



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Sullivan Co Dept of Community Services
July 18, 2018

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Sullivan Co Dept of Community Services	70170	(LGU)
Executive Summary	Optional	Certified
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Sullivan Co Dept of Community Services	 70170/70170	 (Provider)
 Sullivan Co Alcohol&Drug Abuse Srvs OP	 70170/70170/50430	 (Treatment Program)

2017 Mental Hygiene Executive Summary
Sullivan Co Dept of Community Services
Certified: Heidi Reimer (5/31/18)

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

Historically, the two major economic sectors in Sullivan County have been tourism and agriculture. Both of these sectors have struggled in recent times; however, recently, there has been renewed interest in both arenas as the concept of buying locally produced foods has surged in popularity and agriculture-tourism has become a popular recreational option. Gradually, we are seeing an increase in people vacationing in the Catskills, and the new construction of one of three class III gaming facilities in New York State at the site of the former Concord Hotel, as well as the construction of a new Wellness Center at the site of the former Kutscher's County Club, has raised the County profile once again as a prime location for vacationers.

Sullivan County has an estimated population of 75,485 residents. This number is estimated to triple during the summer season, when the County experiences an influx of second homeowners and vacationers. The median household income was \$52,027 in 2016, and 16.9% of the population was estimated to live below the poverty level for the same period. In 2016 there were a total of 49,890 housing units in the County, with a homeownership rate of 67%. Nearly 17.5% of all individuals and 35.7% of households with children under age 18 in the County live in poverty. However, unemployment has decreased from a high of 10.4% in 2010 to 4.7% as of November 2016, as the economy is starting to improve with new businesses coming into the area. Additional social indicators such as educational attainment and health insurance coverage (nearly 7% of those who are employed lack health insurance) are also areas of need in the community and impact overall health outcomes, as well as the geographical distance many people live from area health care providers and from the nearest hospital or emergency room.

Sullivan County Public Health Services held focus groups in the fall of 2016 and challenges indicated included lack of transportation, lack of senior housing, lack of retirement communities, healthcare costs, childcare costs, lack of afterschool programs, lack of safe and affordable housing, medication and treatment costs, high health insurance premiums, lack of good paying jobs, inability to afford insurance, need for a living wage, stereotypes and mistrust, loss of connectivity with neighbors, limited access to the internet, addiction and drug overdoses, shortage of mental health providers, shortage of services for drug abuse, chronic disease prevalence, lack of specialty providers, geographical clustering of providers in certain areas, need for a more walkable community, long response time for EMS, "doctor shopping", and a change in the personal relationships with doctors that leads to less health education from the physician. When asked about the biggest health concerns for the community, 38.1% answered drug abuse, 28.7% answered overweight/obesity, 26.3% answered access to primary health, and 25.2% answered mental health/depression.

Sullivan County Department of Community Services (Local Government Unit) continues to work with a multitude of community partners in assessing our community needs on an ongoing basis and developing a plan to address identified gaps and needs. Based on data collected from the Public Health Nursing Assessment, Census Data, and State Agency Data (OASAS, OMH, OPWDD), our objectives were formulated. Sullivan County has been ranked 61 out of 62 on the Public Health Rankings in New York State consistently since 2010, which affects many sectors from premature births, drug and alcohol abuse, rates of re-hospitalization re hypertension and heart disease, etc. Our average median income is low and our safe housing selection is minimal. Many long-term treatment programs are closing or reducing the time frame of services provided, and enticing a qualified workforce to our area is difficult, at best. Despite the high level of need areas in our community, many not-for-profit providers, community members, local legislature, and government agencies have joined together to develop plans to address these needs.

Mental Hygiene Goals and Objectives Form
Sullivan Co Dept of Community Services (70170)
Certified: Heidi Reimer (6/1/18)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

