



# Sullivan County

## Health & Human Services

### Meeting Agenda - Final

100 North Street  
Monticello, NY 12701

Chairman Catherine Scott  
Vice Chairman Matt McPhillips  
Committee Member Brian McPhillips  
Committee Member Amanda Ward  
Committee Member Terry Blosser-Bernardo

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Thursday, December 12, 2024

11:00 AM

Government Center

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#### Call To Order and Pledge of Allegiance

#### Roll Call

#### Comments:

#### Reports:

1. Division of Health and Human Services  
December 2024  
Monthly Report

[ID-6995](#)

**Attachments:** [2024-12 HHS Monthly Report](#)

#### Discussion:

#### Public Comment

#### Resolutions:

1. Adopt Public Health Order No. 1 of 2025

[ID-6942](#)

**Attachments:** [PH Order 1 2025](#)

2. To Accept a Legislative Award from NYSARH and Authorize an Agreement with the Department of Public Health and Cornell Cooperative Extension  
..end

[ID-6969](#)

3. To authorize an agreement for funding related to the Child Advocacy Center

[ID-6993](#)

4. To modify the contract between honor ehg and the Department of Social Services

[ID-6994](#)

**Attachments:** [2024-12 2024-2025 Family Centered Services Program Plan - Sullivan County](#)

**Adjourn**



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

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**File #:** ID-6995

**Agenda Date:** 12/12/2024

**Agenda #:** 1.

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**Sullivan County Division of Health and Human Services (DHHS) -- Monthly Report – December 2024**

**Roadmap to Better Health Implementation**

- Sullivan County Community Assistance Center Hotline: 845-807-0925    - National Suicide Hotline: 988    - Hope Not Handcuffs: 833-428-HOPE  
 - Hudson Valley Fearless! (Domestic Violence and Human Trafficking Support Hotline): 845-562-5340

Strategy	Update on Activities Supporting the Strategy	Key Performance Indicators Positive Trend = GREEN, Negative = RED Totals current as of submission date:	
Ease Access to Care	<ul style="list-style-type: none"> <li>• <b>Crisis Mental Health Services:</b> Dep. Commissioner Stickle is developing a Community Trauma Response Team. Initial training from OMH was provided on October 9<sup>th</sup> and December 2<sup>nd</sup>. Recruiting of additional team members is in progress and a full-day training will be provided in Jan.</li> <li>• <b>Stabilization Center:</b> Data analysis has been prepared to support future grant applications. We will use this information to design the size and scope of center the county needs and to advance a variety of funding requests the Division has been developing. We are also using this information to identify feasible sites.</li> </ul>	Participating Unite Us Agencies	36
		Unite Us Cases	775 (+52)
		Percentage of Cases Open/Resolved	57.42% (-1.64%) (System average, 51.82%)
End the Opioid Crisis	<ul style="list-style-type: none"> <li>• <b>Next Drug Task Force Open Public Meeting will be on December 13:</b> In an effort to reach more people and collect more public input, the next presentation from Pillar Leads will take place at the Liberty Senior Center at 2pm on December 13. This is a resked due to last month’s first snow storm.</li> <li>• <b>Decrease in Overdoses in October:</b> Monthly 911 overdose responses decreased again last month.</li> <li>• <b>Inpatient Treatment Returning to Sullivan County:</b> After several months of coordination and negotiations, Lexington Center for Recovery is preparing to open an inpatient treatment facility within Garnet Health-Catskills. The facility is expected to open in early 2025.</li> </ul>	911 overdose responses in October	11 (-3)
		2023 Opioid Deaths	35 (-8)
		2023 Drug-related ED Visits	68 (-8)
		2023 Drug-related Hospitalizations	11 (-4)
Enhance Our Community (Focused on Housing)	<ul style="list-style-type: none"> <li>• <b>Emergency Housing Update:</b> Warming Centers are now open for the winter. As with the past few years, warming centers will be open from 8pm-8am, 7-days per week. As they are not shelters, they cannot routinely be open on a 24-hour basis, but DSS does make arrangements to support warming center clients during extreme daytime conditions.</li> <li>• <b>Family Centered Case Management:</b> Hiring is in progress for the fully state-funded case manager. The contract expansion with HONOR requested by resolution this month is also fully covered by the same funding from OTDA.</li> <li>• <b>Shelter Update:</b> DSS and DPW continue to work with HONOR Inc. to prepare an HHAP grant request for the next review (expected April '25).</li> </ul>	Emergency Shelter Census	364 (+9)
		Family Groups Sheltered	52 (no change)
		Safe Options Support Team Progress (July-November)	782 encounters 85 persons seen 51 enrollments
Encourage Healthier Behavior	<ul style="list-style-type: none"> <li>• <b>Building Campaign for Youth Vaping and Alcohol Use Prevention:</b> DHHS is partnering with BOCES, Sullivan 180, SALT and others to address the growing youth vaping problem. SALT is conducting “compassionate compliance” checks at local businesses while others develop a plan to make use of funds to come from the national Juul lawsuit settlement. A very successful initial planning meeting was held with stakeholders last month. Next meeting is planned for February.</li> </ul>		



## United Sullivan Network

For more information:

[www.unitedsullivan.org](http://www.unitedsullivan.org)

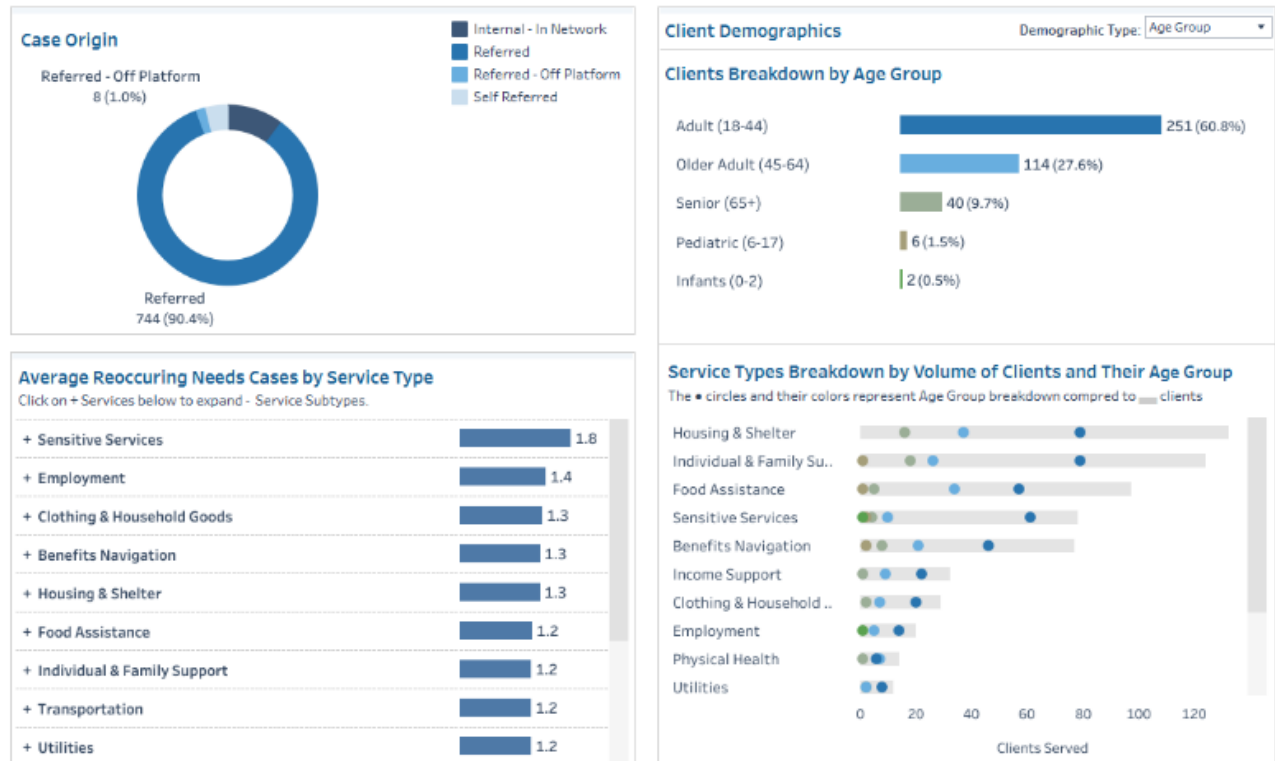
Email:

[contact@unitedsullivan.org](mailto:contact@unitedsullivan.org)

- Hudson Valley Social Care Network Taking Shape:** Aside from easing access to care for local citizens, the key reason DHHS started the County's presence on the Unite Us network was to be prepared to take advantage of Medicaid funding that was expected to come available under major policy changes from a federal Medicaid waiver program. The regional Social Care Networks that will handle billing and payment are now active. Our regional network is operated by Hudson Valley Care Coalition (HVCC). The HVCC is providing guidance to community organizations (including the 36 Sullivan County Unite Us partner agencies) which, in early 2025, will allow these agencies to bill Medicaid for four types of essential services (housing, nutrition, non-medical transportation and case management) to eligible Medicaid participants. HVCC has released a readiness assessment to participating non-profits, a financial modeling tool to plan for new service delivery, and is finalizing a fee schedule to aid non-profits in developing staffing and workflows that will support these new revenue opportunities. Following the completion of the above onboarding measures, non-profits will be able to enter into contract with HVCC to provide billable Medicaid services.

## Clients

A closer look at case origin, reoccurring needs, and client demographics.



- Network Member Update:** The following chart provides the complete list of Sullivan County agencies currently active on Unite Us.

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



**Care Center at Sunset Lake Rehab**

For more information: (845) 292-8640, <https://sullivanny.us/Departments/Adultcarecenter>

Care Center at Sunset Lake Key Statistics			
Monthly Total Expenses to Date	Monthly Cash Receipts	End of Month Census	Meals Prepared for Residents
\$1,270,140.17	\$1,560,756.46	127	10,815
Admissions / Discharges (to home or Assisted Living)	Total Day Care Visits	Total OT treatments	Total PT treatments
18/11	0	735	911

**Administrator and Deputy Administrator Comments:**

- The facility had a COVID outbreak from October into November which included 22 residents and 12 staff. The last positive case resolved on November 14. The facility was officially cleared from outbreak procedures by DOH on December 2.

**Health Inspection (1 Star) and Quality Measures (2 Stars):**

- Health Inspection (1 Star) and Quality Measures (2 Stars). Plan of correction was approved by DOH for the Clinical Survey. We are waiting for approval of the Environmental Survey on two tags which DPW is discussing with the surveyor.

**Staffing (3 Stars):**

- Recruiting and hiring continue
- We continue to work with staffing agencies
- NYS DOH confirmed via letter received November 12, 2024 that the Care Center is staffed in accordance with the 3.5 hours per resident, per day standard of care established in state law for Quarter 2 of 2023
- New Hires for October: All new hires we hired under Frontline
  - RN – 0
  - LPN – 0
  - CNA – 1 (FT)

**Nursing and Physical Therapy Update:**

- Continued to work on balance and fall risk reduction
- Seasonal activities included arts and crafts, and the residents constructed a large, haunted house for trunk or treat
- Continue to host facility wide group activities to help residents maintain memory, attention and organization.

**Activities Department Update:**

- Celebrated Rosh Hashanah, Yom Kippur
- Walking tacos for Taco Day
- Healthcare Food Service Worker week
- Held a canned food drive
- Wore pink for Breast Cancer Awareness
- Trunk or Treat, Halloween Party, Decorated pumpkins



**Department of Community Services (DCS)**

For more information: (845) 292-8770, <https://sullivan.ny.us/Departments/CommunityServices>

National Suicide Hotline: 988 Mobile Mental Health – 24-hour hotline: (800) 710-7083, Face-to-Face Outreach Monday-Friday 8am-8:30pm, Saturday-Sunday 8am-12am

Children’s Mobile MH: (845)701-3777

**Director’s Comments / Local Government Unit Update:**

**Care Management:**

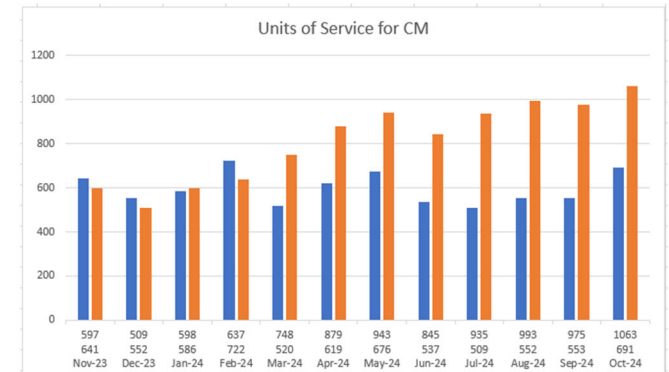
- The Care Management unit continues to actively engage & work with clients for both of the Health Home agencies and the HARP Services (Health and Recovery Plan) which are Medicaid and Medicaid Managed Care Health Plans. As of the end of October 2024, there are six active Assisted Outpatient Treatment (AOT) orders and there’s one person on enhanced AOT services.

**Behavioral Health Clinic (Mental Health and Substance Abuse):**

- High Risk Clients: In October 2024, there were 164 clients on the roster for high risk census.
- Open Access is Thursday’s from 9:00am to 12:00pm.

**Adult & Children’s SPOA:**

- On October 10, 2024, the Adult SPOA Committee met via Zoom with 11 new cases reviewed, eight previous cases were reviewed.
- The total of 140 RSS beds with 196 people on the waiting list and 12 openings.
  - There are 7 people on the list for Family Care with no openings.
  - RSS Community Residence: 12 beds, 53 on the waiting list, no openings.
  - RSS Sullivan Treatment Apartment Program: 29 beds, 32 on the waiting list, 1 opening to be filled next month.
  - RSS Sullivan County Respite: 1 bed, 2 on the list. It is unavailable.
  - RSS Supportive Apartment Program: 39 Regular and 16 L/S, 67 on the waiting list, 8 openings for Supported Housing.
  - RSS Invisible Children’s Apartment Program: 6 beds, 8 on the waiting list, with one opening.
  - RSS Chestnut Street Apartments: 37 beds, 34 on the waiting list, & no 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 October 24, 2024 and went over one new referral and seven previous referrals were reviewed.



SULLIVAN COUNTY DEPARTMENT OF COMMUNITY SERVICES						
STATISTICAL SUMMARY FOR: October 1, 2024 - October 31, 2024						
Prepared by : Sara A. Cole			CLIENTS			
PROGRAM	ON ROLLS:			ON ROLL:	CLIENTS	UNITS OF
	10/1/2024	ADMISSIONS	DISCHARGES	10/31/2024	SERVED	SERVICE
SC BEHAVIORAL HEALTH CLINIC ADULT	413	28	15	426	441	719
SC BEHAVIORAL HEALTH CLINIC CHILD	9	0	0	9	9	11
SC BEHAVIORAL HEALTH CLINIC FORENSIC	69	4	8	65	73	98
SC BEHAVIORAL HEALTH CLINIC MICA	15	0	1	14	15	Included in Clinic Adult
SC BEHAVIORAL HEALTH CLINIC MAT	9	0	1	8	9	Included in Clinic Adult
<b>TOTAL MENTAL HEALTH</b>	<b>515</b>	<b>32</b>	<b>25</b>	<b>522</b>	<b>547</b>	<b>828</b>
SC CARE MANAGEMENT	24	0	0	24	24	682
SC HEALTH HOME- ADULT	48	0	0	48	48	377
SC HEALTH HOME - KENDRA, AOT and HH+	14	1	0	15	15	186
SC HEALTH HOME - CHILD	12	1	0	13	13	110
SC HEALTH HOME - OUTREACH	17			17	17	390
SC CM CCSI					4	9
<b>TOTAL HEALTH HOME CASE MANAGEMENT PROGRAMS</b>	<b>98</b>	<b>2</b>	<b>0</b>	<b>100</b>	<b>104</b>	<b>1,364</b>
SC SPOA - Adult	59			59	59	341
SC SPOA - Child	14			14	14	93
<b>TOTAL SPOA</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>73</b>	<b>73</b>	<b>434</b>



- The Coordinator organized and facilitated the monthly Adult & Children SPOA Committee meetings (review of incoming referral packets, typing the case presentations, agenda, meeting minutes, waiting lists). Coordinator also conducted follow up throughout the month and completed monthly SPOA related data reports.

