



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

Goals and Objectives 2024-2027 Schoharie County Community Services Board

Sarah Nies, Director
(sarah.nies@co.schoharie.ny.us)

Goal 1

Goal 1: Title Improve on the current crisis response system for individuals experiencing behavioral health crisis by maintaining and enhancing crisis services across all disability systems.

Goal 1: Target Completion Date Dec 31, 2027

Goal 1: Description Currently in Schoharie County, Crisis Services are contracted out; this service is shared with three other counties. This contract has been in existence for quite some time and utilizes funding from when Bassett closed its crisis program. The contract provides each county with a designated worker, who could be a Bachelor or Master level staff. The crisis worker is embedded at the respective county mental health clinic. In Schoharie County, it is a Master level position presently. Currently, this position has been vacant again since June 1, 2023. Over the past several years, there have been several staff turnovers in this position with significant gaps of time between the positions being filled again. This leaves the county without a designated crisis worker in the community. Each time the crisis worker leaves the position, the next person coming in must rebuild the program's relationship with the community and relevant partners.

With the contracted crisis worker turnover, the immediate gap is often being filled again by the senior clinicians at the Schoharie County Mental Health Clinic as well as by the Deputy Director/Director of Community Services who end up taking on the additional role as crisis workers. Residents 'know' that the crisis worker is located at the county clinic and even with advertising the crisis line number, call the clinics to get connected to these services. This is an important need and one that clinicians will continue to provide to the residents of Schoharie County. It impacts both those already in services, as their appointments may get interrupted so that a clinician can deal with a crisis and it impacts the morale of the clinicians at the clinic, where they are short-staffed and feeling overburdened. The agency continues to provide services via its main site located in Utica, NY and residents, providers and community-based organizations are aware of this. The crisis number is prominently located in the community. Based on the program data, when assessments are occurring there are limited in person assessments, the availability of technology is certainly beneficial but there is an element being lost when this becomes more the standard. This is somewhat concerning, and important aspects of a clinical nature can be missed. There are no alternatives in Schoharie County; aside from mobile crisis intervention, the local hospital Emergency Department, Primary Care, mental health and chemical dependency outpatient services, and private practitioners to assist individuals in crisis. Often, when an individual, adult or child present at a designated 9.39 hospital in another county (voluntary or on involuntary, they are more often full and so these individuals who need higher levels of services are being turned around and placed back into the community very quickly, placing a burden on a limited community mental health system. We have seen families with children who have significant needs face wait times that are unimaginable and if they are ones who happen to be admitted, face added wait times for a bed to be available. Families, Treatment Providers, Partners (like DSS, probation, and community-based organizations) have lost faith in the system to meet the needs of individuals most vulnerable.

Individuals with a substance use disorder continue to face high rates of overdoses. Schoharie County has a high rate of fatal overdoses for its population. There are limited resources from the perspective of housing someone until either an inpatient program is available or on the back end, coming out of an inpatient program. We know that these individuals are at high risk and often, individuals are going right back to their prior situation (and not because they want to). We know that there is a high rate of correlation to individuals with a substance use disorder who have a comorbid mental health diagnosis.

OPWDD crisis services are practically non-existent for residents in Schoharie County. These individuals can and are often served via the mental health system, but the response is often inadequate. Individuals deserve service providers who have an expertise with this population.

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

Goal 1: Need Addressed 1 Crisis Services

Goal 1: Need Addressed 2 Cross System Services

Goal 1: Need Addressed 3 Outpatient treatment

Goal 1, Objective 1: Title Explore with OMH, OASAS and OPWDD about a Schoharie style crisis stabilization program that fits the needs of the community here.

Goal 1, Objective 1, Target Completion Date Dec 31, 2027

Goal 1, Objective 1, Description Talk with OMH about concerns and explore a county level crisis response system verse

regionally as is the norm presently. Crisis Stabilization units are in other counties as are the 9.39 hospitals. Resources are slim when you factor in the home counties needs alone and that they are serving multiple counties. It increases the already overburdened law enforcement agencies (primarily Schoharie County Sheriff's dept. and Cobleskill Police Department) who primarily deal with the crisis situations (9.45s and 9.58s). Ambulance service is practically non-existent for a mental health crisis in this county. Most individuals in need of a Mental Health pick-up order do not need law enforcement involvement. Unfortunately, in Schoharie County they are the primary transporters for these individuals. This is not the best care for individuals experiencing a mental health crisis or use of law enforcement (who are facing workforce shortages as well). When we have attempted to utilize ambulances for pickup orders, we are told the ambulance service does not do them. Another challenge here is that the main ambulance provider has its main office in another county, and this may be a way they streamline the use of the ambulance and keep it open for 'physical' health emergencies.

Goal 1, Objective 2: Title Work with current provider, advocating for some in-person staffing in the county and work with them to fill the open crisis position.

Goal 1, Objective 2, Target Completion Date Dec 31, 2023

Goal 1, Objective 2, Description Explore changing position from Master to Bachelor level candidate to increase applicant field.

Explore with the agency how they can fulfill the current contract and have some staffing available on site and in the community on a weekly basis.

Keep OMH field office updated on the situation.

Goal 1, Objective 3: Title Explore other crisis programs with the other three county directors.

Goal 1, Objective 3, Target Completion Date Dec 31, 2024

Goal 1, Objective 3, Description CSB has asked that Schoharie County advocate for exploring and possibly shifting service to another provider.

Explore other crisis providers with the other three counties. Look at the pros and cons of each.

Goal 2

Goal 2: Title Create a housing continuum of care system that is broad in its scope to meet the needs of most residents.

Goal 2: Target Completion Date Dec 31, 2027

Goal 2: Description Schoharie County joined the Continuum of Care approximately in 2018 or 2019 and this seems to have increased access to both technical and financial support for the Department of Social Services (DSS) and all the relevant community providers and partners. Schoharie County has no homeless shelter presently and as such typically relies on its limited hotels and/or other counties for their shelters. Last year, Schoharie County opened a 10-bed warming center (in partnership with community organization) that became operational in November 2022, but it was quickly shut down for a period. It was able to reopen in mid-January. Its hours were limited (not open on the weekends or Holidays) due to the county being closed. This upcoming year, they are looking to be open 7 days a week and on holidays. They were considering allowing individuals and families with animals to kennel them in some form at the warming center. This does not seem likely due to the community organization's insurance liability policy. This was an issue for several people who did not utilize the warming center because they did not want to be separated from their animals. The Warming Center averaged 14-17 referrals a night but, on most nights, it averaged around 4 persons.

