



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020
Local Services Plan
For Mental Hygiene Services

Sullivan Co Dept of Community Services
September 6, 2019

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Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
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Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
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 Sullivan Co Dept of Community Services	 70170/70170	 (Provider)
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Program EHR and LGBTQ Survey	Required	Certified

2020 Mental Hygiene Executive Summary
Sullivan Co Dept of Community Services
Certified: Heidi Reimer (6/3/19)

Sullivan County is a 968 square-mile rural county in New York State, located in the Catskill Mountains, approximately 90 miles northwest of New York City. Its western border is shared with Pennsylvania and is marked by the Delaware River. Neighboring counties include Delaware County to the north, Ulster County to the east and Orange County to the south. In addition to the Delaware River, notable features include the Catskill Park in the northeast, the Shawangunk Ridge and Bashakill Wetlands in the southeast, and farmland in the western and northwestern portion of the county.

Historically, the two major economic sectors in Sullivan County have been tourism and agriculture. Both of these sectors have struggled in recent times; however, there has been renewed interest in both arenas. The concept of buying locally produced foods has surged in popularity and agriculture-tourism has become a popular recreational option. Bethel Woods Center for the Arts, located at the site of the 1969 Woodstock Music Festival draws many visitors to Sullivan County. In addition, the new construction of Resorts World Catskills Casino, the Kartrite Resort & Indoor Waterpark, and the YO1 Wellness Center has raised the County profile once again as a prime location for vacationers.

Sullivan County has an estimated population of 75,498 residents. This number is estimated to triple during the summer season, when the County experiences an influx of second homeowners and vacationers. The median household income was \$53,877 in 2017, and 14.9% of the population was estimated to live below the poverty level for the same period. In 2018 there were a total of 50,942 housing units in the County, with a homeownership rate of 66.9%. Nearly 17.5% of all individuals and 35.7% of households with children under age 18 in the County live in poverty. However, unemployment has decreased from a high of 10.4% in 2010 to 4.2% as of 2019, as the economy is starting to improve with new businesses coming into the area.

Consistently since 2010, Sullivan County has been ranked 61 out of 62 counties in New York State's Health Rankings. Sullivan County Department of Community Services (Local Government Unit) continues to work with a multitude of community partners to assess our community needs on an ongoing basis and develop a plan to address the identified gaps and needs. Despite the high level of need areas in our community, many not-for-profit providers, community members, local legislature, and government agencies have joined together to develop plans to address these needs and improve our overall health outcomes.

Mental Hygiene Goals and Objectives Form
Sullivan Co Dept of Community Services (70170)
Certified: Heidi Reimer (6/3/19)

1. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

a) Indicate how the level of unmet **mental health service needs**, overall, has changed over the past year: Improved Stayed the Same Worsened

Please describe any unmet **mental health** service needs that have **improved**:

Sullivan County is in the process of developing United Sullivan. United Sullivan is a No Wrong Door initiative that promotes continuous quality improvement and improves co-occurring capability across all systems. Participants within the system of care work in partnership, using a shared process and vision to improve recovery-oriented, co-occurring capability. It also evokes partners to develop a baseline self-assessment of co-occurring capability using the Compass-EZ tool.

Sullivan County Department of Community Services will soon be implementing tele-practice services in the Behavioral Health Clinic. Medication Assisted Treatment services will be offered thereafter.

Through the Empire State Supportive Housing Initiative, Access: Supports for Living received funding to expand the Golden Ridge Apartment complex. The expansion will offer additional housing for individuals with special needs, conditions, or other life challenges, or for families with a qualifying individual. There will be eighty-one units at each site with twenty-five being ESSHI units at each site. Nineteen of the units are designated for persons with serious mental illness, five units are designated for chronically homeless persons, and one unit is designated for a person who is aging out of foster care. More supervised housing is needed, however.

Please describe any unmet **mental health** service needs that have **stayed the same**:

Psychiatrists are in high demand in the behavioral health field. Sullivan County has a shortage of psychiatrists and most existing providers have extensive waiting lists.

There is a need for a Peer Connection Center. There is also a need for linkage of peer services to the Mobile Mental Health Team to outreach persons in the community, especially those in the outlying areas of the County. A Peer Connection Center would increase access to behavioral health services and aide in improving behavioral and psychosocial determinants of health.

Sullivan County has no overnight respite provider for youth and a position for such has been difficult to fill.

Sullivan County has a lack of adequate, supervised, and affordable housing with reasonable accessibility to services. The Adult SPOA housing waiting list continues to be very long.

Transportation is a major barrier for access to care. There is an ongoing need for public transportation in Sullivan County. Although a concentric county-wide transportation loop is being created, a gap remains for the outlying areas of the county.

There is a need for inpatient psychiatric beds for adolescents. There is also a need for trauma-specific treatment services in Sullivan County.

Please describe any unmet **mental health** service needs that have **worsened**:

Sullivan County has seen a steady yearly increase in dually diagnosed clients; there has also been an increase in Health Home Plus eligible clients, and Assisted Outpatient Treatment (AOT) orders among the general community, as well as individuals being released from prison and psychiatric facilities with an AOT order already in place.

Significant human services staff shortages are evident throughout Sullivan County. There is a large demand for services but a limited workforce to meet the needs, thus creating a workforce crisis.

There continues to be a need for a Social Club in Sullivan County.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, overall, has changed over the past year: Improved Stayed the Same Worsened

Please describe any unmet **SUD** service needs that have **improved**:

In response to the opioid epidemic, Sullivan County's 911 Center and Public Health Services launched ODMAP on September 1, 2018. The OD Mapping system provides real-time mapping and collection of statistics from each overdose event occurring in Sullivan County. ODMAP allows Public Health Officials to identify spikes in fatal and nonfatal overdoses, identify deadlier variants in the opioid supply, and identify areas where there is a higher volume of overdoses.

An Access to Care initiative was implemented in Sullivan County which allows anyone in need of addiction treatment services to go to any police department, or approach an officer on the street to ask for help. The individual in need of treatment services will then be transported by police or Mobilemedic EMS, free of charge, to Catholic Charities of Orange, Sullivan and Ulster. The individual will not be arrested if he/she is impaired or in possession of a small amount of drugs or paraphernalia at the time of seeking help.

Catskill Regional Medical Center, in partnership with Alcoholism & Drug Abuse Council of Orange County, offers a free family support group called the "Circle of Hope." The "Circle of Hope" support group helps family members or loved ones of an individual struggling with a substance use disorder. Family Support Navigators are also available to offer resources and information about additional supports and treatment.

BedRX app will soon be available in Sullivan County. The app will connect patients to available inpatient beds.

Sullivan County Rural Health Network Drug Prevention Task Force continues to meet monthly. A Perinatal Drug Task Force has been created in Sullivan County which is a collaboration between public, private, and non-profit agencies seeking to prevent illicit drug use by Sullivan County women before, during, and after pregnancy. The Task Force meets monthly.

Naloxone training continues to be offered throughout Sullivan County. All OASAS settings are now required to offer naloxone training and either a prescription or a naloxone kit to clients receiving substance use disorder treatment services, and their significant other, as applicable.

As previously noted, Sullivan County is in the process of developing United Sullivan. United Sullivan is a No Wrong Door initiative that promotes continuous quality improvement and improves co-occurring capability across all systems. Participants within the system of care work in partnership, using a shared process and vision to improve recovery-oriented, co-occurring capability. It also evokes partners to develop a baseline self-assessment of co-occurring capability using the Compass-EZ tool.