**Local Government Unit:**

**Substance Use Task Force:**

- Goals:** Reduce substance abuse, improve mental health, enhance community safety, and promote policy reform.
- Approach:** Prevention, intervention, treatment, recovery support, and interagency collaboration between law enforcement, public health, and community organizations.
- Data:** Working with Catalyst Research regarding data for each pillar and the task force as a whole.

**Stabilization Center:**

- Community mapping is complete with data analysis in progress, funding, and location now the focus of our planning.
- A draft of an RFP is written and will be reviewed and finalized once survey data is tabulated.
- Surveys were disseminated to over 200 community members and 35 providers (English and Spanish), data being reviewed and to be provided once tabulated.

**Fatality Review Board:**

- Ongoing meetings focused on policy development and process/protocol establishment.
- Attended a Fatality Review Board in Dutchess County in preparation for a mock case to be presented to our steering community to aid with procedural guidelines and meeting structure. Anticipate being able to hold our first official Fatality Review Board in January.

**OASAS Opioid Abatement Funds:**

- RFP awarded to Restorative Management, Catalyst Research, Nikki Jones, and Sullivan 180. RFP for 2025 was sent out with few responses, will meet with pillar leads regarding utilization of funds and re-advertising of RFP.

**Mobile Crisis Services:**

- RFP issued in May 2024 to enhance services for adults and youth. Response received, and ongoing discussions with the state. Concerns with RFP submission looking to regroup and draft a plan to enhance/supplement current services provided.

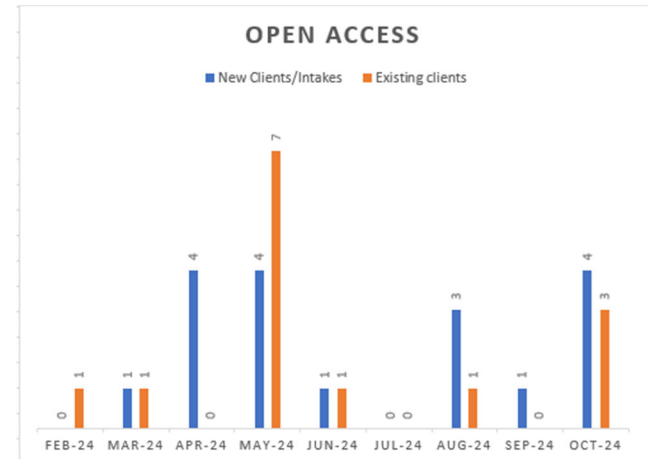
**System of Care for Youth:**

- SOC from a committee to a Task Force first combined meeting scheduled for 10/23/2024 – mission/vision statement review, who needs to be at the table, next steps

**Other ongoing LGU activities:**

- Ongoing LGU/Behavioral Health Planning
- Annual Auditing of Providers who receive State Pass through Funds
- Working on establishing a Community Trauma Response Team
- Working on a First Responder Wellness Initiative

**Mobile Mental Health Stats:**



Month/Year	Incoming Calls	Initial Phone Contacts	Outreaches	Diversion Rate	Hospital Referrals	Admissions	Admission Rate
Oct-23	309	122	23	78%	5	3	60%
Nov-23	404	139	31	62%	12	4	33%
Dec-23	449	85	9	100%	0	n/a	n/a
Jan-24	280	83	11	73%	2	2	100%
Feb-24	311	88	16	88%	2	1	50%
Mar-24	252	93	16	81%	3	0	0%
Apr-24	259	86	24	83%	4	4	100%
May-24	305	99	29	79%	6	4	67%
Jun-24	249	83	30	67%	6	4	67%
Jul-24	335	101	30	77%	7	5	71%
Aug-24	323	111	38	79%	8	5	63%
Sep-24	286	89	27	74%	7	6	86%
Oct-24	298	94	42	88%	5	4	80%





**Department of Social Services (DSS):**  
**For more information on our report: (845) 292-0100**

**Public Assistance Program Highlights:**

**Medicaid:** Both Community and Chronic Care Medicaid have had a continuous volume of new applications.

**HEAP:**

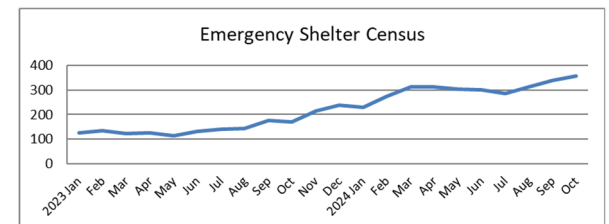
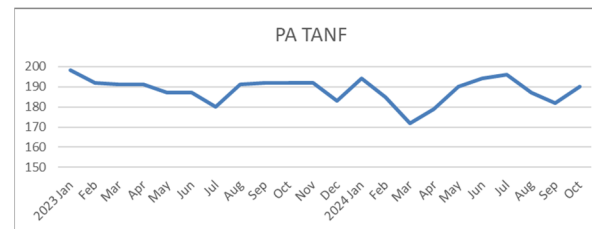
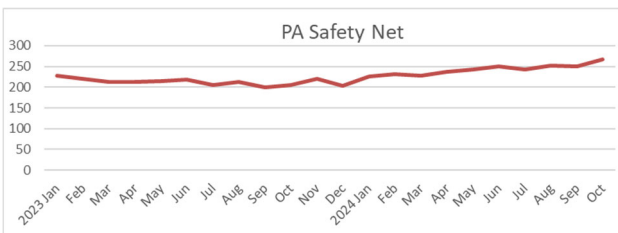
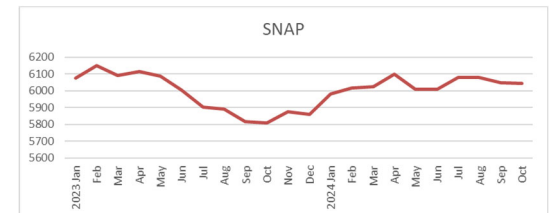
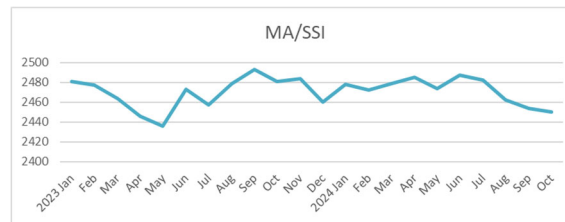
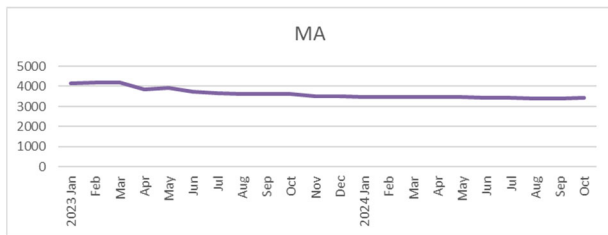
- HEAP Vendor Luncheon was held at Sullivan County BOCES in late October and was a huge success.
- The 2024-2025 Heating Equipment Repair and Replacement benefit opened on October 1, 2024
- The 2024-2025 Clean and Tune Benefit Opened
- The full 2024-2025 HEAP benefit season opened on November 1 and has gotten off to a smooth start. Applications are down approximately 22% versus last year, likely due to the above normal temperatures experienced in the first half of November.

