

# *Division of Health and Human Services (DHHS) Monthly Update*

*November 2025*

## Agenda

- Federal Shutdown Update
- Drug Task Force Update
- Social Care Network
- Community Services
- Housing Programs
- Social Services
- Care Center
- Public Health
- Staffing Data

# ***Federal Government Shutdown as of Nov. 5***

- **SNAP (Food Stamps):** On November 4, OTDA provided an update to all local social service districts:
  - The federal government plans to issue **50% of normal benefits in November.**
  - We expect **benefits will start paying out between 11/12 and 11/14.** Once the benefits start paying out, payments will be complete within 10 days, as per normal monthly distribution.
  - A state disaster emergency was declared, which allows state agencies to move faster than normal on procurement, which will be especially helpful over the next few weeks in getting food banks and pantries stocked around the State. With the emergency declaration, the Governor also authorized \$65 million in new funding for existing state food security and farm programs.
  - **Sullivan County citizens may still apply for SNAP.** Applications will be processed normally though benefits may be delayed longer than normal until the shutdown is resolved.
  - Legal action in Rhode Island federal court is ongoing. Counties were advised that aside from the release of the emergency SNAP funds, the court also ruled that able-bodied adult without dependent (ABAWD) waivers were illegally rescinded early. We are awaiting further guidance on when we will be required to implement the new work requirements mandated by HR1.
- **HEAP (Home Energy Assistance):** Previous guidance to counties that the program was anticipated to start on November 17 was rescinded at the beginning of the month. **At this point, there is no forecasted start date for this year's HEAP program.**
  - Sullivan County citizens may be able to receive home heating assistance if they are also eligible for regular Public Assistance benefits. Eligibility requirements are more restrictive, but anyone in need is encouraged to apply.
  - **Warming Centers are set to open in Liberty and Monticello on November 21st**

# Drug Task Force Update

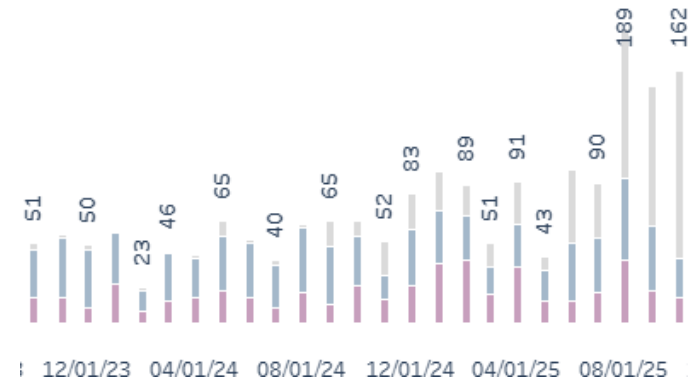
Pillar Meetings – Next Public Meeting: November 7, 2-4pm, @Government Center						
Law Enforcement	Treatment	United Sullivan	Prevention	Policy	Veterans	Data
5/2/2025	9/18/2025	Meeting Weekly	7/30/2025	9/24/2025	9/16/2025	8/15/2025
Drug Task Force Key Statistics						
911 Responses to Overdose				Opioid Overdose Death Rate (2024)		
September: 22 (-4 from previous month) – 7 Narcan administrations				26 deaths; 32.5/100,000 2023 totals: 38 deaths; 47.5/100,000		

- **Hope Not Handcuffs, the Village of Liberty Police Department, and the County of Sullivan have teamed together to form the first-ever Sullivan County Quick Response Team:**
  - The Quick Response Team will respond to any person in Sullivan County who has had a non-fatal overdose within 72 hours after the incident – usually within 24 hours.
  - The team will bring educational materials, self-care supplies and Narcan, and will discuss the benefits of seeking treatment. Peer Recovery and Family Addiction Recovery services will be offered.
- **Next Open Public Meeting of the Sullivan County Drug Task Force to be held on November 7:** We will review the work of the Task Force throughout 2025, discuss initiatives already in motion for the year ahead, and new opportunities to be explored. While members of the Task Force continue to be encouraged by the decrease in deaths and 911 calls related to opioid use from previous years, increased use of other drugs (especially cocaine and alcohol) and ongoing challenges with finding long term positive treatment outcomes demand that we keep the Task Force strong and that we continue to adapt to the changing needs of our community. Task Force members look forward to seeing another strong gathering of community partners and volunteers at the November 7 meeting.
- There were no changes to Opioid Settlement Fund contracts in October. The annual update newly required by state law has been posted to the County's website.



# Social Care Network Update

- **Unite Us Case Activity Update:** The number of new Unite Us cases in October was not as high as in September, but still much higher than previous norms. This appears to be due to continued growth in screening and utilization of enhanced Medicaid services authorized under the 1115 waiver. We will look to leverage these efforts to connect more persons in need to food and nutrition services that are currently getting curtailed because of the SNAP crisis.



- **Social Care Access:** Over the past five years, UNITED SULLIVAN has expanded from its role as a pillar of the Drug Task Force and System of Care for Mental Health to being a pioneer in rural social care across the Hudson Valley and New York State by bringing the Unite Us social care referral system to our area. UNITED SULLIVAN's next step to ease access to primary care, mental health, addiction services and dental care will be to pair with local healthcare providers and community-based organizations in shared space.
  - The Department of Community Services (DCS) is applying for a new grant from OMH which would cover personnel costs for Mental Health specialists who would be a part of this care team.