The Board of Supervisors (BOS) created a new Homeless committee in January 2023 to look at the issue and produce viable solutions given the cost in terms of dollars but more so, because of its impact on residents and various departments and community providers staffing. The BOS holds a monthly meeting that DSS, Office of Community Services and other community partners and interested individuals participate in regularly. Currently, the supervisors are looking at the old jail as a potential building that could house the shelter and the warming center along with relevant programs. Discussions around what housing options could look like are happening. But ultimately, there is no plan per se presently. The Board of Supervisors are awaiting results of a study about the feasibility of the building. The supervisors appointed to this committee often attend the local services planning meeting that has been in place for some time now and listen to the providers/community partners at the table regarding needs and next steps. Schoharie County recently signed a contract for a housing study in the county that will take a look the stock and quality as well as what is needed. This is expected to be about a year-long process. It is the first of its kind here. Anecdotally, providers/community-based partners "know" there are limited housing options for individuals and families that are safe and affordable and meet the various needs (aging populations, individuals in need of MH/SU supportive housing). Schoharie has limited hotels and resources to house anyone.

Presently with tourist season- there are no hotels available for single individuals. DSS has 4 families housed presently in one hotel and essentially there is no more space. DSS is referring everyone to shelters (approximately 98.9% refuse per DSS) and they end up "couch surfing" but this often is creating more issues, such as interpersonal violence, DV, increased MH/substance use and overall crisis.

Schoharie County has no truly integrated housing available for its adult residents. There is OMH supported housing here

(SH, SAP and CR levels). Persons with substance use often struggle in these programs and have faced sanctions for their addictions. Staff in these programs often lack substantial training around substance use disorders and their impacts on a person. Hard-to-place clients: Individuals with substantial mental illnesses, often coupled with addictions and aggressive behaviors. There are several individuals who are currently not able to be placed at any hotel in the county due to previous incidents and are now unable to be housed in surrounding counties. Often placed several counties away and hard to maintain services this way. Individuals tend to leave or be kicked out causing DSS and other service providers to "lose contact." Another challenge can be getting these same individuals into appropriate supportive housing. These are some of the first referrals to be refused for OMH housing. It may make sense given the challenges and potentially the safety of others, but then where do you house them? Another challenge for DSS can be the youth who run away from secure facilities, are not appropriate for foster family situations. Presently DSS is housing a young adult in a hotel room for the very reasons mentioned and utilizing safe harbor funding for it. It is working for the moment, but due to the individual's age and benefits, individual is limited in terms of work they can do and fast becoming bored with some problematic behaviors starting to be exhibited. There are some youth specific vouchers from HUD that are being targeted in Schoharie County via HUD and Rural Housing Preservation, who manages HUD in the county. OPWDD has some homes in the community here, though they did close some of the residents here.

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

Goal 2: Need Addressed 1 Housing

Goal 2: Need Addressed 2 Cross System Services

Goal 2: Need Addressed 3

Goal 2, Objective 1: Title Implement sober living housing.

Goal 2, Objective 1, Target Completion Date Dec 31, 2024

Goal 2, Objective 1, Description Look to use some of the LGU Opioid Settlement Funds to support at least one respite apartment with case management services and linkage to peer supports/other relevant providers.

Target provider for this programming. Sober Housing be OASAS certified.

Work locally for its support and success with various contingencies.

Offer on-going support and assistance as needed.

Goal 2, Objective 2: Title Increase the number of Supportive Housing and Supported Apartment slots RSS has in the community.

Goal 2, Objective 2, Target Completion Date Dec 31, 2024

Goal 2, Objective 2, Description Presently RSS has 39 Supported Housing slots and 12 Supportive Apartment slots in Schoharie. A few of the Supported Housing slots are earmarked for transformational services which allows for more support to be put in place for individuals needing more services in place to maintain their overall wellbeing. These are particularly helpful with the increased needs of clients seeking OMH housing overall. Increasing the number of Supportive Apartment slots available will allow higher need individuals an ability to access the least level of care while getting the support they need to maintain in the community.

Work with OMH and RSS to support these increases. Residents looking for housing services tend to lean towards Supportive Housing and then the Supported Apartment program because both allow for more independence. There is often a waitlist for both of these programs, but the Supported Housing has the longest waitlist historically. To ensure that people on the waitlists have a fair chance at accessing OMH housing, the waitlists are reviewed monthly, and individuals are removed for various reasons. IE. Perhaps the individual qualified for other resources and accepted those. Or moved out of county. Or have been on the list more than a year and declined to renew or is no longer connected to service providers. Work with RSS to find safe, affordable, and quality housing for any bed increases in these programs.

Advocate for dual diagnosis individuals in an integrated community residence model. Currently the community residence is not dually certified.

Goal 3

Goal 3: Title Increase, retain and improve qualified workforce across all disability systems.

Goal 3: Target Completion Date Dec 31, 2027

Goal 3: Description Staffing of programs has been a challenge in recent years in Schoharie County at the Office of Community Services which includes both the Mental Health Clinic and the Chemical Dependency Clinic. Some of the other programs have fared okay overall in retaining staff or finding staff.

The Schoharie County Chemical Dependency Clinic has faced serious challenges in hiring and keeping staff. Since 2021, there have been significant periods where it has been down at least two fulltime positions. Chemical Dependency work is challenging and intense. Staff faced uncertain times with respect to the pandemic and it made the work more intense. There were increased overdoses. Some staff left because it was either overwhelming and they could not keep up with the paperwork component and/or the nature of the work was too much for them to want to remain in the field long-term. It has

been a struggle to fill both the required CASAC and peer positions in general at the clinic. The applicant pool is down overall and often, we may have a single candidate severely limiting options. There is a sense of taking what you get but sometimes that has created additional challenges. The CASAC position was filled recently after being vacant for about six weeks. This was a positive but there is still an open position for a Staff Social Worker (LMSW/LCSW).

Staffing at the Schoharie County Mental Health Clinic was, for a period, stable. There may have been one or two open positions, but these would get filled within a reasonable length of time (about three months on average). Since October 2022, there have been no applicants for the five open positions, which include Staff Social Worker (LMSW/LCSW), Staff Clinician (Mental Health Counselor with a permit or Licensed Mental Health Counselor). The Recovery Peer Advocate is now a shared position between each clinic but is not currently filled. These positions are hard to find someone with the right credentials and then keep them. Our prior peer went onto obtain her CASAC-T and subsequently went to another agency to do this work.

What we are seeing in comparison to other counties surrounding us and even private clinics is that the pay is higher than what we offer. Salaries have been enhanced in the past year across the board (clinically and support staff), more recently the county increased all positions by 5% and this is still not having the desired effect – getting applicants. The goal is to keep the current staff at both clinics but without relief, it will get more challenging to keep the current staff's morale up. Staff wellness is a priority. With reduced staffing, staff overall have less tolerance for each other or what might be considered minor changes. With a reduced staff, there is a potential to have to revert to a waitlist for services, prioritizing clients based on risk and need. Private community providers are largely full.