Sullivan County, in comparison to other counties classified as a rural social area, rates well above average in the following community indicators: alcohol and drug use and abuse; access to alcohol and drugs and consequences of use/abuse; economic deprivation; neighborhood instability; violence and gang involvement; family dysfunction; psychological dysfunction; and risk factors for children and youth. Sullivan County is an economically depressed rural county. Sullivan County has seen a steady yearly increase in dual diagnosed clients over the past 20 years. We continue to see an increase in "Quadrant III and IV" clients. There has been a steady increase in clients with borderline personality disorders, depression, anxiety disorders, and Post Traumatic Stress Disorder (PTSD). Safe, sober housing continues to be a need for this population. Many live in adult homes where alcohol or drug use by others places them at a higher risk for relapse. Relapse on drugs/alcohol can lead to psychiatric decompensation and need for hospitalization. There is a lack of inpatient treatment programs that treat specific problems which require special attention. These clients present with higher substance abuse relapse rates. The state recently disbanded the Rockland Psychiatric Center Clinic and Stepping Stones. Additionally, there is no longer a social club available to clients which is a major loss in Sullivan County. Space restrictions limit services offered at the Sullivan County Jail. Group treatment and sober support meetings are afforded to inmates in compact spaces, limiting the number of attendees. Individual sessions cannot be conducted in reasonable privacy. Transportation is a major barrier to treatment, especially for adolescents. Development of satellite programs and student assistance programs in the school districts will provide increased access to youth for prevention, intervention, and referral to other services. Additional barriers to treatment include child care issues and the inability to pay for services. There is also an absence of housing options, especially for the dually diagnosed and other special populations. There is a need for supportive transitional housing for the homeless and newly recovered.

Our County facilities work closely with the Division of Family Services (DFS) to address housing and other ancillary needs. We also work closely with Rehabilitation Support Services (RSS) which maintains two community residences (one of which is a MICA Community Residence), twenty-eight licensed apartments, and sixty-six supported housing beds. Access: Supports for Living also provides supported apartment units. Mental health services are available at Catskill Regional Medical Group: Behavioral Health, the Sullivan County Department of Community Services Behavioral Health Clinic, Crystal Run Healthcare: Behavioral Health, The Discovery Health Center, Synergy, and Choices Mental Health Counseling.

In Sullivan County, crisis resources and transportation are limited. Also, there are long wait-lists for private psychiatrists. Engaging clients post-hospital and jail discharge is an issue due to inconsistent phone numbers and addresses. Sullivan Agencies Leading Together (SALT) has improved professional communication and education in terms of what services are available and getting clients the appropriate services. SALT has several sub-committees including Wellness, Prevention/Suicide Prevention, Outreach, and Communication. In addition, Sullivan County Department of Community Services has made several changes to try to offset some of the downfalls in the County. This includes open access hours, which eliminates a wait-list for psychiatrists, Just-In-Time Scheduling, which has decreased the doctor no-show rate, and a merged clinic, which has improved communication and access to care for mental health and substance use/abuse. There are many beneficial things happening in Sullivan County, such as Mental Health First Aid Trainings and increased agency collaboration, but there are also issues preventing Sullivan County from taking full advantage of all of its assets, such as many staff vacancies due to low pay and a high number of individuals with a dual diagnosis.

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

Please Explain:
Please see above.

Sullivan County is home to two long term residential programs, New Hope Manor (women, adolescent females, pregnant women, and women with children under three years of age) and Dynamite Youth Center (adolescents). The majority of clients at these facilities are from outside Sullivan County. Catholic Charities Community Services of Orange and Sullivan provides a Medically Supervised Withdrawal Unit, a Medically Monitored Withdrawal Unit, Suboxone Detox, an Outpatient Clinic, a Halfway House, and an Outpatient Rehabilitation, including a Dual Focus program and Adolescent Day Treatment. Catholic Charities operates a supported living facility and Shelter Plus Care Apartments and they provide services through the Opioid State Targeted Response Program. The Sullivan County Department of Community Services has a Behavioral Health Clinic (addressing mental health and drug and alcohol use/abuse) and a Care Management Unit. Chemical dependency treatment is provided at the Sullivan County Jail by the Department of Community Services. Fewer than 30 Sullivan County residents are enrolled at a methadone maintenance program and receive their treatment in Orange and Ulster Counties.

In Sullivan County, crisis resources and transportation are limited. Also, there are long wait-lists for private psychiatrists. Engaging clients post-hospital and jail discharge is an issue due to inconsistent phone numbers and addresses. Sullivan Agencies Leading Together (SALT) has improved professional communication and education in terms of what services are available and getting clients the appropriate services. SALT has several sub-committees including Wellness, Prevention/Suicide Prevention, Outreach, and Communication. In addition, Sullivan County Department of Community Services has made several changes to try to offset some of the downfalls in the County, including a merged clinic, which has improved communication and access to care for mental health and substance use/abuse. There are many beneficial things happening in Sullivan County, such as Narcan trainings and drug take back days, but there are also issues preventing Sullivan County from taking full advantage of all of its assets, such as community depression and anxiety and stigma associated with drug use. Sullivan County agencies are doing a lot to address needs in the community but we are being faced with more clients who need more intensive services and multiple services, so we are continuously forced to change our focus.