**Housing:**

- Continues to address the homeless applications as they come in. Continues to rearrange staff assignments to help with the flow of applications. Continue to have huddles.
  - RSP received \$240,957.00, Active Responsibility \$ 59,621.54, Arrears paid \$ 28,030.00, Security Deposits \$7317.00, Total Remaining \$144,040.66

Public Assistance Cases (as of 10/31/2024)				
Temp. Assistance to Needy Families	Safety Net	Food Stamps	Medical Assistance	MA/Supplemental Security Income
192 (+9)	267 (+17)	6042 (-5)	3417(+8)	2450 (-4)
Homelessness Snapshot (as of 09/30/2024)				
Code Blue	Quarantined	Adults / Children	Sex Offenders	Total Homeless
0	0	247/108 (+22/-3)	18 (same)	364 (+9)

**Temporary Assistance Case Trend Charts:**



Fraud Investigations (as of October 31, 2024)						
Collections	Cases Active	Cases Referred	Completed	Arrests	Pending arrests	Burials
\$43,862.62 (+43,411.69)	200 (-18)	38 (-23)	56 (+8)	2 (-1)	4 (-1)	6 approved (-4) \$11,139.00 costs (-\$5,372.85)
Child Support Enforcement Cases (as of October 31, 2024)						
Collections	Petitions Filed	Paternity Establishments	Total Cases			
\$584,253 (+22,347)	20 (+2)	15 (+6)	2,766 (-7)			

**Child and Adult Services:**

ADULT SERVICES UNIT:	2023 TOTAL	2024 YTD	2024 OCT
<b>PERSONAL CARE AIDES</b>			
CASES OPENED	16	26	3
CASES CLOSED	17	15	1
# CASES (AVG.)	30	34	33
<b>PERS</b>			
# CASES (AVG.)	0	0	0
<b>APS REFERRALS</b>			
16A Neglect/Abuse	37	21	2
16B Neglects Own Basic Needs	113	56	3
16B Untreated Medical Conditions	33	30	2
16B Self-endangering Behaviors	15	18	1
16B Unable to Manage Finances	36	43	2
16B Environmental Hazards	21	33	4
<b>APS</b>			
CASES OPENED	261	200	14
CASES CLOSED	251	212	27
# CASES (AVG.)	148	153	145
<b>GUARDIANSHIPS</b>			
OPEN	38	38	0
<b>REP PAYEE</b>			
OPEN	TBD	106	1

FOSTER CARE STATISTICS				CHILD PROTECTIVE STATISTICS			
	OCT 2024	Trend	Goal		2023	YTD 24	OCT 24
Kinship%	15.79%		20%	# New Reports	1410	1220	142
Congregate Care%	16.67%		16%	# Indicated Reports	174	180	13
Total in Care	114		< 100	Physical abuse	14	16	1
RTF	0			Emotional abuse	0	0	0
Diagnostic	2			Sexual abuse	13	5	1
RTC	9			Neglect	62	82	5
Group Home	2			Domestic violence	13	15	1
Therapeutic Foster Home	27			Educational neglect	39	32	1
Regular Foster Home	49			Substance abuse	33	26	3
Kinship	18			1034	0	4	1
Other	7			# Unfounded Reports	710	417	28
Freed for Adoption	14			# Closed FAR	49	207	20
Certified Homes	76			# Court Ordered 1034s	36	51	4
Newly Certified Homes	2		5x # in ca	<b>PREVENTIVE SERVICES STATISTICS</b>			
Number of Closed Homes	1			NEW REFERRALS		7	
New Kinship Homes	1			TOTAL CASES		79	
Pending Certification	8						
Completed Adoptions	4						

**Service Quality Improvement Plan Update:** Each of the four projects under this plan are listed below with status updates in the right column:

<b>Provide More Efficient Transportation Services</b>	<ul style="list-style-type: none"> <li>New transportation policy drafted on 11/4/24, realigning staff to support new policy.</li> </ul>
<b>Lifecycle Management for Child Welfare Cases</b>	<ul style="list-style-type: none"> <li>New case management dashboard drafted on 11/5/24</li> </ul>
<b>Enhance Information Management and Cross-Department Communications</b>	<ul style="list-style-type: none"> <li>ITS has established a shared network folder for use by DSS and County Atty.</li> </ul>

	<ul style="list-style-type: none"> <li>First <i>Better for Families</i> implementation meeting held on 10/29/24, next milestone is a stakeholders meeting of Family Court participating agencies scheduled for 12/16/24.</li> </ul>
Improve Staffing for DSS and County Attorney's Offices	<ul style="list-style-type: none"> <li>One new caseworker started work on 11/18/24.</li> </ul>



**Public Health Department:** For more information on our report: (845) 292-5910, [sullivan.ny.gov/Departments/PublicHealth](http://sullivan.ny.gov/Departments/PublicHealth)

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

CHHA: Certified Home Health Agency

Goal / Area of Focus	Update / Progress	Key Indicators/ Trends
Census	Average daily census of 211	Census is up by 27 from last month
Productivity	4.80 across all disciplines	Decreased from 4.95 last month

SCDPH CHHA/ MCH/ LT Performance Indicators:																	
Measure/I ndicator	2023 YE Score	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Target 2024	Current vs. Goal	Trend	Best Practice
Admissions (2024)		102	88	113	94	105	107	126	106	95	126				Green bar	Line graph	10%
Admissions (2023)	1285	144	131	129	109	108	111	127	103	109	104	98	86		Green bar	Line graph	10%
Average Daily Census		166	179	186	186.9	175.4	178.6	184.5	194	184	211			n/a	Green bar	Line graph	
Prior Year (2023)	2137	184	198	202	183	173	170	173	166	160	179	176	173		Green bar	Line graph	
Productivity		4.38	4.50	4.43	4.81	4.96	5.05	4.92	5.08	4.95	4.80				Yellow bar	Line graph	7
Prior year	4.48	4.63	4.80	4.65	4.55	4.70	4.30	4.74	4.60	4.76	4.55	4.63	4.23	5.50	Yellow bar	Line graph	7
Overtime: total		120.5	153	194	134.5	135	129	174	185	135					Red bar	Line graph	
prior year	160.3	89	115	122	122	121	127	129	131	131	134	138	161	85.00	Red bar	Line graph	

- We are looking to add clinicians to address the growing need of the community and continue to hold interviews with qualified applicants
- NTUC rate has increased along with start of care times. This is being addressed by improving communication and looking at processes in the intake department.
- While these are not ideal, the wait times are in-line with the start of healthcare in the outpatient setting.

Health Education / Rural Health Network

Goal / Area of Focus	Update / Progress	Key Indicators/ Trends
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<b>Workplace Wellness</b>	PH educator to continue leading workplace wellness. More employee wellness initiatives to be implemented in the coming months	Will look to continue yoga, blood drives, and other initiatives for employees
<b>Outreach / Lesson Plans</b>	Winter series finalized	
<b>Narcan Training / Harm Reduction</b>	Narcan trainings continue as well as participation in preparing Narcan kits for the vending machines	
<b>Rural Health Network</b>	RFP to be submitted by December 3 <sup>rd</sup> . New cycle would be October 1, 2025-September 30, 2025. Focus will be on MCH and substance use as well as improving health equity.	Still in need of a board chair. Reviewing and updating board members based on new contract proposals.

- Continue to work with SUNY Sullivan to assist in meeting health needs of the students in the absence of medical provider on campus.
- Community Health Worker and Emergency Preparedness beginning an inventory control project
- Updating Public Health brochures and the website

### Healthy Families

Goal / Area of Focus	Update / Progress	Key Indicators/ Trends
<b>Capacity</b>	44 enrolled families	Up from 37 last month. Capacity is 60; continuing to build capacity.
<b>Home Visits</b>	110 out of 121 expected home visits completed	<i>Continue to work to get numbers back to 100%</i>
<b>Referrals</b>	Healthy Families received 13 referrals. Of them 2 we continue to outreach to, 4 have enrolled in the program, 1 we weren't able to make contact with, 3 refused and 1 already involved in a program and 2 were referred to other programs	Referrals are remaining steady. We have 2 referrals that Family Resource Specialists are reaching out to.

	Total 9/23-8/24	Oct-24	Total YTD 10/1/24-8/31/25
# FSS/FSWs # FTEs	6	6	6
Staff Vacancies	0	0	0
Referrals received	111	13	27
Referrals pending	7	2	2
Discharges	43	0	0
Assessments completed	20	7	7
Enrolled families @ end of month	32	44	44
# Home Visits	880	110	182
Cribs	21	3	5

Month	Seats distributed - D	Seats distributed - C	Seat Check - No distribution - C
Oct-24	11	0	3
Nov-24			
Dec-24			
Jan-25			
Feb-25			
Mar-25			
Apr-25			
May-25			
Jun-25			
Jul-25			
Aug-25			
Sep-25			
Totals	11	0	3

- New grant year began October 1 for car seat program.