OASAS prevention program did not report concerns around the workforce. Had recently filled open positions.

Family Support Programs: One agency reported that staffing is stable right now. If positions do become open, it has been difficult to fill them, sometimes taking months. Agency reported that they use the standard recruitment methods, like Indeed and agency website. Agency recently enacted a brand-new referral program to encourage current staff to refer friends/family/acquaintances to work for agency. This agency has been able to continue its programming and has not had to wait for anyone for services. Another agency reported that their staff has been stable largely. Agency has made changes for staff retention including a 4-day work week that seems to be helping. Using Indeed now to recruit. Waitlist for specific anger management programs

Employment Program: Agency has been fully staffed. Agency has not had any issues keeping the position full. We can serve all our participants without the need for a waitlist. Agency utilizes a person-centered approach with staff. Supervision and support of the staff is provided weekly and/or more often as needed.

OPWDD programming: Lexington/ARC have struggled with adequate staff, but they did increase pay and had sign-on bonuses. They have had a advertising campaign around staffing needs.

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

Goal 3: Need Addressed 1 Workforce

Goal 3: Need Addressed 2 Cross System Services

Goal 3: Need Addressed 3 Non-Clinical supports

Goal 3, Objective 1: Title Work with county on recruiting qualified professionals and peer positions for open clinic positions.

Goal 3, Objective 1, Target Completion Date Dec 31, 2024

Goal 3, Objective 1, Description Advertising campaign (potentially highlighting why you want to live and work in the county or employees).

Implementing a work from home practice that includes at least one day and possibly up to two days a week for certain positions.

Enhance salaries.

Look at CSEA options/special programs, like HELP (temporarily removes civil service test for certain applicants).

Look at using opioid monies to potentially fund a scholarship in related fields for a resident in the county who would then agree to dedicate time in the community (will depend on open jobs at the time).

Explore apprenticeship opportunities for as another pathway for some non-clinical positions.

Explore tax credits for Mental Health and Addiction professionals working and living in the county, much like what has been done for fire and EMS.

Go into the various school districts/BOCES and talk about clinical, peer and other roles that are facing significant workforce shortages.

Goal 3, Objective 2: Title Create a dialogue and work together across the disability systems.

Goal 3, Objective 2, Target Completion Date Dec 31, 2024

Goal 3, Objective 2, Description Work with the main providers across the disability systems locally and host a dialogue on topics such as workforce on at least semiannually.

Goal 4

Goal 4: Title Integrate Schoharie County Mental Health Clinic and Schoharie County Chemical Dependency Clinic to enhance service delivery model to community while providing best care for persons living with mental health and substance use disorders.

Goal 4: Target Completion Date Mar 31, 2024

Goal 4: Description Integrating the Mental Health and Chemical Dependency Clinics has been a goal for some time now at the Office of Community Services for a variety of reasons. It is a better model that allows for an individual needing services to have their care provided holistically and is more person centered. It will potentially allow better use of the current limited workforce, both clinical and non-clinical staffing.

Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? No

Goal 4: Need Addressed 1 Outpatient treatment

Goal 4: Need Addressed 2 Cross System Services

Goal 4: Need Addressed 3 Workforce

Goal 4, Objective 1: Title Community Services Board has approved the tentative plan to pursue an Integrated License. for the Office of Community Services

Goal 4, Objective 1, Target Completion Date Jan 31, 2024

Goal 4, Objective 1, Description Meet with OMH and OASAS for prior consultations.

Work with a contracted provider to assist in streamlining clinic operations and policies and work with them on the application for integrated licensing.

Look at streamlining job descriptions.

Submit application/plan.

Work with all staff to get them ready for the changes. Provide opportunities for staff to be a part of the process from the beginning.

Increased training opportunities around mental health and substance use.

Look at case workflow and necessary paperwork.

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Implement Integrated License and monitor program.

Goal 4, Objective 2: Title Leverage/expand peer workforce in the community.

Goal 4, Objective 2, Target Completion Date Dec 31, 2025

Goal 4, Objective 2, Description There is a gap of peer services in the community and having this as part of the continuum of care here would be huge.

Work with various programs to increase potential interest in the various certifications that are out there for this work.

Look at scholarship opportunities via the State and even locally.

See if local agencies are able to offer any sign on bonuses.



Update to 2024-2027 Goals and Objectives Schoharie County Community Services Board

