



Goals and Objectives 2024 Sullivan County Department of Community Services

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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.

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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.



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