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

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

Goal 1

Goal 1: Title Timely Access to Care
Goal 1: Target Completion Date Dec 31, 2027
Goal 1: Description Niagara County's high risk / high need individuals will have timely access to appropriate services to support them in the least restrictive level of care.
Goal 1: OASAS? Yes Goal 1: OMH? Yes Goal 1: OPWDD? Yes
Goal 1: Need Addressed 1 Other
Goal 1: Need Addressed 2 Case Management/Care Coordination
Goal 1: Need Addressed 3 Residential Treatment Services

Goal 1, Objective 1: Title Adult ACT Expansion
Goal 1, Objective 1, Target Completion Date Dec 31, 2024
Goal 1, Objective 1, Description The LGU will advocate for funding to expand the number of adult Assertive Community Treatment (ACT) slots in Niagara County that will serve both Medicaid and non-Medicaid eligible individuals.

Goal 1, Objective 2: Title Transition between levels of Care
Goal 1, Objective 2, Target Completion Date Dec 31, 2024
Goal 1, Objective 2, Description The LGU will work in collaboration with stakeholders to develop innovative processes, programming and/or models of care that will allow individuals to be admitted to and transition between levels of care in a timely manner.

Goal 1, Objective 3: Title Residential Programming
Goal 1, Objective 3, Target Completion Date Dec 31, 2024
Goal 1, Objective 3, Description The LGU will monitor availability of and access to residential programming through available data sources and support expansion and/or new program development where need is clearly demonstrated.

Goal 1, Objective 4: Title Promote Recovery for Individuals with Co-Occurring Disorders
Goal 1, Objective 4, Target Completion Date Dec 31, 2024
Goal 1, Objective 4, Description The LGU will support the development and implementation of strategies / programming that will enhance services available to individuals with co-occurring disorders in order to promote recovery in multiple realms.

Goal 2

Goal 2: Title Expanded Access to Treatment
Goal 2: Target Completion Date Dec 31, 2027
Goal 2: Description Niagara County residents across the lifespan will have expanded access to quality treatment at time of need.
Goal 2: OASAS? Yes Goal 2: OMH? Yes Goal 2: OPWDD? Yes
Goal 2: Need Addressed 1 Inpatient Treatment
Goal 2: Need Addressed 2 Outpatient treatment
Goal 2: Need Addressed 3 Workforce

Goal 2, Objective 1: Title Expansion of Treatment Options
Goal 2, Objective 1, Target Completion Date Dec 31, 2024
Goal 2, Objective 1, Description Utilizing available data sources, the LGU will monitor availability and access to inpatient and outpatient treatment and support expansion and/or new program development when need is clearly demonstrated.

Goal 2, Objective 2: Title Stabilization and Recovery
Goal 2, Objective 2, Target Completion Date Dec 31, 2024
Goal 2, Objective 2, Description The LGU will support the development and implementation of strategies and/or program expansions that promote the stabilization and recovery of individuals with co-occurring disorders when need is clearly demonstrated.

Goal 3

Goal 3: Title Increase Access to Housing
Goal 3: Target Completion Date Dec 31, 2027
Goal 3: Description Niagara County residents will have increased access to and retention in safe and affordable housing that supports long term stabilization and recovery.
Goal 3: OASAS? Yes Goal 3: OMH? Yes Goal 3: OPWDD? Yes
Goal 3: Need Addressed 1 Housing
Goal 3: Need Addressed 2
Goal 3: Need Addressed 3

Goal 3, Objective 1: Title SRO / Supportive Housing Expansion
Goal 3, Objective 1, Target Completion Date Dec 31, 2024
Goal 3, Objective 1, Description The LGU will advocate for the expansion of single room occupancy and supportive housing opportunities and support proposals that expand these affordable housing opportunities where need is clearly demonstrated.

Goal 3, Objective 2: Title Landlord and Community Education
Goal 3, Objective 2, Target Completion Date Dec 31, 2024
Goal 3, Objective 2, Description The LGU will work in collaboration with stakeholders to provide education to local landlords and the general community about mental illness, substance use disorders, I/DD and available resources to support individuals with these disabilities in order to increase housing opportunities and the retention of individuals in housing.

Goal 4

Goal 4: Title Crisis Services Continuum of Care
Goal 4: Target Completion Date Dec 31, 2027
Goal 4: Description Niagara County residents experiencing a mental health and/or substance use related crisis will have expanded access to a coordinated crisis response system and continuum of care that addresses an individual's immediate safety and needs.
Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? Yes
Goal 4: Need Addressed 1 Crisis Services
Goal 4: Need Addressed 2 Cross System Services
Goal 4: Need Addressed 3 Respite

Goal 4, Objective 1: Title Community Resources Awareness and Utilization
Goal 4, Objective 1, Target Completion Date Dec 31, 2024
Goal 4, Objective 1, Description The LGU, in collaboration with stakeholders, will provide community education through various mediums to increase the community's awareness and use of available resources.

Goal 4, Objective 2: Title Community Education and Training
Goal 4, Objective 2, Target Completion Date Dec 31, 2024
Goal 4, Objective 2, Description The LGU, in collaboration with stakeholders, will facilitate and/or coordinate education and training opportunities that equip both providers and the general public with the knowledge and skill sets to recognize and appropriately respond to individuals in crisis.

Goal 4, Objective 3: Title Expand Options Within The Crisis Continuum of Care
Goal 4, Objective 3, Target Completion Date Dec 31, 2024
Goal 4, Objective 3, Description The LGU will support proposals that expand options and/or enhance services within the crisis continuum of care where need is clearly demonstrated in order to serve individuals in the least restrictive setting.

Goal 4, Objective 4: Title Cross System Planning and Intervention
Goal 4, Objective 4, Target Completion Date Dec 31, 2024
Goal 4, Objective 4, Description The LGU will work in collaboration with cross-system providers to identify and implement strategies that support a coordinated response to effectively intervene with and guide high risk / need individuals, and their families, in crisis.

Goal 4, Objective 5: Title HBCI or Like Services for Children / Adolescents
Goal 4, Objective 5, Target Completion Date Dec 31, 2024
Goal 4, Objective 5, Description The LGU will work in collaboration with cross-system providers to identify and implement strategies that support a coordinated response to effectively intervene with and guide high risk / need individuals, and their families, in crisis.

Goal 4, Objective 6: Title Access to Respite
Goal 4, Objective 6, Target Completion Date Dec 31, 2024

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

Goal 5
Goal 5: Title Cross-System Services
Goal 5: Target Completion Date Dec 31, 2027
Goal 5: Description Increase accessibility to integrated, coordinated care and services across the lifespan for individuals with co-occurring needs through innovative multifaceted cross-systems collaborative approaches.
Goal 5: OASAS? Yes Goal 5: OMH? Yes Goal 5: OPWDD? Yes
Goal 5: Need Addressed 1 Cross System Services
Goal 5: Need Addressed 2
Goal 5: Need Addressed 3

Goal 5, Objective 1: Title Systems of Care
Goal 5, Objective 1, Target Completion Date Dec 31, 2024
Goal 5, Objective 1, Description The LGU will lead the Niagara County Systems of Care (Community Network of Care – CNOC- for Children & Families in Niagara County) to engage cross-system providers in strategic planning, implementation activities, and continuous quality improvement efforts to effectively respond to identified system needs and service gaps.

Goal 5, Objective 2: Title Resources to Support Collaborations
Goal 5, Objective 2, Target Completion Date Dec 31, 2024
Goal 5, Objective 2, Description The LGU will identify additional resources and funding opportunities that can support sustainable cross-system engagement and collaborations in areas where need exists.

Goal 5, Objective 3: Title Service System Navigation and Improved Access to Care
Goal 5, Objective 3, Target Completion Date Dec 31, 2024
Goal 5, Objective 3, Description The LGU will work in partnership with cross-system providers to devise a pilot project that will assist youth, families and adults in effectively navigate the service system and improve access to care.

Goal 6
Goal 6: Title Workforce Recruitment and Retention
Goal 6: Target Completion Date Dec 31, 2027
Goal 6: Description The Niagara County Mental Hygiene service system will strengthen the workforce and establish a continuous pipeline of qualified staff to meet the demand for services in a timely manner.
Goal 6: OASAS? Yes Goal 6: OMH? Yes Goal 6: OPWDD? Yes
Goal 6: Need Addressed 1 Workforce
Goal 6: Need Addressed 2 Employment/volunteer (client)
Goal 6: Need Addressed 3 Non-Clinical supports

Goal 6, Objective 1: Title Culturally Competent and Diverse Workforce
Goal 6, Objective 1, Target Completion Date Dec 31, 2024
Goal 6, Objective 1, Description The LGU will evaluate available data sources, best practices and innovative strategies to engage in workforce development initiatives that recruit and retain culturally competent and diverse personnel that are responsive to the needs of the populations served.

Goal 6, Objective 2: Title Integrating Emerging Paraprofessionals / Professionals in the Workforce
Goal 6, Objective 2, Target Completion Date Dec 31, 2024
Goal 6, Objective 2, Description The LGU will work in collaboration with local providers to identify and implement strategies that will increase the integration of emerging paraprofessionals and qualified health professionals in the workforce through innovative means.

Goal 6, Objective 3: Title Options to Support Recruitment and Retention of Personnel
Goal 6, Objective 3, Target Completion Date Dec 31, 2024
Goal 6, Objective 3, Description The LGU will coordinate with stakeholders to identify options for tuition reimbursement, loan forgiveness, no-cost or cost-sharing trainings, and funding to support recruitment and retention of agency personnel.

Goal 6, Objective 4: Title Improve Timely Access to Community Based Support Services
Goal 6, Objective 4, Target Completion Date Dec 31, 2024
Goal 6, Objective 4, Description The LGU will evaluate available data and engage in targeted activities that will help improve timely access to HH+, HARP, HCBS, CORE and CFTS services for eligible individuals and prevent / reduce unnecessary utilization of higher cost / level of services.

Goal 6, Objective 5: Title Engage in Cross-system Collaborations to Increase Workforce Development and Job Placements
Goal 6, Objective 5, Target Completion Date Dec 31, 2024
Goal 6, Objective 5, Description The LGU will engage in cross-system collaborations to identify resources and link people

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

Goal 6, Objective 6: Title Increase Number of Peers in the Workforce
Goal 6, Objective 6, Target Completion Date Dec 31, 2024
Goal 6, Objective 6, Description The LGU will work in collaboration with local providers to identify and implement strategies that will increase the number and retention of credentialed peers in the workforce to meet people “where they are at” when needed.

Goal 6, Objective 7: Title Integration of I/DD Individuals in the Workforce
Goal 6, Objective 7, Target Completion Date Dec 31, 2024
Goal 6, Objective 7, Description The LGU, in collaboration with stakeholders, will promote community education efforts related to employment skills training for I/DD individuals to increase opportunities for integration into the general workforce.

