niagara County Department of Mental Health and Substance Abuse Services

NCDOH – Niagara County Department of Health

NC OASIS – Niagara County OASIS (Opioid) Task Force Public Awareness / Involvement
Advisory Panel

NCSP – Niagara County Suicide Prevention Coalition

NFMMC – Niagara Falls Memorial Medical Center

NYS – New York State

N/O TIG – Niagara/Orleans Trauma, Illness, and Grief Consortium

OASAS – Office of Addiction Services and Supports

OMH – Office of Mental Health

ONBOCES – Orleans Niagara Board of Cooperative Educational Services

OPWDD – Office for People with Developmental Disabilities

PATH* – Presenting Alternatives for Treatment and Healing

PC – Psychiatric Center

PSR – Psychosocial Rehabilitation

PRT – Probation Response Team

QRT – Quick Response to Overdose Team

SAFER – Substance Abuse-Free Education/Intervention & Referral

SBIRT – Screening, Brief Intervention, and Referral to Treatment

SCN – Social Care Network



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SMI – Severe Mental Illness

SPCNY – Suicide Prevention Center of New York

SPOA – Single Point of Access

SRO – Single Room Occupancy

SUD – Substance Use Disorder

SUNY – State University of New York

TEACH – Training and Education for the Advancement of Children's Health

THC – Tetrahydrocannabinol

TIG – Trauma, Illness, and Grief Consortium

WNY – Western New York

WNYICC – Western New York Integrated Care Collaborative

YMHFA – Youth Mental Health First Aid



2027 Update to 2024-2027 Goals and Objectives Niagara County Department of Mental Health

Myrla Gibbons Doxey, Deputy Director
(Myrla.Doxey@niagaracounty.gov)

Goal 1

Goal 1, 2027 Status Update: Ongoing

Goal 1, 2027 Status Update Description:

Goal 1 Objective 1, 2027 Status Update: Ongoing

Goal 1 Objective 1, 2027 Status Update Description: NYS Office of Mental Health (OMH) has provided opportunities for the expansion of Assertive Community Treatment (ACT) Team from 48 to 65; however, the expansion requires movement from a traditional ACT Team to Forensic ACT. The need for only a Forensic Team has not been established in Niagara County. The LGU will continue to monitor and advocate for future funding opportunities for expansion of ACT slots that will meet the complex needs of Niagara County residents who may benefit from this service.

In 2026, Spectrum Human Services ACT Team relocated to 2201 Pine Avenue, Niagara Falls to be in a single site location and not a multiuse building. There is additional space which will allow more space for the team, a larger waiting room and group room, and easier access as it is a one-story space.

Managed through the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Adult Single Point of Access (SPOA) Program, Spectrum Human Services ACT program waitlist had an average of six (6) individuals in 2025 as compared to three (3) in 2024. In 2025, the average length of stay for discharged patients in the program was nearly 1,199 days, or 3.3 years, contributing to the waitlist for services. In the first quarter 2026, the average LOS for discharged clients reduced to 379 days, or one year, compared to 2025. A high, unmet need remains for increased ACT slots to ensure timely access to care at time of need.

On average in 2025, 71.5% of individuals served by Spectrum ACT were individuals on an Assisted Outpatient Treatment (AOT) court order or enhanced monitoring contract. This is 16.5 percentage points higher than the average in 2024 (55%), and 5.5 percentage points lower than the average in 2023 (77%). The first quarter 2026, currently mirrors the 2024 average of 55% of Spectrum ACT's roster consisting of individuals involved with AOT.

Goal 1 Objective 2, 2027 Status Update: Ongoing

Goal 1 Objective 2, 2027 Status Update Description: NCDMH Single Point of Access (SPOA) staff remain active participants in cross-system and other collaborative partnership meetings including but not limited to the following:

- o SPOA continues to attend the Western Region SPOA meetings as scheduled;
- o Facilitates monthly separate Children's and Adult SPOA meetings via WebEx with inclusion of in-person meetings at least twice per year beginning in 2026;
- o Engages in weekly cross-systems collaborative calls facilitated by Erie County Medical Center (ECMC) Comprehensive Psychiatric Emergency Program (CPEP) staff to discuss discharge planning needs of Niagara County youth presenting to the hospital;
- o Engages in biweekly collaborative calls with Niagara Falls Memorial Medical Center (NFMCC) psychiatric emergency department (ED) staff to coordinate care for individuals presenting for treatment;
- o Participate in both ad-hoc and regularly scheduled meetings for individuals who may be experiencing systemic barriers to accessing appropriate levels of care and/or community-based resources; and
- o Attend monthly Community Network of Care (CNOC) for Children & Families in Niagara County meetings.
- o SPOA staff routinely elevate high risk/need cases and system-related issues to NCDMH Leadership as they arise for appropriate courses of action to be determined, further direction to be provided and/or administrative action to be taken.

Also summarized in Goal 8, Objective 4: In 2026, Peaceprints of WNY became the new contracted provider for jail-based substance use disorder treatment and transition services that support persons with substance use disorder who are incarcerated in the Niagara County jail. Supports and services include withdrawal management, medication-assisted treatments approved for substance use disorder treatment, group and individual counseling and clinical support, peer support, discharge planning, and re-entry and transitional supports. Services are funded through NYS OASAS. Referrals are received through the Niagara County Jail's intake process for individuals who screen positive for any history of substance use disorder. Peaceprints of WNY conducts comprehensive assessments, treatment planning, ongoing group/individual/peer services, and discharge planning.

o Peaceprints of WNY is "is a nationally recognized leader in reentry services, embodying the collaborative strength of over 40 years of dedicated work by two leading WNY nonprofit prison ministries - Hope of Buffalo, Inc. and Cephas Attica, Inc.

We remain on the front lines of the social justice and racial equity movement; existing to disrupt and put an end to the cycle of incarceration that plagues our region. In providing the most effective service to our clients, we offer a range of personalized services, programs, and resources designed to meet each individual where they are on their transformation.”

Goal 1 Objective 3, 2027 Status Update: Ongoing

Goal 1 Objective 3, 2027 Status Update Description: According to the NYS Children and Adult Integrated Reporting System (CAIRS) reporting system for adult residential services from 1/1/2025 – 12/31/2025, Niagara County based program occupancy rates were as follows:

- o Community Residences: 76.8% occupancy (-10.8 percentage point decrease compared to 2023-2024)
- o Apartment Treatment Program: 80.5% occupancy (+5.1 percentage point increase over 2023-2024)

Contributions to lower occupancy rates in the community residence level of care include referred individuals' desire to for single rooms and the agency holding new admissions while preparing for construction on one of the two residences to create single rooms, which is planned in 2026.

Though a slight increase in occupancy in the Apartment Treatment Program in 2025 compared to previous years, occupancy rates remain lower due to referred individuals seeking more independent living arrangements, a desire to live without an unfamiliar roommate, and only being offered an option in the Niagara Falls area.

OASAS funded residential programs in Niagara County occupancy rates based on local reports were as follows:

- o Community Residential: 99.3% occupancy (+2.3 percentage points higher than 2024)
- o Residential Rehabilitation: 97.7% occupancy (-1.3% percentage points lower than 2024)
- o Residential Reintegration: 97.6% occupancy (-2.4% percentage points lower than 2024)

In 2025, four (4) out of five (5) residential rehabilitation programs had an average waitlist of 37 people per month (reduced by 9 people per month on average compared to 2024), with an average length of stay on the waitlist of 23 days (compared to 22 days in 2024). The average length of stay across the five (5) residential rehabilitation programs in 2025 was 107.5 days compared to 92.5 days in 2024.

In late 2025, Horizon Village sought NYS OASAS approval to expand Aurora (women's program) and Delta (young adult program) residential rehabilitation program beds by three (3) beds each bringing capacity at each program to 28.

In the second quarter 2026, Save the Michaels Newfane House of Hope Residential Reintegration Program initiated a transfer of ownership to Recovery Center of Niagara LLC. As of June 2026, this is still under OASAS review. No changes in programming occurred.

Cazenovia Recovery Services completed construction on their Lockport Madonna House Community Residential Program for women, including pre and postnatal and women with children up to age five (5) which increased capacity by five (5) women and one (1) additional child. <https://www.cazenoviarecovery.org/uncategorized/madonna-house-expansion-21-beds-one-mission/>

In August 2025, Hillside's Crestwood Campus in Monroe County began redesigning the Emerson 8-bed unit to serve youth ages 12-18 with an intellectual and/or developmental disability (I/DD) and complex mental health needs. The program serves Niagara County youth.

Community Missions Inc. (CMI) intends to begin converting their Canal View in 2026 to eight (8) single rooms and two (2) double bedrooms, to meet the increased demand for private living quarters. Current Residents will be temporarily moved to a NYS OMH approved location in the interim.

More OPWDD licensed / certified residential opportunities (CRO) are needed in Niagara County to meet the needs of individuals awaiting these services. Representatives from OPWDD report the CRO list remains lengthy, with individuals waiting for several months to years to access residential services.

Goal 1 Objective 4, 2027 Status Update: Ongoing

Goal 1 Objective 4, 2027 Status Update Description: Cazenovia Recovery Systems, Inc. began operating a vocational program in July 2025, enhancing services for individuals in their Niagara County residential programs. They provide comprehensive vocational training and job readiness programs aimed at overcoming the employability barriers faced by individuals recovering from substance use disorders. From July 2025 to March 2026, 76 of 92 (82.6%) updated their resumes while in treatment, 75 of 92 (81.5%) acquired necessary I9 documentation while in treatment, and 67 of 92 (72.8%) discharged residents obtained certifications to improve employment opportunity. This programming is supported by funding through Niagara County Opioid Settlement Funds.

In April 2025, Jewish Family Services of Western New York began operating their Recovery Employment program. Individuals in Niagara County with an opioid use disorder (OUD) and any co-occurring substance use disorder (SUD) / mental health (MH) conditions, receive necessary care and services that improve their overall well-being while pursuing and meeting goals for health and economic stability. Through the first year of the Recovery Employment program (April 2025 to

March 2026) a total of 28 unique individuals were served, with 12 people gaining full-time employment. This programming is supported by funding through Niagara County Opioid Settlement Funds.

In January 2025, the Niagara Frontier Transportation Authority (NFTA) released a Paratransit Study on the Service Expansion Analysis which examined requirements for expanding PAL services outside the current 1.5-mile buffer, including operating and capital expenses. The study concluded that NFTA cannot implement the expanded service until it first addresses ongoing challenges, such as driver shortages, long lead times to acquire new vehicles, and service inefficiencies. Lack of public transportation options and routes that meet the needs of Niagara County residents continues to be a barrier to further advancing the overall health and wellness of our residents in accessing non-medical related services and supports.

On January 20, 2026, the Connect Niagara bus routes changed to prioritize areas with a stronger demand from service based on ridership. This change eliminated the routes to North Tonawanda, Wheatfield, and Youngstown. Preliminary feedback received through providers on the changes is prompting the LGU to coordinate a meeting with the Niagara County Public Works Department, which oversees Connect Niagara, to discuss identified concerns and potential strategies to not only meet the needs of more residents but also increase overall ridership.

Goal 1 Objective 5, 2027 Status Update: Ongoing

Goal 1 Objective 5, 2027 Status Update Description: In 2025, of the applications received through the NCDMH Single Point of Access (SPOA) program, 95.5% and 60% of the referrals met eligibility criteria for Adult and Children's SPOA services respectively compared to 79% and 84.5% in 2024. This resulted in a total of 408 linkages made to housing, residential, Adult / Youth ACT, care management, and / or other types of community-based supports through the SPOA program. This is a 12.7% increase in linkages made over 2024. Primary reasons for SPOA application ineligibility determinations were due to receipt of incomplete applications (i.e. missing supporting documentation, valid consent forms, etc.) and lack of response from referral sources and/or applicants to submit required materials. SPOA staff continue to outreach and educate referral sources on application requirements to address issue.

NYS OMH awarded Child and Family Services funding to operate a dedicated 36-slot Youth Assertive Community Treatment (YACT) team in Niagara County. The agency is currently pursuing an EZPAR application to establish this program in 2026. This will significantly expand access to care for some of the County's highest risk / need children and adolescents ages 10 – 21. Child and Family Services 36-slot YACT program serving both Erie and Niagara Counties has operated since 2022.

In the second quarter 2026, Child and Family Services shared plans to expand Children and Family Treatment and Support Services (CFTSS) and Children's Home and Community-Based Services (HCBS) in Niagara County with the onboarding of new staff to address identified need.

NYS OMH awarded New Directions Youth & Family Services funding to establish a Home Based Crisis Intervention (HBCI) Program serving both Erie and Niagara Counties. The Program began accepting referrals in late March 2026. The service is a short-term, intensive service for children and youth ages 5-20 who are experiencing an acute psychiatric crisis and are at imminent risk of hospitalization or residential treatment. Typical length of service is four to six weeks. Services begin with 48-hours of referral, 24/7 crisis response availability and clinicians carry a small caseload of 2-3 families each. Current program capacity is 9 – 12 individuals served and a wait list is not maintained. The LGU will monitor number of Niagara County residents being referred and able to access this service. Advocacy for a dedicated Niagara County team and slots will occur based on demonstrated need.

To assist with expediting accessing to care, an amendment to the NYS Children's Waiver was approved and beginning April 1, 2026 Children's SPOA Programs became responsible for Children's Waiver HCBS Eligibility determinations for children/youth meeting serious emotional disturbance (SED) criteria who are not Medicaid eligible and seeking Medicaid eligibility under the "family of one" criteria. If found HCBS eligible, the Children's SPOA Coordinator will assist in connecting a child/youth to an appropriate Health Home Care Management Agency (HH CMA), with preference given to HH CMAs implementing High Fidelity Wraparound (HFW). The process to determine eligibility and assist an eligible child/youth and their family through the Medicaid process can be time consuming therefore an assessment of resource need to effectively meet the increased expectations and demands is underway.

Goal 2

Goal 2, 2027 Status Update: Ongoing

Goal 2, 2027 Status Update Description:

Goal 2 Objective 1, 2027 Status Update: Ongoing

Goal 2 Objective 1, 2027 Status Update Description: In July 2025, Beacon Center established a satellite OMH Mental Health Outpatient Treatment and Rehabilitative Service (MHOTRS) program in Niagara Falls co-located with their OASAS certified substance use disorder program.

In July 2025, Horizon Health Services began operating Certified Community Behavioral Health Clinics (CCBHC) at their Niagara Falls and Lockport locations. Their Niagara Falls location expanded ages served to age 5 and older while Lockport did not change the age of population served, only the available service offerings. CCBHCs aim to provide coordinated

outreach and care to individuals who have complex mental health, substance use, and co-occurring medical and other related concerns.

In 2025, Catholic Charities Monsignor Carr Institute Clinics expanded population served in Lockport and Niagara Falls, to include adults who have been mandated by the courts to address issues related to domestic violence. In addition, they will also support individuals transitioning out of children's clinics.

In late February 2026 Catholic Charities Monsignor Carr Lockport Clinic relocated from the Bewley Building (a multi-business use building without designated parking) to 81 Walnut St in Lockport. The new location is easier to find with clear signage, provides more convenient access with a designated parking lot, and has a bus stop directly across the street increasing accessibility for those who utilize public transportation.

Gateway Longview and New Directions Youth & Family Services are in process of merging in 2026 under their parent company, New View Alliance. No reduction in services is anticipated with this merger.

In 2025, two agencies closed their NYS OMH licensed MHOTRS satellite clinic offices located with primary care practices. One was located in in Niagara Falls serving adults while the other was located in Wheatfield serving children and adolescents. Both closed due to an ongoing lack of referrals to support fiscal viability. Currently, one agency remains with a MHOTRS satellite clinic in a primary care practice in Lockport and also reports ongoing challenges with maintaining consistent referrals for a full caseload.

In the past year four years, NYS OMH has heavily promoted expansion of school-based mental health satellite (SBS) clinics. Between January 2025 and June 2026, five (5) new SBS clinics opened and five (5) established ones closed in Niagara County. Of the current 22 licensed SBS clinics, seven (7) have not been staffed to provide services throughout the 2025-2026 school year. Reasons these satellites ceased operations include an inability to staff the site, a lack of demonstrated need at the site with families not pursuing service linkage at the school location, and some others have reduced hours due to both workforce challenges and lack of demonstrated need from families. The LGU recognizes that although school personnel may identify students in need of the service, families are not always willing to seek and consent to services provided within the school location. Currently, three (3) school districts in Niagara County are pursuing expansion of school-based satellite clinics where need is assessed.

In the third quarter 2025, WNY OPWDD Regional Office notified the LGU that the Arc of Wayne County's Article 16 services provided through InTandem in Niagara Falls, NY is seeking to decertify their operating certificate. This is due to InTandem changing the type of service delivery in the building location and upon assessment of need it was determined that their services were no longer needed and for any individuals still in need, they could be served at another location within Niagara County.

Goal 2 Objective 2, 2027 Status Update: Ongoing

Goal 2 Objective 2, 2027 Status Update Description: In Niagara County in 2025, denial rates for inpatient detox and rehabilitation were 14.5% and 36%, respectively with agencies often citing reasons due to severe mental health concerns that cannot be adequately addressed within programming. Among those who received care, both program types had a 71% average successful discharge rate (e.g. met goals). Neither detox nor rehabilitation programs report carrying wait lists. Compared to 2024 data, 2025 denials rates improved by 13.5 percentage points for detox and 20 percentage points for rehabilitation programs with primary reasons for denial remaining unchanged. Additionally, for those that received care, both programs combined average successful discharge rate improved by one (1) percentage point in 2025 compared to 2024.

In 2026, Recovery Center of Niagara (RCN) added 12 swing-beds between medically supervised and inpatient levels of care. Swing-beds allow RCN to meet need that arises, for example if they get a lot of detox referrals, swing-beds allow them to admit patients even if detox-beds are full. Fidelis (one of the larger Medicaid managed care companies) will no longer pay for inpatient treatment out of state, so people who have previously been served through White Deer Run in Pennsylvania and other similar facilities will be referred in-state.

Goal 2 Objective 3, 2027 Status Update: Ongoing

Goal 2 Objective 3, 2027 Status Update Description: On October 8, 2025 the Community Network of Care (CNOC) for Children & Families in Niagara County coalition hosted a day of learning called "CNOC University" offered to Niagara University Nursing students pursuing a bachelor degree. To better prepare nursing students to join the workforce, students attended three (3) workshops on subjects including mental health awareness, substance abuse awareness, and domestic violence.

Following CNOC University, NCDMH Crisis Services Leadership met with Niagara University's School of Nursing Leadership to design a simulation experience for NU Nursing students. The of the simulation is to increase de-escalation skills and student awareness of how to recognize and assist individuals presenting with mental health and substance use symptoms across the ages and stages. Crisis Services Leadership co-facilitated this simulation experience on March 6, 2026 to 16 accelerated students. The results from the simulation were statistically significant, with a marked improvement in their skill set to work with clients. Another nursing student cohort was held on May 4, 2026 with result pending.

On October 24, 2025, NCDMH trainers offered a Adult Mental Health First Aid (AMHFA) workshop to a local community-based mental health services provider, where 11 staff were trained.

SUNY Niagara joined the SUNY Mental Health Intern Pilot Program in January 2025. This initiative, launched in Spring 2024 with support from the NYS Office of Mental Health, provides paid, supervised internships for community college students pursuing mental and behavioral health careers. The initial pilot involved three SUNY community colleges—including SUNY Niagara—and placed 27 students in internships at 16 OMH licensed facilities, giving them valuable hands on experience and exposure to mental health career paths. Due to the program's success, SUNY has expanded it through the 2027–2028 academic year, adding Hudson Valley Community College and Onondaga Community College, bringing total participation to five community colleges. SUNY Niagara reports having contracts with nine (9) local agencies, including five (5) that operate within Niagara County.

<https://www.suny.edu/suny-news/press-releases/2-26/2-12-26/>

Beginning January 2026, Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) partnered with SUNY Niagara to accept student interns as part of this pilot project. Two (2) students successfully completed their internship for the Spring 2026.

Goal 3

Goal 3, 2027 Status Update: Ongoing

Goal 3, 2027 Status Update Description:

Goal 3 Objective 1, 2027 Status Update: Ongoing

Goal 3 Objective 1, 2027 Status Update Description: Niagara County has 169 supportive housing beds. In 2025, Supportive Housing occupancy rates were 94.9% compared to 100.4% in 2023 – 2024 (reconciled data). Occupancy rate falls short of 100% in 2025 related to transition times between a discharge and admission. Supportive housing remains a high unmet need as demand exceeds availability. Eligible individuals are unable to access this support at time of need.

- o In 2025, median length of stay was 2,157 days (5.9 years), a reduction of 0.6 years compared to 2023-2024.
- o In 2025, a total of 10.5% of admissions were priority admission, which are considered to be from state psychiatric hospitals, prisons, and residential facilities, acute psychiatric hospitals, residential treatment facilities, adult homes and from the street, shelters / homeless. This a 2.3 percentage point decrease in priority admissions compared to 2023-2024. Supportive housing referrals received for individuals in the priority populations often are assessed by a receiving agency to meet criteria for a higher level of care to support their presenting needs and achieve / maintain stability, can be difficult to locate due to lack of means to be contacted (i.e. phone, mailing address), do not have the financial / benefit resources or documentation needed, and/or cannot pass a background / credit check or have a co-signer for a lease. These various barriers inhibit the highest risk / need individuals from accessing available slots when they do become available.

In 2025, DePaul Community Services Packet Boat Landing Single Room Occupancy (SRO) program's average occupancy rate was 96.6% compared to 94.2% in 2023-2024. Occupancy rate falls short of 100% related to transition times between a discharge and admission. Access to the SRO housing remains a high unmet need as demand exceeds availability. Eligible individuals are unable to access this support at time of need. Current wait list is projected to be years out at this time.

- o In 2025, median length of stay was 2,151 days (5.9 years), an increase of 0.4 years compared to 2023-2025.
- o In 2025, of the two (2) admissions, none were considered priority population admissions (state psychiatric hospitals, prisons, and residential facilities, acute psychiatric hospitals, residential treatment facilities, adult homes and from the street, shelters / homeless), compared to 37.5% of the eight (8) admissions in 2023-2024 from the priority population. This may be attributed to admitted individuals from a waitlist who have since been established in the community.

In 2025, DePaul properties was awarded \$15 million to proceed with the construction of the Granary Apartments at 2329 Lockport Road in Wheatfield. The Granary Apartments project features a three-story building with 80 total units with 103 beds, mainly for Niagara County families and individuals who have experienced homelessness. Twenty (20) units of affordable housing will be for those suffering from mental illness, while another 20 units will be for those who have been served through Community Missions' shelters.

Cazenovia Recovery Systems is in the early phases of developing Permanent Supportive Housing (PSH) in an apartment building with 25 studios and 5 two-bedroom units, located in Niagara Falls. The anticipated construction and occupancy would be in 2028.

In June 2026, NYS Office of Temporary and Disability Assistance (OTDA) announced the YWCA of the Niagara Frontier was awarded Homeless Housing and Assistance Program (HHAP) stabilization funds in the sum of \$674,737. These funds support the moderate rehabilitation of Carolyn's House, which provides 19 units/78 beds of transitional housing in Niagara County for women who have experienced homelessness and their children. Proposed work includes repairing or replacing the roof, elevator, fire system, camera system, two 20-year-old boilers, and carpeting. <https://otda.ny.gov/news/2026/2026-06-05.asp>

Cazenovia's Supportive Living program, ceased operations in October 2025, resulting in a loss of nine (9) beds. All program participants successfully completed the program and transitioned to independent living at time of closure. This decision came due to the program reimbursement model being fiscally unsustainable.

Goal 3 Objective 2, 2027 Status Update: Ongoing
Goal 3 Objective 2, 2027 Status Update Description: No 2027 Status Updates

Goal 3 Objective 3, 2027 Status Update: Ongoing
Goal 3 Objective 3, 2027 Status Update Description: No 2027 Status Updates

Goal 4

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

Goal 4 Objective 1, 2027 Status Update: Ongoing

Goal 4 Objective 1, 2027 Status Update Description: The Well Niagara app and corresponding webpage launched on October 19, 2023, providing Niagara County residents with immediate access to local resources at the touch of their fingers. By June 2026, the Well Niagara app downloads were just shy of 1300. The top five (5) features accessed in 2025 were: Basic Needs, Counseling Menu (outpatient treatment), Community Services, my Safety Plan and Notification Push History. The text to the Crisis Text Line 741741 and call for help to the Niagara County Crisis Services are also frequently utilized features.

- o Between January – March 2026, NCDMH, in partnership with the Hope Speaks Niagara Community Coalition, utilized both the Well Niagara App push notifications and NCDMH Facebook page to provide almost daily encouraging messaging from Niagara County Community members as part of the Hope Speaks, Niagara campaign that began in August 2025. As of the messaging, information was provided on the Well Niagara App and corresponding webpage to increase awareness and visibility of local resources and supports. During this three (3) month time period, the Well Niagara Webpage had 1,600 active users with approximately 3,000 views of various resources contained within the site. The top four (4) visited resources were mental health, outpatient treatment, residential / housing services and Narcan.
- o Between January 2025 and June 2026, Well Niagara App downloads increased by 32.2%.

Niagara County Suicide Prevention Coalition's "You Matter" Coffee Sleeve Project: During September 2025's Suicide Prevention and Recovery Month, approximately 13,000 coffee sleeves were distributed by 23 community partners including churches, coffee shops, convenience stores, a counseling center, two local hospitals, schools, and a winery in Niagara County. The coffee sleeves promoted the Niagara County Crisis Services 24/7 local Crisis Number and 988 as well as a QR code to access the Well Niagara App and Webpage for information on community resources and supports. Some shops also shared their efforts on social media which garnered increased positive attention from the community. This was the third year of the Campaign; each year the number of sleeves distributed and participating entities increased.
https://www.niagaracounty.gov/news_detail_T8_R866.php

The LGU continues to advertise the Niagara County Crisis Services and 988 phone numbers on seven (7) bus benches throughout Niagara Falls. Student Designs are utilized on the benches to engage youth in community involvement and resource awareness activities. In 2026, the new Hope Speaks Niagara Community Coalition logo was replaced as one of the graphics to increase awareness of this Coalition's efforts to End Stigma, Build Hope and Save Lives.

Throughout 2025 and ongoing in 2026, NCDMH staff provided various presentations and participated in numerous community and school tabling events to share information and resources about services, supports and treatment available in Niagara County.

Beginning in 2025 and ongoing, the LGU distributed Niagara County Crisis Services and 988 phone number Tear-Off flyers throughout the Niagara County community and in the NYS Park in Niagara Falls. The flyers were designed by students from the Orleans and Niagara Career and Technical Center's Graphic Communications Program in 2023.

- o At the request of a NYS Parks representative, the flyers were tailored for distribution throughout all NYS Parks with only the 988 number listed.

To assist in measuring success of community resource awareness and education efforts the following data is available: Since Niagara County Crisis Services (NCCS) became 988 affiliated in September 2022, NCCS has seen an increase in calls to the dedicated 988-line.

- o The average calls answered per month on the 988-line increased from 239 in 2023, to 471 (+ 97% over 2023) in 2024, and to 772 (+63.9% over 2024) in 2025. Calls answered on the 988-line tend to be higher acuity, more intensive cases than those received on the local NCCS line.
- o With the implementation of 988 it was anticipated that calls to the local NCCS line may decrease as increased awareness of 988 occurred. The year 2025 was the first year a noted decrease in calls to the NCCS local occurred as the number of calls to 988 continued to increase.
- o Between 2022 and 2024, the local NCCS line averaged 22,418 calls annually; however, this figure decreased to 19,342 calls in 2025 (13.7% decrease compared to 2022-2024).

o It is important to note that 988 also offers text and chat options which are not currently provided by NCCS, therefore this data is not currently available for individuals who may utilize this option originating from Niagara County.

Goal 4 Objective 2, 2027 Status Update: Ongoing

Goal 4 Objective 2, 2027 Status Update Description: For the second year, the Mental Health Association in Niagara County in partnership with the Suicide Prevention Coalition in Niagara County, coordinated a Soul Shop training. On September 17, 2025, sixteen (16) participants completed the Soul Shop for Black Churches training. The one-day workshop was designed to equip leaders to minister to those impacted by suicide and it addresses the complex issues specific to black communities. Training was funded through Niagara County opioid settlement funding.