- Last grant year there were 261 seats distributed and 24 seat checks of seats that were not distributed by our program

**Maternal Child Health/CAPTA-CARA**

<b>Goal / Area of Focus</b>	<b>Update / Progress</b>	<b>Key Indicators/ Trends</b>
<b>Referrals</b>	36 referrals	Referrals increased by 11 from last month. 26 taken under care, 10 NTUC either to refusal, moved out of Sullivan County, or unable to locate
<b>Census</b>	45.1	Census increased from 37 last month
<b>Outreach</b>	Outreach to community partners continues	Recruiting continues for an additional MCH RN

- Referrals continue to be made from many community partners.
- Productivity is at 4.5, up from 4.35 last month
- 3 Newborn screens completed
- Continue to look for additional RN to meet increasing need of the community

**Children and Youth with Special Healthcare Needs / Early Intervention**

<b>Goal / Area of Focus</b>	<b>Update / Progress</b>	<b>Key Indicators/ Trends</b>
<b>CPSE</b>	Caseload is 218	Increased from 196 last month
<b>EI</b>		Caseload numbers are inaccurate due to launch and subsequent issues with EI HUB
	22 referrals	EI referrals increasing slightly

<b>SCPHS Early Care Program Performance Indicators:</b>													
Program/Indicator	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Trend
EI Referrals 2024	23	14	25	27	23	15	22	18	19	22	0	0	
EI Referrals 2023	30	14	17	28	29	19	16	19	18	35	21	31	
EI OSC Caseload 2024	48	42	42	49	56	56	38	42	32	*	0	0	
EI OSC Caseload 2023	86	86	98	110	111	112	100	96	78	64	57	50	
EI Active Cases 2024	198	185	190	201	206	208	209	195	176*	153*	0	0	
EI Active Cases 2023	199	191	198	241	246	243	245	245	235	235	204	194	
CPSE Caseload 2024	279	287	294	306	311	312	145	155	196	218	0	0	
CPSE Caseload 2023	264	245	281	302	306	306	139	146	209	232	246	252	

\*currently we are in the in the blackout period for transitioning from NYEIS to EI HUB so service coordination numbers may not be as accurate as we have no way to verify.

2024	Total Claimed	Total Paid
School-Age	\$ 788,317.90	\$ 649,353.00
Service Coordination	\$ 13,485.24	\$ 11,590.20

- Attended family health committee meeting
- Attended Maternal Child Advisory meeting
- Coordinator attended 6 CPSE meetings
- EI HUB launch has proved challenging. The system has crashed multiple times. When staff is able to use the platform, information that previously took 10 minutes to enter is now taking 1-2 hours.
- We continue to work with PCG and partners to help correct issues

#### Disease Surveillance and Investigation and Emergency Preparedness

<b>Goal / Area of Focus</b>	<b>Update / Progress</b>	<b>Key Indicators/ Trends</b>
<b>Immunization Program</b>	<i>Vaccinated 133 people for flu, COVID, VFC, VFA</i>	<i>Flu clinics for VFA/VFC continue</i>
<b>Rabies</b>	<i>37 incidents with 20 dog bites, 11 cat incidents, and 6 wildlife exposures; 1 bat, 1 racoon and 4 exposures to a skunk. 1 skunk sent for testing which tested positive for rabies</i>	<i>Incidents up from 17 last month. Bites and exposures continue to increase.</i>
<b>STI</b>	<i>26 lab reports for the month, 26 new cases of Chlamydia and Gonorrhea for the month</i>	<i>471 syphilis lab reports reviewed. No new cases in October, 1 outstanding waiting on additional follow-up</i>
<b>Tuberculosis</b>	<i>1 LTBI and 1 active case being treated out of county. 2 suspect cases, 3 LTBI immigration follow-up cases.</i>	<i>1 suspect case has begun assessment, 1 still unable to locate</i>
<b>Lead Poisoning Prevention Program</b>	<i>85 tests</i>	<i>No new cases</i>
<b>COVID</b>	<i>185 reported cases</i>	<i>Down from over 300 last month</i>
<b>Other Communicable Diseases</b>	<i>Continue to see an increase in Hepatitis lab reports and rule outs. 45 clinically diagnosed varicella cases.</i>	<i>Increasing numbers of disease investigation</i>
<b>Emergency Preparedness</b>	<i>Attended the LEPC meeting with our community partners</i>	<i>Continue EP planning and community outreach</i>
<b>MRC</b>	<i>Working on Operational Readiness Award</i>	<i>ORA due beginning of December</i>

- Positive test for rabies in a skunk in the Town of Thompson.
- Additional rabies clinic scheduled for November in Monticello as a result of the positive test.
- 11 home visits for LTBI DOT treatment and monitoring
- Current obstacle for TB remains locating individuals for evaluation and follow-up, but we are receiving assistance from the state.

- 1,503 cases of general infectious disease investigations

**Other Program Areas**

<b>Program Area</b>	<b>Update / Progress</b>	<b>Key Indicators/ Trends</b>
<b>HIPAA/Corporate Compliance</b>	<i>Routine walk-throughs were conducted without notable areas of issue</i>	
<b>Training and Quality</b>	<i>T&amp;QI position vacant. Will continue to promote position for replacement</i>	

- Bonadio will begin looking at policies for DSI, CHHA, and fiscal.

**Staff Member Spotlight:** Jared Nash, Senior Fiscal Administrative Officer for DSS, is an unsung hero of Sullivan County Government. Despite having a relatively small amount of experience in his position in comparison to his peers around the state, Jared is a widely recognized resource on fiscal policy among other Social Service Districts. These matters are exceptionally complex, with volumes of county, state, and federal regulations to consider. Always with a watchful eye on his responsibilities to the taxpayer, Jared is also an exceptional resource for other DSS leaders who rely on his guidance to make important operational decisions on the delivery of vital services to members of our community in need. Above all, everyone in DSS knows Jared has exceptional integrity and can be trusted to always do right by clients, the agency, and the law. He always operates behind the scenes, but DSS is very proud to shine a spotlight this month on his exceptional work!

<b>Staffing Update: Position Title &amp; No.</b>	<b>Notes</b>
<b>Community Services (8 Positions Vacant, 46 Authorized, 17.39% Vacant)</b>	
Account Clerk/Database #3039	Interviewing
Assistant Social Worker II, #0369, #3210	Approved to fill
CS Coordinator, #3206	Starting in Dec
Database Clerk, #3300	Approved to fill
Staff Social Worker I, #2320, #3288, #3677	Interviewing
<b>Public Health (19 Positions Vacant, 80 Authorized, 23.75% Vacant)</b>	
Epidemiological Supervisor, #3579	
Licensed Practical Nurse, #1636	Posted
Personal Care Aide, #3654, #3655	
PH Nurse, CHHA #2729, #3419, D&T #2927, #2784PD	Posted
Public Health Director, #2925	
Public Health Occupational Therapist, #3340(PD)	
Public Health Physical Therapist, #3667 (PD)	
Registered Nurse, CHHA #747, #2875, #2502(PD), #2782(PD), Core #2373, D&T #3634	Posted
Training & Quality Improvement Coord, #3524	
Supervising Comm Health Nurse, #148	

<b>Social Services (15 Positions Vacant, 175 Authorized, 8.57% Vacancy Rate)</b>	
Account Clerk, #119	
Account Clerk/Database, #2222, #1058, #1219	Interviewing
Case Services Aide, #1137	Interviewing
Family Services Case Manager, #3678	Interviewing
Caseworker, #2950, #3455	Continuous Recruitment
FS Investigator, #459	Created a trainee position and promoted from within
Senior AC/DB, #3223, #2688	Canvassing
Senior Caseworker, #2599	
Sr. Family Services Investigator, #3249	Posted – Child Support position
Staff Development Coordinator, #3483	Filed an RTF; Intend to promote from within
SWE, #2899	Posted – Interviewing





# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-6942

**Agenda Date:** 12/12/2024

**Agenda #:** 1.

**Narrative of Resolution:**

Adopt Public Health Order No. 1 of 2025

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** Click or tap here to enter text.