Goal 7
Goal 7: Title Expand Prevention Activities
Goal 7: Target Completion Date Dec 31, 2027
Goal 7: Description Expand prevention activities across the lifespan, with an emphasis on high-risk, historically marginalized and underserved populations, to protect, promote and maintain the health and well-being of Niagara County residents.
Goal 7: OASAS? Yes Goal 7: OMH? Yes Goal 7: OPWDD? Yes
Goal 7: Need Addressed 1 Prevention
Goal 7: Need Addressed 2 Cross System Services
Goal 7: Need Addressed 3

Goal 7, Objective 1: Title Suicide Prevention Coalition
Goal 7, Objective 1, Target Completion Date Dec 31, 2024
Goal 7, Objective 1, Description The LGU will work in partnership with stakeholders to facilitate an active and responsive Niagara County Suicide Prevention Coalition with a diverse membership.

Goal 7, Objective 2: Title Commitment to Zero Suicide Model
Goal 7, Objective 2, Target Completion Date Dec 31, 2024
Goal 7, Objective 2, Description The LGU will work in partnership with stakeholders to make a formal commit to, and establish benchmarks for, the adoption of the Zero Suicide Model.

Goal 7, Objective 3: Title Promotion of Healthy Living
Goal 7, Objective 3, Target Completion Date Dec 31, 2024
Goal 7, Objective 3, Description To promote healthy living, the LGU will work in partnership with the public health and prevention providers to implement evidence-supported / based approaches to prevent and/or reduce alcohol and substance use and related consequences as well as mental, social-emotional, intellectual/developmental and behavioral disabilities.

Goal 7, Objective 4: Title Expand Early Intervention Activities
Goal 7, Objective 4, Target Completion Date Dec 31, 2024
Goal 7, Objective 4, Description The LGU will work with cross systems providers to expand early intervention activities where need is clearly demonstrated to prevent the development of long-term negative health outcomes.

Goal 8
Goal 8: Title Tackle the Opioid / Drug Epidemic
Goal 8: Target Completion Date Dec 31, 2027
Goal 8: Description Increase the availability of, access to, and awareness of harm reduction options in a manner that demonstrates humility and compassion towards people who use drugs (and their loved ones) to reduce overdoses and other negative health outcomes.
Goal 8: OASAS? Yes Goal 8: OMH? Yes Goal 8: OPWDD? No
Goal 8: Need Addressed 1 Other
Goal 8: Need Addressed 2 Non-Clinical supports
Goal 8: Need Addressed 3

Goal 8, Objective 1: Title Public Awareness / Engagement Opportunities
Goal 8, Objective 1, Target Completion Date Dec 31, 2024
Goal 8, Objective 1, Description The LGU will work in partnership with stakeholders to analyze data and other reliable resources to inform public awareness/engagement activities that will reduce stigma and barriers to care while increasing awareness of and linkage to community resources.

Goal 8, Objective 2: Title Expand Harm Reduction Options
Goal 8, Objective 2, Target Completion Date Dec 31, 2024
Goal 8, Objective 2, Description The LGU will support the expansion of harm-reduction programs, activities, supports and services that focus on meeting the basic needs of persons who use drugs, creating a safe space and

developing/establishing trust as an entry point to care.

Goal 8, Objective 3: Title Education and Training Opportunities
Goal 8, Objective 3, Target Completion Date Dec 31, 2024
Goal 8, Objective 3, Description The LGU, in partnership with stakeholders, will identify and facilitate access to education and training opportunities that equip the public with life-saving skills and harm reduction resources.

Goal 8, Objective 4: Title Expand Access to trained Peers / Family Peers
Goal 8, Objective 4, Target Completion Date Dec 31, 2024
Goal 8, Objective 4, Description The LGU will work in collaboration with stakeholders to expand the reach of trained peer and family peer specialists/advocates to areas that will “meet people where they are at” and engage them “when they are ready”.

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

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

Goal 1

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

OBJECTIVES

Adult ACT Expansion	Ongoing
Transition between levels of Care	Ongoing
Residential Programming	Ongoing
Promote Recovery for Individuals with Co-Occurring Disorders	Ongoing

OBJECTIVE UPDATES

Objective 1: Adult ACT Expansion - Target Date: 12/31/2025 - The LGU will advocate for funding to expand the number of adult Assertive Community Treatment (ACT) slots in Niagara County that will serve both Medicaid and non-Medicaid eligible individuals.
Objective 2: Transition Between Levels of Care - Target Date: 12/31/2025 - The LGU will work in collaboration with stakeholders to develop innovative processes, programming and/or models of care that will allow individuals to be admitted to and transition between levels of care in a timely manner.
Objective 3: Residential Programming - Target Date: 12/31/2025 - The LGU will monitor availability of and access to residential programming through available data sources and support expansion and/or new program development where need is clearly demonstrated.
Objective 4: Promote Recovery for Individuals with Co-Occurring Disorders - Target Date: 12/31/2025 - The LGU will support the development and implementation of strategies / programming that will enhance services available to individuals with co-occurring disorders in order to promote recovery in multiple realms.
Objective 5: Improve Timely Access to Community Based Support Services - Target Date: 12/31/2025 - The LGU will evaluate available data and engage in targeted activities that will help improve timely access to HH+, HARP, HCBS, CORE and CFTS services for eligible individuals and prevent / reduce unnecessary utilization of higher cost / level of services.

Goal 2

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

OBJECTIVES

Expansion of Treatment Options	Ongoing
Stabilization and Recovery	Ongoing

OBJECTIVE UPDATES

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

Goal 3

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

OBJECTIVES

SRO / Supportive Housing Expansion	Ongoing
Landlord and Community Education	Ongoing

OBJECTIVE UPDATES

Objective 1: SRO / Supportive Housing Expansion - Target Date: 12/31/2025 - The LGU will advocate for the expansion of single room occupancy and supportive housing opportunities and support proposals that expand these affordable housing opportunities where need is clearly demonstrated.
Objective 2: Landlord and Community Education - Target Date: 12/31/2025 - The LGU will work in collaboration with stakeholders to provide education to local landlords and the general community about mental illness, substance use disorders, I/DD and available resources to support individuals with these disabilities in order to increase housing opportunities and the retention of individuals in housing.
Objective 3: Support Housing Stability - Target Date: 12/31/2026 - The LGU will promote community education efforts related to homeownership opportunities and the resources available to remain housed.

Goal 4

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

	Implementation of Trauma, Illness and Grief in Schools (TIG) began in April 2024. TIG is a comprehensive training and crisis response network for K-12 education and beyond. The innovative TIG program model trains networks of school-based professionals to meet the holistic needs of students and equips them with evidence-based crisis response skills, resources, and ongoing technical support to help students cope with trauma, violence, illness, death, and grief in the school setting. The goal of TIG is to strengthen and grow an organization's internal capacity to prepare to have appropriate support for students and staff in place to help minimize risk for crisis, respond more effectively and efficiently, and recover quickly by promoting health recovery strategies in the event of a traumatic incident. The goal is for 120 - 150 school personnel and Niagara County Crisis Services response staff to be trained in TIG before school begins in fall 2024. The LGU, in partnership with local school districts, is coordinating this initiative.

OBJECTIVES

Community Resources Awareness and Utilization	Ongoing
Community Education and Training	Ongoing
Expand Options Within The Crisis Continuum of Care	Ongoing
Cross System Planning and Intervention	Ongoing
HBCI or Like Services for Children / Adolescents	Ongoing
Access to Respite	Ongoing

OBJECTIVE UPDATES

Objective 1: Community Resources Awareness and Utilization - Target Date: 12/31/2025 - The LGU, in collaboration with stakeholders, will provide community education through various mediums to increase the community's awareness and use of available resources.

Objective 2: Community Education and Training - Target Date: 12/31/2025 - The LGU, in collaboration with stakeholders, will facilitate and/or coordinate education and training opportunities that equip both providers and the general public with the knowledge and skill sets to recognize and appropriately respond to individuals in crisis.

Objective 3: Expand Options within the Crisis Continuum of Care - Target Date: 12/31/2025 - The LGU will support proposals that expand options and/or enhance services within the crisis continuum of care where need is clearly demonstrated in order to serve individuals in the least restrictive setting.

Objective 4: Cross System Planning and Intervention - Target Date: 12/31/2025 - The LGU will work in collaboration with cross-system providers to identify and implement strategies that support a coordinated response to effectively intervene with and guide high risk / need individuals, and their families, in crisis.

Objective 5: HBCI or Like Services for Children/Adolescents - Target Date: 12/31/2025 - The LGU will evaluate the need for Home Based Crisis Intervention (HCBI) or like services (children's hospital diversion services) and support proposals for implementation when need is clearly demonstrated.

Objective 6: Access to Respite - Target Date: 12/31/2025 - The LGU will support the expansion of respite opportunities that address the unmet needs of individuals, and their caregivers, where need is clearly demonstrated.

Objective 7: Crisis Intervention in Schools - Target Date: 12/31/2026 - The LGU, in collaboration with local school districts, will facilitate the training of school personnel and equip them with the knowledge and skills to recognize and appropriately respond to students experiencing a mental health and/or substance use related crisis.

Goal 5

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

OBJECTIVES

Systems of Care	Ongoing
Resources to Support Collaborations	Ongoing
Service System Navigation and Improved Access to Care	Ongoing

OBJECTIVE UPDATES

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

Goal 6

Title	Workforce Recruitment and Retention
Update	Progress on Goal: Objectives 1, 2, 4, 5 Service providers noted success with the following methods: Attending local job fairs Strengthening relationships with local universities Digital media campaigns to spread awareness about jobs Reviewing job descriptions to reassess what qualification are recommended opposed to what qualifications NYS mandates Revising language used in job descriptions, to not deter individuals from applying Changing job titles and reclassifying roles Bringing in interns, who then secure a job placement following their graduation/licensure Objectives 1, 3, 4, 5 Service providers noted success with the following methods: Development of leadership programs Adjusting staff to telehealth/virtual when appropriate Restructuring orientation process to minimize time behind a desk/in virtual trainings Providing 'big picture' operations for new hires Greater emphasis on supervision and consistent scheduling of supervision for staff

OBJECTIVES

Culturally Competent and Diverse Workforce	Ongoing
Integrating Emerging Paraprofessionals / Professionals in the Workforce	Ongoing
Options to Support Recruitment and Retention of Personnel	Ongoing
Improve Timely Access to Community Based Support Services	Ongoing
Engage in Cross-system Collaborations to Increase Workforce Development and Job Placements	Ongoing
Increase Number of Peers in the Workforce	Ongoing
Integration of I/DD Individuals in the Workforce	N/A

OBJECTIVE UPDATES

Objective 1: Culturally Competent and Diverse Workforce - Target Date: 12/31/2025 - The LGU will evaluate available data sources, best practices and innovative strategies to engage in workforce development initiatives that recruit and retain culturally competent and diverse personnel that are responsive to the needs of the populations served.
Objective 2: Integrating Emerging Paraprofessionals/Professionals in the Workforce - Target Date: 12/31/2025 - The LGU will work in collaboration with local providers to identify and implement strategies that will increase the integration of emerging paraprofessionals and qualified health professionals in the workforce through innovative means.
Objective 3: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements - Target Date: 12/31/2025 - The LGU will engage in cross-system collaborations to identify resources and link people with opportunities that promote cultural competency, skill development, marketability, and increase job placements.
Objective 4: Increase Number of Peers in the Workforce - Target Date: 12/31/2025 - The LGU will work in collaboration with local providers to identify and implement strategies that will increase the number and retention of credentialed peers in the workforce to meet people "where they are at" when needed.
Objective 5: Integration of Individuals with IDD in the Workforce - Target Date: 12/31/2025 - The LGU, in collaboration with stakeholders, will promote community education efforts related to employment skills training for individuals with I/DD to increase opportunities for integration into the general workforce.
Objective 6: Development of Standardized Training Practices - Target Date 12/31/2026 - The LGU will work in partnership with stakeholders to develop an evidence-based orientation training curriculum, to support the recruitment and retention of paraprofessionals and behavioral health personnel.

