



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

Goals and Objectives 2024-2027 Sullivan County Department of Community Services

Heidi Reimer, Senior Community Services Coordinator
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Goal 1

Goal 1: Title Cross Systems Services

Goal 1: Target Completion Date Jun 30, 2028

Goal 1: Description There is a need for more flexibility regarding services and supports for dually diagnosed individuals with multiple systems involvement.

The number of individuals with co-occurring or complex needs continues to grow in Sullivan County. Cross system services and deeper collaborations are necessary. Persons with multiple systems involvement can become "stuck between silos," thus impeding eligibility for appropriate services. There continues to be a need for more flexibility regarding services and supports for dually diagnosed individuals with multiple system involvement.

There is a need for more flexibility regarding services and supports for dually diagnosed individuals with multiple systems involvement.

There is a gap between OASAS/OMH systems. There are many instances where a client may be too compromised from an active substance use standpoint to effectively participate in mental health treatment, or they may be too compromised from a psychiatric standpoint (ie: unable to participate due to active psychosis or inability to control impulses) to be able to effectively participate in a primary SUD setting. We are encountering an increased number of folks who don't meet the criteria for a hospital admission for stabilization but they are too compromised to effectively participate in outpatient services. In addition, the complexity of need makes it difficult to transition folks through care, especially with the limited resources available. There is nowhere to refer these particular patients to and too often, these most vulnerable individuals end up on the street, unserved. If folks are not eligible for hospital admission, there needs to be an alternative resource, somewhere they could go to receive brief inpatient support to stabilize medication, receive wrap around support, referrals for care management, adequate shelter, food and ongoing support in the community (like and ACT Team).

There is an identified need for comprehensive staff training for co-occurring disorders and evidence-based treatment options. There is also a need for more staff trainings which all providers can attend to identify best practices, shared language, and to foster working relationships to improve patient-centered care.

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

Goal 1: Need Addressed 1 Cross System Services

Goal 1: Need Addressed 2

Goal 1: Need Addressed 3

Goal 1, Objective 1: Title To improve Cross Systems Services in Sullivan County.

Goal 1, Objective 1, Target Completion Date Jun 30, 2028

Goal 1, Objective 1, Description The LGU will advocate with state agencies regarding blended funding, regulation waivers, and integrated care.

Goal 1, Objective 2: Title To improve Cross Systems Services in Sullivan County.

Goal 1, Objective 2, Target Completion Date Jun 30, 2024

Goal 1, Objective 2, Description The 'Unite Us' social care referral platform will be implemented to enhance the referral process and linkage to available resources within the community.

Goal 1, Objective 3: Title To improve Cross Systems Services in Sullivan County.

Goal 1, Objective 3, Target Completion Date Jun 30, 2028

Goal 1, Objective 3, Description The Children's System of Care Committee will work to eliminate silos and improve information sharing and advocacy.

Goal 1, Objective 4: Title To improve Cross Systems Services in Sullivan County.

Goal 1, Objective 4, Target Completion Date Jun 30, 2026

Goal 1, Objective 4, Description United Sullivan will continue collaboration to enhance continuity of care.

Goal 2

Goal 2: Title Housing

Goal 2: Target Completion Date Jun 30, 2028

Goal 2: Description Housing remains a priority need in Sullivan County. There is a need for more supervised housing as existing housing programs do not have enough capacity to meet the need. An increased number of folks have moved into Sullivan County in the recent years, thereby reducing the number of available rental options for residents. Rent prices have skyrocketed and existing programs are having difficulty finding supported apartments at fair market value. The A-SPOA housing waiting lists continue to be very long.

There also continues to be a need for housing for transitional age youth/young adults (18-21). There is a growing need for housing options for individuals with high functioning autism and there is an urgent need for an increased number of foster care homes in Sullivan County.

Sullivan County does not have a homeless shelter and much of the homeless housing is within the local hotels/motels through the Department of Family Services. This housing option is not supervised and is often not conducive to an individual's recovery process due to the level of substance use and availability in the vicinity of the buildings. In addition, the hotels/motels are not equipped to manage behaviors which typically results in increased medical and/or law enforcement crisis response.

Sullivan County has a shortage of housing options for individuals who are dually diagnosed and for special populations. Sullivan County has a great need for supportive transitional housing for homeless and newly recovering/recovered persons.

There is a number of folks with very high residential needs that we don't have a placement for. These individuals tend to cycle in and out of the hospital, experience homelessness, reside in sub-standard housing, or in housing that is not appropriate, which causes challenges in the community, or if they are in congregate care, it interferes with the therapeutic environment there.

It is becoming increasingly challenging to provide housing for individuals with complex co-occurring conditions, particularly when an individual needs a higher level of care, medically, then programs are able to accommodate. Residential programs end up having to provide a level of care that they are not certified to provide because no healthcare facility is willing to accept the individual. Residential programs are having to accommodate challenges with little supportive resources for continuation of care or to make appropriate referrals for clients that need a greater level of support. Wait lists for inpatient co-occurring disorder treatment are significant and many hospital settings have changed their criteria or no longer offer the specialized care that they once did. This is not in the best interest of the client but alternative options are unavailable.

As a state-wide system, we have to look at developing another level of residential care / program model for those with significant challenges who cannot live independently or in congregate care. Ideally, it would be a program that receives blended state funding, is unlicensed, offers 24-hour staffing and wrap around supports, while offering the provider the flexibility to do what is needed to serve the clients. A Community Residence-Single Room Occupancy (CR-SRO) Housing Program, although not 100% able to accommodate the challenges for this particular group of individuals, is the closest existing program to what we are describing here.

Regarding housing for OPWDD services, the challenge is the type of housing people want. The housing stock that is available faces challenges as those living there 'age in place', requiring structural modifications (for which there is limited funding). For those who are seeking a place to live within the OPWDD system the lack of single bedrooms is an obstacle, as is the lack of non-traditional supported housing types. In addition, access to housing for those with high acuity, medical needs or behavioral issues can be very challenging.

The housing inventory and high cost is an issue for human services staff as well. Homelessness is occurring among our staff whose paychecks have not kept up with the inflated cost of housing. This creates significant concerns for retention, staff call-outs, burnout and more people leaving the field than entering.

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

Goal 2: Need Addressed 1 Housing

Goal 2: Need Addressed 2

Goal 2: Need Addressed 3

Goal 2, Objective 1: Title To increase housing availability in Sullivan County.

Goal 2, Objective 1, Target Completion Date Jun 30, 2026

Goal 2, Objective 1, Description The LGU will support the development of a Housing Gateway Center.

Goal 2, Objective 2: Title To increase housing availability in Sullivan County.

Goal 2, Objective 2, Target Completion Date Jun 30, 2028

Goal 2, Objective 2, Description The LGU will enhance collaboration with housing providers to identify opportunities to increase housing in Sullivan County.

Goal 2, Objective 3: Title To increase housing availability in Sullivan County.

Goal 2, Objective 3, Target Completion Date Jun 30, 2027

Goal 2, Objective 3, Description The LGU will work with state partners to improve access to OPWDD housing with local providers.

Goal 3

Goal 3: Title Transitional Age Services

Goal 3: Target Completion Date Jun 30, 2028

Goal 3: Description There is a need for services for transitional age youth/young adults in Sullivan County.

OMH/OPWDD: There continues to be a need for housing and employment services for transitional age youth/young adults (18-21). Sullivan County could benefit from a transitional residence to assist with a successful transition to adulthood.

OPWDD: It can be a long period of time before families even realize these services are available. If they obtained eligibility sooner, programming could be in place to provide the needed services and supports. Many families have waited until the last minute for transition planning. Proactive work in the schools would be very helpful. Eligibility is an issue for many youth; the process is long and complicated and although the CCOs are required to help, they often give little assistance. Also, getting determinations of eligibility for waiver services is becoming increasingly difficult for youth on the spectrum – OPWDD is requiring ADOS or other confirmatory testing of Autism diagnoses and there are very few providers in the region able to conduct them and almost none take Medicaid.

The Department of Health and Human Services expresses ongoing concerns regarding the difficulty with accessing services for eligible youth who are in placement or who are aging out of care. It often takes a lot of advocacy work and many obstacles are encountered throughout the process.

Expanded community advocacy, education and awareness of OPWDD services is needed in Sullivan County. Further education for schools and the community is necessary to explain what OPWDD is, who it's for, what services are available, how to initiate the process through the Front Door Orientation, etc... More awareness of the application process is needed as well, as it can be cumbersome and overwhelming for families.

Goal 3: OASAS? No Goal 3: OMH? Yes Goal 3: OPWDD? Yes

Goal 3: Need Addressed 1 Transition age services

Goal 3: Need Addressed 2

Goal 3: Need Addressed 3

Goal 3, Objective 1: Title To enhance transitional age services in Sullivan County.

Goal 3, Objective 1, Target Completion Date Jun 30, 2025

Goal 3, Objective 1, Description The LGU, through the C-SOC will provide educational opportunities for providers, school districts and the general public regarding available services and how to access them.

Goal 3, Objective 2: Title To enhance transitional age services in Sullivan County.

Goal 3, Objective 2, Target Completion Date Jun 30, 2028

Goal 3, Objective 2, Description The LGU will work to improve bed availability in the community.

Goal 3, Objective 3: Title To enhance transitional age services in Sullivan County.

Goal 3, Objective 3, Target Completion Date Jun 30, 2028

Goal 3, Objective 3, Description The LGU will advocate for additional resources and wrap around services and supports for transitional age youth.

Goal 4

Goal 4: Title Transportation

Goal 4: Target Completion Date Jun 30, 2028

Goal 4: Description Transportation continues to be a priority need in Sullivan County. Transportation is a major barrier regarding access to care. Public transportation is minimal in more populated areas of the county and merely non-existent in the outlying communities. In addition, more transportation options for persons with mobility issues is needed.

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

Goal 4: Need Addressed 1 Transportation

Goal 4: Need Addressed 2

Goal 4: Need Addressed 3

Goal 4, Objective 1: Title The goal of the LGU is to improve transportation services in Sullivan County.

Goal 4, Objective 1, Target Completion Date Jun 30, 2028

Goal 4, Objective 1, Description The LGU will continue to advocate for the expansion of transportation services.

Goal 4, Objective 2: Title

Goal 4, Objective 2, Target Completion Date

Goal 4, Objective 2, Description

Goal 4, Objective 3: Title

Goal 4, Objective 3, Target Completion Date Jun 30, 2028

Goal 4, Objective 3, Description

Goal 5

Goal 5: Title Workforce

Goal 5: Target Completion Date Jun 30, 2028

Goal 5: Description Workforce stabilization is a priority need as Sullivan County continues to experience a severe workforce shortage among all human service agencies.

Workforce recruitment and retention continues to be an issue across all three disability populations in Sullivan County. Sullivan County has a record high number of staff vacancies for all positions including clinical, health professionals, and paraprofessionals. The number of qualified staff is limited and it is difficult to retain staff that is qualified. Lack of staff continues to be at a crisis level of need. This results in large caseloads, worker burnout, individuals not receiving needed services, wait lists, or programs not operating, or operating at limited capacity. Even when there are openings, programs are struggling to provide the services because there is not enough staff to provide them.

Investments in the workforce have been long-overdue. Most recently, various state-funded bonus structures have been unwieldy and not necessarily as effective as increases to base salaries/COLAs that keep up with inflation. Wage growth outside of/in other parts of the field, proliferation of remote work opportunities, additional providers entering Sullivan County, etc. have all contributed to critical vacancy rates.

When there is wage compression or there is funding with specific expectations or rules about which employees can receive it, or recruitment and sign on bonuses, unintended consequences result (ie: newly hired staff making the same, or more money than their supervisors or staff who have been working in the organization for a long period of time; or existing staff being left out of receiving a raise altogether). This affects morale and leads to tension within the workplace, leaving staff feeling unappreciated or resentful. It also leads to resignation of staff. When providers are 'pigeonholed' in this way, it becomes very challenging for them to manage.

Overall, the salaries are poor, especially for direct care staff. Many staff among various agencies are at poverty level of income and they are struggling to maintain their households. Providers need the ability to pay staff adequately and competitively in order to provide the necessary services to those in need. In addition, we need to structurally look at how we can broaden the pool of applicants to increase the number of individuals to fill various roles. Some regulations and initiatives, although well intended, actually make it more difficult for programs to staff their organization and deliver services.

The pay scale in the human services field is not competitive and the ability for providers to impact compensation to incentivize is limited. As a way to incentivize folks to work for a non-profit, Community Based Organization (CBOs), it has been suggested that the state should consider offering employees of agencies receiving state aid to receive retirement service benefits through the New York State Retirement System. Since CBOs cannot offer the same level of healthcare benefits or other types of fringe benefits, this would provide an opportunity for retention and longevity of staff as they would have an incentive to stay in order to become vested in the retirement system.

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

Goal 5: Need Addressed 1 Workforce

Goal 5: Need Addressed 2

Goal 5: Need Addressed 3

Goal 5, Objective 1: Title The LGU's goal is to stabilize the workforce.

Goal 5, Objective 1, Target Completion Date Jun 30, 2028

Goal 5, Objective 1, Description The LGU will participate in regional efforts to grow the behavioral health workforce. (ie: work with the college to improve enrollment in human services programs; advocate for less cumbersome certification/recertification processes...).

Goal 5, Objective 2: Title The LGU's goal is to stabilize the workforce.

Goal 5, Objective 2, Target Completion Date Jun 30, 2028

Goal 5, Objective 2, Description The LGU will advocate for opportunities to enhance pay and other benefits for workers to address staffing shortages across all sectors.

Goal 5, Objective 3: Title The LGU's goal is to stabilize the workforce.

Goal 5, Objective 3, Target Completion Date Jun 30, 2028

Goal 5, Objective 3, Description The LGU will work with community providers to identify new opportunities to support recruitment and retention efforts throughout the systems of care.

Goal 5, Objective 4: Title The LGU's goal is to stabilize the workforce.

Goal 5, Objective 4, Target Completion Date Jun 30, 2028

Goal 5, Objective 4, Description The LGU will work with community partners to improve employee wellness.

Goal 6 (Added 2026)

Goal 6: Title Housing

Goal 6: Target Completion Date Jun 30, 2029

Goal 6: Description Housing is the most persistent top priority need in Sullivan County. Housing inventory is further reduced due to new residents moving from more economically advantaged locations. Much of new development is targeted to seasonal occupancy, and interferes significantly with outdated infrastructure. The water supply in the county is not equipped for large developments that do not contribute to financing infrastructure updates, and multiple towns are reporting water deficits. Rent prices have skyrocketed, doubling in some areas since COVID-19, and existing programs are having difficulty finding supported apartments at fair market value. There is a need for more supervised housing as existing housing programs do not have enough capacity to meet the need. The A-SPOA housing waiting lists continue to be very long. There also continues to be a need for housing for transitional age youth/young adults (18-21). There is a growing need for housing options for individuals with high functioning autism and there is an urgent need for an increased number of foster care homes in Sullivan County. Available housing programs for this population, such as Foster Youth to Independence, are not utilized as the target demographic are either remaining housed with their foster families long-term, or are not equipped to reside independently. Sullivan County does not have a homeless shelter and much of the homeless housing is within the local hotels/motels through the Department of Family Services. This housing option is not supervised and is often not conducive to an individual's recovery process due to the level of substance use and availability in the vicinity of the buildings. In addition, the hotels/motels are not equipped to manage behaviors which typically results in increased medical and/or law enforcement crisis response. To address this need, Sullivan County, in collaboration with HONOR, has proposed a 20-bed Gateway Housing project which has been consistently struggling to pass Legislature due to concerns around optimal location and fiscal efficiency. Obtaining grant funding for this project would be ideal. Sullivan County has a shortage of housing options for individuals who are dually diagnosed and for special populations. Sullivan County has a great need for supportive transitional housing for homeless and newly recovering/recovered persons. There is a number of folks with very high residential needs that we don't have a placement for. These individuals tend to cycle in and out of the hospital, experience homelessness, reside in sub-standard housing, or in housing that is not appropriate, which causes challenges in the community, or if they are in congregate care, it interferes with the therapeutic environment there. It is becoming increasingly challenging to provide housing for individuals with complex co-occurring conditions, particularly when an individual needs a higher level of care, medically, then programs are able to accommodate. Residential programs end up having to provide a level of care that they are not certified to provide because no healthcare facility is willing to accept the individual. Residential programs are having to accommodate challenges with little supportive resources for continuation of care or to make appropriate referrals for clients that need a greater level of support. Wait lists for inpatient co-occurring disorder treatment are significant and many hospital settings have changed their criteria or no longer offer the specialized care that they once did. This is not in the best interest of the client but alternative options are unavailable. As a state-wide system, we have to look at developing another level of residential care / program model for those with significant challenges who cannot live independently or in congregate care. Ideally, it would be a program that receives blended state funding, is unlicensed, offers 24-hour staffing and wrap around supports, while offering the provider the flexibility to do what is needed to serve the clients. A Community Residence-Single Room Occupancy (CR-SRO) Housing Program, although not 100% able to accommodate the challenges for this particular group of individuals, is the closest existing program to what we are describing here. Regarding housing for OPWDD services, the challenge is the type of housing people want. The housing stock that is available faces challenges as those living there 'age in place', requiring structural modifications (for which there is limited funding). For those who are seeking a place to live within the OPWDD system the lack of single bedrooms is an obstacle, as is the lack of non-traditional supported housing types. In addition, access to housing for those with high acuity, medical needs or behavioral issues can be very challenging. The housing inventory and high cost is an issue for human services staff as well. Homelessness is occurring among our staff whose paychecks have not kept up with the inflated cost of housing. This creates significant concerns for retention, staff callouts, burnout and more people leaving the field than entering.