Numerous trainings were offered by NCDMH staff in 2025, and continuing in 2026, on crisis de-escalation, suicide prevention and intervention to a wide range of individuals in Niagara County. This includes, but was not limited to, the following evidenced-based trainings:

o Youth Mental Health First Aid (YMHFA) and Adult Mental Health First Aid (AMHFA) Workshops: Trainees included provider agency staff, first responders, and NYS Park staff inclusive of Park Rangers, Tour Guides, Maintenance personnel, Horticulturalists and Park vendor cashiers. The MHFA trainings teach people how to identify, understand and respond to signs of mental illness and substance use disorders. The training provides the skills needed to reach out and offer initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. The Well Niagara app and corresponding webpage is shared with trainees to increase awareness and utilization of local resources when connection to care is needed.

- 76 NYS Park staff were trained in AMHFA between December 2024 – April 2026.

- 13 Niagara County Emergency Management Services (EMS) staff were trained in Adult Mental Health First Aid (AMHFA) in 2025.

- 38 staff North Tonawanda City School District were trained in Youth Mental Health First Aid (YMHFA) in early 2026.

YMHFA teaches trainees how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.

- 10 NYS Park staff were also trained in Applied Suicide Intervention Skills Training (ASIST) on March 9 and 10, 2026.

ASIST aims to help individuals learn to recognize and review risk, and to intervene to prevent imminent risk of suicide.

o Crisis Intervention Team (CIT) training for law enforcement: teaches law enforcement to effectively respond to individuals experiencing mental health crises. The training is designed to enhance the ability of law enforcement to interact with individuals in crisis, fostering partnership between law enforcement, advocacy and mental health communities. Three (3) officers from Niagara County became CIT-trained in 2026.

o Fundamental of Crisis Intervention for law enforcement: provided to 42 recruits across two (2) cohorts going through the Law Enforcement Academy in 2025. The course includes hands-on scenarios encountered by police when responding to calls for service involving a person experiencing a mental health crisis

During the September 2025 Suicide Prevention week, the Niagara County Suicide Prevention Coalition hosted a week-long lunch & learn training services open to the public provided by providers across mental health, substance use, veterans, and peer organizations. The week included a four-day virtual series focused on overdose awareness, firearm safety, mental health stigma, and suicide prevention, and ended on the fifth day with an in-person summit with a keynote speaker from the Suicide Prevention Center of NY bringing together community members, professionals, and advocates to strengthen our collective commitment to suicide prevention.

Topics and attendance were as follows:

o 9/8: Overdose Awareness – 39 in attendance

o 9/9: Firearm Safety – 31 in attendance

o 9/10: MH/anti stigma awareness – 24 in attendance

o 9/11: Link to Hope – 21 in attendance

o 9/12: Stronger Together Suicide Prevention Summit – 37 in attendance

In 2026, the plan for suicide prevention week training includes collaboration with neighboring county coalitions to expand depth and reach.

On October 21, 2025, the Niagara County Sheriff's Office and NCDMH co-hosted, "Coffee with a Cop, Clinician and Peer Advocate" at Gypsy Kitchen in Lockport. The event provided the opportunity for community members to learn more about how law enforcement and mental health staff work together to serve the best interests of Niagara County.

Throughout 2025 and continuing in 2026, the Niagara County PATH (Presenting Alternatives to Treatment and Healing) Program Quick Response Team (QRT) provided information and resources on PATH services to providers and the community. PATH's QRT provides a bridge between a substance use crisis and a safer future with "Knock and Talk" post overdose follow up; increasing access to supports and treatment; preventing future drug overdoses; and reducing the overall number of drug overdoses.

Goal 4 Objective 3, 2027 Status Update: Ongoing

Goal 4 Objective 3, 2027 Status Update Description: In the 2025-2026 school year, NCDMH supported one Niagara School District within the Niagara/Orleans Trauma, Illness and Grief Consortium (TIG) in the implementation of Navi in up to four (4)

schools. Navi is a cutting-edge, on-demand wellness platform that delivers interactive, self-guided mini activities designed to meet students exactly where they are, in the moment they need help the most. Navi equips youth with short, focused, and evidence-based tools that empower them to navigate challenges before those challenges escalate. Navi's activities take just a few minutes and result in young people creating an action plan for overcoming everyday challenges. Backed by 10 years of research, built by mental health experts and co-designed by teens, Navi is geared towards youth ages 13–20. Navi was created in response to the growing gap between youth mental health needs and access to timely, appropriate care—particularly for early-stage concerns that often go unaddressed until they become more severe. It is not a therapy service or meant to be a replacement for individuals in need of therapy or psychiatric services. Navi integrates school and local crisis resources. Also, Navi helps address the need for students to have more immediate access to supports in-the-moment of need, assist in reducing social stigma and uncertainty around the process of help-seeking therefore potentially increasing likelihood of help-seeking behavior. <https://www.meetnavi.com/>

On January 22, 2026, the BestResponse Intensive Crisis Stabilization Center, located at 430 Niagara St., Buffalo 14201, opened. While BestResponse is located in Erie County, the program serves all eight (8) counties in Western NY. BestResponse operates 24/7, providing children, adolescents and adults with immediate crisis support. Services are voluntary, available in-person and soon telehealth options will also be available as needed. Individuals may seek assistance through walk-in visits, referrals, or arrival via emergency services. BestResponse is equipped to offer and coordinate a range of services, including emotional and behavioral support, support for mild to moderate withdrawal or intoxication and medication support as clinically appropriate. BestResponse provides an alternative to psychiatric emergency department visits / CPEP.

NCDMH LGU is working collaboratively with BestSelf to determine how the needs of Niagara County individuals will be best met, especially for those with transportation barriers to the Center.

In 2026 the NYS Office of Mental Health's (OMH) Suicide Prevention Center and the Research Foundation for Mental Hygiene awarded the CARES UP grant to the Niagara County Emergency Services Department. The grant award is \$30,000 per year for two (2) years to assist leadership and workforce within the first responders and uniform personnel to address job-related stress and trauma that is often associated with these fields and support the overall health and wellness of the department. NCDMH works in partnership with NCES to support implementation of strategies to improve the mental health and wellbeing of first responders.

Goal 4 Objective 4, 2027 Status Update: Ongoing

Goal 4 Objective 4, 2027 Status Update Description: NCDMH, Niagara County Emergency Services (NCES) and Niagara County Department of Health (NCDOH) leadership recognized the need for crucial support and resources necessary to provide to first responding organizations and its members during the aftermath of critical incidents to minimize stress-related injury/illness, and worked collaboratively to develop a plan to establish a critical incident support team (CIST). At the September 16, 2025 Niagara County Legislature meeting, the Legislature passed a resolution (CSS-104-25) authorizing the organization and operation of the Niagara County Critical Incident Support Team (CIST), in accordance with the proposed plan to serve the first responders of Niagara County and its members during the aftermath of critical incidents. Trained members of NCDMH serve on the team as the mental health professionals, providing support, consultation, referrals, and recommendations to enhance training and services as appropriate. Since its inception, the Niagara County CIST provided 9 Critical Incident Stress Debriefings.

Goal 4 Objective 5, 2027 Status Update: Ongoing

Goal 4 Objective 5, 2027 Status Update Description: On March 20, 2026, New Directions Youth & Family Services (NDYFS) began operating a Home Based Crisis Intervention (HBCI) program, serving both Niagara and Erie Counties. HBCI is a community-based, short term, intensive crisis program designed to avert psychiatric hospitalizations and placements for youth ages five (5) years to 20 years 11 months, experiencing an acute mental health crisis. The program has a total of four (4) staff that can serve a total of up to 12 youth. The LGU will monitor access to this service for Niagara County Youth in need of it and advocate for additional funding for a dedicated Niagara County HBCI team and slots as need is demonstrated.

Goal 4 Objective 6, 2027 Status Update: Ongoing

Goal 4 Objective 6, 2027 Status Update Description: No 2027 Status Updates

Goal 4 Objective 7, 2027 Status Update: Ongoing

Goal 4 Objective 7, 2027 Status Update Description: Also summarized in Goal 8, Objective 4, In 2024 the NCDMH, in partnership with the Orleans/Niagara BOCES and their 13 component districts, established the Niagara/Orleans Trauma, Illness and Grief (TIG) Consortium to assist schools in responding to the needs of children, teachers, administrators and support personnel, resulting from trauma, violence, illness, grief and loss. NCDMH contracted with CCSI, Inc. to provide TIG's Core Curriculum which "creates the backbone of regional, self-sustaining Crisis Response Networks. These networks provide the security and capacity of the only evidence-based model of crisis response designated by SAMHSA". (<https://tigconsortium.org/about/>)

- o Six (6) TIG cohort trainings occurred between April 2024 and December 2025, with over 200 school and NCDMH staff becoming TIG-trained.

- o An additional 21 staff were trained in the International Critical Incident Stress Foundation's Assisting Individuals in Crisis curriculum through CCSI in March 2026.

- o The seventh TIG cohort is scheduled in the fall 2026 to train up to another 50 staff.

The Niagara/Orleans TIG Consortium, in partnership with the Suicide Prevention Center of NY, scheduled a Crisis Team Training of the Trainer in July 2026 to support districts in building internal capacity for training and expanding upon their crisis teams.

Between 2025 – 2026, NCDMH assisted in coordinating and supporting three (3) N/O TIG school district responses. Some districts have also activated internal TIG crisis team responses in response to appropriate events. Feedback from District TIG Leadership post response review has been positive as it provides staff a structured, evidenced-based model to support staff, students and their families, and further provides guidance on commemorations and other important milestones to take into consideration for time periods following TIG events.

Goal 5

Goal 5, 2027 Status Update: Ongoing

Goal 5, 2027 Status Update Description:

Goal 5 Objective 1, 2027 Status Update: Ongoing

Goal 5 Objective 1, 2027 Status Update Description: Between 2025 – 2026, the CNOC Coalition membership increased to 184 members across 88 organizations, with increased effort to form more strategic, intentional partnerships rather than just new members. This membership has increased partially due to success of CNOC University events.

The CNOC Advisory Council returned to incorporating in-person meetings to improve collaboration amongst providers.

The CNOC Coalition offered “The Story Behind the Score: Making Meaning of ASQ:SE 2 Results” workshop on April 14, 2026, where 14 people attended across 9 organizations.

The CNOC Coalition offered “Using Project TEACH to Help Those Who Help Others” workshop on May 27, 2026, where 15 people attended across 6 organizations.

Goal 5 Objective 2, 2027 Status Update: Ongoing

Goal 5 Objective 2, 2027 Status Update Description: In April 2025, Niagara Pride opened a new office inside the Niagara Family Center located at 1522 Main St. Niagara Falls, NY 14305. In September 2025, Niagara Pride launched the LGBTQIA2S+ Youth Drop-In Program for ages 14-21, providing a consistent, affirming space for young people to connect, learn, and be their authentic selves. NCDMH participates in Niagara Pride community events to share information on available treatment, services, supports and other local resources that may meet needs of the LGBTQ+ population.

The CNOC Coalition is reimagining CNOC University to further increase cross-systems collaborations and pool available resources. CNOC University intends to enhance cross-system staff training needs by supporting skill development, cultural humility and workforce retention.

In April 2026, two (2) staff members from NCDMH had the honor to present at the National Council for Mental Wellbeing Annual Conference, held in Denver, CO. NCDMH Deputy Director Myrla Gibbons Doxey and Community Coalition Coordinator Connie Desmarais presented, “The Power of We: Inspiring Partnerships in a Rural System of Care.” Specifically, the NCDMH team shared how Niagara County delivers rural mental health care through creative outreach, youth engagement, and strategic partnership to enhance collaborations and connection. They discussed both the use of technology like the Well Niagara app and a youth-focused evidenced based app as well as creative outreach strategies—such as branded coffee sleeves, pizza box flyers, and public art—that can be adapted to increase mental health awareness in rural communities. Overall, they received positive evaluations from the presentation with attendees appreciating the sharing of creative strategies that can be easily replicated in other communities with meaningful, wide-reaching impact. The staff have since been invited to present this presentation at the Suicide Prevention Center of NY’s Annual Suicide Prevention Conference in September 2026.

https://downloads.niagaracounty.gov/news_detail_T8_R994.php

Goal 5 Objective 3, 2027 Status Update: Ongoing

Goal 5 Objective 3, 2027 Status Update Description: The Well Niagara app continues to be utilized to send push-notifications and post information about upcoming trainings and events in the community, spreading awareness of local opportunities. The LGU encourages local providers and school districts to share flyers, social media posts and post information on the Well Niagara and corresponding webpage to their sites, which some have chosen to do.

NCDMH personnel provided over 30 tabling/presentations at events in Niagara County in 2025, sharing information about mental health, Narcan, Well Niagara app and corresponding webpage, Niagara County Crisis Services and 988, and NCDMH services.

Goal 6

Goal 6, 2027 Status Update: Ongoing

Goal 6, 2027 Status Update Description:

Goal 6 Objective 1, 2027 Status Update: Not started

Goal 6 Objective 1, 2027 Status Update Description: SUNY Niagara began offering free tuition in Childhood Education Studies (Associates), Health Studies (Associates), or Nursing (Associate). The eligibility criteria can be found here: <https://www.suny.edu/communitycollege/free-cc/>

As summarized in Goal 2, Objective 3 updates: SUNY Niagara joined the SUNY Mental Health Intern Pilot Program in January 2025. This initiative, launched in Spring 2024 with support from the NYS Office of Mental Health, provides paid, supervised internships for community college students pursuing mental and behavioral health careers. The initial pilot involved three SUNY community colleges—including SUNY Niagara—and placed 27 students in internships at 16 OMH licensed facilities, giving them valuable hands on experience and exposure to mental health career paths. Due to the program's success, SUNY has expanded it through the 2027–2028 academic year, adding Hudson Valley Community College and Onondaga Community College, bringing total participation to five community colleges. SUNY Niagara reports having contracts with nine (9) local agencies, including five (5) that operate within Niagara County. <https://www.suny.edu/suny-news/press-releases/2-26/2-12-26/>

Beginning January 2026, Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) partnered with SUNY Niagara to accept student interns as part of this pilot project. Two (2) students successfully completed their internship for the Spring 2026, one participating in the integrated clinics and one in the crisis services call center. The experience, knowledge and new skills gained will assist in their future pathways to employment in human services.

Goal 6 Objective 2, 2027 Status Update: Ongoing

Goal 6 Objective 2, 2027 Status Update Description: Same as update to Goal 6, Objective 1

Goal 6 Objective 3, 2027 Status Update: N/A

Goal 6 Objective 3, 2027 Status Update Description: This objective was revised in 2025 and combined with Goal 6: Workforce Recruitment and Retention, Objective 5: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements

Goal 6 Objective 4, 2027 Status Update: N/A

Goal 6 Objective 4, 2027 Status Update Description: This objective was revised in 2025 and combined with Goal 1: Timely Access to Care, Objective 5: Improve Timely Access to Community Based Support Services

Goal 6 Objective 5, 2027 Status Update: Ongoing

Goal 6 Objective 5, 2027 Status Update Description: As described in Goal 4, strategic planning for CNOC University includes promoting cultural competency and skill development with a long-term goal for CNOC University to be utilized for training staff across all human services agencies in Niagara County in standardized trainings that satisfy cross-system requirements.

Goal 6 Objective 6, 2027 Status Update: Ongoing

Goal 6 Objective 6, 2027 Status Update Description: In 2025 the NYS Office of Mental Health (OMH) awarded NCDMH funding to operate a Court Based Mental Health Navigator (CBMHN) Program. Per NYS OMH CBMHN Guidance from October 1, 2024, the program is described as follows: The CBMHN Program Navigators support justice-involved individuals with mental health needs who are currently in the community. Navigators work with local systems to coordinate voluntary care for justice-involved individuals to support their health, wellness, and recovery. Navigators are housed within county government and have a strong understanding of the local mental health, social services, and criminal justice systems. Ideally, Navigators will work at courthouses and work closely with peer specialists to foster rapid connection to services and encourage engagement and participation with services.

The CBMHN Program Goals include:

Optimize connection to and engagement with community mental health treatment and related services for individuals involved in the criminal justice system.

Increase the number of screenings and evaluations conducted at early stages of the criminal justice system (preferably at or shortly after arraignment) to help identify needed behavioral health interventions.

Address barriers to mental health treatment for those with behavioral health needs to potentially reduce the number of missed court dates, technical violations, and re-arrests.

Seek opportunities to engage individuals with Serious Mental Illness (SMI) in alternatives to incarceration or other diversion programs to reduce incarceration for those with SMI.

Eligibility for Navigator Services include:

Mental Health Criteria -

Defendants who have a known history of a SMI diagnosis, including (but not limited to) schizophrenia, schizoaffective disorder, delusional disorder, unspecified schizophrenia spectrum and other psychotic disorder, major depressive disorders, and/or bipolar disorder; or

Defendants who are assessed by the Navigator or other mental health professional to need mental health services.

Criminal Justice Eligibility Criteria -

Defendants charged with a felony or misdemeanor level offense who:

- o Are in the community pending the outcome of their case; or
- o Are released from jail while their criminal case is pending. A defendant's diagnosis does not need to be linked with their charges, nor is it expected for this to be determined at the time a referral is made.

The NCDMH CBMHN Program will focus its efforts on engaging individuals during the arraignment process. This has specifically been identified as a gap in the continuum of services.

During our 1st year of the MH Court Navigator program, our efforts were focused on the City of Lockport Court and Judge William Watson, with whom the department has a long-standing working relationship. The City of Lockport Court was also selected because services and connections are more limited on the Eastern End of the County. Despite the NCDMH's existing relationships and hand-on approach to the program's launch, results were disappointing, with a few individuals seeking information (mostly to employment resources) and only a couple engaging with assessment and linkage.

With the retirement of the clinician who was the "boots on the ground" in the CBMHN program during the 4th quarter of 2025, the NCDMH paused, reimagined the program design, and position structures. NYS Office of Professions updated scopes of practice (including for screening/assessment), supervision requirements, and credentials for diagnosis have been factored into this reexamination.

The focus for NCDMH's re-design will be on providing CBMHN Navigator services within the Central Arraignment Part (CAP) court, which serves the 12 town courts, the County Courts and Niagara Falls City Court for individuals who have been initially (and likely temporarily) remanded to the Jail. In addition to a clinical role, NCDMH is seeking to engage a Mental Health Peer Specialist as its envisioned a peer role will help facilitate engagement and support individuals involved in the court process.

The CBMHN Navigator Program will remain part of NCDMH. The CBMHN Navigators will need to regularly interface with the Assisted Outpatient Treatment (AOT) program, the County's Single Point of Access (SPOA), Crisis Services and Hospital Diversion programs, and the NCDMH planning department and, as such, the role falls within the purview of the LGU.

Goal 6 Objective 7, 2027 Status Update: Ongoing

Goal 6 Objective 7, 2027 Status Update Description: No 2027 Status Update.

Goal 6 Objective 8, 2027 Status Update: Ongoing

Goal 6 Objective 8, 2027 Status Update Description: No 2027 Status Update

Goal 7

Goal 7, 2027 Status Update: Ongoing

Goal 7, 2027 Status Update Description:

Goal 7 Objective 1, 2027 Status Update: Complete

Goal 7 Objective 1, 2027 Status Update Description: Niagara County Suicide Prevention Coalition (NCSPC) resumed activities in September 2023, with 24 local services providers present. By 2025, NCSPC had 60 members, with 41 different organizations represented.

Goal 7 Objective 2, 2027 Status Update: Ongoing

Goal 7 Objective 2, 2027 Status Update Description: Goal 7, Objective 2 revised to: The LGU will work in partnership with the Hope Speaks Niagara Community Coalition and stakeholders to make a formal commitment to, and establish benchmarks for, the adoption of the Zero Suicide Model.

The Niagara County Suicide Prevention (NCSP) coalition, which merged with the Niagara County Opioid Task Force Public Awareness Advisory Panel (NC OASIS) in January 2026 to become the Hope Speaks Niagara Community Coalition, is partnering with the Niagara County Department of Health (NCDOH) to gather quantitative data to better understand the prevalence of suicide and suicidal behaviors in Niagara County. With improved data, the Hope Speaks Coalition can establish benchmarks to track trends related to suicide, and work towards adoption of the Zero Suicide Model.

In September 2025 the Niagara County Suicide Prevention Coalition coordinated several public awareness activities spread the message of help and hope during Suicide Prevention and Recovery Month:

- o You Matter Coffee Sleeve Project: Approximately 13,000 coffee sleeves were utilized by 23 community partners churches, coffee shops, convenience stores, one counseling center, both area hospitals, schools, and a winery in Niagara County. The coffee sleeves promoted the Niagara County Crisis Services 24/7 Crisis Number and 988 as well as a QR code to access the Well Niagara App and Webpage for information on community resources and supports. There was a 27% growth from 2024 to 2025 with wider geographic distribution. Some shops also shared their efforts on social media which got some attention from the community.
- o Suicide Prevention Flag Raising: The NCSP Coalition partnered with the Newfane Central School District on September 9, 2025 and Barker Central School District on September 16, 2025 to raise the Coalition flag for Suicide Prevention month in September. A school staff member, a student representative, and a NCDMH staff member shared inspirational messages at

the flag raisings.

o Lighting of the Falls: the US and Canadian sides of Niagara Falls were lit up in purple in Teal on September 1, 2025 for a 15-minute direction; a live feed of the event was available for the community at large to view.

Goal 7 Objective 3, 2027 Status Update: Ongoing

Goal 7 Objective 3, 2027 Status Update Description: Well Niagara app and corresponding webpage continues to increase awareness of and connection to a variety of resources that assist with improving and sustaining mental, emotional, behavioral, and physical wellness. The Well Niagara app had 2324 feature interactions in 2025.

Throughout the first quarter 2026, NCDMH leadership shared nearly-daily messages of hope, collected from the Niagara County Community Members, through push notifications on the Well Niagara app and posted on social media. Messages were collected during the "Hope Speaks, Niagara" Campaign that began at the 2025 Niagara County Fair and continued throughout the year. The messaging also included information on how to access the Well Niagara App and corresponding webpage to explore community treatment, services, supports and resources available.

Northpointe Council Inc., as the substance use prevention provider in Niagara County, expanded work within all school districts in Niagara County. The agency also leads two (2) coalitions, the Community Health Alliance of North Tonawanda (CHANT) and the Community Health Alliance of Niagara Falls for Everyone, bringing multidiscipline providers and community members together to improve the health and wellbeing of Niagara County residents.

o CHANT's mission is to reduce substance use among youth by empowering our community to promote inclusion, diversity, and health equity as we monitor, assess, and contribute to the revitalization of a safe and healthy North Tonawanda for all residents. CHANT's current goal is to assess community needs and resources, analyze problems and goals, develop action plans/interventions to produce change, and increase capacity through participation and membership. NCDMH is an active member of CHANT participating in scheduled meetings and community events as planned. Examples of events include:

- Month of April: Take Down Tobacco Day; Vaping Education Week
- Month of May: Senior Prom Breakfast and Safety Symposium & Post-Prom Party and Community Town Hall Event (May 28, 2026) to connect with local organizations, hear about important topics impacting the community and enjoy a fun evening with family and neighbors.
- Month of August: End of Summer Community Engagement / Activities Event in the Park
- Month of October: Red Ribbon Week Activities

<http://www.chantcoalitionnt.com/>

o CHANGE's mission is to provide high-quality substance abuse awareness to the community of Niagara Falls and the greater Niagara area. CHANGE Niagara Falls offers everything from substance abuse resources to addiction resources to kids, young adults and adults throughout the area. CHANGE offers a range of community events that can help the community learn more about addiction and substance abuse. The goal is to promote healthy communities within Niagara Falls and all of Niagara County, New York. NCDMH is a member of CHANGE participating in scheduled meetings and community events as planned. Example events include:

- May 20, 2025: Impacts of Youth Cannabis Use with Laura Stack, founder of Johnny's Ambassadors
- June 28, 2026: Rainbow City Pride
- Month of October: Red Ribbon Awareness Week Activities – illumination of Niagara Falls in red.

In September 2025 CHANGE also launched new billboards across Niagara Falls, highlighting the voices and strengths of local youth. The billboards feature powerful messages and data that reflect the true experiences of our local students. Using data from the 2023 Youth Risk Behavior Surveillance Survey (YRBSS), CHANGE is sharing a message often overlooked: 94.8% of Niagara Falls youth did NOT binge drink in the past 30 days. This statistic reinforces that most students are making healthy and positive choices.

<https://www.changenf.org/>

Northpointe also continues to offer the Hidden Mischief Program, an alcohol and substance use prevention and identification program, that simulates a teen bedroom, providing caregivers the opportunity to search for hidden drugs and paraphernalia, while learning about popular concealment methods.

In 2025, Northpointe provided 4,487 classroom presentations and 468 community presentations, a 13.3% and 4% increase respectively over 2024.

Also summarized in Goal 8, Objective 3, beginning in April 2025, Northpointe Council, Inc. implemented a Wellness Initiative for Senior Education (WISE) program, Safe Storage and Disposal Distribution program, and Community Educational Workshops. These programs reduce opioid misuse, overdose risk, and environmental harm while promoting wellness and responsible medication practices across Niagara County. The project focuses on three key populations: older adults, youth and school communities, and general community members. Older adults, particularly those aged 55 and older, face an increased risk of unintentional opioid misuse due to complex medication regimens. Programming is funded through Niagara County Opioid Settlement Funds.

o From April 1, 2025 – March 31, 2026:

- 22 older adults were educated on responsible medication practices and harm reduction strategies and the Safe Storage and Disposal Distribution program distributed 311 lock bags and 286 Deterra deactivation bags. These programs address their unique needs by providing education and resources for managing prescription medications and reducing the risks

associated with opioid misuse.

- 65 Community Educational Workshops were conducted for youth reaching 1,521 participants across Niagara County. Youth and school communities, including students and school personnel, represent another critical group. Schools serve as a vital setting for education on opioid misuse prevention, equipping both students and staff with knowledge about secure medication storage and disposal practices.

The NCDOH, in collaboration with the NCDMH, Catholic Health and Niagara Falls Memorial Medical Center (NFMMC), prepared the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)/Community Service Plan (CSP) for the 2025-2030 period. This strategic plan is designed to address the most pressing health needs identified in Niagara County, aiming to improve the health and well-being of all residence and reduce health disparities. NCDMH is part of the Steering Committee, which engaged with physicians via survey and addressed the community for qualitative data via county wide community conversations, convened stakeholders for a comprehensive analysis of the current landscape, programs and initiatives supporting Niagara County.

- o The current priorities include: economic wellbeing; mental wellbeing and substance use; safe and healthy communities; health insurance coverage; access to care and healthy children; and prek-12 student success and educational attainment. As it relates to mental wellbeing and substance use prevention, NCDOH and NCDMH share common goals and strategies between our plans to address identified need areas.

Conducted an annual needs assessment to develop their 2026-2027 Prevention Plan. The needs assessment includes compilation and analysis of data through population focused surveys such as the Community-Level Youth Development Evaluation (CLYDE) and Youth Risk Behavior Survey (YBRS) administered to school district students; community-oriented surveys; focus groups with high school students; interviews with key stakeholders such as school-personnel; and other public-health oriented data sources.

Goal 7 Objective 4, 2027 Status Update: Ongoing

Goal 7 Objective 4, 2027 Status Update Description: The Healthy Moms Healthy Babies (HMHB) Coalition, which operates under the umbrella of the CNOC coalition, partnered with NCDOH and the NFMMC P3 Center for Teens, Moms and Kids to offer Fresh Air Fridays from July 11, 2025 to August 22, 2025, where a total of 180 people attended. The most popular sites were the Lockport Housing Authority and the North Tonawanda Public Library. NCDOH also distributed 339 “baby bundles” at various events in 2025. Fresh Air Fridays is planned to occur again in summer 2026 due to its success.