Sullivan County Department of Community Services will be implementing tele-practice services in the Behavioral Health Clinic. Medication Assisted Treatment services will also be offered. Catskill Regional Medical Center (CRMC) now has multiple primary care locations offering Medication Assisted Treatment through telehealth services. CRMC is working with a provider at Catholic Charities of Orange, Sullivan and Ulster to offer this service.

Sullivan County Public Health continues to sponsor local buprenorphine trainings for health care providers.

Sullivan County Information Line for Substance Abuse and Mental Health Services continues to offer support and information and referrals for addiction and mental health treatment and recovery services.

Please describe any unmet **SUD** service needs that have **stayed the same**:

Sullivan County is home to two long term residential programs, New Hope Manor (women, adolescent females, pregnant women, and women with children under two years of age) and Dynamite Youth Center (adolescents).

Catholic Charities of Orange, Sullivan and Ulster provides a Medically Supervised Withdrawal Unit, a Medically Monitored Withdrawal Unit, an Outpatient Clinic, a Halfway House, and Outpatient Rehabilitation. Catholic Charities of Orange, Sullivan and Ulster also operates a Supported Living Facility and HUD Permanent Supported Housing.

The Sullivan County Department of Community Services has a Behavioral Health Clinic (addressing mental health and drug and alcohol use/abuse) and a Care Management Unit. Chemical dependency treatment is provided at the Sullivan County Jail by the Department of Community Services.

Safe, sober housing continues to be a need for the SUD population. Individuals residing in emergency housing or adult homes can be exposed to alcohol or drug use by others which places them at a higher risk for relapse. Relapse on drugs/alcohol can lead to psychiatric decompensation and need for hospitalization. There is a need for supportive transitional housing for the homeless and newly recovered. Sullivan County agencies work closely with the Division of Family Services to address housing and other ancillary needs. Sullivan County also works closely with Rehabilitation Support Services regarding referrals to their MICA Community Residence and supported living apartments.

There continues to be a need for co-occurring services in Sullivan County. Stigma related to substance use disorder, gambling disorder, and/or mental illness remains a barrier for seeking and accessing needed treatment. More education is needed to reduce stigma.

Please describe any unmet **SUD** service needs that have **worsened**:

Sullivan County had an increase in the number of fatal opioid related overdoses in 2018 from 2017.

Inpatient treatment is limited for adults and even more limited for adolescents in Sullivan County. Long term residential program access needs improvement for special populations such as minors, young adults, or those with complex medical or prescription drug use. As aforementioned, Sullivan County has two long term residential programs; New Hope Manor and Dynamite Youth Center. The majority of clients at these facilities are from outside Sullivan County. Dynamite Youth has a primary opioid use disorder admission criteria and they accept ages 16-24 which leaves a large population of unmet need. Currently, approximately 89% of their residents have a primary opioid use disorder diagnosis, and the other 11% have DAILY use of another drug for admission (excluding alcohol or cannabis). The nearest adolescent program beyond Dynamite Youth is several hours away and family participation is hindered due to transportation issues.

Catholic Charities of Orange, Sullivan and Ulster recently closed their Adolescent Day Treatment Program and no longer operate a gambling disorder treatment program. Sullivan County does not have any Gamblers Anonymous or Alateen meetings available to those in need. There are currently four Alanon, sixteen Narcotics Anonymous, and fifty-two Alcoholics Anonymous meetings available in the community.

There is a need for local detoxification beds, especially for those in need of detox from abuse of benzodiazepines or combinations.

Workforce availability has worsened from last year. Human Service staff shortages are evident throughout Sullivan County.

Sullivan County is seeing an increase in cocaine use.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year: Improved Stayed the Same Worsened

Please describe any unmet **developmentally disability** service needs that have **improved**:

Sullivan County BOCES, Liberty Central School District, and Tri-Valley Central School District contract with an Education Advocate Liaison Facilitator who assists families within their district with the OPWDD eligibility process. The advocate works closely with local providers regarding correspondence during the eligibility process. The Education Advocate Liaison Facilitator is a resource for both special and regular education students with obtaining OMH and OPWDD related services. Action Toward Independence (ATI) also provides assistance with the OPWDD eligibility process. ATI also offers Family Support and other groups including Social Skills and Life Skills groups.

Monticello Central School has done a great job assisting their student with obtaining OPWDD eligibility by their junior year of high school. They then assist them with enrolling in ETP. Transition planning could be improved in other districts in the county.

The OPWDD Front Door has improved responsiveness to applicants seeking eligibility.

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

Sullivan County continues to be in need of crisis respite services.

Many families experience barriers when seeking OPWDD eligibility and subsequent services. The process of applying for OPWDD eligibility and services remains cumbersome for families. There is not enough direct support during the process regarding paperwork requirements, needed testing, the appeals process, and linkage to a Care Coordination Organization. Some families give up on seeking services because they become too overwhelmed or confused with the process. The Hudson Valley Development Disability Regional Office, located in Orange County serves both children and adult Sullivan County residents. Front Door informational sessions are held in Orange County which continues to be a barrier for many Sullivan County residents. In addition, persons with both OMH and OPWDD related diagnoses can be "stuck between silos," thus impeding eligibility for appropriate services.

Due to issues of inconsistency and intermittent acceptance of referrals, NYStart services have fallen off the radar as a potential option or resource. Years ago, there was a discussion of a respite bed being made available in the Hudson Valley but it has not become available to date.

Please describe any unmet **developmentally disability** service needs that have **worsened**:

There are three Care Coordination Organizations (CCOs) serving Sullivan County at this time. There are many reports of significant confusion and miscommunication since the transition to CCOs. Concerns regarding goal setting, frequency of goals, due dates, roles, and software issues have been identified as problematic. Providers are not being invited to the Life Plan meetings, but are expected to approve the plan. Concerns with dictating too many goals at once for the allotted weekly service hours, and requiring a minimum of two goals is not person centered. The frequency statement must be set and cannot be noted as "as needed," which makes it difficult to meet. (Example: A person may not get Com Hab in a particular week because of staffing issues or the person declines the service, or there is a need for more visits than noted). There is a fear that the frequency statement will hold providers accountable to the amount set.

With the transition to CCOs, it has become increasingly difficult to obtain needed information to complete an intake for clinic services. Some intakes require multiple phone calls and emails to the care managers to obtain information. There have been instances where care managers have actually indicated that it was not their job to fill out the referral forms or submit the requested paperwork. More training is needed.

There are increasingly fewer psychiatric services available to persons in the DD population due to a shortage of psychiatrists. There are extensive waiting lists for clinic services.

Regarding children services, transition from Early Intervention to OPWDD could be improved, families become very confused about who does what.

Regarding self-directed services, there are issues with poor communication between brokers and providers.