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

Goal 6: Need Addressed 1 Housing

Goal 6: Need Addressed 2

Goal 6: Need Addressed 3

Goal 6, Objective 1: Title To increase housing availability in Sullivan County.

Goal 6, Objective 1, Target Completion Date Jun 30, 2027

Goal 6, Objective 1, Description The LGU will continue to support the development of Gateway Housing.

Goal 6, Objective 2: Title To increase housing availability in Sullivan County.

Goal 6, Objective 2, Target Completion Date Jun 30, 2028

Goal 6, Objective 2, Description The LGU will enhance collaboration with housing providers to identify opportunities to increase housing in Sullivan County.

Goal 6, Objective 3: Title To increase housing availability in Sullivan County.

Goal 6, Objective 3, Target Completion Date Jun 30, 2027

Goal 6, Objective 3, Description The LGU will work with state partners to improve access to OPWDD housing with local providers.

Goal 6, Objective 4: Title To increase housing availability in Sullivan County.

Goal 6, Objective 4, Target Completion Date Jun 30, 2027

Goal 6, Objective 4, Description The LGU will explore funding opportunities to support the Gateway Housing project, highlighting the cost benefit and savings associated with the project in comparison to ongoing funding of hotel room stays for the unhoused.

Goal 7 (Added 2026)

Goal 7: Title Transitional Age Services

Goal 7: Target Completion Date Jun 30, 2028

Goal 7: Description There is a need for services for transitional age youth/young adults in Sullivan County. OMH/OPWDD: There continues to be a need for housing and employment services for transitional age youth/young adults (18-21). Sullivan County could benefit from a transitional residence to assist with a successful transition to adulthood. OPWDD: It can be a long period of time before families even realize these services are available. If they obtained eligibility sooner, programming could be in place to provide the needed services and supports. Many families have waited until the last minute for transition planning. Proactive work in the schools would be very helpful. Eligibility is an issue for many youth; the process is long and complicated and although the CCOs are required to help, they often give little assistance. Also, getting determinations of eligibility for waiver services is becoming increasingly difficult for youth on the spectrum – OPWDD is requiring ADOS or other confirmatory testing of Autism diagnoses and there are very few providers in the region able to conduct them and almost none take Medicaid. The Department of Health and Human Services expresses ongoing concerns regarding the difficulty with accessing services for eligible youth who are in placement or who are aging out of care. It often takes a lot of advocacy work and many obstacles are encountered throughout the process. Expanded community advocacy, education and awareness of OPWDD services is needed in Sullivan County. Further education for schools and the community is necessary to explain what OPWDD is, who it's for, what services are available, how to initiate the process through the Front Door Orientation, etc... More awareness of the application process is needed as well, as it can be cumbersome and overwhelming for families. The Perinatal/Family Systems of Care initiative has improved integrated multi-systems communication in this area, meeting regularly to develop outreach interventions and community-facing materials to enhance and expand access to care. The Better for Families initiative has been implemented in Sullivan County, focusing primarily on improving reunification outcomes for families with CPS and/or Family Court involvement.

Goal 7: OASAS? No Goal 7: OMH? Yes Goal 7: OPWDD? Yes

Goal 7: Need Addressed 1 Transition age services

Goal 7: Need Addressed 2

Goal 7: Need Addressed 3

Goal 7, Objective 1: Title To enhance transitional age services in Sullivan County.

Goal 7, Objective 1, Target Completion Date Jun 30, 2026

Goal 7, Objective 1, Description The LGU, through the Perinatal/Family SOC will continue to provide educational opportunities for providers, school districts and the general public regarding available services and how to access them.

Goal 7, Objective 2: Title To enhance transitional age services in Sullivan County.

Goal 7, Objective 2, Target Completion Date Jun 30, 2028

Goal 7, Objective 2, Description The LGU will work to improve bed availability in the community.

Goal 7, Objective 3: Title To enhance transitional age services in Sullivan County.

Goal 7, Objective 3, Target Completion Date Jun 30, 2028

Goal 7, Objective 3, Description The LGU will advocate for additional resources and wraparound services and supports for transitional age youth, prioritizing education on independent living for transitioning youth to improve the utilization of existing programs.

Goal 7, Objective 4: Title To enhance transitional age services in Sullivan County.

Goal 7, Objective 4, Target Completion Date Jun 30, 2028

Goal 7, Objective 4, Description The LGU will advocate for additional resources and wraparound services and supports for transitional age youth in collaboration with the Better for Families initiative, improving the adoption process when appropriate; otherwise supporting and streamlining reunification prior to transitional age.

Goal 8 (Added 2026)

Goal 8: Title Transportation

Goal 8: Target Completion Date Jun 30, 2028

Goal 8: Description Transportation continues to be a priority need in Sullivan County. Transportation is a major barrier regarding access to care. Public transportation is minimal in more populated areas of the county and gradually improving in the outlying communities. In addition, more transportation options for persons with mobility issues is needed. Expanding transportation availability will improve workforce retention and reduce isolation experienced by community members in more rural parts of the county.

Goal 8: OASAS? Yes Goal 8: OMH? Yes Goal 8: OPWDD? Yes
Goal 8: Need Addressed 1 Transportation
Goal 8: Need Addressed 2
Goal 8: Need Addressed 3

Goal 8, Objective 1: Title The goal of the LGU is to improve transportation services in Sullivan County.
Goal 8, Objective 1, Target Completion Date Jun 30, 2028
Goal 8, Objective 1, Description The LGU will continue to advocate for the expansion of routes and operating hours of transportation services.

Goal 8, Objective 2: Title The goal of the LGU is to improve transportation services in Sullivan County.
Goal 8, Objective 2, Target Completion Date Jun 30, 2028
Goal 8, Objective 2, Description The LGU will advocate to improve the locations of the Move Sullivan bus sites to include ADA Signage with kiosks showing route information, and to install accessible bus stop structures in the areas with great usage for public safety.

Goal 9 (Added 2026)

Goal 9: Title Prevention
Goal 9: Target Completion Date Jun 30, 2029
Goal 9: Description Due to the current federal administration's plans to limit Medicaid access, the county must prioritize ensuring community members can access primary care and family practice physicians. Focusing on wellness and preventive care will help mitigate the negative effects of reduced Medicaid eligibility.
Goal 9: OASAS? Yes Goal 9: OMH? Yes Goal 9: OPWDD? Yes
Goal 9: Need Addressed 1 Prevention
Goal 9: Need Addressed 2
Goal 9: Need Addressed 3

Goal 9, Objective 1: Title The goal of the LGU is to improve and increase community members' access to healthcare in Sullivan County, focusing on preventative care, wellness, and regular contact with primary care physicians.
Goal 9, Objective 1, Target Completion Date Jun 30, 2028
Goal 9, Objective 1, Description The LGU will continue to advocate for retention of the HPSA designation, incentivizing mental health and primary care physicians to expand their practices to Sullivan County.

Goal 9, Objective 2: Title The goal of the LGU is to improve and increase community members' access to healthcare in Sullivan County, focusing on preventative care, wellness, and regular contact with primary care physicians.
Goal 9, Objective 2, Target Completion Date Jun 30, 2028
Goal 9, Objective 2, Description The LGU will advocate for additional Federally Qualified Health Center (FQHC) providers, such as Sun River Health, to offer services in Sullivan County to community members regardless of immigration status, insurance coverage, or ability to pay.

Goal 10 (Added 2026)

Goal 10: Title Workforce
Goal 10: Target Completion Date Jun 30, 2028
Goal 10: Description Workforce stabilization is a priority need as Sullivan County continues to experience a severe workforce shortage among all human service agencies. Workforce recruitment and retention continues to be an issue across all three disability populations in Sullivan County. Sullivan County has a record high number of staff vacancies for all positions including clinical, health professionals, and paraprofessionals. The number of qualified staff is limited and it is difficult to retain staff that is qualified. Lack of staff continues to be at a crisis level of need. This results in large caseloads, worker burnout, individuals not receiving needed services, wait lists, or programs not operating, or operating at limited capacity. Even when there are openings, programs are struggling to provide the services because there is not enough staff to provide them. Investments in the workforce have been long-overdue. Most recently, various state-funded bonus structures have been unwieldy and not necessarily as effective as increases to base salaries/COLAs that keep up with inflation. Wage growth outside of/in other parts of the field, proliferation of remote work opportunities, additional providers entering Sullivan County, etc. have all contributed to critical vacancy rates. When there is wage compression or there is funding with specific expectations or rules about which employees can receive it, or recruitment and sign on bonuses, unintended consequences result (ie: newly hired staff making the same, or more money than their supervisors or staff who have been working in the organization for a long period of time; or existing staff being left out of receiving a raise altogether). This affects morale and leads to tension within the workplace, leaving staff feeling unappreciated or resentful. It also leads to resignation of staff. When providers are 'pigeonholed' in this way, it becomes very challenging for them to manage. Overall, the salaries are poor, especially for direct care staff. Many staff among various agencies are at poverty level of income and they are struggling to maintain their households. Providers need the ability to pay staff adequately and competitively in order to provide the necessary services to those in need. In addition, we need to structurally look at how we can broaden the pool of applicants to increase the number of individuals to fill various roles. Some regulations and initiatives, although well intended, actually make it more difficult for programs to staff their organization and deliver services. The pay scale in the human services field is not competitive and the ability for providers to impact compensation to incentivize is limited. As a way to incentivize folks to work for a non-profit, Community Based Organization (CBOs), it has been suggested that the state

should consider offering employees of agencies receiving state aid to receive retirement service benefits through the New York State Retirement System. Since CBOs cannot offer the same level of healthcare benefits or other types of fringe benefits, this would provide an opportunity for retention and longevity of staff as they would have an incentive to stay in order to become vested in the retirement system.

Goal 10: OASAS? Yes Goal 10: OMH? Yes Goal 10: OPWDD? Yes

Goal 10: Need Addressed 1 Workforce

Goal 10: Need Addressed 2

Goal 10: Need Addressed 3

Goal 10, Objective 1: Title The LGU's goal is to stabilize the workforce.

Goal 10, Objective 1, Target Completion Date Jun 30, 2028

Goal 10, Objective 1, Description The LGU will participate in regional efforts to grow the behavioral health workforce. (ie: work with the college to improve enrollment in human services programs; advocate for less cumbersome certification/recertification processes...).

Goal 10, Objective 2: Title The LGU's goal is to stabilize the workforce.

Goal 10, Objective 2, Target Completion Date Jun 30, 2028

Goal 10, Objective 2, Description The LGU will advocate for opportunities to enhance pay and other benefits for workers to address staffing shortages across all sectors.

Goal 10, Objective 3: Title The LGU's goal is to stabilize the workforce.

Goal 10, Objective 3, Target Completion Date Jun 30, 2028

Goal 10, Objective 3, Description The LGU will work with community providers to identify new opportunities to support recruitment and retention efforts throughout the systems of care.

Goal 10, Objective 4: Title The LGU's goal is to stabilize the workforce.

Goal 10, Objective 4, Target Completion Date Jun 30, 2028

Goal 10, Objective 4, Description The LGU will work with community partners to improve employee wellness.



Update to 2024-2027 Goals and Objectives Sullivan County Department of Community Services

Melissa Stickle, DHHS Deputy Commissioner for Sullivan County
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Goal 1

Title	Cross Systems Services	
Update		
OBJECTIVES		
To improve Cross Systems Services in Sullivan County.		Ongoing
To improve Cross Systems Services in Sullivan County.		Complete
To improve Cross Systems Services in Sullivan County.		Ongoing
To improve Cross Systems Services in Sullivan County.		Ongoing
OBJECTIVE UPDATES		

Goal 2

Title	Housing	
Update		
OBJECTIVES		
To increase housing availability in Sullivan County.		Ongoing
To increase housing availability in Sullivan County.		Ongoing
To increase housing availability in Sullivan County.		Ongoing
OBJECTIVE UPDATES		

Goal 3

Title	Transitional Age Services	
Update		
OBJECTIVES		
To enhance transitional age services in Sullivan County.		Ongoing
To enhance transitional age services in Sullivan County.		Ongoing
To enhance transitional age services in Sullivan County.		Ongoing
OBJECTIVE UPDATES		

Goal 4

Title	Transportation	
Update		
OBJECTIVES		
The goal of the LGU is to improve transportation services in Sullivan County.		["]
OBJECTIVE UPDATES		

Goal #5

Title	Workforce	
Update	In addition to the well documented challenges with non licensed front line staff. If the LGU could partner with state entities to identify and comprehensively market to providers any incentives that exist (such as physician shortage designations, loan forgiveness or repayment support options that attach to those designations, and/or the establishing of clinical rotation partnerships with medical and dental educational institutions to raise both awareness of our systems and their needs, as well as provide practical experiences that are currently not present in many education programs) it could ameliorate some of those challenges, and allow providers to better portray the value of the positions available to potential candidates. In addition to the above, workforce issues are compounded by the lack of affordable and safe housing and absence of public transportation which prevents people from getting to available jobs, further limiting people's ability to participate in the workforce. A holistic approach that addresses the complex web of challenges is needed - just as we advocate for cross system care we must also address the underlying causes of the workforce challenge - namely safe stable housing and ability to travel to and from the workplace and participate in community life.	
OBJECTIVES		
The LGU's goal is to stabilize the workforce.		Ongoing
The LGU's goal is to stabilize the workforce.		Ongoing
The LGU's goal is to stabilize the workforce.		Ongoing
The LGU's goal is to stabilize the workforce.		Ongoing
OBJECTIVE UPDATES		



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2026 Update to 2024-2027 Goals and Objectives Sullivan County Department of Community Services

Lina Ledvin, Community Services Coordinator
(lina.ledvin@sullivanny.gov)

Goal 1

Goal 1, 2026 Status Update: Ongoing

Goal 1, 2026 Status Update Description: Unite Us is an accessible resource within the community; however, greater awareness is needed regarding the platform's self-referral capabilities for community members. Currently, individuals are unable to initiate self-referrals to multiple services simultaneously, limiting the ability to capture data on co-occurring service needs and referrals.

Goal 1 Objective 1, 2026 Status Update: Ongoing

Goal 1 Objective 1, 2026 Status Update Description:

Goal 1 Objective 2, 2026 Status Update: Complete

Goal 1 Objective 2, 2026 Status Update Description:

Goal 1 Objective 3, 2026 Status Update: Ongoing

Goal 1 Objective 3, 2026 Status Update Description: The Children's System of Care Committee has been renamed the Perinatal/Family Systems of Care initiative. This initiative is ongoing and active.

Goal 1 Objective 4, 2026 Status Update: Ongoing

Goal 1 Objective 4, 2026 Status Update Description:

Goal 2

Goal 2, 2026 Status Update: Ongoing

Goal 2, 2026 Status Update Description: The county is experiencing a critical housing crisis. Following COVID-19, rental prices have skyrocketed, nearly doubling in some areas. New residents have occupied much of the previously available real estate, relocating from New York City and other areas of economic advantage. County infrastructure is suffering as a result of new developments, with numerous towns reporting a water deficit. New developments are not accessible to low-income community members, and some of these new developments are targeted to seasonal residents. The development of a Gateway Housing Center is struggling to pass the Legislature, due to concerns regarding optimal location and fiscal efficiency.

Much of the county's unhoused population resides in DSS-funded hotel rooms, which are unsafe and hotspots for illicit substance use and gun violence. Some unhoused individuals report a preference for residing on the street in tents over residing in the hotels, as the hotels are not conducive to substance use recovery and are dangerous for unhoused youth.