In 2025, Niagara Falls Memorial Medical Center (NFMMC) launched the Birth Equity Hub to improve maternal mental health across Niagara County focused on improving maternal health outcomes and addressing disparities for women and families in the region. The Hub is designed to connect families with essential services including perinatal coaching, home visits, mental health support, blood pressure monitoring, nutrition access, and wellness activities. NCDMH staff consulted with the Hub leadership to share information on the County’s Single Point of Access (SPOA) model to assist in the development of a single point of referral and access to coordinated care for the target population. A Hub devised a single point of referral and convenes a committee to review and disseminate referrals; NCDMH staff participate in the committee offering expertise in relevant areas. This effort has been highly successful with the Hub committee processing 100 referrals in 2025 and 82 referrals through April 2026, to a wide variety of home visiting programs and supportive services for a wide range of families. The average number of days between the HUB referral and assignment to a particular program(s) was 2.2 days. The main highlights of the work have been to help to fill existing caseloads, coordinate services between organizations, and provide a family friendly entry into accessing available services.
<https://www.upliftingbirthequityniagara.com/>

Goal 7 Objective 5, 2027 Status Update: Ongoing

Goal 7 Objective 5, 2027 Status Update Description: Also summarized in Goal 4, Objective 7, the Niagara/Orleans TIG Consortium is growing. Six (6) TIG training cohorts occurred between April 2024 and December 2025, with over 200 school and NCDMH staff becoming TIG-trained. An additional 21 staff were trained in the International Critical Incident Stress Foundation’s Assisting Individuals in Crisis curriculum through CCSI in early 2026. The seventh TIG cohort is scheduled in the fall 2026 to train up to another 50 staff.

NCDMH, as the N/O TIG Lead entity, contracts with CCSI, Inc. to provide the TIG evidenced-based training and technical assistance to the N/O TIG Consortium, providing consultation when requested by school districts in school district crisis response plan revisions, threat assessment process review, and suicide prevention and postvention interventions. The following school districts participating in the Niagara/Orleans TIG Consortium include:

Eastern Region – Niagara/Orleans

- ☐ Albion Central School District
- ☐ Barker Central School District
- ☐ Lyndonville Central School District
- ☐ Medina Central School District
- ☐ Newfane Central School District
- ☐ Orleans/Niagara BOCES (Burt, Medina, Newfane, Roy-Hart Locations)
- ☐ Royalton Hartland Central School District
- ☐ Wilson Central School District

Western Region – Niagara

- ☐ Lewiston Porter Central School District
- ☐ Lockport Central School District
- ☐ Niagara Falls Central School District
- ☐ Niagara Wheatfield Central School District
- ☐ North Tonawanda Central School District
- ☐ Orleans/Niagara BOCES (Niagara Wheatfield, North Tonawanda and Sanborn Locations)
- ☐ Starpoint Central School District

The Niagara/Orleans TIG Consortium, in partnership with the Suicide Prevention Center of NY, scheduled a Crisis Team Training of the Trainer in July 2026 to support NCDMH and school districts in building internal capacity for training and expanding upon their school crisis teams.

Between 2025 – 2026, NCDMH assisted in coordinating and supporting three (3) N/O TIG school district responses. Some districts have also activated internal TIG crisis team responses in response to appropriate events. Feedback from District TIG Leadership post response review has been positive as it provides staff a structured, evidenced-based model to support staff, students and their families, and further provides guidance on commemorations and other important milestones to take into consideration for time periods following TIG events.

In 2026, the N/O TIG Leadership group devised the N/O TIG Mission, Vision and Values to further provide common guiding principles for our work. NCDMH leadership established a dedicated N/O TIG webpage for increased visibility and awareness of the Consortium for all and so that all N/O TIG Consortium Districts can link to their district pages. https://www.niagaracounty.gov/departments/mental_health___substance_abuse/niagara_orleans_trauma_illness_and_grief_consortium.php

Goal 8

Goal 8, 2027 Status Update: Ongoing

Goal 8, 2027 Status Update Description:

Goal 8 Objective 1, 2027 Status Update: Ongoing

Goal 8 Objective 1, 2027 Status Update Description: In January 2026, the Niagara County Suicide Prevention Coalition (NCSPC) and the Niagara County Opioid Task Force Public Awareness Advisory Panel (NC OASIS) merged to become the Hope Speaks Niagara Community Coalition. The rationale for the merge was due to a national trend towards the integration of similar initiatives into broader mental health and substance use disorder initiatives. This is driven by the recognition of the strong overlap between the crises and the need for more efficient, coordinated and holistic responses.

- o *The high rate of co-occurring mental health conditions and substance use disorders (SUDs)—nearly 47.3% of adults with serious mental illness also have an SUD.

- o For both adults and adolescents with mental health challenges, the prevalence of substance use is higher compared to those without mental health challenges.

- o Similar pattern with an overlap of adults with SUD, over 45.8% also had a mental health condition.

This necessitates integrated care models rather than separate initiatives. NCDMH chairs both groups and many members were duplicated in both groups. In addition, the NCSPC and the NC Opioid Task Force PAI Advisory Panel share a common mission:

- o Harm Reduction

- o Death Prevention

- o Reduction in Barriers to Care

- o Increase in Access to Care

The Hope Speaks Niagara Community Coalition devised a mission, vision and core values to guide the Coalition's work.

Creation of a new logo and tag line, "Ending Stigma. Building Hope. Saving Lives." occurred. The Coalition devised a structure that includes the following:

- o Chaired by NCDMH leadership.

- o General Membership – Open to providers, schools, community organizations and residents based on interests and alignment with Mission, Vision and Values.

- o Advisory Panel – Provides non-binding guidance, shares insights, identifies needs, supports community-driven solutions, and, overall assists with establishing Coalition priorities and goals by offering specialized knowledge and perspectives.

- o Three (3) Workgroups:

- Data: Gathers, analyzes, summarizes and shares local information in a meaningful way to help the coalition understand community needs and guide effective action. By tracking trends in mental health, substance use, suicide, overdoses, harm reduction, and access to care, the group assists the coalition focus its efforts where they can make the greatest impact.

- Public Awareness / Involvement: Gathers, analyzes, summarizes and shares local information in a meaningful way to help the coalition understand community needs and guide effective action. By tracking trends in mental health, substance use, suicide, overdoses, harm reduction, and access to care, the group assists the coalition focus its efforts where they can make the greatest impact.

- Training: Responsible for the developing, coordinating and delivering a comprehensive training plan that strengthens

community knowledge, skills, and capacity around mental health, substance use, harm reduction, and stigma reduction. Guided by local data and community needs, the workgroup identifies priority topics, designs evidence informed training strategies, and ensures education reaches diverse audiences across Niagara County. Through this work, the group advances equitable access to life-saving information, empowers individuals and organizations, and supports the coalition's mission.

Through the Coalition's Data Workgroup, NCDMH is partnering with the Niagara County Department of Health (NCDOH) and the Niagara County Drug Intelligence Officer / High Intensity Drug Trafficking (HITDA) Officer to gather and analyze both quantitative and qualitative data to better understand the prevalence of drug overdoses, including overdoses that appear intentional (suicide and suicidal behaviors) in Niagara County. The data will help further inform Coalition strategies and initiatives including public awareness campaigns and community training / education offerings.

As summarized in Goal 4, Objective 1, the LGU continues to advertise the Niagara County Crisis Services and 988 phone numbers on seven (7) bus benches throughout Niagara Falls. A Student Design is utilized on the benches to engage youth in community involvement and resource awareness activities. In 2026, the new Hope Speaks Niagara Community Coalition logo was replaced as one of the graphics to increase awareness of this Coalition's efforts to End Stigma, Build Hope and Save Lives.

Data provided by NY/NJ HITDA and Niagara County Drug Intelligence Officer. Counts provided are preliminary and may vary from other sources. Data should be used and interpreted with caution for surveillance, planning, and response.

Yearly 2023 total suspected incidents: Non-Fatal: 398 Fatal: 74 Total: 472

Yearly 2024 total suspected incidents: Non-Fatal: 349 Fatal: 71 Total: 420

- 12.3% decrease in non-fatal ODs compared to 2023
- 4% decrease in fatalities compared to 2023
- 11% decrease in total overdoses compared to 2023

Yearly 2025 total suspected incidents: Non-Fatal: 295 Fatal: 40 Total: 335

- 15.5% decrease in non-fatal ODs compared to 2024
- 43.7% decrease in fatalities compared to 2024
- 20.2% decrease in total overdoses compared to 2024

Yearly 2026 (total through May) suspected incidents: Non-Fatal: 104 Fatal: 10 Total: 114

Compared to Yearly 2025 through May 2025: Non-Fatal: 102 Fatal: 15 Total: 117

- 2% increase in non-fatal ODs compared to 2025
- 33.3% decrease in fatalities compared to 2025
- 2.6% decrease in total overdoses compared to 2025

Niagara County's reduction in drug overdose trends is following a state and national trend. The clear reduction in fatal overdoses is notable and likely a result of focused efforts of the various public awareness campaigns, community outreach and tabling events, increased access to harm reduction supplies, and the work of treatment, service and support providers. It is difficult to determine if the reported reduction in non-fatal overdoses is representative of fewer overdoses as many individuals are reporting they do not need to seek emergency response (i.e. 911) due to at home administration of Narcan.

Two (2) End Overdose Rallies occurred on International Drug Overdose Awareness Day – August 31st in 2025 - one in Lockport for the ninth (9th) year and one in Niagara Falls for the second (2nd) year. Members of the community came together to remember loved ones who passed from a drug overdose, provide messages of hope and recovery, receive Narcan Training and a kit, and information on available community resources.

Through the Niagara County Opioid Settlement Funding opportunities, the Northpointe Council Community Collaboration and Outreach program advertised on two (2) billboards in Niagara County beginning in October 2025. The two billboards, located strategically in one urban area and the other in a rural area, generate significant visibility, with over 170,000 weekly impressions initially and continued high drive-by counts into early 2026. Weekly impression data for the rural billboard for October 2025 to December 2025 was 6,586 impressions per week, which calculates to approximately 26,344 impressions per month.

Goal 8 Objective 2, 2027 Status Update: Ongoing

Goal 8 Objective 2, 2027 Status Update Description: In late 2024, the NCDOH became an Opioid Overdose Prevention Program providing the Department the ability to provide overdose prevention and Naloxone administration training to the community and distribute Naloxone and other harm reduction supplies. From November through December 2024, NCDOH distributed 157 naloxone kits. In 2025, 2,649 kits were dispensed and 592 people were trained.

The Niagara County PATH Team monitored 72 Narcan mount/stands across 53 locations (increased by 2 over 2024) in Niagara County. Through events, trainings, and mounts, over 3,000 Narcan kits (increased by 50% over 2024) were distributed by the Niagara County PATH team in 2025. The NCDOH developed a Naloxone and Harm Reduction Resource Page in 2026, mapping out each Naloxbox in Niagara County.

Also summarized in Goal 1, Objective 2: In 2026, Peaceprints of WNY became the new contracted provider for jail-based substance use disorder treatment and transition services that support persons with substance use disorder who are incarcerated in county jail. Supports and services include withdrawal management, medication-assisted treatments

approved for substance use disorder treatment, group and individual counseling and clinical support, peer support, discharge planning, and re-entry and transitional supports. Services are funded through NYS OASAS. Referrals are received through the Niagara County Jail's intake process for individuals who screen positive for any history of substance use disorder. Peaceprints of WNY conducts comprehensive assessments, treatment planning, ongoing group/individual/peer services, and discharge planning. <https://www.peaceprintswny.org/>

The Niagara County PATH Team Quick Response to Overdose Team (QRT) followed up on and addressed 295 overdose reports through referral by law enforcement and 41 community referrals in 2025. This is a 29.6% reduction in law enforcement referrals compared to 2024 which is consistent with the decline in number of reported overdoses in 2025 compared to 2024 through NY/NJ HITDA / Niagara County Drug Intelligence Officer. Additionally, with more individuals equipped with naloxone and other harm reduction supplies, EMS involvement to reverse / respond to overdoses has lowered.

In October 2025, Better Together Pet Resource Center implemented their Boarding in Crisis program. The program reduces the risk of harm an individual may experience related to substance use; specifically, those with an animal who will not enter treatment because they don't have anyone to watch their animal. This program is funded through Niagara County Opioid Settlement Funds.

On February 15, 2026, Oxford Housing, Inc. opened the Hope Rising house. The house is located at 425 W. Caledonia St, Lockport, NY 14094 and supports 9 women in recovery, including women with children. This expansion was funded through Niagara County Opioid Settlement Funds.

In 2025, WNY Independent Living in Niagara County dispensed 2,654 Narcan kits (239.4% increase over 2024) and 2,425 fentanyl and xylazine test strips. In addition, the agency trained 2,540 people (138.3% increase over 2024). The agency continues to provide Narcan training at local inpatient and residential substance abuse treatment programs, schools, and in the community.

- o WNY IL's Addict2Addict Niagara continues to host Tossing and Testimonies events through the County engaging individuals with SUD in recovery oriented, sober activities that promote connection, relationship building, networking, resource sharing, collaboration with agencies, and offer hope and help to sustain recovery for individuals with SUD.

In the past four (4) years of the grant, BestSelf Behavioral Health Virtual Medication Assisted Treatment (MAT) Program reports Niagara County residents from the Lockport zip code have the highest call volume to the Hotline compared to all eight (8) WNY counties served. Lockport residents make up over 760 calls to the Hotline since its inception in 2022.

In May 2025, CMI in partnership with NCDMH and M&T Bank, opened its Lantern Project. Co-located within the agency's emergency housing shelter at 1570 Buffalo Avenue in Niagara Falls. The Lantern Project is a two-bed safe place reserved for individuals ready to engage in substance abuse treatment until they are able to access such services. From May 2025 through May 2026, 15 people were served by the Lantern Project.

<https://www.communitymissions.org/news/article/featured/2025/05/12/100156/cmi-unveils-lantern-project-helping-individuals-struggling-with-substance-abuse>.

In July 2025, the Hope & Wellness Recovery Café (HWRC), a non-profit organization, opened at 328 East Avenue in Lockport. HWRC is an alternative support community founded with the firm belief that every person needs recovery from something, and having chosen the recovery journey, and has wisdom to share with others. By May 2026, the Recovery Café Network established 102 recovery cafés in 24 states. HWRC is based on a Recovery Café model, which asks its satellite cafés to:

- o Create a community space that is drug-and-alcohol-free, embracing and healing
- o Nurture structures of loving accountability called Recovery Circles
- o Empower every member to be a contributor
- o Raise up member leaders
- o Ensure responsible stewardship
- o Work to end systemic racism, socioeconomic inequality and oppression of any individual or identity group by holding spaces that are profoundly loving, inclusive and honoring all.

<https://www.buffalorising.com/2025/07/hope-wellness-recovery-cafe-in-lockport/>

In April 2026, Creative Restorations expanded services to Niagara County by opening a new office at 30B Heritage Court in Lockport. The office provides the following services: Medicaid 1115 waiver services, screening and navigation, care management linkage, housing navigation, food & basic needs support, transportation assistance, peer recovery support services, harm reduction outreach, basic needs assistance, linkage to treatment & mental health services, court and justice-involved support services, and community resource navigation. <https://creativerestorationsinc.org/>

Goal 8 Objective 3, 2027 Status Update: Ongoing

Goal 8 Objective 3, 2027 Status Update Description: Also summarized in Goal 7, Objective 2, beginning in April 2025, Northpointe Council, Inc. implemented a Wellness Initiative for Senior Education (WISE) program, Safe Storage and Disposal Distribution program, and Community Educational Workshops. These programs reduce opioid misuse, overdose risk, and environmental harm while promoting wellness and responsible medication practices across Niagara County. The

project focuses on three key populations: older adults, youth and school communities, and general community members. Older adults, particularly those aged 55 and older, face an increased risk of unintentional opioid misuse due to complex medication regimens. Programming is funded through Niagara County Opioid Settlement Funds.

o From April 1, 2025 – March 31, 2026:

- 22 older adults were educated on responsible medication practices and harm reduction strategies and the Safe Storage and Disposal Distribution program distributed 311 lock bags and 286 Deterra deactivation bags. These programs address their unique needs by providing education and resources for managing prescription medications and reducing the risks associated with opioid misuse.

- 65 Community Educational Workshops were conducted for youth reaching 1,521 participants across Niagara County. Youth and school communities, including students and school personnel, represent another critical group. Schools serve as a vital setting for education on opioid misuse prevention, equipping both students and staff with knowledge about secure medication storage and disposal practices.

Partner agencies on the Niagara County OASIS (Opioid) Task Force Public Awareness/Involvement Advisory Panel tabled at the 2025 Niagara County Fair providing Opioid Overdose Prevention and Response (Narcan) training, naloxone and other harm reduction supplies, and community resource information including promotion of the Well Niagara app and corresponding webpage to fairgoers.

During the September 2025 Recovery and Suicide Prevention Month, the Niagara County Suicide Prevention Coalition hosted a week-long lunch & learn training series, during Suicide Prevention Week, open to the public provided by providers across mental health, substance use, veterans, and peer organizations. The week included a four-day virtual series focused on overdose awareness, firearm safety, mental health stigma, and suicide prevention, and ended on the fifth day with an in-person summit with a keynote speaker from the Suicide Prevention Center of NY bringing together community members, professionals, and advocates to strengthen our collective commitment to suicide prevention. Thirty-nine (39) people participated in the overdose awareness virtual lunch & learn topic.

Goal 8 Objective 4, 2027 Status Update: Ongoing

Goal 8 Objective 4, 2027 Status Update Description: In July 2025, New Directions Youth and Family Services added a Family Peer Recovery Advocate (FPRA) program and officially began providing services in February 2026. The FPRA works with families that have a child with a substance use disorder. The program offers a Family Peer Recovery Support Group in Niagara Falls on the 4th Thursday of every month. The group is a safe place to connect with other parents/guardians who are going through similar challenges in life and each meeting includes training related to substance use, a guest speaker, or other educational information. This program / position is funded through Niagara County Opioid Settlement Funds.

At the end of February 2026, Save the Michaels (STM) closed its Recovery Community Center in Lockport in February 2026 due to loss of NYS OASAS funding. The community lost access to a “one-stop shop” to access Certified Peer Recovery Advocates (CPRA) and CPRA – Family Advocates to help meet them where they are at, navigate next steps in their journey, refer and link to appropriate treatment, services and supports, engage in sober, recovery-oriented activities, and have a consistent place to access regularly-scheduled recovery support groups. At the time of STM closure, the following 12 peer-led groups, as per STM website 2/28/26, ceased:

- o Smart Recovery 2:00 pm on Mondays
- o Recovery Now 8:15 am on Tuesdays
- o Celebrate Women in Recovery 6:00 pm on Tuesdays
- o Living Well 9:30 am on Wednesdays
- o AA Meeting 6:00 pm on Wednesdays
- o NA Meeting 10:00 am on Thursdays
- o Bible Changes Lives 5:30 pm on Thursdays
- o Alcoholics Anonymous 7:00 pm on Thursdays
- o Insurance Support 9:00 am on Fridays
- o Woman's Group 12:00 pm on Fridays
- o Mental Health Support 2:00 pm on Fridays
- o Cocaine Anonymous 7:00 pm on Fridays

Peer Led Support Group Descriptions as per STM website (2/28/26):

Save the Michaels offers a variety of Peer-Led Groups at both offices and online; one hour duration unless otherwise noted.

- o Recovery Now! – A support group led by two recovery coaches. Ideal for anyone in the community involved with the legal system.
- o Breaking Free: Bible Study – A New King James (NKJ) Bible-based group led by local community members.
- o Harm Reduction – A group for anyone interested in learning more about harm reduction regardless of their substance use history.
- o Narcan Training – An educational session that focuses on understanding how to recognize and respond to an opioid overdose.
- o Healing Together – A support group led by a peer in recovery for anyone with a loved one who is or has struggled with substance use or mental health.

- o EPIC FIT Parenting Class – A 10-week evidence-based parenting class run by EPIC employees. A court-approved certification is awarded at the completion of the 10 classes. Must pre-register.
- o Living Well – A 7-week life-skills group facilitated by local volunteers from Lockport CARES.
- o SMART Recovery - An evidence-based group that teaches skills that focus on accountability and learning new, healthy habits.
- o Serenity Circle – A peer-led discussion group that focuses on topics chosen by the members.
- o Women's Group – An education and discussion recovery group for women in the community led by a recovery coach with personal recovery.
- o Mental Health Support Group – A support group led by community members for those who would like to openly discuss mental health and provide support to one another.
- o The Comfort Circle – A grief and loss support group led by a recovery coach and community member with personal experience.
- o Narcotics Anonymous/Alcoholics Anonymous/Cocaine Anonymous – OPEN mutual support groups led by members of the community.

Addict2Addict Niagara (A2A) served an average of 27 people per month in 2025, a 28.6% compared to 2024. From January – April 2026, A2A served an average of 43 individuals per month, a 59.3% increase compared to the same time period in 2025, which correlates to the closure of Save the Michaels Recovery Community Center in Lockport.

In April 2026, Creative Restorations expanded services to Niagara County by opening a new office at 30B Heritage Court in Lockport. The office provides the following services: Medicaid 1115 waiver services, screening and navigation, care management linkage, housing navigation, food & basic needs support, transportation assistance, peer recovery support services, harm reduction outreach, basic needs assistance, linkage to treatment & mental health services, court and justice-involved support services, and community resource navigation.



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2024 Needs Assessment Form Niagara County Department of Mental Health

Case Management/Care Coordination 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):

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):

Employment/volunteer (client) 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):

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: Both Youth and Adults

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

Need description (Optional):

Non-Clinical Supports 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? Yes

Need description (Optional):

Outpatient Treatment 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):

Prevention 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):

Residential Treatment 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):

Respite 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):

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):

Adult Assertive Community Treatment (ACT) 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):

Harm Reduction 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):

LGU Representative: Myrla Gibbons Doxey

Submitted for: Niagara County Department of Mental Health



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2025 Needs Assessment Form Niagara County Department of Mental Health

Case Management/Care Coordination 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):

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):

Employment/volunteer (client) 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):

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: Both Youth and Adults

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

Need description (Optional):

Non-Clinical Supports 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? Yes
Need description (Optional):

Outpatient Treatment 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):

Prevention 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):

Residential Treatment 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):

Respite 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):

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):

Adult Assertive Community Treatment (ACT) 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):

Harm Reduction 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):

LGU Representative: Myrla Gibbons Doxey

Submitted for: Niagara County Department of Mental Health



Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Needs Assessment

Issue Category	Applicable State Agency	Applicable Population
Adverse Childhood Experiences (ACES)	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Case Management / Care Coordination	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Crisis Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Cross Systems Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Employment/Volunteer (Client)	☐ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Forensics	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Housing	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Inpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Non-Clinical Supports	☒ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Outpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Prevention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Problem Gambling	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Refugees and Immigrants	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Residential Treatment Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Respite	☒ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Transitional Age Services	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Transportation	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Workforce Recruitment & Retention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Other 1: Adult Assertive Community Treatment (ACT)	☒ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☒ Adult Only ☐ Both Youth & Adults
Other 2: Harm Reduction	☐ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Needs Assessment**

Goal 1: Timely Access to Care

Target Date: 12/31/2027

Niagara County's high risk / high need individuals will have timely access to appropriate services to support them in the least restrictive level of care.

Needs Description:

The mental hygiene system in Niagara County has experienced a breakdown in their transition processes since the COVID-19 Pandemic. Due to staffing challenges and an increase in behavioral health needs, programs were unable to process new referrals in a timely manner. With many of these programs operating at or beyond capacity, individuals experienced delays in accessing care. While some waitlists have decreased over time, many programs continue to struggle with transitioning individuals to lower or higher levels of care. Of critical concern, individuals who are attempting to transition from Assertive Community Treatment (ACT) services to Health Home Plus (HH+) services are unable to access these services in a timely manner, resulting in reduced access to ACT services for those in need of / awaiting this service.

OMH and OPWDD providers report a lack of residential programming necessary to meet the needs of individuals with co-occurring emotional disturbance/mental illness and intellectual/developmental disabilities. The Adult Single Point of Access (SPOA) Program and Community Services Board (CSB) subcommittees report access to residential and inpatient care is also lacking for individuals with co-occurring mental illness and substance use disorders (SUD). Data shows that in 2023, 46% of SUD inpatient treatment referrals were denied in Niagara County. Those with substance use disorders and co-occurring severe mental illness and/or significant medical needs face significant barriers in accessing inpatient substance use treatment locally and often have to seek placement at a facility out of state that is willing and able to accommodate their complex needs. According to available PSYCKES data, 14.3% of individuals ages 13 and older with a new diagnosis of alcohol or other substance use disorder (SUD) did not initiate SUD treatment within 14 days of diagnosis.

Additionally the average length of stay for someone discharged from a supportive housing unit was 52 months in 2023. With supportive housing slots unavailable for individuals to transition into, individuals continue to reside in residential programs longer than clinically necessary, thus preventing someone needing services from accessing that level of care. This inability to transition between levels of care has created a blockade for individuals ready to take the next step in treatment.



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Needs Assessment**

Goal 2: Expanded Access to Treatment

Target Date: 12/31/2027

Niagara County residents across the lifespan will have expanded access to quality treatment at time of need.

Needs Description:

Significant gaps continue to exist for individuals in need of inpatient care who have co-occurring disorders. Individuals with severe emotional disturbance / mental illness and I/DD are often times denied admission to inpatient psychiatric units as their needs are determined to be chronic and pervasive versus acute in nature and appropriate programming is unable to meet their needs in an inpatient setting. As previously mentioned, a significant number of individuals are declined services because inpatient and residential programs are unwilling or unable to accommodate the complex needs and report that either mental health or substance use is more prominent than the other. According to available PSYCKES data, 33.7% of individuals ages 13 years and older discharged from inpatient SUD rehabilitation did not receive follow up treatment in a lower level of care setting within 14 days.

Critical need remains for inpatient and outpatient treatment program models of care that can effectively serve individuals with co-occurring disorders (severe emotional disturbances/mental illness) and I/DD as well as SED/SMI and substance use disorders. There are no Article 16 clinics in Niagara County to serve the unique needs of individual with intellectual/developmental disabilities and co-occurring mental health concerns. The workforce is not well-versed in the treatment and care of individuals with these co-occurring needs, which creates inequities and contributes to poorer health outcomes for these populations.



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Needs Assessment**

Goal 3: Increase Access to Housing

Target Date: 12/31/2027

Niagara County residents will have increased access to and retention in safe and affordable housing that supports long term stabilization and recovery.

Needs Description:

The housing needs of Niagara County residents remain critical and unmet. The availability of safe and affordable housing for individuals, and families, with mental illness, substance use disorders and intellectual/developmental disabilities is severely lacking. Across Western New York (WNY) about 27% of individuals in emergency shelters, 16% of individuals in transitional housing, and 90% of individuals without shelter, are diagnosed with a mental illness or substance use disorder. Individuals with severe and persistent mental illness and/or chronic substance use disorder are disproportionately unhoused.

According to available PSYCKES data, in Niagara County about 10% of individuals with a behavioral health (MH and/or SUD) hospitalization were re-hospitalized within 30 days of discharge. A possible contributing factor to the high readmission rate is the lack of supportive housing beds. Single-room occupancy and supportive housing beds for individuals with mental illness have extensive wait lists and, despite these lists being diligently vetted to prioritize open slots that become available for individuals with the highest needs, the lists and wait times continue to grow. The waitlist for supportive housing units in 2023 was 9.98 months for those supportive housing programs that carry a waitlist.

Transitional housing availability is also insufficient for individuals with substance use disorders, which leads to delayed movement between levels of care as well as delayed community reintegration in order to attain permanent housing. For those with co-occurring disorders, locating appropriate housing, is even more difficult not only due to specialized supports, services and expertise required, but also due to the associated stigma.



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Needs Assessment**

Goal 4: Crisis Services Continuum of Care

Target Date: 12/31/2027

Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.

Needs Description:

Unfortunately, the enduring effects related to the COVID-19 pandemic have resulted in new presentations of behavioral health concerns in the general population. The psychiatric instability and intensity of service intervention is increasing for many individuals living with severe emotional disturbances, severe mental illness and co-occurring substance use disorders or intellectual/developmental disabilities.

Students were especially impacted as they returned to in-person schooling following the COVID-19 pandemic. The social emotional development provided by schools was mostly absent while youth were learning at home, physically separated from others their age. For many youth, this isolation exacerbated existing mental health challenges. Schools in Niagara County report a significant increase in student substance use and mental health crises. From January 2022 – December 2023, about 19.5% of mental health evaluation for youth resulted in a MHL 9.45 transport to a MHL 9.39 hospital.

Individuals of all ages with mental health, substance use and co-occurring issues need more options for crisis stabilization in the community that will prevent the overutilization of higher levels of services, such as emergency department evaluations, and provide opportunities for recovery in the least restrictive setting. Additionally, more respite options are needed for stabilization of individuals, who aren't meeting the criteria for inpatient hospitalization.

Educating the community on navigating service systems and accessing available resources remains a priority. The LGU has spearheaded mental health awareness campaigns, but stigma remains a key barrier to accessing mental health and substance use treatment. Engaging with parents of children and adolescents remains a unique challenge in the school setting. As the LGU builds on existing partnerships with schools, more opportunities become available to present to parents and school faculty on topics involving crisis intervention, suicide prevention, and availability of mental health and substance use resources.