Local Unite Us Partners (40 Agencies/Locations)				
Liberty Police Department	The Center for Discovery	Rehabilitation Support Services (RSS)	Cornell Cooperative Extension	Dept of Community Services
Sullivan County Probation	Dispute Resolution Center	Sullivan 180	Office for the Aging	Dynamic Youth Community
HONOR, INC.	Independent Living – Peer Parent Services	Sullivan County Youth Bureau	Action Toward Independence	Catholic Charities - Behavioral Health
Every Person Influences Children (EPIC)	Lexington Center – Liberty and Monticello	Legal Services of the Hudson Valley	Garnet Health Medical Center - Catskills	Community Action – Liberty and Monticello Offices
Independent Living, – Peer Diversion	Independent Living, Inc – Independent Living Skills	Catholic Charities – Human Services	Center for Workforce Development	Sullivan Allies Leading Together
Mobile Mental Health	Restorative Management	Dept of Social Services	Bridge Back to Life	Choices Mental Health
Sun River Health	Community Home Health Care	Astor Services	American Nutrition Alliance	Dept of Public Health

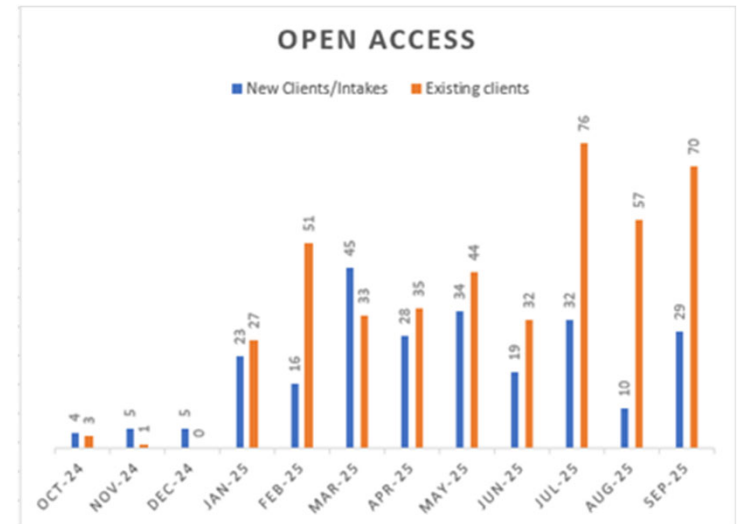
## Community Services Update - Clinic

**High Risk Clients:** High Risk Clients: In September 2025, there were 166 clients on the roster for high risk census.

**Open Access:** Open access was extended this past January to 2 mornings on Tuesday & Thursdays. We are seeing especially strong gains in existing clients taking advantage of the flexibility provided.

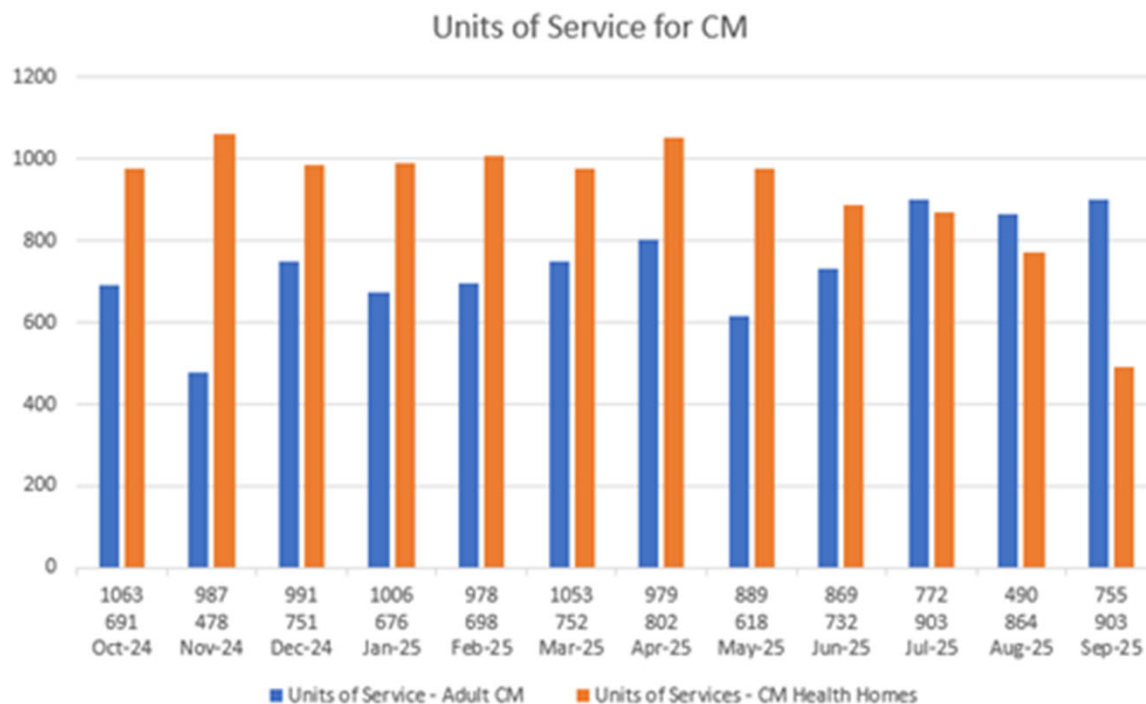
### **Mental Health & Substance Use Services:**

- Mobile Crisis Services Enhancement: Awaiting OMH input after unsuccessful RFP response. Drafted a No cost Time extension and rollover request to OMH to maintain funding to the end of 2026, was submitted to the state awaiting response.
- Oxford House & Transitional Housing: Home located in Monticello currently looking for residents – flyers provided to community partners.
- Clinic & Treatment Services: Expanded services in development: youth, veterans, court-linked, toxicology testing. Clinic approved as Optum provider for veterans; staff training in cultural competency planned.
- SPOA, CSPOA, AOT Coordination: A SPOA letters of recommendation sent. C SPOA presentation prepared. AOT package submitted



## Community Services Update – Care Management

- The Care Management unit continues to actively engage & work with clients for both of the Health Home agencies and the HARP Services (Health and Recovery Plan) which are Medicaid and Medicaid Managed Care Health Plans. As of the end of September 2025, there are 4 active Assisted Outpatient Treatment (AOT) orders and there is 1 person on enhanced AOT services.
- The downward trend in Health Home units of service (orange bars in the chart at right) is due to staffing turnover and medical leaves experienced this summer; issue that recently resolved. We expect to see units of service go back up in next month's chart.