OPWDD: The OPWDD housing system is strained by financial and structural barriers that limit both access and development. Providers face insufficient Medicaid reimbursement rates, making it difficult to sustain operations or invest in new housing. Capital funding for building or renovating homes often falls short of demand, and OPWDD's overall budget has not kept pace with inflation or rising service needs. The housing system for individuals eligible for OPWDD services faces multiple challenges that limit access and appropriate placement. Long waitlists persist due to a shortage of certified group homes and supportive apartments, with development slowed by funding limitations, staffing shortages, and aging infrastructure. The approval process for new housing is often lengthy and complex, taking years to complete. Families also struggle to navigate the intricate eligibility and assessment procedures, especially without strong advocacy. Even within the system, transitioning from one residence to another can be difficult. Additionally, housing options often fail to reflect individual preferences and needs--many people who do not require traditional group homes are unable to access more suitable supported or independent living arrangements.

Goal 2 Objective 1, 2026 Status Update: Ongoing

Goal 2 Objective 1, 2026 Status Update Description: The development of a Gateway Housing Center is struggling to pass the Legislature, due to concerns regarding optimal location and fiscal efficiency.

Goal 2 Objective 2, 2026 Status Update: Ongoing

Goal 2 Objective 2, 2026 Status Update Description:

Goal 2 Objective 3, 2026 Status Update: Ongoing

Goal 3

Goal 3, 2026 Status Update: Ongoing

Goal 3, 2026 Status Update Description: The county would benefit from wraparound services to youth transitioning out of foster care that addresses the specific demographic in need. While programs such as Foster Youth to Independence exist, the resource is not utilized as it does not reflect community need. Those youth who would benefit from the program tend to remain housed with the foster family, and others are not equipped to live independently.

To better support children's emotional health, well-being, and educational success, increasing awareness of the Family Peer Advocate (FPA) credentialing process is essential. Expanding the number of credentialed FPAs will enhance the availability of trained professionals. Furthermore, school districts should consider establishing dedicated Family Peer Advocate offices within their schools. Embedding FPAs in educational settings would improve family support by addressing emotional and behavioral challenges--issues often first identified in schools. FPAs provide objective guidance, education, and advocacy to families navigating special education, mental health services, and child welfare systems, thereby strengthening the overall support network for children and youth

Goal 3 Objective 1, 2026 Status Update: Ongoing

Goal 3 Objective 1, 2026 Status Update Description:

Goal 3 Objective 2, 2026 Status Update: Ongoing

Goal 3 Objective 2, 2026 Status Update Description:

Goal 3 Objective 3, 2026 Status Update: Ongoing

Goal 3 Objective 3, 2026 Status Update Description: While programs such as Foster Youth to Independence exist, the resource is not utilized as it does not reflect community need. Those youth who would benefit from the program tend to remain housed with the foster family, and others are not equipped to live independently.

Goal 4

Goal 4, 2026 Status Update: Ongoing

Goal 4, 2026 Status Update Description: Move Sullivan has been demonstrating expansion in their transportation network, however additional expansions are needed, especially to the most rural and isolated parts of the county.

Goal 4 Objective 1, 2026 Status Update: Ongoing

Goal 4 Objective 1, 2026 Status Update Description:

Goal 5

Goal 5, 2026 Status Update: Ongoing

Goal 5, 2026 Status Update Description: Recent closures of several large employers in the region have contributed to rising unemployment. Additionally, heightened concerns around immigration status have reportedly led to increased employee absenteeism in some sectors, particularly those with a large immigrant workforce.

The County has developed resources and programs to assist employers with training and education initiatives. However, a continued lack of engagement and interest from businesses remains a significant barrier. To address this, the County will host an Employer Workforce Summit in October 2025. This summit will focus on identifying the key challenges employers face and exploring strategies to strengthen and diversify the County's workforce across all abilities.

A lack of engagement in employment/internship opportunities amongst the youth population has been observed.

Goal 5 Objective 1, 2026 Status Update: Ongoing

Goal 5 Objective 1, 2026 Status Update Description:

Goal 5 Objective 2, 2026 Status Update: Ongoing

Goal 5 Objective 2, 2026 Status Update Description:

Goal 5 Objective 3, 2026 Status Update: Ongoing

Goal 5 Objective 3, 2026 Status Update Description: To address this, the County will host an Employer Workforce Summit in October 2025. This summit will focus on identifying the key challenges employers face and exploring strategies to strengthen and diversify the County's workforce across all abilities.

Goal 5 Objective 4, 2026 Status Update: Ongoing

Goal 5 Objective 4, 2026 Status Update Description:



2027 Update to 2024-2027 Goals and Objectives Sullivan County Department of Community Services

Lina Ledvin, Community Services Coordinator
(lina.ledvin@sullivanyny.gov)

Goal 1

Goal 1, 2027 Status Update: Ongoing

Goal 1, 2027 Status Update Description: Unite Us continues to be a reliable, accessible resource for providers and residents in the county. Numerous provider representatives, including staff from the LGU, have completed the Unite Us "Train the Trainer" sessions and are available as supports for providers in the community who may need assistance navigating the platform. Unfortunately, we are still awaiting the resolve to the issue of only being able to initiate self-referrals to one problem area, rather than to multiple service areas simultaneously.

Goal 1 Objective 1, 2027 Status Update: Ongoing

Goal 1 Objective 1, 2027 Status Update Description: The LGU continues to advocate as stated above.

Goal 1 Objective 2, 2027 Status Update: Complete

Goal 1 Objective 2, 2027 Status Update Description: Completed

Goal 1 Objective 3, 2027 Status Update: Ongoing

Goal 1 Objective 3, 2027 Status Update Description: While the Perinatal Systems of Care initiative has disbanded and reframed as the Youth Mental Hygiene Specialty Group, the workgroup has successfully implemented regular in-service trainings at Garnet hospital with partner agencies at the table, addressing needs of youth and adult patients/clients. This has been an effective strategy to reduce silos and improve information sharing and advocacy. The group continues to invite stakeholders to the meetings, and mock case reviews support providers in drafting discharge plan and wellness plan steps.

Goal 1 Objective 4, 2027 Status Update: Ongoing

Goal 1 Objective 4, 2027 Status Update Description: Ongoing

Goal 2

Goal 2, 2027 Status Update: Ongoing

Goal 2, 2027 Status Update Description: While the issues noted last year persist, Sullivan County is now home to a chapter of Oxford House, consisting of three sober living homes. Another sober living provider is expressing interest in establishing homes in the county, although they have been observed to be inexperienced and encountering numerous barriers to success. The LGU is actively offering guidance and support as appropriate, prioritizing safety and compliance. The LGU remains hopeful that a Gateway Housing project will be initiated, however, the county legislative body and funding remain barriers. Local provider RSS is experiencing a staffing deficit, which results in an inability to successfully place individuals in supportive housing apartments even when units are available. A new workforce housing development has been announced and will be constructed in Monticello in collaboration with Resorts World.

Goal 3

Goal 3, 2027 Status Update: Ongoing

Goal 3, 2027 Status Update Description: Recent collaboration with CCOs has improved, as evidenced by consistent meetings with CCOs and service providers. Providers note that Family Peer Advocates would serve as a key resource to help parents/guardians navigate services outside of CCOs; funding for this is a consistent topic of discussion. Community members and providers report that OPWDD eligibility requirements are too stringent and ACCESS-VR does not supplement the gaps sufficiently. The Perinatal/Family Systems of Care initiative has been restructured as the Youth Mental Hygiene Specialty Group. The workgroup actively collaborates with Garnet hospital and partner agencies to establish improved discharge and wellness planning directives.

Goal 3 Objective 1, 2027 Status Update: Ongoing

Goal 3 Objective 1, 2027 Status Update Description: The Perinatal/Family Systems of Care initiative has been restructured as the Youth Mental Hygiene Specialty Group. The workgroup actively collaborates with Garnet hospital and partner agencies to establish improved discharge and wellness planning directives.

Goal 3 Objective 2, 2027 Status Update: Ongoing

Goal 3 Objective 2, 2027 Status Update Description:

Goal 3 Objective 3, 2027 Status Update: Ongoing

Goal 3 Objective 3, 2027 Status Update Description:

Goal 4

Goal 4, 2027 Status Update: Ongoing

Goal 4, 2027 Status Update Description: The Move Sullivan bus has eliminated a route due to underutilization in an especially rural end of the county.

Goal 4 Objective 1, 2027 Status Update: Ongoing

Goal 4 Objective 1, 2027 Status Update Description:

Goal 5

Goal 5, 2027 Status Update: Ongoing

Goal 5, 2027 Status Update Description: OPWDD eligibility is reportedly an issue when attempting to access vocational training. The Center for Workforce Development's Disability in the Workplace Summit has improved awareness among employers; awareness initiatives continue as employers are encouraged to employ those with disabilities and are supported by the Center for Workforce Development in identifying relevant supports and resources.

Goal 5 Objective 1, 2027 Status Update: Ongoing

Goal 5 Objective 1, 2027 Status Update Description: Microcredentialing for DSPs could be a model to advocate for and partner agencies are hopeful SUNY Sullivan would consider such a curriculum, as other SUNY community colleges have implemented them.

Goal 5 Objective 2, 2027 Status Update: Ongoing

Goal 5 Objective 2, 2027 Status Update Description:

Goal 5 Objective 3, 2027 Status Update: Ongoing

Goal 5 Objective 3, 2027 Status Update Description: The Lexington Center for Recovery 53-bed inpatient treatment facility (housed at Garnet hospital) is expected to create new job opportunities.

Goal 5 Objective 4, 2027 Status Update: Ongoing

Goal 5 Objective 4, 2027 Status Update Description:



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2024 Needs Assessment Form Sullivan County Department of Community Services

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Children exposed to Adverse Childhood Experiences (ACEs) are likely to access multiple systems of care to address potential complex needs over time. There is a need to understand and address ACEs county-wide and to further work to develop a resilient and trauma informed system of care. Ideally, the ACEs screening tool should be implemented by schools and other providers involved with families and children.

There is a need for additional education, prevention, and intervention strategies in this area of need. In addition, there is a need to increase resilience scores among our youth. Programming directly related to resiliency factors need to be established. Having resources that can counter balance ACEs factors is key to minimizing the impact and disrupt trauma cycles. Some examples are after school programs, Big Brothers Big Sisters, financial scholarships for summer camp and sports initiatives, and direct case management and support to families.

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? No

Need description (Optional): OMH: Cases being referred through SPOA are becoming increasingly complex. Staffing shortages present as a barrier for linking individuals to care management services. Programs are generally at capacity and are periodically unable to accept new referrals. In addition, there are limited non-Medicaid slots available in both children and adult care management programs.

OPWDD: Care Coordination does not seem to be working as intended and it does not provide the same breadth of services that MSC did previously. Personal contact is limited and care coordinators do not seem to have a full or timely understanding of needs. In addition, high staff turnover rates disrupt service delivery and often leaves individuals/families unsure about who their care coordinator is.

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? No

Need description (Optional): OASAS: Catholic Charities' Medically Supervised Withdrawal and Stabilization levels of care primarily serve Sullivan County residents and regularly has capacity (open

beds) to serve more individuals (adults); however, due to staffing shortages, they recently had to pause their detox admissions.

The creation of a drop-in Crisis Stabilization Center as authorized under the Part 600 regulations, that would treat individuals with co-occurring conditions would be beneficial to Sullivan County. Fiscal viability would need to be considered, in addition to whether intensive or supportive level of care would be best. This could serve as an option to overcome some of the barriers identified herein, or provide an intervention opportunity for individuals who are not ready for residential/inpatient care. Ideally, this would be co-located with a 24-hour medical facility, such as a hospital or urgent care.

OMH: Capacity is an issue as our local hospital has no pediatric psychiatric beds and a limited number of adult beds in their Behavioral Health Unit. Children in crisis or children who are experiencing psychiatric symptoms are often discharged home when their caregivers bring them to the local emergency room to be evaluated. When they meet the criteria for hospital admission, they are sent out of the county to a hospital more than an hour and a half – two hours away. This is extremely difficult for families, especially those who lack adequate transportation. For adults, we are seeing repeat visits to the emergency room (sometimes within the same day) after being discharged without admission despite presenting psychiatric concerns. There is also a need for improved communication between the hospital and community providers regarding coordination of care and discharge planning. Crisis services for persons with complex needs or multiple systems involvement can also be very challenging.

OPWDD: Crisis services are extremely limited. The Emergency Department becomes utilized for crises. If a situation is behavioral as opposed to clinical, the individual is returned home (medicated) to an unsafe environment. There are no respite options for families or providers.

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? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Individuals among all three disability populations experience difficulties with obtaining and/or maintaining employment in Sullivan County. Stigma, lack of transportation, childcare, immigration status, education, skills, training and/or legal history are some of the identified barriers to employment. Access to supported employment services are needed to assist individuals with preparing for work, finding and maintaining a job, and thriving in a work environment. Also, veterans could benefit from support with transitioning from military duty to civilian employment.

More work is needed to promote employment for individuals with disabilities. It is important to educate employers about the advantages of hiring persons with disabilities and to support them in accessing available resources.

OPWDD: The largest obstacle is staffing. We currently have more persons wanting to work, and able to do so with staff support, than we have staff to accommodate the need.

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OMH: Limited mental health crisis services have resulted in law enforcement officers serving as first responders to many mental health crises. A Crisis Intervention Team (CIT) Program would be beneficial to reduce the number of arrests for persons with mental illness or dual diagnoses while simultaneously linking them to appropriate services. A CIT Program would give police officers more tools to do their job safely and effectively.

OASAS: Bail reform has had a substantial impact on SUD treatment services. First time offenders are not typically reaching treatment for an opportunity to change the course of their life choices; those who are mandated often have no consequences from the legal system for lack of engagement in the treatment process.

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? No

Need description (Optional): OASAS: Inpatient treatment for SUD is typically no more than 28 days, much less if the individual has private insurance. These short stays are not appropriate for many clients. Longer-term residential should be the preferred level of care.

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OASAS & OMH: There is a need for more peer services in all areas of OMH and co-occurring programs. Peer services are extremely beneficial and should be expanded in Sullivan County. More supportive services are needed for family members of persons who use drugs. Currently, there are no AI-Ateen meetings available in Sullivan County. We could also benefit from an increase in Peer-Parent staff to outreach youth and families and assist with navigation through the system of care.

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OMH & OPWDD: Outpatient clinic services are lacking in Sullivan County due to workforce shortages. Open Access services are no longer being offered by the County Clinic. They are accepting new patients on a case by case basis only, at this time prioritizing hospital discharges, and high risk, high needs patients. Community providers are also experiencing the same issue and some are not accepting new patients or their appointments are booked very far out on the calendar.

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Catholic Charities provides evidenced-based curricula in-school to youth in multiple school districts. Catholic Charities continues to receive more requests for school-based prevention services than resources allow them to provide. Additional funding is needed for the expansion of school-based prevention resources in Sullivan County.

There is also a need for broader community prevention in addition to youth prevention. Public awareness of mental health, substance use disorders, overdose prevention, and contaminated drugs causing unintentional overdoses (ie: counterfeit pills and awareness that fentanyl and xylazine can now be found in many other street drugs) is needed.

Problem Gambling Yes

Applies to OASAS? Yes

Applies to OMH? No

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): At this time, Sullivan County does not have a problem gambling treatment provider. Catholic Charities of Orange, Sullivan and Ulster had a program but when the CASAC-G retired, the position could not be re-filled due to staff shortage in this area of expertise. Sullivan County does not have any Gamblers Anonymous meetings available to those in need. It is also difficult to find CASAC-G's.

Refugees and Immigrants Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Refugees and Immigrants deserve access to high-quality, person-centered, culturally competent care. Many clients lack access to health insurance and this acts as a barrier to treatment access. It is important that Sullivan County continue to develop the ability to provide multilingual, multicultural care.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): OMH: Sullivan County could benefit from a residential treatment program for youth as out of county programs are difficult for families to access.

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? No

Need description (Optional): OPWDD: There continues to be a need for respite services in Sullivan County.

OMH: Additional adult respite beds would be beneficial in Sullivan County.

Transition Age Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional):

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

OPWDD Eligibility Process Yes

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OPWDD: Many families experience barriers when seeking OPWDD eligibility and subsequent services. The process of applying for OPWDD eligibility and services remains cumbersome for families. There is not enough direct support during the process regarding paperwork requirements, needed testing, the appeals process, and linkage to a Care Coordination Organization. Some families give up on seeking services because they become too overwhelmed or confused with the process. The length of time it takes for enrollment is long. Many have expressed challenges regarding paperwork becoming outdated during the review process and then being required to be updated and resubmitted. OPWDD doesn't always accept the pediatric neurological that is sent in and the ADOS can be costly if families don't have Medicaid. It makes it very difficult and it can be frustrating to families and staff who are assisting in the application process.