Goal 7

Title	Expand Prevention Activities

Update	Progress on Goal: Objectives 1, 2, 3 The Niagara County Suicide Prevention Coalition (NCSPC) resumed meetings after a brief hiatus in early 2023. NCSPC currently has 58 members, with 41 different organizations represented. In 2023 and early 2024, NCDMH representatives participated in several regional suicide prevention efforts and trainings, such as specialized education for the faith based, indigenous, LGTBQ, veteran, and youth communities. An NCDMH representative was trained to be a trainer for the Firearm Safety and Suicide Prevention which partners a suicide prevention expert with a firearms expert to share information with families and caregivers about how to safely and respectfully address the presence and potential use of a firearm. Objectives 2, 3 The Well Niagara app and its corresponding webpage launched, increasing awareness of and connection to over 393 different resources across WNY. Well Niagara provides quick access to: Niagara County Crisis Services hotline and Crisis Text Line Information on Narcan and harm reduction tools Guidance to navigate the different service systems Local trainings and events The LGU presented to 16 different audiences, on topics such as suicide prevention, helping students at risk, crisis intervention and de-escalation, and local community resources. The LGU tabled 13 different events, interfacing with students, parents, school staff, mental health professionals, and individuals in MH/SUD treatment, sharing information about harm reduction, NCDMH services, mental health, and overall wellbeing. The Niagara County PATH-3D (Presenting Alternatives for Treatment and Healing - Deflect, Destigmatize, attend to Diversity, Equity and Inclusion) program and Addict2Addict Niagara distributed 374 Narcan kits, at the Niagara County Fair in 2023, three times the number distributed at the fair in 2022. Both entities are scheduled to conduct training and distribute Narcan at the 2024 Niagara County Fair. Objective 3 The LGU held CNOC University: Niagara County Early Childhood Symposium on October 24, 2023, with the goal of learning and discussing the current state of our youngest children (0-5 years) and their families in Niagara County and to develop goals/focus attention on how we can improve & enhance services and programming for these children and their families.

OBJECTIVES	
Suicide Prevention Coalition	Ongoing
Commitment to Zero Suicide Model	Ongoing
Promotion of Healthy Living	Ongoing
Expand Early Intervention Activities	Ongoing

OBJECTIVE UPDATES
Objective 1: Commitment to Zero Suicide Model - Target Date: 12/31/2025 - The LGU will work in partnership with the Suicide Prevention Coalition and stakeholders to make a formal commitment to, and establish benchmarks for, the adoption of the Zero Suicide Model.
Objective 2: Promotion of Healthy Living - Target Date: 12/31/2025 - To promote healthy living, the LGU will work in partnership with the public health and prevention providers to implement evidence-supported / based approaches to prevent and/or reduce alcohol and substance use and related consequences as well as mental, social-emotional, intellectual/developmental and behavioral disabilities.
Objective 3: Expand Early Intervention Activities - Target Date: 12/31/2025 - The LGU will work with cross systems providers to expand early intervention activities where need is clearly demonstrated to prevent the development of long-term negative health outcomes.
Objective 4: Expansion of Trauma Response in Schools - Target Date: 12/31/2026 - The LGU will collaborate with local school districts to develop a comprehensive training and crisis response network for grades K - 12 education and beyond.

Goal 8

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

	individuals who experienced an overdose event and did not seek first responder assistance, as there is no current method to track these individuals. (Objectives 1, 2, 3)

OBJECTIVES	
Public Awareness / Engagement Opportunities	Ongoing
Expand Harm Reduction Options	Ongoing
Education and Training Opportunities	Ongoing
Expand Access to trained Peers / Family Peers	Ongoing

OBJECTIVE UPDATES
Objective 1: Public Awareness/Engagement Opportunities - Target Date: 12/31/2025 - The LGU will work in partnership with stakeholders to analyze data and other reliable resources to inform public awareness/engagement activities that will reduce stigma and barriers to care while increasing awareness of and linkage to community resources.
Objective 2: Expand Harm Reduction Options - Target Date: 12/31/2025 - The LGU will support the expansion of harm-reduction programs, activities, supports and services that focus on meeting the basic needs of persons who use drugs, creating a safe space and developing/establishing trust as an entry point to care.
Objective 3: Education and Training Opportunities - Target Date: 12/31/2025 - The LGU, in partnership with stakeholders, will identify and facilitate access to education and training opportunities that equip the public with life-saving skills and harm reduction resources.
Objective 4: Expand Access to Trained Peers / Family Peers - Target Date: 12/31/2025 - The LGU will work in collaboration with stakeholders to expand the reach of trained recovery peer advocates and family peer specialists/advocates to areas that will "meet people where they are at" and engage them "when they are ready".

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

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

Goal 1: Timely Access to Care — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:

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

Goal 1: Progress to date:

- ACT in collaboration with SPOA minimized their waitlist in 2023 and began enrolling new referrals without delay. ACT worked diligently with the LGU and local Health Home Plus providers to transition individuals on the ACT caseload to a lower level of care. The number of Assisted Outpatient Treatment program clients on the ACT caseload decreased from 79% in January 2023 to 56% in April 2024. The LGU also advocated with NYS, requesting at least 12 ACT slots be added in Niagara County. **(Objectives 1, 2)**

- An OASAS Article 820 Residential Reintegration Program, Newfane House of Hope, opened in May 2023, making 12 treatment beds available for men receiving substance use treatment and transitioning to the community. **(Objective 3)**

- The LGU also hosted a planning session on the service system related to individuals who have co-occurring mental health and substance use disorders, with 24 providers from local agencies attending. The LGU and providers examined barriers for people with co-occurring MH/SUD and what gaps exist in the housing continuum of care for individuals with co-occurring MH/SUD. **(Objective 4)**

Objective 1: Adult ACT Expansion — Target Date: 12/31/2025

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

Objective 2: Transition Between Levels of Care — Target Date: 12/31/2025

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

Objective 3: Residential Programming **Target Date: 12/31/2025**

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

Objective 4: Promote Recovery for Individuals with Co-Occurring Disorders
Target Date: 12/31/2025

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

Objective 5: Improve Timely Access to Community Based Support Services
Target Date: 12/31/2025

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

Goal 2: Expanded Access to Treatment — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:

1. Inpatient Treatment
2. Outpatient Treatment
3. Workforce

Goal 2: Progress to date:

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

Objective 1: Expansion of Treatment Options — Target Date: 12/31/2025

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

Objective 2: Stabilization and Recovery — Target Date: 12/31/2025

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

Objective 3: Building on the Workforce — Target Date: 12/31/2026

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

Goal 3: Increase Access to Housing — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:

1. Housing

Goal 3: Progress to date:

- In October 2023, Governor Kathy Hochul announced, Community Services for Every1, Inc., received $4.5 million to develop 18 units and 26 beds of permanent supportive housing in Niagara Falls for families and individuals. This is part of a larger project, The Nest, that will feature the new construction of a six-story mixed use building with a total of 73 units, a community room, on-site rental office, laundry facilities, tenant parking, and greenspace with a playground. The commercial space will be utilized by Community Services for Every1 to provide job readiness and workforce development for local residents. (**Objective 1)**

- Cazenovia Recovery Systems reported OASAS awarded the agency 20 HUD beds between Erie and Niagara, which will include an additional peer position. (**Objective 1)**

- The LGU hosted Landlord Education workshops in 2023, but engagement from landlords was difficult. These workshops were facilitated by Housing Opportunities Made Equal (HOME), the LGU, and Niagara Orleans Regional Land Improvement Corporation (NORLIC). HOME provided a discussion on Fair Housing and its implications as an owner and manager of real estate property. NORLIC provided an overview of the NORLIC Land Bank. The LGU provided education on mental health and substance use and distributed a comprehensive guide to resources in Niagara County. (**Objective 2)**

Objective 1: SRO / Supportive Housing Expansion — Target Date: 12/31/2025

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

Objective 2: Landlord and Community Education — Target Date: 12/31/2025

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

Objective 3: Support Housing Stability **Target Date: 12/31/2026**

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

Goal 4: Crisis Services Continuum of Care **Target Date: 12/31/2027**

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

LSP Issue Categories goal is applicable to:

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

Goal 4: Progress to date:

Objectives 1, 2, 4

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

Objective 3

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

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

Objective 1: Community Resources Awareness and Utilization
Target Date: 12/31/2025

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

Objective 2: Community Education and Training **Target Date: 12/31/2025**

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

Objective 3: Expand Options within the Crisis Continuum of Care
Target Date: 12/31/2025

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

Objective 4: Cross System Planning and Intervention **Target Date: 12/31/2025**

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

Objective 5: HBCI or Like Services for Children/Adolescents
Target Date: 12/31/2025

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

Objective 6: Access to Respite **Target Date: 12/31/2025**

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

Objective 7: Crisis Intervention in Schools **Target Date: 12/31/2026**

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

Goal 5: Cross-System Services **Target Date: 12/31/2027**

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

LSP Issue Categories goal is applicable to:
1. Cross System Services

Goal 5: Progress to date:

- The LGU continues to facilitate the Community Network of Care for Children and Families in Niagara County (CNOC), Early Childhood Advisory Council, Niagara County OASIS (Opioid) Task Force Public Awareness/Involvement Subcommittee, and the Niagara County Suicide Prevention Coalition (NCSPC). **(Objective 1)**

- The Community Network of Care Coalition (CNOC) organized CNOC University, on May 15, 2023, with the goal of taking a deeper dive into learning more about the various supports, services and treatment options available to children, youth and their families in Niagara County and to provide the opportunity for cross-systems networking. The event was a success as 54 cross-system providers engaged in strategic planning, implementation activities, and continuous quality improvement efforts to effectively respond to identified system needs and service gaps. A common thread amongst attendees was the request to organize another CNOC University, this time with an emphasis on early childhood intervention. (**Objective 3)**