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

Stayed the Same Worsened

Please Explain:
Please see above.

Additionally, Sullivan County is in need of crisis respite services. In Sullivan County, crisis resources and transportation are limited. Also, there are long wait-lists for private psychiatrists. A major hurdle preventing families and individuals from getting the services they need is engagement. Many individuals 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 or education for the process, including paperwork requirements, needed testing, and the appeals process. The Hudson Valley Development Disability Regional Office, located in Orange County serves both children and adult Sullivan County residents. Front Door informational sessions are held monthly; transportation to Orange County continues to be a barrier for accessing Front Door Services for many Sullivan County residents. Families give up on seeking services because they become too overwhelmed with the process. In addition, individuals with both OMH and OPWDD related diagnoses can be "stuck between silos" thus impeding eligibility for appropriate services.

2. Goals Based On Local Needs

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

2a. Housing - Background Information

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

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

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

Establish additional safe and sober housing in Sullivan County.

Objective Statement

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

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

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

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

Change Over Past 12 Months (Optional)

Sullivan County continues to research possible funding and development opportunities for housing. The Housing Task Force continues to be a forum for agencies to express housing needs and collaborate to have those needs met. Sullivan County is working to develop an Intake Center for homeless housing. The Cottage Model is being considered as a supervised housing option. In the past year, OMH allocated five new Supported Housing units to Sullivan County. The units are designated for individuals with serious mental illness who meet specific eligibility criteria. Through the Empire State Supportive Housing Initiative, Access: Supports for Living received funding to expand the Golden Ridge Apartment complex. The expansion will offer additional housing for individuals with special needs, conditions, or other life challenges, or for families with a qualifying individual. The construction process for this project began recently.

2b. Transportation - Background Information

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

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
SALT Coalition has had several discussions with the Transportation Department of the County Government. Transportation is a county issue and it is an obstacle that is out of our hands, although we will remain part of the discussion. The County has hired a Coordinator of Transportation to address the issues the county.

Change Over Past 12 Months (Optional)

There is an ongoing need for improved public transportation in Sullivan County. The County hired a Director of Transportation to address the issues and a Coordinated Transportation Services Plan was developed. The Sullivan County Transportation Department now provides open public transportation; there are two round-trip routes with a plan for expansion of existing routes. The County has also implemented a one year pilot program for employee vanpools with Enterprise. The plan continues to be implemented in phases but it has been a very slow process. More advocacy is needed to make this need a higher priority.

2c. Crisis Services - Background Information

There are limited crisis services available for all disability populations in Sullivan County. Resources are limited for co-occurring disorders and for individuals taking benzodiazepines and opiates, including heroin. Many crisis services have strict age restrictions which creates obstacles when placing youth and young adults. A number of Sullivan County residents are uninsured or underinsured and unable to afford necessary treatment. There are no mental health crisis services available to youth unless being linked to Home and Community Based Services Waiver or RSS Crisis Stabilization Program for Youth via the SPOA referral process. Wait lists for these services is another obstacle. Also, we have no overnight respite provider for youth and a position for such has been difficult to fill. Individuals and families coping with developmental disabilities are difficult to engage which leads to difficulty in completing evaluations. New referrals for NY START services are periodically not being accepted which makes the resource unavailable to those in need of such services. Mobile Crisis in Sullivan County is a wonderful resource but staffing deficiencies tend to be an obstacle.

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

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

Create a Crisis Stabilization Center. This would be a resource in the county that is aimed to help divert hospital and jail admissions when an individual is in crisis.