**Are funds already budgeted?** Choose an item.

**Specify Compliance with Procurement Procedures:**

**To Adopt Public Health Order No. 1 - 2025**

**INTRODUCED BY CATHERINE SCOTT, CHAIR OF THE HEALTH & HUMAN SERVICES COMMITTEE FOR THE SULLIVAN COUNTY LEGISLATURE TO ACT AS LOCAL BOARD OF HEALTH TO ADOPT PUBLIC HEALTH ORDER NO.1 - 2025**

**TO SUMMER CAMP OPERATORS, SULLIVAN COUNTY, NEW YORK, 2025**

**WHEREAS,** The Metropolitan region of New York State, including Sullivan County, has seen a historic detection and resurgence of vaccine preventable diseases and disease outbreaks; and

**WHEREAS,** Sullivan County experienced multiple varicella outbreaks in 2024; and

**WHEREAS,** Sullivan County Department of Public Health investigated the largest Pertussis outbreak in recent county history during the summer and early fall 2023; and

**WHEREAS,** Sullivan County had a positive detection of the polio virus via PCR testing as well as strain identifying sequencing with 13 samples identified in Sullivan County in 2022, 2 were collected in July, 5 were collected in August, 5 were collected in September and 1 was collected in October; and

**WHEREAS,** New York State experienced the largest outbreak of measles since 1989 during the summer of 2019, and at least 19 confirmed cases were located in Sullivan County, 426 cases were within New York State and 1,282 cases were confirmed in the U.S.; and

**WHEREAS,** Measles cases and clusters are becoming prevalent in neighboring states as well as states with high traffic travel to New York; and

**WHEREAS,** outbreaks of vaccine preventable diseases frequently occur in areas where people are unvaccinated or under-vaccinated; and

**WHEREAS**, Sullivan County has historically low vaccination rates with only 64.4% of children having one MMR vaccine by the age of 2 years old; and

**WHEREAS**, Measles is a highly infectious disease that may cause seizures, pneumonia, blindness, and death; and

**WHEREAS**, Polio is a life altering, deadly infectious disease which is extremely contagious and can lead to long term disability; and

**WHEREAS**, Pertussis is highly contagious, and can lead to pneumonia, seizures, sepsis and respiratory failure in small children; and

**WHEREAS**, Varicella is a highly contagious disease that can lead to encephalitis, seizures and severe secondary bacterial infections; and

**WHEREAS**, Measles, Pertussis, Varicella and Polio are all vaccine preventable diseases; and

**WHEREAS**, the Centers for Disease Control and Prevention have been actively investigating the current resurgence in previously well-known controlled diseases in the United States as well as globally. Vaccine preventable diseases kill an estimated 1.5 million people world-wide each year; and

**WHEREAS**, there are over 170 permitted summer camps for children which operate in Sullivan County which increases the risk of infectious disease outbreaks significantly; and

**WHEREAS**, summer camps are congregate settings where communicable disease such as Measles, Pertussis and Polio and other vaccine preventable diseases can rapidly spread; and

**WHEREA**, in accordance with the New York State Public Health Law, the County Board of Health is authorized to adopt Public Health Order No. 1-2025, which Order shall regulate attendance at summer camps for campers based on evidence of all vaccines listed by the CDC's Advisory Committee on Immunization Practices recommended Vaccine Schedule or a valid medical exemption pursuant to the State Sanitary Code; and

**WHEREAS**, required vaccinations include Diphtheria and tetanus toxoid-containing vaccine and the Pertussis vaccine (DTaP or Tdap), Hepatitis B vaccine, Measles, Mumps and Rubella Vaccine (MMR), Polio vaccine, Meningitis vaccine and Varicella (chickenpox) vaccine; and

**WHEREAS**, an exclusion list of under and unvaccinated campers must be kept on record for inspection by Public Health Staff in the event of an exposure to an infectious individual; and

**WHEREAS**, upon advice from the County Public Health Director, said Order is necessary and proper for the preservation of life and health, to reduce morbidity and mortality from preventable communicable disease, and to properly execute and enforce the New York State Health Law, including 2100, as well as other associated Rules and Regulations, including but not limited to those related to communicable diseases and outbreaks of diseases as defined in 10 NYCRR 2.2.

**NOW, THEREFORE, BE IT RESOLVED**, the Legislature, acting in its capacity as the Sullivan County Board of Health, hereby adopts Public Health Order No.1 - 2025 to secure the safety, health

and welfare of Sullivan County residents and visitors; and

**BE IT FURTHER RESOLVED**, that Public Health Order No.1 - 2025 shall be effective immediately upon adoption by the Legislature and shall remain in effect until rescinded; and

**BE IT FURTHER RESOLVED**, the Board of Health designates, at its discretion, four hearing officers; and

**BE IT FURTHER RESOLVED**, Nadia Rajsz, a member of the Board of Health, is hereby authorized to sign and issue subpoenas in accordance with Public Health Law Section 309.

Jill Hubert-Simon, MS  
Acting Director, Public Health  
Deputy Director

Tiffany Kahn, BSN, RN  
Director of Patient Services Trainee



**Public Health**  
Prevent. Promote. Protect.  
**Sullivan County**  
Department of Public Health

**Sullivan County Department of Public Health**  
**Gladys Olmsted Building**  
**PO Box 590, 50 Community Lane**  
**Liberty, NY 12754**  
**Phone: (845) 292-5910**  
**Fax #: (845) 513-2276**

Local Board of Health Public Health Order No. 1 – 2025 Children’s Camps

Implementing guidance based on 2024-25 school year New York State Immunization Requirements for School Entrance/Attendance

1. This Order shall apply to all camps operated within Sullivan County, in accordance with the New York State Public Health Law and Sanitary Code, 10 NYCRR 7-2.2, including summer day camps and children's overnight camps.
2. The camp health director shall verify all campers have evidence of required vaccines or a valid medical exemption. **This order excludes children that are five years old and younger**

Upon arrival to camp, the camp operator, health director or designee shall screen children as part of the initial health screening pursuant to the camp's safety plan, for signs or symptoms of any potentially infectious disease, including vaccine preventable diseases/illness.

Additionally, the camp operator or health director shall request parents or guardians of campers to notify the camp operator or health director if such camper has had any possible exposures to the measles illness twenty-one days prior to attending camp and/or during the camp season.

All campers must have documentation of the following vaccinations administered prior to the beginning of camp:

- Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (Dtap/DTP/Tdap)
  - Hepatitis B vaccine or proof of immunity
  - Measles, Mumps and Rubella vaccine (MMR) or proof of immunity (positive titer)
  - Polio vaccine (IPV/OPV)
  - Varicella (Chickenpox) vaccine or proof of immunity
  - Meningococcal conjugate vaccine (MenACWY)
3. No camp operator shall permit any camper to attend camp unless such camper has provided evidence of all required immunizations. In regards to measles specifically, a titer proving immunity will also suffice.

Evidence of immunity includes:

- a) Written documentation from a health care provider of one or more doses of a measles containing vaccine (MMR);

- b) Laboratory evidence of immunity;
  - c) Laboratory confirmation of measles; or
  - d) Birth before 1957
4. Notwithstanding, a camp operator may permit a camper who is in the process of receiving the required vaccine to attend camp. A camper who is "in the process of receiving the required vaccine" or "in-process" if the camper or has received at least the first dose of the required vaccine, has an appointment to complete a second dose of the required vaccine, based upon the current vaccination timelines. If a camper in attendance at a camp when the second dose of a required vaccine is scheduled, such camper or shall receive the second dose, or the camper shall be excluded from camp after the expiration of the vaccination dose interval, based upon the specific vaccine.
  5. All camp operators shall maintain records of camper screening for signs or symptoms of illness or recent exposure to the above-mentioned vaccine preventable diseases. Any immune camper or who was exposed to a vaccine preventable disease within the twenty-one days prior to attending camp or during the camp season shall be monitored for signs and symptoms of disease while at camp, and the camp operator or health director shall immediately report any such known exposures to Sullivan County Department of Public Health and the New York Department of Health.
  6. Failure to comply with this Commissioner's Order may result in legal action, including, but limited to, requiring your attendance at an administrative hearing, and may further result in the imposition of penalties in an amount not exceeding \$2,000 for a single violation or failure to adhere to any of the provisions of this Order authorized by Public Health Law Section 309(1) (f).
  7. The County Public Health Director is directed to undertake the actions necessary to enforce this Order.
  8. This Order shall be effective upon its adoption, and shall remain in effect until is rescinded.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-6969