Top-down Program Design Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): During a recent behavioral health planning sub-committee meeting, providers expressed challenges regarding 'top-down program design,' which ultimately describes how the state designs a program or implements regulations that are out of touch or unrealistic with the local realities of Sullivan County. This often results in unintended consequences to clients and programs and in some cases, actually ends up reducing capacity to serve more clients, rather than increasing capacity, as intended.

OASAS: In addition, treatment and prevention providers expressed concerns that funders continue to ask 'more, for less' (unfunded mandates). In the past, OASAS used to set up round table discussions which were solution driven conversations with the counties. This opportunity allowed for an 'ear to the ground' approach to understand the human experience with our clients and the local realities across the state. Sullivan County, as a rural community has very different challenges and needs by comparison to non-rural counties in the state. Due to these circumstances, program design should be flexible to accommodate for this reality, rather than a 'rubber stamp' approach with program design, along with requirements and regulations.

These frustrations contribute to staff burnout and coupled with low salary and high stress, folks are increasingly losing interest in pursuing/staying in the field.

Capital Improvements to Facilities Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): OASAS: There is a need for capital improvements to facilities in Sullivan County. For example, when the Recovery Center closed down many years ago, Catholic Charities inherited an aging campus in Sullivan County as they resumed the delivery of SUD treatment services. This is a barrier to providing access to excellent care across their many programs and services. Using SAPT funding in early 2022, Catholic Charities was able to replace flooring in their residential program, creating a more inviting living space for clients. In the summer of 2022, using OASAS Minor Maintenance and NYS Member Item funds, the major project was to replace the flat roof of the main residential building. Unfortunately, this roof had been leaking for many years and the leaks caused damage to the interior of the building making multiple rooms unusable. Once the roof project was completed, Catholic Charities worked to repair the unusable rooms to create more space for clients to engage and learn as they work toward successful recovery. They recently had an underground pipe burst which required excavation in the basement level of the building. These ongoing circumstances ultimately jeopardize Catholic Charities' viability as their ability to serve persons in need of services is dependent upon having adequate facilities. In addition, the visual appearance of a facility can negatively impact a client's level of worth and confidence in their treatment process. Additionally, the campus continues to be impacted by security concerns in the current location. This impacts client recreation on campus and creates concerns for staff safety, lack of private office space for clinicians in the Crisis Unit causing clients to meet with clinicians in common rooms instead of set clinical office space conducive to a therapeutic and professional environment. There is a need for more resources to improve Catholic Charities' physical plant so that Sullivan County residents can continue to be served in an environment that promotes dignity, worth and recovery.

LGU Representative: Heidi Reimer

Submitted for: Sullivan County Department of Community Services



2025 Needs Assessment Form Sullivan County Department of Community Services

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Children exposed to Adverse Childhood Experiences (ACEs) are likely to access multiple systems of care to address potential complex needs over time. There is a need to understand and address ACEs county-wide and to further work to develop a resilient and trauma informed system of care. Ideally, the ACEs screening tool should be implemented by schools and other providers involved with families and children.

There is a need for additional education, prevention, and intervention strategies in this area of need.

In addition, there is a need to increase resilience scores among our youth. Programming directly related to resiliency factors need to be established. Having resources that can counter balance ACEs factors is key to minimizing the impact and disrupt trauma cycles. Some examples are after school programs, Big Brothers Big Sisters, financial scholarships for summer camp and sports initiatives, and direct case management and support to families.

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? No

Need description (Optional): OMH: Cases being referred through SPOA are becoming increasingly complex. Staffing shortages present as a barrier for linking individuals to care management services. Programs are generally at capacity and are periodically unable to accept new referrals. In addition, there are limited non-Medicaid slots available in both children and adult care management programs. OPWDD: Care Coordination does not seem to be working as intended and it does not provide the same breadth of services that MSC did previously. Personal contact is limited and care coordinators do not seem to have a full or timely understanding of needs. In addition, high staff turnover rates disrupt service delivery and often leaves individuals/families unsure about who their care coordinator is

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? No

Need description (Optional): Catholic Charities' Medically Supervised Withdrawal and Stabilization levels of care primarily serve Sullivan County residents and regularly has capacity (open beds) to serve more individuals (adults); however, due to staffing shortages, they recently had to pause their detox admissions.

The creation of a drop-in Crisis Stabilization Center as authorized under the Part 600 regulations, that would treat individuals with co-occurring conditions would be beneficial to Sullivan County. Fiscal viability would need to be considered, in addition to whether intensive or supportive level of care would be best. This could serve as an option to overcome some of the barriers identified herein, or provide an intervention opportunity for individuals who are not ready for residential/inpatient care. Ideally, this would be co-located with a 24-hour medical facility, such as a hospital or urgent care.

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? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Individuals among all three disability populations experience difficulties with obtaining and/or maintaining employment in Sullivan County. Stigma, lack of transportation, childcare, immigration status, education, skills, training and/or legal history are some of the identified barriers to employment. Access to supported employment services are needed to assist individuals with preparing for work, finding and maintaining a job, and thriving in a work environment. Also, veterans could benefit from support with transitioning from military duty to civilian employment.

More work is needed to promote employment for individuals with disabilities. It is important to educate employers about the advantages of hiring persons with disabilities and to support them in accessing available resources.

OPWDD: The largest obstacle is staffing. We currently have more persons wanting to work, and able to do so with staff support, than we have staff to accommodate the need.

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OMH: Limited mental health crisis services have resulted in law enforcement officers serving as first responders to many mental health crises. A Crisis Intervention Team (CIT) Program would be beneficial to reduce the number of arrests for persons with mental illness or dual diagnoses while simultaneously linking them to appropriate services. A CIT Program would give police officers more tools to do their job safely and effectively.

OASAS: Bail reform has had a substantial impact on SUD treatment services. First time offenders are not typically reaching treatment for an opportunity to change the course of their life choices; those who are mandated often have no consequences from the legal system for lack of engagement in the treatment process.

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? No

Need description (Optional): Inpatient treatment for SUD is typically no more than 28 days, much less if the individual has private insurance. These short stays are not appropriate for many clients. Longer-term residential should be the preferred level of care.

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OASAS & OMH: There is a need for more peer services in all areas of OMH and co-occurring programs. Peer services are extremely beneficial and should be expanded in Sullivan County. More supportive services are needed for family members of persons who use drugs. Currently, there are no Al-Ateen meetings available in Sullivan County. We could also benefit from an increase in Peer-Parent staff to outreach youth and families and assist with navigation through the system of care.

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OMH & OPWDD: Outpatient clinic services are lacking in Sullivan County due to workforce shortages. Open Access services are no longer being offered by the County Clinic. They are accepting new patients on a case by case basis only, at this time prioritizing hospital discharges, and high risk, high needs patients. Community providers are also experiencing the same issue and some are not accepting new patients or their appointments are booked very far out on the calendar.

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Catholic Charities provides evidenced-based curricula in-school to youth in multiple school districts. Catholic Charities continues to receive more requests for school-based prevention services than resources allow them to provide. Additional funding is needed for the expansion of school-based prevention resources in Sullivan County.

There is also a need for broader community prevention in addition to youth prevention. Public awareness of mental health, substance use disorders, overdose prevention, and contaminated drugs causing unintentional overdoses (ie: counterfeit pills and awareness that fentanyl and xylazine can now be found in many other street drugs) is needed.

Problem Gambling Yes

Applies to OASAS? Yes

Applies to OMH? No

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): At this time, Sullivan County does not have a problem gambling treatment provider. Catholic Charities of Orange, Sullivan and Ulster had a program but when the CASAC-G retired, the position could not be re-filled due to staff shortage in this area of expertise. Sullivan County does not have any Gamblers Anonymous meetings available to those in need. It is also difficult to find CASAC-G's.

Refugees and Immigrants Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Refugees and Immigrants deserve access to high-quality, person-centered, culturally competent care. Many clients lack access to health insurance and this acts as a barrier to treatment access. It is important that Sullivan County continue to develop the ability to provide multilingual, multicultural care.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): OMH: Sullivan County could benefit from a residential treatment program for youth as out of county programs are difficult for families to access.

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? No

Need description (Optional): OPWDD: There continues to be a need for respite services in Sullivan County.

Transition Age Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional):

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

LGU Representative: Melissa Stickle

Submitted for: Sullivan County Department of Community Services



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2026 Needs Assessment Form
Sullivan County Department of Community Services

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Children exposed to Adverse Childhood Experiences (ACEs) are likely to access multiple systems of care to address potential complex needs over time. There is a need to understand and address ACEs county-wide and to further work to develop a resilient and trauma informed system of care. Ideally, the ACEs screening tool should be implemented by schools and other providers involved with families and children.

There is a need for additional education, prevention, and intervention strategies in this area of need. In addition, there is a need to increase resilience scores among our youth. Programming directly related to resiliency factors need to be established. Having resources that can counter balance ACEs factors is key to minimizing the impact and disrupt trauma cycles. Some examples are after school programs, Big Brothers Big Sisters, financial scholarships for summer camp and sports initiatives, and direct case management and support to families. Increasing the visibility and promotion of community youth programs such as RESTART, Preventure, and Strengthening Families can help ensure that more residents are aware of and able to benefit from these critical intervention resources

Additionally, teen vaping and cannabis use is reportedly high, and tobacco retailers in the community are reluctant to engage in community efforts and discussions to reduce underage access to these products.

Improving county policy pertaining to tobacco retail licensure and modifying proximity regulations will prevent market saturation of tobacco retail, and will reduce the amount of access youth and teens have to retailers in close proximity to schools, after-school programs, and other youth-populated areas.

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? No

Need description (Optional): The current federal administration's plans to reduce access to Medicaid requires the county to prioritize ensuring community access to primary care and family

practice physicians. The county has received HPSA designation, incentivizing both mental health and primary care professionals to gain employment in the county.

OASAS: Studies have indicated the presence of implicit bias in healthcare settings across New York State. While some institutions have implemented bias-reduction strategies, these efforts are not uniformly applied or consistently evaluated. Clients of color are often discharged from treatment disproportionately, and are more likely to leave treatment against clinical advice. The Sullivan County Executive Director of Human Rights is developing trainings and workshops to address this need.

Providers also report a need for in-person meetings for networking and addressing challenges to obtaining referrals.

OMH: Cases being referred through SPOA are becoming increasingly complex. Staffing shortages present as a barrier for linking individuals to care management services. Programs are generally at capacity and are periodically unable to accept new referrals. In addition, there are limited non-Medicaid slots available in both children and adult care management programs.

OPWDD: Care Coordination does not seem to be working as intended and it does not provide the same breadth of services that MSC did previously. Personal contact is limited and care coordinators do not seem to have a full or timely understanding of needs. In addition, high staff turnover rates disrupt service delivery and often leaves individuals/families unsure about who their care coordinator is.

Otherwise, in Sullivan County, there are currently no day programs specifically designed for the elderly population, aside from the PROS program, which has a long waitlist and may not fully address the unique needs of older adults. In the hospital's psychiatric unit, it is common to see elderly individuals admitted with suicidal ideation or following attempts, often linked to social isolation and a lack of structured daily engagement. A dedicated day program could offer meaningful socialization and support for this population. Additionally, many older adults do not meet the criteria for nursing home care but still require a higher level of support. Accessing services is further complicated when individuals are enrolled in Medicare but not Medicaid, which can limit their eligibility for home health aide services. The Office of Public Health currently has only one RN available to support Medicare recipients, offering approximately one hour of care per week, which may not be sufficient to meet their needs.

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? No

Need description (Optional): OASAS: There is currently no centralized, targeted access point for community members experiencing a crisis. Establishing a drop-in Crisis Stabilization Center, as authorized under Part 600 regulations, would greatly benefit Sullivan County by serving individuals with co-occurring conditions. Key considerations include fiscal viability and determining whether an intensive or supportive level of care is most appropriate. Such a center could help address existing service gaps or offer an alternative for those not yet ready for residential or inpatient

treatment. However, development is indefinitely on hold due to anticipated funding restrictions from the current federal administration, particularly cuts to Medicaid. As such, sustainability planning remains a critical prerequisite to moving forward.

OMH: Capacity is an issue as our local hospital has no pediatric psychiatric beds and a limited number of adult beds in their Behavioral Health Unit. Children in crisis or children who are experiencing psychiatric symptoms are often discharged home when their caregivers bring them to the local emergency room to be evaluated. When they meet the criteria for hospital admission, they are sent out of the county to a hospital more than an hour and a half - two hours away. This is extremely difficult for families, especially those who lack adequate transportation. For adults, we are seeing repeat visits to the emergency room (sometimes within the same day) after being discharged without admission despite presenting psychiatric concerns. There is also a need for improved communication between the hospital and community providers regarding coordination of care and discharge planning. Crisis services for persons with complex needs or multiple systems involvement can also be very challenging. Hospital staff are often lacking training in appropriate boundaries, have limited knowledge of person-centered care practices, resulting in staff exhibiting behaviors that may mirror parental or peer roles. Trauma-Informed Care and Disability Awareness training is crucial for success.

OPWDD: Crisis services are extremely limited. The Emergency Department becomes utilized for crises. If a situation is behavioral as opposed to clinical, the individual is returned home (medicated) to an unsafe environment. There are no respite options for families or providers. There is a present need for increasing understanding of behavioral versus clinical complexities in the community, pertaining to both youth and adults.

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? No

Need description (Optional): Unite Us is an accessible resource within the community; however, greater awareness is needed regarding the platform's self-referral capabilities for community members. Currently, individuals are unable to initiate self-referrals to multiple services simultaneously, limiting the ability to capture data on co-occurring service needs and referrals.

Employment/volunteer (client) Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Individuals among all three disability populations experience difficulties with obtaining and/or maintaining employment in Sullivan County. Stigma, lack of transportation, childcare, immigration status, education, skills, training and/or legal history are some of the identified barriers to employment. Access to supported employment services are needed to assist individuals with preparing for work, finding and maintaining a job, and thriving in a work environment. Also, veterans could benefit from support with transitioning from military duty to

civilian employment.

More work is needed to promote employment for individuals with disabilities. It is important to educate employers about the advantages of hiring persons with disabilities and to support them in accessing available resources.

OPWDD: The largest obstacle is staffing. We currently have more persons wanting to work, and able to do so with staff support, than we have staff to accommodate the need.

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OMH: Limited mental health crisis services have resulted in law enforcement officers serving as first responders to many mental health crises. A Crisis Intervention Team (CIT) Program is in development to reduce the number of arrests for persons with mental illness or dual diagnoses while simultaneously linking them to appropriate services. A Crisis Intervention Coordinator position has been created to oversee first-responder and crisis initiatives, including the CIT, Community Trauma Response Team, Mobile Crisis Teams, and First Responder Wellness initiatives. A CIT Program will give police officers more tools to do their job safely and effectively.

Pressures to develop a Mental Health Court are reflecting a lack of understanding of the intersection of mental health and criminality. It is anticipated that the implementation of a Mental Health Court may result in mandating offenders to treatment for personality disorder diagnoses, which are unlikely to yield measurable outcomes and improvements. Otherwise, offenders with more severe mental health diagnoses are not as common as the general public may believe. Mental Health Court, while a concept rooted in a well-intended push for treatment over punitive action, may not be effective nor applicable to the community. Education will be a priority upon Mental Health Court implementation.

OASAS: Bail reform has had a substantial impact on SUD treatment services. First time offenders are not typically reaching treatment for an opportunity to change the course of their life choices; those who are mandated often have no consequences from the legal system for lack of engagement in the treatment process.

Current observations suggest that Sullivan County's Treatment Court relies predominantly on a limited number of treatment providers, which may restrict the ability to deliver truly individualized care. Expanding the provider network and incorporating diverse treatment modalities could enhance client outcomes. Additionally, there is a need to strengthen the Court's approach to mental health. Symptoms of trauma and mental illness are sometimes misinterpreted as non-compliance or dishonesty, underscoring the importance of training court staff and providers in trauma-informed care. Implementing consistent education on mental health within the justice system would promote more accurate assessments and supportive interventions for participants.

In closely connected communities like Sullivan County, the use of Confidential Informants (CIs) by

law enforcement in drug trafficking investigations raises important ethical and safety concerns. The risks of retaliation against CIs are heightened in such environments, particularly when individuals are economically vulnerable and feel pressured to cooperate. A review of current CI practices, with attention to public safety, ethical standards, and community trust, could help ensure law enforcement strategies are both effective and equitable. Incorporating protective protocols and exploring alternative investigative methods may reduce harm while supporting fair and transparent justice efforts.

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): OASAS: Inpatient treatment for SUD is typically no more than 28 days, much less if the individual has private insurance. These short stays are not appropriate for many clients. Longer-term residential should be the preferred level of care.

Catholic Charities has terminated residential treatment programming.

Lexington Recovery Center is in the process of establishing residential treatment on the Garnet Health site in Harris, and will be able to move forward once the lease agreement is finalized.