Objective Statement

Objective 1: Research various locations, staffing, and investment requirements for establishing a Crisis Stabilization Center

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

Objective 2: Create additional respite beds for children and adults

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

Objective 3: Create partnerships with other agencies in the County

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

Change Over Past 12 Months (Optional)

A Committee of key stakeholders within Sullivan County is currently seeking funding to establish a Crisis Stabilization Center. The Center will aide in filling a service gap for individuals and families residing in the county who face crises related to mental health, substance abuse, or probably co-occurring psychiatric disorders, who do not meet admission criteria for a local detox facility and/or mental health 9.39 unit. The goal is to open the Crisis Stabilization Center using elements of the Living Room Model with the aim of progressively incorporating offsite clinic services. Also, RSS received a grant to establish a Crisis Stabilization Program for youth; the program is now in operation. The program provides 4-6 weeks of intensive in-home, crisis based services to youth, ages 6-17 who reside in Sullivan County. The service focuses on stabilizing and supporting the family to manage psychiatric crisis situations.

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

Sullivan County as a whole, suffers from a lack of employment opportunities and a limited job market. Sullivan County is an economically deprived county that has a record high number of staff vacancies. The number of qualified staff is limited and it is difficult to retain the staff that are qualified.

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

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

Change Over Past 12 Months (Optional)

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

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

Research indicates that incorporating meaningful activity (such as employment) into one's life can bring a sense of purpose and improved self-worth. Individuals struggling with a substance use disorder or mental illness, and/or those with a felony criminal record experience significant difficulties with obtaining and/or maintaining employment in Sullivan County. Lack of transportation is another barrier to such.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
We will be part of the discussion for increasing employment opportunities for these disability populations; however, a felony criminal record remains a major barrier.

Change Over Past 12 Months (Optional)

Access to supported employment services are needed to assist individuals in recovery from mental illness and/or substance use disorders with preparing for work, finding and keeping a job, and thriving in a work environment. Also, volunteer work can act as a stepping stone to employment; it could assist in the process of skill development, increasing comfort with others, and building connections.

2f. Prevention - Background Information

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

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

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

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

Objective Statement

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

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

Objective 2: Enhance suicide prevention education

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

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

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

Objective 4: Expand peer support assistance

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

Objective 5: Enhance access to trainings for gambling treatment

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

Change Over Past 12 Months (Optional)

Sullivan Agencies Leading Together (SALT) has sponsored quarterly trainings, including Mental Health First Aid, Trauma Informed Care, and More Than Sad, Teenage Depression. Suicide prevention brochures and informational cards have been printed and distributed throughout the county. Narcan trainings continue to be provided to members of the community, including first responders by Catholic Charities Community Services of Orange and Sullivan, Sullivan County Public Health Services, and Hudson Valley Community Services. Several hundred county residents have been Narcan trained in the past twelve months. The Sullivan County Information Line for Substance Abuse and Mental Health Services was created to provide support, information, and referrals for substance abuse and/or mental health treatment and recovery services. Peer "bridgers" and recovery support specialists are being utilized in the discharge planning process at the Sullivan County Jail. Peers also provide supportive services to patients in the emergency room and on the behavioral health unit at Catskill Regional Medical Center. The goal is to improve continuity of care and provide wrap-around support to individuals being released from incarceration or discharged from a hospital. Catholic Charities Community Services of Orange and Sullivan received federal funding through the Opioid State Targeted Response (STR) grant program. The goal of the grant is to increase access to treatment, reduce unmet need, and reduce overdose-related deaths. Services include: comprehensive substance abuse treatment evaluations, care management and treatment referrals, individual, family, and group therapy, certified recovery peer advocacy, telehealth and medication assisted treatment, and a mobile outreach team.

2g. Inpatient Treatment Services - Background Information

Inpatient treatment services in Sullivan County are limited, especially for co-occurring disorders. Several barriers prevent individuals from receiving services, including certain drug use, age restrictions for youth and young adults, and limited or no insurance. Crisis services are limited, which hinders access to an appropriate level of care. Services are limited, and there is a reduced length of stay in the programs that do exist.

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

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

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

Objective Statement

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

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

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

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

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

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

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

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

Objective 5: Increase the number of residential treatment beds

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

Change Over Past 12 Months (Optional)

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

2i. Reducing Stigma - Background Information

Stigma related to substance use disorder, gambling disorder, and/or mental illness has the potential to affect one's self esteem and prevent those suffering from accessing needed treatment. More education is needed to reduce the stigma.

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

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

Increased understanding and awareness is needed to counteract stereotypes; more community education, advocacy, and pro-recovery messages and programs are needed in Sullivan County.

Change Over Past 12 Months (Optional)

Discussions are taking place in the county regarding the development of strategies to reduce stigma.