- CNOC developed and held the second CNOC University: Niagara County Early Childhood Symposium on October 24, 2023, with the goal of learning and discussing the current state of our youngest children (0-5 years) and their families in Niagara County and to develop goals/focus attention on how we can improve and enhance services and programming for these children and their families. The event was a success as 57 cross-system providers engaged in strategic planning and discussing quality improvement efforts to effectively respond to identified system needs and service gaps. **(Objective 3)**

Objective 1: Systems of Care **Target Date: 12/31/2025**

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

Objective 2: Resources to Support Collaborations **Target Date: 12/31/2025**

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

Objective 3: Service System Navigation and Education on Community Resources
Target Date: 12/31/2025

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

Goal 6: Workforce Recruitment and Retention Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:
1. Workforce 2. Employment/Volunteer (clients) 3. Non-Clinical Supports

Goal 6: Progress to date:

Objectives 1, 2, 4, 5
Service providers noted success with the following methods:

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

Objectives 1, 3, 4, 5
Service providers noted success with the following methods:

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

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

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

Objective 2: Integrating Emerging Paraprofessionals/Professionals in the Workforce
Target Date: 12/31/2025

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

Objective 3: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements **Target Date: 12/31/2025**

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

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

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

Objective 5: Integration of Individuals with IDD in the Workforce
Target Date: 12/31/2025

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

Objective 6: Development of Standardized Training Practices
Target Date: 12/31/2026

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

Goal 7: Expand Prevention Activities — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:
1. Prevention 2. Cross System Services

Goal 7: Progress to date:

Objectives 1, 2, 3

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

Objectives 2, 3

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

Objective 3
The LGU held CNOC University: Niagara County Early Childhood Symposium on October 24, 2023, with the goal of learning and discussing the current state of our youngest children (0-5 years) and their families in Niagara County and to develop goals/focus attention on how we can improve & enhance services and programming for these children and their families.

Objective 1: Commitment to Zero Suicide Model **Target Date: 12/31/2025**

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

Objective 2: Promotion of Healthy Living **Target Date: 12/31/2025**

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

Objective 3: Expand Early Intervention Activities **Target Date: 12/31/2025**

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

Objective 4: Expansion of Trauma Response in Schools **Target Date: 12/31/2026**

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

Goal 8: Tackle the Opioid / Drug Epidemic — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:
1. Other 2: Harm Reduction 2. Non-clinical Supports

Goal 8: Progress to date:

- Community-based agencies, in an initiative supported by the LGU, installed 130 wall mounts, 15 Narcan stands, and 2 Narcan vending machines across Niagara County. These harm reduction resources are strategically placed in a wide range of locations, including golf courses in North Tonawanda, barbershops in Niagara Falls, local gas stations in the city of Lockport, and in residential apartments across Niagara County. The PATH-3D program works with the local HIDA (High Intensity Drug Trafficking Areas) Officer to identify "hot spots" where overdoses are more prevalent and then increase access to Narcan and other harm reduction tools. These mounts and stands include information fentanyl test strips, Narcan, contact information for the PATH-3D program, and more. (**Objectives 1, 2)**

- The PATH-3D program continues to follow up with individuals post-overdose, offering support and referrals as appropriate. The program provided Narcan trainings to several agencies across multiple disciplines in 2023. The program continues to engage in community canvasing to increase visibility in the community and provide preventative interventions. The program continues to struggle to identify, thus be able to reach out to, individuals who experienced an overdose event and did not seek first responder assistance, as there is no current method to track these individuals. **(Objectives 1, 2, 3)**

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

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

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

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

Objective 3: Education and Training Opportunities Target Date: 12/31/2025

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

Objective 4: Expand Access to trained Peers / Family Peers Target Date: 12/31/2025

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

Glossary

ACEs – Adverse Childhood Experiences

ACT – Assertive Community Treatment

CFTS – Child and Family Treatment Services

CNOC - Community Network of Care for Children & Families in Niagara County

HARP – Health and Recovery Plan

HBCI – Home Based Crisis Intervention

HCBS – Home and Community-Based Waiver Services

HH+ – Health Home Plus

HIDA – High Intensity Drug Trafficking Areas

HOME – Housing Opportunities Made Equal

HUD – Housing and Urban Development

I/DD – Intellectual/Developmental Disorder

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

LGU – Local Government Unit

LSP – Local Services Plan

MH – Mental Health

NCCS – Niagara County Crisis Services

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

NCSPC – Niagara County Suicide Prevention Coalition

NORLIC – Niagara Orleans Regional Land Improvement Corporation

OASAS – Office of Addiction Services and Supports

OMH – Office of Mental Health

OPWDD – Office for People with Developmental Disabilities

PATH-3D – Presenting Alternatives for Treatment and Healing – Deflect, Destigmatize, attend to Diversity, Equity and Inclusion

SPOA – Single Point of Access

SRO – Single Room Occupancy

SUD – Substance Use Disorder

TIG – Trauma, Illness, and Grief

VA – Veterans Affairs

WNY – Western New York

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

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

Goal 1

Goal 1, 2026 Status Update: Ongoing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ECMC will begin to provide county Children's SPOAs with a list of all youth that have been in CPEP in the past week, not just the youth experiencing discharge barriers. The intent is to allow CSPOA's to enhance coordination efforts with families post-discharge from CPEP and assess further for appropriate services to meet their unique needs. A schedule was determined for when lists will be sent.
- ECMC discussed the possibly of opening a children's help center, similar to their adult help center that could potentially reduce presentations in CPEP that may be more appropriate for intervention in a less restrictive level of care.
- SPOA staff "revived" a previously utilized School to Hospital Communication Form devised by NCDMH Deputy Director in collaboration with local school districts and the previous Eastern Niagara Hospital Child and Adolescent Psychiatric Unit personnel as part of the County's System of Care initiatives as a request was received from a local school district to reinstate utilization of this form with local hospitals (as it had not been utilized since ENH's children's unit close in late 2019). ECMC and WNY OMH staff provided their feedback on use of the form and were receptive to this mode of communication in the event a youth is transported directly to CPEP from a school either voluntarily or under Mental Hygiene Laws.
  - Following this meeting, NCDMH Deputy Director updated this form with current local hospital contact information and distributed it local school districts through CNOC for utilization as schools see fit.
- NCDMH Deputy revised and distributed to local hospitals and system of care stakeholders a comprehensive directory of points of contacts at Niagara County schools; psychiatric hospital emergency departments and inpatient units; mental health, school-based satellite and substance abuse treatment clinics; and an array of community-based services provider agencies.

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

Goal 1 Objective 3, 2026 Status Update: Ongoing
Goal 1 Objective 3, 2026 Status Update Description: According to the NYS CAIRS reporting system for adult residential services for 2023 - 2024 data, Niagara County based program occupancy rates were as follows:
- Community Residences: 87.6% occupancy
- Apartment Treatment Program: 75.4% occupancy

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

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

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

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

Several changes occurred in the past year, and more are in process of occurring this year, with NYS OPWDD residential programming in Niagara County. A total of three (3) Intermediate Care Facilities (ICFs) closed, resulting in a loss of 34 ICF beds, while supervised Individualized Residential Alternative (IRA) opportunities will be increased by a total of 30 between 2024 and 2025. Changes include the following:
- People Inc. increased capacity at the supervised IRA located at 4632 Miller Rd. in Niagara Falls, NY from four (4) to five (5) from a relocated opportunity from 2496 Delaware Ave, Buffalo, NY to 4632 Miller Rd., Niagara Falls, NY.
- People Inc. relocated one (1) opportunity from the supervised IRA at 4696 Creek Rd., Lewiston, NY to 520 Englewood Ave, Buffalo, NY, which reduced bed capacity.
- People Inc. is in process of relocating three (3) Free Standing Respite (FSR) opportunities from 6828 Townline Rd., N. Tonawanda, NY to 80 Acacia Dr., Amherst, NY and suspending the operating certificate and two (2) remaining FSR opportunities. The agency indicates the new location will be more centralized and accessible for families in Erie and Niagara Counties. Additionally, the agency is in process of relocating a total of six (6) supervised IRAs from 80 A and B Acacia Dr., Amherst, NY to 6828 Townline Rd., N. Tonawanda, NY expanding the supervised IRA opportunities in Niagara County.
- NYS OPWDD operated supervised IRA decreased capacity from six (6) to five (5) beds at 6228 Dale Rd., Newfane, NY to comply with Life Safety Code.
- NYSARC Inc. Cattaraugus Niagara Counties Chapter (DBA InTandem) closed and decertified the ICF located at 115 Mead St., N. Tonawanda, NY and transitioned individuals in this location to supervised IRAs within Niagara County to better meet their current needs.
- NYSARC Inc. Cattaraugus Niagara Counties Chapter (DBA InTandem) converted the ICF located at 6821 Sy Rd., Niagara Falls, NY (12 opportunities) to a supervised IRA at the same location to reduce the administrative burden and reinvest time into staffing efficiencies and individual care and to increase fiscal long-term fiscal health of the agency and program. The agency indicates the conversion would not negatively impact clients in care as they are all able to be served appropriately in the IRA.
- NYSARC Inc. Cattaraugus Niagara Counties Chapter (DBA InTandem) converted the ICF located at 3076 Saunders Settlement Rd., Sanborn, NY (12 opportunities) to a supervised IRA at the same location to reduce the administrative burden and reinvest time into staffing efficiencies and individual care and to increase fiscal long-term fiscal health of the agency and program. The agency indicates the conversion would not negatively impact clients in care as they are all able to be served appropriately in the IRA.
- Heritage Christian Services is in process of relocating five (5) opportunities from 4441 Tonawanda Creek Rd., N. Tonawanda, NY to 7237 Townline Rd., N. Tonawanda, which will be a new supervised IRA, and adding an additional one (1) opportunity to bring capacity to six (6). The new supervised IRA is a one-story home providing individuals to age-in-place more effectively.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In the past year, three (3) new NYS Office of Mental Health (OMH) school-based satellite clinics were established, while one (1) school based satellite clinic closed due to inability for agency to staff the site and one (1) other clinic satellite closure due to lack of demonstrated need at the location. Additionally, three (3) school-based satellite clinics reduced hours due to both workforce challenges and lack of demonstrated need.
o This year, currently proposals are pending approval from NYS Office of Mental Health (OMH) for expansion of one (1) OMH licensed MHOTRS satellite clinic in Niagara Falls, NY, and five (5) school-based satellite clinics as well as the closure of one (1) satellite clinic co-located at a pediatric office due to the office no longer requesting these services.