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OASAS & OMH: There is a need for more peer services in all areas of OMH and co-occurring programs. Peer services are extremely beneficial and should be expanded in Sullivan County. More supportive services are needed for family members of persons who use drugs. Currently, there are no Al-Ateen meetings available in Sullivan County. We could also benefit from an increase in Peer-Parent staff to outreach youth and families and assist with navigation through the system of care.

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? No

Need description (Optional): OMH & OPWDD: Outpatient clinic services in Sullivan County remain limited, primarily due to ongoing workforce shortages. Although the County Clinic is not restricted and offers Open Access services, new patient intake is currently prioritized for individuals recently discharged from hospitals and those identified as high-risk or high-need, rather than being available to all on a fully open basis. Moreover, while the clinic provides Open Access, individuals deserve the ability to choose where they receive care--a choice that remains limited in our area due to a shortage of provider options. Other community providers are facing similar capacity issues--some are not accepting new clients, while others have appointment wait times extending several weeks or longer.

OASAS: Catholic Charities has terminated all OASAS-licensed treatment programming in the county, contributing to service gaps and confusion among community members. While other outpatient substance use providers remain in operation, many residents are unaware of these options, and closures have led to frustration and diminished trust in service continuity. In response to local needs, Step One is actively preparing to expand its programming in Sullivan County, with plans to offer wraparound outpatient care and satellite services aimed at increasing access and improving continuity of care.

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):

Problem Gambling Yes

Applies to OASAS? Yes

Applies to OMH? No

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): At this time, only one treatment provider is preparing to offer CASAC-G intervention for problem gambling.

Refugees and Immigrants Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Refugees and Immigrants deserve access to high-quality, person-centered, culturally competent care. Many clients lack access to health insurance and this acts as a barrier to treatment access. It is important that Sullivan County continue to develop the ability to provide multilingual, multicultural care.

Community partners and treatment providers report disengagement from services by Spanish-speaking participants, likely due to concerns regarding immigration status. It has also been

observed that pregnancies among Spanish-speaking youth may be on the rise, potentially a result of disengagement from community resources, or perhaps an attempt to reduce perceived likelihood of deportation.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): Sullivan County could benefit from a residential treatment program for youth as out of county programs are difficult for families to access.

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? No

Need description (Optional): OPWDD: There continues to be a need for respite services in Sullivan County.

OMH: Additional adult respite beds would be beneficial in Sullivan County.

Transition Age Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional):

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

OPWDD Eligibility Process Yes

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OPWDD: Many families experience barriers when seeking OPWDD eligibility and subsequent services. The process of applying for OPWDD eligibility and services remains cumbersome for families. There is not enough direct support during the process regarding paperwork requirements, needed testing, the appeals process, and linkage to a Care Coordination Organization. Some families give up on seeking services because they become too overwhelmed or confused with the process. The length of time it takes for enrollment is long. Many have expressed challenges regarding paperwork becoming outdated during the review process and then being required to be updated and resubmitted. OPWDD doesn't always accept the pediatric neurological that is sent in and the ADOS can be costly if families don't have Medicaid. It makes it very difficult and it can be frustrating to families and staff who are assisting in the application process.

To improve awareness of OPWDD services, it's important to address several challenges families face. Learning from the families that are served by ATI, after navigating the overwhelming eligibility process with minimal support, families often find themselves facing a significant shortage of available programs for their children once they are deemed eligible. In rural areas like Sullivan County, this shortage is exacerbated by a critical lack of Direct Support Professionals (DSPs). As a result, many parents struggle to access in-home support, respite care, and community-based programs such as Community Habilitation. Transportation consistently poses a barrier to getting to the services, even when they exist.

Additionally, waitlists for therapy services, especially for Applied Behavior Analysis (ABA) therapy and services geared towards preschool-aged children, are all too common. These delays can have a considerable negative impact on a child's development and affect the family unit as a whole.

Top-Down Program Design Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): During a recent behavioral health planning sub-committee meeting, providers expressed challenges regarding 'top-down program design,' which ultimately describes how the state designs a program or implements regulations that are out of touch or unrealistic with the local realities of Sullivan County. This often results in unintended consequences to clients and programs and in some cases, actually ends up reducing capacity to serve more clients, rather than increasing capacity, as intended.

OASAS: In addition, treatment and prevention providers expressed concerns that funders continue to ask

'more, for less' (unfunded mandates). In the past, OASAS used to set up round table discussions which were solution driven conversations with the counties. This opportunity allowed for an 'ear to the ground' approach to understand the human experience with our clients and the local realities across the state. Sullivan County, as a rural community has very different challenges and needs by comparison to nonrural counties in the state. Due to these circumstances, program design should

be flexible to accommodate for this reality, rather than a 'rubber stamp' approach with program design, along with requirements and regulations.

These frustrations contribute to staff burnout and coupled with low salary and high stress, folks are increasingly losing interest in pursuing/staying in the field.

Capital Improvements to Facilities Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Sullivan County's treatment facilities require capital improvements.

The condition and appearance of a facility can influence clients' perceptions of the treatment environment.

LGU Representative: Lina Ledvin

Submitted for: Sullivan County Department of Community Services



Goals and Objectives 2025 Sullivan County Department of Community Services

Lina Ledvin, Community Services Coordinator
(Lina.Ledvin@sullivanny.gov)

Goal 1

Goal 1: Title Housing

Goal 1: Target Completion Date Jun 30, 2029

Goal 1: Description Housing is the most persistent top priority need in Sullivan County. Housing inventory is further reduced due to new residents moving from more economically advantaged locations. Much of new development is targeted to seasonal occupancy, and interferes significantly with outdated infrastructure. The water supply in the county is not equipped for large developments that do not contribute to financing infrastructure updates, and multiple towns are reporting water deficits. Rent prices have skyrocketed, doubling in some areas since COVID-19, and existing programs are having difficulty finding supported apartments at fair market value. There is a need for more supervised housing as existing housing programs do not have enough capacity to meet the need. The A-SPOA housing waiting lists continue to be very long.

There also continues to be a need for housing for transitional age youth/young adults (18-21). There is a growing need for housing options for individuals with high functioning autism and there is an urgent need for an increased number of foster care homes in Sullivan County. Available housing programs for this population, such as Foster Youth to Independence, are not utilized as the target demographic are either remaining housed with their foster families long-term, or are not equipped to reside independently.

Sullivan County does not have a homeless shelter and much of the homeless housing is within the local hotels/motels through the Department of Family Services. This housing option is not supervised and is often not conducive to an individual's recovery process due to the level of substance use and availability in the vicinity of the buildings. In addition, the hotels/motels are not equipped to manage behaviors which typically results in increased medical and/or law enforcement crisis response.

To address this need, Sullivan County, in collaboration with HONOR, has proposed a 20-bed Gateway Housing project which has been consistently struggling to pass Legislature due to concerns around optimal location and fiscal efficiency. Obtaining grant funding for this project would be ideal.

Sullivan County has a shortage of housing options for individuals who are dually diagnosed and for special populations. Sullivan County has a great need for supportive transitional housing for homeless and newly recovering/recovered persons.

There is a number of folks with very high residential needs that we don't have a placement for. These individuals tend to cycle in and out of the hospital, experience homelessness, reside in sub-standard housing, or in housing that is not appropriate, which causes challenges in the community, or if they are in congregate care, it interferes with the therapeutic environment there.

It is becoming increasingly challenging to provide housing for individuals with complex co-occurring conditions, particularly when an individual needs a higher level of care, medically, then programs are able to accommodate. Residential programs end up having to provide a level of care that they are not certified to provide because no healthcare facility is willing to accept the individual. Residential programs are having to accommodate challenges with little supportive resources for continuation of care or to make appropriate referrals for clients that need a greater level of support. Wait lists for inpatient co-occurring disorder treatment are significant and many hospital settings have changed their criteria or no longer offer the specialized care that they once did. This is not in the best interest of the client but alternative options are unavailable.

As a state-wide system, we have to look at developing another level of residential care / program model for those with significant challenges who cannot live independently or in congregate care. Ideally, it would be a program that receives blended state funding, is unlicensed, offers 24-hour staffing and wrap around supports, while offering the provider the flexibility to do what is needed to serve the clients. A Community Residence-Single Room Occupancy (CR-SRO) Housing

Program, although not 100% able to accommodate the challenges for this particular group of individuals, is the closest existing program to what we are describing here.

Regarding housing for OPWDD services, the challenge is the type of housing people want. The housing stock that is available faces challenges as those living there 'age in place', requiring structural modifications (for which there is limited funding). For those who are seeking a place to live within the OPWDD system the lack of single bedrooms is an obstacle, as is the lack of non-traditional supported housing types. In addition, access to housing for those with high acuity, medical needs or behavioral issues can be very challenging.

The housing inventory and high cost is an issue for human services staff as well. Homelessness is occurring among our staff whose paychecks have not kept up with the inflated cost of housing. This creates significant concerns for retention, staff callouts, burnout and more people leaving the field than entering.

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

Goal 1: Need Addressed 1 Housing

Goal 1: Need Addressed 2

Goal 1: Need Addressed 3

Goal 1, Objective 1: Title To increase housing availability in Sullivan County.

Goal 1, Objective 1, Target Completion Date Jun 30, 2027

Goal 1, Objective 1, Description The LGU will continue to support the development of Gateway Housing.

Goal 1, Objective 2: Title To increase housing availability in Sullivan County.

Goal 1, Objective 2, Target Completion Date Jun 30, 2028

Goal 1, Objective 2, Description The LGU will enhance collaboration with housing providers to identify opportunities to increase housing in Sullivan County.

Goal 1, Objective 3: Title To increase housing availability in Sullivan County.

Goal 1, Objective 3, Target Completion Date Jun 30, 2027

Goal 1, Objective 3, Description The LGU will work with state partners to improve access to OPWDD housing with local providers.

Goal 1, Objective 4: Title To increase housing availability in Sullivan County.

Goal 1, Objective 4, Target Completion Date Jun 30, 2027

Goal 1, Objective 4, Description The LGU will explore funding opportunities to support the Gateway Housing project, highlighting the cost benefit and savings associated with the project in comparison to ongoing funding of hotel room stays for the unhoused.

Goal 2

Goal 2: Title Transitional Age Services

Goal 2: Target Completion Date Jun 30, 2028

Goal 2: Description There is a need for services for transitional age youth/young adults in Sullivan County.

OMH/OPWDD: There continues to be a need for housing and employment services for transitional age youth/young adults (18-21). Sullivan County could benefit from a transitional residence to assist with a successful transition to adulthood.

OPWDD: It can be a long period of time before families even realize these services are available. If they obtained eligibility sooner, programming could be in place to provide the needed services and supports. Many families have waited until the last minute for transition planning. Proactive work in the schools would be very helpful. Eligibility is an issue for many youth; the process is long and complicated and although the CCOs are required to help, they often give little assistance. Also, getting determinations of eligibility for waiver services is becoming increasingly difficult for youth on the spectrum – OPWDD is requiring ADOS or other confirmatory testing of Autism diagnoses and there are very few providers in the region able to conduct them and almost none take Medicaid.

The Department of Health and Human Services expresses ongoing concerns regarding the difficulty with accessing services for eligible youth who are in placement or who are aging out of care. It often takes a lot of advocacy work and many obstacles are encountered throughout the process.

Expanded community advocacy, education and awareness of OPWDD services is needed in Sullivan County. Further education for schools and the community is necessary to explain what OPWDD is, who it's for, what services are available, how to initiate the process through the Front Door Orientation, etc... More awareness of the application process is needed as well, as it can be cumbersome and overwhelming for families.

The Perinatal/Family Systems of Care initiative has improved integrated multi-systems communication in this area, meeting regularly to develop outreach interventions and community-facing materials to enhance and expand access to care.

The Better for Families initiative has been implemented in Sullivan County, focusing primarily on improving reunification outcomes for families with CPS and/or Family Court involvement.

Goal 2: OASAS? No Goal 2: OMH? Yes Goal 2: OPWDD? Yes

Goal 2: Need Addressed 1 Transition age services

Goal 2: Need Addressed 2

Goal 2: Need Addressed 3

Goal 2, Objective 1: Title To enhance transitional age services in Sullivan County.

Goal 2, Objective 1, Target Completion Date Jun 30, 2026

Goal 2, Objective 1, Description The LGU, through the Perinatal/Family SOC will continue to provide educational opportunities for providers, school districts and the general public regarding available services and how to access them.

Goal 2, Objective 2: Title To enhance transitional age services in Sullivan County.

Goal 2, Objective 2, Target Completion Date Jun 30, 2028

Goal 2, Objective 2, Description The LGU will work to improve bed availability in the community.

Goal 2, Objective 3: Title To enhance transitional age services in Sullivan County.

Goal 2, Objective 3, Target Completion Date Jun 30, 2028

Goal 2, Objective 3, Description The LGU will advocate for additional resources and wraparound services and supports for transitional age youth, prioritizing education on independent living for transitioning youth to improve the utilization of existing programs.

Goal 2, Objective 4: Title To enhance transitional age services in Sullivan County.

Goal 2, Objective 4, Target Completion Date Jun 30, 2028

Goal 2, Objective 4, Description The LGU will advocate for additional resources and wraparound services and supports for transitional age youth in collaboration with the Better for Families initiative, improving the adoption process when appropriate; otherwise supporting and streamlining reunification prior to transitional age.

Goal 3

Goal 3: Title Transportation

Goal 3: Target Completion Date Jun 30, 2028

Goal 3: Description Transportation continues to be a priority need in Sullivan County. Transportation is a major barrier regarding access to care. Public transportation is minimal in more populated areas of the county and gradually improving in the outlying communities. In addition, more transportation options for persons with mobility issues is needed. Expanding transportation availability will improve workforce retention and reduce isolation experienced by community members in more rural parts of the county.

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

Goal 3: Need Addressed 1 Transportation

Goal 3: Need Addressed 2

Goal 3: Need Addressed 3

Goal 3, Objective 1: Title The goal of the LGU is to improve transportation services in Sullivan County.

Goal 3, Objective 1, Target Completion Date Jun 30, 2028

Goal 3, Objective 1, Description The LGU will continue to advocate for the expansion of routes and operating hours of transportation services.

Goal 3, Objective 2: Title The goal of the LGU is to improve transportation services in Sullivan County.

Goal 3, Objective 2, Target Completion Date Jun 30, 2028

Goal 3, Objective 2, Description LGU advocate to will improve the locations of the Move Sullivan bus sites to include ADA Signage with kiosks showing route information, and to install accessible bus stop structures in the areas with great usage for public safety.

Goal 3, Objective 3: Title

Goal 3, Objective 3, Target Completion Date Jun 30, 2028

Goal 3, Objective 3, Description

Goal 4

Goal 3: Title Prevention

Goal 3: Target Completion Date Jun 30, 2028

Goal 3: Description Due to the current federal administration's plans to limit Medicaid access, the county must prioritize ensuring community members can access primary care and family practice physicians. Focusing on wellness and preventive care will help mitigate the negative effects of reduced Medicaid eligibility.

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

Goal 3: Need Addressed 1 Prevention

Goal 3: Need Addressed 2

Goal 3: Need Addressed 3

Goal 3, Objective 1: Title The goal of the LGU is to improve and increase community members' access to healthcare in Sullivan County, focusing on preventative care, wellness, and regular contact with primary care physicians.

Goal 3, Objective 1, Target Completion Date Jun 30, 2028

Goal 3, Objective 1, Description The LGU will continue to advocate for retention of the HPSA designation, incentivizing mental health and primary care physicians to expand their practices to Sullivan County.

Goal 3, Objective 2: Title The goal of the LGU is to improve and increase community members' access to healthcare in Sullivan County, focusing on preventative care, wellness, and regular contact with primary care physicians.

Goal 3, Objective 2, Target Completion Date Jun 30, 2028

Goal 3, Objective 2, Description The LGU will advocate for additional Federally Qualified Health Center (FQHC) providers, such as Sun River Health, to offer services in Sullivan County to community members regardless of immigration status, insurance coverage, or ability to pay.

Goal 3, Objective 3: Title

Goal 3, Objective 3, Target Completion Date Jun 30, 2028

Goal 3, Objective 3, Description

Goal 5

Goal 5: Title Workforce

Goal 5: Target Completion Date Jun 30, 2028

Goal 5: Description Workforce stabilization is a priority need as Sullivan County continues to experience a severe workforce shortage among all human service agencies.

Workforce recruitment and retention continues to be an issue across all three disability populations in Sullivan County. Sullivan County has a record high number of staff vacancies for all positions including clinical, health professionals, and paraprofessionals. The number of qualified staff is limited and it is difficult to retain staff that is qualified. Lack of staff continues to be at a crisis level of need. This results in large caseloads, worker burnout, individuals not receiving needed services, wait lists, or programs not operating, or operating at limited capacity. Even when there are openings, programs are struggling to provide the services because there is not enough staff to provide them.