### **Single Point of Access (SPOA) Program:**

- On September 11, 2025, the Adult SPOA Committee met via Zoom with 7 new cases reviewed and 12 previous cases reviewed.
- There are a total of 137 RSS beds in use with 92 people on the waiting list and 17 openings.
- Coordination of referrals and ongoing collaboration with service providers continue. Clients were recommended for/linked to various services, including: behavioral health treatment providers, RSS housing (apartment program and community residences), Access: Supported Housing, Sullivan PROS Program, OFA, APS, Action Toward Independence, Independent Living, Inc., and Care Management services.
- Children's SPOA Committee met via Zoom on September 25, 2025, and went over 2 new referral and 8 previous referrals.
- The Coordinator organized and facilitated the monthly Adult & Children's SPOA Committee meetings (review of incoming referral packets, case presentation prep, and waiting list maintenance). Coordinator also conducted follow up throughout the month and completed monthly SPOA related data reports.

### **Systems Coordination & Strategic Planning**

- **Community Services Board (CSB) Planning:** Local Services Plan submitted working on goals and initiatives.
  - **Fatality Review Board:** Case presentation occurred on 9/22. Ongoing contact with case managers, coroners, and volunteers to support overdose review efforts.
  - **Better For Families Initiative:** Focus has been on developing coordination mechanisms and court reports to enhance information sharing between Family Court, mental health and substance providers, and child welfare services.
  - **Policy Pillar Coordination:** Worked out details for upcoming pillar meeting. Discussing a policy to aid persons who experience an overdose to go to hospital to be evaluated.
-



### **Peer & Community Support Services**

- **Peer Navigator Program:** Peer navigator building caseload, engaging providers for housing and resources. Exploring certification for mental health peers to better integrate with CIT.
- **Narcan Outreach:** Refilling vending machines, distributing through events and Naloxboxes. Coordinated kit-making events with Public Health and other community partners and refilled machines across the county.
- **Community & Recovery Engagement:** Behavioral Health needs presented and noted in various meetings. Highlights from this month's discussions:
  - Hoarding – linkage made between and Orange County provider and Sullivan County providers (ATI, etc.),
  - Prevalence of pre/postpartum depression concerns also noted for further discussion and planning.

### **Community Awareness & Public Engagement**

- **Bold Gold Marketing Plan:** Contract fully executed and plans made for the remaking 2025 calendar year.
- **UnitedSullivan.org Access and Maintenance:** awaiting GoDaddy access to be provided to Bold Gold, so they can update the website.
- **Coalition for Vape-Free Sullivan:** Ongoing meetings to address youth substance use. Advocacy work on local and state legislation (cannabis/vape zoning, licensing, AED naloxone stocking, recovery-ready workplace act.)



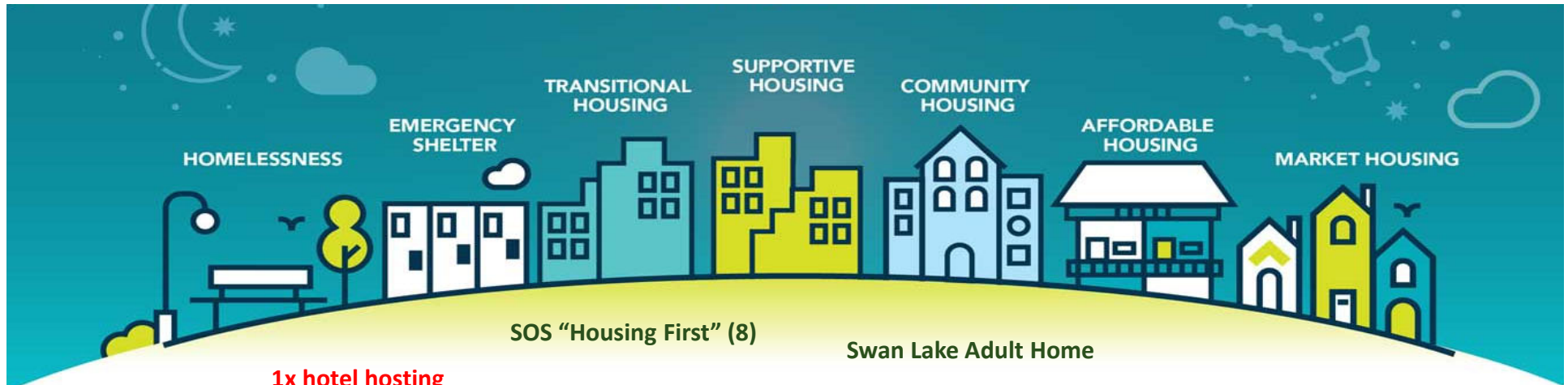
## ***Crisis Services/Mobile Mental Health Update***

- **Training:** Psychological First Aid: Completed on October 2, 2025 and Disaster Mental Health: November 18, 2025.
- Mobile Mental Health's most recent 12-month statistics are displayed below. Very encouraging to see all four hospital referrals were converted to admissions – suggests good casework and coordination between Mobile Mental Health and the hospital system

Month/Year	Incoming Calls	Intial Phone Contacts	Outreaches	Diversion Rate	Hospital Referrals	Admissions	Admission Rate
Sep-24	286	89	27	74%	7	6	86%
Oct-24	298	94	42	88%	5	4	80%
Nov-24	286	81	32	78%	7	5	71%
Dec-24	202	77	18	72%	5	4	80%
Jan-25	214	70	21	71%	6	5	83%
Feb-25	214	78	28	75%	7	6	86%
Mar-25	267	88	26	81%	5	3	60%
Apr-25	250	70	24	92%	2	2	100%
May-25	236	90	26	73%	7	5	71%
Jun-25	278	98	27	70%	8	7	88%
Jul-25	297	140	25	72%	7	4	57%
Aug-25	227	78	26	69%	8	2	25%
Sep-25	197	68	26	85%	4	4	100%