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Needs Assessment**

Goal 5: Cross-System Services

Target Date: 12/31/2027

Increase accessibility to integrated, coordinated care and services across the lifespan for individuals with co-occurring needs through innovative multifaceted cross-systems collaborative approaches.

Needs Description:

There is a critical lack of awareness of available services in Niagara County, and across WNY. Efforts to increase marketing of programs, services, supports and trainings / events are needed to ensure individuals served are receiving information on all resources available to them and also connecting with those resources that will best meet their complex needs. More resources and funding are necessary to increase cross-system services and collaborations in order to effect sustainable positive change. There is also a need for staff with cross-systems experience and expertise to meet the needs of individuals.



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Needs Assessment**

Goal 6: Workforce Recruitment and Retention

Target Date: 12/31/2027

The Niagara County Mental Hygiene service system will strengthen the workforce and establish a continuous pipeline of qualified staff to meet the demand for services in a timely manner.

Needs Description:

Workforce recruitment and retention remains the most prominent and critical issue to be addressed in Niagara County across all three (3) mental hygiene service systems as our established goals cannot be accomplished without an adequate workforce. The severe shortage of qualified job applicants further jeopardizes service providers' ability to provide high quality services, as well as their capability to adapt programming to meet the population needs, especially in our historically underserved and under-resourced populations. This also leaves these populations vulnerable to negative health outcomes and creates greater health disparities. Additionally, the immense demand and stress on direct care staff to ensure 24/7 service availability and monitoring has led to staff burnout, trauma, and departure from human services work altogether creating even greater gaps in service and increased position vacancies.

Investment in our behavioral health workforce remains a critical need. The behavioral health needs in the general population became more complex following the COVID-19 pandemic, necessitating that our behavioral health workforce must also evolve to better understand these complexities. Inconsistencies continue to exist between onboarding processes and required core competencies from organization to organization. Innovative strategies are needed to ensure staff are equipped with the skills to effectively serve individuals with co-occurring disorders (severe emotional disturbances/mental illness) and I/DD as well as SED/SMI and substance use disorders. A community collaborated evidence-based curriculum for new hires and existing staff would mitigate staff burnout, develop consistency amongst service systems, and improve health outcomes of those receiving services.



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Needs Assessment**

Goal 7: Expand Prevention Activities

Target Date: 12/31/2027

Expand prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized and underserved populations, to protect, promote and maintain the health and well-being of Niagara County residents.

Needs Description:

As it relates to health status and disparities Niagara County's prevention agenda indicators have been substantially worse compared to NYS in recent years. . In 2023, Niagara County ranked 51st in health outcomes out of the 62 ranked counties. Factoring the quality of life (premature death, poor physical health days, poor mental health days, and low birthweight), Niagara County ranked 46th. When taking into account access to and quality of clinical care, Niagara County ranked 54th. As prevention is all encompassing, specific strategies are critical to employ that focus on the following: reducing stigma and barriers to care; increasing awareness of available services and navigating access to preventative care; and integration of physical and behavioral health models of care into programming that are culturally appropriate and tailored for underserved communities and populations utilizing local data sources to guide efforts.



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2025 Update
Needs Assessment**

Goal 8: Tackle the Opioid / Drug Epidemic

Target Date: 12/31/2027

Increase the availability of, access to, and awareness of harm reduction options in a manner that demonstrates humility and compassion towards people who use drugs (and their loved ones) to reduce overdoses and other negative health outcomes.

Needs Description:

Disproportionately impacted by the opioid crisis, Niagara County exceeds NYS rates on most of the DOH Opioid related indicators. From 2020 – 2022, Niagara County observed an opioid overdose rate of 39.8 per 100,000 persons, ranking 55th out of 62 counties. Niagara County experienced about a 23% increase in suspected overdose fatalities in 2023 compared to 2022 (75 compared to 61). Niagara County saw a 23% increase in suspected fatal overdoses in 2023 over 2022. There was also a 3.1% increase in the total number of reported suspected overdoses in 2023 compared to 2022. Individuals with substance use concerns face tremendous stigma from the community in which they live as the community lacks factual information and education about individuals who use drugs, addiction, what harm-reduction is, what it means and its purpose. This negatively impacts people's willingness to seek support, creates greater health inequities and disparities.

An alarming trend throughout Niagara County is the early use of alcohol, tobacco, marijuana, and other drugs. Early use of these substances delays youth from learning positive coping strategies and may impact youth development. Youth consumption of marijuana can be attributed to increased access, a change in public opinion due to its legalization, and an indifference from parents toward marijuana. While LGU and local agency prevention program education efforts have targeted youth and parents, more education on associated risk factors and harm reduction is needed.



**Office of Addiction
Services and Supports**

**Office of
Mental Health**

**Office for People With
Developmental Disabilities**

**2026 Needs Assessment Form
Niagara County Department of Mental Health**

Case Management/Care Coordination 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):

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):

Employment/volunteer (client) 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):

Forensics 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? No

Need description (Optional): Forensic Services and 730 Competency Restoration
Applicable to OMH, Adults

Background:

There is a growing need for coordinated services for individuals with mental health conditions, substance use disorders, and Intellectual/Developmental Disabilities (I/DD) who interact with the criminal justice system.

Over the past five (5) years, the number of requests for 730 Competency evaluations has steadily increased. In 2019, there were 41 such requests, compared to 65 in 2024 - an increase of 58.5% in requests for 730 competency evaluations in five (5) years. During the same period, the costs of inpatient competency restoration also escalated significantly, rising from \$630,414 in 2019 to \$1,367,863 in 2024. Both the costs and lengths of stay in inpatient settings for competency restoration continue to grow. A review of competency evaluations indicates a higher prevalence of individuals presenting with co-occurring conditions, including mental health in combination with substance use disorders and/or I/DD, thus requiring more complex care.

Needs Description:

High needs exist for the following:

- **Enhanced Communication and Coordination:** Strengthen communication and coordination between the local governmental unit (LGU) and State psychiatric centers (PCs) to understand and facilitate access to timely care and efficient/effective restoration services.
- **Comprehensive Discharge Planning:** Establish early and thorough coordinated discharge planning between the LGU, State PCs, County Jails, and Courts to ensure seamless transitions. This includes connecting individuals to essential supports such as housing, treatment services, medications, and other resources to promote continuity of care and the progress in care to be maintained.
- **Community-Based Training and Support:** Expand training opportunities for a wide range of community providers to build capacity in addressing the unique needs of individuals with behavioral health conditions involved in the criminal justice system.

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: Both Youth and Adults

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

Need description (Optional):

Non-Clinical Supports 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? Yes

Need description (Optional):

Outpatient Treatment 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):

Prevention 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):

Residential Treatment 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):

Respite 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):

Transition Age 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):

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):

Adult Assertive Community 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):

Harm Reduction 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):

LGU Representative: Myrla Gibbons Doxey

Submitted for: Niagara County Department of Mental Health



Niagara County Department of Mental Health & Substance Abuse Services
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Issue Category	Applicable State Agency	Applicable Population
Adverse Childhood Experiences (ACES)	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Case Management / Care Coordination	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Crisis Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☒ Adult Only ☒ Both Youth & Adults
Cross Systems Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Employment/Volunteer (Client)	☐ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Forensics	☒ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☒ Adult Only ☐ Both Youth & Adults
Housing	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Inpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Non-Clinical Supports	☒ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Outpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Prevention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Problem Gambling	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Refugees and Immigrants	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Residential Treatment Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Respite	☒ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Transitional Age Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Transportation	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Workforce Recruitment & Retention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Other 1: Adult Assertive Community Treatment (ACT)	☒ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☒ Adult Only ☐ Both Youth & Adults
Other 2: Harm Reduction	☐ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults



**Niagara County Department of Mental Health & Substance Abuse Services
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Goal 1: Timely Access to Care

Target Date: 12/31/2027

Niagara County's high risk / high need individuals will have timely access to appropriate services to support them in the least restrictive level of care.

Needs Description:

The overall service system in Niagara County remains understaffed and under resourced, particularly with regard to services for individuals with high needs. The need for services and supports grew dramatically beginning in 2020 with the COVID-19 pandemic coupled with the Opioid Epidemic. Increased need still remains and those children/youth whose lives were severely impacted with disrupted schooling, family, and social lives, have begun to reach adulthood. The service system is seeing a disproportionately greater number of transition age youth/young adults in need of support and services, including those with co-occurring mental health and substance use disorders and those with co-occurring mental health disorders and intellectual /developmental disabilities.

Evidence of a crisis for young adults and individuals with co-occurring disorders can be found in the Assisted Outpatient Treatment (AOT) program. The AOT program is designed to support individuals diagnosed with severe and persistent mental illness (SPMI), who live in the community are at the highest risk for adverse events. During the COVID-19 pandemic, individuals experienced difficulty accessing services, particularly face-to-face and in-home services, and reported experiencing an increase in mental health symptoms and substance use. The average monthly caseload for the AOT program increased by 46.8% from 2019 – 2024. In 2024, individuals ages 18-29 had the highest number of AOT court orders, with 30.6% of individuals involved with the AOT program within this age range. Additionally, over 34.6% of referrals to the AOT program in 2024 were for individuals with co-occurring mental health and substance use disorders.

Some limited progress has been made, particularly related to staffing for adult Health Home Care Management, thus opening up movement between levels of care in community settings. In other settings, workforce shortages have continued to make needed services unavailable and created lengthy waiting lists for others.

On average in 2024, 55% of the Spectrum ACT roster consisted of individuals on an Assisted Outpatient Treatment (AOT) court order or enhanced service contract monitoring. This rate is significantly lower than the average in 2023, when 77% of the Spectrum ACT roster consisted of individuals on an AOT court order or enhanced service contract. As Specialty Mental Health Care Management agencies who service the AOT population in Niagara County have been able to hire and retain qualified staff, movement between ACT and Health Home Plus levels of care have improved, thus impacting the number of AOT individuals served in the ACT program as the goal is to serve individuals in the least restrictive level of care.

The wait list for Spectrum Human Services Assertive Community Treatment (ACT) program, managed through the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Adult Single Point of Access (SPOA) Program, had an average of three (3) individuals in 2024 as compared to 11 in 2023. The reduction in the wait list in 2024



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is correlated to SPOA and ACT providers working collaboratively to vet the wait list as well as Health Home Plus care management services being more accessible due to staffing availability, allowing movement between levels of care. A need remains for increased ACT slots to ensure timely access to care at time of need. In previous years, entities stopped referring potentially eligible individuals for ACT services due to a lack of service availability and the anticipated lengthy wait for services.

Child & Family Services Youth Assertive Community Treatment (YACT) remains challenged with workforce recruitment and retention having to pause acceptance of new referrals multiple times since its inception in October 2023. In May 2025, the agency placed new referrals on pause again and does not anticipate being able to serve new referrals for approximately three (3) months. Additionally, the agency has rejected various referrals to the program due to the high risk / need presented that were not conducive with the structure of the program and with recommendations for residential or other types of community based services to meet the youths' needs.

Access to other community based services such as NYS OMH and OPWDD Home & Community Based Waiver services and CFTS Service remains limited due work force challenges and lengthy waitlists. As the Single Point of Access Programs (SPOAs) are not utilized to process these applications and maintain the wait lists, the Local Governmental Unit is challenged in monitoring and assisting with prioritization of individuals seeking these services. It would be of great benefit to centralize the referral process and maintenance of a wait list to county SPOAs who are well-versed in these processes.

In an effort to improve timely access to care, the LGU and Niagara County Department of Mental Health & Substance Abuse Services SPOA, AOT, Community Based-Services, Clinics and Crisis Services programs are actively working on enhanced collaboration and coordination with schools through the family support centers and other school-based contacts and with local hospitals' CPEP, emergency departments and inpatient units. In 2025, the LGU developed and shared a comprehensive listing of cross-systems points of contacts and local resource information including the Well Niagara App and corresponding web-page which houses a wealth of resource information on community based services, supports, treatment and other pertinent information, to improve cross-system collaborations and transitions within and between levels of care. Further state efforts are required to support seamless transitions between levels of care. During Local Planning meetings, providers identified the need for NYS OMH, OASAS and OPWDD to develop a mechanism to allow licensed, certified and funded programs operating under these state entities to exchange information cross-systems without the barriers often presented by the requirement to obtain patient consent. Development of guidance that is similar to the Guidance for OMH providers that was released in 2024 is requested.

Creation of a mental hygiene service system "road map" has been identified as a high need for providers as well as youth, adults and their families alike who do not know where to start when seeking services; this will be developed in the coming year with the LGU taking lead in this initiative. Another idea was generated during local planning efforts for is to broaden the reach of SPOA services, through additional personnel who, when integrated into the System of Care, can



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assist youth/families who may not yet met SED criteria with navigating the service system. The concept expands the reach of our SPOA and Systems of Care and effectively can prevent the need for higher intensity services. This concept will be further explored on how to potentially incorporate it into existing structures and funding sources that is not duplicative of current resources.

Timely access to residential services, remains a high unmet need in Niagara County. Though the LGU does not have access to the number of individuals on the Office for People with Developmental Disabilities (OPWDD) Certified Residential Opportunities (CRO) wait list, it is understood that the wait list is extensive and can take months (if deemed an emergency) to years for people to get served. At times, individuals get stuck in emergency departments, CPEPs or psychiatric inpatient settings awaiting access to an appropriate placement as they are unable to have their needs met in another setting that can assist with maintaining their safety and security. This is unfair to the individual and to the settings who are doing their best to manage and to prioritize individuals in need of their level of care. Due concerns with the reimbursement model, administrative burden and long-term fiscal viability of Intermediate Care Facilities (ICFs), one agency serving Niagara County closed all through of their ICFs between 2024 – 2025 resulting in a loss of 34 beds at this high level of care. Although a total of 30 supervised Individual Residential Alternative (IRA) beds are expected to be gained by the end of 2025, there remains a loss of beds to serve individuals in need who remain on extensive wait lists.

Waitlists for NYS OASAS programs in Niagara County persist, with four (4) out of five (5) residential rehabilitation programs averaging **46 people per month** on the wait list and an average of a **22-day wait** for admission in 2024. These delays create a bottleneck in care transitions, putting individuals at risk for adverse events when timely substance use treatment is unavailable. In **2024**, NYS OASAS licensed residential programs in Niagara County operated at **98.7% occupancy**, limiting access further. Furthermore, New York no longer has NYS OASAS licensed adolescent residential program, making intensive treatment for youth with severe substance use concerns increasingly difficulty. St. Joseph's Rose Hill Adolescent Treatment Center in Messina, NY and BestSelf Behavioral Health's Renaissance House in Buffalo, NY closed and the Villa of Hope Living in Freedom Early Life (LIFE) program was redesigned to no longer serve adolescents in 2025. Niagara County substance abuse outpatient treatment providers report being significantly challenged to meet adolescents' unique treatment needs within the current system. At a crucial stage in development, youth require accessible, timely and appropriate intensive care to prevent adverse outcomes.

Children and adolescents also do not have timely access to NYS OMH licensed residential care due to lengthy referral and admission determination processes as well as wait lists. One Niagara County Community Residence program has not been able to accept referrals or keep the program open consistently due to work force shortages for a number of years. For children and adolescents with co-occurring mental health and intellectual/development disabilities, access to specialized residential care is severely limited. Additionally, transitional-aged youth struggle to find programming to meet their unique needs, including those transitioning out of the foster-care system.



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Furthermore, individuals with co-occurring mental health and substance use disorders, as well as those with co-occurring mental health and intellectual/developmental disabilities experience significant challenges with accessing residential care to meet their complex needs. Often times they are denied access to care with agencies citing an inability to meet their needs due to regulatory and/or program expertise limitations and recommend services be pursued in another service system. Until NYS Office of Mental Health and NYS OASAS restructures regulations for residential programs to allow for integrated care and treatment and better equip the work force to provide integrated care, timely and appropriate access to residential care will remain a critical unmet need.

As the only NYS OMH licensed Apartment Treatment Program in Niagara County only offers double-room apartments, the occupancy rates remain around 75% over the past few years. Referred individuals often decline that level of care due to not wanting to reside with a stranger or wishing to remain living independently with increased community based supports. Changes are needed to the Apartment Treatment Program in order to meet the current needs of individuals seeking service at this level of care.

Agencies providing community-based support services face workforce shortages and inadequate reimbursement rates, limiting timely access to care. Child & Family Treatment Support Services (CFTSS) wait list extensive, with some agencies pausing referrals or closing their programs that serve Niagara County. Individuals with co-occurring mental health and intellectual/developmental disabilities needs are unable to access both Specialty Mental Health, Health Home Care Management and Care Coordination services, forcing them to choose between systems that lack integrated care expertise and often the knowledge to navigate both service systems. Advocacy is needed to improve provider competency in navigating both systems or to allow Medicaid to support coordinated, dual-service access without duplication, ensuring comprehensive care for individuals with complex needs.



Niagara County Department of Mental Health & Substance Abuse Services

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Needs Assessment

Goal 2: Expanded Access to Treatment

Target Date: 12/31/2027

Niagara County residents across the lifespan will have expanded access to quality treatment at time of need.

Needs Description:

It is essential for the mental hygiene service systems to reimagine the work force structure and traditional treatment approaches to respond to the changing landscape. Beyond simply increasing staff and service expansion, the system requires enhanced care continuity, innovate treatment methods, and improve staff expertise in mental health, substance use, and intellectual/developmental disabilities in order to provide integrated treatment for those with co-occurring disorders when necessary.

Inpatient treatment facilities must enhance care options for individuals with co-occurring mental health, substance use, and developmental disabilities. Many seeking care find themselves caught between mental health and developmental disability service systems, with each disputing which would better serve them. In Niagara County in 2024, denial rates for inpatient detox and rehabilitation were 28% and 56%, respectively—often due to severe mental health concerns. Among those who received care, both program types had a 71% average successful discharge rate (e.g. met goals). To improve integrated care, regulations, reimbursement rates, and staff training must evolve.

Since Eastern Niagara Hospital's inpatient unit closed in 2019, Niagara County has lacked dedicated child and adolescent psychiatric inpatient care. As a result, children in need of inpatient treatment often wait days in emergency departments or CPEP, causing additional stress for them and their caregivers. When no inpatient bed is available, they are often discharged into the community with limited support, as existing services are not readily available to adequately meet their intensive needs during this critical time.

Outpatient treatment is concentrated in Niagara Falls, Lockport, and North Tonawanda, leaving rural areas underserved. For children and adolescents, full-service outpatient clinics are only available in Niagara Falls and Lockport. To address these gaps for school-aged youth, NYS OMH promoted school-based mental health satellite clinics. While these clinics could improve rural access, providers face challenges in establishing and sustaining them. Success often depends on a supportive school administrator advocating for behavioral health services as well as recruiting and retaining clinicians, especially when the location is in a rural setting. Clinicians in the school-based satellite settings tend to feel isolated and require additional supervision compared to those in traditional outpatient clinics.

NYS behavioral health providers face challenges with employed LMHCs and LMFTs needing to obtain their diagnostic privilege due to strict education and credentialing requirements. Many seasoned licensed practitioners, particularly those who graduated before 2010, lack the 60-credit-hour coursework needed to qualify. Limited post-graduate programs offering required courses further restrict access. While NYSED allows individuals until June 2027 to fulfill deficits, many struggle with limited opportunities for completion. Without diagnostic privileges, practitioners face scope-of-practice limitations, requiring additional



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supervision to perform diagnostic evaluation and assessment based treatment planning, which strains provider capacity in an already understaffed system. Furthermore, providers face significant challenges in hiring mental health professionals who require supervision to perform diagnostic evaluations and assessment based treatment planning due to a shortage of available LCSWs who are able to supervise LMSWs and other mental health practitioners.

As NYSED limits LMHCs and LMFTs with their diagnostic privilege to only supervising others with the same degree, this places significant burden on LCSWs within an agency who are already stretched thin, making it difficult to accommodate supervision needs. Additionally, NYSED imposes limits on the number of individuals an LCSW, LMHC-D or LMFT-D can supervise at one time if they lack diagnostic privilege, further restricting the ability to onboard new staff. These constraints create bottlenecks in workforce development, slowing the availability of qualified clinicians and limiting access to timely care. Without expanded supervision capacity or adjustments to regulatory limits, providers will continue to struggle to maintain adequate staffing and ensure comprehensive diagnostic and assessment based treatment planning services for clients.

Niagara County providers report increased youth involvement in serious crimes and risky behaviors, driven by COVID-19-related school disruptions and changes in NYS juvenile justice laws since 2018. Key laws include:

- **Raise the Age Law (2018):** This law changed the age of criminal responsibility, ensuring that 16- and 17-year-olds are no longer automatically prosecuted as adults. Instead, most cases are handled in Family Court or the Youth Part of the Supreme or County Court.
- **Juvenile Justice and Delinquency Prevention Act (2021 & 2022 Updates):** These updates raised the lower age of juvenile delinquency jurisdiction from 7 to 12 years old, limited detention for violations, and reinforced protections for youth in the system.
- **Youthful Offender Status:** Allows certain juveniles to avoid permanent criminal records if granted this status by the court.
- **Family Court Jurisdiction Expansion (2019):** Extended Family Court jurisdiction to include 16- and 17-year-olds charged with misdemeanors under the Penal Law, treating them as Juvenile Delinquents.
- **Adolescent Offender Classification (2019):** Established a separate category for 16- and 17-year-olds charged with felonies, initially heard in the Youth Part of the Supreme or County Court.
- **Probation Case Plans (2018):** Requires probation departments to assess juvenile offenders and adolescent offenders for individualized programming and referrals.

While these laws promote rehabilitative and developmentally appropriate responses for juveniles rather than punitive measures, youth often struggle to engage in treatment and support services due to their voluntary nature, accessibility and motivation barriers. When individuals with substance use disorders cannot access timely care, particularly youth, they are more likely to enter the criminal justice system. Strengthening the OMH, OASAS, and OPWDD service systems would improve access to more appropriate support than reliance on the criminal justice system.



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Niagara County SPOA faces challenges with community awareness of services available through referral and incomplete referrals received from providers, negatively impacting potentially eligible individuals from accessing needed services. According to PSYCKES data (April 2025), less than **42%** of individuals (**ages 6–64**) discharged from inpatient mental health care at the local 9.39 hospital received five or more follow-up visits within 90 days. In **2024**, only **36%** of NYS OMH licensed MHOTRS clinic program discharges were successful. Additionally, in **April 2025**, nearly **40%** of individuals (**18+ years old**) discharged from the hospital's emergency department did not attend an outpatient mental health visit within **30 days**.

To effectively address Niagara County's evolving mental hygiene challenges, service systems need to reimagine workforce structures, treatment approaches, and care integration for individuals with co-occurring disorders. Persistent gaps in inpatient and outpatient services, especially for youth, highlight the urgent need for expanded access, regulatory reform, and strengthened provider capacity. Workforce constraints, including challenges to obtainment of diagnostic privileges and supervision bottlenecks, further strain the system, delaying timely intervention. Additionally, changes in juvenile justice laws, coupled with unmet behavioral health needs, have contributed to increased youth involvement in risky behaviors. By improving regulatory flexibility, reimbursement rates, and service coordination across OMH, OASAS, and OPWDD, Niagara County can build a more responsive, equitable, and accessible mental health system.



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Goal 3: Increase Access to Housing

Target Date: 12/31/2027

Niagara County residents will have increased access to and retention in safe and affordable housing that supports long term stabilization and recovery.

Needs Description:

Niagara County faces a critical shortage of safe, affordable housing for individuals and families with mental illness, substance use disorders, and developmental disabilities, and including specialized housing to meet the unique needs of transition-aged youth. These populations are at higher risk of homelessness, yet providers report insufficient housing slots to meet demand. The number of unhoused individuals is rising, while increasing rent costs and strict landlord requirements, such as credit checks and large upfront payments, create further barriers to securing housing.

In 2024, 13 new beds were allocated to supportive housing providers serving Niagara County, while one agency lost 10 supportive housing beds due to reconciliation on the number funded. Despite the net addition of three (3) beds, the demand for supportive housing far exceeds availability, preventing access for many. NYS OMH funded supportive housing programs combined had a 112% occupancy rate due to more beds filled than allotted and were later reconciled. The one Single Room Occupancy (SRO) program had an average occupancy of 94.2% and the current demand for this housing program well exceeds availability with the current wait list anticipated to be 12 – 15 years at this point. For NYS OASAS funded supportive housing, the 2024 occupancy rate was 66.7%. Based on the reimbursement model, fiscal viability of this program is not possible and will lead to its closure.

Niagara County providers highlight the need for landlord education on mental health, substance use, and developmental disabilities. Better awareness could reduce unnecessary police involvement and evictions, equipping landlords to connect tenants with local services. Providers stress the need for more landlords in North Tonawanda. and rural Niagara County, where affordable and safe housing options are even more limited.



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Goal 4: Crisis Services Continuum of Care

Target Date: 12/31/2027

Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.

Needs Description:

Awareness of mental health and substance abuse resources has grown across the United States, with 988 being a key initiative. Niagara County Crisis Services (NCCS) affiliated with 988 in September 2022 and saw a 97% increase in calls to the dedicated 988 line from 2023 to 2024, rising from an average of 239 to 471 calls per month. Calls answered on the 988 line tend to be higher acuity, more intensive cases than those received on the local County Crisis Services line. Initial assumptions were that calls to the local Niagara County Crisis Services line may decrease with the implementation of 988; however the opposite occurred. This surge highlights increasing mental health and substance use challenges and awareness of the crisis line. Despite these efforts, suicide remained the 2nd leading cause of death in the U.S. for individuals aged 10-14 and 25-34 in 2023 (according to the CDC fatal injury report) and New York (excluding NYC) saw a 27.8% rise in suicide-related emergency visits from 2019 to 2023.

Without sufficient staffing, crisis response systems cannot meet the growing demand, leaving individuals in urgent need without timely care. Expanding the number of qualified and prepared workforce is essential to ensure rapid, effective intervention and prevent worsening mental health and substance use crises.

Youth mental health concerns continue to rise. For example, Niagara County Crisis Services has seen mental health evaluations for youth increase 202% from 2023 to 2024. Hospitalizations and ER visits for self-harm have also risen. According to Poison Center data, in 2024 43% of intentional substance ingestions in Niagara County involved individuals ages 13-29. In 2023, 2.7% of ER visits in Niagara County were suicide-related, with ages 10-19 having the highest suicide-related ER visits in New York (excluding NYC). In 2021, this age group accounted for 42.7% of self-harm ER visits. In 2023, 56.7% of suicide-related ER discharges involved patients at high risk for another attempt, as studies show risk is highest within 30 days of ED or inpatient psychiatric discharge.

To address rising youth risks, Niagara County implemented Trauma, Illness, and Grief (TIG) in Schools model, a comprehensive training and crisis response network for K-12 education. TIG equips school professionals with evidence-based crisis skills, resources, and support to help students cope with trauma, violence, illness, and grief. Niagara County Department of Mental Health & Substance Abuse Services, in partnership with Orleans/Niagara BOCES and its 13 component districts established the Niagara/Orleans TIG Consortium, building an infrastructure to support schools and respond to TIG needs in a coordinated and competent manner. Through the support of Opioid Settlement funds received by the County to abate the opioid epidemic, NCDMH contracted with Coordinated Care Services, Inc. (CCSI) to provide the TIG trainings and technical support 2024 – 2025. Continued investment in the N/O



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TIG Consortium is necessary to equip NCDMH crisis responses team members and all school district staff in with the skills and resources necessary to respond effectively in times of crisis.

Niagara County needs more community-based crisis stabilization options to reduce reliance on higher-level services, such as emergency rooms, for individuals with mental health, substance use, and developmental disabilities. Limited respite options strain caregivers, increasing reliance on emergency responders, crisis services, and inpatient care. Funding for expanded respite services would strengthen the crisis continuum by providing short-term relief, preventing escalation, and supporting recovery. Respite care reduces hospitalizations, helps caregivers manage burnout, and improves long-term stability, ensuring timely intervention and a more effective crisis response system.

Investing in evidence-based training like Adult, Teen, and Youth Mental Health First Aid, ASIST, Crisis Intervention Training (CIT), and Critical Incident Support Teams (CIST) is essential to equip professionals and community members with the skills to recognize, respond to, and de-escalate mental health crises, furthering early intervention and reducing long-term consequences. CIST plays a vital role in providing immediate support to first responders and others after major incidents to minimize stress-related injury/illness. These programs enhance early intervention, reduce stigma, and improve outcomes by ensuring timely, appropriate support. Expanding access to such training strengthens crisis response systems and helps prevent unnecessary hospitalizations, justice system involvement, and long-term mental health deterioration.