Sarah Nies, Director
sarah.nies@co.schoharie.ny.us

Goal 1	
Title	Improve on the current crisis response system for individuals experiencing behavioral health crisis by maintaining and enhancing crisis services across all disability systems.
Update	This largely remains the same. There has been a lot of exploration around re-imagining what crisis services could look like in Schoharie County and regionally. The current structure in place has significant challenges but there are pieces of it that do work. It is taking those aspects of the system and expanding access and creating more levels of care within the system to meet the needs of those in this community.
OBJECTIVES	
Explore with OMH, OASAS and OPWDD about a Schoharie style crisis stabilization program that fits the needs of the community here.	Ongoing
Work with current provider, advocating for some in-person staffing in the county and work with them to fill the open crisis position.	Ongoing
Explore other crisis programs with the other three county directors.	Ongoing
OBJECTIVE UPDATES	
Continue to explore with DCS's, regional provider, other local relevant partners and OMH, OASAS and OPWDD the possibility of developing a Regional Crisis Stabilization program within the four-county region. The four-counties are: Chenango, Delaware, Otsego and Schoharie. These four counties already share a positive relationship and hold a crisis contract together for services in each of these counties. The four counties sit in an economically depressed area and the tax base is quite limited. Geographically, the four counties cover 4,004 square miles. The total population for the four counties together according to the 2020 census data is 179, 766 persons. The populations of these counties are aging and the numbers of young people staying or returning to their communities is decreasing. The idea with a regional program like this, where there are already relationships and resources tied together, is that we would be able to meet some of the needs of the individuals in our community. There would be an alternative to the Emergency Department for individuals suffering from a mental health and/or substance use disorder(s) who are in a crisis and need stabilization. In looking at where crisis stabilization programs are being developed or are currently functioning, they are in the larger counties surrounding each of the four counties. It is already challenging to access the higher-level services for residents in our communities and catchment areas because of the volume and multiple other counties feeding into these areas and so these would be no different. The four counties' Directors have met with a hospital provider in the communities here and broached this idea with them to see if there was any interest prior to moving it up to our state partner agencies (OMH, OASAS, and OPWDD). Central regional OMH office is aware that preliminary conversations have taken place with this provider since it would likely sit in their region. Provider appears interested in providing a service like this to the four (4)-county region and has moved ahead with looking at space in their facilities. At this time no model or proposal has been submitted to the Four-county directors and there is still the question of securing funding and getting approvals before moving ahead with space/location renovations. It is also unclear if there are capital development monies for a project like this in the region. Four-county directors want a model that is fiscally sustainable while providing a much-needed service that is currently a gap in our communities. Four-county directors understand that there may be a fiscal component needed from their respective counties at least at start-up and possibly longer; but in the long-term, the model needs to sustain itself for it to work here. Given the provider targeted and the relationship they have in the community here along with the other communities potentially involved, location will remain key. The other hope is that with law enforcement being the primary transporters for individuals experiencing a behavioral health crisis, we would like to decrease the travel time so that they are out of the county less. Their resources are stretched thin. Work with the current provider, to improve their relationship within the community, and look to increase access to their in-person services. Type your update here* The current crisis provider was able to fill the master level position here in Schoharie County in late February 2024 (it was open for approximately 7 months). We were never able to transition it to a position of either Bachelor or Master level due to the other needs for the provider who has multiple programs with requirements for staffing levels. The provider has a training program and so it was several more months (May 2024) until the new worker was on site and taking calls in the community. During this time, clinical staff at the MH clinic continued to deal with a lot of the crisis calls which increases the likelihood of burnout among the outpatient clinicians and at times, took them away from scheduled clients due to the nature of the crisis. The Schoharie County Sheriff's department, who issued 19 of the 9.41 excluding other law enforcement agencies in the area due to not being able to obtain their numbers, and Schoharie County Mental Health Clinic who issued 11 9.45s in 2023. There were also changes within the Provider Administration at multiple points in the year. These positions were filled internally and the backfills occurred quickly. This is a shared contract with the other three counties previously mentioned. In reviewing the provider reports that are shared in terms of crisis calls coming into the provider and then looking at the various services provided, there appears to be a lack of in- person assessments within Schoharie County and that the telehealth option is used more frequently. Other services are being provided but the number seems low as does the overall call volume for Schoharie County. Continue to explore other crisis programs with the other three county directors. The four Directors of Community Services have worked with the crisis provider together and individually share concerns about the program in their communities. The newest program director and the rest of the administrative team seems to understand the nature of crisis work, the need for flexibility, and partnering with the DCS/agencies within the county. This is significant, as there previously was a disconnect in that area. There have been several positive strides with the crisis provider this past year. Unfortunately, there is still a lot of mistrust with the current provider due to the turnover and unfortunately, their response to situations at times. I had a parent of a child with both mental health and developmental delays who called for assistance and due to the nature of the crisis; they were not able to respond and told her to call 911. This individual is well versed in the system and accessing supports as needed. Her frustration was that the answer was to have the police intervene and a lack of knowledge/skill to intervene with someone receiving services within both OMH and OPWDD systems. This individual also stated that they will not refer anyone to the crisis provider in the county because of how unhelpful they were in this situation. The individual's sense was the provider was too quick to defer to law enforcement. Law enforcement and 911 dispatchers have shared that crisis response is not what it used to be within the county and that they find the assistance limited. 911 dispatchers and law enforcement tend to be at the forefront of the response to a mental health crisis in the county and often do not feel supported by the crisis provider. It seems that the provider defers to these systems when there is any significant issue around safety. While necessary, there is a gap of care here assuming the worst of the individual in crisis verse a partnership in which the crisis provider and law enforcement respond simultaneously. Another challenge is accessing the provider because there is only one staff member for the entire county (626 square miles) and the worker is generally scheduled Monday -Friday business hours and the evening hours and weekends are mostly handled via telehealth and utilizing 911 on calls needing crisis intervention. Another issue that has been shared is that individuals calling for assistance, receive a message and must wait for a call back from provider staff when they are in a crisis. These reported concerns could have only occurred one time but in a small, rural community, people talk and share these concerns. Relationships are key, and it will be imperative for the provider to work on their image within the community and build connections with the agencies and organizations here so the community 'knows' who they	

are, and they can assist in a crisis. Develop Crisis Intervention Teams within Schoharie County. Explore the potential to do it regionally with the other three counties previously mentioned, given the nature of the shared crisis contract. The current crisis provider did host a Building Bridges Diversion Summit earlier in the first quarter of 2024 and there are some valuable suggestions within the report that would benefit Schoharie County in terms of providing training, education and ultimately more effective crisis responses in the community. A significant challenge in implementing a CIT program at this point in Schoharie is time, resources and the necessary re-building of the relationship between the crisis provider, law enforcement and other providers in the community as well as community members. The crisis provider has struggled in the recent past to be visible in the community for a variety of reasons, including staff turnover, calls that indicate law enforcement is needed immediately or 'feelings' that they did not mitigate a crisis. Some of this is out of their control. However, this lack of visibility and limited appearance of being able to de-escalate a situation and/or still relying heavily on 911 call center/law enforcement to manage the behavioral health crisis' in the county does not lend itself to starting a new program with them without re-building the relationships here.