STATISTICAL SUMMARY FOR: September 1, 2025 - September 30, 2025						
Prepared by : Sara A. Cole				CLIENTS		
	ON ROLLS:			ON ROLL:	CLIENTS	UNITS OF
PROGRAM	9/1/2025	ADMISSIONS	DISCHARGES	9/30/2025	SERVED	SERVICE
SC BEHAVIORAL HEALTH CLINIC ADULT	462	38	37	463	500	799
SC BEHAVIORAL HEALTH CLINIC CHILD	24	4	3	25	28	31
SC BEHAVIORAL HEALTH CLINIC FORENSIC	77	11	10	78	88	187
SC BEHAVIORAL HEALTH CLINIC MICA	15	8	1	22	23	Included In Clinic Adult
SC BEHAVIORAL HEALTH CLINIC MAT	18	1	4	15	19	Included In Clinic Adult
<b>TOTAL MENTAL HEALTH</b>	<b>596</b>	<b>62</b>	<b>55</b>	<b>603</b>	<b>658</b>	<b>1,017</b>
SC CARE MANAGEMENT	33	0	0	33	33	898
SC HEALTH HOME- ADULT	39	0	1	38	39	219
SC HEALTH HOME - KENDRA, AOT and HH+	15	0	2	13	15	114
SC HEALTH HOME - CHILD	16	0	1	15	16	217
SC HEALTH HOME - OUTREACH	10			10	10	205
SC CM CCSI					1	5
<b>TOTAL HEALTH HOME CASE MANAGEMENT PROGRAMS</b>	<b>113</b>	<b>0</b>	<b>4</b>	<b>109</b>	<b>114</b>	<b>1,658</b>
SC SPOA - Adult	67			67	67	361
SC SPOA - Child	26			26	26	166
<b>TOTAL SPOA</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>93</b>	<b>93</b>	<b>527</b>
SC SPOA - Adult	63			63	63	419
SC SPOA - Child	15			15	15	106
<b>TOTAL SPOA</b>	<b>78</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>78</b>	<b>525</b>

# Sullivan County's Housing Continuum



Safe Options  
Support (SOS)

Warming Centers  
(~40 seasonal)  
Opening Nov. 21st

1x hotel hosting  
Family Groups (19)

6x hotels  
hosting singles

Fearless!  
(Out-of-county DV shelter)

Oxford House  
(One house open)

Rehabilitation  
Support Services (RSS)  
(137)

Catholic Charities (28)

OPWDD Homes  
(TCFD, ARC, New Hope)

Senior Apartment  
Buildings

Monticello Housing  
Authority

Woodbourne  
Housing Authority

Solutions to End Homelessness  
Program (STEHP)

## Emergency Shelter Census (11/5/25)

Families	53 (-2)
Singles	136 (-8)
Adults	216 (-6)
Children	93 (-1)
Sex Offenders	26 (+1)
Total (Adults + Children)	309 (-7)

Access: Supports  
for Living

WestCOP  
(Veterans)

Rental Supplement Program





Section 8 Vouchers  
NYS Housing  
Choice Vouchers  
(5) (Coming 2026)

Shelter Arrears Eviction  
Foreclosure (SAEF)

\* Numbers in parentheses indicate number of available beds/units

\* Numbers in red indicate programs that are at their capacity

# Child and Adult Services Statistics

ADULT SERVICES UNIT				FOSTER CARE STATISTICS				CHILD PROTECTIVE STATISTICS			
	2024 TOTAL	2025 YTD	2025 SEP		SEP 2025	Trend	Goal		2024	YTD 25	SEP
<b>PERSONAL CARE AIDES</b>				Kinship%	20.00%		20%	# New Reports	1425	953	122
CASES OPENED	31	14	2	Congregate Care%	19.13%		16%	# Closed Cases (UNF, FAR, IND)	904	779	38
CASES CLOSED	18	10	0	Total in Care	115		<100	# Unfounded Reports	466	392	17
# CASES (AVG.)	34	37.30	38	RTF/RTC	8			# Closed FAR	232	200	5
<b>PERS</b>				Diagnostic	0			# Indicated Reports	206	187	16
# CASES (AVG.)	0	0	0	Group Home	4			Physical abuse	17	12	0
<b>APS REFERRALS</b>				Therapeutic Foster Home	22			Emotional abuse	0	1	0
16A Neglect/Abuse	30	22	0	Regular Foster Home	41			Sexual abuse	7	10	3
16B Neglects Own Basic Needs	67	58	3	Kinship	23			Neglect	96	83	11
16B Untreated Medical Conditions	36	30	1	Other	17			Domestic violence	15	12	0
16B Self-endangering Behaviors	21	8	0	Freed for Adoption	17			Educational neglect	37	42	0
16B Unable to Manage Finances	47	33	8	Certified Homes	74		5x# in care	Substance abuse	29	24	1
16B Environmental Hazards	38	34	11	Newly Certified Homes	2			1034	5	3	1
Undetermined	7	20	0	Number of Closed Homes	0			<b>PREVENTIVE SERVICES STATISTICS</b>			
<b>APS</b>				New Kinship Homes	4			NEW REFERRALS		9	
CASES OPENED	245	205	23	Pending Certification	4			TOTAL CASES		80	
CASES CLOSED	238	208	32	Completed Adoptions	0						
# CASES (AVG.)	153	161.77	161	YTD Completed Adoptions	2						
<b>GUARDIANSHIPS</b>											
OPEN	38	45	0								
<b>REP PAYEE</b>											
OPEN	108	115	1								

- **Foster Care Statistics:** We are pleased to be meeting our goals for utilization of kinship options for foster care and continuing to reduce our reliance on costly congregate care settings. Our near-term process improvement focus for foster care is on getting children to their permanency goals faster, which requires collaboration with all stakeholders in Family Court.
- **Child Protective Statistics:** New State Central Registry reports are down significantly. The 72 reports in August was the fewest number of reports made in Sullivan County since at least 2006. Although September statistics are not yet fully tabulated, we did see an expected increase in reports with the start of the school year.