There are noted issues with the change from presumed eligibility to OPWDD eligibility (and most cases, with waiver as well). This has decreased the benefit of DD respite services. Unless a group service is being provided, respite rates are poor and providers don't accept many new cases, instead they ask them to get Community Hab. The changes in eligibility requirements also delay the delivery of family support services. In addition, Family Support meetings are held in Orange County which can be difficult for Sullivan County residents to attend due to transportation issues.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

2. Goals Based On Local Needs

Issue Category

**Applicable State
Agenc(ies)**

	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(After a need issue category is selected, related follow-up questions will display below the table)

2a. Housing - Background Information

Sullivan County has limited funds and limited adequate housing opportunity. Sullivan County does not have adequate safe, sober, and/or transitional housing. Much of the homeless housing in Sullivan County is provided through DFS, which is not supervised or conducive to one's recovery process. Sullivan County has an absence of housing options, especially for those who are dually diagnosed and special populations. Sullivan County has a great need for supportive transitional housing for homeless and newly recovered persons. Although there are four agencies in the community providing residential services to the OPWDD population, there are over a hundred persons on the wait list in the Hudson Valley Region.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Establish additional safe, sober, and transitional housing in Sullivan County.

Objective Statement

Objective 1: Research various locations and investment requirements for establishing safe sober emergency housing and transitional housing in the community

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Work on developing and maintaining additional transitional, supportive, and permanent housing

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

Housing remains a priority need for Sullivan County. Through the Empire State Supportive Housing Initiative, Access: Supports for Living received funding to expand the Golden Ridge Apartment complex. The expansion will offer additional housing for individuals with special needs, conditions, or other life challenges, or for families with a qualifying individual. Access: Supports for Living anticipates the opening of Golden Ridge II in June 2019, and Golden Ridge III (Isabella Apartments) in November 2019. There will be eighty-one units at each site with twenty-five being ESSHI units at each site. Nineteen of the units are designated for persons with serious mental illness, five units are designated for chronically homeless persons, and one unit is designated for a person who is aging out of foster care.

There is a need for more supervised housing as existing housing programs do not have enough capacity to meet the need. Rent prices have skyrocketed in Sullivan County with the recent improvement in the local economy and with the opening of Resorts World Catskills Casino and the Kartrite Resort & Indoor Waterpark. Existing programs are having difficulty finding supported apartments at fair market value. The A-SPOA housing waiting lists are very long. There is a growing need for housing options for individuals with high functioning autism and there is an urgent need for an increased number of foster care homes in Sullivan County. Sullivan County continues to research possible funding and development opportunities for housing. The Housing Task Force continues to be a forum for agencies to express housing needs and further collaborate regarding the unmet needs. Sullivan County also continues to discuss the development of an Intake Center for homeless housing.

2b. Transportation - Background Information

Sullivan County is a large, rural county with no adequate/cost effective transportation. Public transportation is minimal in more populated areas of the county and non-existent in the outlying communities.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

SALT Coalition has had several discussions with the Transportation Department of the County Government. Transportation is a county issue and it is an obstacle that is out of the LGUs hands, although we will remain part of the discussion. The County has hired a Coordinator of Transportation to address the issues in the county.

Change Over Past 12 Months (Optional)

Transportation is a major barrier regarding access to care. There is an ongoing need for public transportation in Sullivan County. There is limitations and inconsistencies with Medical Transportation (ie: timeliness of pick up and return, requirement of advance notice, reliability); there is limited transportation options for non-Medicaid clients, and very limited public transportation, especially in the outlying areas of the County.

The Sullivan County Transportation Department has developed a concentric county-wide transportation loop that is tentatively scheduled to begin service on July 1, 2019. The loop will connect three major towns/villages within Sullivan County. Transportation services will be available hourly from 6am to 7pm, five days a week. Scheduled stops will be made at Sullivan County Community College, and near or at some of the major employers within the county. Several stops will be within walking distance of urgent care facilities or behavioral health service providers. Although the loop is a significant improvement, it does not address the transportation needs of persons residing in the outlying areas of the county; therefore, resulting in a continued gap regarding access to care.

2c. Crisis Services - Background Information

There are limited crisis services available for all disability populations in Sullivan County. Many crisis services have strict age restrictions which creates obstacles when placing youth and young adults. A number of Sullivan County residents are uninsured or underinsured and unable to afford necessary treatment. There are no mental health crisis services available to youth unless being linked to HCBS services or the RSS Crisis Stabilization Program for Youth via the SPOA referral process. Also, we have no overnight respite provider for youth and a position for such has been difficult to fill. Individuals and families coping with developmental disabilities may be difficult to engage which leads to difficulty in completing evaluations. New referrals for NYStart services are periodically not being accepted which makes the resource unavailable to those in need of such services. The Mobile Mental Health team in Sullivan County is a wonderful resource but staffing deficiencies can be an obstacle.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Create a Peer Connection Center to address needs prior to such developing into crisis events. This would be a resource in the county that is aimed to help divert hospital and jail admissions.

Objective Statement

Objective 1: Research various locations, staffing, and investment requirements for establishing a Peer Connection Center

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Create additional respite beds for children and adults

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 3: Create partnerships with other agencies in the County

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 4: Obtain provider(s) for children's overnight respite services

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

A Committee of key stakeholders within Sullivan County continues to seek funding to establish a Peer Connection Center. Action Toward Independence has offered to house the Center but additional start-up funding is needed. The Center would be primarily run by peers who could assist clients with linkages to available resources and services, thus potentially eliminating a crisis before it begins. Sullivan County plans to

incorporate peers into the Mobile Mental Health team to outreach persons in the community, especially those in the outlying areas of the County. The goal is to open the Peer Connection Center using elements of the Living Room Model with the aim of progressively incorporating offsite clinic services. In the past twelve months, the committee has faced challenges in securing necessary funding.

Sullivan County Department of Community Services will be incorporating peer services at the Behavioral Health Clinic. Discussions are taking place throughout the county regarding the expansion of peer services. A Peer app is being created which will connect persons to peers through a simple search.

The Crisis Stabilization Program for youth offered by RSS continues to be a tremendous resource for children and families in Sullivan County. The service focuses on stabilizing and supporting the family to manage psychiatric crisis situations and to prevent hospitalization.

2d. Workforce Recruitment and Retention (service system) - Background Information

Sullivan County is an economically deprived county that has a record high number of staff vacancies. The number of qualified staff is limited and it is difficult to retain the staff that are qualified.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Low pay is a major barrier in retaining qualified staff but budget limitations restrict raising salaries. Pay for Sullivan County employees is lower than surrounding Counties. Schools and correctional facilities also pay more. Not-for-profit and non-governmental agencies also have significant staff shortages, especially in home care and within residential programs. Hours and type of work combined with low wages due to funding caps are major contributors to the problem.

Change Over Past 12 Months (Optional)

Workforce recruitment and retention continues to be an issue across each disability population in Sullivan County. Marketing strategies are being discussed to attract qualified staff. The use of the internet and social media to advertise employment opportunities is being utilized. The County website was updated to allow for easier navigation and viewing of employment opportunities and upcoming civil service exams. Agencies are also partnering with colleges to incorporate college level interns into the workforce or using volunteers.

Sullivan County Department of Community Services was recently approved for the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program. The program will provide eligible health care clinicians with student loan repayment assistance in exchange for their service on the front lines of the opioid crisis in underserved communities. As a result, more persons who need help with substance use treatment will have access to qualified clinicians. It is the hope that this incentive will attract qualified staff.

2e. Employment/ Job Opportunities (clients) - Background Information

Research indicates that incorporating meaningful activity, such as employment, into one's life can bring a sense of purpose and improved self-worth. Individuals among all three disability populations experience significant difficulties with obtaining and/or maintaining employment in Sullivan County. Stigma, lack of transportation, education, skills, training and/or legal history are some of the identified barrier to employment. Access to supported employment services are needed to assist individuals with preparing for work, finding and keeping a job, and thriving in a work environment. Volunteer opportunities can be as a stepping stone to employment; it could assist in the process of skill development, increasing comfort with others, and building connections.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Sullivan County will continue to be a part of the discussion for increasing employment opportunities for persons within each disability population.