Goal 2		
Title	Create a housing continuum of care system that is broad in its scope to meet the needs of most residents.	
Update	Schoharie County completed its first housing study. Go to link: housingStudy.pdf (schohariecounty-ny.gov) ever for this community. This was completed at the end of July 2024. Prior to finalizing the report, there was an opportunity to participate in a presentation and share any other information or insights. It was also presented at the Board of Supervisor's meeting for comments and questions there. It supports the need for a multi-layered approach to housing in the community. There is a shortage of housing options here that are both affordable and meet the needs of the current population. They did note that the population within Schoharie County is expected to grow over the next ten years. When you look at these projected numbers, while seemingly small, would have an impact on the community in terms of the need for housing (across the economic spectrum) with emphasis on programs that assist those who are aging, Veterans, have needs around mental health and substance use, and interpersonal violence...among others. Schoharie County has loosely entered into an agreement with a developer to sell what is referred to as the 'old public safety building' to them for a housing unit to be developed on in the next several years. This has taken quite a bit of time to get to this point in which a contract of sale is being developed and potentially scheduled to appear at the September 2024 BOS public meeting. There had to be feasibility study with the current building which there was and due to costs, it appears to be a better use of resources to demolish it, there will likely need to be remediation of the land given the location flood event of 2011.	
OBJECTIVES		
Implement sober living housing.		Ongoing
Increase the number of Supportive Housing and Supported Apartment slots RSS has in the community.		Ongoing
OBJECTIVE UPDATES		
Increase the number of Supportive Housing and Supported Apartment slots RSS has in the community. RSS received three beds in the certified apartment program for Schoharie County for 2024. RSS, the County and a developer have been in talks for a couple of years now to add additional housing slots in the community. RSS applied for an Empire State Supportive Housing Initiative (ESSHI) grant towards the end of 2023 and was notified that they were recipients of 20 beds for long-term housing and support. This is contingent upon the developer and the County working out the details of the contract for the sale of the parcel. The County and the developer are in process of working out the details and the hope is that this will be an option in the community in the next few years. This is a great opportunity for the community to add to the current housing and provide opportunities for individuals needing longer term support. Continue to work to implement sober living housing in Schoharie County. Director of Community Services has talked to a community provider on and off since February 2023 to look at possibly developing a respite apartment for those struggling with addiction using some of the Local Governmental Unit's Opioid Settlement Funds that were initially made available in early 2023. This provider has experience in other communities working with individuals who struggle with an addiction and need housing. It appears that at present this is not a viable option for them. There is another provider, national in its organizational structure, but has been adding NYS sites through the years. Schoharie County Office of Community Services and its representatives met with them prior to the availability of Opioid Settlement Dollars, and at the time the structure of the program did not seem like a good fit within the community. Fast forward to present and it seems that this organization could be a fit in the community and there is recognition around the need for sober living housing at the top County level. Various other counties that are nearby and not so close by have entered into agreements with this provider and are at varying stages, some have been up and running for few years now and others are just getting started.		
Goal 3		
Title	Increase, retain and improve qualified workforce across all disability systems.	
Update	Finding qualified workforce within the clinical setting remains a challenge. Retention is another significant issue. This includes social workers, mental health clinicians, psychiatrists, psychiatric nurse practitioners, support staff (front and back end) and peers. The county operates both mental health and chemical dependency clinics and over the past year the total number of open positions has ranged from seven to four. A peer position that is shared between the two clinics has been open for more than a year with no applicants. Licensed, clinical positions have limited applicants, and recent hires do not seem to be staying long with the organization. It seems that there is a lot of competition with other organizations; workers are finding places of employment that are offering them better salaries at the outset, benefit package is another and more flexibility within their schedule. There was limited response from partnering agencies and community organizations other than to say that they have been able to fill and retain most of their staffing locally. In the OASAS system, there has been some challenge filling new positions. One significant gap across all systems is the lack of a peer workforce to pull from within the local community.	
OBJECTIVES		
Work with county on recruiting qualified professionals and peer positions for open clinic positions.		Ongoing
Create a dialogue and work together across the disability systems.		Ongoing
OBJECTIVE UPDATES		

Continue to work with county on recruiting qualified professionals and peer positions for open clinic positions. In the past year, the County has increased staff wages. This year it is a 2% raise and so is 2025. The County Personnel office has applied for and gotten approval for many positions within the Office of Community Services to qualify under the HELP and HELPS programs via Civil Service. This has helped to increase in hiring some clinical staff but not with their retention. Of the clinical hires in the past year, who qualified under HELP, received the additional salary increase, neither have been retained. They have found positions elsewhere that at the outset provide a better starting salary, more flexibility and better benefits. Director of Community Services was able to draft a pilot hybrid work from home policy; it took nine months to pass and due to current staffing issues will make it a challenge to act on and utilize within the Office of Community Services. Director of Community Services applied for on behalf of staff who were initially eligible to receive OMH loan repayment forgiveness awards and was approved for eight (8) staff. Two were accepted in the end. Some staff ended up not being eligible and others opted to leave for other places of employment. Director of Community Services has used funds to support a leadership training program (Dare to Lead) for all staff and has provided opportunities for clinical staff to enhance their skills (CBT trainings with the Beck Institute).

Create a dialogue and work together across the disability systems No update. Will seek to do this in the upcoming year.

Goal 4

Title	Integrate Schoharie County Mental Health Clinic and Schoharie County Chemical Dependency Clinic to enhance service delivery model to community while providing best care for persons living with mental health and substance use disorders.
Update	Integrate Schoharie County Mental Health Clinic and Schoharie County Chemical Dependency Clinic to enhance service delivery model to community while providing best care for persons living with mental health and substance use disorders. Integrating the Mental Health and Chemical Dependency Clinics has been a goal for some time now at the Office of Community Services for a variety of reasons. It is a better model that allows for an individual needing services to have their care provided holistically and is more person centered. It will potentially allow better use of the current limited workforce, both clinical and non-clinical staffing.

OBJECTIVES

Community Services Board has approved the tentative plan to pursue an Integrated License. for the Office of Community Services	Ongoing
Leverage/expand peer workforce in the community.	Ongoing

OBJECTIVE UPDATES

CCSI has been working with the Office of Community Services over the past 12 months to help come up with a plan that is sustainable and flexible for the staffing challenges present. They have utilized data to enhance the clinics abilities to be the community mental health center as desired both under the auspices of the founding of community clinics but also for the community in which we serve. Submit Application Application will be submitted in next month to OMH for approval. While it is there, staff will be working on the policies and procedures within the clinics as well as refining the processes around entry to care and restructuring staff to better meet the needs of staff and the community. Staff will continue to receive training around both mental health and substance use. Support and Billing Staffs will work together to understand the flow and necessity of each other's roles within the integrated care model and implement new processes and procedures that are more efficient to be able to get people into services. "Doing Business As (DBA)" will be submitted to create a unified name for the clinics. Contracts with insurance companies will be reviewed and updated accordingly.

Work to Leverage/expand peer workforce in the community. Continue- no progress



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2026 Update to 2024-2027 Goals and Objectives Schoharie County Community Services Board

Sarah Nies, Director
(Sarah.nies@co.schoharie.ny.us)

Goal 1

Goal 1, 2026 Status Update: Ongoing

Goal 1, 2026 Status Update Description: There are no significant updates to this goal overall. It is still a priority to enhance the crisis response delivery system in the county and to create additional programming to support the needs of those in crisis across all systems. In revisioning the crisis response delivery system here, it is one that responds and provides 'off ramps' to supportive programs of varying degrees while meeting individuals basic needs, like housing and fo. This should help to decrease the over utilization of Emergency departments for behavioral health crises and lead to better outcomes for these individuals who are able to access care in their communities. One significant challenge to increasing programs within the crisis response delivery system is workforce in this county. There is a lack of qualified professionals (both clinical and peer) trained in crisis response interventions and best practices.

Goal 1 Objective 1, 2026 Status Update: Ongoing

Goal 1 Objective 1, 2026 Status Update Description: There has been limited movement on this objective presently. There seems to be no clear path forward at present in terms of provider, model or funding streams available. Due to the landmass involved with the four-counties, there has been some discussion around breaking into smaller partnerships that might make a crisis stabilization program easier to achieve in our various counties while still sharing resources.