# Child Welfare Case Lifecycle Management

CHILD WELFARE CASE LIFECYCLE MANAGEMENT DASHBOARD													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
<b>EOM STATISTICS</b> (Based on last day of month totals)													<b>AVERAGE</b>
Overdue 7-day Safety Assessments (INV)	2	1	<1	0	0	0	0	0	<1				0.428571429
Overdue 7-day Safety Assessments (FAR)	1	1	<1	0	<1	0	0	0	0				0.285714286
Overdue Case Closures (INV)	103	56	52	28	30	<1	11	6	4				36.25
Overdue Case Closures (FAR)	45	22	21	9	14	<2	3	1	1				14.5
PREV Referral Timeliness days	8	3	9	6	6	2	2	3	1.5				4.5
<b>QUARTERLY INTERNAL COMPLIANCE AUDITS</b> (GREEN INDICATORS = ≥85% Effective, YELLOW = 75%-84%, RED = ≤74%)													<b>AVERAGE</b>
INV Progress Notes	74%			81%			88%						0.81
FAR Progress Notes		86%			80%			80%					0.82
PREV Progress Notes		56%			65%			56%					0.59
Foster Progress Notes			65%			50%			44%				0.53
PREV Case Contact Rate ≥ 2 per month	35%			75%			81%						0.636666667
Foster Case Contact Rate ≥ 1 per month		75%			85%			78%					0.793333333
Supervisor Case Conferences		12%			55%			87%					0.513333333
LSRs Submitted Timely			100%			100%			100%				1
Annual LODs Reviewed Timely/up to date			0%			26%			43%				0.23
<b>HOTLINE SOURCES</b>													<b>ANNUAL TOTAL</b>
School	55	36	50	33	66	36	6	5	30				317
Immediate Family	10	12	8	10	11	7	7	8	9				82
Extended Family	6	6	7	7	6	2	9	7	10				60
Hospital	6	12	12	10	12	16	13	6	13				100
Other Medical Provider	10	6	2	9	9	9	11	6	8				70
Law Enforcement	9	16	21	12	16	14	14	15	25				142
DSS Internal	4	7	10	12	6	7	13	9	5				73
Other	4	17	24	13	15	10	22	16	22				143

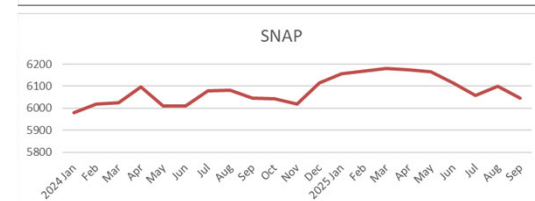
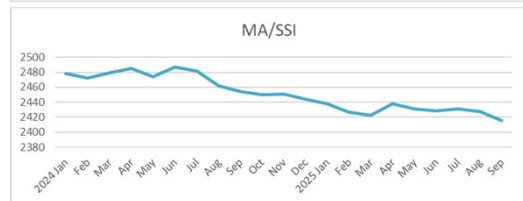
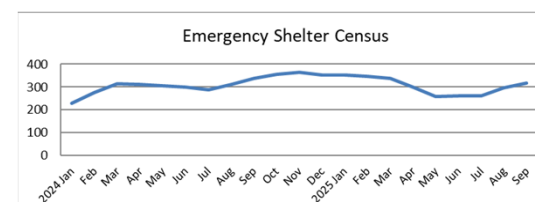
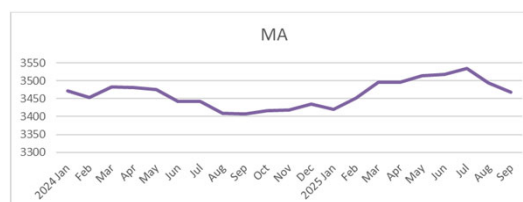
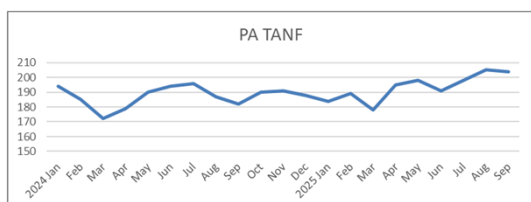
- **Internal Audits:** We are seeing strong progress across most of the metrics we started tracking after the 2024 Bonadio review. We have recently made changes to the structure of the foster care unit, which is already starting to yield positive change. Preventive progress notes have been below standard due to performance issues with a contracted provider that has been addressed. Expect significant improvement next quarter.

# Social Services Program Statistics

Fraud Investigations (as of 9/30/2025)						
Collections	Cases Active	Cases Referred	Completed	Arrests	Pending arrests	Burials
\$61,135.18 (+50,497.61)	262 (-9)	37 (+2)	46 (-2)	3 (+1)	3 (-1)	6 approved (+5) \$9,830.00 costs (-3,772.40)
Child Support Enforcement Cases (as of 9/30/2025)						
Collections	Petitions Filed	Paternity Establishments	Total Cases			
\$520,825 (-158,057)	31 (-1)	10 (-/+0)	2,671 (-5)			

Public Assistance (PA) Cases (as of 9/30/2025)				
Temp. Assistance to Needy Families (TANF)	Safety Net	Food Stamps	Medical Assistance (MA)	MA/Supplemental Security Income (SSI)
204(-1)	285 (+4)	6045 (-56)	3469 (-24)	2416 (-12)
Homelessness Snapshot (as of 9/30/2025)				
Code Blue	Quarantined	Adults / Children	Sex Offenders	Emergency Shelter Census
0(no change)	0	222/94(+6/+13)	25 (+32)	316 (+19)

The Medicaid Eligibility and Client Management System was launched by DOH on September 30. This will eventually allow those sixty-five and older or in receipt of social security disability with Medicare not seeking Managed Long-Term Care to apply through NYSOH and not at the local district. Those individuals applying for The Medicare Savings Program only will also be able to apply through this system.