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

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

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

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

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

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

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

A new objective was added to the 2026 LSP.
Objective 4: Expansion of Transitional Aged Youth Housing Options
Target Date: 12/31/2026
The LGU will advocate for and support the expansion of housing options for transitional age youth, ensuring access to short-

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

Goal 3 Objective 1, 2026 Status Update: Ongoing
Goal 3 Objective 1, 2026 Status Update Description: 2024 NYS Office of Mental Health (OMH) funded supportive housing updates include the following:
o Living Opportunities of DePaul was awarded 10 Scattered Site Supportive Housing beds in Niagara County.
o Community Missions Inc. had a loss of 10 supportive housing beds (five scattered site and five long-stay). Based on NYS OMH slot reconciliation/research it was determined that Community Missions is only funded for 96 Supportive Housing Community Services beds through Direct Contract with NYS OMH, and two (2) psychiatric center (PC) long stay beds through State Aid Letter. Community Missions was stretching the funds to cover the additional beds. NYS OMH clarified that this is not allowable.
o Recovery Options Made Easy Inc. (Formerly Housing Options Made Easy, Inc.) Supportive Housing Provider received an additional two (2) long-stay supported housing beds. While looking at funding and bed counts, NYS OMH found that ROME is funded for five (5) PC long stay beds, not three (3) and were instructed to increase the capacity from (3) to (5) to rectify this.
o Overall supportive housing occupancy rates were 112%, over 100% due to capacity exceeding funded beds for a period of time until this was reconciled. The demand for supportive housing continues to exceed availability.
o DePaul Community Services Packet Boat Landing Single Room Occupancy (SRO) program had an average occupancy of 94.2%; the demand for this housing program well exceeds availability with the current wait list anticipated to be years at this point.

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

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

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

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

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

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

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

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

within 30 days of ED or inpatient psychiatric discharge.

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

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

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

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

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

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

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

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

At the beginning of the 2024-2025 school year, the LGU distributed Niagara County Crisis Services and 988 phone number Tear-Off flyers to every public and private junior and senior high school in Niagara County, including 22 public schools, eight (8) private schools, 16 ONBOCES locations, and three (3) colleges. These flyers were created with students' designs from the Orleans and Niagara Career and Technical Center's Graphic Communications Program.
- Throughout 2024 - 2025, these flyers were distributed throughout the Niagara County community and in the NYS Park in Niagara Falls.
- At the request of a NYS Parks representative, the flyers were tailored for distribution throughout all NYS Parks with only the 988 number listed.

Goal 4 Objective 2, 2026 Status Update: Ongoing

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

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

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

o Crisis Intervention Training (CIT) for law enforcement which teaches law enforcement to effectively respond to individuals experiencing mental health crises. The training is designed to enhance the ability of law enforcement to interact with individuals in crisis, fostering partnership between law enforcement, advocacy and mental health communities.

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

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

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

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

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

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

Goal 4 Objective 5, 2026 Status Update: Ongoing

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

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

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

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

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

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

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

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

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

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

events.

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

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

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

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

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

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

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

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

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

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

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

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

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

Goal 6 Objective 3, 2026 Status Update: N/A
Goal 6 Objective 3, 2026 Status Update Description: This objective was revised in 2025 and combined with Goal 6: Workforce Recruitment and Retention, Objective 5: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements Target Date: 12/31/2026
The LGU will engage in cross-system collaborations to identify resources and link people with opportunities that promote cultural competency, skill development, marketability, and increase job placements.

Goal 6 Objective 4, 2026 Status Update: N/A
Goal 6 Objective 4, 2026 Status Update Description: This objective was revised in 2025 and combined with Goal 1: Timely Access to Care, Objective 5: Improve Timely Access to Community Based Support Services
Target Date: 12/31/2026
The LGU will evaluate available data and engage in targeted activities that will help improve timely access to HCBS Waiver Services, Assertive Community Treatment (ACT), CCO/HHs and HH+, HARP, HCBS, CORE and CFTS services for eligible individuals and prevent / reduce unnecessary utilization of higher cost / level of services.

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

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

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

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

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

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

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

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

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

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

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

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

In September 2024 the NCSP Coalition coordinated several public awareness activities spread the message of help and hope during Suicide Prevention and Recovery Month:
o You Matter Coffee Sleeve Project: Approximately 9,600 coffee sleeves were utilized by 14 different coffee shops / stops around Niagara County with the Niagara County Crisis Services 24/7 Crisis Number and 988 as well as a QR code to access the Well Niagara App and Webpage for information on community resources and supports. Some shops also shared their efforts on social media which got some attention from the community.
o Suicide Prevention Flag Raising: Niagara Falls High School had approximately 20 students participate in raising the NCSP Coalition flag and shared the event on their Instagram page. Lockport High School had approximately 50 students participate in raising the NCSP Coalition flag during a flag raising ceremony and were featured on a local news station highlighting the importance of suicide prevention activities.
o Lighting of the Falls: the US and Canadian sides of Niagara Falls were lit up in purple in Teal on 9/2/24 for a 15-minute direction; a live feed of the event was available for the community at large to view.

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

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

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

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

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

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

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

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

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

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

Eastern Region - Niagara/Orleans

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

Western Region - Niagara

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

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

Goal 8

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

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

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

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

Goal 8 Objective 1, 2026 Status Update: Ongoing
Goal 8 Objective 1, 2026 Status Update Description: In 2024 the following activities occurred:
In 2024 - 2025, multiple tabling events were participated in by Niagara County Department of Mental Health & Substance Abuse Services and the Niagara County PATH (Presenting Alternatives to Treatment and Healing) Team at churches, schools, and general community events providing information on available resources and Narcan training to interested attendees including family members of students and school staff. NCDMH also presented on the opioid/drug crisis, current trends and stats, local efforts to address the crisis, harm reduction strategies, and available resources and supports to high school staff.

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

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

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

"Project ART-C" (Art Restores Transforms and Connects) sought to engage the community in a creative manner; encourage dialogue and reflection, particularly in the context of recovery; familiarize individuals with the array of community services available; and to promote effective communication, healthy personal expression, and the power of choice. The Project collected community member artwork submissions that will be compiled into a booklet incorporating thought provoking questions under each art piece and on the opposite page of each art piece a different community agency's contact information to help share information about available local resources and ways in which people can connect to them. This Project is extending into 2025 to complete.
https://www.niagaracounty.gov/news_detail_T8_R745.php

In 2025 the following activities occurred or are planned:
In the spring, the Niagara Career and Technical Center Graphic Communications Student created new designs to assist the Niagara County OASIS (Opioid) Task Force Public Awareness / Involvement Advisory Committee in its public awareness activities. New graphics will be utilized to update the seven (7) bus bench signs located on bus benches across Niagara Falls, NY, to update tear-off flyers to be distributed through the County, and social media messaging with the Niagara County Crisis Services 24/7 phone line and 988 phone number to connect people to care.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Niagara County Department of Mental Health & Substance Abuse Services
Local Services Plan 2024 – 2027, 2026 Update
Goals and Objectives

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

Goal 1: Timely Access to Care — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:

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

Objective 1: Adult ACT Expansion — Target Date: 12/31/2026

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

Objective 2: Transition Between Levels of Care — Target Date: 12/31/2026

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

Objective 3: Residential Programming — Target Date: 12/31/2026

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

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

Target Date: 12/31/2026

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

Objective 5: Improve Timely Access to Community Based Support Services

Target Date: 12/31/2026

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

Goal 1 Objective Updates

Objective 1: Adult ACT Expansion

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

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

Objective 2: Transition between Levels of Care

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

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

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

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

Objective 3: Residential Programming

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

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

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

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

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

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

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

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

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

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

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

- Through NYS OMH funding, Spectrum Health and Human Services Assisted Community Treatment (ACT) Program added an Individual Placement and Support (IPS) employee, who predominately works on securing employment for clients enrolled in the program. IPS is aimed at increasing the use of evidence-based supported employment in OMH licensed and designated outpatient rehabilitation programs, including Assertive Community Treatment (ACT) Teams and Community Oriented Recovery and Empowerment (CORE) Psychosocial Rehabilitation (PSR) designated providers.

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

Objective 5: Improve Timely Access to Community Based Support Services

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

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

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

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

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

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

Goal 2: Expanded Access to Treatment — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:

1. Inpatient Treatment
2. Outpatient Treatment
3. Workforce

Objective 1: Expansion of Treatment Options — Target Date: 12/31/2026

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

Objective 2: Stabilization and Recovery — Target Date: 12/31/2026

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

Objective 3: Building on the Workforce — Target Date: 12/31/2026

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

Goal 2 Objective Updates

Objective 1: Expansion of Treatment Options

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

- In 2024, Horizon Health Services was awarded the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program for their Niagara County clinic locations in Niagara Falls and Lockport, NY. CCBHCs aim to provide coordinated outreach and care to individuals who have complex mental health, substance use, and co-occurring medical and other related concerns. This expands the availability of CCBHC services from two (2) to four (4) locations in Niagara County as Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Counseling and Wellness Services Clinics are established CCBHCs in Lockport and Niagara Falls, NY. https://horizon-health.org/press-release-horizon-health-services-awarded-ccbhc-demonstration-designation-by-omh-and-oasas-for-niagara-county/

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

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

- In the past year, three (3) new NYS Office of Mental Health (OMH) school-based satellite clinics were established, while one (1) school based satellite clinic closed due to inability for agency to staff the site and one (1) other clinic satellite closure due to lack of demonstrated need at the location. Additionally, three (3) school-based satellite clinics reduced hours due to both workforce challenges and lack of demonstrated need.
    - This year, currently proposals are pending approval from NYS Office of Mental Health (OMH) for expansion of one (1) OMH licensed MHOTRS satellite clinic in Niagara Falls, NY, and five (5) school-based satellite clinics as well as the closure of one (1) satellite clinic co-located at a pediatric office due to the office no longer requesting these services.

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

Objective 2: Stabilization and Recovery

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

Objective 3: Building on the Workforce

- The Community Network of Care (CNOC) for Children & Families in Niagara County is reimagining CNOC University into a full-day skill building workshop for community providers to help enhance skill sets from a cross-systems perspective.