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

In 2017, twenty-seven overdose related deaths occurred in Sullivan County. This was a twelve percent increase from 2016. Due to the current opiate epidemic, there is a very high number of individuals using these drugs. Many people are now requiring more intensive services and then return to the community after treatment and/or incarceration with a lack of aftercare supports. Sullivan County has limited supports for these services and many clients need an array of services. Sullivan County has limited crisis services as well as limited inpatient treatment services.

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

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

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

Objective Statement

Objective 1: Pursue telehealth services and Medication Assisted Treatment

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

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

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

Change Over Past 12 Months (Optional)

Sullivan County Government has created a Legislative Opioid Task Force to address the opioid epidemic in the county. Sullivan County continues to assess the issue and identify needed supports, along with possible funding. Sullivan County Public Health Services has held several prescription drug take back days and has permanent drop-boxes at several locations. Narcan trainings continue to be provided to the public and first responders by Catholic Charities Community Services of Orange and Sullivan, Sullivan County Public Health, and Hudson Valley Community Services. Sullivan County Department of Community Services is in the early stages of the process leading to the implementation of telemedicine service. This would allow for the utilization of Medication Assisted Treatment (MAT) at the Behavioral Health Clinic. MAT combines behavioral therapy and medications to treat substance use disorders. Hudson Valley Community Services' (HVCS) Health Hub Program provides low threshold access to buprenorphine. A Nurse Practitioner and a Registered Nurse offer crisis visits, relapse prevention and wound care. They also offer referrals to other services such as HIV and STD testing, case management, medical, mental health, substance use treatment and other supportive services. The Hub works in tandem with their Project Reach Out (PRO) and Syringe Exchange Program. PRO works to facilitate the entry of active substance users into drug treatment services. PRO educates clients and prepares them for the treatment experience and in some cases accompanies them to an intake appointment. In addition, they provide referrals to medical and behavioral healthcare; Narcan training, and referrals to ongoing case management. Catholic Charities Community Services of Orange and Sullivan received federal funding through the Opioid State Targeted Response (STR) grant program. The goal of the grant is to increase access to treatment, reduce unmet need, and reduce overdose-related deaths. Services include: comprehensive substance abuse treatment evaluations, care management and treatment referrals, individual, family, and group therapy, certified recovery peer advocacy, telehealth and medication assisted treatment, and a mobile outreach team.

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

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

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

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

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

Objective Statement

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

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

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

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

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

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

Change Over Past 12 Months (Optional)

Sullivan Agencies Leading Together (SALT) has created and encouraged increased collaboration between all community providers. This has also increased awareness of what services are available in the county. Also, Sullivan County Department of Community Services is determining which community partners would be interested in a MOU and having discussions about how we can achieve this goal. Sullivan County Department of Community Services entered into an agreement with HealthlinkNY, Inc. to share and exchange health data with HealthlinkNY and the State Health Information Network of New York. This allows for the exchange of health information among health providers and other health-related organizations throughout New York State. Project Teach offers pediatric primary care providers (PCPs) support in providing care to children and families who experience mild-to-moderate mental health concerns. Project Teach provides PCPs with free consultation, education, training, referrals and linkages to other services. It also gives PCPs an opportunity to call and get advice from a child psychiatrist; they can ask questions, discuss any concerns, or review treatment options. Sullivan County Department of Community Services is in the early stages of the process leading to the implementation telemedicine and Medication Assisted Treatment (MAT) at the Behavioral Health Clinic.

2x. Autism Services - Background Information

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

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
 The adult Autism Spectrum Disorder (ASD) population is large and growing. The service needs for this population center around structured support and skill-building for independent living and vocational and employment training supports. Services are critical for these young adults; without trained, targeted interventions, they may regress and lose previously acquired skills. We need to ensure that more families have the support they need for a successful transition to adulthood.

Change Over Past 12 Months (Optional)

2aa. Developmental Disability Front Door - Background Information

The process of applying for OPWDD eligibility remains cumbersome for families; many give up on pursuing services because they become too confused or overwhelmed with the process. There is not enough direct support or education for families regarding the process. The Hudson Valley Developmental Disability Regional Office, located in Orange County serves both children and adult Sullivan County residents. Front Door information sessions are held monthly; transportation to Orange County continues to be a barrier for accessing Front Door services for residents of Sullivan County. Families could benefit from a conflict free, localized location for assistance with the OPWDD eligibility process and linkages to services.