Change Over Past 12 Months (Optional)

OSCEAN (Orange Sullivan County Employment Alliance Network) is a committee comprised of over twenty-one agencies from Sullivan and Orange Counties. OSCEAN's mission is to promote employment for individuals with disabilities; inform and educate employers and community organizations about the advantages of hiring persons with disabilities; and to formally recognize employers that support workforce initiatives targeting qualified workers with disabilities through an annual awards event. At their monthly meetings, the committee shares information about job fairs, posts benefits advisement workshops (for clients and employers), provides presentations regarding transportation or assistive technology, and organizes a yearly celebration to recognize businesses during NDEAM (National Disability Employment Awareness Month) in October. For the October 2018 event, with the theme "America's Workforce: Empowering All," they set a new record by honoring thirty-five businesses at the NDEAM dinner celebration. On a state level, they nominated three businesses to ACCES-VR for recognition of their outstanding support of hiring individuals with disabilities. NYS Department of Labor also receives nominations from OSCEAN to honor businesses on a regional and/or state level for their devotion to hiring individuals with disabilities.

2f. Prevention - Background Information

Prevention activities in the County have been cut due to lack of funding and budget cuts. Sullivan County provides various treatment services but with increased prevention and intervention services, the high cost of such could be avoided.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Enhance prevention, intervention, and outreach programs in the county.

Objective Statement

Objective 1: Continue to provide drug and alcohol presentations and evidence-based programs in schools

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Enhance suicide prevention education

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 3: Continue Narcan trainings through Public Health, Catholic Charities, HVCS, and DCS

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 4: Expand peer support services

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 5: Enhance access to trainings for gambling treatment

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

Sullivan Agencies Leading Together (SALT) has sponsored quarterly trainings and suicide prevention brochures and informational cards have been printed and distributed throughout the county.

Naloxone trainings continue to be provided to members of the community, including first responders by Catholic Charities of Orange, Sullivan and Ulster, Sullivan County Public Health Services, and Hudson Valley Community Services. All OASAS treatment settings are now required to offer naloxone training and either a prescription or a naloxone kit to clients receiving substance use disorder treatment services, and their significant other, as applicable. Narcan training will also be provided to all inmates being released from the Sullivan County Jail.

The Sullivan County Information Line for Substance Abuse and Mental Health Services continues to provide support, information, and referrals for substance abuse and/or mental health treatment and recovery services. Peer "bridgers" and recovery support specialists are being utilized in the discharge planning process at the Sullivan County Jail. Peers also provide supportive services to patients in the emergency room and on the behavioral health unit at Catskill Regional Medical Center. The goal is to improve continuity of care and provide wrap-around support to individuals being released from incarceration or discharged from a hospital.

2g. Inpatient Treatment Services - Background Information

Long term residential program access needs improvement for special populations such as minors, young adults, or those with complex medical or prescription drug use. Several barriers hinder individuals from receiving services, including certain drug use (ie: benzodiazepines or combinations), unmet admission criteria, age restrictions for youth and young adults, and limited or no insurance. In addition, persons convicted of a sexual offense are hard to place.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Provide additional treatment and recovery support services in the County to stabilize rates of recidivism and reduce the length of stay.

Objective Statement

Objective 1: Enhance integrated treatment approach throughout the County (Person Centered Wellness approach)

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Engage and participate in the monitoring of referrals and discharges under our current Behavioral Health Organization

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 3: Develop a coordinated system of care that addresses medical and treatment needs. Enhance collaboration between treatment providers and incorporate Medication Assisted Treatment

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 4: Provide peer advocates/liasons/recovery coaches for individuals coming out of the hospital, jail, treatment centers, etc

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 5: Increase the number of residential treatment beds

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

As previously noted, Sullivan County has two long term residential programs, New Hope Manor (women, adolescent females, pregnant women, and women with children under two years of age) and Dynamite Youth Center (adolescents). The majority of clients at these facilities are from outside Sullivan County. Dynamite Youth has a primary opioid use disorder admission criteria. Currently, approximately 89% of their residents have a primary opioid use disorder diagnosis, and the other 11% have DAILY use of another drug for admission (excluding alcohol or cannabis). Beyond Dynamite Youth, the nearest adolescent program is several hours away and family participation is hindered due to transportation issues.

Catholic Charities of Orange, Sullivan and Ulster provides a Medically Supervised Withdrawal Unit, a Medically Monitored Withdrawal Unit, an Outpatient Clinic, a Halfway House, and Outpatient Rehabilitation. Catholic Charities also operates a Supported Living Facility and HUD

Permanent Supported Housing. Catholic Charities recently closed their Adolescent Day Treatment Program and no longer operate a gambling disorder treatment program.

Catholic Charities of Orange, Sullivan and Ulster received federal funding through the Opioid State Targeted Response (STR) grant program. The goal of the grant is to increase access to treatment, reduce unmet need, and reduce overdose-related deaths. Services include: comprehensive substance abuse treatment evaluations, care management and treatment referrals, individual, family, and group therapy, certified recovery peer advocacy, telehealth and medication assisted treatment, and a mobile outreach team.

The Peer Bridger Program has been very successful in linking hospital discharges to appropriate treatment and reducing unnecessary admissions. Peer Bridgers have been on-site and on-call at the hospital Emergency Room and Behavioral Health Unit and they provide support after discharge. Sullivan County Department of Community Services has merged the mental health and alcohol and drug abuse clinics into one Behavioral Health Clinic and is working in collaboration with the local hospital to address discharge planning and polypharmacy. The clinic will also be implementing telehealth services and Medication Assisted Treatment services.

2i. Reducing Stigma - Background Information

Stigma related to substance use disorder, gambling disorder, and/or mental illness has the potential to affect one's self esteem and prevent those suffering from seeking and accessing needed treatment. Persons with behavioral health challenges often experience barriers to opportunities and resources, such as employment or housing, for example, when their behavioral health issues are known. More education is needed to reduce the stigma.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Increased understanding and awareness is needed to counteract stigma and stereotypes; more community education, advocacy, and pro-recovery messages and programs are needed in Sullivan County.

Change Over Past 12 Months (Optional)

There continues to be ongoing efforts within the service system to address stigma. Discussions continue to take place in Sullivan County regarding the development of strategies to reduce stigma.

The director of NAMI Sullivan County, NY has offered many performances of "Every Brilliant Thing" throughout Sullivan County. NAMI also offers "In Our Own Voice," a suicide bereavement group, Family to Family, and NAMI Connections.

The Kingfisher Project is a volunteer-based community information project aimed at creating greater awareness and understanding of the heroin and opioid epidemic in our community and across the nation. As part of the initiative, Kingfisher Project volunteers produce a radio segment that airs weekly on WJFF Radio.

2i. Heroin and Opioid Programs and Services - Background Information

In 2017, twenty-seven opioid related fatal overdoses occurred in Sullivan County; in 2018, this number increased to more than thirty. There is a need for a 'Narcan Alert System' in Sullivan County.

Due to the current opiate epidemic, there is a very high number of individuals using these drugs. Many people are now requiring more intensive services and then returning to the community after treatment and/or incarceration with a lack of aftercare supports. There is a significant need for more funding to combat the opioid crisis.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Enhance services and supports to combat the opioid crisis in Sullivan County.