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

Goal 3: Increase Access to Housing — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:

1. Housing
2. Transitional Age Services

Objective 1: SRO / Supportive Housing Expansion — Target Date: 12/31/2026

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

Objective 2: Landlord and Community Education — Target Date: 12/31/2026

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

Objective 3: Support Housing Stability — Target Date: 12/31/2026

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

Objective 4: (NEW) Expansion of Transitional Aged Youth Housing Options — Target Date: 12/31/2026

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

Goal 3 Objective Updates

Objective 1: SRO / Supportive Housing Expansion

- 2024 NYS Office of Mental Health (OMH) funded supportive housing updates include the following:
  - Living Opportunities of DePaul was awarded 10 Scattered Site Supportive Housing beds in Niagara County.
  - Community Missions Inc. had a loss of 10 supportive housing beds (five scattered site and five long-stay). Based on NYS OMH slot reconciliation/research it was determined that Community Missions is only funded for 96 Supportive Housing Community Services beds through Direct Contract with NYS OMH, and two (2) psychiatric center (PC) long stay beds through State Aid Letter. Community Missions was stretching the funds to cover the additional beds. NYS OMH clarified that this is not allowable.
  - Recovery Options Made Easy Inc. (Formerly Housing Options Made Easy, Inc.) Supportive Housing Provider received an additional two (2) long-stay supported housing beds. While looking at funding and bed counts, NYS OMH found that ROME is funded for five (5) PC long stay beds, not three (3) and were instructed to increase the capacity from (3) to (5) to rectify this.
  - Overall supportive housing occupancy rates were 112%, over 100% due to capacity exceeding funded beds for a period of time until this was reconciled. **The demand for supportive housing continues to exceed availability**.
  - DePaul Community Services Packet Boat Landing Single Room Occupancy (SRO) program had an average occupancy of 94.2%; **the demand for this housing program well exceeds availability with the current wait list anticipated to be years at this point.**

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

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

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

Goal 4: Crisis Services Continuum of Care — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:

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

Objective 1: Community Resources Awareness and Utilization

Target Date: 12/31/2026

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

Objective 2: Community Education and Training — Target Date: 12/31/2026

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

Objective 3: Expand Options within the Crisis Continuum of Care

Target Date: 12/31/2026

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

Objective 4: Cross System Planning and Intervention — Target Date: 12/31/2026

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

Objective 5: HBCI or Like Services for Children/Adolescents

Target Date: 12/31/2026

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

Objective 6: Access to Respite — Target Date: 12/31/2026

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

Objective 7: Crisis Intervention in Schools **Target Date: 12/31/2026**

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

Goal 4 Objective Updates

Objective 1: Community Resources Awareness and Utilization

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

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

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

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

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

- At the beginning of the 2024-2025 school year, the LGU distributed Niagara County Crisis Services and 988 phone number Tear-Off flyers to every public and private junior and senior high school in Niagara County, including 22 public schools, eight (8) private schools, 16 ONBOCES locations, and three (3) colleges. These flyers were created with students' designs from the Orleans and Niagara Career and Technical Center's Graphic Communications Program.
    - Throughout 2024 – 2025, these flyers were distributed throughout the Niagara County community and in the NYS Park in Niagara Falls.
    - At the request of a NYS Parks representative, the flyers were tailored for distribution throughout all NYS Parks with only the 988 number listed.

Objective 2: Community Education and Training

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

- In 2024, numerous trainings were offered by Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) Trained Staff on crisis de-escalation, suicide prevention and intervention to a wide range of individuals in Niagara County. This includes, but was not limited to the following:
    - Youth Mental Health First Aid (YMHFA) and Adult Mental Health First Aid (AMHFA) Workshops were offered to Niagara County residents by NCDMH trained staff. Trainees included provider agency staff, first responders, and NYS Park staff inclusive of Park Rangers, Tour Guides, Maintenance personnel, Horticulturalists and Park vendor cashiers. The MHFA trainings teach people how to identify, understand and respond to signs of mental illness and substance use disorders. The training providers the skills needed to reach out and offer initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. The Well Niagara app and corresponding webpage is shared with trainees to increase awareness and utilization of local resources when connection to care is needed.
    - Crisis Intervention Training (CIT) for law enforcement which teaches law enforcement to effectively respond to individuals experiencing mental health crises. The training is designed to enhance the ability of law enforcement to interact with individuals in crisis, fostering partnership between law enforcement, advocacy and mental health communities.

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

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

Objective 3: Expand Options within the Crisis Continuum of Care

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

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

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

Objective 4: Cross System Planning and Intervention

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

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

Objective 5: HBCI or Like Services for Children/Adolescents

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

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

Objective 7: Crisis Intervention in Schools

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

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

Goal 5: Cross-System Services — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:
1. Cross System Services

Objective 1: Systems of Care — Target Date: 12/31/2026

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

Objective 2: Resources to Support Collaborations — Target Date: 12/31/2026

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

Objective 3: Service System Navigation and Education on Community Resources — Target Date: 12/31/2026

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

Goal 5 Objective Updates

Objective 1: Systems of Care

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

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

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

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

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

Objective 2: Resources to Support Collaborations

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

Objective 3: Service System Navigation and Education on Community Resources

- The Well Niagara app was utilized to send push-notifications about upcoming events in the community, spreading awareness of local training opportunities.

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

Goal 6: Workforce Recruitment and Retention — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:
1. Workforce 2. Employment/Volunteer (clients) 3. Non-Clinical Supports

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

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

Objective 2: Integrating Emerging Paraprofessionals/Professionals in the Workforce Target Date: 12/31/2026

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

Objective 3: Engage in Cross-System Collaborations to Increase Workforce Development and Job Placements Target Date: 12/31/2026

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

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

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

Objective 5: Integration of Individuals with IDD in the Workforce Target Date: 12/31/2026

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

Objective 6: Development of Standardized Training Practices Target Date: 12/31/2026

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

Goal 6 Objective Updates

Objective 1: Culturally Competent and Diverse Workforce

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

Objective 2: Integrating Emerging Paraprofessionals/Professionals in the Workforce

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

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

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

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

Goal 7: Expand Prevention Activities — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:
1. Prevention 2. Cross System Services

Objective 1: Commitment to Zero Suicide Model — Target Date: 12/31/2026

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

Objective 2: Promotion of Healthy Living — Target Date: 12/31/2026

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

Objective 3: Expand Early Intervention Activities — Target Date: 12/31/2026

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

Objective 4: Expansion of Trauma Response in Schools — Target Date: 12/31/2026

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

Goal 7 Objective Updates

Objective 1: Commitment to Zero Suicide Model

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

- In September 2024 the NCSP Coalition coordinated several public awareness activities spread the message of help and hope during Suicide Prevention and Recovery Month:
    - You Matter Coffee Sleeve Project: Approximately 9,600 coffee sleeves were utilized by 14 different coffee shops / stops around Niagara County with the Niagara County Crisis Services 24/7 Crisis Number and 988 as well as a QR code to access the Well Niagara App and Webpage for information on community resources and supports. Some shops also shared their efforts on social media which got some attention from the community.
    - Suicide Prevention Flag Raising: Niagara Falls High School had approximately 20 students participate in raising the NCSP Coalition flag and shared the event on their Instagram page. Lockport High School had approximately 50 students participate in raising the NCSP Coalition flag during a flag raising ceremony and were featured on a local news station highlighting the importance of suicide prevention activities.
    - Lighting of the Falls: the US and Canadian sides of Niagara Falls were lit up in purple in Teal on 9/2/24 for a 15-minute direction; a live feed of the event was available for the community at large to view.

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

Objective 2: Promotion of Healthy Living

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

- In 2024, Horizon Health Services was awarded federal funding through SAMHSA to support the agency's Substance Abuse-Free Education/Intervention & Referral (SAFER) Program targeted at serving adolescents and young adults ages 10 to 25 to identify those at risk for substance abuse and in need of substance use intervention. https://kennedy.house.gov/news/documentsingle.aspx?DocumentID=1128

- Horizon Health Services also is building upon its licensed school-based clinician capacity to deliver Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to adolescents in Niagara County (as well as in Erie and Genesee Counties). Attention is being given to underserved, minority and marginalized populations including LGBTQ+ youth. The program aims to increase screening for underage drinking, tobacco, opioid, and other substance use; improving timely access to treatment services; and ultimately reduce alcohol and substance abuse early before it leads to adult alcohol and drug related disorders. https://kennedy.house.gov/news/documentsingle.aspx?DocumentID=1128

Objective 3: Expand Early Intervention Activities

- The Healthy Moms Healthy Babies (HMHB) Coalition, which operates under the umbrella of the Community Network of Care (CNOC) for Children & Families in Niagara County, partnered with the Niagara County Department of Health (NCDOH) and the Niagara Falls Memorial Medical Center (NFMMC) P3 Center for Teens, Moms and Kids to offer Fresh Air Fridays from July 5, 2024 to August 30, 2024. A total of 388 people attended the events, with 56 Baby Bundles/surveys distributed with the Bundles which resulted in 12 referrals to the HMHB Coalition and 17 referrals to Healthy Neighborhoods. The most popular sites were the Lockport Housing Authority and the Kenan Center in Lockport.

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

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

Objective 4: Expansion of Trauma Response in Schools

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

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

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

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

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

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

Goal 8: Tackle the Opioid / Drug Epidemic — Target Date: 12/31/2027

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

LSP Issue Categories goal is applicable to:
1. Other: Harm Reduction 2. Non-clinical Supports

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

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

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

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

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

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

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

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

Goal 8 Objectives Updates

Objective 1: Public Awareness/Engagement Opportunities
In 2024 the following activities occurred:

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

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

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

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

- "Project ART-C" (Art Restores Transforms and Connects) sought to engage the community in a creative manner; encourage dialogue and reflection, particularly in the context of recovery; familiarize individuals with the array of community services available; and to promote effective communication, healthy personal expression, and the power of choice. The Project collected community member artwork submissions that will be compiled into a booklet incorporating thought provoking questions under each art piece and on the opposite page of each art piece a different community agency's contact information to help share information about available local resources and ways in which people can connect to them. This Project is extending into 2025 to complete.
  https://www.niagaracounty.gov/news_detail_T8_R745.php

In 2025 the following activities occurred or are planned:

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

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

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

Objective 2: Expand Harm Reduction Options

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

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

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

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

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

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

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

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

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

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

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

Objective 3: Education and Training Opportunities

- Throughout 2024, multiple providers offered substance use trainings to Niagara County residents, who were trained in opioid overdose recognition and reversal with naloxone.

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

Objective 4: Expand Access to trained Peers / Family Peers

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

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

Glossary

ACEs – Adverse Childhood Experiences

ACT – Assertive Community Treatment

AMHFA – Adult Mental Health First Aid

AOT – Assisted Outpatient Treatment

ASIST – Applied Suicide Intervention Skills Training

ART-C – Art Restores Transforms and Connects

CCBHC – Certified Community Behavioral Health Clinic

CCSI – Coordinated Care Services Inc.

CDT – Continuing Day Treatment

CFTS – Child and Family Treatment Services

CHANT – Community Health Alliance in North Tonawanda

CIST – Critical Incident Support Team

CIT – Crisis Intervention Training

CMI – Community Missions Inc.