Goal 1 Objective 2, 2026 Status Update: Ongoing

Goal 1 Objective 2, 2026 Status Update Description: The provider for crisis services within this County continues to struggle to hire and keep staff for this location. The last hire resigned in the beginning of July 2025. Since then, in-person coverage has been significantly compromised with few weeks fully staffed in person during business hours as they have had to shift program staff around the four counties to provide some in person coverage everywhere. There have been no applicants for the open position in Schoharie. In person assessments remain low and there continues to be a reliance on telehealth interventions for crisis calls. This lack of coverage continues to foster frustration within the community around a huge gap in care here. Without a full-time worker assigned to this County, crisis coverage/response has shifted to the SCMHC and its clinical staff. Law enforcement remains an integral part of the crisis response system here as well as they often are the ones responding in person.

There have been multiple meetings in the past year with the provider, the counties and OMH to look at the concerns around the program to see what can be done to assist the provider in meeting its contractual obligations in the counties it serves. There is recognition on the part of the counties that the provider has a lot of strengths but is facing serious challenges in providing mobile crisis response in our counties.

Goal 1 Objective 3, 2026 Status Update: Ongoing

Goal 1 Objective 3, 2026 Status Update Description: The four counties have discussed at length various models for crisis programming within the counties but are continuing to work with current provider.

Goal 2

Goal 2, 2026 Status Update: Ongoing

Goal 2, 2026 Status Update Description: Housing remains a significant challenge in Schoharie County.

Goal 2 Objective 1, 2026 Status Update: Ongoing

Goal 2 Objective 1, 2026 Status Update Description: Sober housing remains a priority here. There is a significant gap for residents with a substance use disorder who need a place to live while they are working on their recovery program. It needs to be in their community so they can continue to have the support of those who care for them, maintain their employment and meet their other obligations here. Our residents need a place of hope within the community they want to remain in. There continues to be discussions with various stakeholders about what this will look like, how it will be fiscally sustainable in the long run, who would run it and what is the need here specifically.

Goal 2 Objective 2, 2026 Status Update: Ongoing

Goal 2 Objective 2, 2026 Status Update Description: The 'old public safety building' is under contract with a developer. It appears that the building will eventually be demolished to make way for a new building there that will become mixed, affordable housing here that will include supportive housing for special populations (DV, mental health, substance use and Veteran populations).

Continue to seek increases in SH, SAP programming in Schoharie in addition to the ESSHI funding they have received to increase SH here.

Goal 3

Goal 3, 2026 Status Update: Ongoing

Goal 3, 2026 Status Update Description: There continue to be significant challenges in finding and keeping qualified individuals in clinic settings. Other agencies across the systems report shortages as well. We are also seeing shortages in schools, social services, law enforcement, public health and emergency services.

Goal 3 Objective 1, 2026 Status Update: Ongoing

Goal 3 Objective 1, 2026 Status Update Description: There continues to be a shortage of professional and support staff at both mental health and chemical dependencies clinics. Open positions have fluctuated throughout the year. On average, we have had 5-7 open positions.

Recently, the Board of Supervisors, approved the hire of recruitment firm for one position due to the critical nature of it. The goal was to try something out of the box, knowing how hard it has been to fill clinical positions here. They also allowed for the creation of two additional titles for the one position in the hopes of creating tracts if you will for increasing chances at filling it.

Work with various schools in the region and host master level interns at both the mental health and chemical dependencies to build up the future workforce here or in other communities.

Had multiple staff who qualified for the OMH CMHLRP. Two staff initially accepted these awards and subsequently have not completed them for a variety of reasons and the money has been returned.

A trial work from home policy specific to the OCS remains in effect for clinical staff. It was recently revisited as a way to see if it would help with morale due to increased acuity of cases, low staffing but no one has asked to do it on a regular basis.

Have tried to incorporate two annual staff training days in house and support trainings outside of the clinic from a variety of programs. Staff can seek training dollars assistance.

Schoharie County has a completed study of all the positions in the county by a contracted provider. It has been presented to the Board of Supervisors and could lead to better position alignment and salary enhancements or not. The contract with the CSEA is up this year and negotiations have begun. While wages and benefits offered for the clinical staff seem comparable to surrounding counties; it is hoped that wages will increase, and additional flexibilities will be offered in this new contract for all staff. Schoharie County is in close proximity to Albany and has lost staff to the State in various state agencies in part due to the salaries, benefits and flexibilities that exist there that do not exist here.

Goal 3 Objective 2, 2026 Status Update: Not started

Goal 3 Objective 2, 2026 Status Update Description: While conversations happen within the mental hygiene cross-systems here; there have not been any direct convening of the relevant persons within the various service delivery systems around workforce. The health department here, has created hubs to focus on particular areas of social determinants. Within the economic and health care hubs, this issue has come up but there is not necessarily any unifying force pushing it along.

Goal 4

Goal 4, 2026 Status Update: Ongoing

Goal 4, 2026 Status Update Description: There has been delays in completing the IOS process here, but it should be wrapped up in the next few days.

Goal 4 Objective 1, 2026 Status Update: Complete

Goal 4 Objective 1, 2026 Status Update Description: CCSI completed their work for the integration of the two clinics.

IOS application and EZPar to be submitted in the next few days. The hope is that the integrated license will be issued, and clinics will move towards a more person-centered, holistic model of care for the residents of Schoharie County.

Goal 4 Objective 2, 2026 Status Update: Ongoing

Goal 4 Objective 2, 2026 Status Update Description: No progress.



Office of Addiction
Services and Supports

Office of
Mental Health

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Developmental Disabilities

2024 Needs Assessment Form Schoharie County Community Services Board

Case Management/Care Coordination Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Seeing an increase in need for case management services, the various providers have been able to meet the needs but there have been some delays in service due to capacity.

The individuals tend to have more significant needs. Often times, these individuals often do not maintain consistent physical, mental health, substance use treatment. Often lack stable housing.

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Employment/volunteer (client) Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): It is hard to access inpatient services for persons with a substance use disorder when they are ready for it. Often times, there are delays due to lack of beds available especially when you seek out programs that have good reputations and are relatively close to the county. This wait time for a bed ultimately decreases the chance that the individual will follow through as they time grows between from their readiness and the facilities getting an opening. There are some inpatient programs that seem to seek out individuals, have openings but as the individual hits an insurance wall, they are turned out with limited discharge planning. Individuals in need of higher levels of care are often turned away because the mental health system is overwhelmed. Limited intensive programming (IE, PROS) exists presently that is accessible. Often times, these programs are full and so individuals have to wait for an opening. This increases the likelihood that this may also be causing more to seek out crisis ED services.