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Goal 5: Cross-System Services

Target Date: 12/31/2027

Increase accessibility to integrated, coordinated care and services across the lifespan for individuals with co-occurring needs through innovative multifaceted cross-systems collaborative approaches.

Needs Description:

Niagara County service systems remain siloed and despite at least 14 active coalitions working to fill service gaps, there are often duplicate efforts and efforts focus on urban areas while overlooking rural communities. Improved and streamlined cross-system collaboration is needed to improve resource awareness, as both providers and residents struggle to navigate available services. The Well Niagara app and corresponding website was designed to centralize information, but marketing reach has been challenging.

A major barrier to collaboration is the limited ability for counselors, physicians, nurses, etc to receive reimbursement for time spent in cross-system coordination efforts. Even when schedules allow the time for case conferencing, mechanisms to achieve reimbursement for these critical functions are complex or non-existent. Providers often struggle to engage in partnerships that improve care because these activities are unfunded, limiting their ability to dedicate time and resources to joint initiatives. Expanding funding or alternative support for non-reimbursable coordination is vital to breaking down silos and strengthening the crisis response network. Furthermore, overreliance on virtual meetings post-pandemic due to busyness of schedules has also weakened engagement. A return to in-person meetings could foster stronger collaboration and more effective service coordination if people can afford such in their schedules.



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Goal 6: Workforce Recruitment and Retention

Target Date: 12/31/2027

The Niagara County Mental Hygiene service system will strengthen the workforce and establish a continuous pipeline of qualified staff to meet the demand for services in a timely manner.

Needs Description:

Immediate action is needed to address the crisis-level shortage of direct care workers, paraprofessionals, peers, and licensed professionals in New York State. Niagara County faces severe workforce shortages, limiting service availability and increasing reliance on higher levels of care, especially in underserved rural areas.

Key priorities include:

- **Enhancing recruitment and retention** by improving wages for entry-level direct care jobs, many of which require a bachelor's degree but start just above the county's living wage.
- **Expanding workforce development** to meet rising behavioral health needs, particularly for individuals with co-occurring disorders.
- **Investing in workforce stabilization**—OPWDD allocated 76% of ARPA funds to support direct care professionals in its 2023-2027 Strategic Plan. Similar initiatives from OMH and OASAS are essential to address vacancies and improve retention.
- **Strengthening outpatient care** to reduce reliance on emergency services, inpatient admissions, and crisis evaluations.
- **Supporting paraprofessionals, peers, and licensed professionals** who play a critical role in behavioral health care but face barriers related to training, supervision, and adequate reimbursement for provided services.

For reference, the number of Niagara County licensees by discipline as of 1/1/25 based on data from the NYS Office of Professions are as follows:

- LMHC 131
- LMFT 3
- LCAT 6
- LMSW 178
- LCSW 128
- RN 3,385
- LPN 1,025

According to County Health Rankings & Roadmaps 2025 Annual Data Release, which tracks mental health provider shortages across the U.S., the current ratio of population to mental health provider in Niagara is 626:1 compared to NYS, 281:1.

Without urgent investment across all levels of the workforce, service gaps will persist, worsening access to care and straining crisis response systems.



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Goal 7: Expand Prevention Activities

Target Date: 12/31/2027

Expand prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized and underserved populations, to protect, promote and maintain the health and well-being of Niagara County residents.

Needs Description:

Niagara County must reexamine prevention strategies to improve health outcomes, as according to County Health Rankings & Roadmaps data, Niagara ranked 52nd in health outcomes out of 62 counties in NYS in 2024 and had a mortality rate 32% higher than the state average (excluding NYC) in 2022. Life expectancy from 2020-2022 was 75.4 years, ranking 57th statewide while 2019 – 2022 data indicates several areas, including Niagara Falls, Lockport, North Tonawanda, Tuscarora Nation Reservation, and rural communities, saw over 20% of residents dying before age 65.

From 2017–2019, the NYS Suicide and Self Harm Dashboard data indicates Niagara County had 72 suicide deaths, with the highest rates among individuals ages 35–44 and 55–64, followed by 45–54. Most cases involved White Non-Hispanic individuals, never-married individuals, and non-veterans.

For self-harm emergency department (ED) visits and hospitalizations, individuals aged 10–19 had the highest numbers, followed by those aged 25–34. More females than males sought treatment, with overdose/drug poisoning being the most common method. The most frequent discharge outcome was a return home. This data underscores the need for focused prevention efforts, especially for youth and middle-aged adults.

According to the NYS Opioid Dashboard, Niagara County's 2022 opioid-related overdose rates were significantly higher than regional and state averages. The county had 41.8 overdose deaths per 100,000, exceeding the region by 3.6 and NYS by 9.3. Emergency department visits for drug overdoses were 253.7 per 100,000, 27.4 higher than the region and 61.5 higher than NYS. Hospital discharges for overdoses were 63.7 per 100,000, slightly above the regional average (by 1.4) but below the NYS average (by 5). This data highlights a pressing need for enhanced prevention, treatment, and harm reduction strategies in Niagara County.

According to the NYS Maternal and Child Health (MHC) Dashboard, Niagara County's 2022 data on newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (any diagnosis) indicates 38.3 newborns per 1,000 discharges affected by neonatal withdrawal symptoms or maternal drug use, significantly exceeding regional data (21.5 newborns per 1,000 discharges) and state averages (6 newborns per 1,000 discharges). The data highlights a critical need for enhanced prenatal care, substance use interventions, and maternal support services to address rising neonatal exposure to addiction-related complications.

To strengthen prevention, efforts must reduce stigma, address barriers to care, and improve service awareness. The current fragmented system requires individuals with co-occurring disorders



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to engage with multiple providers, often making it overwhelming for those in crisis to access the right care. A more integrated approach is critical to ensuring timely and effective support.

Goal 8: Tackle the Opioid / Drug Epidemic

Target Date: 12/31/2027

Increase the availability of, access to, and awareness of harm reduction options in a manner that demonstrates humility and compassion towards people who use drugs (and their loved ones) to reduce overdoses and other negative health outcomes.

Needs Description:

Niagara County remains disproportionately impacted by the opioid crisis, consistently exceeding NYS opioid-related rates. Designated as a High Intensity Drug Trafficking Area (HIDTA) in 2017, the county faces severe drug trafficking and opioid-related activity, with opioid overdose deaths increasing by 89.8% from 2019–2022. Overdoses have more than tripled since 2014, and 79 individuals died from an overdose in 2023. Niagara Falls (zip codes 14301 and 14303) faces rates 3-4 times higher than the NYS average.

Stigma and misinformation related to substance use disorder (SUD) prevent individuals from seeking treatment, worsening health inequities. According to PSYCKES data, in April 2025, over 60% of discharged individuals with a new SUD diagnosis did not initiate treatment within 14 days, and over 81% failed to engage in sustained care. Limited access to traditional SUD treatment creates major gaps in care, increasing reliance on crisis services. An alarming trend in Niagara County is the early use of alcohol, tobacco, marijuana, and other drugs. Early use of these substances delays youth from learning positive coping strategies and may impact youth development.

To prevent individuals from falling through the cracks, Niagara County must continue to invest in harm reduction programs, which eliminate barriers, reduce stigma, and save lives. These initiatives need expansion and stronger outreach, particularly for youth, older adults, and rural communities, as early substance use disrupts healthy coping development. Without greater investment, the growing youth mental health crisis may drive more young individuals toward self-medication, increasing overdose deaths in the future.

Additional High Need Not Addressed on the Current Local Services Plan:

Forensics: Forensic Services and 730 Competency Restoration

Applicable to OMH, Adults

Background:

There is a growing need for coordinated services for individuals with mental health conditions, substance use disorders, and Intellectual/Developmental Disabilities (I/DD) who interact with the criminal justice system.



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Over the past five (5) years, the number of requests for 730 Competency evaluations has steadily increased. In 2019, there were 41 such requests, compared to 65 in 2024 – an increase of 58.5% in requests for 730 competency evaluations in five (5) years. During the same period, the costs of inpatient competency restoration also escalated significantly, rising from \$630,414 in 2019 to \$1,367,863 in 2024. Both the costs and lengths of stay in inpatient settings for competency restoration continue to grow. A review of competency evaluations indicates a higher prevalence of individuals presenting with co-occurring conditions, including mental health in combination with substance use disorders and/or I/DD, thus requiring more complex care.

Needs Description:

High needs exist for the following:

- **Enhanced Communication and Coordination:** Strengthen communication and coordination between the local governmental unit (LGU) and State psychiatric centers (PCs) to understand and facilitate access to timely care and efficient/effective restoration services.
- **Comprehensive Discharge Planning:** Establish early and thorough coordinated discharge planning between the LGU, State PCs, County Jails, and Courts to ensure seamless transitions. This includes connecting individuals to essential supports such as housing, treatment services, medications, and other resources to promote continuity of care and the progress in care to be maintained.
- **Community-Based Training and Support:** Expand training opportunities for a wide range of community providers to build capacity in addressing the unique needs of individuals with behavioral health conditions involved in the criminal justice system.



**Office of Addiction
Services and Supports**

**Office of
Mental Health**

**Office for People With
Developmental Disabilities**

**2027 Needs Assessment Form
Niagara County Department of Mental Health**

Case Management/Care Coordination 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):

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):

Employment/volunteer (client) 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):

Forensics 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? No

Need description (Optional): Forensic Services and 730 Competency Restoration

Background:

There is a growing need for coordinated services for individuals with mental health conditions, substance use disorders, and intellectual/developmental disabilities who interact with the criminal justice system. Over the past five (5) years, the number of requests for 730 Competency evaluations has steadily increased. In 2021, there were 46 such requests, compared to 62 in 2025 – an increase of 34.8% in requests for 730 competency evaluations in five (5) years. During the same period, the costs of inpatient competency restoration also escalated significantly, rising from \$1,852,450 in 2021 to \$2,364,196 in 2025. Both the costs and lengths of stay in inpatient settings for competency restoration continue to grow. A review of competency evaluations indicates a higher prevalence of individuals presenting with co-occurring conditions, including mental health in combination with substance use disorders and/or I/DD, thus requiring more complex care. Laura Kelemen, NCDMH Director, reported on “The Capitol Pressroom” podcast on October 15, 2025, that counties are on the hook for ensuring criminal defendants are mentally fit to stand trial, with the competency restoration process being costly and time consuming. For individuals who are placed at a state forensic facility for restoration, historically, the County was responsible for 50% of the cost incurred. Effective April 1, 2020 however, NYS changed its methodology and 100% of these costs are passed on to the counties. In the past five (5) years since the restructuring, Niagara County has paid \$7,848,207 towards competency restoration. One can only imagine how beneficial a fraction of that money would have if reallocated to improve the current mental hygiene service system.

Needs Description:

High needs exist for the following:

- **Emergency Management Diversionary Practices:** Build the infrastructure for enhanced collaboration for individuals frequently interfacing with emergency management programs, such as crisis services, emergency departments, criminal justice system. Comprehensive collaboration on specific cases would likely reduce recidivism and prevent future decompensation.
- **Mental Hygiene Service System Map:** Development of a grid map covering all mental hygiene service systems would improve awareness of resources and reduce confusion for residents in Niagara County.
- **Enhanced Communication and Coordination:** Strengthen communication and coordination between the local governmental unit (LGU) and State psychiatric centers (PCs) to understand and facilitate access to timely care and efficient/effective restoration services.
- **Comprehensive Discharge Planning:** Establish early and thorough coordinated discharge planning between the LGU, State Psychiatric Centers (PCs), County Jails, and Courts to ensure seamless transitions. This includes connecting individuals to essential supports such as housing, treatment services, medications, and other resources to promote continuity of care and the progress in care to be maintained.
- **Community-Based Training and Support:** Expand training opportunities for a wide range of community providers to build capacity in addressing the unique needs of individuals with behavioral health conditions involved in the criminal justice system.

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: Both Youth and Adults

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

Need description (Optional):

Non-Clinical Supports 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? Yes

Need description (Optional):

Outpatient Treatment 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):

Prevention 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):

Residential Treatment 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):

Respite 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):

Transition Age 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):

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):

Adult Assertive Community Treatment (ACT) Adult Assertive Community Treatment (ACT)

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):

Harm Reduction Harm Reduction

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):

Lockport Community Substance Use Disorder Needs Lockport Community Substance Use Disorder Needs

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): 2026 Lockport Community Substance Use Disorder Services Community Needs Assessment

Executive Summary

A multi source needs assessment drawing from cross-system service providers including peer support agencies, community members, available local data sources, and overdose trends, identified significant gaps in prevention, treatment access, recovery supports, and essential community infrastructure within zip code 14094 and the eastern end of Niagara County. While the community demonstrates strong collaboration and commitment, systemic challenges continue to limit residents' ability to access timely, coordinated care and supports.

Key needs include: safe and accessible gathering spaces, expanded workforce development opportunities, reliable transportation, recovery oriented housing, harm reduction services, and improved continuity within and between treatment transitions. The community also faces a shortage of certified peer professionals and lacks a centralized "one stop shop" for sober supports and recovery activities. Lived experience leadership remains underutilized in shaping service design and engagement strategies.

Quantitative data reinforces the urgency of these gaps. According to data obtained from BestSelf's Virtual Hotline, approximately 8,800 individuals were served across eight counties since May 2022, with Lockport (zip code 14094) showing the highest call volume at over 700 callers, most frequently between 11 a.m. and 7 p.m. NY/NJ HITDA overdose data for zip code 14094 shows a sharp increase in overdoses in 2024 (26.1%). While declines in 2025 (24.3%) were noted and early data for 2026 is encouraging, known inconsistencies in reporting limit conclusions that can be drawn and continued monitoring is needed.

Despite challenges, several community strengths have emerged. Providers are actively collaborating to attempt to fill service gaps created by the closure of Save the Michaels (STM) Recovery Community Center in Lockport at the end of February 2026, churches are expanding recovery meetings, and increased Naloxone requests suggest rising awareness and potential reductions in overdose fatalities.

Overall, the assessment indicates a community that is deeply committed and resourceful but in need of expanded infrastructure, coordinated recovery supports, and sustained investment in harm reduction, peer services, and care pathways accessible through a central location.

Needs Assessment Summary:

A comprehensive needs assessment was conducted using qualitative and quantitative data from cross system providers, peer support agencies, community members, law enforcement, and hotline data systems. A center point of the needs assessment was the June 2, 2026 Community Forum held at the Lockport City Hall, co-hosted by Lockport Mayor Lombardi and NCDMH, where more than 45 community members, service providers, faith leaders, elected officials, and county department heads gathered to provide input and feedback. Key gaps and emerging needs were identified across prevention, harm reduction, treatment access, recovery supports, housing, transportation, community infrastructure, and lived experience engagement.

1. Safe, Accessible, "One Stop Shop" Gathering Spaces

There is a significant lack of safe, easily accessible locations for individuals to gather, particularly outside normal business hours. Participants expressed the need for a centralized recovery hub offering sober activities, walk-in hours and supports, peer connection, harm reduction supplies, and service navigation. Current services are fragmented and difficult to navigate. Mutual aid and self-help groups exist, but are relegated to church basements and other hard to find locations. The lack of a “one stop shop” was the consistent theme raised by community members, peers, and service providers at the June 2, 2026 Community Forum.

2. Workforce Development and Job Readiness Supports

Free or accessible workforce training options in Lockport are minimal. Most programs are offered in Buffalo or Niagara Falls. Logistical and transportation barriers render these inaccessible for many people. Providers emphasized the need for localized, recovery informed job readiness programming. STM RCC provided a space for individuals with substance use disorders (SUD) to seek support from certified peer recovery advocates (CPRAs) to work on job-readiness skills such as utilizing a computer to create a resume and navigating online employment opportunities and resources to identify potential matches.

3. Transportation Barriers

Transportation remains a major challenge. The local rural bus system, Connect Niagara, routes are inconsistent (i.e. routes are canceled when a driver calls in sick). Routes are absent from the 511 system, and the loss of the North Tonawanda connection limits access to Erie County. NFTA routes are limited intra and inter county and other public transportation options for non-medical needs are often inaccessible due to cost or lack of availability. These barriers directly affect various opportunities for residents to get to where they need to go for recovery-oriented, sober supports, services, and activities and underscores the need for a local community center. As it relates to job seekers, they must demonstrate reliable transportation otherwise obtaining and maintaining employment is unachievable, negatively impacting sustainable recovery.

4. Housing and Recovery Oriented Living Options

Lockport faces severe shortages of emergency, transitional, and long term recovery friendly housing. Lockport CARES shelter operates at full capacity with only nine beds. Additionally, providers noted a lack of a stable pathway from inpatient to residential treatment to long term housing in Lockport and throughout Niagara County.

5. Harm Reduction & Needle Use Concerns

Needle exchange access in Niagara County is extremely lacking. Access to syringe exchange is a critical unmet need. STM operated a needle-exchange program that closed in the first quarter 2026. Evergreen Health Services is operating a Syringe Service Program (SSP) mobile unit that visits Lockport, NY for a few hours Monday afternoons and Thursdays in Niagara Falls, NY. The agency’s Street Outreach team is in Lockport all of Tuesdays. Due to lack of service frequency and public awareness of the service, the needs assessment revealed heightened public-health risk and concerns related to needle-sharing and likelihood of illness / disease transmission for people who use drugs.

6. Treatment Continuity and Staff Turnover

High turnover among outpatient counselors weakens treatment engagement and appointment availability. Individuals often disengage when trust must be rebuilt and delays between appointment scheduling and appointment dates are a critical concern for individuals whose

readiness for change may be brief.

A local SUD residential provider noted many individuals return to them during crises due to strong relationships and consistent staffing. Stability in the local workforce is necessary across all levels and types of care to help engage individuals in meaningful therapeutic relationships and move towards sustainable recovery. Challenges include delays between appointment scheduling and appointment dates, critical for individuals whose readiness for change may be brief.

7. Insufficient Peer Support Capacity

There is a shortage of certified peers available to respond in real time and “meet people where they are at”, whether during crises, in the community, or at transition points. This reduces opportunities for engagement, warm handoffs, early intervention, and a pathway to recovery. Investment in certified peers at all levels of care and at critical points of contacts when they are seeking immediate support, is necessary.

8. Need for Lived Experience Leadership

Stakeholders emphasized the need to elevate voices of individuals with lived experience into planning, outreach, and program design to ensure services reflect actual community needs and can be implemented in a meaningful way to identified needs.

9. Local Services Awareness and Coordinated Care

Stakeholders highlighted lack of awareness of other services available in the community particularly due to staff turnover, program changes, and a gathering point or effort to learn about resources. Improving marketing of the Well Niagara app and corresponding webpage is necessary as well as creating a standardized employee orientation across systems that includes this information.

10. Differentiating between Recovery Supports and Homeless Supports

Stakeholders reflected on how a Recovery Community Center can play a role in engaging individuals who are homeless and living with substance use disorder (about 15% of the unhoused population in Niagara County). Differing clearly from a “drop-in site”, stakeholders articulated needing a location that can serve as a structured, recovery oriented access point staffed by certified peer recovery professionals who can build trusting, person centered relationships that support individuals in identifying goals, increasing readiness for change, and connecting to care pathways. Through consistent presence, proactive outreach, and trauma informed support, peers can help bridge gaps for community members who are often disconnected from traditional systems of care, offering a dignified and recovery affirming pathway toward stability, wellness, and long-term recovery.

Local Data Summary

BestSelf Virtual Hotline Data (May 2022 – March 2026)

The BestSelf Virtual Hotline continues to function as a high utilization access point across eight counties.

- Total individuals served since inception: 8,800.
- Lockport (zip code 14094) has the highest call volume of all eight counties, with over 700 individuals served.
- Peak call times are currently 11:00 a.m. to 7:00 p.m., indicating critical windows for crisis response, peer engagement, and service connection.

Overdose Trends (NY/NJ HIDTA)

In Lockport (zip code 14094) analysis of suspected overdose incidents from 2023 through 2026 (year-to-date) shows that overdose activity peaked in 2024 before declining in 2025. Preliminary 2026 data show continued improvement but remains incomplete and should be monitored. Non-fatal overdose data reported through HIDTA must be viewed as incomplete due to several factors, including inconsistent law enforcement reporting and increasing numbers of people self-administering Narcan and not seeking 911/emergency responses.

Key Findings:

- Total suspected overdoses increased from 111 in 2023 to 140 in 2024, a 26.1% increase.
- Fatal overdoses increased from 13 to 18 during the same period, a 38.5% increase.
- In 2025, total suspected overdoses decreased to 106, a 24.3% reduction from 2024.
- Fatal overdoses declined from 18 in 2024 to 14 in 2025, a 22.2% decrease.
- Non-fatal overdoses decreased from 122 in 2024 to 92 in 2025, a 24.6% decrease.
- Through the current reporting period in 2026, there have been 22 non-fatal overdoses and no fatal overdoses reported.

As it relates to Niagara County Overdose Data:

Yearly 2023 total suspected incidents: Non-Fatal: 398 Fatal: 74 Total: 472

Yearly 2024 total suspected incidents: Non-Fatal: 349 Fatal: 71 Total: 420

- 12.3% decrease in non-fatal ODs compared to 2023
- 4% decrease in fatalities compared to 2023
- 11% decrease in total overdoses compared to 2023

Yearly 2025 total suspected incidents: Non-Fatal: 295 Fatal: 40 Total: 335

- 15.5% decrease in non-fatal ODs compared to 2024
- 43.7% decrease in fatalities compared to 2024
- 20.2% decrease in total overdoses compared to 2024

Yearly 2026 (total through May) suspected incidents: Non-Fatal: 104 Fatal: 10 Total: 114

Compared to Yearly 2025 through May 2025: Non-Fatal: 102 Fatal: 15 Total: 117

- 2% increase in non-fatal ODs compared to 2025
- 33.3% decrease in fatalities compared to 2025
- 2.6% decrease in total overdoses compared to 2025

Successes / What is Working

Despite the identified gaps, several strengths, adaptive responses, and areas of progress emerged during the needs assessment.

- Collaboration has increased since the closure of STM RCC.

Providers reported actively working together to “plug the holes” created by the loss of the RCC.

- Strong provider and community turnout at the needs assessment discussions Demonstrates high commitment to addressing these challenges collaboratively.
- Churches are stepping up to offer space for recovery meetings

Acknowledged challenge is that not all individuals in recovery feel comfortable attending meetings in religious settings. Additionally, individuals are left to find out where these are being held and how to get there.

- Narcan (Naloxone) requests have increased across Lockport locations such as food pantries and soup kitchens.

This may indicate both increased community awareness and need for access at to potentially reduced overdose fatalities.

Conclusion

While the Lockport community demonstrates strong commitment, collaboration, and adaptability, particularly in the wake of the STM closure, critical needs continue to limit residents' ability to access timely, coordinated, and recovery oriented care. Providers, churches, and community organizations have stepped up to fill gaps, Narcan distribution remains available, and hotline, shelter, and outreach services are doing what is currently possible to respond to rising demand. These strengths reflect a resilient and engaged community.

However, significant challenges remain. The lack of a safe, accessible, "one stop shop" gathering space, limited transportation, insufficient recovery oriented programming, disruptions in harm reduction services, and workforce shortages across outpatient and peer support roles continue to create barriers to stability and recovery. The absence of a centralized "one stop shop" for sober supports, the need for more certified peers to meet individuals where they are, and limited integration of lived experience leadership further hinder progress.

Overdose trends and hotline call volume highlight ongoing risk and the need for sustained, coordinated investment. Despite encouraging declines in overdose deaths and strong community collaboration, the system still faces substantial unmet needs that require comprehensive, multi system solutions.

LGU Representative: Myrla Gibbons Doxey

Submitted for: Niagara County Department of Mental Health



**Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2027 Update
Needs Assessment**

Issue Category	Applicable State Agency	Applicable Population
Adverse Childhood Experiences (ACES)	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Case Management / Care Coordination	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Crisis Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☒ Adult Only ☒ Both Youth & Adults
Cross Systems Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Employment/Volunteer (Client)	☐ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Forensics	☒ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☒ Adult Only ☐ Both Youth & Adults
Housing	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Inpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Non-Clinical Supports	☒ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Outpatient Treatment	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Prevention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Problem Gambling	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Refugees and Immigrants	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Residential Treatment Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Respite	☒ OMH ☐ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Transitional Age Services	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Transportation	☐ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☐ Both Youth & Adults
Workforce Recruitment & Retention	☒ OMH ☒ OASAS ☒ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults
Other 1: Adult Assertive Community Treatment (ACT)	☒ OMH ☐ OASAS ☐ OPWDD	☐ Youth Only ☒ Adult Only ☐ Both Youth & Adults
Other 2: Harm Reduction	☐ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☐ Adult Only ☒ Both Youth & Adults



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Other 2: Lockport Community Needs Assessment	☒ OMH ☒ OASAS ☐ OPWDD	☐ Youth Only ☒ Adult Only ☐ Both Youth & Adults
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Goal 1: Timely Access to Care

Target Date: 12/31/2027

Niagara County's high risk / high need individuals will have timely access to appropriate services to support them in the least restrictive level of care.

Needs Description:

Niagara County's service systems struggle to guarantee timely access to mental health, substance use, and developmental disability care, particularly for individuals with complex needs. The pre-existing challenges to the service systems, such as being understaffed and under resourced, were further exacerbated in 2020 with the COVID-19 pandemic coupled with the Opioid Epidemic. The heightened need for mental health support persists as pandemic-impacted youth, who faced years of educational and social upheaval, reach adulthood. These service systems are now seeing a disproportionately greater number of transition age youth/young adults in need of support and services, including those with co-occurring mental health and substance use disorders (SUD) and those with co-occurring mental health disorders and developmental disabilities.

Evidence of the disproportionate number of young adults and individuals with co-occurring disorders can be found in the Assisted Outpatient Treatment (AOT) program. The AOT program is designed to support individuals diagnosed with severe mental illness (SMI), who live in the community and are at the highest risk for adverse events. During the COVID-19 pandemic, individuals experienced difficulty accessing services, particularly face-to-face and in-home services, and reported experiencing an increase in mental health symptoms and substance use. From 2021 – 2025 the average number of new monthly referrals increased by 20% and the average number of monthly re-openings increased by 66%. Additionally, the average monthly caseload for the AOT program increased by 60% and the number of significant events increased by 274% from 2019 – 2025.

The population served by AOT is also becoming increasingly younger on average. During the last few years, fewer treatment services have been available for youth, including the Eastern Niagara Hospital inpatient unit closing and staff shortages limiting the availability of community-based services. The average age served in the AOT program decreased from 44 years old in 2019 to 38.9 years old in 2025. The shift toward a younger population peaked in 2024, as nearly one-third of the individuals in the AOT Program were between 18-29 years old. Also in 2024, over 34.6% of referrals to the AOT program were for individuals with co-occurring mental health disorders and substance use disorders.

Individuals with acute mental health and substance use symptoms face overwhelming challenges when navigating service systems burdened by staffing shortages and limited resources. Due to these burdens, delays occur transitioning between levels of care. To assist in reducing these delays, the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Single Point of Access (SPOA) Program staff work diligently to link individuals to the appropriate level of care in a timely manner. In 2025, of the applications received through the NCDMH Single Point of Access (SPOA) program, 95.5% and 60% of the referrals met eligibility criteria for Adult and Children's SPOA services respectively compared to 79% and 84.5% in 2024. This resulted in a total of 408 linkages made to housing, residential, Adult /



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Youth ACT, care management, and / or other types of community-based supports through the SPOA program. This is a 12.7% increase in linkages made over 2024. Primary reasons for SPOA application ineligibility determinations were due to receipt of incomplete applications (i.e. missing supporting documentation, valid consent forms, etc.) and lack of response from referral sources and/or applicants to submit required materials. Furthermore, providers, schools and other referrals sources are not referring non-Medicaid eligible individuals to the NCDMH SPOA program despite efforts by SPOA staff to ensure information is known that services are available for the non-Medicaid population. Both adult and children's non-Medicaid care management slots remain significantly underutilized. SPOA staff continue to outreach and educate referral sources on application requirements and available services to address issue.