**Agenda Date:** 12/12/2024

**Agenda #:** 2.

**Narrative of Resolution:**

To Accept a Legislative Award from NYSARH and Authorize an Agreement with the Department of Public Health and Cornell Cooperative Extension

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$9,689.00

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:**

**INTRODUCED BY THE HEALTH AND HUMAN SERVICES COMMITTEE TO ACCEPT A LEGISLATIVE FUNDING AWARD FROM NYSARH AND AUTHORIZE AN AGREEMENT BETWEEN THE DEPARTMENT OF PUBLIC HEALTH AND CORNELL COOPERATIVE EXTENSION**

**WHEREAS**, Sullivan County Department of Public Health has been awarded a NYS legislative appropriation through the New York State Rural Health Association for \$9,689 to support Rural Health Network Development Programs; and

**WHEREAS**, the Department of Public Health plans to continue the self-sustaining Food is Medicine Program with Cornell Cooperative Extension to assist low income and/or unhealthy families in receiving fresh fruits and vegetables from the Cornell’s Mobile Farmers Market; and

**WHEREAS**, Public Health requests permission to enter in to an agreement with Cornell Cooperative Extension to use \$9,689 of the funding from the NYSARH award to support CCE’s Mobile Farmers Market and sustain the “Food is Medicine” Program; and

**WHEREAS**, this agreement will begin on 4/1/2024 and end on 3/15/2025; and the expenses must be incurred between 4/1/2024 and 3/15/2025 encumbered and dispersed by 3/24/2025 per NYS guidelines for the legislative award terms of agreement,

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager, Chairman of the County Legislature, and / or their authorized representative (*as required by the funding source*) to execute any and all necessary documents to enter into this agreement with Cornell Cooperative Extension to subcontract the “Food is Medicine” Program from 4/1/2024 through 3/15/2025; and

**BE IT FURTHER RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager or the Chairman of the County Legislature to enter into an agreement, in such form as the County Attorney shall approve; and

**BE IT FURTHER RESOLVED**, that should the funding be terminated, the County shall not be obligated to continue any action undertaken by the use of this funding.



# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-6993

**Agenda Date:** 12/12/2024

**Agenda #:** 3.

**Narrative of Resolution:**

To authorize an agreement for funding related to the Child Advocacy Center

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$66,666.00

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:** N/A

**RESOLUTION INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE TO AUTHORIZE AGREEMENT BETWEEN SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES AND NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES FOR FUNDING RELATED TO THE CHILD ADVOCACY CENTER**

**WHEREAS**, the County of Sullivan, through the Department of Social Services has been tentatively selected to receive supplemental funding from the Office of Children and Family Services (OCFS) for the provision of services, supplies and equipment related to the Multidisciplinary Team (MDT) - Child Advocacy Center (CAC) Program; and

**WHEREAS**, the core mission of the CAC multidisciplinary team is to provide protection to the children in our community from crimes, reduce trauma and promote healing to children and their families, CAC provides a safe, child friendly setting where a coordinated response may be pursued in ways that are supportive and productive; and

**WHEREAS**, funding is contingent upon the successful completion of the contract process; and

**WHEREAS**, the Department of Social Services has all agreements necessary to successfully execute this contract.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature does hereby authorize the County Manager to execute agreement between the Department of Social Services and the Office of Children and Family Services for funding related to the Child Advocacy Center; and

**BE IT FURTHER RESOLVED**, this agreement shall be in effect January, 1 2025 through August, 31 2025 and shall not exceed the amount specified by the Office for Children and Family Services. This agreement may be extended for future periods at an amount specified by the Office of Children and Family Services; and

**BE IT FURTHER RESOLVED**, that the form of said contracts will be approved by the Sullivan County Attorney's Office





# Sullivan County

## Legislative Memorandum

100 North Street  
Monticello, NY 12701

**File #:** ID-6994

**Agenda Date:** 12/12/2024

**Agenda #:** 4.

**Narrative of Resolution:**

To modify the contract between honor ehg and the Department of Social Services

**If Resolution requires expenditure of County Funds, provide the following information:**

**Amount to be authorized by Resolution:** \$65,000

**Are funds already budgeted?** No

**Specify Compliance with Procurement Procedures:** N/A

**INTRODUCED BY HEALTH AND HUMAN SERVICES COMMITTEE TO MODIFY THE CONTRACT BETWEEN HONOR EHG AND THE DEPARTMENT OF SOCIAL SERVICES**

**WHEREAS**, the Office of Temporary Disability Assistance (OTDA) approved Sullivan County’s Family Centered Services Program Plan (the “Plan”), attached, and has award Sullivan County Department of Social Services \$164,692.47; and

**WHEREAS**, \$99,692.47 was previously authorized by resolution number 545-24 for the direct hire of a Family Services Case manager; and

**WHEREAS**, the Department of Social Services has an existing contract with Honor ehg, Inc. from a proposal received through RFP 20-23 and awarded on resolution 456-20 for Residential Assistant Services and wishes to expand services with this contractor for services within the approved Family Centered Services plan; and

**WHEREAS**, the Department of Social Services wishes to modify Honor ehg, Inc. contract for the period of January 1, 2025 through December 31, 2025 to increase the not to exceed amount from \$220,000 to \$285,000 for the provision of Family Centered Services in accordance with the Departments approved plan; and

**WHEREAS**, the increase of \$65,000 will be 100% federally funded through the approved Family Centered Services plan.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute a modification agreement with Honor ehg, Inc. for the period of January 1, 2025 through December 31, 2025 at an amount not to exceed \$285,000 for the provision of Family Centered Services, in such form that the Sullivan County Department of Law shall approve.

**2024-2025 Family-Centered Services Program Plan**

District: **Sullivan County, NY**

Contact Person(s)/Title(s): **Giselle Steketee, Deputy Commissioner**

**Michelle Bridges, Director of Temporary Assistance**

Telephone: **845-513-2294, 845-513-2295**

Email: **Giselle.Steketee@sullivanny.us, Michelle.Bridges@sullivanny.us**

**A. Program Overview and Staff Allocations**

Provide a description of the central objective your district hopes to achieve through the new hiring facilitated by your Family-Centered Services program funding. This could involve a particular challenge or area of limited resources you'd like to address, a new targeted initiative you hope to establish, or plans for how the new staff allocation would otherwise support case management for families facing instability.

**Sullivan County intends to hire a Family Services Case Manager and contract with 2 Community Based Organizations to provide case management services and office space. Through this funding, we propose to provide services for families experiencing homelessness or at risk of experiencing homelessness.**

**Currently, our homeless census is 315. This number has steadily increased over the last year and has been impacted by the increase in rental rates, decrease in available inventory, increase in code enforcement efforts and evictions, and overall need for better housing options.**

**We would expand on the services already provided and pool resources among agencies to meet the growing needs of families in Sullivan County. Additional services we intend to provide would include education in financial literacy, collaborating more closely with the district's Employment Coordinator and DCS, and facilitating access to SSI/SSDI programs.**

- Based on your district's funding allocation in Attachment A, provide an estimated breakdown of how many staff the district plans to hire and the required credentials, specialization and/or relevant experience that the district will seek for each of these positions.