Objective Statement

Objective 1: Pursue telehealth services and Medication Assisted Treatment

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Collaboration with ancillary agencies to enhance prevention, intervention, outreach, and education services

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 3: Seek/obtain additional funding for addressing the opioid crisis

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

Sullivan County is in need of additional funding to combat the opioid crisis.

Sullivan County Government has a Legislative Opioid Task Force to address the opioid epidemic in the county. Sullivan County Rural Health Network Drug Prevention Task Force continues to meet monthly. A Perinatal Drug Task Force has also been created to prevent illicit drug use by Sullivan County women before, during, and after pregnancy.

Sullivan County continues to assess the issue and identify needed supports, along with possible funding. Sullivan County Public Health Services has held several prescription drug take back days and has permanent drop-boxes at several locations. Narcan trainings continue to be provided to the public and first responders by Catholic Charities of Orange, Sullivan and Ulster, Sullivan County Public Health, and Hudson Valley

Community Services. All OASAS treatment settings are now required to offer naloxone training and either a prescription or a naloxone kit to clients receiving substance use disorder treatment services, and their significant other, as applicable.

Sullivan County's 911 Center and Public Health Services launched ODMAP on September 1, 2018. The OD Mapping system provides real-time mapping and collection of statistics from each overdose event occurring in Sullivan County. ODMAP allows Public Health Officials to identify spikes in fatal and nonfatal overdoses, identify deadlier variants in the opioid supply, and identify areas where there is a higher volume of overdoses.

An Access to Care initiative was implemented in Sullivan County which allows anyone in need of addiction treatment services to go to any police department, or approach an officer on the street to ask for help. The individual in need of treatment services will then be transported by police or Mobilemedic EMS, free of charge, to Catholic Charities of Orange, Sullivan and Ulster. The individual will not be arrested if he/she is impaired or in possession of a small amount of drugs or paraphernalia at the time of seeking help.

Catskill Regional Medical Center, in partnership with Alcoholism & Drug Abuse Council of Orange County, offers a free family support group called the "Circle of Hope." The "Circle of Hope" support group helps family members or loved ones of an individual struggling with a substance use disorder. Family Support Navigators are also available to offer resources and information about additional supports and treatment.

BedRX app will soon be available in Sullivan County. The app will connect patients to available inpatient beds.

Sullivan County Department of Community Services will be implementing tele-practice services in the Behavioral Health Clinic. Medication Assisted Treatment services will also be offered. Catskill Regional Medical Center (CRMC) now has multiple primary care locations offering Medication Assisted Treatment through telehealth services. CRMC is working with a provider at Catholic Charities to offer this service.

Sullivan County Public Health continues to sponsor local buprenorphine trainings for health care providers.

Sullivan County Information Line for Substance Abuse and Mental Health Services continues to offer support and information and referrals for addiction and mental health treatment and recovery services.

Hudson Valley Community Services' (HVCS) Health Hub Program provides low threshold access to buprenorphine. A Nurse Practitioner and a Registered Nurse offer crisis visits, relapse prevention and wound care. They also offer referrals to other services such as HIV and STD testing, case management, medical, mental health, substance use treatment and other supportive services. The Hub works in tandem with their Project Reach Out (PRO) and Syringe Exchange Program. PRO works to facilitate the entry of active substance users into drug treatment services. PRO educates clients and prepares them for the treatment experience and in some cases accompanies them to an intake appointment. In addition, they provide referrals to medical and behavioral healthcare; Narcan training, and referrals to ongoing case management.

Catholic Charities of Orange, Sullivan and Ulster received federal funding through the Opioid State Targeted Response (STR) grant program. The goal of the grant is to increase access to treatment, reduce unmet need, and reduce overdose-related deaths. Services include: comprehensive substance abuse treatment evaluations, care management and treatment referrals, individual, family, and group therapy, certified recovery peer advocacy, telehealth and medication assisted treatment, and a mobile outreach team.

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Mental health agencies in Sullivan County have greatly improved their care coordination but coordination with other offices, such as medical doctors can be enhanced. Integrated health service provision is needed.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Improved communication among behavioral health and physical health care providers to better treat the whole person increases effectiveness of linkages, and improves compliance with aftercare recommendations. The goal is to implement integrated health services in Sullivan County.

Objective Statement

Objective 1: Enter into a Memorandum of Understanding with primary care physician(s) in the community

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Increase access to psychiatry and telemedicine to adults and children by researching telemedicine, increasing job recruitment efforts, and enhancing discussions between multiple community providers to join together in recruiting efforts and the ability to share resources

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 3: Enhance services for emerging adults aging out of residential care by promoting policies and practices that address family relationships and permanency

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

As previously noted, Sullivan County is in the process of developing United Sullivan. United Sullivan is a No Wrong Door initiative that promotes continuous quality improvement and improves co-occurring capability across all systems. Participants within the system of care work in partnership, using a shared process and vision to improve recovery-oriented, co-occurring capability. It also evokes partners to develop a baseline self-assessment of co-occurring capability using the Compass-EZ tool.

Sullivan Agencies Leading Together (SALT) has created and continues to encourage increased collaboration between all community providers. This has also increased awareness of what services are available in the county.

Sullivan County Department of Community Services will be implementing tele-practice services in the Behavioral Health Clinic. Medication Assisted Treatment services will also be offered. Catskill Regional Medical Center (CRMC) now has multiple primary care locations offering

Medication Assisted Treatment through telehealth services. CRMC is working with a provider at Catholic Charities to offer this service.

Project Teach continues to offer pediatric primary care providers (PCPs) support in providing care to children and families who experience mild-to-moderate mental health concerns. Project Teach provides PCPs with free consultation, education, training, referrals and linkages to other services. It also gives PCPs an opportunity to call and get advice from a child psychiatrist; they can ask questions, discuss any concerns, or review treatment options.

2v. Developmental Disability Self-Directed Services - Background Information

Sullivan County providers need to become more knowledgeable about self-directed services.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

This is an issue on a state level; the county will speak with community partners and inform the state and other necessary parties of the issues.

Change Over Past 12 Months (Optional)

There is confusion regarding self-directed services and there are reports of poor communication between brokers and providers.

2w. Autism Services - Background Information

Though formal programs for children diagnosed with Autism Spectrum Disorder (ASD) continue through high school, at age twenty-one these programs end and the options for care become limited. The "aging out" population lose the specialized support and structure they've received for most of their lives. The implementation of agency trainings for supportive services for aging out youth with ASD is needed in Sullivan County.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

The adult Autism Spectrum Disorder (ASD) population is large and growing. The service needs for this population center around structured support and skill-building for independent living and vocational and employment training supports. Services are critical for these young adults; without trained, targeted interventions, they may regress and lose previously acquired skills. We need to ensure that more families have the support they need for a successful transition to adulthood.

Change Over Past 12 Months (Optional)

There continues to be a need in Sullivan County for Autism Services for the aging out population.

2x. Developmental Disability Front Door - Background Information

Sullivan County has a need for regular DDSO presence in Sullivan County to assist Sullivan County residents with services. The process of applying for OPWDD eligibility remains cumbersome for families; many give up on pursuing services because they become too confused or overwhelmed with the process. The Hudson Valley Developmental Disability Regional Office, located in Orange County serves both children and adult Sullivan County residents. Front Door information sessions are held in Orange County and transportation continues to be a barrier for accessing Front Door services for residents of Sullivan County. Families would benefit from more assistance with linkage to services.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Improve access to Front Door information sessions for Sullivan County residents and increase community awareness of available resources to assist with the OPWDD eligibility process and services.