NCDMH SPOA staff also monitor the waitlists for various youth and adult programs across Niagara County. One of these programs, the Spectrum Human Services Assertive Community Treatment (ACT) Program, had an average waitlist of six (6) individuals in 2025 as compared to three (3) in 2024. In 2025, the average length of stay for discharged patients in the program was nearly 1,199 days, or 3.3 years, contributing to the waitlist for services. In the first quarter 2026, the average LOS for discharged clients reduced to 379 days, or one year, compared to 2025. Furthermore, on average in 2025, 71.5% of individuals served by Spectrum ACT were individuals on an Assisted Outpatient Treatment (AOT) court order or enhanced monitoring contract. This is 16.5 percentage points higher than the average in 2024 (55%), and 5.5 percentage points lower than the average in 2023 (77%). The first quarter 2026, currently mirrors the 2024 average of 55% of Spectrum ACT's roster consisting of individuals involved with AOT. A high, unmet need remains for increased ACT slots to ensure timely access to care at time of need.

Child & Family Services (C+FS) Youth Assertive Community Treatment (YACT) has experienced challenges with workforce recruitment and retention, pausing acceptance of referrals on numerous occasions. In May 2025, the agency placed new referrals on pause again for seven (7) months. Additionally, the agency has rejected various referrals to the program due to the high risk / need presented that were not conducive with the structure of the program and with recommendations for residential or other types of community-based services to meet the youths' needs. Demonstrating a positive shift in capacity, the YACT program fully processed its December 2025 waitlist of five (5) youth to begin enrollments effective January 2026.

In 2026, C+FS YACT received NYS OMH funding to expand and create a dedicated Niagara County team with 36 slots. This will help meet a high unmet for serving the most high risk / need youth in Niagara County if the program is able to maintain consistent staffing.

Access to other community-based services such as New York State (NYS) Office of Mental Health (OMH) and Office for People with Developmental Disabilities (OPWDD) Home & Community Based Waiver services and Children and Family Treatment Services (CFTS) remains limited due work force challenges and lengthy waitlists. Historically, with the implementation of children's Health Homes and Children's SPOA no longer being the single point of access for care management and Waiver Home & Community Based Services (HCBS), the LGU has lost its oversight and monitoring abilities of the highest risk youth to ensure access to care for those in



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need. Beginning April 1, 2026, NCDMH Children’s SPOA licensed staff member became responsible for reviewing non-Medicaid youth referrals for Waiver HCBS, completing a level of care (LOC) determination identifying who may be waiver eligible under the Medicaid “Family of One” criteria, and assisting with obtaining Medicaid. While it is too early to assess the long-term implications of this change, this could be the first steps towards centralizing the referral process and returning service oversight to CSPOAs who have a long standing history of effectively prioritizing, monitoring service system access, and coordinating care with multiple provider systems in the best interest of youth, and their families, served. As the HCBS Waiver LOC and Medicaid application process is time consuming, assessment of expanded resource need is warranted.

To improve timely access to care, the Local Governmental Unit (LGU) and Niagara County Department of Mental Health & Substance Abuse Services SPOA, AOT, Community-Based Services, Clinics and Crisis Services programs are actively working on enhanced collaboration and coordination with schools through the family support centers and other school-based contacts and with local hospitals’ comprehensive psychiatric emergency program (CPEP), emergency departments and inpatient units. In 2025, the LGU developed and shared a comprehensive listing of cross-systems points of contacts and local resource information including the Well Niagara App and corresponding webpage which houses a wealth of resource information on community-based services, supports, treatment and other pertinent information, to improve cross-system collaborations and transitions within and between levels of care.

Further state efforts are required to support seamless transitions between levels of care. During Local Planning meetings, providers continue to identify the need for NYS OMH, Office of Addiction Services and Supports (OASAS), and OPWDD to develop a mechanism to allow licensed, certified and funded programs operating under these state entities to exchange information cross-systems without the barriers often presented by the requirement to obtain patient consent. Development of guidance that is similar to the Guidance for OMH providers that was released in 2024 is requested.

Creation of a mental hygiene service system “road map” was identified as a high need for providers as well as youth, adults and their families alike who do not know where to start when seeking services. The LGU began development of this initiative in April 2026. Another idea generated during local planning efforts was to broaden the reach of SPOA services, through additional personnel who, when integrated into the System of Care, can assist youth/families who may not yet met serious emotional disturbance (SED) criteria with navigating the service system. The concept expands the reach of our SPOA and Systems of Care and effectively can prevent the need for higher intensity services. This concept is being explored further to determine how best to incorporate it into existing structures and funding sources that is not duplicative of current resources.

Niagara County’s Consumer Planning Advisory Committee (CPAC) members expressed an interest in establishing a Clubhouse program to foster a sense of community, combat isolation, and bridge connections to local resources. For residents in Niagara Falls, they currently have access to the Daybreak program through Heart, Love & Soul. In 2024, the case management staff



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report having 5,721 service interactions in Niagara Falls alone. A Clubhouse program in Niagara Falls may enhance existing programming and reduce hospitalizations and potential criminal justice involvement. Clubhouse programming must also expand beyond Niagara Falls into underserved parts of Niagara County to properly meet community needs.

Niagara County public transportation options remain inadequate and do not meet the various non-medical related needs of individuals with mental health disorders, substance use disorders, or intellectual/developmental disabilities. In the first quarter 2026, Save the Michaels (STM) ceased operations of their non-medical transportation program due to loss of funding. In the second quarter 2026 Creative Restorations LLC expanded into Niagara County offering this service as part of their programming. Non-medical service remains limited to people qualified through the 1115 waiver. Transportation is a longstanding, unmet need that requires further community collaboration and innovative strategies to effect positive change. While this remains an unmet need, increasing public awareness of available transportation resources, specifically Connect Niagara, is essential to maximizing the utility of Niagara County's transit system. On To note, on January 20, 2026, the Connect Niagara bus routes changed, eliminating the routes to North Tonawanda, Wheatfield, and Youngstown, to reallocate resources to prioritize areas with stronger demand for services. https://www.niagaracounty.gov/news_detail_T8_R926.php

Timely access to residential services, remains a high unmet need in Niagara County. Though the LGU does not have access to the number of individuals on the OPWDD Certified Residential Opportunities (CRO) wait list, it is understood that the wait list is extensive and can take months (if deemed an emergency) to years for people to get served. At times, individuals get stuck in emergency departments, CPEPs or psychiatric inpatient settings awaiting access to an appropriate placement as they are unable to have their needs met in another setting that can assist with maintaining their safety and security. This is unfair to the individual and to the settings who are doing their best to manage and to prioritize individuals in need of their level of care. Due concerns with the reimbursement model, administrative burden and long-term fiscal viability of Intermediate Care Facilities (ICFs), one agency serving Niagara County closed all through of their ICFs between 2024 – 2025 resulting in a loss of 34 beds at this high level of care. Although a total of 30 supervised Individual Residential Alternative (IRA) beds were gained by the end of 2025, there remains a loss of beds to serve individuals in need who remain on extensive wait lists.

Waitlists for NYS OASAS programs in Niagara County persist, with four (4) out of five (5) residential rehabilitation programs averaging **37 people per month** on the wait list and an average of a **23-day wait** for admission in 2025. These delays create a bottleneck in care transitions, putting individuals at risk for adverse events when timely substance use treatment is unavailable. One provider noted their residential programming is consistently at 99.9% capacity, with a typical waitlist of 50 people, waiting 21-24 days on average to get a bed. Another SUD provider noted their reintegration program never has enough beds, with a typical waitlist of 20-50 people, depending on the site. The provider also shared the need for more beds for reintegration, specifically for men. Furthermore, New York no longer has NYS OASAS licensed adolescent residential program, making intensive treatment for youth with severe substance use concerns increasingly difficulty. St. Joseph's Rose Hill Adolescent Treatment Center in Messina, NY and BestSelf Behavioral Health's Renaissance House in Buffalo, NY



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closed and the Villa of Hope Living in Freedom Early Life (LIFE) program was redesigned to no longer serve adolescents in 2025. Niagara County substance abuse outpatient treatment providers report being significantly challenged to meet adolescents' unique treatment needs within the current system. At a crucial stage in development, youth require accessible, timely and appropriate intensive care to prevent adverse outcomes.

Children and adolescents do not have timely access to NYS OMH licensed residential care due to lengthy referral and admission determination processes as well as wait lists. One Niagara County community residence program resumed accepting referrals in December 2025 after a long pause due to work force shortages. For children and adolescents with co-occurring mental health and development disabilities, access to specialized residential care is severely limited. Developmental disability and mental health providers report many families do not begin transition planning until the adolescent is 18 years old, causing delays in transitioning between providers. Transitional-aged youth struggle to find programming to meet their unique needs, including those transitioning out of the foster-care system. According to NYS OCFS data, the number of Niagara County youth admissions into foster care steadily increased from 62 in 2020 to 119 in 2024, marking a 92% increase in just four (4) years. In 2025, admissions fell slightly to 108.

Furthermore, individuals with co-occurring mental health and substance use disorders, as well as those with co-occurring mental health concerns and developmental disabilities experience significant challenges with accessing residential care to meet their complex needs. Often, they are denied access to care with agencies citing an inability to meet their needs due to regulatory and/or program expertise limitations and recommend services be pursued in another service system. In August 2025, Hillside's Crestwood Campus in Monroe County began redesigning the Emerson 8-bed unit to serve youth ages 12-18 with an intellectual and/or developmental disability (I/DD) and complex mental health needs. While this expands specialized care for eligible individuals, significantly more beds are needed to ensure timely access to residential treatment. Until NYS OMH and NYS OASAS restructure regulations for residential programs to allow for integrated care and treatment, better equip the work force to provide integrated care, and substantially increase residential bed capacity, timely and appropriate access to residential care will remain a critical unmet need.

As the only NYS OMH licensed Apartment Treatment Program (ATP) in Niagara County only offers double-room apartments, the occupancy rates remain around 80% over the past few years. Referred individuals often decline that level of care due to not wanting to reside with a stranger, in Niagara Falls, or wishing to remain living independently with increased community-based supports. Changes are needed to the Apartment Treatment Program to meet the current needs of individuals seeking service at this level of care.

Agencies providing community-based support services face workforce shortages and inadequate reimbursement rates, delaying timely access to care. Child and Family Treatment Support Services (CFTSS) waitlist is extensive, with some agencies pausing referrals or closing their programs that serve Niagara County. Child and Family Services (C+FS) plans to expand capabilities in Niagara County to address the need for CFTSS and Children's HCBS services.



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Individuals with co-occurring mental health and developmental disabilities needs are unable to access both Specialty Mental Health, Health Home Care Management and Care Coordination services, forcing them to choose between systems that lack integrated care expertise and the knowledge to navigate both service systems. Advocacy is needed to improve provider competency in navigating both systems or to allow Medicaid to support coordinated, dual-service access without duplication, ensuring comprehensive care for individuals with complex needs.



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Goal 2: Expanded Access to Treatment

Target Date: 12/31/2027

Niagara County residents across the lifespan will have expanded access to quality treatment at time of need.

Needs Description:

Expanding treatment options is essential to creating a stronger, more robust safety net for anyone seeking care in Niagara County. Beyond equipping the current workforce to more holistically navigate mental health concerns, substance use, and intellectual/ developmental disabilities, we must also enhance current service modalities for those with co-occurring disorders. The current continuum of care is especially lacking for those transitioning from inpatient care to outpatient settings, impeding their progress towards stabilization and recovery.

Inpatient treatment facilities must enhance treatment options for individuals with co-occurring mental health, substance use, and/or intellectual/developmental disabilities. Many seeking care find themselves caught between service systems, with each disputing whether the other system would better serve that individual. In 2025, denial rates for Niagara County inpatient detox and rehabilitation programs were 14.5% and 36% respectively, often due to severe mental health concerns. Among those who received care, both program types had a 71% average successful discharge rate (e.g. met goals). Inpatient hospital staff report they routinely try to discharge individuals with co-occurring disorders in rehab or detox facilities and are told those facility cannot handle individuals with mental health challenges. The shortage of safe discharge environments has created a significant bottleneck; with staff reporting approximately 30% of Niagara County's inpatient discharges are delayed due to a lack of available community placements. According to staff, skilled nursing facilities and homeless shelters are hesitant to accept patients if they have a prior behavioral health admission or are justice-involved. To improve integrated care, regulations, reimbursement rates, and staff training must all evolve.

Since Eastern Niagara Hospital's inpatient unit closed in 2019, Niagara County has lacked dedicated child and adolescent psychiatric inpatient care. As a result, children in need of inpatient treatment often wait days in emergency departments (ED) or CPEP, causing additional stress for them and their caregivers. In 2025, the local 9.39 hospital had 100 adolescents (age 13-17) and 64 children (age 12 and under) present to the psychiatric ER for a psychiatric evaluation. About 81% of youth (aged 0-17) evaluated in the emergency room (ER) at the local 9.39 hospital are subsequently discharged. When no inpatient bed is available, youth are often discharged into the community with limited support, as existing services are not readily available to adequately meet their intensive needs during this critical time. According to NYS PSYCKES data, from 8/1/2024 – 7/31/2025, of the children aged 6-20 who visited the emergency department for treatment of a mental health disorder or intentional self-harm in Niagara County, only 67% of children had a follow visit with any practitioner within 30 days after the ED visit (14 of 21).

Crises are not always resolved for adults either when they arrive at the emergency department for a psychiatric evaluation. Approximately 51% of adults (18+) evaluated psychiatrically in the ER at the local 9.39 hospital were subsequently discharged in 2025. As of April 1, 2026, NYS PSYCKES data indicates of the Medicaid-enrolled adults who visited the



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emergency department for treatment of a mental health disorder or intentional self-harm in Niagara County, only 41% of them attended an appointment with an outpatient mental health provider within 30 days of the ED visit (85 of 205). Between January and March 2025, the 30-day inpatient readmission rate stood at 9.5%, while 20.7% of discharged ED patients returned within the same 30-day window.

While psychiatric admission is not indicated for everyone who presents for evaluation, all Niagara County residents should know about the alternative care options available outside of the emergency room. Some alternative options include a hospital diversion program, a home-based crisis intervention (HBCI) program, respite for mental health support, and many more. The LGU will continue to spread awareness and support the expansion of diversionary programs within the crisis services continuum of care where need is clearly demonstrated.

Outpatient treatment is concentrated in Niagara Falls, Lockport, and North Tonawanda, leaving rural areas underserved. For children and adolescents, full-service outpatient clinics are only available in Niagara Falls and Lockport. To address these gaps for school-aged youth, NYS OMH promoted school-based mental health satellite clinics. More than 26,000 students are served across 10 public school districts, one private state-approved special education school, and a regional Board of Cooperative Educational Services (BOCES). While these clinics could improve rural access, providers face challenges in establishing and sustaining them. Success often depends on a supportive school administrator advocating for behavioral health services as well as recruiting and retaining clinicians, especially when the location is in a rural setting.

Between January 2025 and June 2026, five (5) new SBS clinics opened and five (5) established ones closed in Niagara County. Of the current 22 licensed SBS clinics, seven (7) have not been staffed to provide services throughout the 2025-2026 school year. Reasons these satellites ceased operations include an inability to staff the site, a lack of demonstrated need at the site with families not pursuing service linkage at the school location, and some others have reduced hours due to both workforce challenges and lack of demonstrated need from families. Clinicians in the school-based satellite settings may also feel isolated and require additional supervision to remain connected compared to those in traditional outpatient clinics. The LGU recognizes that although school personnel may identify students in need of the service, families are not always willing to seek and consent to services provided within the school location.

According to NYS OMH data sources, the number of adult individuals in Niagara County accessing clinic-based outpatient services has decreased. In 2019, the rate of mental health clinic recipients in Niagara County was 2.5 per 1,000 while the WNY rate was 4.6 per 1,000. In 2023, the rate of mental health clinic recipients in Niagara dropped to 1.6 per 1,000 while the WNY rate only dropped to 4.3. This is at a time when nearly 18% of adults in Niagara County reported experiencing poor mental health for 14 or more days in the last month, according to the 2023 age-adjusted data. Additionally, the number of Niagara County residents admitted to NYS OASAS outpatient clinics decreased by 25% from 2020 - 2024.

NYS behavioral health providers face challenges with employed Licensed Mental Health Counselors (LMHCs) and Licensed Marriage and Family Therapists (LMFTs) needing



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to obtain their diagnostic privilege due to strict education and credentialing requirements. Many seasoned licensed practitioners, particularly those who graduated before 2010, lack the 60-credit-hour coursework needed to qualify. Limited post-graduate programs offering required courses further restrict access. While the New York State Education Department (NYSED) allows individuals until June 2027 to fulfill deficits, many struggle with limited opportunities for completion. Without diagnostic privileges, practitioners face scope-of-practice limitations, requiring additional supervision to perform diagnostic evaluation and assessment-based treatment planning that strains provider capacity in an already understaffed system. Some providers also noted challenges with the cost of obtaining and renewing Certified Recovery Peer Advocate (CRPA) credentials, due to available trainings being cut in half and it costing nearly \$2,000 for a CRPA to recertify. Furthermore, providers face significant challenges in hiring mental health professionals who require supervision to perform diagnostic evaluations and assessment-based treatment planning due to a shortage of available Licensed Clinical Social Workers (LCSWs) who can supervise LMSWs and other mental health practitioners.

As NYSED limits LMHCs and LMFTs with their diagnostic privilege to only supervising others with the same degree, this places significant burden on LCSWs within an agency who may already be managing various responsibilities, making it difficult to accommodate supervision needs. Additionally, NYSED imposes limits on the number of individuals an LCSW, LMHC-D or LMFT-D can supervise at once if staff lack diagnostic privileges, further restricting the ability to onboard new staff. These constraints create bottlenecks in workforce development, slowing the availability of qualified clinicians and limiting access to timely care. Without expanded supervision capacity or adjustments to regulatory limits, providers will continue to struggle to maintain adequate staffing and ensure comprehensive diagnostic and assessment-based treatment planning service capacity for clients.

Niagara County providers report increased youth involvement in serious crimes and risky behaviors, driven by COVID-19-related school disruptions and changes in NYS juvenile justice laws since 2018. Key laws include:

- **Raise the Age Law (2018):** This law changed the age of criminal responsibility, ensuring that 16- and 17-year-olds are no longer automatically prosecuted as adults. Instead, most cases are handled in Family Court or the Youth Part of the Supreme or County Court.
- **Juvenile Justice and Delinquency Prevention Act (2021 & 2022 Updates):** These updates raised the lower age of juvenile delinquency jurisdiction from 7 to 12 years old, limited detention for violations, and reinforced protections for youth in the system.
- **Youthful Offender Status:** Allows certain juveniles to avoid permanent criminal records if granted this status by the court.
- **Family Court Jurisdiction Expansion (2019):** Extended Family Court jurisdiction to include 16- and 17-year-olds charged with misdemeanors under the Penal Law, treating them as Juvenile Delinquents.
- **Adolescent Offender Classification (2019):** Established a separate category for 16- and 17-year-olds charged with felonies, initially heard in the Youth Part of the Supreme or County Court.



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- **Probation Case Plans (2018):** Requires probation departments to assess juvenile offenders and adolescent offenders for individualized programming and referrals.

While these laws promote rehabilitative and developmentally appropriate responses for juveniles rather than punitive measures, youth often struggle to engage in treatment and support services due to their voluntary nature, accessibility and motivation barriers. When individuals with substance use disorders cannot access timely care, particularly youth, they are more likely to enter the criminal justice system. According to NYS OCFS data on Niagara County youth, from 2024 – 2025, there was an 81% increase in adolescent offenders, 100% increase in juvenile offenders, 133% increase in Raise the Age juvenile delinquents, and a 54% increase in non-Raise the Age juvenile delinquents. An analysis of top charges at the time of admission indicates that from 2024 – 2025 there was a 130% increase in those with a violent felony, a 100% increase in those with a non-violent felony, and a 100% of those with a misdemeanor. Strengthening the OMH, OASAS, and OPWDD service systems would improve access to more appropriate support than reliance on the criminal justice system.

To effectively address Niagara County's evolving mental hygiene challenges, service systems need to reimagine workforce structures, treatment approaches, and care integration for individuals with co-occurring disorders. Persistent gaps in inpatient and outpatient services, especially for youth, highlight the urgent need for expanded access, regulatory reform, and strengthened provider capacity. Workforce constraints, including challenges to obtainment of diagnostic privileges and supervision bottlenecks, further strain the system, delaying timely intervention. Additionally, changes in juvenile justice laws, coupled with unmet behavioral health needs, have contributed to increased youth involvement in risky behaviors. By improving regulatory flexibility, reimbursement rates, and service coordination across OMH, OASAS, and OPWDD, Niagara County can build a more responsive, equitable, and accessible mental health system.



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Goal 3: Increase Access to Housing

Target Date: 12/31/2027

Niagara County residents will have increased access to and retention in safe and affordable housing that supports long term stabilization and recovery.

Needs Description:

Niagara County continues to face a critical shortage of safe, affordable housing for individuals and families with mental health disorders, substance use disorders, and intellectual/developmental disabilities, and including specialized housing to meet the unique needs of transition-aged youth. These populations are at higher risk of homelessness, yet providers report insufficient housing slots to meet demand. The number of unhoused individuals is rising, while increasing rent costs and strict landlord requirements, such as credit checks, co-signers on leases, and large upfront payments create further barriers to securing housing.

Providers note the lack of available housing creates a bottleneck, preventing Niagara County residents from transitioning between appropriate levels of care. Local inpatient psychiatric hospital staff report difficulty keeping someone stable if they do not have somewhere to live, especially women, where residing in a shelter is not ideal if they have children to care for. When an increasing number of Niagara County residents become eligible for supportive housing programs, but few supportive housing units become available each year, these individuals in transitional or residential housing units find themselves on long waitlists.

Niagara County has 169 NYS OMH supportive housing beds. In 2025, Supportive Housing occupancy rates were 94.9% compared to 100.4% in 2023 – 2024 (reconciled data). Occupancy rate falls short of 100% in 2025 related to transition times between a discharge and admission. **Supportive housing remains a high unmet need as demand exceeds availability. Eligible individuals are unable to access this support at time of need.**

- In 2025, median length of stay was 2,157 days (5.9 years), a reduction of 0.6 years compared to 2023-2024.
- In 2025, a total of 10.5% of admissions were priority admission, which are from state psychiatric hospitals, prisons, and residential facilities, acute psychiatric hospitals, residential treatment facilities, adult homes and from the street, shelters / homeless. This a 2.3 percentage point decrease in priority admissions compared to 2023-2024. Supportive housing referrals received for individuals in the priority populations often are assessed by a receiving agency to meet criteria for a higher level of care to support their presenting needs and achieve / maintain stability, can be difficult to locate due to lack of means to be contacted (i.e. phone, mailing address), do not have the financial / benefit resources or documentation needed, and/or cannot pass a background / credit check or have a co-signer for a lease. These various barriers inhibit the highest risk / need individuals from accessing available slots when they do become available.

In 2025, DePaul Community Services Packet Boat Landing Single Room Occupancy (SRO) program's average occupancy rate was 96.6% compared to 94.2% in 2023-2024. Occupancy rate falls short of 100% related to transition times between a discharge and admission. **Access to the SRO housing remains a high unmet need as demand exceeds**



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availability. Eligible individuals are unable to access this support at time of need. Current wait list is projected to be 10 years out currently.

- In 2025, median length of stay was 2,151 days (5.9 years), an increase of 0.4 years compared to 2023-2025.
- In 2025, of the two (2) admissions, none were considered priority population admissions (state psychiatric hospitals, prisons, and residential facilities, acute psychiatric hospitals, residential treatment facilities, adult homes and from the street, shelters / homeless), compared to 37.5% of the eight (8) admissions in 2023-2024 from the priority population. This may be contributed to admitted individuals from a waitlist who have since been established in the community.

Cazenovia's Supportive Living program, ceased operations in October 2025, resulting in a loss of nine (9) beds. All program participants successfully completed the program and transitioned to independent living at time of closure. This decision came due to the program reimbursement model being fiscally unsustainable. This leaves individuals with SUD in need of supportive living no options for supportive housing programming to support their continued recovery in Niagara County.

According to the Homelessness Summary Brief by the Homeless Alliance of Western New York, the number of people experiencing homelessness in Niagara County increased by 6.7% from 2023 – 2024. Niagara County led the region in 2024 for family homelessness percentages, outpacing Erie, Genesee, Orleans, and Wyoming counties across the following categories: families at 20.9%, female single parents at 14.4%, and two-parent households at 4.2%. Of those identified as homeless in 2024, Niagara County's rates were the highest in the region for infants/toddlers (ages >5) at 9.4%, young children (ages 5-12) at 13.4%, and teenagers (ages 13-17) at 8.9%. This is statistically significant as 31.6% of those identified as homeless in Niagara County were children (ages 0-17). There is also discussion of a discontinuation of Code Blue services in Lockport, which would have a devastating impact on those experiencing homeless in and around Lockport.

Individuals with disabilities are vastly overrepresented in Niagara County's homeless population. Nearly 40% of the homeless population in Niagara County reported having at least one disability in 2024, 2.5 times higher than the general population in Niagara County. Of those with a disability, 20% disclosed having a mental health disorder, 6.5% disclosed having a drug use disorder, and 7.5% disclosed being dually-diagnosed. Specifically, 4.2% of the homeless population in 2024 became homeless due to their mental health. Nearly 20% of people experiencing homelessness in Niagara County transitioned directly from an institutional setting, such as a hospital, medical facility, prison, foster home, or detox center, highlighting a gap in discharge planning and transitional support.

According to local data on homeless placements, Niagara County saw an uptick in the number of individuals placed in motels by the Niagara County Department of Social Services (NCDSS) for emergency housing from 2024 to 2025. The total number of adults placed in motels by NCDSS increased by 10.2%. Comparing December 2024 data to December 2025



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reveals a 9.8% increase in adults and 7.7% increase in children receiving temporary assistance benefits.

Rental affordability remains an ongoing challenge as well. From 2019 – 2023, nearly 40% of renters in Niagara County spent 35% or more of their income a month towards rent. Escalating rental market rates have limited the ability of low-to-moderate-income residents to accumulate the capital necessary for a home purchase. Furthermore, Niagara County lacks sufficient local pathways for homeownership education and financial literacy. In Niagara County the path to homeownership and stability is hardest for those with children. With 20% of children living in poverty compared to 13.8% of the population in Niagara County, the age gap is demonstrative of a systemic failure that prevents families from escaping poverty.

Niagara County providers have also highlighted the need for landlord education on mental health, substance use, and developmental disabilities. Better awareness could reduce unnecessary police involvement and evictions, equipping landlords to connect tenants with local services. In 2024, 15% of the homeless population in Niagara County were either evicted by the landlord or asked to leave by their landlord. Providers stress the need for more landlords in North Tonawanda and rural Niagara County, where affordable and safe housing options are even more limited.



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Goal 4: Crisis Services Continuum of Care

Target Date: 12/31/2027

Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.

Needs Description:

Enhancing the crisis services continuum of care remains a top priority. In 2024 intentional self-harm (suicide) was the 2nd leading cause of death in NYS for individuals aged 15-19, 20-24, 25-29, and 30-34 (according to the CDC WONDER report). NYS (excluding NYC) saw a 33.6% rise in suicide-related emergency visits from 2019 to 2024. The LGU recognizes that awareness of and access to mental health and substance use resources is paramount to improving crisis care in Niagara County. Suicidality is an overwhelming concern with 52% of youth referred to the Children's SPOA Program reporting suicidal ideation and 22% reporting a recent attempt, well above NYS rates.

Since Niagara County Crisis Services (NCCS) became 988 affiliated in September 2022, NCCS has seen an increase in calls to the dedicated 988-line.

- The average calls answered per month on the 988-line increased from 239 in 2023, to 471 (+ 97% over 2023) in 2024, and to 772 (+63.9% over 2024) in 2025. Calls answered on the 988-line tend to be higher acuity, more intensive cases than those received on the local NCCS line.
- With the implementation of 988 it was anticipated that calls to the local NCCS line may decrease as increased awareness of 988 occurred. The year 2025 was the first year a noted decrease in calls to the NCCS local occurred as the number of calls to 988 continued to increase.
 - Between 2022 and 2024, the local NCCS line averaged 22,418 calls annually; however, this figure decreased to 19,342 calls in 2025 (13.7% decrease compared to 2022-2024).
 - *It is important to note that 988 also offers text and chat options which are not currently provided by NCCS, therefore this data is not currently available for individuals who may utilize this option originating from Niagara County.*

Youth mental health evaluations leveled from their peak in 2024. NCCS mental health evaluations for youth increased by 202% from 2023 to 2024, 155 to 314 respectively. From 2024 to 2025, youth mental health evaluations decreased by 45%, 314 to 174 respectively. The decrease in evaluations however is not representative of a decrease in need for or utilization of higher levels of care. Based on NYS PSYCKES data, from 3/1/2025 – 3/1/2026, 29% of Medicaid-enrolled youth aged 0-17 in Niagara County had two or more ER visits or two or more inpatient stays in the past 12 months for any cause (609 of 2103). In 2024 in Niagara County, 8.3 per 1,000 emergency department visits were suicide-related. The Upstate Poison Center of New York also reported 26 suspected suicide-attempt calls for youth ages 6-19 in 2025. More community awareness and education about NCCS is evident to encourage utilization to potentially prevent unnecessary psychiatric emergency department / CPEP visit



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and increase connection to community-based services, supports and treatment to help individuals achieve and maintain stability in the home and community settings.