Investments in the workforce have been long-overdue. Most recently, various state-funded bonus structures have been unwieldy and not necessarily as effective as increases to base salaries/COLAs that keep up with inflation. Wage growth outside of/in other parts of the field, proliferation of remote work opportunities, additional providers entering Sullivan County, etc. have all contributed to critical vacancy rates.

When there is wage compression or there is funding with specific expectations or rules about which employees can receive it, or recruitment and sign on bonuses, unintended consequences result (ie: newly hired staff making the same, or more

money than their supervisors or staff who have been working in the organization for a long period of time; or existing staff being left out of receiving a raise altogether). This affects morale and leads to tension within the workplace, leaving staff feeling unappreciated or resentful. It also leads to resignation of staff. When providers are 'pigeonholed' in this way, it becomes very challenging for them to manage.

Overall, the salaries are poor, especially for direct care staff. Many staff among various agencies are at poverty level of income and they are struggling to maintain their households. Providers need the ability to pay staff adequately and competitively in order to provide the necessary services to those in need. In addition, we need to structurally look at how we can broaden the pool of applicants to increase the number of individuals to fill various roles. Some regulations and initiatives, although well intended, actually make it more difficult for programs to staff their organization and deliver services.

The pay scale in the human services field is not competitive and the ability for providers to impact compensation to incentivize is limited. As a way to incentivize folks to work for a non-profit, Community Based Organization (CBOs), it has been suggested that the state should consider offering employees of agencies receiving state aid to receive retirement service benefits through the New York State Retirement System. Since CBOs cannot offer the same level of healthcare benefits or other types of fringe benefits, this would provide an opportunity for retention and longevity of staff as they would have an incentive to stay in order to become vested in the retirement system.

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

Goal 5: Need Addressed 1 Workforce

Goal 5: Need Addressed 2

Goal 5: Need Addressed 3

Goal 5, Objective 1: Title The LGU's goal is to stabilize the workforce.

Goal 5, Objective 1, Target Completion Date Jun 30, 2028

Goal 5, Objective 1, Description The LGU will participate in regional efforts to grow the behavioral health workforce. (ie: work with the college to improve enrollment in human services programs; advocate for less cumbersome certification/recertification processes...).

Goal 5, Objective 2: Title The LGU's goal is to stabilize the workforce.

Goal 5, Objective 2, Target Completion Date Jun 30, 2028

Goal 5, Objective 2, Description The LGU will advocate for opportunities to enhance pay and other benefits for workers to address staffing shortages across all sectors.

Goal 5, Objective 3: Title The LGU's goal is to stabilize the workforce.

Goal 5, Objective 3, Target Completion Date Jun 30, 2028

Goal 5, Objective 3, Description The LGU will work with community providers to identify new opportunities to support recruitment and retention efforts throughout the systems of care.

Goal 5, Objective 4: Title The LGU's goal is to stabilize the workforce.

Goal 5, Objective 4, Target Completion Date Jun 30, 2028

Goal 5, Objective 4, Description The LGU will work with community partners to improve employee wellness.



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2025 Needs Assessment Form Sullivan County Department of Community Services

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Children exposed to Adverse Childhood Experiences (ACEs) are likely to access multiple systems of care to address potential complex needs over time. There is a need to understand and address ACEs county-wide and to further work to develop a resilient and trauma informed system of care. Ideally, the ACEs screening tool should be implemented by schools and other providers involved with families and children.

There is a need for additional education, prevention, and intervention strategies in this area of need. In addition, there is a need to increase resilience scores among our youth. Programming directly related to resiliency factors need to be established. Having resources that can counter balance ACEs factors is key to minimizing the impact and disrupt trauma cycles. Some examples are after school programs, Big Brothers Big Sisters, financial scholarships for summer camp and sports initiatives, and direct case management and support to families. Increasing the visibility and promotion of community youth programs such as RESTART, Preventure, and Strengthening Families can help ensure that more residents are aware of and able to benefit from these critical intervention resources

Additionally, teen vaping and cannabis use is reportedly high, and tobacco retailers in the community are reluctant to engage in community efforts and discussions to reduce underage access to these products. Improving county policy pertaining to tobacco retail licensure and modifying proximity regulations will prevent market saturation of tobacco retail, and will reduce the amount of access youth and teens have to retailers in close proximity to schools, after-school programs, and other youth-populated areas.

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? No

Need description (Optional):

The current federal administration's plans to reduce access to Medicaid requires the county to prioritize ensuring community access to primary care and family practice physicians. The county has received HPSA designation, incentivizing both mental health and primary care professionals to gain employment in the county.

OASAS: Studies have indicated the presence of implicit bias in healthcare settings across New York State. While some institutions have implemented bias-reduction strategies, these efforts are not uniformly applied or consistently evaluated. Clients of color are often discharged from treatment disproportionately, and are more likely to leave treatment against clinical advice. The Sullivan County Executive Director of Human Rights is developing trainings and workshops to address this need.

Providers also report a need for in-person meetings for networking and addressing challenges to obtaining referrals.

OMH: Cases being referred through SPOA are becoming increasingly complex. Staffing shortages present as a barrier for linking individuals to care management services. Programs are generally at capacity and are periodically unable to accept new referrals. In addition, there are limited non-Medicaid slots available in both children and adult care management programs.

OPWDD: Care Coordination does not seem to be working as intended and it does not provide the same breadth of services that MSC did previously. Personal contact is limited and care coordinators do not seem to have a full or timely understanding of needs. In addition, high staff turnover rates disrupt service delivery and often leaves individuals/families unsure about who their care coordinator is.

Otherwise, in Sullivan County, there are currently no day programs specifically designed for the elderly population, aside from the PROS program, which has a long waitlist and may not fully address the unique needs of older adults. In the hospital's psychiatric unit, it is common to see elderly individuals admitted with suicidal ideation or following attempts, often linked to social isolation and a lack of structured daily engagement. A dedicated day program could offer meaningful socialization and support for this population. Additionally, many older adults do not meet the criteria for nursing home care but still require a higher level of support. Accessing services is further complicated when individuals are enrolled in Medicare but not Medicaid, which can limit their eligibility for home health aide services. The Office of Public Health currently has only one RN available to support Medicare recipients, offering approximately one hour of care per week, which may not be sufficient to meet their needs.

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? No

Need description (Optional):

OASAS: There is currently no centralized, targeted access point for community members experiencing a crisis. Establishing a drop-in Crisis Stabilization Center, as authorized under Part 600 regulations, would greatly benefit Sullivan County by serving individuals with co-occurring conditions. Key considerations include fiscal viability and determining whether an intensive or supportive level of care is most appropriate. Such a center could help address existing service gaps or offer an alternative for those not yet ready for residential or inpatient treatment. However, development is indefinitely on hold due to anticipated funding restrictions from the current federal administration, particularly cuts to Medicaid. As such, sustainability planning remains a critical prerequisite to moving forward.

OMH: Capacity is an issue as our local hospital has no pediatric psychiatric beds and a limited number of adult beds in their Behavioral Health Unit. Children in crisis or children who are experiencing psychiatric symptoms are often discharged home when their caregivers bring them to the local emergency room to

be evaluated. When they meet the criteria for hospital admission, they are sent out of the county to a hospital more than an hour and a half – two hours away. This is extremely difficult for families, especially those who lack adequate transportation. For adults, we are seeing repeat visits to the emergency room (sometimes within the same day) after being discharged without admission despite presenting psychiatric concerns. There is also a need for improved communication between the hospital and community providers regarding coordination of care and discharge planning. Crisis services for persons with complex needs or multiple systems involvement can also be very challenging. Hospital staff are often lacking training in appropriate boundaries, have limited knowledge of person-centered care practices, resulting in staff exhibiting behaviors that may mirror parental or peer roles. Trauma-Informed Care and Disability Awareness training is crucial for success.

OPWDD: Crisis services are extremely limited. The Emergency Department becomes utilized for crises. If a situation is behavioral as opposed to clinical, the individual is returned home (medicated) to an unsafe environment. There are no respite options for families or providers. There is a present need for increasing understanding of behavioral versus clinical complexities in the community, pertaining to both youth and adults.

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): Unite Us is an accessible resource within the community;

however, greater awareness is needed regarding the platform's self-referral

capabilities for community members. Currently, individuals are unable to initiate

self-referrals to multiple services simultaneously, limiting the ability to capture data

on co-occurring service needs and referrals.

Employment/volunteer (client) Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Individuals among all three disability populations experience difficulties with obtaining and/or maintaining employment in Sullivan County. Stigma, lack of transportation, childcare, immigration status, education, skills, training and/or legal history are some of the identified barriers to employment. Access to supported employment services are needed to assist individuals with preparing for work, finding and maintaining a job, and thriving in a work environment. Also, veterans could benefit from support with transitioning from military duty to civilian employment.

More work is needed to promote employment for individuals with disabilities. It is important to educate employers about the advantages of hiring persons with disabilities and to support them in accessing available resources.

OPWDD: The largest obstacle is staffing. We currently have more persons wanting to work, and able to do so with staff support, than we have staff to accommodate the need.

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

OMH: Limited mental health crisis services have resulted in law enforcement officers serving as first responders to many mental health crises. A Crisis Intervention Team (CIT) Program is in development to reduce the number of arrests for persons with mental illness or dual diagnoses while simultaneously linking them to appropriate services. A Crisis Intervention Coordinator position has been created to oversee first-responder and crisis initiatives, including the CIT, Community Trauma Response Team, Mobile Crisis Teams, and First Responder Wellness initiatives. A CIT Program will give police officers more tools to do their job safely and effectively.

Pressures to develop a Mental Health Court are reflecting a lack of understanding of the intersection of mental health and criminality. It is anticipated that the implementation of a Mental Health Court may result in mandating offenders to treatment for personality disorder diagnoses, which are unlikely to yield measurable outcomes and improvements. Otherwise, offenders with more severe mental health diagnoses are not as common as the general public may believe. Mental Health Court, while a concept rooted in a well-intended push for treatment over punitive action, may not be effective nor applicable to the community. Education will be a priority upon Mental Health Court implementation.

OASAS: Bail reform has had a substantial impact on SUD treatment services. First time offenders are not typically reaching treatment for an opportunity to change the course of their life choices; those who are mandated often have no consequences from the legal system for lack of engagement in the treatment process.

Current observations suggest that Sullivan County's Treatment Court relies predominantly on a limited number of treatment providers, which may restrict the ability to deliver truly individualized care. Expanding the provider network and incorporating diverse treatment modalities could enhance client outcomes. Additionally, there is a need to strengthen the Court's approach to mental health. Symptoms of trauma and mental illness are sometimes misinterpreted as non-compliance or dishonesty, underscoring the importance of training court staff and providers in trauma-informed care. Implementing consistent education on mental health within the justice system would promote more accurate assessments and supportive interventions for participants.

In closely connected communities like Sullivan County, the use of Confidential Informants (CIs) by law enforcement in drug trafficking investigations raises important ethical and safety concerns. The risks of retaliation against CIs are heightened in such environments, particularly when individuals are economically vulnerable and feel pressured to cooperate. A review of current CI practices, with attention to public safety, ethical standards, and community trust, could help ensure law enforcement strategies are both effective and equitable. Incorporating protective protocols and exploring alternative investigative methods may reduce harm while supporting fair and transparent justice efforts.

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):

The county is experiencing a critical housing crisis. Following COVID-19, rental prices have skyrocketed, nearly doubling in some areas. New residents have occupied much of the previously available real estate, relocating from New York City and other areas of economic advantage. County infrastructure is suffering as a result of new developments, with numerous towns reporting a water deficit. New developments are not accessible to low-income community members, and some of these new developments are targeted to seasonal residents.

The development of a Gateway Housing Center is struggling to pass the Legislature, due to concerns regarding optimal location and fiscal efficiency.

Much of the county's unhoused population resides in DSS-funded hotel rooms, which are unsafe and hotspots for illicit substance use and gun violence. Some unhoused individuals report a preference for residing on the street in tents over residing in the hotels, as the hotels are not conducive to substance use recovery and are dangerous for unhoused youth.

OPWDD: The OPWDD housing system is strained by financial and structural barriers that limit both access and development. Providers face insufficient Medicaid reimbursement rates, making it difficult to sustain operations or invest in new housing. Capital funding for building or renovating homes often falls short of demand, and OPWDD's overall budget has not kept pace with inflation or rising service needs. The housing system for individuals eligible for OPWDD services faces multiple challenges that limit access and appropriate placement. Long waitlists persist due to a shortage of certified group homes and supportive apartments, with development slowed by funding limitations, staffing shortages, and aging infrastructure. The approval process for new housing is often lengthy and complex, taking years to complete. Families also struggle to navigate the intricate eligibility and assessment procedures, especially without strong advocacy. Even within the system, transitioning from one residence to another can be difficult. Additionally, housing options often fail to reflect individual preferences and needs—many people who do not require traditional group homes are unable to access more suitable supported or independent living arrangements.

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? No

Need description (Optional): OASAS: Inpatient treatment for SUD is typically no more than 28 days, much less if the individual has private insurance. These short stays are not appropriate for many clients.

Longer-term residential should be the preferred level of care.

Catholic Charities has terminated residential treatment programming.

Lexington Recovery Center is in the process of establishing residential treatment on the Garnet Health site in Harris, and will be able to move forward once the lease agreement is finalized.

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OASAS & OMH: There is a need for more peer services in all areas of OMH and co-occurring programs. Peer services are extremely beneficial and should be expanded in Sullivan County. More supportive services are needed for family members of persons who use drugs. Currently, there are no AI-Ateen meetings available in Sullivan County. We could also benefit from an increase in Peer-Parent staff to outreach youth and families and assist with navigation through the system of care.

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

OMH & OPWDD: Outpatient Clinic Access and Service Limitations

Outpatient clinic services in Sullivan County remain limited, primarily due to ongoing workforce shortages. Although the County Clinic is not restricted and offers Open Access services, new patient intake is currently prioritized for individuals recently discharged from hospitals and those identified as high-risk or high-need, rather than being available to all on a fully open basis. Moreover, while the clinic provides Open Access, individuals deserve the ability to choose where they receive care—a choice that remains limited in our area due to a shortage of provider options. Other community providers are facing similar capacity issues—some are not accepting new clients, while others have appointment wait times extending several weeks or longer.

Catholic Charities has terminated all OASAS-licensed treatment programming in the county, contributing to service gaps and confusion among community members. While other outpatient substance use providers remain in operation, many residents are unaware of these options, and closures have led to frustration and diminished trust in service continuity. In response to local needs, Step One is actively preparing to expand its programming in Sullivan County, with plans to offer wraparound outpatient care and satellite services aimed at increasing access and improving continuity of care.

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Due to the current federal administration's plans to limit Medicaid access, the county must prioritize ensuring community members can access primary care and family practice physicians. Focusing on wellness and preventive care will help mitigate the negative effects of reduced Medicaid eligibility.

OASAS: Catholic Charities provides evidenced-based curricula in-school to youth in multiple school districts. Catholic Charities continues to receive more requests for school-based prevention services than resources allow them to provide. Additional funding is needed for the expansion of school-based prevention resources in Sullivan County.

There is also a need for broader community prevention in addition to youth prevention. Public awareness of mental health, substance use disorders, overdose prevention, and contaminated drugs causing

unintentional overdoses (ie: counterfeit pills and awareness that fentanyl and xylazine can now be found in many other street drugs) is needed.

The Narcan vending machines have expanded their offerings to kits including sexual health, wound care, emergency preparedness, stress management, tick removal, medication disposal, hygiene, dental hygiene, and others. Data has evidenced a reduction of stigma resulting from the variety introduced by the machines, and therefore an increase in distribution of Narcan.

OMH: Alongside Medicaid cuts, increasing access to mental health wellness resources is critical to prepare the community for potential crises. Education on stress management will be a priority to reduce the fallout from lacking access to mental health providers in times of crisis.

Problem Gambling Yes

Applies to OASAS? Yes

Applies to OMH? No

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): At this time, only one treatment provider is preparing to offer CASAC-G intervention for problem gambling.

Refugees and Immigrants Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Refugees and Immigrants deserve access to high-quality, person-centered, culturally competent care. Many clients lack access to health insurance and this acts as a barrier to treatment access. It is important that Sullivan County continue to develop the ability to provide multilingual, multicultural care.

Community partners and treatment providers report disengagement from services by Spanish-speaking participants, likely due to concerns regarding immigration status. It has also been observed that pregnancies among Spanish-speaking youth may be on the rise, potentially a result of disengagement from community resources, or perhaps an attempt to reduce perceived likelihood of deportation.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): OMH: Sullivan County could benefit from a residential treatment program for youth as out of county programs are difficult for families to access.