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

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

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

Objective Statement

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

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

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

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

Change Over Past 12 Months (Optional)

On occasion, a Front Door information session is held in Sullivan County but more scheduled sessions are needed to be accessible to Sullivan County residents.

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3a. Medicaid Redesign - Background Information

Sullivan County has taken steps to help improve the health outcomes of the County that aligns with the Triple Aim of Medicaid Redesign.

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

Goal Statement- Is this Goal a priority goal? Yes No

Sullivan County has goals to enhance prevention, intervention, and outreach programs, establish additional safe and sober housing, provide additional treatment and recovery support services for county residents, and enter into a MOU with medical doctors. All of these goals aim to improve health outcomes and quality of care in the community. Sullivan County also has a goal to be actively involved in the governance of Health Homes/Medicaid Redesign/DSRIP in our area.

Objective Statement

Objective 1: Sullivan County will stay abreast of Medicaid Redesign programmatic changes and provide quality of care.

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

Change Over Past 12 Months (Optional)

The Care Management Unit at Sullivan County Department of Community Services continues to actively engage both of the Health Home agencies. HARP members are being enrolled in care management programs. HCVS services as well as Health Home Core Services are being provided.

3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

Sullivan County aligns with DSRIP in terms of reducing avoidable hospital use and implementing crisis stabilization services.

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

Goal Statement- Is this Goal a priority goal? Yes No

Sullivan County has goals to develop a Crisis Stabilization Center and provide additional treatment and recovery services for county residents. The Crisis Stabilization Center will aim to deter hospital and jail admissions when an individual is in crisis. In providing additional treatment and recovery services, we hope to stabilize recidivism rates of hospital admissions. Sullivan County also has a goal to be actively involved in the governance of Health Homes/Medicaid Redesign/DSRIP in our area. The Department of Community Services has agreements with Westchester Medical Center and Montefiore for DSRIP in Sullivan County.

Objective Statement

Objective 1: Pursue funding opportunities for establishing a Crisis Stabilization Center in Sullivan County

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

Objective 2: Research funding opportunities for peer services for crisis support

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

Change Over Past 12 Months (Optional)

Many discussions are taking place regarding the development of the above noted goals. At this time, Sullivan County is seeking start-up funding for a Crisis Stabilization Center. Sullivan Agencies Leading Together (SALT) Coalition promotes agency collaboration and it has greatly improved awareness of community resources as well as needed crisis services and how to implement such services.

3c. Regional Planning Consortiums (RPCs) - Background Information

Sullivan County aligns with the goals of the Regional Planning Consortiums in terms of collaboration among agencies and providers. Sullivan County will be actively involved in the Regional Planning Consortium related discussions.

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

Goal Statement- Is this Goal a priority goal? Yes No

Sullivan County has goals to provide additional treatment and recovery support services for county residents.

Objective Statement

Objective 1: Sullivan County will be actively involved with Regional Planning Consortiums

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

Change Over Past 12 Months (Optional)

Sullivan County has been actively involved with the Hudson River Regional Planning Consortium Advisory Group. This is a specific group of stakeholders which include but is not limited to: Community Mental/Behavioral Health Directors in the seven counties throughout the Hudson Region, the Office of Mental Health, Department of Health, Managed Care Organizations, Population Health Improvement Programs, Performing Providing System, Local Department of Social Services, Local Health Department, hospitals and health providers, consumers, peers, youth, and families. The group collaborates to resolve issues, suggestions, and/or concerns identified within their region and also bring them to the Conference of Local Mental Hygiene Directors in Albany. The board is meeting on a quarterly basis, and members serve as an access point for providers and consumers to bring concerns.

3d. NYS Department of Health Prevention Agenda - Background Information

Sullivan County aligns with the NYS Department of Health Prevention Agenda in terms of promoting mental health and preventing substance abuse.

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

Goal Statement- Is this Goal a priority goal? Yes No

Sullivan County has goals to enhance prevention, intervention, and outreach programs, establish additional safe and sober housing, provide additional treatment and recovery support services for county residents, and develop a crisis stabilization center.