**DSS intends to hire 1 Family Services Case Manager (FSCM). This is a current position title used in the district. The DSS Family Services Case Manager will require one of the following:**

**(A) Graduation from a regionally accredited or New York State registered college or university with a Master's Degree in Human Services\*, Business or related field and one (1) year of experience involving direct public contact in providing human services; or**

**(B) Graduation from a regionally accredited or New York State registered college or university with a Bachelor's Degree in Human Services\*, Business or related field and three (3) years of experience as described in (A) above; or**

**(C) Completion of sixty (60) credit hours of human services or business field at a regionally accredited or New York State registered college and five (5) years of experience as described in (A) above**

**\* The Human Services field includes social work, psychology, nursing, rehabilitation, education, occupational therapy, physical therapy, recreation or recreation therapy, counseling, community mental health, child and family services, sociology, speech and hearing or similar fields.**

**Possession of a valid New York State Driver's License or otherwise demonstrate ability to meet transportation needs of the position.**

**The candidate for the position should have a thorough knowledge of the modern principles, methods, procedures and practices relating to temporary assistance and other public welfare services and ability to apply them in the performance of duties; good knowledge of Federal, State and local public welfare laws and programs; good knowledge of interviewing techniques and practices; ability to communicate effectively, both orally and in writing; ability to establish and maintain successful relationships with others and to resolve complaints; knowledge of techniques of case recording and the ability to prepare clear and accurate records and reports; ability to operate a personal computer and utilize common office software programs; initiative; tact; courtesy; and emotional maturity**

**HONOR Inc. intends to hire 1 Case Manager. The HONOR Case Manager will require a Bachelor's degree in Social Work, Psychology, or a related field. Experience working in the Human Service Field, preferably with those experiencing homelessness or someone with lived experience.**

**Ability to relate to and work with individuals with disabilities, elderly, emotionally upset and at times aggressive people, including individuals recently incarcerated, recent crime victims, etc.**

**The person must possess integrity, a positive attitude, be mission-driven, and be self-directed with a demonstrated passion for HONOR's mission. They must have and**

**maintain a valid New York State driver's license. The person must be detail-oriented and have competent literacy and writing, documentation, communications, and interpersonal abilities (friendly, courteous, helpful, ability to work as part of a team).**

**Bilingual preferred but not required.**

**Hours of the position will be Monday – Friday 9am-5pm, with occasional evening or weekend programs. This person must be flexible to meet the needs of the client as well as the mission of both agencies.**

- Provide an estimated timeframe expected for the hiring and training of the new Family-Centered Services staff.

**Once funding is released, we anticipate being able to fill the Family Services Case Manager position within 3 months. Initial training should take an additional 3 months. We anticipate having the Family Services Case Manager complete SOAR (SSI/SSDI Outreach, Access, Recovery) training as well, which could take up to 6 additional months.**

**The HONOR Case Manager would also be hired and trained within a 4-6-month period.**

- Provide a description of any collaboration with the county DCS. Document that services provided will not be duplication of Single Point of Access and Children's Single Point of Access, and how they will be coordinated with these resources. Document coordination with any existing System of Care infrastructure in collaboration with the county DCS.

**DSS has a strong relationship with the County's DCS being in the same Division of Health and Human services under the same Commissioner. We would continue to enhance our close relationship between the two departments. The Family Services Case Manager would collaborate with DCS staff to engage individuals in families in recommended treatment, monitor compliance, and follow up to assist in overcoming any barriers to compliance that exist. This individual would also work closely with the Employment Coordinator to identify cases with multiple barriers to employment and self-sufficiency and provide support to prevent loss of benefits and temporary emergency housing through sanction. The FSCM would also serve as a Liaison between DSS and DCS to address any communication barriers and obstacles with meeting program requirements.**

**The FSCM will work closely with the Director of Community Services and the Local Government Unit to ensure there is no duplication of Single Point of Access or Children's Single Point of Access. DSS would coordinate services with DCS once the FSCM is in place to also ensure that the existing System of Care infrastructure is incorporated into planning.**

## **B. Program Activities**

- Provide a description of the specific services and activities your district proposes the Family-Centered Services staff will deliver. Include the following information:
  - Detailed description of each activity/service to be provided and which of the new staff (if the allocation is for more than one) will work on each.

**The DSS FSCM will engage individual clients and their families to obtain information that would be used in the development of a comprehensive life plan. They will establish and coordinate plans and multiple services designated to improve social functioning. They will also assist clients in obtaining services throughout the human services continuum.**

**Sullivan County is a member of the Unite Us platform, an interagency referral source, and the FSCM would use the platform to connect with more than three dozen local agencies in the network.**

**The FSCM would also determine the appropriate services for the client and identify the lead agency for the client in order to avoid duplicate program services. The FSCM would assist Temporary Assistance Staff with emergency applicants by identifying priority needs and providing ongoing support and case monitoring to those families placed in emergency housing.**

**The HONOR Case Manager (CM) will be located at ATI's office in Monticello, to provide case management services that complement both agencies' efforts to assist the community. Action Toward Independence (ATI) will provide an opportunity for HONOR staff to become more engaged in Sullivan County and to be even more connected to local community-based organizations, as they are currently based in Orange County, NY. Additionally, our objective is to have all of ATI's supportive programs, (Vet2Vet, Peer Advocacy, services for children and youth etc.) available to HONOR staff and the clients that they refer. It is also the target to develop a financial literacy program for clients that is tailored to this specific demographic with appropriate language and tangible tools for success.**

**The Case Manager will participate in meetings such as the Sullivan County Coordinated Entry Committee, and any other committees/taskforces that are deemed necessary and prudent by management.**

- Description of the population(s) to be served and an estimated number of families expected to be served by each activity. If targeting a specific population(s) or area(s), describe the rationale for selecting said target(s).

**The population to be served are families that are homeless or facing homelessness. Currently the district houses 55 families comprised of 93 adults and 110 children. We have limited Case Management resources in the field for this population, which we wanted to address. DSS contracts with HONOR, Inc. currently to provide Case Management services to our homeless population but not specifically for families. As of July 2024, they had served 32 families comprised of 50 adults and 66 children.**

**We anticipate being able to serve approximately 40 families and engage them in the resources necessary to help them achieve self-sufficiency.**

- Indicate whether or not proposed activities are an expansion of an existing local initiative(s) and if so, provide background on said initiative(s) including data on participant outcomes and other evidence of program effectiveness.

**Please refer to previous answer. Outcomes achieved through the current Case Management services have been the acquisition of permanent housing for multiple families, successful referral for rental assistance or security deposits to the district's Rental Supplement Plan (RSP), multiple referrals for food, furniture, and other household essentials, including formula, safe sleep bedding, and infant needs.**

- If the district expects to serve individuals who are not in receipt of public assistance or for follow-up services to eligible former recipients of public assistance, please describe (or indicate not applicable).

**We intend to focus exclusively on individuals in receipt of public assistance. This is not applicable.**

### **C. Reporting/Monitoring Performance**

OTDA intends to develop annual reporting requirements for the Family-Centered Services program that will allow us to review district progress in bringing the new staff onboard and utilizing them towards the district's stated objectives.

Based on the target population and program design proposed above, describe how the district intends to measure performance and monitor staff and participant outcomes for the initiative.

**We currently receive a roster of clients served in addition to a monthly report from HONOR, Inc. The monthly report tracks the total number of clients served, a referral summary outlining the number of admissions for the month, a discharge summary, outlining the total number of discharges for the month and where families were placed or transitioned to from temporary, emergency housing, including the reasons for discharge.**

**The report also includes any significant accomplishment/ milestones, such as medical and mental health accomplishments, or accomplishments related to obtaining a driver license, clearing up a court or child support issue, obtaining an identification card. Lastly, it outlines any significant barriers so the team can address them together with the client.**

**DSS would mirror this tracking and reporting and continue gathering the information from HONOR. Inc. DSS would also develop a plan to enroll and monitor families in financial literacy education, addressing issues such as budgeting, optimizing EBT usage at farmer's markets, which are plentiful in the County, coordinating nutritional best practices through the NY Eat Smart program, and generally being savvy about spending and prioritizing expenses. Our goal is to provide clients with the basic knowledge to ask relevant questions and educate themselves about the decisions they make regarding every day and big money purchases.**

**A successful program will result in the following outcomes:**

- 1) Clients transitioning to permanent housing faster and being able to maintain their housing.**
- 2) Decrease in the recidivism rate of chronic homelessness**
- 3) Decrease in the number of families and children in temporary, emergency housing**
- 4) Increase of temporary assistance cases closed due to employment or increased wages**
- 5) Improved client proficiency in financial literacy, evidenced by less need for benefit programs due to lack of proper budgeting or prioritizing of expenses, i.e. paying household bills like rent or electric vs. non essentials.**