Hope House peer recovery respite center opened in 2015, which provides a short term (7 days or less) respite for individuals experiencing a mental health emergency who otherwise might end up in the emergency room. Referrals to Hope House fluctuate with an average of 50 referrals per year. The average length of stay remains trending upward, with the average stay of 2.95 days in 2021 and increasing to 4.17 days in 2025. This 41% increase can be attributed to an increased need for intensive therapeutic support and a stable environment to focus on one's mental health. Demand for the NCDMH Hospital Diversion Program also spiked recently, with referrals increasing by 67% from 2024 to 2025. Participants in the program report improved stability and functioning in daily living, housing stability, resiliency, family and interpersonal relationships, and community integration.

The BestResponse Intensive Crisis Stabilization Center opened January 2026 in Erie County. BestResponse is a 24/7 crisis stabilization center in Western New York for children, adolescents, and adults experiencing mental health or substance use crises. BestResponse provides mental health and substance use support, medication management and, is designed to address immediate needs and support long-term recovery and reintegration into the community. While this resource will likely reduce the overutilization of emergency department services, unfortunately for Niagara County residents, transportation remains a significant barrier to accessing this resource. If a Niagara County resident can find transportation to BestResponse, they will help that individual with transportation getting back home. BestResponse is currently seeking approval for telehealth services which will reduce access barriers for some; however the benefits of face-to-face services at a therapeutic location cannot be underestimated for individuals in crisis.

To expand crisis response in schools, Niagara County implemented Trauma, Illness, and Grief (TIG) in Schools model, an evidenced-based, comprehensive training and crisis response network for K-12 education in 2024. TIG equips school professionals with evidence-based crisis skills, resources, and support to help students cope with trauma, violence, illness, and grief. Niagara County Department of Mental Health & Substance Abuse Services, in partnership with Orleans/Niagara BOCES and its 13 component districts established the Niagara/Orleans TIG Consortium, building an infrastructure to support schools and respond to TIG needs in a coordinated and competent manner. Through the support of Opioid Settlement funds received by the County, NCDMH contracted with Coordinated Care Services, Inc. (CCSI) to provide the TIG trainings and technical support. While over 200 school and NCDMH staff combined have been TIG trained since 2024, more are needed to further develop and maintain an expansive network of competent, trained, and skilled staff to meet the complex needs of students, and their families.



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Goal 5: Cross-System Services

Target Date: 12/31/2027

Increase accessibility to integrated, coordinated care and services across the lifespan for individuals with co-occurring needs through innovative multifaceted cross-systems collaborative approaches.

Needs Description:

Closing gaps in our mental hygiene service system requires breaking down institutional silos and fostering deep collaboration between our active coalitions. With resources consolidated in the densely populated cities in Niagara County, greater attention must be focused on establishing, maintaining, and expanding local partnerships in rural communities. Improved and streamlined cross-system collaboration is needed to improve resource awareness, as both providers and residents struggle to navigate available services. The Well Niagara app and corresponding website was designed to centralize information, but marketing reach remains challenging.

A major barrier to collaboration is the limited ability for counselors, physicians, nurses, etc. to receive reimbursement for time spent in cross-system coordination efforts. Even when schedules allow the time for case conferencing, mechanisms to achieve reimbursement for these critical functions are complex or non-existent. Providers often struggle to engage in partnerships that improve care because these activities are unfunded, limiting their ability to dedicate time and resources to joint initiatives. Expanding funding or alternative support for non-reimbursable coordination is vital to breaking down silos and strengthening the crisis response network. Furthermore, overreliance on virtual meetings post-pandemic due to busyness of schedules has also weakened engagement. Since the return to strictly in-person meetings hasn't gained the expected traction, many coalitions began pivoting to a 2-and-1 hybrid model. This model utilizes virtual sessions for two consecutive meetings, followed by a strictly in-person meeting for the third meeting. This approach aims to balance convenience with the benefits of in-person collaboration.

The overlapping of various coalitions' goals can create duplication of efforts. Increased collaboration efforts between coalition facilitators are needed increase collaborations where applicable.



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Goal 6: Workforce Recruitment and Retention

Target Date: 12/31/2027

The Niagara County Mental Hygiene service system will strengthen the workforce and establish a continuous pipeline of qualified staff to meet the demand for services in a timely manner.

Needs Description:

Immediate action is needed to address the crisis-level shortage of direct care workers, paraprofessionals, peers, and licensed professionals in NYS. Niagara County faces severe workforce shortages, limiting service availability and increasing reliance on higher levels of care, especially in underserved rural areas. In recent years persistent staffing challenges have forced some local programs to implement temporary admission freezes, further limiting the options available to residents in need. A continuous pipeline of qualified staff is necessary to meet the ever-growing needs of Niagara County residents. Niagara County's residential programs are also often full, leaving residents stuck on waitlists or traveling out-of-county for care. Any further loss in staffing will only worsen this displacement.

Key priorities include:

- **Enhancing employee recruitment** by improving wages for entry-level direct care jobs, many of which require a bachelor's degree but start just above the county's living wage.
- **Employee retention** by exploring student-loan repayment programs, hybrid work options, health and wellness programming, consistent supervision, and retention bonuses.
- **Expanding workforce development** to expand staff competencies to meet rising behavioral health needs, particularly for individuals with co-occurring disorders.
- **Investing in workforce stabilization**—OPWDD allocated 76% of ARPA funds to support direct care professionals in its 2023-2027 Strategic Plan. Similar initiatives from OMH and OASAS are essential to address vacancies and improve retention.
- **Developing a boot camp** for college students in the human services field, before they enter the workforce. New graduates are often ill prepared to navigate the various challenges they experience in their first job out of college. Programs that are consistently understaffed unofficially institute a “trial by fire” rapid onboarding process to transition a new hire into the field as quickly as possible. This haphazard onboarding process leads to lower retention and higher stress compared to a strategic and comprehensive onboarding process.
- **Building a pipeline from college to employment** for high school and undeclared college students to the human services field. A greater human services field presence needs to be put on exploration and career fairs.
- **Strengthening outpatient care** to reduce reliance on emergency services, inpatient admissions, and crisis evaluations. The clinical workforce in Niagara County is increasingly volatile, as the autonomy and higher compensation of private practice entice licensed professionals away from the frontline residential and outpatient programs that need them most.
- **Supporting paraprofessionals, peers, and licensed professionals** who play a critical role in behavioral health care but face barriers related to training, supervision, and adequate reimbursement for provided services.



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For reference, the number of Niagara County licensees by discipline as of 1/1/2026 based on data from the NYS Office of Professions are as follows:

- LMHC 142 (8.4% increase over 2025)
- LMFT 3 (no change compared to 2025)
- LCAT 6 (no change compared to 2025)
- LMSW 182 (2.2% increase over 2025)
- LCSW 136 (6.3% increase over 2025)
- RN 3326 (1.7% decreased compared to 2025)
- LPN 1033 (>1% increase compared to 2025)

As of 2026, there are 469 licensed master's degree professionals (LMSW, LCSW, LMHC, LMFT, LCAT) that live within Niagara County, which is a 10.1% increase over 2023. LCSWs have only increased by 9.7% since 2023. It is concerning that the number of RNs is showing a decline as it is increasingly difficult to staff OMH and OASAS licensed programs with qualified nursing staff to manage medical comorbidities.

According to County Health Rankings & Roadmaps 2025 Annual Data Release that tracks mental health provider shortages across the U.S., the current ratio of population to mental health provider in Niagara is 550:1 compared to NYS, 260:1 and nationally, 290:1. Under new federal guidelines, Master of Social Work (MSW) and Doctorate of Social Work (DSW) programs no longer qualify as professional degrees, reducing federal loan limits per year. These guidelines will likely reduce access to affordable social work education and further reduce enrollment rates, at a time when Niagara County is already experiencing a mental health provider shortage. Without urgent investment across all levels of the workforce, service gaps will persist, worsening access to care and straining crisis response systems.



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Goal 7: Expand Prevention Activities

Target Date: 12/31/2027

Expand prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized and underserved populations, to protect, promote and maintain the health and well-being of Niagara County residents.

Needs Description:

To achieve lasting improvements for Niagara County residents, we must move beyond reactive intervention models and expand existing prevention activities across the lifespan. To address the root of the challenges impacting our community, we must place a stronger emphasis specifically on our early intervention services. Niagara County must reexamine prevention strategies to improve health outcomes, as according to County Health Rankings & Roadmaps data, Niagara County ranked 55th in population health and well-being health outcomes out of the 62 counties in NYS in 2025.

Percentage of Premature Death (before 65 years old)

Tuscarora Nation Reservation	45.8
City of Niagara Falls	34
City of Lockport	27.5
Town of Niagara	26.5
Town of Wilson	22.8
Town of Porter	22.6
Town of Hartland	22.5
Town of Lockport	22.3
City of North Tonawanda	22.1
Town of Newfane	21
Town of Pendleton	19.4
Town of Royalton	19
Town of Somerset	19
Town of Cambria	15.2
Town of Wheatfield	13.1
Town of Lewiston	11.5

*Most recent data from 2019 – 2022

Referencing the table above, all three (3) cities in Niagara County experience over 22% of their residents dying before age 65 and on average about 19.6% of residents living in the towns die before age 65. Statistically significant is that nearly 46% of residents living in the Tuscarora Nation Reservation die before age 65. Life expectancy from 2020-2022 was 75.4 years, ranking 57th statewide. Niagara County must invest in more prevention activities to reduce the high rates of premature deaths.

To improve the overall health and well-being of Niagara County residents, we must examine and address the social drivers of health, specifically for the future of our youth. The



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percentage of children under 18 years old with a disability in Niagara County was 47% higher than the NYS average from 2020 – 2024. Unfortunately, late-stage assessments in elementary school often come too late to prevent and address developmental and mental health struggles in children. Niagara County must expand the awareness of and accessibility to early intervention programs, which greatly improve developmental outcomes for babies and young children. When children don't have access to early intervention, they often exhibit escalating behavioral problems, academic struggles, social isolation, and mental health challenges.

To strengthen prevention, efforts must also reduce stigma, address barriers to care, and improve service awareness. The current fragmented system requires individuals with co-occurring disorders to engage with multiple providers, often making it overwhelming for those in crisis to access the right care. A more integrated approach is critical to ensuring timely and effective support.

As the county's prevention provider, Northpointe Council engages in annual needs assessment and prevention planning utilizing data from population surveys, focus groups, key stakeholder interviews, and archives (i.e. NYS Kids' Wellbeing Clearinghouse, NYS Opioid Dashboard). Based on the 2026-2027 Needs Assessment, findings are as follows:

- Ongoing gaps in knowledge related to alcohol, cannabis, vaping, and prescription drug misuse. Misperceptions of harm and normalization of substance use continue to be contributing factors to substance use among youth and adults.
- Social norms around substance use—particularly cannabis—are more favorable than other substances, increasing the likelihood of use among youth. Aggregated CLYDE data shows that only approximately 55% of youth report peer disapproval of cannabis use, reflecting weakened social norms and normalization of use. Additionally, community-level data and focus group findings highlight the influence of peer behavior, accessibility, and normalization in shaping attitudes toward substance use.
- Ongoing substance use among youth, including 14.6% reporting past 30-day cannabis use and 65.4% reporting lifetime alcohol use. Additionally, risk factor data highlights favorable attitudes toward substance use, low perceived risk, and normalization—particularly related to cannabis. Youth also report using substances as a coping mechanism for stress and mental health challenges. These findings demonstrate a critical need for increased parent and caregiver awareness, as adults play a key role in prevention through monitoring, communication, and early identification.
- Ongoing substance use among youth and continued gaps in awareness and perception of risk. Aggregated CLYDE data shows that 14.6% of youth reported past 30-day cannabis use, and 65.4% reported lifetime alcohol use, indicating normalization and exposure to substances at an early age. Additionally, only approximately 50% of youth perceive great risk in cannabis use, and peer disapproval rates remain relatively low (~55%), further highlighting gaps in knowledge and social norms. These findings demonstrate a clear need for continued education across both school and community settings.



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- A significant gap in access to prosocial opportunities for youth and community members. Community survey results indicate that residents identified a lack of recreational opportunities for youth, pointing to limited availability of safe, structured environments that promote positive engagement. Additionally, CLYDE data shows that only approximately 52.1% of youth report participation in prosocial activities, indicating that nearly half of youth are not engaged in structured, positive outlets.
- Youth are experiencing significant emotional and mental health challenges, which are closely linked to increased risk for substance use. Approximately 35.3% of youth reported feeling depressed or sad most days in the past year, with even higher rates observed in some districts. Additionally, focus group data reveals that youth often use substances such as cannabis and alcohol as a coping mechanism for stress, anxiety, and academic pressure. These findings highlight a critical need to strengthen emotional competency and coping skills as protective factors.
- Youth are influenced by multiple risk factors, including favorable peer attitudes toward substance use and early initiation behaviors, which suggest challenges in decision-making and resistance skills. Focus group findings further reveal that youth often engage in substance use due to peer pressure, a desire to fit in, and as a coping mechanism for stress, highlighting a need for stronger problem-solving and decision-making abilities. Additionally, relatively low peer disapproval of cannabis use (~55%) reflects social environments where making healthy choices may be more difficult, reinforcing the importance of strengthening individual decision-making skills.
- Peer influence plays a significant role in youth substance use behaviors. Youth report peer pressure, a desire to fit in, and social acceptance as major contributing factors to cannabis use. Additionally, peer disapproval of cannabis use remains relatively low (~55%), suggesting that social norms may support or tolerate substance use among youth. At the same time, only approximately 52.1% of youth report participation in prosocial activities, indicating limited engagement in positive peer environments. These findings highlight the need to strengthen prosocial skills that support healthy peer interactions, improve resistance to negative influences, and encourage positive social engagement.
- Favorable attitudes toward substance use—particularly cannabis—remain a significant risk factor among youth. Aggregated CLYDE data shows that peer disapproval of cannabis use is approximately 55%, which is lower than for alcohol, cigarettes, and prescription drugs, suggesting increased normalization and acceptance of use. Additionally, only about 50% of youth perceive great risk in using cannabis, further indicating gaps in attitudes and beliefs about substance use. Focus group findings also highlight that peer influence, normalization, and social acceptance play a major role in



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youth substance use behaviors. These findings demonstrate a clear need to reduce favorable attitudes toward substance use.

- Youth substance use remains a concern, with 14.6% of youth reporting past 30-day cannabis use and 65.4% reporting lifetime alcohol use, reflecting ongoing exposure and normalization of substance use. Additionally, only approximately 50% of youth perceive great risk in cannabis use, and peer disapproval remains relatively low (~55%), both of which are associated with increased likelihood of future use. Research and local data indicate that favorable attitudes, low perception of harm, and peer influence contribute to increased intent to use substances.
- Ongoing gaps in knowledge and perception of risk related to substance use. Only approximately 50% of youth perceive great risk in using cannabis, suggesting a need for increased awareness and education. Additionally, peer disapproval of cannabis use remains relatively low (~55%), and substance use behaviors such as 14.6% past 30-day cannabis use and 65.4% lifetime alcohol use reflect normalization of use among youth. These findings highlight the need for consistent, accessible prevention messaging.
- Parental attitudes and awareness play a critical role in youth substance use outcomes. Aggregated CLYDE data shows that approximately 75% of youth perceive parental disapproval of cannabis use, which is lower than for other substances such as alcohol and prescription drugs, suggesting more permissive attitudes and potential gaps in parent awareness. Additionally, qualitative data highlights parental indifference and mixed messaging around cannabis use, contributing to normalization and reduced perceived risk among youth. These findings demonstrate a need for increased parent and caregiver education.

To address identified needs, prevention goals include:

- Improving alcohol and other drug (AOD) knowledge through speaking events
- Improving social norms through health promotion activities;
- Promoting AOD awareness through Hidden Mischief Programming;
- Promoting AOD awareness through school and / or community groups;
- Improving community opportunities for prosocial involvement;
- Improving emotional competency, decision-making, prosocial skills and reducing intent to use AOD by providing evidence-based programs in schools and the community;
- Improving AOD knowledge through social media posts;
- Improving AOD knowledge through parent and caregiver program.



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Goal 8: Tackle the Opioid / Drug Epidemic

Target Date: 12/31/2027

Increase the availability of, access to, and awareness of harm reduction options in a manner that demonstrates humility and compassion towards people who use drugs (and their loved ones) to reduce overdoses and other negative health outcomes.

Needs Description:

Niagara County remains disproportionately impacted by the opioid crisis, consistently exceeding NYS opioid-related rates. Designated as a High Intensity Drug Trafficking Area (HIDTA) in 2017, the county faces severe drug trafficking and opioid-related activity. According to the NYS Opioid Dashboard, in 2024, Niagara County ranked 56th in NYS for the crude rate of emergency department visits involving any opioid overdose, 58th for the crude rate of opioid analgesics prescriptions, 60th for the crude rate of benzodiazepine prescriptions and 55th for the crude rate of unique individuals enrolled in OASAS-certified substance use disorder treatment programs who reported any opioid as a primary substance. Between 2020 and 2024, Niagara County's crude drug overdose death rate was at least 35% higher than the rest of NYS, peaking in 2024 at more than 67% above the state average.

**Overdose Deaths Involving Opioids and Nonfatal
Opioid Related Hospital Events by Zip Code in 2023**

City/Town	Zip Code	Crude Rate
Niagara Falls – Downtown	14303	851.6
Niagara Falls – Central city and North End	14301	799.7
Niagara Falls – Above North End	14305	419.3
Sanborn	14132	383.5
Niagara County	Niagara County	261.8
Gasport/Hartland	14067	222.9
Lockport	14094	222
NYS	NYS	216.7
Town of Niagara	14304	187.7
North Tonawanda	14120	185.6
Newfane	14108	175.7
Middleport	14105	168
NYS – Excluding NYC	NYS – Excluding NYC	167.5
Lewiston	14092	116.5
Niagara University	14109	Unable to Track
Appleton	14008	Unable to Track
Barker	14012	Unable to Track
Burt	14028	Unable to Track
Ransomville	14131	Unable to Track
Wilson/South Wilson	14172	Unable to Track
Youngstown	14174	Unable to Track

crude rate per 100,000 population



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Referencing the chart above, it is apparent that Niagara Falls sees the highest concentration of opioid-related deaths and hospital events. However, other municipalities in the county show comparable levels of residents enrolled in OASAS-certified treatment programs for opioid use, as evidenced by the chart below. These trends have remained consistent since 2016, confirming that Niagara Falls is disproportionately impacted by the opioid crisis compared to its neighbors requiring concerted efforts to reduce overdoses and hospital events in Niagara Falls.

Unique Individuals Enrolled in an OASAS-Certificated Substance Use Disorder Treatment Program Who Reported Any Opioid as a Primary Substance, Aged 12+, in 2023

City/Town	Zip Code	Crude Rate
Niagara Falls – Downtown	14303	2586.2
Appleton	14008	2549.8
Niagara Falls – Central city and North End	14301	1838.7
Niagara Falls – Above North End	14305	1205.5
Town of Niagara	14304	935
Lockport	14094	863.9
Niagara County	Niagara County	845.4
Newfane	14108	831.8
Burt	14028	678.7
Sanborn	14132	582.3
North Tonawanda	14120	548.9
Ransomville	14131	525
NYS	NYS	460.3
Wilson/South Wilson	14172	457.3
NYS – Excluding NYC	NYS – Excluding NYC	452.9
Middleport	14105	414.8
Gasport/Hartland	14067	345.5
Lewiston	14092	341.6
Niagara University	14109	Unable to Track
Barker	14012	Unable to Track
Youngstown	14174	Unable to Track

crude rate per 100,000 population

Data provided by NY/NJ HITDA and Niagara County Drug Intelligence Officer. *Counts provided are preliminary and may vary from other sources. Data should be used and interpreted with caution for surveillance, planning, and response.*

Yearly 2023 total suspected incidents: **Non-Fatal:** 398 **Fatal:** 74 **Total:** 472

Yearly 2024 total suspected incidents: **Non-Fatal:** 349 **Fatal:** 71 **Total:** 420

- 12.3% decrease in non-fatal ODs compared to 2023
- 4% decrease in fatalities compared to 2023
- 11% decrease in total overdoses compared to 2023



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Yearly 2025 total suspected incidents: **Non-Fatal:** 295 **Fatal:** 40 **Total:** 335

- 15.5% decrease in non-fatal ODs compared to 2024
- 43.7% decrease in fatalities compared to 2024
- 20.2% decrease in total overdoses compared to 2024

Yearly 2026 (total through May) suspected incidents: **Non-Fatal:** 104 **Fatal:** 10 **Total:** 114

Compared to Yearly 2025 through May 2025: **Non-Fatal:** 102 **Fatal:** 15 **Total:** 117

- 2% increase in non-fatal ODs compared to 2025
- 33.3% decrease in fatalities compared to 2025
- 2.6% decrease in total overdoses compared to 2025

Niagara County's reduction in drug overdose trends is following a state and national trend. The clear reduction in fatal overdoses is notable and likely a result of focused efforts of the various public awareness campaigns, community outreach and tabling events, increased access to harm reduction supplies, and the work of treatment, service and support providers. It is difficult to determine if the reported reduction in non-fatal overdoses is representative of fewer overdoses as many individuals are reporting they do not need to seek emergency response (i.e. 911) due to at home administration of Narcan.

Implemented in 2022 with four (4) year grant funding, the BestSelf Virtual Medication Assisted Treatment (MAT) program operates across all eight (8) WNY counties. Operational data shows as of May 2026 that Lockport generates the highest regional demand with 712 clients served, followed by North Tonawanda (14120) and Town of Niagara (14304) at 574 combined clients. Contrary to initial projections, utilization peaks heavily between 11:00 AM and 7:00 PM across all service areas.

According to the NYS Maternal and Child Health (MCH) Dashboard, Niagara County ranked 3rd in NYS for the crude rate of newborns with neonatal withdrawal symptoms and/or affected by maternal substance use in 2024. To better understand this disturbing data point, a baby born in Niagara County is over six (6) times as likely to be born with neonatal withdrawal symptoms and/or affected by maternal substance abuse, when compared to the NYS average. Another alarming trend in Niagara County is the early use of alcohol, tobacco, marijuana, and other drugs. Early use of these substances delays youth from learning positive coping strategies and may impact youth development. The data highlights a critical need for enhanced prenatal care, substance use interventions, and maternal support services to address rising neonatal exposure to addiction-related complications.

Stigma and misinformation related to substance use disorders prevent individuals from seeking treatment, worsening health inequities. Long waitlists and limited access to traditional SUD treatment continues to impact Niagara County residents, resulting in 27% of Niagara County residents traveling outside the county to access NYS OASAS-certified treatment programs in 2024. Disproportionately impacted are those in the eastern region of Niagara County seeking SUD



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treatment. When comparing 2025 Quarter 1 (Q1) and 2026 Q1 substance use treatment data in the eastern region of Niagara County, admission rates for detox treatment and inpatient care increased by 42% and 43% respectively. During this same period, the number of people discharged from detox treatment to inpatient care increased by 244%. Additionally, the number of people discharged from inpatient care to long term residential treatment doubled and the number of inpatient care referrals declined due to high mental health needs increased by 126%. The number of people waiting longer than two weeks for SUD residential services in the eastern region of Niagara County increased by 108% during this same period. To prevent individuals from falling through the cracks, Niagara County must continue to invest in person-centered, harm reduction programs, which eliminate barriers, reduce stigma, and save lives. These initiatives need expansion and stronger outreach, particularly for youth, older adults, and rural communities, as early substance use disrupts healthy coping development. Without greater investment, the growing youth mental health crisis may drive more young individuals toward self-medication, increasing overdose deaths in the future.



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Additional High Needs Not Addressed on the Current Local Services Plan:

Forensics: Forensic Services and 730 Competency Restoration

Applicable to OMH, Adults

Background:

There is a growing need for coordinated services for individuals with mental health conditions, substance use disorders, and intellectual/developmental disabilities who interact with the criminal justice system. Over the past five (5) years, the number of requests for 730 Competency evaluations has steadily increased. In 2021, there were 46 such requests, compared to 62 in 2025 – an increase of 34.8% in requests for 730 competency evaluations in five (5) years. During the same period, the costs of inpatient competency restoration also escalated significantly, rising from \$1,852,450 in 2021 to \$2,364,196 in 2025. Both the costs and lengths of stay in inpatient settings for competency restoration continue to grow. A review of competency evaluations indicates a higher prevalence of individuals presenting with co-occurring conditions, including mental health in combination with substance use disorders and/or I/DD, thus requiring more complex care.

Laura Kelemen, NCDMH Director, reported on “The Capitol Pressroom” podcast on October 15, 2025, that counties are on the hook for ensuring criminal defendants are mentally fit to stand trial, with the competency restoration process being costly and time consuming. For individuals who are placed at a state forensic facility for restoration, historically, the County was responsible for 50% of the cost incurred. Effective April 1, 2020 however, NYS changed its methodology and 100% of these costs are passed on to the counties. In the past five (5) years since the restructuring, Niagara County has paid \$7,848,207 towards competency restoration. One can only imagine how beneficial a fraction of that money would have if reallocated to improve the current mental hygiene service system.

Needs Description:

High needs exist for the following:

- **Emergency Management Diversionary Practices:** Build the infrastructure for enhanced collaboration for individuals frequently interfacing with emergency management programs, such as crisis services, emergency departments, criminal justice system. Comprehensive collaboration on specific cases would likely reduce recidivism and prevent future decompensation.
- **Mental Hygiene Service System Map:** Development of a grid map covering all mental hygiene service systems would improve awareness of resources and reduce confusion for residents in Niagara County.



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- **Enhanced Communication and Coordination:** Strengthen communication and coordination between the local governmental unit (LGU) and State psychiatric centers (PCs) to understand and facilitate access to timely care and efficient/effective restoration services.
- **Comprehensive Discharge Planning:** Establish early and thorough coordinated discharge planning between the LGU, State Psychiatric Centers (PCs), County Jails, and Courts to ensure seamless transitions. This includes connecting individuals to essential supports such as housing, treatment services, medications, and other resources to promote continuity of care and the progress in care to be maintained.
- **Community-Based Training and Support:** Expand training opportunities for a wide range of community providers to build capacity in addressing the unique needs of individuals with behavioral health conditions involved in the criminal justice system.

Other: Lockport Community Substance Use Disorder Needs

Applicable to: OMH, OASAS, Adults

2026 Lockport Community Substance Use Disorder Services Community Needs Assessment

Executive Summary

A multi-source needs assessment drawing from cross-system service providers including peer-support agencies, community members, available local data sources, and overdose trends, identified significant gaps in prevention, treatment access, recovery supports, and essential community infrastructure within zip code 14094 and the eastern end of Niagara County. While the community demonstrates strong collaboration and commitment, systemic challenges continue to limit residents' ability to access timely, coordinated care and supports.

Key needs include: safe and accessible gathering spaces, expanded workforce development opportunities, reliable transportation, recovery-oriented housing, harm-reduction services, and improved continuity within and between treatment transitions. The community also faces a shortage of certified peer professionals and lacks a centralized "one-stop shop" for sober supports and recovery activities. Lived-experience leadership remains underutilized in shaping service design and engagement strategies.

Quantitative data reinforces the urgency of these gaps. According to data obtained from BestSelf's Virtual Hotline, approximately 8,800 individuals were served across eight counties since May 2022, with Lockport (zip code 14094) showing the highest call volume at over 700 callers, most frequently between 11 a.m. and 7 p.m. NY/NJ HITDA overdose data for zip code 14094 shows a sharp increase in overdoses in 2024 (26.1%). While declines in 2025 (24.3%) were noted and early data for 2026 is encouraging, known inconsistencies in reporting limit conclusions that can be drawn and continued monitoring is needed.