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? No

Need description (Optional): OPWDD: There continues to be a need for respite services in Sullivan County.

OMH: Additional adult respite beds would be beneficial in Sullivan County.

Transition Age Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

description (Optional): The county would benefit from wraparound services to youth transitioning out of foster care that addresses the specific demographic in need.

While programs such as Foster Youth to Independence exist, the resource is not utilized as it does not reflect community need. Those youth who would benefit from the program tend to remain housed with the foster family, and others are not equipped to live independently.

To better support children's emotional health, well-being, and educational success, increasing awareness of the Family Peer Advocate (FPA) credentialing process is essential. Expanding the number of credentialed FPAs will enhance the availability of trained professionals. Furthermore, school districts should consider establishing dedicated Family Peer Advocate offices within their schools. Embedding FPAs in educational settings would improve family support by addressing emotional and behavioral challenges—issues often first identified in schools. FPAs provide objective guidance, education, and advocacy to families navigating special education, mental health services, and child welfare systems, thereby strengthening the overall support network for children and youth.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

description (Optional): Move Sullivan has been demonstrating expansion in their transportation network, however additional expansions are needed, especially to the most rural and isolated parts of the county.

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): Recent closures of several large employers in the region have contributed to rising unemployment. Additionally, heightened concerns around immigration status have reportedly led to increased employee absenteeism in some sectors, particularly those with a large immigrant workforce.

The County has developed resources and programs to assist employers with training and education initiatives. However, a continued lack of engagement and interest from businesses remains a significant barrier. To address this, the County will host an Employer Workforce Summit in October 2025. This summit will focus on identifying the key challenges employers face and exploring strategies to strengthen and diversify the County's workforce across all abilities.

A lack of engagement in employment/internship opportunities amongst the youth population has been observed.

OPWDD Eligibility Process Yes

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OPWDD: Many families experience barriers when seeking OPWDD eligibility and subsequent services. The process of applying for OPWDD eligibility and services remains cumbersome for families. There is not enough direct support during the process regarding paperwork requirements, needed testing, the appeals process, and linkage to a Care Coordination Organization. Some families give up on seeking services because they become too overwhelmed or confused with the process. The length of time it takes for enrollment is long. Many have expressed challenges regarding paperwork becoming outdated during the review process and then being required to be updated and resubmitted. OPWDD doesn't always accept the pediatric neurological that is sent in and the ADOS can be costly if families don't have Medicaid. It makes it very difficult and it can be frustrating to families and staff who are assisting in the application process.

To improve awareness of OPWDD services, it's important to address several challenges families face. Learning from the families that are served by ATI, after navigating the overwhelming eligibility process with minimal support, families often find themselves facing a significant shortage of available programs for their children once they are deemed eligible. In rural areas like Sullivan County, this shortage is exacerbated by a critical lack of Direct Support Professionals (DSPs). As a result, many parents struggle to access in-home support, respite care, and community-based programs such as Community Habilitation. Transportation consistently poses a barrier to getting to the services, even when they exist. Additionally, waitlists for therapy services, especially for Applied Behavior Analysis (ABA) therapy and services geared towards preschool-aged children, are all too common. These delays can have a considerable negative impact on a child's development and affect the family unit as a whole.

Top-down Program Design Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): During a recent behavioral health planning sub-committee meeting, providers expressed challenges regarding 'top-down program design,' which ultimately describes how the state designs a program or implements regulations that are out of touch or unrealistic with the local realities of Sullivan County. This often results in unintended consequences to clients and programs and in some cases, actually ends up reducing capacity to serve more clients, rather than increasing capacity, as intended.

OASAS: In addition, treatment and prevention providers expressed concerns that funders continue to ask 'more, for less' (unfunded mandates). In the past, OASAS used to set up round table discussions which were solution driven conversations with the counties. This opportunity allowed for an 'ear to the ground' approach to understand the human experience with our clients and the local realities across the state. Sullivan County, as a rural community has very different challenges and needs by comparison to nonrural counties in the state. Due to these circumstances, program design should be flexible to accommodate for this reality, rather than a 'rubber stamp' approach with program design, along with requirements and regulations.

These frustrations contribute to staff burnout and coupled with low salary and high stress, folks are increasingly losing interest in pursuing/staying in the field.

Capital Improvements to Facilities Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): OASAS: Sullivan County's treatment facilities require capital improvements. The condition and appearance of a facility can influence clients' perceptions of the treatment environment.

LGU Representative: Lina Ledvin

Submitted for: Sullivan County Department of Community Services



**Office of Addiction
Services and Supports**

**Office of
Mental Health**

**Office for People With
Developmental Disabilities**

**2027 Needs Assessment Form
Sullivan County Department of Community Services**

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

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? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Limited mental health crisis services have resulted in law enforcement officers serving as first responders to many mental health crises. A Crisis Intervention Team (CIT) Program is in development to reduce the number of arrests for persons with mental illness or dual diagnoses while simultaneously linking them to appropriate services. The Crisis Intervention Coordinator position has been filled and subsequently vacated, resulting in overseeing first-responder and crisis initiatives, including the CIT, Community Trauma Response Team, Mobile Crisis Teams, and First Responder Wellness initiatives being tasks distributed throughout LGU staff. A CIT Program will give police officers more tools to do their job safely and effectively.

The Peer Court Navigator position has been created and filled for the purpose of reducing recidivism, with great success in improving linkage between criminal court-involved individuals with severe mental illness and community resources. It would be beneficial to the community to expand Peer Court Navigator caseload eligibility criteria to those justice-involved in general, and not only for those with active criminal court cases.

Pressures to develop a Mental Health Court are reflecting a lack of understanding of the intersection of mental health and criminality. It is anticipated that the implementation of a Mental Health Court may result in mandating offenders to treatment for personality disorder diagnoses, which are unlikely to yield measurable outcomes and improvements. Otherwise, offenders with more severe mental health diagnoses are not as common as the general public may believe. Mental Health Court, while a concept rooted in a well-intended push for treatment over punitive action, may not be effective nor applicable to the community. Education will be a priority upon Mental Health Court implementation.

There continues to be a massive need for domestic violence survivor resources, especially housing. Fearless, while having a presence at Garnet, are often not responsive to phone calls and attempts to refer individuals. Community members are reporting need at a greater rate than years prior.

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? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Outpatient Clinic Access and Service Limitations

Outpatient clinic services in Sullivan County remain limited, primarily due to ongoing workforce shortages. Although the County Clinic is not restricted and offers Open Access services, new patient intake is currently prioritized for individuals recently discharged from hospitals and those identified as high-risk or high-need, rather than being available to all on a fully open basis.

Moreover, while the clinic provides Open Access, individuals deserve the ability to choose where they receive care—a choice that remains limited in our area due to a shortage of provider options.

Other community providers are facing similar capacity issues—some are not accepting new clients, while others have appointment wait times extending several weeks or longer.

Catholic Charities has terminated all OASAS-licensed treatment programming in the county, contributing to service gaps and confusion among community members. While other outpatient substance use providers remain in operation, many residents are unaware of these options, and closures have led to frustration and diminished trust in service continuity. In response to local needs, Step One has expanded its programming to Sullivan County, offering wraparound outpatient care and satellite services aimed at increasing access and improving continuity of care.

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):

Problem Gambling Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): At this time, only one treatment provider is preparing to offer CASAC-G intervention for problem gambling.

Refugees and Immigrants Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Refugees and Immigrants deserve access to high-quality, person-centered, culturally competent care. Many clients lack access to health insurance and this acts as a barrier to treatment access. It is important that Sullivan County continue to develop the ability to provide multilingual, multicultural care.

Community partners and treatment providers report disengagement from services by Spanish-speaking participants, likely due to concerns regarding immigration status. It has also been observed that pregnancies among Spanish-speaking youth may be on the rise, potentially a result of disengagement from community resources, or perhaps an attempt to reduce perceived likelihood of deportation.

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? No

Need description (Optional): OPWDD: There continues to be a high need for respite services in Sullivan County.

OMH: Additional adult respite beds would be beneficial in Sullivan County. The Office for the Aging has limited respite funding, as does the Alzheimer's Association.

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):

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

OPWDD Eligibility Process OPWDD Eligibility Process

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Many families experience barriers when seeking OPWDD eligibility and subsequent services. The process of applying for OPWDD eligibility and services remains cumbersome for families. There is not enough direct support during the process regarding paperwork requirements, needed testing, the appeals process, and linkage to a Care Coordination Organization. The LGU notes that follow-up with CCOs is necessary to determine their level of preparedness to accept new clients. However, LifePlan have been proactive in partaking in collaborative efforts with agency partners, as evidenced by attendance at Garnet Health in-service meetings and have increased availability to partners and community members. Some families give up on seeking services because they become too overwhelmed or confused with the process. The length of time it takes for enrollment is long. Many have expressed challenges regarding paperwork becoming outdated during the review process and then being required to be updated and resubmitted. OPWDD doesn't always accept the pediatric neurological that is sent in and the ADOS can be costly if families don't have Medicaid. It makes it very difficult and it can be frustrating to families and staff who are assisting in the application process.

To improve awareness of OPWDD services, it's important to address several challenges families face. Learning from the families that are served by ATI, after navigating the overwhelming eligibility process with minimal support, families often find themselves facing a significant shortage of available programs for their children once they are deemed eligible. In rural areas like Sullivan County, this shortage is exacerbated by a critical lack of Direct Support Professionals (DSPs). As a result, many parents struggle to access in-home support, respite care, and community-based programs such as Community Habilitation. Transportation consistently poses a barrier to getting to the services, even when they exist.

Additionally, waitlists for therapy services, especially for Applied Behavior Analysis (ABA) therapy and services geared towards preschool-aged children, are all too common. These delays can have

a considerable negative impact on a child's development and affect the family unit as a whole.

LGU Representative: Lina Ledvin

Submitted for: Sullivan County Department of Community Services

Sullivan County Department of Community Services

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Children exposed to Adverse Childhood Experiences (ACEs) are likely to access multiple systems of care to address potential complex needs over time. There is a need to understand and address ACEs county-wide and to further work to develop a resilient and trauma informed system of care. Ideally, the ACEs screening tool should be implemented by schools and other providers involved with families and children.

There is a need for additional education, prevention, and intervention strategies in this area of need. In addition, there is a need to increase resilience scores among our youth. Programming directly related to resiliency factors need to be established. Having resources that can counter balance ACEs factors is key to minimizing the impact and disrupt trauma cycles. Some examples are after school programs, Big Brothers Big Sisters, financial scholarships for summer camp and sports initiatives, and direct case management and support to families. Increasing the visibility and promotion of community youth programs such as RESTART, Preventure, and Strengthening Families can help ensure that more residents are aware of and able to benefit from these critical intervention resources.

Sullivan180 has introduced Resiliency discussions to local school districts, along with trauma-informed afterschool programming trainings for The Boys & Girls Club staff. Pediatricians and youth providers would benefit from education in these domains.

Evergreen Meadow provides trauma-informed care for girls in the Liberty Central School District.

Additionally, teen vaping and cannabis use is reportedly high, and tobacco retailers in the community are reluctant to engage in community efforts and discussions to reduce underage access to these products.

Improving county policy pertaining to tobacco retail licensure and modifying proximity regulations will prevent market saturation of tobacco retail, and will reduce the amount of access youth and teens have to retailers in close proximity to schools, after-school programs, and other youth-populated areas.

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? No

Need description (Optional):

The current federal administration's plans to reduce access to Medicaid requires the county to prioritize ensuring community access to primary care and family practice physicians. The county has received HPSA designation, incentivizing both mental health and primary care professionals to gain employment in the county.

OASAS: Studies have indicated the presence of implicit bias in healthcare settings across New York State. While some institutions have implemented bias-reduction strategies, these efforts are not uniformly applied or consistently evaluated. Clients of color are often discharged from treatment disproportionately, and are more likely to leave treatment against clinical advice. The Sullivan County Executive Director of Human Rights is developing trainings and workshops to address this need.

Providers also report a need for in-person meetings for networking and addressing challenges to obtaining referrals.

OMH: Cases being referred through SPOA are becoming increasingly complex. Staffing shortages present as a barrier for linking individuals to care management services. Programs are generally at capacity and are periodically unable to accept new referrals. In addition, there are limited non-Medicaid slots available in both children and adult care management programs.

OPWDD: Care Coordination does not seem to be working as intended and it does not provide the same breadth of services that MSC did previously. Personal contact is limited and care coordinators do not seem to have a full or timely understanding of needs. In addition, high staff turnover rates disrupt service delivery and often leaves individuals/families unsure about who their care coordinator is.

Otherwise, in Sullivan County, there are currently no day programs specifically designed for the elderly population, aside from the PROS program, which has a long waitlist and may not fully address the unique needs of older adults. Over the last year, PROS and NAMI have successfully collaborated on "Social Saturdays" which is experiencing consistent growth since its inception. The SAGE Program in Narrowsburg, hosted by Tusten Social, offers Growing Older Together, focusing on socialization and increasing access to home repairs and transportation. It is a volunteer-based hours-exchange model.

In the hospital's psychiatric unit, it is common to see elderly individuals admitted with suicidal ideation or following attempts, often linked to social isolation and a lack of structured daily engagement. A dedicated day program could offer meaningful socialization and support for this population. Additionally, many older adults do not meet the criteria for nursing home care but still require a higher level of support. Accessing services is further complicated when individuals are enrolled in Medicare but not Medicaid, which can limit their eligibility for home health aide services. The Office of Public Health currently has only one RN available to support Medicare recipients, offering approximately one hour of care per week, which may not be sufficient to meet their needs.

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? No

Need description (Optional):

OASAS: There is currently no centralized, targeted access point for community members experiencing a crisis. Establishing a drop-in Crisis Stabilization Center, as authorized under Part 600 regulations, would greatly benefit Sullivan County by serving individuals with co-occurring

conditions. Key considerations include fiscal viability and determining whether an intensive or supportive level of care is most appropriate. Such a center could help address existing service gaps or offer an alternative for those not yet ready for residential or inpatient treatment. However, development is indefinitely on hold due to anticipated funding restrictions from the current federal administration, particularly cuts to Medicaid. As such, sustainability planning remains a critical prerequisite to moving forward.

With a drop-in Stabilization Center being unfeasible in the foreseeable future, the LGU is reworking approaches to increasing access to care. The Social Care Clinic model through FQHCs is being pursued, yet funding has not been made available. The LGU is prepared to apply to grant funding as soon as the funds are announced in an RFP. The LGU is also discussing a mobile clinic through Margaretville Hospital which would provide primary care and access to MAT/MOUD. The Ellenville Regional Hospital HEAL Mobile has also been serving the area as needed.

The Quick Response Team, equipped by Liberty Police and Hope Not Handcuffs staff, has expanded in the last year to cover the entire county. The QRT responds to individuals in the community who recently experienced a non-fatal overdose and engages them in a path to recovery, offering linkage and transportation to treatment.

OMH: Capacity is an issue as our local hospital has no pediatric psychiatric beds and a limited number of adult beds in their Behavioral Health Unit. Children in crisis or children who are experiencing psychiatric symptoms are often discharged home when their caregivers bring them to the local emergency room to be evaluated. When they meet the criteria for hospital admission, they are sent out of the county to a hospital more than an hour and a half – two hours away. This is extremely difficult for families, especially those who lack adequate transportation. For adults, we are seeing repeat visits to the emergency room (sometimes within the same day) after being discharged without admission despite presenting psychiatric concerns. There is also a need for improved communication between the hospital and community providers regarding coordination of care and discharge planning. Crisis services for persons with complex needs or multiple systems involvement can also be very challenging. Hospital staff are often lacking training in appropriate boundaries, have limited knowledge of person-centered care practices, resulting in staff exhibiting behaviors that may mirror parental or peer roles. Trauma-Informed Care and Disability Awareness training is crucial for success.

There is an observed need for Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) clinics in Sullivan County. Access Supports for Living has expressed interest in opening such a clinic.

The Community Trauma Response Team is active and responding to crises in the community when appropriate. The CTRT has performed “mock” responses to areas of need and high risk of trauma exposure, such as hotels where DSS houses the unhoused and the Federation for the Homeless. The Crisis Intervention Team is prepared to move forward with responses to the RFP, once details are ironed out. The LGU is encountering challenges to utilize OMH funding for the CIT by the end of the year, as RFP reward processes are time consuming.

Staff at the Department of Public Safety are spearheading first responder wellness initiatives, offering trainings and resources. A statewide resource list for first responders will soon be made available.