Monthly Total Expenses to Date	Monthly Cash Receipts	End of Month Census	Meals Prepared for Residents
\$1,344,027.90	\$1,236,505.58	122	11,905
Admissions / Discharges (to home or Assisted Living)	Total ST treatments	Total OT treatments	Total PT treatments
16/4	45	629	773

## Facility Updates:

- Long term kitchen planning is ongoing. However, all major equipment is currently functional.
- Emergency preparedness supplies have been ordered after recent drills were conducted with lessons learned.
- Security enhanced for all medication storage

## Staffing:

- Having some success with hiring nurses on the county payroll
- Also working with Frontline to reduce dependence on outside staffing agencies

## Nursing and Physical Therapy Update:

- Balance and fall reduction continue to be a significant focus which is helping with ambulation and decreased falls.

## Activities Department Update:

- Trunk or Treat was a great success
- Preparation for Thanksgiving dinners well underway





## Home Health Agency

Goal / Area of Focus	Update / Progress
Increase and maintain the daily census of the program to ensure consistent enrollment, maximize resource utilization, and support the growing demand for home healthcare professionals.	<ul style="list-style-type: none"><li>Average Daily Census: 140</li></ul>
Increase the number of new patient admissions through enhanced referral partnerships, physician outreach, and digital marketing strategies.	<ul style="list-style-type: none"><li># of referrals: 112</li><li>Referral Conversion Rate: 80%</li><li>new patients: 85</li><li>discharges: 102</li></ul>
Maintain Full Staffing  Achieve an average of 5 points per day, per clinician while maintaining high-quality care, measured through patient satisfaction scores and clinical outcome improvements.	<ul style="list-style-type: none"><li>Staff Productivity: 4.83</li><li>See table 1 below</li></ul>

- All accepted referrals are being seen within 48hrs due to process changes
- First full month of all PT visits managed in house

Field	full-time	perdiem	contract	total
RN	6	3		9
LPN	1			1
PT	3	1		4
PTA	2			2
OT	3			3
ST	1			1
MSW	1			1
total	17	4		21



**Public Health**  
Prevent. Promote. Protect.

# Home Health Agency

CHHA Monthly Data														
	2024 Total	January	February	March	April	May	June	July	August	September	October	November	December	2025 YTD
Staff Productivity		5.06	4.89	4.92	4.87	4.96	4.86	4.63	4.83	5.03				4.894444
New Patients*	1120	122	102	96	94	69	82	100	79	85				665
Discharges*	1104	108	99	98	98	84	90	89	102	90				666
RN/LPN Visits*	6267	577	462	565	604	516	431	528	508	598				3683
PT/PTA Visits	8424	763	612	651	624	654	616	604	518	444				5486
OT Visits*	2353	160	157	241	228	257	242	229	189	213				1916
ST Visits*	854	77	72	54	57	76	69	76	46	64				591
MSW Visits*	680	54	54	54	54	47	46	55	48	47				459
HHA Visits*	497	84	77	77	56	78	63	70	62	75				642
Total Visits	21,299	1715	1434	1642	1623	1628	1467	1562	1371	1353				12777

**Table 1** \* based on billable visits entered in our system by all clinicians

Table 1 – Legend:

- # of visits by type:
- RN- Registered Nurse
- PT- Physical Therapy
- OT- Occupational Therapy
- ST- Speech Therapy
- MSW- Master Social Work Visit
- HHA- Home Health Aid Visit

Goal / Area of Focus	Update / Progress
Increase and maintain the daily census of the MCH Program to ensure consistent enrollment, maximize resource utilization, and support the growing demand for home healthcare professionals.	<ul style="list-style-type: none"> <li>Average Daily Census: 31</li> </ul>
Achieve an average of 5 points per day, per clinician while maintaining high-quality care, measured through patient satisfaction scores and clinical outcome improvements.	<ul style="list-style-type: none"> <li>Staff Productivity: 4.2</li> </ul>
Increase the number of new patient admissions through enhanced referral partnerships, physician outreach, and digital marketing strategies.	<ul style="list-style-type: none"> <li># referrals: 24</li> <li>RCR: 58%</li> </ul>
Monitor the number of newborn screenings completed. <ul style="list-style-type: none"> <li>Ensuring that those completed newborn screenings are done within 24-48 of birth.</li> </ul>	<ul style="list-style-type: none"> <li><b>0</b> newborn screening</li> </ul>

- The Maternal and Child Health (MCH) Nursing Program is in the process of being restructured to form a new Maternal and Child Health (MCH) Department designed to streamline and enhance service delivery. As part of this transition, all prenatal and postpartum home visits have been realigned under existing programs to better match client needs and available clinical resources.