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Outpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Problem Gambling Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Limited individuals seek services around problem gambling in Schoharie County. Outpatient treatment numbers are next to non-existent. Individuals are screened, even if they meet a diagnosis for problem gambling, they are often not interested in any sort of treatment for it. Schoharie County Chemical Dependency Clinic has attempted to participate in the National Screening Day and expanded it to include individuals coming to the Schoharie County Mental Health Center this past year.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Youth Only

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

Need description (Optional): There is an increase of mental health needs of the youth that are coming to mental health, C-SPOA, DSS and Probation. There are limited beds available across NYS for RTFs. Schoharie County has had a youth who waited for a higher, appropriate placement bed to become available for almost two months before OFCS was able to step in and provide placement through a

diagnostic program. This youth despite needing psychiatric support was denied from both CR and RTF placement based on significant behaviors and other factors (IE. essentially competing with so many others who need these services). This has happened with at least four youth within the past year. There are often struggles as to which system will take in these youth and provide the care that they need and deserve.

Sought out and utilize support through the NYS Council on Children and Families Interagency Resolution Unit with some of these higher acuity youth cases. Had some success in coming up with a potential solution for an older youth. However, this youth experienced difficulties with finding appropriate programming due to youth declining a variety of available services. Services that this individual did wish to connect with were unable to accommodate the complex needs. Educationally and emotionally this individual was being referred and denied from programs across NYS which were mental health, educational, and OCFS programming. Due to the limited available services, the youth continued to escalate in their behaviors until it resulted in the youth receiving legal charges due to assaulting another individual. Due to limited, appropriate services being available this individual was unable to be connected to services until it resulted in the harm of others. Even when appropriate agencies are connected to support youth and their families it is still challenging to find appropriate interventions.

Respite Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): There are limited respite services available for either youth or adults in Schoharie County. Presently there is one adult respite apartment available for persons with mental health needs primarily. Few respite programs exist that service providers can access due to wait lists or even staffing shortages.

Transition Age Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): Schools report a lack of social groups in the community for parents with children who have special education disorders or special educational needs as well as after school programming support for special education students.

Transitional planning support for severely disabled students is very limited. Planning for after high school is limited. due to a lack of resources.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Transportation is hard to access due to limited numbers of Medicaid providers in the county. Gaps exist for those who do not have Medicaid, lack their own mode of transportation. There is a bus system in the county, but it is limited in its times that it runs and where it runs. The county is largely rural and bus routes do not exist further internally, and tend to stay along the main towns and villages.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

LGU Representative: Sarah Nies

Submitted for: Schoharie County Community Services Board



2025 Needs Assessment Form Schoharie County Community Services Board

Case Management/Care Coordination Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Continue to see an increase in needs for adult case management programs within the community here. Bassett HH is the lead for adults here, has recently another CMA and they are able to provide services within Schoharie County. This can be considered positive. There is still a gap between these new CMAs and the LGU. There does not appear to be a formal notification that other providers are coming into the County either by the DOH who approves them ultimately and/or the Lead HH. In a small county such as ours, relationships are key to being successful here. The other care management agencies are located in this community and known to the community here. The new provider does not appear to have local office space and has not outreached to be a part of the A-SPOA process. There continues to be a gap in accessing additional higher need services, like Community Oriented Recovery and Empowerment (CORE) due to limited providers in Schoharie County. This then limits the added benefits of Medicaid Health and Recovery Plan (HARP). It does appear that delays in accessing HHCM services due to capacity is happening less frequently than last year; providers are getting individuals enrolled in a timely manner. The acuity has not leveled off and a lot of the individuals have significant needs that include social determinants of health (lack of housing, food, resources, etc.), mental health and substance abuse needs and physical health needs.

CHUNNY is the lead HH for Children here and they do a good job of communicating any changes to the overall program. The Care Management Agencies that primarily accept referrals for the youth in the community here are well known and seem to be able to get youth into it in a timely manner. All of the CMAs are able to take on high acuity cases which has increased overall, but there appears to be less services/programs for the youth and their families and without these added supports there remains significant gaps in care for these youth.

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Employment/volunteer (client) Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): It continues to be hard to get individuals into an inpatient program for a substance use disorder when they are ready for it, we know how important that is for treatment to be more successful for them. The longer an individual waits for a spot to open up in a facility the less likely they are to accept it when it does in fact open up. It remains challenging to access quality inpatient programs that are near Schoharie County. There continues to be challenges around insurance issues for individuals who are accepted into an inpatient program. Once an individual hits the insurance wall, they are often discharged. It depends on the program that they are discharged from in terms of what services have been put into place. Youth referrals for inpatient substance abuse disorders are really challenging given the lack of quality programs available nearby of who can accept them. Overall, there are some substances that are difficult to find programs willing to accept the individual seeking inpatient services (Cannabis use disorder). It is incredible difficult to access any mental health inpatient programming near Schoharie County for both adults and children. This increases the chance that the Emergency department will be utilized for a psychiatric crisis.

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Outpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Problem Gambling Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Continue to have a low census at the Outpatient Clinic for problem gambling. Individuals may screen positive for problem gambling but decline any further assessment or treatment related to it. The outpatient clinic has continued to participate in National Screening Day and expanded it to the other clinic in the same building.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Youth Only

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

Need description (Optional): RTFs are hard to gain access too for youth in general. They are limited number of them in the State. There continue to be a number of high acuity youth and their families coming through C-SPOA who are already linked within multiple systems in the community (DSS, Probation, School, MH) who could benefit from RTF referrals. The challenge seems to be either in collecting all of the necessary documentation or which system may better serve the youth in question or there is quicker movement in that system. One of the Community Residences that we referred to in the past, is not taking many youth (this seems to be due to multiple factors - staffing and acuity of referral). C-SPOA continues to utilize the Regional OMH office for support with these youth and the NYS Council on Children and Families Interagency Resolution Unit.

Respite Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): It remains challenging to access respite services for both adults and children in Schoharie County. There is one respite apartment available to an adult individual with significant and persistent mental health needs. If this individual has a substance use disorder accessing it can be a challenge. There is no dedicated respite apartment for an individual struggling with an addiction. There are limited respite providers for youth particularly.