Objective Statement

Objective 1: Sullivan County will continue collaboration with ancillary agencies to enhance prevention, intervention, outreach, and education services

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

Change Over Past 12 Months (Optional)

Many discussions are taking place regarding the above noted goals and the utilization of evidence based modalities to promote the well being of individuals and the community, and to strengthen infrastructure across systems. Sullivan Agencies Leading Together (SALT) Coalition has

greatly improved discussions and focusing on which crisis services are needed and how to implement these services. Through agency collaboration, SALT has also helped agencies better utilize other services in the community. Also, Catholic Charities Community Services of Orange and Sullivan, Hudson Valley Community Services, and Sullivan County Public Health Services are providing Narcan training for the public and First Responders. Many Sullivan County agencies have become a member of SALT to share information, coordinate services for individuals in the community, and work on various prevention initiatives.

4. Other Goals (Optional)

Other Goals - Background Information

Sullivan County has a need to enhance services to individuals in the criminal justice system.

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

Goal Statement- Is this Goal a priority goal (Only 5 goals can be selected as priority goals)? Yes No

Enhance services to individuals in the criminal justice system.

Objective Statement

Objective 1: Enhance needed space and decrease time limitations in our current facility so inmates can be seen more readily and aftercare can be coordinated.

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

Objective 2: Provide education on the Sequential Intercept Model and research the opportunity to utilize a court liaison.

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

Objective 3: Pursue funding sources for Crisis Intervention Training (CIT) for law enforcement officers

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

Change Over Past 12 Months (Optional)

The Sequential Intercept Model is being researched to see where Sullivan County can improve in helping those involved in the criminal justice system. A new jail in Sullivan County is in the process of being built which will include a behavioral health unit with much more space than the current facility. The construction of the new facility is expected to be completed in January 2019; inmates will be transferred thereafter. Sullivan County is hoping to hire a discharge planner for the jail to facilitate transitions to care. Sullivan County is working to establish a Crisis Stabilization Center which will provide law enforcement with the ability to divert individuals with non-critical mental health or substance abuse issues away from jail or a hospital emergency room. The individual in crisis would be provided with the opportunity to receive immediate assistance and services in order to de-escalate the crisis and plan for ongoing services upon discharge. A proposal for funding to provide Crisis Intervention Training (CIT) to local law enforcement is being sought. Use of peer support services continue to prove beneficial.

Office of Mental Health Agency Planning Survey
 Sullivan Co Dept of Community Services (70170)
 Certified: Heidi Reimer (6/1/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the iss
Psychiatrist	5	1	Availability of psychiatrists, location, salary competitiveness
Physician (non-psychiatrist)	5	1	salary competitiveness
Psychologist (PhD/PsyD)	4	4	salary competitiveness
Nurse Practitioner	3	1	salary competitiveness
RN/LPN (non-NP)	N/A	N/A	No current openings for this position
Physician Assistant	N/A	N/A	No current openings for this position
LMSW	4	3	salary competitiveness, high stress environment
LCSW	N/A	N/A	No current openings for this position
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	N/A	N/A	No current openings for this position
Peer specialist	N/A	N/A	N/A
Family peer advocate	N/A	N/A	N/A

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining

All positions are listed above.

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.

One, as we are the only Article 31 clinic in operation in the county at this time.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
 Sullivan Co Dept of Community Services (70170)
 Certified: Heidi Reimer (5/31/18)

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

Chairperson		Member	
Name	Susan Miller	Name	Maureen Stewart
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	RSS	Represents	SullivanARC
Term Expires	12/31/2019	Term Expires	12/31/2020
eMail	SKMiller@rehab.org	eMail	mstewart@sullivanarc.org
Member		Member	
Name	Jeff Skaar	Name	Edie Mustavs
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Catholic Charities	Represents	Community Member
Term Expires	12/31/2018	Term Expires	12/31/2019
eMail	Jeff.Skaar@cccsos.org	eMail	edie515@hancock.net
Member		Member	
Name	Lori Schneider	Name	Nora Shepard
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	NAMI	Represents	Independent Living Inc.
Term Expires	12/31/2018	Term Expires	12/31/2021
eMail	NAMIfSullivan@gmail.com	eMail	nshepard@myindependentliving.org
Member		Member	
Name	Elizabeth Carrasquillo	Name	Kathy Garlick
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	CRMC	Represents	BOCES
Term Expires	12/31/2021	Term Expires	12/31/2018
eMail	elizabeth.betancourt@gmail.com	eMail	Kathy.Garlick@yahoo.com
Member		Member	
Name	Sherry Eidel	Name	Laurie Burke-Deutsch
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Advocate	Represents	Liberty School District
Term Expires	12/31/2020	Term Expires	12/31/2018
eMail	SherryEidel@gmail.com	eMail	campmaier3@yahoo.com
Member		Member	
Name	Karen Russell	Name	VACANT
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	New Hope Community	Term Expires	
Term Expires	12/31/2020	eMail	
eMail	krussell@newhopecommunity.org		