OPWDD: Crisis services are extremely limited. The Emergency Department becomes utilized for crises. If a situation is behavioral as opposed to clinical, the individual is returned home (medicated) to an unsafe environment. There are no respite options for families or providers. There is a present need for increasing understanding of behavioral versus clinical complexities in the community, pertaining to both youth and adults.

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): Unite Us is an accessible resource within the community; however, greater awareness is needed regarding the platform's self-referral capabilities for community members. Currently, individuals are unable to initiate self-referrals to multiple services simultaneously, limiting the ability to capture data on co-occurring service needs and referrals.

The Youth Mental Hygiene Specialty Group, in collaboration with Garnet Health, have made significant strides in improving communication between the hospital and community organizations. Regular meetings are held with Garnet hospital, the LGU, and partner agencies to improve discharge and wellness planning for patients leaving the hospital.

Employment/volunteer (client) Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Individuals among all three disability populations experience difficulties with obtaining and/or maintaining employment in Sullivan County. Stigma, lack of transportation (Paratransit with Move Sullivan having limited routes), childcare, immigration status, education, skills, training and/or legal history are some of the identified barriers to employment. Access to supported employment services are needed to assist individuals with preparing for work, finding and maintaining a job, and thriving in a work environment. Also, veterans could benefit from support with transitioning from military duty to civilian employment.

More work is needed to promote employment for individuals with disabilities. It is important to educate employers about the advantages of hiring persons with disabilities and to support them in accessing available resources.

OPWDD: The largest obstacle is staffing. We currently have more persons wanting to work, and able to do so with staff support, than we have staff to accommodate the need.

The Center for Workforce Development has hosted a Summit focusing on disability awareness for employers. With Medicaid eligibility changes coming down the pipeline, the county anticipates an increase in those with disabilities entering or re-entering the workforce.

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

OMH: Limited mental health crisis services have resulted in law enforcement officers serving as first responders to many mental health crises. A Crisis Intervention Team (CIT) Program is in development to reduce the number of arrests for persons with mental illness or dual diagnoses while simultaneously linking them to appropriate services. The Crisis Intervention Coordinator position has been filled and subsequently vacated, resulting in overseeing first-responder and crisis initiatives, including the CIT, Community Trauma Response Team, Mobile Crisis Teams, and First Responder Wellness initiatives being tasks distributed throughout LGU staff. A CIT Program will give police officers more tools to do their job safely and effectively.

The Peer Court Navigator position has been created and filled for the purpose of reducing recidivism, with great success in improving linkage between criminal court-involved individuals with severe mental illness and community resources. It would be beneficial to the community to expand Peer Court Navigator caseload eligibility criteria to those justice-involved in general, and not only for those with active criminal court cases.

Pressures to develop a Mental Health Court are reflecting a lack of understanding of the intersection of mental health and criminality. It is anticipated that the implementation of a Mental Health Court may result in mandating offenders to treatment for personality disorder diagnoses, which are unlikely to yield measurable outcomes and improvements. Otherwise, offenders with more severe mental health diagnoses are not as common as the general public may believe. Mental Health Court, while a concept rooted in a well-intended push for treatment over punitive action, may not be effective nor applicable to the community. Education will be a priority upon Mental Health Court implementation.

There continues to be a massive need for domestic violence survivor resources, especially housing. Fearless, while having a presence at Garnet, are often not responsive to phone calls and attempts to refer individuals. Community members are reporting need at a greater rate than years prior.

OASAS: Bail reform has had a substantial impact on SUD treatment services. First time offenders are not typically reaching treatment for an opportunity to change the course of their life choices; those who are mandated often have no consequences from the legal system for lack of engagement in the treatment process.

Current observations suggest that Sullivan County's Treatment Court relies predominantly on a limited number of treatment providers, which may restrict the ability to deliver truly individualized care. Expanding the provider network and incorporating diverse treatment modalities could enhance client outcomes. Additionally, there is a need to strengthen the Court's approach to mental health. Symptoms of trauma and mental illness are sometimes misinterpreted as non-compliance or dishonesty, underscoring the importance of training court staff and providers in trauma-informed care. Implementing consistent education on mental health within the justice system would promote more accurate assessments and supportive interventions for participants.

In closely connected communities like Sullivan County, the use of Confidential Informants (CIs) by law enforcement in drug trafficking investigations raises important ethical and safety concerns. The risks of retaliation against CIs are heightened in such environments, particularly when

individuals are economically vulnerable and feel pressured to cooperate. A review of current CI practices, with attention to public safety, ethical standards, and community trust, could help ensure law enforcement strategies are both effective and equitable. Incorporating protective protocols and exploring alternative investigative methods may reduce harm while supporting fair and transparent justice efforts.

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):

The county is experiencing a critical housing crisis. Following COVID-19, rental prices have skyrocketed, nearly doubling in some areas. New residents have occupied much of the previously available real estate, relocating from New York City and other areas of economic advantage. County infrastructure is suffering as a result of new developments, with numerous towns reporting a water deficit. New developments are not accessible to low-income community members, and some of these new developments are targeted to seasonal residents.

The development of a Gateway Housing Center is struggling to pass the Legislature, due to concerns regarding optimal location and fiscal efficiency.

Funding is also a barrier to establishing Gateway Housing, as delays in legislative committee discussions resulted in missing the grant application deadline.

Much of the county's unhoused population resides in DSS-funded hotel rooms, which are unsafe and hotspots for illicit substance use and gun violence. Some unhoused individuals report a preference for residing on the street in tents over residing in the hotels, as the hotels are not conducive to substance use recovery and are dangerous for unhoused youth.

OPWDD: The OPWDD housing system is strained by financial and structural barriers that limit both access and development. Providers face insufficient Medicaid reimbursement rates, making it difficult to sustain operations or invest in new housing. Capital funding for building or renovating homes often falls short of demand, and OPWDD's overall budget has not kept pace with inflation or rising service needs. The housing system for individuals eligible for OPWDD services faces multiple challenges that limit access and appropriate placement. Long waitlists persist due to a shortage of certified group homes and supportive apartments, with development slowed by funding limitations, staffing shortages, and aging infrastructure. The approval process for new housing is often lengthy and complex, taking years to complete. Families also struggle to navigate the intricate eligibility and assessment procedures, especially without strong advocacy. Even within the system, transitioning from one residence to another can be difficult. Additionally, housing options often fail to reflect individual preferences and needs—many people who do not require traditional group homes are unable to access more suitable supported or independent living arrangements.

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? No

Need description (Optional): OASAS: Inpatient treatment for SUD is typically no more than 28 days, much less if the individual has private insurance. These short stays are not appropriate for many clients. Longer-term residential should be the preferred level of care. The LGU notes significant need to improve wellness planning and relapse prevention planning upon discharge, as it has been reported that our treatment providers are falling short in this area.

The Drug Task Force Policy Pillar has submitted a proposal for amending Mental Hygiene Law Article 9 to include substance use disorders in involuntary pickup order criteria. The proposal is currently being reviewed by Assemblymember Paula Kay and Senator Peter Oberacker.

Catholic Charities has terminated residential treatment programming last year. Lexington Center for Recovery are slated to open their 53-bed (including 6 detox beds) residential treatment program at Garnet in late summer/early fall 2026.

~~Lexington Recovery Center is in the process of establishing residential treatment on the Garnet Health site in Harris, and will be able to move forward once the lease agreement is finalized.~~

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OASAS & OMH: There is a need for more peer services in all areas of OMH and co-occurring programs. Family court judges and representatives from the Better for Families Collaborative have been provided with a peer resource list compiled by the LGU, in order to better assist those with Family Court involvement with supports. Veteran-specific resources are challenged by staff shortage, such as ATI's Vet2Vet program having 2 peer vacancies at this time.

Peer services are extremely beneficial and should be expanded in Sullivan County. More supportive services are needed for family members of persons who use drugs. Currently, there are no Al-Ateen meetings available in Sullivan County. We could also benefit from an increase in Peer-Parent staff to outreach youth and families and assist with navigation through the system of care.

Sullivan County would benefit tremendously by implementing psychosocial resources such as the Clubhouse model.

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

OMH & OPWDD: Outpatient Clinic Access and Service Limitations

Outpatient clinic services in Sullivan County remain limited, primarily due to ongoing workforce shortages. Although the County Clinic is not restricted and offers Open Access services, new patient intake is currently prioritized for individuals recently discharged from hospitals and those identified as high-risk or high-need, rather than being available to all on a fully open basis. Moreover, while the clinic provides Open Access, individuals deserve the ability to choose where they receive care—a choice that remains limited in our area due to a shortage of provider options.

Other community providers are facing similar capacity issues—some are not accepting new clients, while others have appointment wait times extending several weeks or longer.

Catholic Charities has terminated all OASAS-licensed treatment programming in the county, contributing to service gaps and confusion among community members. While other outpatient substance use providers remain in operation, many residents are unaware of these options, and closures have led to frustration and diminished trust in service continuity. In response to local needs, Step One has expanded its programming to Sullivan County, offering wraparound outpatient care and satellite services aimed at increasing access and improving continuity of care.

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Due to the current federal administration's plans to limit Medicaid access, the county must prioritize ensuring community members can access primary care and family practice physicians. Focusing on wellness and preventive care will help mitigate the negative effects of reduced Medicaid eligibility.

OASAS: Catholic Charities provides evidenced-based curricula in-school to youth in multiple school districts. Catholic Charities continues to receive more requests for school-based prevention services than resources allow them to provide. Additional funding is needed for the expansion of school-based prevention resources in Sullivan County.

There is also a need for broader community prevention in addition to youth prevention. Public awareness of mental health, substance use disorders, overdose prevention, and contaminated drugs causing unintentional overdoses (ie: counterfeit pills and awareness that fentanyl and xylazine can now be found in many other street drugs) is needed.

The LGU and partner agencies have released public service announcements and written materials informing the public of the dangers of kratom and its derivatives. The Drug Task Force Policy Pillar is working on bolstering state legislation by expanding informational and warning signage on a county-wide scale at retailers selling kratom.

The Narcan vending machines have expanded their offerings to kits including sexual health, wound care, emergency preparedness, stress management, tick removal, medication disposal, hygiene, dental hygiene, and others. Data has evidenced a reduction of stigma resulting from the variety introduced by the machines, and therefore an increase in distribution of Narcan. However, the loss of federal funding toward harm reduction initiatives has resulted in challenges when planning sustainability of community access to these tangible resources.

Unfortunately, as HUD housing is "drug-free", this policy prevents the necessary distribution of Narcan at HUD complexes.

OMH: Alongside Medicaid cuts, increasing access to mental health wellness resources is critical to prepare the community for potential crises. Education on stress management will be a priority to

reduce the fallout from lacking access to mental health providers in times of crisis. **WISE (Wellness Initiative for Senior Education) remains a prevention resource for aging adults.**

Problem Gambling Yes

Applies to OASAS? Yes

Applies to OMH? No

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): At this time, only one treatment provider is preparing to offer CASAC-G intervention for problem gambling.

Refugees and Immigrants Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Refugees and Immigrants deserve access to high-quality, person-centered, culturally competent care. Many clients lack access to health insurance and this acts as a barrier to treatment access. It is important that Sullivan County continue to develop the ability to provide multilingual, multicultural care.

Community partners and treatment providers report disengagement from services by Spanish-speaking participants, likely due to concerns regarding immigration status. It has also been observed that pregnancies among Spanish-speaking youth may be on the rise, potentially a result of disengagement from community resources, or perhaps an attempt to reduce perceived likelihood of deportation.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): OMH: Sullivan County could benefit from a residential treatment program for youth as out of county programs are difficult for families to access. **A provider from New York City has expressed interest in expanding services to Sullivan County, and the LGU is vetting out whether Sullivan residents will be prioritized if the project commences. Lexington Center for Recovery are slated to open their 53-bed (including 6 detox beds) residential treatment program at Garnet in late summer/early fall 2026.**

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? No

Need description (Optional): OPWDD: There continues to be a high need for respite services in Sullivan County.

OMH: Additional adult respite beds would be beneficial in Sullivan County. The Office for the Aging has limited respite funding, as does the Alzheimer's Association.

Transition Age Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Yes Need description (Optional): The county would benefit from wraparound services to youth transitioning out of foster care that addresses the specific demographic in need. While programs such as Foster Youth to Independence exist, the resource is not utilized as it does not reflect community need. The LGU advocates for a comprehensive review of the Foster Youth to Independence program to determine how to best increase utilization. Those youth who would benefit from the program tend to remain housed with the foster family, and others are not equipped to live independently.

To better support children's emotional health, well-being, and educational success, increasing awareness of the Family Peer Advocate (FPA) credentialing process is essential. Expanding the number of credentialed FPAs will enhance the availability of trained professionals. Furthermore, school districts should consider establishing dedicated Family Peer Advocate offices within their schools. Embedding FPAs in educational settings would improve family support by addressing emotional and behavioral challenges—issues often first identified in schools. FPAs provide objective guidance, education, and advocacy to families navigating special education, mental health services, and child welfare systems, thereby strengthening the overall support network for children and youth.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Yes Need description (Optional): Move Sullivan has been demonstrating expansion in their transportation network, however additional expansions are needed, especially to the most rural and isolated parts of the county. Sadly, a Move Sullivan route has been eliminated due to underutilization while transportation remains a significant barrier in the county.

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): Recent closures of several large employers in the region have contributed to rising

unemployment. Additionally, heightened concerns around immigration status have reportedly led to increased employee absenteeism in some sectors, particularly those with a large immigrant workforce.

The County has developed resources and programs to assist employers with training and education initiatives. However, a continued lack of engagement and interest from businesses remains a significant barrier. In 2025, the County hosted an Employer Workforce Summit, focusing on identifying the key challenges employers face and exploring strategies to strengthen and diversify the County's workforce across all abilities. In October 2026, the Summit will be geared toward veterans.

A lack of engagement in employment/internship opportunities amongst the youth population has been observed.

OPWDD Eligibility Process Yes

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OPWDD: Many families experience barriers when seeking OPWDD eligibility and subsequent services. The process of applying for OPWDD eligibility and services remains cumbersome for families. There is not enough direct support during the process regarding paperwork requirements, needed testing, the appeals process, and linkage to a Care Coordination Organization. The LGU notes that follow-up with CCOs is necessary to determine their level of preparedness to accept new clients. However, LifePlan have been proactive in partaking in collaborative efforts with agency partners, as evidenced by attendance at Garnet Health in-service meetings and have increased availability to partners and community members. Some families give up on seeking services because they become too overwhelmed or confused with the process.

The length of time it takes for enrollment is long. Many have expressed challenges regarding paperwork becoming outdated during the review process and then being required to be updated and resubmitted. OPWDD doesn't always accept the pediatric neurological that is sent in and the ADOS can be costly if families don't have Medicaid. It makes it very difficult and it can be frustrating to families and staff who are assisting in the application process.

To improve awareness of OPWDD services, it's important to address several challenges families face. Learning from the families that are served by ATI, after navigating the overwhelming eligibility process with minimal support, families often find themselves facing a significant shortage of available programs for their children once they are deemed eligible. In rural areas like Sullivan County, this shortage is exacerbated by a critical lack of Direct Support Professionals (DSPs). As a result, many parents struggle to access in-home support, respite care, and community-based programs such as Community Habilitation. Transportation consistently poses a barrier to getting to the services, even when they exist.

Additionally, waitlists for therapy services, especially for Applied Behavior Analysis (ABA) therapy and services geared towards preschool-aged children, are all too common. These delays can have a considerable negative impact on a child's development and affect the family unit as a whole.

Top-down Program Design Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): During a recent behavioral health planning sub-committee meeting, providers expressed challenges regarding 'top-down program design,' which ultimately describes how the state designs a program or implements regulations that are out of touch or unrealistic with the local realities of Sullivan County. This often results in unintended consequences to clients and programs and in some cases, actually ends up reducing capacity to serve more clients, rather than increasing capacity, as intended.

OASAS: In addition, treatment and prevention providers expressed concerns that funders continue to ask

'more, for less' (unfunded mandates). In the past, OASAS used to set up round table discussions which were solution driven conversations with the counties. This opportunity allowed for an 'ear to the ground' approach to understand the human experience with our clients and the local realities across the state. Sullivan County, as a rural community has very different challenges and needs by comparison to nonrural counties in the state. Due to these circumstances, program design should be flexible to accommodate for this reality, rather than a 'rubber stamp' approach with program design, along with requirements and regulations.

These frustrations contribute to staff burnout and coupled with low salary and high stress, folks are increasingly losing interest in pursuing/staying in the field.

Capital Improvements to Facilities Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): OASAS: Sullivan County's treatment facilities require capital improvements. The condition and appearance of a facility can influence clients' perceptions of the treatment environment. **Lexington Center for Recovery have been actively remodeling and improving upon their sites.**

LGU Representative: Lina Ledvin

Submitted for: Sullivan County Department of Community Services