Objective Statement

Objective 1: Establish informational material/packets to supply to families pursuing OPWDD eligibility and services

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Increased collaboration regarding hosting of Front Door information sessions in Sullivan County

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

On occasion, a Front Door information session is held in Sullivan County but more scheduled sessions are needed to be accessible to Sullivan County residents. For some, the OPWDD Front Door has improved responsiveness to applicants seeking eligibility.

Sullivan County BOCES, Liberty Central School District, and Tri-Valley Central School District contract with an Education Advocate Liaison Facilitator who assists families within their district with the OPWDD eligibility process. The advocate works closely with local providers regarding correspondence during the eligibility process. The Education Advocate Liaison Facilitator is a resource for both special and regular education students with obtaining OMH and OPWDD related services. Action Toward Independence (ATI) also provides assistance with the OPWDD eligibility process. ATI also offers Family Support and other groups including Social Skills and Life Skills groups.

2ab. Problem Gambling (NEW) - Background Information

Resorts World Catskills Casino was open for business in 2018. The Casino, located in Monticello, NY advertises Las Vegas style gaming with slot machines, live table games and a poker room. Additional casino resort amenities include the a Day Spa, an all-suite hotel, and nine bars and restaurants. New gaming opportunities in Sullivan County increases the potential for the development of problem gambling. Problem gambling

via Lottery scratch-off tickets can also be troublesome.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

At this time, Sullivan County does not have a problem gambling treatment provider. Catholic Charities of Orange, Sullivan and Ulster had previously offered gambling specific addiction treatment services but they no longer provide the service. Units of service were minimal and obtaining a Credentialed Problem Gambling Counselor was challenging. No providers expressed interest in providing this service when outreached.

Sullivan County does not have any Gamblers Anonymous meetings available to those in need.

Change Over Past 12 Months (Optional)

2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information

Adverse Childhood Experiences (ACEs) include child abuse (emotional, physical, and/or sexual); household challenges (family violence, substance use, mental illness, divorce, and/or incarceration of a family member); and neglect (emotional and/or physical). Studies indicate that a higher ACE score correlates with later negative health outcomes, including early death for some. For several years, Sullivan County has been ranked 61 out of 62 counties in New York State by the Robert Wood Johnson Foundation County Health Rankings. There is a need to understand and address ACEs county-wide and to further work to develop a resilient and trauma informed system of care.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Sullivan County is committed to understanding and addressing ACEs and promoting greater awareness and development of a resilient and trauma informed system of care.

Sullivan County Department of Community Services is working with the Department of Family Services to develop a trauma team, made up of mental health professionals. The Trauma Team will provide trauma related services to children in Sullivan County, primarily those in the legal custody of the Commissioner of the Department of Family Services who otherwise, would likely be referred out of the county to receive such services.

Objective Statement

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Sullivan Co Dept of Community Services (70170)
Certified: Heidi Reimer (6/3/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

Background

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

Questions

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

The Sullivan County LGU works closely with our Public Health Services Department. The LGU will be an active partner in the implementation of the Community Health Assessment and Improvement Plan which will align with the New York State Prevention Agenda.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

Goal 2.4 Reduce the prevalence of major depressive disorders

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)
- 2.4 d) Other

Goal 2.5 Prevent suicides

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

Sullivan County currently has various Task Forces that are devoted to addressing prevention agenda priorities. As noted in the Community Health Improvement Plan, Sullivan County Public Health Services and its partners throughout the county will continue to implement strategies that are based on best practices and continue to monitor health trends. They will also continue to engage community partners in their efforts to enact change and improve the overall health of the county. Sullivan County Public Health Services recognizes that no single organization has the capacity or resources needed to impact community health alone. They welcome and encourage community residents and organizations to join the community health improvement plan efforts.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

Sullivan County has a very strong network of community partnerships with numerous Task Forces/Coalitions already in place. As noted in the Community Health Improvement Plan, The Rural Health Network, led by the Department of Public Health is dedicated to improving the health status of Sullivan County residents by increasing access to coordinated, cost effective health care and human services. The Network, which is comprised of various representatives from the community was engaged in the prior community health improvement process through the development and distribution of the resident survey, focus group discussions, the prioritization of key community issues, and the development of the CHIP framework. The Rural Health Network organization representatives include: Catskill Regional Medical Center, Family Empowerment Council, Inc; Hospice of Orange & Sullivan Counties, Inc; Hudson River HealthCare, Inc; Hudson Valley Community Services, Maternal Infant Services Network, PRASAD Children's Dental Health Program, Sullivan County BOCES, Sullivan County Center for Workforce Development,

Sullivan County Dept of Family Services, Sullivan County Child Care Council, Sullivan County Community College, Sullivan County Department of Community Services, Sullivan County Office for the Aging, Sullivan County Youth Bureau, Catholic Charities of Orange, Sullivan and Ulster, Crystal Run HealthCare, Sullivan Renaissance and Sullivan 180, Sullivan County Human Rights Commission, Senior Legislative Action Council (SLAC), Dialogue2Change, Sullivan Agencies Leading Together (SALT), and Greater Hudson Valley HealthCare System (GHVHCS) / CRMC.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

There are several data tracking mechanisms in place in Sullivan County regarding opioid overdose events but metrics will need to be implemented regarding the tracking of other agenda items.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

Sullivan County will continue to look at state-wide policies that may assist or impede the implementation of Prevention Agenda interventions. If state oversight agencies work in silos, interventions will be impacted. Regarding oversight agencies, there seems to be a disconnect between value based services and fee for services which impacts program sustainability.

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:

Evidence based practices have been implemented in our article 31 clinic. We follow polypharmacy best practices, use SBIRT, the Columbia Suicide Screen, and we will be implementing the ACEs screening tool. We are interested in doing more and we are currently looking at our data collection protocol.

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

Sullivan County is working to address areas such as stigma, the opioid crisis, polypharmacy prescribing practices, ACEs, etc.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

Sullivan County has been ranked 61 out of 62 counties in New York State by the Robert Wood Johnson Foundation County Health Rankings; despite this, Sullivan County has received minimal DSRIP funding by comparison to other counties. If the PPS chose to fund projects in Sullivan County, we could increase access to care (ie: a Peer Connection Center).

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Un/Underemployment and Job Insecurity | <input type="checkbox"/> Poor Education |
| <input checked="" type="checkbox"/> Food Insecurity | <input type="checkbox"/> Poverty/Income Inequality |
| <input type="checkbox"/> Adverse Features of the Built Environment | <input checked="" type="checkbox"/> Adverse Early Life Experiences |
| <input checked="" type="checkbox"/> Housing Instability or Poor Housing Quality | <input checked="" type="checkbox"/> Poor Access to Transportation |
| <input checked="" type="checkbox"/> Discrimination/Social Exclusion | <input type="checkbox"/> Other |

Please describe your efforts in addressing the selections above:

Please see the Goals and Objectives section of this years plan for further details.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a) No Yes

b) If yes, please list

Title of training(s): SALT Coalition has sponsored trainings including Mental Health First Aid and Trauma Informed Care. Currently, there are evidence based curriculums in two school districts in Sullivan County: Life Skills and Too Good For Drugs.