Member
Name VACANT
Physician Yes
Psychologist No
Term Expires
eMail

Member
Name Vacant
Physician No
Psychologist No
Term Expires
eMail

Member
Name Vacant
Physician No
Psychologist No
Term Expires
eMail

Alcoholism and Substance Abuse Subcommittee Roster
 Sullivan Co Dept of Community Services (70170)
 Certified: Heidi Reimer (5/31/18)

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

Chairperson

Name Heidi Reimer
Represents Community Services
eMail Heidi.Reimer@co.sullivan.ny.us
Is CSB Member No

Member

Name Jeffrey Skaar
Represents Catholic Charities
eMail Jeff.Skaar@cccsos.org
Is CSB Member Yes

Member

Name Nora Shepard
Represents Independent Living
eMail nshepard@myindependentliving.org
Is CSB Member Yes

Member

Name Linda Simmons
Represents Action Toward Independence
eMail lsimmons@atitoday.org
Is CSB Member No

Member

Name Amy Kolakowski
Represents Catholic Charities
eMail amy.kolakowski@cccsos.org
Is CSB Member No

Member

Name Lesia Snihura
Represents SC Youth Bureau
eMail Lesia.Snihura@co.sullivan.ny.us
Is CSB Member No

Member

Name Tara Roberts Goldman
Represents RSS
eMail TRobertsGoldman@rehab.org
Is CSB Member No

Mental Health Subcommittee Roster
 Sullivan Co Dept of Community Services (70170)
 Certified: Heidi Reimer (5/31/18)

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

Co-chairperson

Name Susan Miller
Represents RSS
eMail skmiller@rehab.org
Is CSB Member Yes

Co-chairperson

Name Heidi Reimer
Represents Community Services
eMail Heidi.Reimer@co.sullivan.ny.us
Is CSB Member No

Member

Name Lesia Snihura
Represents SC Youth Bureau
eMail Lesia.Snihura@co.sullivan.ny.us
Is CSB Member No

Member

Name Tara Roberts Goldman
Represents RSS
eMail TRobertsGoldman@rehab.org
Is CSB Member No

Member

Name Lori Schneider-Wendt
Represents NAMI
eMail NAMIofofSullivan@gmail.com
Is CSB Member Yes

Member

Name Susan Hahn
Represents Mobile Mental Health
eMail Susan.Hahn2@ohm.ny.us
Is CSB Member No

Member

Name Linda Simmons
Represents Action Toward Independence
eMail lsimmons@atitoday.org
Is CSB Member No

Member

Name Nora Shepard
Represents Independent Living
eMail nshepard@myindependentliving.org
Is CSB Member Yes

Developmental Disabilities Subcommittee Roster
 Sullivan Co Dept of Community Services (70170)
 Certified: Heidi Reimer (5/31/18)

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

Chairperson

Name Heidi Reimer
Represents Community Services
eMail Heidi.Reimer@co.sullivan.ny.us
Is CSB Member No

Member

Name Sherry Eidel
Represents Advocate
eMail SherryEidel@gmail.com
Is CSB Member Yes

Member

Name Susan Miller
Represents RSS
eMail skmiller@rehab.org
Is CSB Member Yes

Member

Name Sean Gerow
Represents Family Empowerment
eMail SGerow@asfl.org
Is CSB Member No

Member

Name Maureen Stewart
Represents SullivanARC
eMail mstewart@sullivanarc.org
Is CSB Member Yes

Member

Name Ric Schwartz
Represents Sullivan ARC
eMail jschwartz@sullivanarc.org
Is CSB Member No

Member

Name Nora Shepart
Represents Independent Living
eMail nshepard@myindependentliving.org
Is CSB Member Yes

2019 Mental Hygiene Local Planning Assurance
Sullivan Co Dept of Community Services (70170)
Certified: Heidi Reimer (6/1/18)

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2019 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2019 Local Services planning process.