CNOC – Community Network of Care for Children & Families in Niagara County

CORE – Community Oriented Recovery and Empowerment

CPEP – Comprehensive Psychiatric Emergency Program

CPST – Community Psychiatric Support and Treatment

ECMC – Erie County Medical Center

ENH – Eastern Niagara Hospital

FSR – Free Standing Respite

HARP – Health and Recovery Plan

HBCI – Home Based Crisis Intervention

HCBS – Home and Community-Based Waiver Services

HH+ – Health Home Plus

HMHB – Health Moms Healthy Babies Coalition

ICF – Intermediate Care Facilities

IPS – Individual Placement and Support

IRA – Individualized Residential Alternative

I/DD – Intellectual/Developmental Disorder

LCSW – Licensed Clinical Social Worker

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

LGU – Local Government Unit

LMHC – Licensed Mental Health Counselor

LMSW – Licensed Master Social Worker

LSP – Local Services Plan

MAT – Medication Assisted Treatment

MH – Mental Health

MHOTRS – Mental Health Outpatient Treatment and Rehabilitative Service

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

NCDOH – Niagara County Department of Health

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

NCSP – Niagara County Suicide Prevention Coalition

NFMMC – Niagara Falls Memorial Medical Center

NYS – New York State

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

OASAS – Office of Addiction Services and Supports

OMH – Office of Mental Health

ONBOCES – Orleans Niagara Board of Cooperative Educational Services

OPWDD – Office for People with Developmental Disabilities

PATH* – Presenting Alternatives for Treatment and Healing

PC – Psychiatric Center

PSR – Psychosocial Rehabilitation

PRT – Probation Response Team

QRT – Quick Response to Overdose Team

SAFER – Substance Abuse-Free Education/Intervention & Referral

SBIRT – Screening, Brief Intervention, and Referral to Treatment

SCN – Social Care Network

SMI – Severe Mental Illness

SPCNY – Suicide Prevention Center of New York

SPOA – Single Point of Access

SRO – Single Room Occupancy

SUD – Substance Use Disorder

SUNY – State University of New York

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

THC – Tetrahydrocannabinol

TIG – Trauma, Illness, and Grief Consortium

WNY – Western New York

WNYICC – Western New York Integrated Care Collaborative

YMHFA – Youth Mental Health First Aid

2024 Needs Assessment Form
Niagara County Department of Mental Health

Case Management/Care Coordination Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Crisis Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Cross System Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

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

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Inpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

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

Outpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Prevention Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Residential Treatment Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

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

Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Adult Assertive Community Treatment (ACT) Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No

Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

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

LGU Representative: Myrla Gibbons Doxey

Submitted for: Niagara County Department of Mental Health

2025 Needs Assessment Form
Niagara County Department of Mental Health

Case Management/Care Coordination Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Crisis Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Cross System Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

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

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Inpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Non-Clinical Supports Yes
Applies to OASAS? Yes

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

Outpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Prevention Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Residential Treatment Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

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

Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Adult Assertive Community Treatment (ACT) Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Harm Reduction Yes
Applies to OASAS? Yes
Applies to OMH? No
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

LGU Representative: Myrla Gibbons Doxey

Submitted for: Niagara County Department of Mental Health

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

Goal 1: Timely Access to Care **Target Date: 12/31/2027**

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

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

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

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

Goal 2: Expanded Access to Treatment **Target Date: 12/31/2027**

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

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

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

Goal 3: Increase Access to Housing **Target Date: 12/31/2027**

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

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

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

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

Goal 4: Crisis Services Continuum of Care **Target Date: 12/31/2027**

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

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

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

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

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

Goal 5: Cross-System Services **Target Date: 12/31/2027**

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

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

Goal 6: Workforce Recruitment and Retention **Target Date: 12/31/2027**

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

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

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

Goal 7: Expand Prevention Activities **Target Date: 12/31/2027**

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

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

Goal 8: Tackle the Opioid / Drug Epidemic **Target Date: 12/31/2027**

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

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

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

2026 Needs Assessment Form
Niagara County Department of Mental Health

Case Management/Care Coordination Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Crisis Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Cross System Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

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

Forensics Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? No

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

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

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

Needs Description:
High needs exist for the following:

- Enhanced Communication and Coordination: Strengthen communication and coordination between the local governmental unit (LGU) and State psychiatric centers (PCs) to understand and facilitate access to timely care and efficient/effective restoration services.

- Comprehensive Discharge Planning: Establish early and thorough coordinated discharge planning between the LGU, State PCs, County Jails, and Courts to ensure seamless transitions. This includes connecting individuals to essential supports such as housing, treatment services, medications, and other resources to promote continuity of care and the progress in care to be maintained.

- Community-Based Training and Support: Expand training opportunities for a wide range of community providers to build capacity in addressing the unique needs of individuals with behavioral health conditions involved in the criminal justice system.

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Inpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need?

Need description (Optional):

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

Outpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Prevention Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Residential Treatment Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

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

Transition Age Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Adult Assertive Community Treatment Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Adults Only
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

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

LGU Representative: Myrla Gibbons Doxey

Submitted for: Niagara County Department of Mental Health

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

Goal 1: Timely Access to Care **Target Date: 12/31/2027**

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

Needs Description:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Goal 2: Expanded Access to Treatment **Target Date: 12/31/2027**

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

Needs Description:

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

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

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

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

NYS behavioral health providers face challenges with employed LMHCs and LMFTs needing to obtain their diagnostic privilege due to strict education and credentialing requirements. Many seasoned licensed practitioners, particularly those who graduated before 2010, lack the 60-credit-hour coursework needed to qualify. Limited post-graduate programs offering required courses further restrict access. While NYSED allows individuals until June 2027 to fulfill deficits, many struggle with limited opportunities for completion. Without diagnostic privileges, practitioners face scope-of-practice limitations, requiring additional

supervision to perform diagnostic evaluation and assessment based treatment planning, which strains provider capacity in an already understaffed system. Furthermore, providers face significant challenges in hiring mental health professionals who require supervision to perform diagnostic evaluations and assessment based treatment planning due to a shortage of available LCSWs who are able to supervise LMSWs and other mental health practitioners.

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

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

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

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

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

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

Goal 3: Increase Access to Housing **Target Date: 12/31/2027**

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

Needs Description:

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

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

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

Goal 4: Crisis Services Continuum of Care **Target Date: 12/31/2027**

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

Needs Description:

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

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

Youth mental health concerns continue to rise. For example, Niagara County Crisis Services has seen mental health evaluations for youth increase 202% from 2023 to 2024. Hospitalizations and ER visits for self-harm have also risen. According to Poison Center data, in 2024 43% of intentional substance ingestions in Niagara County involved individuals ages 13-29. In 2023**,** 2.7% of ER visits in Niagara County were suicide-related, with ages 10-19 having the highest suicide-related ER visits in New York (excluding NYC). In 2021, this age group accounted for 42.7% of self-harm ER visits. In 2023, 56.7% of suicide-related ER discharges involved patients at high risk for another attempt, as studies show risk is highest within 30 days of ED or inpatient psychiatric discharge.

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

TIG Consortium is necessary to equip NCDMH crisis responses team members and all school district staff in with the skills and resources necessary to respond effectively in times of crisis.

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

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

Goal 5: Cross-System Services **Target Date: 12/31/2027**

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

Needs Description:

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

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

Goal 6: Workforce Recruitment and Retention **Target Date: 12/31/2027**

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

Needs Description:

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

Key priorities include:

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

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

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

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

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

Goal 7: Expand Prevention Activities **Target Date: 12/31/2027**

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

Needs Description:

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

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

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

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

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

To strengthen prevention, efforts must reduce stigma, address barriers to care, and improve service awareness. The current fragmented system requires individuals with co-occurring disorders

to engage with multiple providers, often making it overwhelming for those in crisis to access the right care. A more integrated approach is critical to ensuring timely and effective support.

Goal 8: Tackle the Opioid / Drug Epidemic **Target Date: 12/31/2027**

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

Needs Description:

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

Stigma and misinformation related to substance use disorder (SUD) prevent individuals from seeking treatment, worsening health inequities. According to PSYCKES data, in April 2025, over 60% of discharged individuals with a new SUD diagnosis did not initiate treatment within 14 days, and over 81% failed to engage in sustained care. Limited access to traditional SUD treatment creates major gaps in care, increasing reliance on crisis services. An alarming trend in Niagara County is the early use of alcohol, tobacco, marijuana, and other drugs. Early use of these substances delays youth from learning positive coping strategies and may impact youth development.

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

Additional High Need Not Addressed on the Current Local Services Plan:

Forensics: Forensic Services and 730 Competency Restoration

Applicable to OMH, Adults

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

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

Needs Description:

High needs exist for the following:

- **Enhanced Communication and Coordination**: Strengthen communication and coordination between the local governmental unit (LGU) and State psychiatric centers (PCs) to understand and facilitate access to timely care and efficient/effective restoration services.

- **Comprehensive Discharge Planning**: Establish early and thorough coordinated discharge planning between the LGU, State PCs, County Jails, and Courts to ensure seamless transitions. This includes connecting individuals to essential supports such as housing, treatment services, medications, and other resources to promote continuity of care and the progress in care to be maintained.

- **Community-Based Training and Support:** Expand training opportunities for a wide range of community providers to build capacity in addressing the unique needs of individuals with behavioral health conditions involved in the criminal justice system.

Niagara County OMH Provider List

Agency Name	Program Name	Program Type Name
BestSelf Behavioral Health, Inc.	MHOTRS - Bloneva Bond Primary School	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - Charles Upson Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - Emmet Belknap Intermediate	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - Drake Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - North Tonawanda Middle School	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - North Tonawanda High School	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
BestSelf Behavioral Health, Inc.	MHOTRS - Wheatfield Pediatrics	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
BestSelf Behavioral Health, Inc.	BestSelf Behavioral Health, Inc. SMH CMA (AOT)	Specialty Mental Health Care Management
Buffalo Psychiatric Center	Gasport Family Care	Family Care
Buffalo Psychiatric Center	MHOTRS - North Tonawanda Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Catholic Charities	MHOTRS - Lockport Children's Outpatient Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Catholic Charities	MHOTRS - Niagara Falls Children's Outpatient Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Child and Family Services	CFTSS: Community Psychiatric Support and Treatment (CPST)	CFTSS: Community Psychiatric Support and Treatment (CPST)
Child and Family Services	CFTSS: Family Peer Support Services (FPSS)	CFTSS: Family Peer Support Services (FPSS)