How many hours: Approximately 6 hours

Target audience for training: Human service agencies and students

Estimate number trained in one year: Approximately 200

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

Yes, please provide examples:

Our clinic provides services for persons age five and up. Every initiative is person-centered and trauma-informed. Sullivan County is in the process of developing United Sullivan. United Sullivan is a No Wrong Door initiative that promotes continuous quality improvement and improves co-occurring capability across all systems. Participants within the system of care work in partnership, using a shared process and vision to improve recovery-oriented, co-occurring capability.

Office of Mental Health Agency Planning (VBP) Survey
Sullivan Co Dept of Community Services (70170)
Certified: Heidi Reimer (5/30/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or Melissa.Staats@omh.ny.gov

Background

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

DSRIP serves as a bridge to value-based payment in New York State.

DOH website

DSRIP Performing Provider Systems (PPS)

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit
DSRIP Performing Provider Systems (PPS Statewide)

Value Based Payment (VBP) - Reduce Costs/Improve Quality

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

Questions

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

a) Yes No

b) Please provide more information:

Sullivan County has been ranked 61 out of 62 counties in New York State by the Robert Wood Johnson Foundation County Health Rankings; despite this, Sullivan County has received minimal DSRIP funding/support by comparison to other counties.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

a) Yes No

b) Please explain:

See above.

3. Are there any behavioral health providers in your county in VBP arrangements?

a) Yes No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a) Yes No

b) Please explain:

Sullivan County is in the process of developing United Sullivan. United Sullivan is a No Wrong Door initiative that promotes continuous quality improvement and improves co-occurring capability across all systems. Participants within the system of care work in partnership, using a shared

process and vision to improve recovery-oriented, co-occurring capability. It also evokes partners to develop a baseline self-assessment of co-occurring capability using the Compass-EZ tool. Sullivan County has also completed initiatives through the National Council regarding VBP. Peer bridger services have already been incorporated at Catskill Regional Medical Center and the Sullivan County Jail. The Department of Community Services will be incorporating peer services at the Behavioral Health Clinic and discussions are taking place throughout the county regarding the expansion of peer services.

5. Is the LGU aware of the development of In-Lieu of proposals?

a) Yes No

b) Please explain:

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

We have County representation at the BHCC planning meetings and information is shared at our Community Services Board meetings.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a) Yes No

b) Please explain:

Sullivan County currently pulls data manually due to software issues. We are currently working with vendors regarding software updates and exploring other avenues, such as contracting with CCSI. Sullivan County has access to a Data Dashboard through the National Council; the Dashboard is aligned with PSYCKES.

Community Service Board Roster
 Sullivan Co Dept of Community Services (70170)
 Certified: Heidi Reimer (5/30/19)

Note:

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Name: Susan Miller	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Rehabilitation Support Services, Inc.	Term Expires: 12/2019	Email Address: SKMiller@rehab.org
Name: Maureen Stewart	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: The Arc Sullivan-Orange Counties, New York	Term Expires: 12/2020	Email Address: mstewart@arcsullivanorange.org
Name: Jeff Skaar	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Catholic Charities of Orange, Sullivan and Ulster	Term Expires: 12/2022	Email Address: Jeff.Skaar@cccsos.org
Name: Edie Mustavs	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member	Term Expires: 12/2019	Email Address: edie515@hancock.net
Name: M. Lori Schneider	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: NAMI Sullivan County, NY	Term Expires: 12/2022	Email Address: NAMIoSullivan@gmail.com
Name: Nora Shepard	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Independent Living Inc.	Term Expires: 12/2021	Email Address: nshpard@myindependentliving.org
Name: Elizabeth Carrasquillo	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Forensic Representative	Term Expires: 12/2021	Email Address: elizabeth.betancourt@gmail.com
Name: Sherry Eidel	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Advocate	Term Expires: 12/2020	Email Address: SherryEidel@gmail.com
Name: Laurie Burke-Deutsch	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Liberty School District	Term Expires: 12/2022	Email Address: campmaier3@yahoo.com
Name: Karen Russell	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: New Hope Community	Term Expires: 12/2020	Email Address: krussell@newhopecommunity.org

Name: Deborah Worden	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Action Toward Independence	Term Expires: 12/2020	Email Address: dworden@atitoday.org
Name: VACANT	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires:	Email Address:
Name: VACANT	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires:	Email Address:
Name: VACANT	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires:	Email Address:
Name: VACANT	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires:	Email Address:

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

Alcoholism and Substance Abuse Subcommittee Roster
 Sullivan Co Dept of Community Services (70170)
 Certified: Heidi Reimer (5/30/19)

Note:

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Name: Heidi Reimer	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services	Email Address: Heidi.Reimer@co.sullivan.ny.us
Name: Jeffrey Skaar	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Catholic Charities of Orange, Sullivan and Ulster	Email Address: Jeff.Skaar@cccsos.org
Name: Nora Shepard	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Independent Living, Inc.	Email Address: nshepard@myindependentliving.org
Name: Deborah Worden	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Action Toward Independence	Email Address: dworden@atitoday.org
Name: Amy Kolakowski	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Catholic Charities of Orange, Sullivan and Ulster	Email Address: amy.kolakowski@cccsos.org
Name: Lesia Snihura	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: SC Youth Bureau	Email Address: Lesia.Snihura@co.sullivan.ny.us
Name: Tara Roberts Goldman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Rehabilitation Support Services, Inc.	Email Address: TRobertsGoldman@rehab.org

Mental Health Subcommittee Roster
 Sullivan Co Dept of Community Services (70170)
 Certified: Heidi Reimer (5/30/19)

Note:

- The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Name: Heidi Reimer	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services	Email Address: Heidi.Reimer@co.sullivan.ny.us
Name: Michael McLeod	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Independent Living, Inc.	Email Address: mmcLeod@myindependentliving.org
Name: Jonathan Schiller	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Catskill Regional Medical Center	Email Address: jschiller@ghvhs.org
Name: Tara Roberts Goldman	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Rehabilitation Support Services, Inc.	Email Address: TRobertsGoldman@rehab.org
Name: Lesia Snihura	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: SC Youth Bureau	Email Address: Lesia.Snihura@co.sullivan.ny.us
Name: Susan Miller	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Rehabilitation Support Services, Inc.	Email Address: skmiller@rehab.org
Name: Nora Shepard	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Independent Living, Inc.	Email Address: nshepard@myindependentliving.org
Name: Deborah Worden	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Action Toward Independence	Email Address: dworden@atitoday.org
Name: Susan Hahn	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: RPC: Mobile Mental Health	Email Address: Susan.Hahn2@ohm.ny.us
Name: M. Lori Schneider	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: NAMI Sullivan County, NY	Email Address: NAMIofSullivan@gmail.com

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

Developmental Disabilities Subcommittee Roster
 Sullivan Co Dept of Community Services (70170)
 Certified: Heidi Reimer (5/30/19)

Note:

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Name: Heidi Reimer	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services	Email Address: Heidi.Reimer@co.sullivan.ny.us
Name: Deborah Worden	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Action Toward Independence	Email Address: dworden@atitoday.org
Name: Sherry Eidel	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Advocate	Email Address: SherryEidel@gmail.com
Name: Susan Miller	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Rehabilitation Support Services, Inc.	Email Address: skmiller@rehab.org
Name: Sean Gerow	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Access: Supports for Living	Email Address: SGerow@asfl.org
Name: Maureen Stewart	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: The Arc Sullivan-Orange Counties, New York	Email Address: mstewart@arcsullivanorange.org
Name: Nora Shepard	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Independent Living, Inc.	Email Address: nshepard@myindependentliving.org

2020 Mental Hygiene Local Planning Assurance
Sullivan Co Dept of Community Services (70170)
Certified: Heidi Reimer (5/30/19)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.