Field Staffing	
RN	1
LPN	1
total	2

- Adult women with identified clinical needs are now referred to the Certified Home Health Agency (CHHA) for skilled nursing support and medical oversight.
- Adult women without a clinical need, who are pregnant or recently postpartum, are referred to Healthy Families for evidence-based home visiting, education, and family support.
- Infants and children requiring clinical services are directed to the CHHA for skilled pediatric or nursing intervention.
- Rationale
  - This restructuring was implemented to improve care coordination, eliminate duplication of services, and ensure that clients receive the most appropriate level of care within the scope of existing County programs. Aligning clinical cases under CHHA leverages the agency's licensed capacity for skilled nursing and medical documentation, while Healthy Families provides the necessary outreach, education, and social support for non-clinical maternal and child health needs.
  - By consolidating these services under a single MCH Department, Sullivan County Public Health can more efficiently manage maternal and child health initiatives, improve referral pathways, and strengthen interdisciplinary collaboration among nursing, home visiting, and family support teams—ultimately enhancing outcomes for women, infants, and children across the continuum of care.
  - Utilizing LPN for chart audits when census is low



## Healthy Families (HF)

Goal / Area of Focus	Key Performance Indicators	Update / Progress
Family Support Staff (FSS) will conduct at least 90% of scheduled home visits per month to ensure consistent family engagement.	<ul style="list-style-type: none"><li># of enrolled families (capacity = 60)</li><li>Total of 150 home visits expected per month.<ul style="list-style-type: none"><li>Target completed home visits: <b>85%</b></li></ul></li></ul>	<ul style="list-style-type: none"><li><b># of enrolled families: 63</b></li><li><b>83%</b> completed home visits (168 out of 185)</li></ul>
Increase the number of new patient admissions through enhanced referral partnerships, physician outreach, and digital marketing strategies.	<ul style="list-style-type: none"><li># of referrals</li><li># of assessments completed (Frogs)</li><li># of referrals agreed to services and registered</li><li>Referral Conversion Rate (RCR) (how many referrals turned into admissions)<ul style="list-style-type: none"><li>Target RCR: <b>17%</b></li></ul></li></ul>	<ul style="list-style-type: none"><li><b># of referrals: 8</b></li><li><b># agreed to services and registered: 6</b></li><li><b>RCR: 80%</b></li></ul>
Maintain Full Staffing	# of staff for all HF positions	

Staffing	
Family Support Worker	2
Bilingual FSW	2
Program Supervisor	1
Program Manager	1
total	6

## *Children and Youth with Special Healthcare Needs (CYSHCN)/ Early Intervention (EI)*

<b>Goal / Area of Focus</b>	<b>Update / Progress</b>
Ensure that initial CPSE evaluations are completed within 60 calendar days of referral.	<ul style="list-style-type: none"> <li>• # of active cases: <b>195</b></li> </ul>
Complete initial EI evaluation and develop Individualized Family Service Plans (IFSPs) within 45 days of referral.	<ul style="list-style-type: none"> <li>• # of active cases: <b>172</b> <ul style="list-style-type: none"> <li>○ # of new referrals: <b>29</b></li> </ul> </li> </ul>
Early Intervention Ongoing Service Coordinators (EI OSC) will maintain an active caseload of 35-50 families, depending on case complexity and program capacity.	<ul style="list-style-type: none"> <li>• EI OSC caseload:</li> </ul>
Increase outreach and engagement for Children and Youth with Special Healthcare Needs (CYSHN)	<ul style="list-style-type: none"> <li>• # of active cases: 20 (↑ 1) <ul style="list-style-type: none"> <li>○ # of new referrals</li> </ul> </li> </ul>

A Mock Thanksgiving event is planned as an opportunity for children and families with special needs to come together in a supportive and inclusive environment. The event will allow participants to practice and prepare for the holiday experience, including shared mealtime routines, sensory-friendly activities, and festive crafts. Parents and caregivers will also engage in guided discussions focused on strategies for navigating holiday gatherings, supporting their children's unique needs, and creating enjoyable, stress-free celebrations for the whole family.

Planned all upcoming events for the year for the CYSHCN program.



**Public Health**  
Prevent. Promote. Protect.

## *Public Health Education*

Goal / Area of Focus	Update / Progress
<b>Workplace Wellness</b>	<ul style="list-style-type: none"><li>• # of events: 1</li><li>• # of participants: Staff BBQ</li><li>• Topics covered: N/A</li></ul>
<b>Outreach/ Education/Rural Health Network</b>	<ul style="list-style-type: none"><li>• # of outreach events: 15<ul style="list-style-type: none"><li>○ # directly related to RHN: 10</li></ul></li><li>• # of social media posts: 46<ul style="list-style-type: none"><li>○ Top 3 post topics: PT Day, Rabies Clinics and Awareness, #FFF Trails</li></ul></li><li>• # of PH kits distributed<ul style="list-style-type: none"><li>○ Education: 339</li><li>○ Community Services will provide reporting on the vending machine activity. Public Health will report the total number of kits distributed, including those supplied to Community Services for machine restocking</li></ul></li></ul>
<b>Narcan Training</b>	<ul style="list-style-type: none"><li>• # of Narcan trainings: 1<ul style="list-style-type: none"><li>○ # of participants: 2</li></ul></li><li>• # of 1-on-1 Narcan trainings: 0</li><li>• Total # trained: 2</li></ul>
<b>Community Health Workers (CHW)</b>	<ul style="list-style-type: none"><li>• # of CHW visits: 25</li><li>• # of referrals provided:</li><li>• Top identified needs: Immigration/Effect on Mental Health, Lawyer Inquires, Understanding legal rights.</li></ul>



# Health Promotion Vending Machine Progress Report

Inventory Consumption Report  
Account: County of Sullivan  
Date Range: 10/1/2025 - 10/31/2025

Description	Pieces Vended	Units Dispensed
988 Car Freshner x1	8	8
988 Koozi x1	8	8
Dental Hygiene ADULT x1	10	10
Dental Hygiene KIDS x1	10	10
Deterra LARGE x1	3	3
Emergency Preparedness Kit x1	16	16
Gun Lock x1	24	24
Health Passport - Men x1	9	9
Health Passport - Women x1	10	10
Hygiene Kit x1	15	15
Overdose Rescue Kit x1	52	52
Sexual Health Kit x1	10	10
Stress Ball 988 x1	8	8
Wound Care Kit x1	18	18
		201
		201



## Quality Improvement

- Our DSI Supervisor attended the Dog Bite Prevention Training to present information on Rabies prevention and process to follow after a bite.
- Will begin chart auditing (CHHA)
- DSI case review to begin in October.