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Despite challenges, several community strengths have emerged. Providers are actively collaborating to attempt to fill service gaps created by the closure of Save the Michaels (STM) Recovery Community Center in Lockport at the end of February 2026, churches are expanding recovery meetings, and increased Naloxone requests suggest rising awareness and potential reductions in overdose fatalities.

Overall, the assessment indicates a community that is deeply committed and resourceful but in need of expanded infrastructure, coordinated recovery supports, and sustained investment in harm reduction, peer services, and care pathways accessible through a central location.

Needs Assessment Summary:

A comprehensive needs assessment was conducted using qualitative and quantitative data from cross-system providers, peer-support agencies, community members, law enforcement, and hotline data systems. A center point of the needs assessment was the June 2, 2026 Community Forum held at the Lockport City Hall, co-hosted by Lockport Mayor Lombardi and NCDMH, where more than 45 community members, service providers, faith leaders, elected officials, and county department heads gathered to provide input and feedback. Key gaps and emerging needs were identified across prevention, harm reduction, treatment access, recovery supports, housing, transportation, community infrastructure, and lived-experience engagement.

1. Safe, Accessible, “One Stop Shop” Gathering Spaces

There is a significant lack of safe, easily accessible locations for individuals to gather, particularly outside normal business hours. Participants expressed the need for a centralized recovery hub offering sober activities, walk-in hours and supports, peer connection, harm-reduction supplies, and service navigation. Current services are fragmented and difficult to navigate. Mutual aid and self-help groups exist, but are relegated to church basements and other hard to find locations.

The lack of a “one stop shop” was the consistent theme raised by community members, peers, and service providers at the June 2, 2026 Community Forum.

2. Workforce Development and Job-Readiness Supports

Free or accessible workforce training options in Lockport are minimal. Most programs are offered in Buffalo or Niagara Falls. Logistical and transportation barriers render these inaccessible for many people. Providers emphasized the need for localized, recovery-informed job-readiness programming. STM RCC provided a space for individuals with substance use disorders (SUD) to seek support from certified peer recovery advocates (CPRAs) to work on job-readiness skills such as utilizing a computer to create a resume and navigating online employment opportunities and resources to identify potential matches.

3. Transportation Barriers



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Transportation remains a major challenge. The local rural bus system, Connect Niagara, routes are inconsistent (i.e. routes are canceled when a driver calls in sick). Routes are absent from the 511 system, and the loss of the North Tonawanda connection limits access to Erie County. NFTA routes are limited intra and inter county and other public transportation options for non-medical needs are often inaccessible due to cost or lack of availability. These barriers directly affect various opportunities for residents to get to where they need to go for recovery-oriented, sober supports, services, and activities and underscores the need for a local community center. As it relates to job seekers, they must demonstrate reliable transportation otherwise obtaining and maintaining employment is unachievable, negatively impacting sustainable recovery.

4. Housing and Recovery-Oriented Living Options

Lockport faces severe shortages of emergency, transitional, and long-term recovery-friendly housing. Lockport CARES shelter operates at full capacity with only nine beds. Additionally, providers noted a lack of a stable pathway from inpatient to residential treatment to long-term housing in Lockport and throughout Niagara County.

5. Harm Reduction & Needle Use Concerns

Needle-exchange access in Niagara County is extremely lacking. Access to syringe exchange is a critical unmet need. STM operated a needle-exchange program that closed in the first quarter 2026. Evergreen Health Services is operating a Syringe Service Program (SSP) mobile unit that visits Lockport, NY for a few hours Monday afternoons and Thursdays in Niagara Falls, NY. The agency's Street Outreach team is in Lockport all of Tuesdays. Due to lack of service frequency and public awareness of the service, the needs assessment revealed heightened public-health risk and concerns related to needle-sharing and likelihood of illness / disease transmission for people who use drugs.

6. Treatment Continuity and Staff Turnover

High turnover among outpatient counselors weakens treatment engagement and appointment availability. Individuals often disengage when trust must be rebuilt and delays between appointment scheduling and appointment dates are a critical concern for individuals whose readiness for change may be brief.

A local SUD residential provider noted many individuals return to them during crises due to strong relationships and consistent staffing. Stability in the local workforce is necessary across all levels and types of care to help engage individuals in meaningful therapeutic relationships and move towards sustainable recovery. Challenges include delays between appointment scheduling and appointment dates, critical for individuals whose readiness for change may be brief.



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7. Insufficient Peer-Support Capacity

There is a shortage of certified peers available to respond in real time and “meet people where they are at”, whether during crises, in the community, or at transition points. This reduces opportunities for engagement, warm handoffs, early intervention, and a pathway to recovery. Investment in certified peers at all levels of care and at critical points of contacts when they are seeking immediate support, is necessary.

8. Need for Lived-Experience Leadership

Stakeholders emphasized the need to elevate voices of individuals with lived experience into planning, outreach, and program design to ensure services reflect actual community needs and can be implemented in a meaningful way to identified needs.

9. Local Services Awareness and Coordinated Care

Stakeholders highlighted lack of awareness of other services available in the community particularly due to staff turnover, program changes, and a gathering point or effort to learn about resources. Improving marketing of the Well Niagara app and corresponding webpage is necessary as well as creating a standardized employee orientation across systems that includes this information.

10. Differentiating between Recovery Supports and Homeless Supports

Stakeholders reflected on how a Recovery Community Center can play a role in engaging individuals who are homeless and living with substance use disorder (about 15% of the unhoused population in Niagara County). Differing clearly from a “drop-in site”, stakeholders articulated needing a location that can serve as a structured, recovery-oriented access point staffed by certified peer recovery professionals who can build trusting, person-centered relationships that support individuals in identifying goals, increasing readiness for change, and connecting to care pathways. Through consistent presence, proactive outreach, and trauma-informed support, peers can help bridge gaps for community members who are often disconnected from traditional systems of care, offering a dignified and recovery affirming pathway toward stability, wellness, and long-term recovery.

Local Data Summary

BestSelf Virtual Hotline Data (May 2022 – March 2026)

The BestSelf Virtual Hotline continues to function as a high-utilization access point across eight counties.

- Total individuals served since inception: **8,800**.
- Lockport (zip code 14094) has the **highest call volume** of all eight counties, with over **700 individuals** served.



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- Peak call times are currently **11:00 a.m. to 7:00 p.m.**, indicating critical windows for crisis response, peer engagement, and service connection.

Overdose Trends (NY/NJ HIDTA)

In Lockport (zip code 14094) analysis of suspected overdose incidents from 2023 through 2026 (year-to-date) shows that overdose activity peaked in 2024 before declining in 2025. Preliminary 2026 data show continued improvement but remains incomplete and should be monitored. Non-fatal overdose data reported through HIDTA must be viewed as incomplete due to several factors, including inconsistent law enforcement reporting and increasing numbers of people self-administering Narcan and not seeking 911/emergency responses.

Key Findings:

- Total suspected overdoses increased from 111 in 2023 to 140 in 2024, a 26.1% increase.
- Fatal overdoses increased from 13 to 18 during the same period, a 38.5% increase.
- In 2025, total suspected overdoses decreased to 106, a 24.3% reduction from 2024.
- Fatal overdoses declined from 18 in 2024 to 14 in 2025, a 22.2% decrease.
- Non-fatal overdoses decreased from 122 in 2024 to 92 in 2025, a 24.6% decrease.
- Through the current reporting period in 2026, there have been 22 non-fatal overdoses and no fatal overdoses reported.

As it relates to Niagara County Overdose Data:

Yearly 2023 total suspected incidents: **Non-Fatal: 398 Fatal: 74 Total: 472**

Yearly 2024 total suspected incidents: **Non-Fatal: 349 Fatal: 71 Total: 420**

- 12.3% decrease in non-fatal ODs compared to 2023
- 4% decrease in fatalities compared to 2023
- 11% decrease in total overdoses compared to 2023

Yearly 2025 total suspected incidents: **Non-Fatal: 295 Fatal: 40 Total: 335**

- 15.5% decrease in non-fatal ODs compared to 2024
- 43.7% decrease in fatalities compared to 2024
- 20.2% decrease in total overdoses compared to 2024

Yearly 2026 (total through May) suspected incidents: **Non-Fatal: 104 Fatal: 10 Total: 114**

Compared to Yearly 2025 through May 2025: **Non-Fatal: 102 Fatal: 15 Total: 117**

- 2% increase in non-fatal ODs compared to 2025
- 33.3% decrease in fatalities compared to 2025
- 2.6% decrease in total overdoses compared to 2025



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Successes / What is Working

Despite the identified gaps, several strengths, adaptive responses, and areas of progress emerged during the needs assessment.

- **Collaboration has increased since the closure of STM RCC.**
Providers reported actively working together to “plug the holes” created by the loss of the RCC.
- **Strong provider and community turnout at the needs-assessment discussions**
Demonstrates high commitment to addressing these challenges collaboratively.
- **Churches are stepping up to offer space for recovery meetings**
Acknowledged challenge is that not all individuals in recovery feel comfortable attending meetings in religious settings. Additionally, individuals are left to find out where these are being held and how to get there.
- **Narcan (Naloxone) requests have increased across Lockport locations such as food pantries and soup kitchens.**
This may indicate both increased community awareness and need for access at to potentially reduced overdose fatalities.

Conclusion

While the Lockport community demonstrates strong commitment, collaboration, and adaptability, particularly in the wake of the STM closure, critical needs continue to limit residents’ ability to access timely, coordinated, and recovery-oriented care. Providers, churches, and community organizations have stepped up to fill gaps, Narcan distribution remains available, and hotline, shelter, and outreach services are doing what is currently possible to respond to rising demand. These strengths reflect a resilient and engaged community.

However, significant challenges remain. The lack of a safe, accessible, “one stop shop” gathering space, limited transportation, insufficient recovery-oriented programming, disruptions in harm-reduction services, and workforce shortages across outpatient and peer-support roles continue to create barriers to stability and recovery. The absence of a centralized “one-stop shop” for sober supports, the need for more certified peers to meet individuals where they are, and limited integration of lived-experience leadership further hinder progress.

Overdose trends and hotline call volume highlight ongoing risk and the need for sustained, coordinated investment. Despite encouraging declines in overdose deaths and strong community collaboration, the system still faces substantial unmet needs that require comprehensive, multi-system solutions.



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Glossary

ACT – Assertive Community Treatment
AOT – Assisted Outpatient Treatment
BOCES – Board of Cooperative Educational Services
CFTS – Child and Family Treatment Services
CFTSS – Child and Family Treatment Support Services
CPEP – Comprehensive Psychiatric Emergency Program
CRPA – Certified Recovery Peer Advocate
CRO – Certified Residential Opportunities
DSW – Doctorate of Social Work
ED – Emergency Department
ER – Emergency Room
HBCI – Home Based Crisis Intervention
HCBS – Home and Community-Based Waiver Services
HIDTA – High Intensity Drug Trafficking Area
ICF – Intermediate Care Facilities
I/DD – Intellectual/Developmental Disorder
IRA – Individualized Residential Alternative
LGU – Local Government Unit
LCAT – Licensed Creative Arts Therapist
LCSW – Licensed Clinical Social Worker
LIFE – Living in Freedom Early Life
LMHC – Licensed Mental Health Counselor
LMHC-D – Licensed Mental Health Counselor w/ Diagnostic Privilege
LMFT – Licensed Marriage and Family Therapist
LMFT-D – Licensed Marriage and Family Therapist w/ Diagnostic Privilege
LMSW – Licensed Master Social Worker
LOC – Level of Care
LPN – Licensed Practical Nurse
MAT – Medication Assisted Treatment



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MCH – Maternal and Child Health

MSW – Master of Social Work

NCCS – Niagara County Crisis Services

NCDMH – Niagara County Department of Mental Health and Substance Abuse Services

NCDSS – Niagara County Department of Social Services

NYC – New York City

NYS – New York State

NYSED – New York State Education Department

OASAS – Office of Addiction Services and Supports

OMH – Office of Mental Health

OPWDD – Office for People with Developmental Disabilities

PC – Psychiatric Centers

RN – Registered Nurse

SED – Serious Emotional Disturbance

SMI – Severe Mental Illness

SPOA – Single Point of Access

SRO – Single Room Occupancy

SUD – Substance Use Disorder

TIG – Trauma, Illness, and Grief

WNY – Western New York

YACT – Youth Assertive Community Treatment

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OMH Providers_Niagara County

Agency Name	Program Name	Program Type Name
Beacon Center	MHOTRS - Niagara Falls	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
BestSelf Behavioral Health, Inc.	MHOTRS - Aaron Mossell Jr. High School	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - Bloneva Bond Primary School	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - Charles Upson Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - Emmet Belknap Intermediate	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - Niagara Falls High School	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - North Tonawanda Drake Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - North Tonawanda Spruce Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - North Tonawanda Middle & High Schools	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	BestSelf Behavioral Health, Inc. SMH CMA (AOT)	Specialty Mental Health Care Management
BestSelf Behavioral Health, Inc.	BestResponse Intensive Crisis Center	Intensive Crisis Stabilization Center
BryLin	Adult Inpatient Mental Health Treatment Program	Inpatient Psychiatric Unit of a General Hospital
BryLin	Child & Adolescent Inpatient Mental Health Treatment Program	Inpatient Psychiatric Unit of a General Hospital
Buffalo Psychiatric Center	Gasport Family Care	Family Care
Buffalo Psychiatric Center	North Tonawanda Recovery and Treatment Center	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Buffalo Psychiatric Center	SMH CMA	Specialty Mental Health Care Management
Catholic Charities	MHOTRS - Lockport Children's Outpatient Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Catholic Charities	MHOTRS - Niagara Falls Children's Outpatient Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Child and Family Services	HCBS: Caregiver/Family Advocacy & Support Services LEVEL 1 & LEVEL 2 (CFASS)	HCBS: Caregiver/Family Advocacy & Support Services LEVEL 1 & LEVEL 2 (CFASS)
Child and Family Services	CFTSS: Community Psychiatric Support and Treatment (CPST)	CFTSS: Community Psychiatric Support and Treatment (CPST)
Child and Family Services	CFTSS: Family Peer Support Services (FPSS)	CFTSS: Family Peer Support Services (FPSS)
Child and Family Services	CFTSS: Other Licensed Practitioner (OLP)	CFTSS: Other Licensed Practitioner (OLP)
Child and Family Services	HCBS: Planned Respite (PR)	HCBS: Planned Respite (PR)
Child and Family Services	HCBS: Pre-Vocational Services	HCBS: Pre-Vocational Services
Child and Family Services	HCBS: Supported Employment	HCBS: Supported Employment
Child and Family Services	Children and Youth Assertive Community Treatment	Youth Assertive Community Treatment (ACT) Program
Christopher E Beney, MD, PC	Healthy Steps - Niagara County	Advocacy/Support Services
Community Health Center of Buffalo	Healthy Steps - Niagara Falls	Advocacy/Support Services
Community Missions, Inc.	CMI - Patient Transportation	Transportation
Community Missions, Inc.	Comm Missions Supp Housing/RCE SH Niagara Cty - Comm Svcs	Supportive Housing
Community Missions, Inc.	Community Missions - Aurora House	Children & Youth Community Residence
Community Missions, Inc.	Community Missions - CHOICES Apartment Program	Apartment/Treatment
Community Missions, Inc.	Community Missions - Canal View	Congregate/Treatment
Community Missions, Inc.	Community Missions - Hansen House Community Residence	Congregate/Treatment
Community Missions, Inc.	Community Missions - Scattered Supp Housing-Comm.Svcs.	Supportive Housing
Community Missions, Inc.	Community Missions SH/MRT SH Niagara Cty - Comm Svcs	Supportive Housing
Community Missions, Inc.	Community Missions Supp Hsing PC Long Stay/Niagara-Comm Svcs	Supportive Housing
Community Missions, Inc.	Drop In Center	Drop In Centers
Community Missions, Inc.	Niagara Visions PROS	Comprehensive PROS with Clinical Treatment
Community Missions, Inc.	On-Site Case Management	Non-Medicaid Care Coordination
Community Missions, Inc.	PROS Employment Initiative	PROS Employment Initiative
Community Missions, Inc.	Peer Crisis Respite	Advocacy/Support Services
Community Missions, Inc.	Respite	Crisis/Respite Beds
Community Missions, Inc.	SPOA Non-Medicaid Care Coordination	Non-Medicaid Care Coordination
Community Missions, Inc.	Supported Housing - High Needs - Community Service-Comm.Svcs	Supportive Housing
DePaul Community Services, Inc.	Packet Boat Landing	Supportive Single Room Occupancy (SP-SRO)
Empower (formerly UCP of Niagara)	Ongoing Integrated Supported Employment	Ongoing Integrated Supported Employment Services
Endeavor Health Services, Inc.	MHOTRS - Lockport Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Endeavor Health Services, Inc.	MHOTRS - Lockport Probation	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Endeavor Health Services, Inc.	MHOTRS - Niagara Falls Probation	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Endeavor Health Services, Inc.	EHS, Inc. SMH CMA	Specialty Mental Health Care Management
Erie County Medical Center	Erie County Medical Center CMHC Inpatient Program	Inpatient Psychiatric Unit of a General Hospital
Erie County Medical Center	Comprehensive Psychiatric Emergency Program	CPEP Crisis Intervention
Erie County Medical Center	Extended-Observation Beds	CPEP Extended Observation Beds
Evergreen Health Services, Inc.	SMH CMA	Specialty Mental Health Care Management
Gateway Longview	MHOTRS - 79th Street Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Abate Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Cataract Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite

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OMH Providers_Niagara County

Gateway Longview	MHOTRS - Hyde Park Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Kalfas Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Colonial Village Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	CFTSS: Community Psychiatric Support and Treatment (CPST)	CFTSS: Community Psychiatric Support and Treatment (CPST)
Gateway Longview	CFTSS: Other Licensed Practitioner (OLP)	CFTSS: Other Licensed Practitioner (OLP)
Hillside Children's Center	Hillside SMH CMA - Western Niagara	Specialty Mental Health Care Management
Horizon Health Services, Inc.	Lockport Recovery Center	Certified Community Behavioral Health Clinic
Horizon Health Services, Inc.	Pine Avenue Recovery Center	Certified Community Behavioral Health Clinic
Horizon Health Services, Inc.	Sanborn Recovery Center	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Horizon Health Services, Inc.	MHOTRS - Newfane School District Middle and High Schools	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Horizon Health Services, Inc.	MHOTRS - Niagara Wheatfield Middle and High Schools	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Horizon Health Services, Inc.	Horizon SMH CMA Niagara	Specialty Mental Health Care Management
Housing Options Made Easy, Inc. dba ROME	HOME Supp Housing PC Long Stay/Niagara County-Comm Svcs	Supportive Housing
Housing Options Made Easy, Inc. dba ROME	Housing Options Supported Housing-Niagara Cty-Comm Svcs	Supportive Housing
Jewish Family Service of Western New York	Jewish Family Services of Western New York SMH CMA	Specialty Mental Health Care Management
Living Opportunities of DePaul, Inc.	OMH SSSH Rest of State Supportive Housing	Supportive Housing
Living Opportunities of DePaul, Inc.	LO DePaul SH/Transformation SH Niagara Cty - Comm Svcs	Supportive Housing
Lockport School District	Lockport School District SBMH	School Mental Health Program
Mental Health Association in Niagara County	Children's In-Home Respite Program	Respite Services
Mental Health Association in Niagara County	Community Education and Referral	Self-Help Programs
Mental Health Association in Niagara County	Compeer Adult	Outreach
Mental Health Association in Niagara County	Compeer for Youth	Outreach
Mental Health Association in Niagara County	Peer Advocacy	Advocacy/Support Services
Monroe Plan for Medical Care dba Elm & Oak Health	SMH CMA	Specialty Mental Health Care Management
New Directions Youth & Family Services, Inc.	Children's Mental Health Rehabilitation	CFTSS: Children's Mental Health Rehabilitation Services
New Directions Youth & Family Services, Inc.	Children's Mobile Crisis Outreach	Crisis Intervention
New Directions Youth & Family Services, Inc.	Community Based Crisis Intervention	Crisis Intervention
New Directions Youth & Family Services, Inc.	Community Psychiatric Supports and Treatment	CFTSS: Community Psychiatric Support and Treatment (CPST)
New Directions Youth & Family Services, Inc.	Family Peer Support Services	CFTSS: Family Peer Support Services (FPSS)
New Directions Youth & Family Services, Inc.	Family Support - C&Y	Family Peer Support Services - Children & Family
New Directions Youth & Family Services, Inc.	Health Home Care Managemetn Service Dollars	Health Home Care Management Service Dollars
New Directions Youth & Family Services, Inc.	Health Home Non Medicaid Care Management C&Y	Health Home Non-Medicaid Care Management
New Directions Youth & Family Services, Inc.	Health Home Service Dollar Administration	Health Home Care Management Service Dollar Administration
New Directions Youth & Family Services, Inc.	Home-Based Crisis Intervention (HBCI)	Home-Based Crisis Intervention (HBCI)
New Directions Youth & Family Services, Inc.	Other Licensed Practitioner	CFTSS: Other Licensed Practitioner (OLP)
New Directions Youth & Family Services, Inc.	Psychosocial Rehabilitation	CFTSS: Psychosocial Rehabilitation (PSR)
New Directions Youth & Family Services, Inc.	Youth Peer Support and Training	CFTSS: Youth Peer Support and Training
Niagara County Department of Mental Health	988 Crisis Hotline Center	988 Crisis Hotline Center
Niagara County Department of Mental Health	AOT Service Dollars	Flexible Recipient Service Dollars
Niagara County Department of Mental Health	Mobile Crisis Services	Mobile Crisis Services
Niagara County Department of Mental Health	CFTSS: Mobile Crisis Intervention	CFTSS: Mobile Crisis Intervention (CI)
Niagara County Department of Mental Health	Community Outreach	Advocacy/Support Services
Niagara County Department of Mental Health	Community Services Board	Local Governmental Unit (LGU) Administration
Niagara County Department of Mental Health	Crisis Outreach Coordination & AOT	Crisis Intervention
Niagara County Department of Mental Health	Hospital Diversion Engagement Team	Crisis Intervention
Niagara County Department of Mental Health	Hospital Diversion Mobile Transition	Crisis Intervention
Niagara County Department of Mental Health	Monitoring & Evaluation	Monitoring and Evaluation, CSS
Niagara County Department of Mental Health	Niagara County Counseling and Wellness Services - Lockport	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Niagara County Department of Mental Health	MHOTRS - Lockport High School	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Niagara County Department of Mental Health	Niagara County Counseling and Wellness Services - Niagara Falls	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Niagara County Department of Mental Health	Niagara County Dept of MH - SPOA - Adult	Single Point of Access (SPOA)
Niagara County Department of Mental Health	Niagara County Dept of MH - SPOA - C&Y	Single Point of Access (SPOA)
Niagara County Department of Mental Health	Partnership for Healthy Aging	Non-Medicaid Care Coordination
Niagara County Department of Mental Health	Standards Compliance Assistant	Local Governmental Unit (LGU) Administration - OMH Reinvestment and Medication Grant Program (MGP)
Niagara County Department of Mental Health	Transitional Case Management	Transition Management Services
Niagara County Department of Mental Health	Veterans P2P Pilot Program	Special Legislative Grant
Niagara County Department of Mental Health	Youth in Probation	Outreach
Niagara Falls Memorial Medical Center	Advocacy and Support Programs	Advocacy/Support Services
Niagara Falls Memorial Medical Center	Emergency Room	Crisis Intervention

Niagara County Department of Mental Health and Substance Abuse Services
OMH Providers_Niagara County

Niagara Falls Memorial Medical Center	Niagara Falls Care Management Agency	Specialty Mental Health Care Management
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Med Ctr Child Advoc Ctr Care Coord.	Non-Medicaid Care Coordination
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center CMHC Inpatient Program	Inpatient Psychiatric Unit of a General Hospital
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center Clinic Treatment Prog	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Niagara Falls Memorial Medical Center	Maternal Mental Health Collaborative Care	Advocacy/Support Services
Niagara Falls Memorial Medical Center	Non-Medicaid Care Coordination	Non-Medicaid Care Coordination
Niagara Falls School District	Niagara Falls School District SBMH	School Mental Health Program
Our Lady of Victory (OLV)	CFTSS: Community Psychiatric Support and Treatment (CPST)	CFTSS: Community Psychiatric Support and Treatment (CPST)
Our Lady of Victory (OLV)	CFTSS: Family Peer Support Services (FPSS)	CFTSS: Family Peer Support Services (FPSS)
Our Lady of Victory (OLV)	CFTSS: Other Licensed Practitioner (OLP)	CFTSS: Other Licensed Practitioner (OLP)
Our Lady of Victory (OLV)	CFTSS: Psychosocial Rehabilitation (PSR)	CFTSS: Psychosocial Rehabilitation (PSR)
Our Lady of Victory (OLV)	HCBS: Pre-Vocational Services	HCBS: Pre-Vocational Services
Our Lady of Victory (OLV)	HCBS: Planned Respite (PR)	HCBS: Planned Respite (PR)
Our Lady of Victory (OLV)	HCBS: Caregiver/Family Advocacy & Support Services	HCBS: Caregiver/Family Advocacy & Support Services
Our Lady of Victory (OLV)	CFTSS: Psychosocial Rehabilitation (PSR)	CFTSS: Psychosocial Rehabilitation (PSR)
Pinnacle Community Services, Inc	AOT Service Dollars	Flexible Recipient Service Dollars
Pinnacle Community Services, Inc	Children's Care Management Service Dollars	Health Home Care Management Service Dollars
Pinnacle Community Services, Inc	Children's Care Management financial	Health Home Care Management Service Dollar Administration
Pinnacle Community Services, Inc	Health Home Care Management C&Y	Health Home Care Management
Pinnacle Community Services, Inc	Health Home C&Y Non Medicaid Care Management	Health Home Non-Medicaid Care Management
Pinnacle Community Services, Inc	Pinnacle Community Services - HH CM	Health Home Care Management
Pinnacle Community Services, Inc	Pinnacle Community Services - HH CM SD Admin	Health Home Care Management Service Dollar Administration
Pinnacle Community Services, Inc	Pinnacle Community Services - HH NonMed CM	Health Home Non-Medicaid Care Management
Pinnacle Community Services, Inc	Pinnacle Community Services HH CM SD	Health Home Care Management Service Dollars
Pinnacle Community Services, Inc	SMH CMA	Specialty Mental Health Care Management
Restoration Society Inc.	Adult BH HCBS Family Support	CORE Family Support and Training (FST)
Restoration Society Inc.	Adult BH HCBS Pre-Vocational Services	Adult BH HCBS Pre-Vocational Services
Restoration Society Inc.	Adult BH HCBS Psychosocial Rehabilitation	CORE Psychosocial Rehabilitation (PSR)
Restoration Society Inc.	Adult BH HCBS Transitional Employment	Adult BH HCBS Transitional Employment
Restoration Society Inc.	CORE Peer Support Services	CORE Empowerment Services - Peer Supports
Spectrum Health & Human Services	Assertive Community Team Service Dollars	Assertive Community Treatment-Service Dollars
Spectrum Health & Human Services	Spectrum Health and Human Services Niagara ACT Team	Assertive Community Treatment (ACT)
Spectrum Health & Human Services	Individual Placement and Support	Individual Placement and Support Employment Initiative
The Dale Association, Inc.	Flexible Recipient Service Dollars for Peer Advocacy Program	Flexible Recipient Service Dollars
The Dale Association, Inc.	PROS Center for Wellness	PROS Employment Initiative
The Dale Association, Inc.	Peer Specialists	Advocacy/Support Services
The Dale Association, Inc.	The Dale Association Counseling & Treatment Center	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
The Dale Association, Inc.	The Dale Association, Inc. PROS	Comprehensive PROS with Clinical Treatment
Transitional Services, Inc.	ESSHI Supported Housing	Supportive Housing
Venture Forthe, Inc.	Venture Forthe PSR	CORE Psychosocial Rehabilitation (PSR)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Education Support Services (ESS)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Intensive Supported Employment (ISE)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Ongoing Supported Employment (OSE)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Pre-Vocational Services
Venture Forthe, Inc.	Venture Forthe, Inc.	CORE Community Psychiatric Support and Treatment (CPST)
Venture Forthe, Inc.	Venture Forthe, Inc.	CORE Family Support and Training (FST)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Habilitation
Venture Forthe, Inc.	Venture Forthe, Inc.	CORE Empowerment Services - Peer Supports
Wheatfield Pediatrics LLP	Healthy Steps - Erie/Niagara Counties	Advocacy/Support Services