Transition Age Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): Schools continue to report a lack of social groups in the community for parents with children who have special education disorders or special educational needs. Parents have shared that it can be a challenge to access programs, like sports locally and have to drive an hour plus to get their child involved. Schools have shared that there is a higher cost associated with the educational programs that serve these students and it can be challenging to meet their needs locally at times. Transitional planning from high school on remains a challenge, particularly for the severely disabled student and is often limited due to resources. There are some positive developments between Lexington ARC/SUNY Cobleskill that seems to be opening up a pathway for some students who might otherwise have opted to not attend college.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Transportation remains a challenge in rural Schoharie County. There is a County-operated bus system, and it has standard weekday routes between the larger communities here but for some of the communities, routes are available one or two times a week due to their locations. The bus routes are on main roads. If you live outside of the main villages/towns, it is much harder to access public transportation since there are no stops. Often times, I receive notice of individuals who are banned from public transportation, both the bus and their individual cars due to their behaviors or because they have been inconsistent in using the services set up. The County transportation system has struggled to find workforce significantly in the past year and so this has also created an added layer for individuals who need to be able to access their family/friends, community supports/programs, MH/SU treatment, physical health and do their basic shopping to name a few. There are a limited number of cab companies both local or semi-local who provide

consistent and reputable service. There are gaps in access for those without Medicaid or who lack their own mode of transportation still.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

LGU Representative: Sarah Nies

Submitted for: Schoharie County Community Services Board



**Office of Addiction
Services and Supports**

**Office of
Mental Health**

**Office for People With
Developmental Disabilities**

**2026 Needs Assessment Form
Schoharie County Community Services Board**

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Schools are reporting increases in behaviors, mental health and substance use concerns of the children and teenagers they work with and are able to note the impact of ACES and the inter-generational nature of the issues. Cobleskill-Richmondville Central School District was a recipient of an OMH TIG grant to implement a program within the district. Middleburgh Central School District was awarded Opioid Settlement funds to attend and implement Sweethearts and Heroes within their district. Both report successes. Schoharie County ACES Team has been hosting half to full day conferences locally for nine years now; bringing in presenters from the region and nationally to increase the community's awareness of ACES and their potential impacts on our community.

Case Management/Care Coordination Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): There continues to be an increase in the need for case management services for both the adult and children's populations here. Adult health home providers continue to meet the needs of the referrals but there have been delays in access at times due to capacity issues. There remains a need for case management services to be available to individuals who may not qualify for the health home case management services. There are limited programs available for these individuals who also need assistance. Children's case management providers locally are reporting increased wait times for access to this service. Adult and children continue to lack access to all of the HCBS services if they qualify, this tends to be due to no provider of a service being able to provide the service if it is offered here. There are a limited number of funded non-Medicaid case management spots for children and C-SPOA is seeing an increase in this need in the community here.

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Employment/volunteer (client) Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): Substance use referrals for inpatient programs continue to be a struggle in the sense that often the availability of a 'bed' does not match the person's readiness to do the program. Access and quality programming remain challenging to find in relationship to Schoharie County. Residents here can struggle with the distance to a program. Access remains limited for youth in particular for inpatient programming. It continues to be a struggle for higher levels of care after a 'typical' 28-day program if that is what a person in recovery needs. These tend to be even further away from Schoharie County, and this makes it challenging for the individual and their families. Some individuals seem to max out from an insurance standpoint and are seemingly dropped off in the community with little to no discharge planning in place. OMH's hospital and connections projects have helped bridge some understanding into the systems involved, outpatient to inpatient or vice versa and the needs/requirements of each. There is still a lot of work to be done here. There are still challenges in finding the appropriate levels of care for individuals whom outpatient treatment struggles to meet the needs of particularly when there are limited programs in the community that may decrease their need for a hospitalization ultimately. Schoharie County

participates in programs in other communities, like PROS or referring to a clinic that provides an intensive outpatient treatment program, but these tend to have limited openings as well.

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Outpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Problem Gambling Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

Need description (Optional): It appears that there is a limited number of individuals who seek out problem gambling services in Schoharie County at the clinic though they may be engaged with other providers. Individuals who access treatment are screened and few want to focus on it when here. There has been an increase in awareness via advertisements from NYS OASAS, increased information being shared at provider meetings and educational resources are available.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Youth Only

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

Need description (Optional): We continue to see an increase in the acuity of children's mental health needs with increased system involvement. However, some of these higher risk youths are not being referred earlier at what might be a lower-level intervention. CSPOA has received referrals after youth have been discharged home from a higher level of care with little to no planning in terms of their care. Other CSPOA referrals have been from youth with limited services in place needing complex care. CSPOA is seeing a trend with aging guardians who are caring for high-needs children/youth and increased medical with developmental disability.

Respite Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): There remain limited respite options available for both youth and children/their families and adults in this community. There are few respite providers locally that children/youth and their can access. Elmwood CR has a respite bed available, but it has been off-line for the majority of this year. Often look to Healy House and NorthStar but these can be hard to access due to distance. Families can try to access respite through DSS if they are connected with Together for Youth. There is one adult respite apartment available

Transition Age Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): Parents report lack of social and support groups locally to support them and their children/youth with special educational needs. They also report limited assistance with transitional planning services for severely disabled students in the community here. There are some newer programs between Lexington and SUNY Cobleskill to support students with development disabilities be successful in transitioning and completing college.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Transportation continues to be a challenge here in Schoharie County for residents to be able to access services and get their needs met. There remain a limited number of Medicaid providers with limited reliability for residents who can access these services. There were some recent changes by CMS to transportation requirements primarily affecting those with substance use disorders creating barriers to accessing outpatient treatment of their choice and even higher levels of care that the outpatient provider may not provide. The County does have a bus system but recently the organization that holds the DOT license has pulled out from it, leaving the County an inability to transport residents out of the County though they can still provide service within the County lines. An emergency application has been filed, and the County is working diligently to continue to provide this much needed service to this community. The bus routes remain limited primarily to the main towns, limited in time and runs throughout the day.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

LGU Representative: Sarah Nles

Submitted for: Schoharie County Community Services Board

OMH Licensed Programs and Sites are prefixed with *

Facility: [14370/7144] - Rehabilitation Support Services, Inc.

*Program: [442] - * RSS - Prospect House Community Residence Schoharie [6070] - Congregate/Treatment*

Site: [1001] - * [Main Site] RSS - Prospect House Community Residence Schoharie

*Program: [432] - * RSS -Schoharie Apartments Richmondville [7070] - Apartment/Treatment*

Site: [1001] - * [Main Site] RSS -Schoharie Apartments Richmondville

Facility: [70740/6885] -Schoharie County Community Mental Health Ctr

*Program: [100] - * Schoharie County Mental Health Center Schoharie [2100] -Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)*

Site: [1001] - * [Main Site] Schoharie County Mental Health Center Schoharie

Site: [1007] - * Cobleskill High School Clinic Sate Richmondville

Site: [1000] - * Gilboa-Conesville Central School Satellite Gilboa

Site: [1006] - * Golding Middle School Cobleskill

Site: [1002] - * Jefferson Central School District Satellite Jefferson

Site: [1004] - * Middleburgh Central School District Middleburgh

Site: [1005] - * Middleburgh Jr/Sr High School Satel Middleburgh

Site: [1003] - * Schoharie School District Schoharie

Site: [1008] - * Sharon Springs Central School Sharon Springs