Goal / Area of Focus	Key Performance Indicators	Update / Progress
<b>Staff education</b>	<ul style="list-style-type: none"><li>• # staff trainings offered</li><li>• Topics covered</li><li>• # of participants</li></ul>	<ul style="list-style-type: none"><li>• # staff trainings offered: 4</li><li>• Topics covered: ATI Services Presentation, Gearing Up: Caring for First Responders, Literacy: A Pillar of Public Health, Bridges out of Poverty webinar</li><li>• # of participants: 60</li></ul>
<b>Quality</b>	<ul style="list-style-type: none"><li>• Ongoing analysis of existing policies, updates, and creation of new.</li></ul>	<ul style="list-style-type: none"><li>• Policy updates in progress: Accident/incident reporting, Release of Health Records (DSI), Records Retention and Storage, CHHA on Call Log</li><li>• 2026 SWOT Analysis sent out to all staff for feedback</li><li>• Updated Early Intervention paperwork/forms distributed</li></ul>



## *Disease Surveillance Investigations (DSI)*

Goal / Area of Focus	Update / Progress
<b>Immunization Program</b>	<ul style="list-style-type: none"><li>• # of IQIP visits performed: 0</li></ul>
<b>Rabies</b>	<ul style="list-style-type: none"><li>• # of rabies PEP in county: <b>9</b></li><li>• # of exposures investigated: 43<ul style="list-style-type: none"><li>○ Domestic: <b>37</b></li><li>○ Wildlife: 6</li></ul></li><li>• # animals tested: 4<ul style="list-style-type: none"><li>○ Domestic: <b>1</b></li><li>○ Wildlife: 3</li></ul></li><li>• # of animals + for rabies: 1</li></ul>
<b>Emergency Preparedness</b>	<ul style="list-style-type: none"><li>• # of training meetings: <b>9</b></li></ul>
<b>Medical Reserve Corp. (MRC)</b>	In Progress: Figuring out recruitment process with HR
<b>Lead</b>	<ul style="list-style-type: none"><li>• Total labs drawn: 126</li><li>• Lead Education: 20</li><li>• # of Positive cases: 1</li></ul>
<b>Tuberculosis (TB)</b>	<ul style="list-style-type: none"><li>• # of active TB cases: <b>0</b></li><li>• # of LTBI follow-up cases: <b>6</b></li><li>• # of suspected TB cases: <b>38</b></li><li>• # of non-clinical home visits: 13</li><li>• # of clinical/DOT home visits: <b>4</b></li></ul>
<b>Reportable Diseases</b>	<ul style="list-style-type: none"><li>• # of lab reported cases: <b>321</b><ul style="list-style-type: none"><li>○ ↓ 76 from previous month</li></ul></li><li>• See table 5 for disease type</li></ul>
<b>Total COVID &amp; Other</b>	<ul style="list-style-type: none"><li>• # of lab reported cases: <b>142</b><ul style="list-style-type: none"><li>○ ↑ 44 from previous month</li></ul></li></ul>



**Public Health**  
Prevent. Promote. Protect.

# Communicable Disease Update

Table 3

Sexually Transmitted Diseases (STDs)  
Query Limits Selected Returned: 6 Records  
Tabular Analysis of Disease  
Created By the Communicable Disease Electronic Surveillance System

Disease	Total
CHLAMYDIA	4
GONORRHEA, UNCOMPLICATED	2
Total	6

Table 4

Hepatitis  
Query Limits Selected Returned: 24 Records  
Tabular Analysis of Disease  
Created By the Communicable Disease Electronic Surveillance System

Disease	Total
HEPATITIS B, CHRONIC	3
HEPATITIS C CHRONIC	11
HEPATITIS C, NEGATIVE	10
Total	24

Table 5

General Communicable  
Query Limits Selected Returned: 321 Records  
Tabular Analysis of Disease  
Created By the Communicable Disease Electronic Surveillance System

Disease	Total
ANAPLASMOSIS, ANAPLASMA PHAGOCYTOPHILUM	2
BABESIOSIS	4
CAMPYLOBACTERIOSIS	1
COVID-19	142
GIARDIASIS	1
INFLUENZA, A	11
LEGIONELLOSIS	1
LYME DISEASE	133
RSV UNSPECIFIED	26
Total	321

## Staffing Data

Community Services (7 Positions Vacant, 44 Authorized, 15.91% Vacant)	
Account Clerk, #1336	
Account Clerk/Database, #3039	
Assistant Social Worker II, #2254	
Clinical Program Manager, #2169	
Staff Social Worker I, #0130, #2267, #3288	Interviewing

Public Health (12 Positions Vacant, 72 Authorized, 16.67% Vacant)	
Principal Account Clerk, #3592	OMB Positions
Public Health Educator, #1636	Posted
Public Health Nurse, CHHA #3419	
Public Health Occupational Therapist, #3340(PD)	Posted
Public Health Physical Therapist, #3667(PD), #3555	
Registered Nurse, CHHA #747, #849, #2875, #2502(PD), #2782(PD)	
Supervising Comm Health Nurse, #148	

Social Services (9 Positions Vacant, 181 Authorized, 4.97% Vacancy Rate)	
Account Clerk, #1269	
Account Clerk/Database, #3050	
Caseworker #2995	Posted
Clerk, #3214	Interviewing
FS Investigator, #260	
FS Investigator Trainee, #3676	
Principal Account Clerk, #182	Interviewing
Senior Caseworker, #763	Posted
Senior Social Welfare Examiner, #3480	One vacancy due to recent promotion