



Goals and Objectives 2024 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.

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.



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
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