Child and Family Services	CFTSS: Other Licensed Practitioner (OLP)	CFTSS: Other Licensed Practitioner (OLP)
Child and Family Services	Children and Youth Assertive Community Treatment	Youth Assertive Community Treatment (ACT) Program
Christopher E Beney, MD, PC	Healthy Steps - Niagara County	Advocacy/Support Services
Community Missions, Inc.	CMI - Patient Transportation	Transportation
Community Missions, Inc.	Comm Missions Supp Housing/RCE SH Niagara Cty - Comm Svcs	Supportive Housing
Community Missions, Inc.	Community Missions - Aurora House	Children & Youth Community Residence
Community Missions, Inc.	Community Missions - CHOICES Apartment Program	Apartment/Treatment
Community Missions, Inc.	Community Missions - Canal View	Congregate/Treatment
Community Missions, Inc.	Community Missions - Hansen House Community Residence	Congregate/Treatment
Community Missions, Inc.	Community Missions - Scattered Supp Housing-Comm.Svcs.	Supportive Housing
Community Missions, Inc.	Community Missions SH/MRT SH Niagara Cty - Comm Svcs	Supportive Housing
Community Missions, Inc.	Community Missions Supp Hsing PC Long Stay/Niagara-Comm Svcs	Supportive Housing
Community Missions, Inc.	Drop In Center	Drop In Centers
Community Missions, Inc.	Niagara Visions PROS	Comprehensive PROS with Clinical Treatment
Community Missions, Inc.	On-Site Case Management	Non-Medicaid Care Coordination
Community Missions, Inc.	PROS Employment Initiative	PROS Employment Initiative
Community Missions, Inc.	Peer Crisis Respite	Advocacy/Support Services
Community Missions, Inc.	Respite	Crisis/Respite Beds
Community Missions, Inc.	SPOA Non-Medicaid Care Coordination	Non-Medicaid Care Coordination
Community Missions, Inc.	Supported Housing - High Needs - Community Service-Comm.Svcs	Supportive Housing
DePaul Community Services, Inc.	Packet Boat Landing	Supportive Single Room Occupancy (SP-SRO)

Empower (formerly UCP of Niagara)	Ongoing Integrated Supported Employment	Ongoing Integrated Supported Employment Services
Endeavor Health Services, Inc.	MHOTRS - Lockport Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Endeavor Health Services, Inc.	MHOTRS - Lockport Probation	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Endeavor Health Services, Inc.	MHOTRS - Niagara Falls Probation	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Endeavor Health Services, Inc.	EHS, Inc. SMH CMA	Specialty Mental Health Care Management
Gateway Longview	MHOTRS - 79th Street Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Abate Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Cataract Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - GJ Mann Elementary* Not currently an open satellite	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Hyde Park Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Kalfas Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Maple Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	MHOTRS - Niagara Street Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite

Niagara County OMH Provider List

Gateway Longview	MHOTRS - Colonial Village Elementary	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Gateway Longview	CFTSS: Community Psychiatric Support and Treatment (CPST)	CFTSS: Community Psychiatric Support and Treatment (CPST)
Gateway Longview	CFTSS: Other Licensed Practitioner (OLP)	CFTSS: Other Licensed Practitioner (OLP)
Hillside Children's Center	Hillside SMH CMA - Western Niagara	Specialty Mental Health Care Management
Horizon Health Services, Inc.	MHOTRS - Lockport Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Horizon Health Services, Inc.	MHOTRS - Niagara Falls Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Horizon Health Services, Inc.	MHOTRS - Sanborn Clinic	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Horizon Health Services, Inc.	MHOTRS - Gaskill Preparatory	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Horizon Health Services, Inc.	MHOTRS - Newfane School District Middle and High Schools	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Horizon Health Services, Inc.	MHOTRS - Niagara Wheatfield Middle and High Schools	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) - School Satellite
Horizon Health Services, Inc.	Horizon SMH CMA Niagara	Specialty Mental Health Care Management
Housing Options Made Easy, Inc. dba ROME	HOME Supp Housing PC Long Stay/Niagara County-Comm Svcs	Supportive Housing
Housing Options Made Easy, Inc. dba ROME	Housing Options Supported Housing-Niagara Cty-Comm Svcs	Supportive Housing
Jewish Family Service of Western New York	Jewish Family Services of Western New York SMH CMA	Specialty Mental Health Care Management
Living Opportunities of DePaul, Inc.	OMH SSSH Rest of State Supportive Housing	Supportive Housing

Living Opportunities of DePaul, Inc.	LO DePaul SH/Transformation SH Niagara Cty - Comm Svcs	Supportive Housing
Lockport School District	Lockport School District SBMH	School Mental Health Program
Mental Health Association in Niagara County	Children's In-Home Respite Program	Respite Services
Mental Health Association in Niagara County	Community Education and Referral	Self-Help Programs
Mental Health Association in Niagara County	Compeer Adult	Outreach
Mental Health Association in Niagara County	Compeer for Youth	Outreach
Mental Health Association in Niagara County	Peer Advocacy	Advocacy/Support Services
Spectrum Health Services	Spectrum Health and Human Services Niagara ACT Team	Assertive Community Treatment (ACT)
Spectrum Health Services	Individual Placement and Support	Individual Placement and Support Employment Initiative
New Directions Youth & Family Services, Inc.	Children's Mental Health Rehabilitation	CFTSS: Children's Mental Health Rehabilitation Services
New Directions Youth & Family Services, Inc.	Children's Mobile Crisis Outreach	Crisis Intervention
New Directions Youth & Family Services, Inc.	Community Based Crisis Intervention	Crisis Intervention
New Directions Youth & Family Services, Inc.	Community Psychiatric Supports and Treatment	CFTSS: Community Psychiatric Support and Treatment (CPST)
New Directions Youth & Family Services, Inc.	Family Peer Support Services	CFTSS: Family Peer Support Services (FPSS)
New Directions Youth & Family Services, Inc.	Family Support - C&Y	Family Peer Support Services - Children & Family
New Directions Youth & Family Services, Inc.	Health Home Non Medicaid Care Management C&Y	Health Home Non-Medicaid Care Management
New Directions Youth & Family Services, Inc.	Other Licensed Practitioner	CFTSS: Other Licensed Practitioner (OLP)
New Directions Youth & Family Services, Inc.	Psychosocial Rehabilitation	CFTSS: Psychosocial Rehabilitation (PSR)

Niagara County OMH Provider List

Niagara County Department of Mental Health	988 Crisis Hotline Center	988 Crisis Hotline Center
Niagara County Department of Mental Health	Adult Mobile Crisis Services	Mobile Crisis Services
Niagara County Department of Mental Health	CFTSS: Mobile Crisis Intervention	CFTSS: Mobile Crisis Intervention (CI)
Niagara County Department of Mental Health	Community Outreach	Advocacy/Support Services
Niagara County Department of Mental Health	Community Services Board	Local Governmental Unit (LGU) Administration
Niagara County Department of Mental Health	Crisis Outreach Coordination & AOT	Crisis Intervention
Niagara County Department of Mental Health	Hospital Diversion Engagement Team	Crisis Intervention
Niagara County Department of Mental Health	Hospital Diversion Mobile Transition	Crisis Intervention
Niagara County Department of Mental Health	Monitoring & Evaluation	Monitoring and Evaluation, CSS
Niagara County Department of Mental Health	Niagara County Counseling and Wellness Services - Niagara Fa	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Niagara County Department of Mental Health	Niagara County Dept of MH - SPOA - Adult	Single Point of Access (SPOA)
Niagara County Department of Mental Health	Niagara County Dept of MH - SPOA - C&Y	Single Point of Access (SPOA)
Niagara County Department of Mental Health	Partnership for Healthy Aging	Non-Medicaid Care Coordination
Niagara County Department of Mental Health	Transitional Case Management	Transition Management Services
Niagara County Department of Mental Health	Youth in Probation	Outreach
Niagara Falls Memorial Medical Center	Advocacy and Support Programs	Advocacy/Support Services
Niagara Falls Memorial Medical Center	Emergency Room	Crisis Intervention

Niagara County OMH Provider List

Niagara Falls Memorial Medical Center	Niagara Falls Care Management Agency	Specialty Mental Health Care Management
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Med Ctr Child Advoc Ctr Care Coord.	Non-Medicaid Care Coordination
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center CMHC Inpatient Program	Inpatient Psychiatric Unit of a General Hospital
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center Clinic Treatment Prog	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
Niagara Falls Memorial Medical Center	Non-Medicaid Care Coordination	Non-Medicaid Care Coordination
Niagara Falls School District	Niagara Falls School District SBMH	School Mental Health Program
Niagara Wheatfield Central School	Mitigting the Impact of Trauma in Schools	School Mental Health Program
Our Lady of Victory (OLV)	CFTSS: Community Psychiatric Support and Treatment (CPST)	CFTSS: Community Psychiatric Support and Treatment (CPST)
Our Lady of Victory (OLV)	CFTSS: Family Peer Support Services (FPSS)	CFTSS: Family Peer Support Services (FPSS)
Our Lady of Victory (OLV)	CFTSS: Other Licensed Practitioner (OLP)	CFTSS: Other Licensed Practitioner (OLP)
Our Lady of Victory (OLV)	CFTSS: Psychosocial Rehabilitation (PSR)	CFTSS: Psychosocial Rehabilitation (PSR)
Pinnacle Community Services, Inc	Health Home Care Management C&Y	Health Home Care Management
Pinnacle Community Services, Inc	Health Home C&Y Non Medicaid Care Management	Health Home Non-Medicaid Care Management
Pinnacle Community Services, Inc	Pinnacle Community Services - HH CM	Health Home Care Management
Pinnacle Community Services, Inc	Pinnacle Community Services - HH NonMed CM	Health Home Non-Medicaid Care Management
Pinnacle Community Services, Inc	SMH CMA	Specialty Mental Health Care Management
Restoration Society Inc.	Adult BH HCBS Family Support	CORE Family Support and Training (FST)
Restoration Society Inc.	Adult BH HCBS Pre-Vocational Services	Adult BH HCBS Pre-Vocational Services

Niagara County OMH Provider List

Restoration Society Inc.	Adult BH HCBS Psychosocial Rehabilitation	CORE Psychosocial Rehabilitation (PSR)
Restoration Society Inc.	Adult BH HCBS Transitional Employment	Adult BH HCBS Transitional Employment
Restoration Society Inc.	CORE Peer Support Services	CORE Empowerment Services - Peer Supports
The Dale Association, Inc.	PROS Center for Wellness	PROS Employment Initiative
The Dale Association, Inc.	Peer Specialists	Advocacy/Support Services
The Dale Association, Inc.	The Dale Association Counseling & Treatment Center	Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
The Dale Association, Inc.	The Dale Association, Inc. PROS	Comprehensive PROS with Clinical Treatment
Transitional Services, Inc.	ESSHI Supported Housing	Supportive Housing
Venture Forthe, Inc.	Venture Forthe PSR	CORE Psychosocial Rehabilitation (PSR)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Education Support Services (ESS)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Intensive Supported Employment (ISE)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Ongoing Supported Employment (OSE)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Pre-Vocational Services
Venture Forthe, Inc.	Venture Forthe, Inc.	CORE Community Psychiatric Support and Treatment (CPST)
Venture Forthe, Inc.	Venture Forthe, Inc.	CORE Family Support and Training (FST)
Venture Forthe, Inc.	Venture Forthe, Inc.	Adult BH HCBS Habilitation
Venture Forthe, Inc.	Venture Forthe, Inc.	CORE Empowerment Services - Peer Supports
Wheatfield Pediatrics LLP	Healthy Steps - Erie/Niagara Counties	Advocacy/Support Services