Health Coordination Survey
 Sullivan Co Dept of Community Services (70170)
 Certified: Melissa Stickle (6/6/19)

Under New York State regulations, providers certified under the following parts are required to "have a qualified individual designated as the Health Coordinator who will ensure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV and AIDS, tuberculosis, hepatitis, sexually transmitted diseases, and other communicable diseases":

- Chemical Dependence Residential Rehabilitation Services for Youth (Part 817)
- Chemical Dependence Inpatient Rehabilitation Services (Part 818)
- Chemical Dependence Residential Services (Part 819)
- Residential Services (Part 820)
- Non-Medically Supervised Chemical Dependence Outpatient Services (Part 821)
- Chemical Dependence Outpatient and Opioid Treatment Programs (Part 822)

Regulatory requirements regarding Health Coordinators and comprehensive treatment plans are defined for each chemical dependence treatment service category in the Official Compilation of the Codes, Rules and Regulations of the State of New York. For additional information, please refer to the applicable regulations located on the OASAS Website.

The **Health Coordination Survey** documents compliance with OASAS regulations and, for those programs that are funded by OASAS, additionally documents requirements of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. Early HIV Intervention Services (EIS), which under the SAPT Block Grant must be provided on site of chemical dependence treatment, are defined as: pre- and post-test counseling for HIV, the actual testing of individuals for the presence of HIV and testing to determine the extent of the deficiency in the immune system, and the provision of therapeutic measures to address an individual's HIV status. OASAS has determined that Health Coordinators and OTP comprehensive treatment planning provide EIS.

All questions on this form should be answered as they pertain to each program operated by this agency. The responses to this survey should be coordinated to ensure accuracy of responses across all programs within the agency. We are asking that the survey be completed by **Monday, April 1, 2020**. Any questions related to this survey should be directed to Matt Kawola by phone at 518-457-6129, or by e-mail at Matt.Kawola@oasas.ny.gov.

1. What is the overall average fringe benefit rate paid to employees by this agency? This number must be entered in number format as a percentage of salary, without the percent sign or symbols (example: 20.5).

55 %

2. How are **health coordination** services provided to patients in each program operated by your agency? (check all that apply)

PRU	Program	Paid Staff	In-kind Services	Contracted Services
50430	Sullivan Co Alcohol&Drug Abuse Svcs OP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Please provide the following information for each PRU where those paid staff and in-kind services services are provided. If multiple individuals provide these services at a single program, provide the total hours worked and the hourly pay rate for each individual. For hourly pay rate, use number format without a dollar sign or symbols (example: 37.5).

PRU	Program	Health Coordinator #1			Health Coordinator #2				
		Services Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)	Services Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)
		On-site	Off-site	On-site		Off-site			
50430	Sullivan Co Alcohol&Drug Abuse Svcs OP	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			

4. Please provide the following information for each PRU where those contracted services are provided. If multiple contracted individuals provide these services at a single program, provide the total hours worked per week and the average hourly rate paid. For dollars paid, use number format without a dollar sign or symbols (example: 37.5).

PRU	Program	Service Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)
		On-site	Off-site		
50430	Sullivan Co Alcohol&Drug Abuse Svcs OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	\$ 120

NYS OASAS Clinical Supervision Contact Information Form

Pederson-Krag Center, Inc. (50430)

Certified: Melissa Stickle (6/6/19)

The OASAS Division of Practice Innovation and Care Management (PICM) maintains contact information on clinical supervisors in order to communicate on matters of interest and importance to the practice of clinical supervision. This form was developed to collect contact information on all clinical supervisors in OASAS-certified treatment programs. The information will be maintained in the County Planning System and will be required to be updated annually in the spring. This form can be updated at any time throughout the year by contacting the OASAS Planning Unit oasasplanning@oasas.ny.gov and requesting that the form be decertified so that the information can be revised.

To enter the contact information for a clinical supervisor, click on the "Add a Clinical Supervisor" link below. Click on the link again to enter contact information for additional clinical supervisors

Name Melissa Stickle
Credentials LCSW, CASAC
Email Address Melissa.Stickle@co.sullivan.ny.us
Phone 845-513-2077

Name Sherry Feins-Travis
Credentials CASAC
Email Address Sherry.Feins-Travis@co.sullivan.ny.us
Phone 845-292-8770

Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey

Pederson-Krag Center, Inc. (50430)

Certified: Melissa Stickle (6/6/19)

The following survey is designed to provide OASAS with program-level information regarding two topics that are integral to ensuring that individuals with Substance Use Disorders (SUDs) receive the highest quality care. Part I asks about Electronic Health Record (EHR) usage and Part II collects information regarding the treatment of individuals identifying as lesbian, gay, bisexual, transgender or questioning (LGBTQ).

Questions related to this survey should be directed to Carmelita Cruz at Carmelita.Cruz@oasas.ny.gov.

PART I- Electronic Health Record (EHR) Survey

An Electronic Health Record (EHR) is a computerized record of health information about individual patients. Such records may include a whole range of data in comprehensive or summary form, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal information like age and weight, and billing information. Its purpose is to be a complete record of patient encounters that allows the automation and streamlining of the workflow in health care settings and increases safety through evidence-based decision support, quality management, and outcomes reporting.

The purpose of Part I of this survey is to assess your agency's status on the adoption of an EHR, and which EHRs are most commonly used by OASAS-certified programs.

1. Does your program use an electronic health record?

No

Yes, please provide the company and product names of your EHR below:

Company Name (e.g., Allscripts, Netsmart, Core Solutions, etc.):

Quic Docs

Product Name (e.g., Paragon, CareRecord, Cx360, etc.)

Quic Docs

PART II- Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Policy and Technical Assistance Survey

Research suggests that Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. OASAS recognizes that culturally sensitive treatment often results in more effective treatment. In order to protect the rights of LGTBQ individuals receiving Substance Use Disorder (SUD) treatment OASAS issued Local Services Bulletin (LSB) 2017-04 "Affirming Care for Lesbian, Gay, Bisexual, Transgender and Questioning Clients in OASAS Programs."

The purpose of Part II of this survey is to gather background information regarding the LGBTQ populations served by OASAS-certified SUD treatment programs so that OASAS may develop technical assistance for providers in order to deliver the best possible care to LGBTQ individuals.

2. Is your program aware of Local Services Bulletin (LSB) 2017-04 "Affirming Care for Lesbian, Gay, Bisexual, Transgender and Questioning Clients in OASAS Programs"

No

Yes

3. In your opinion and not relying on data reported to OASAS, please estimate the percentage of total clients treated over the course of a year that identify as lesbian, gay, bisexual, transgender or questioning

5 %

4. Does your program require technical assistance to comply with the requirements of the LSB?

No

Yes, I need assistance with the following (check all that apply)

a) Developing policies and procedures

b) Staff training on affirming LGBTQ care

c) Staff training on evidence-based practices, such as delivering trauma informed care

d) Other, please describe: