



Goals and Objectives 2024-2027 Rensselaer County Department of Mental Health

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Goal 1

Goal 1: Title Develop a full continuum of crisis care, inclusive of all populations.

Goal 1: Target Completion Date Jan 01, 2027

Goal 1: Description There is an over dependence upon Emergency Department based crisis services. In the Capital Region the capacity of crisis units frequently reach max resulting in coinciding diversion status and redirecting persons in crisis to other Emergency Departments. This results in overburdening those services not on diversion status resulting in cascading effect of diversion. The ED based Crisis Units serve all persons in crisis, including all disability areas. Those persons with the longest lengths of stay in the units are children and youth in need of psychiatric inpatient admission, and persons with intellectual/developmental disabilities who have no safe community discharge resource or are in need of psychiatric inpatient admission. The LGU seeks to develop a continuum of crisis care with decreased reliance on ED based crisis units for those persons in mild to moderate crisis preserving the crisis unit for persons of high risk/acuity.

The LGU is leading a System of Care project focused on the reduction of the number of Rensselaer County children and youth accessing the crisis unit. (Note many of the children & youth are coming from outside of the county i.e. Albany County. The work group has representation from the Albany LGU.) This effort has revealed the need to: develop stronger discharge plans from the ED to the community, 24 - 48 hour community provider follow up post crisis visit; encouragement to access mobile crisis services; and crisis residence access. Trends for the C & Y Crisis Unit visits are bulleted below. (Data summary reports are attached see Crisis Unit C & Y)

- Average monthly visits are 23% higher in 2023 than 2022 (105.7 vs 87.2) - By consecutive month in 2023: 112, 99, 110 and 102 in 4/2023
- The percentage visits by children/youth 12-17 are higher in 2023; they are also overrepresented in children with a chief complaint of suicide.
- Recidivism is up slightly for 12-17 and 18-21 and down for 22-25.

Mobile Crisis Service - Attached to this document is summary data for children, youth, and adult, mobile crisis services. This service is shared with other counties and operated by Northern Rivers. The number of services provided to county residents has not yet matched the pre-pandemic quantity. One significant difference is the loss of the embedded mobile crisis worker in the children and youth outpatient services operated by the county. This staff member of the mobile team, worked to divert persons under the age of 18 from accessing the crisis unit by conducting a crisis evaluation in a community setting. This service had also assisted in developing disposition plans for persons under 18 years of age who did access the crisis unit and had a disposition of returning to the community. This intervention was working to decrease the recidivism of these persons to the crisis unit. Due to the pandemic related shut down, the staff were pulled out of the clinic and have never returned due to workforce shortages. Note: the Capital Region has been identified by NYS DOH, as having two subpopulations in "suicide clusters": adolescent females & working age males. (county suicide rates are reported as attached by the county Health Dept.)

NYS OMH and OASAS have selected providers to develop the regional Intensive and Supportive Crisis Stabilization Centers. The LGU is actively participating in the regional meetings re: the development these centers and will work to build linkages within the county to integrate the service into the care continuum. The identified provider for the Intensive Crisis Stabilization Center has already presented to some of the LGU committees.

Adult Crisis Residence - Unity House Inc. has received an OMH Capital Improvement award to develop a crisis residence. Due to the pandemic and subsequent building supply shortages and cost increase, construction was delayed. Currently the provider is working with DASNY in finalizing the plans for rehab.

The county has little to no resource for crisis respite, especially for the I/DD population. This has been an ongoing identified need. Region 3 of OPWDD does not (at this time) have a CSIDD provider within the region to assist.

The Living Room program had obtained some funding and re-established operation in conjunction with the Mental Health Empowerment Project. This was gaining momentum and proved to be successful in reducing ED based crisis visits for several persons. However there was no means to continue funding and the program was closed spring 2023.

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 Respite

Goal 1, Objective 1: Title Integrate the Supportive and Intensive Crisis Stabilization Centers into the continuum of care in Rensselaer County.

Goal 1, Objective 1, Target Completion Date Jan 01, 2025

Goal 1, Objective 1, Description Provide education and linkages with the in county providers to the providers of the centers. Learn workflows for referring to the centers and for response to discharges from this service.

Goal 1, Objective 2: Title Implement a crisis residence for adults in Rensselaer County.

Goal 1, Objective 2, Target Completion Date Sep 01, 2024

Goal 1, Objective 2, Description Crisis residence is in process and has been delayed due to the pandemic, escalated costs of the building supplies (OMH provided increased funding to assist with this) and necessary approvals are underway for the redesign of the building. The LGU anticipates the Crisis Residence will open in 2024. Need to orient the continuum of care for the utilization of this service.

Goal 1, Objective 3: Title Decrease recidivism of children and youth accessing the crisis unit.

Goal 1, Objective 3, Target Completion Date Jul 01, 2025

Goal 1, Objective 3, Description Via the monitoring of data from the Crisis Unit throughout the past 18 months, instances of recidivism have been identified. The strengthening of disposition planning, referrals to community services and interface with CSPOA have been implemented. The CSPOA will now be dispatched to the Crisis Unit, as needed, to assist families M-F 9-5.

Goal 1, Objective 4: Title Assure utilization of the regional crisis residences for children and youth.

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

Goal 1, Objective 4, Description The Crisis Residence is not routinely considered as an option for children and youth by all providers in the C&Y continuum of care. Education and orientation is a continued need for both providers and recipients.

Goal 1, Objective 5: Title Continue EDPRT/CIT training for local law enforcement at a minimum of at least two trainings per year..

Goal 1, Objective 5, Target Completion Date Jan 01, 2026

Goal 1, Objective 5, Description Through community collaborations with local law enforcement continue commitment to EDPRT/CIT. Some local law enforcement agencies have 90-100% of officers trained at present.

Goal 1, Objective 6: Title Embed Mobile Crisis Services in Rensselaer County.

Goal 1, Objective 6, Target Completion Date Jan 01, 2026

Goal 1, Objective 6, Description The Mobile Crisis Services for Rensselaer County are shared with 4 other counties for adults, and 5 other counties for children and youth, and is provided by Northern Rivers. There is no continual presence of Mobile Crisis services in the county, including no longer having embedded Mobile Crisis Services with the MHOTRS serving children and youth. The Mobile Services Capital Region hub is sited in Schenectady County, a considerable commute from the eastern most border of Rensselaer County. Law Enforcement have reported an inability to access Mobile Services in a timely manner. Data indicates a decrease in face to face mobile visits from pre-pandemic years. (see data summaries attached).

Goal 1, Objective 7: Title (Added 2025) Integrate new HCBI service into the C & Y crisis continuum of care

Goal 1, Objective 7, Target Completion Date March 2025

Goal 1, Objective 7, Description

Goal 1, Objective 8: Title (Added 2025) Establish a disaster Mental Health Team in Rensselaer County

Goal 1, Objective 8, Target Completion Date June 2025

Goal 1, Objective 8, Description

Goal 1, Objective 9: Title (Added 2026) Critical Time Intervention Team

Goal 1, Objective 9, Target Completion Date Feb 02, 2026

Goal 1, Objective 9, Description Implement and integrate into the Crisis Continuum of Care the Critical Time Intervention Team Service.

Goal 1, Objective 10: Title (Added for 2027 plan) Decrease recidivism for the Crisis Unit

Goal 1, Objective 10, Target Completion Date Jan 01, 2028

Goal 1, Objective 10, Description Develop a "living room" program to support persons who have repeated visits to the Crisis Unit and do not meet inpatient admission criteria.

Goal 1, Objective 11: Title (Added for 2027 plan) Crisis services for the IDD population

Goal 1, Objective 11, Target Completion Date Jun 01, 2028

Goal 1, Objective 11, Description Develop immediate response crisis consultation services for existing Crisis Units and

Mobile Crisis teams.

Goal 2

Goal 2: Title Expand access to a continuum of housing for specialty populations which are affordable, culturally inclusive, and safe; in order to support persons returning to the community from inpatient psychiatric settings, state prisons, OPWDD forensic settings, local jails, and those from the community in need of housing.

Goal 2: Target Completion Date Mar 31, 2028

Goal 2: Description Rensselaer County has several levels of housing to serve persons experiencing mental illness. (See the 2022 Annual Report - Adult Housing SPOA and Housing data summary) The level of housing with the most openings is that of Treatment Apartments. Persons referred to this level of housing often do not want to pay the program fee, and would prefer an apartment that will be long term, and not temporary. (There is a wait list however this is not a list of persons awaiting an apartment - this is a list of persons who are being outreached or in need of a back up housing option). Additionally, there are a few persons who, due to the level of volatility they present have been unsuccessful in residing in the least demanding level of housing - Housing First. Unfortunately there are no viable housing resources for these persons, who become street homeless and then access the shelter or remain on the streets for prolonged periods of time.

Persons residing in supportive housing have times when they are in need of additional in home services to assist in assuring medication is taken properly, ADLs are maintained and house keeping chores are achieved. The county identifies a need for service enhancements to support these needs.

In August 2023, a Men's 820 residence is scheduled to open. One barrier to housing is reported by local DSS, and OASAS residential providers, re: persons graduating from OASAS certified housing having extremely limited income to rent an apartment in a community which will support recovery. A rental subsidy is desired for this population to assure less vulnerability to relapse and promote recovery.

There has been little new development in expanding residential opportunities for persons OPWDD eligible. Requests for residential services are not fulfilled quickly and the LGU has no ability to know how many persons are waiting and for how long. LGU approval is frequently sought for closing apartment sites and re-opening at another address with no notable increase in capacity.

Frequently, landlords request criminal background checks of prospective tenants, which creates a barrier for persons with criminal history rule out, convictions tend to include: arson, sexual assaults, and violence, - hence there is a need to develop housing. for the forensic population. Criminal justice reforms appear to contribute to a higher volume of individuals with legal histories living in the community with limited housing options available to them.

(See Residential Indicators summary report attached for MH specialty housing utilization - Note there are errors in the reporting for one housing provider, supported housing is filled at a higher rate than indicated.)

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 Forensics

Goal 2, Objective 1: Title Develop additional Housing First settings.

Goal 2, Objective 1, Target Completion Date Dec 31, 2027

Goal 2, Objective 1, Description Low demand barrier free housing (a harm reduction housing option) is a significant need in the county as it is the most desired level of housing for those who are street homeless, and those who are not interested in entering recovery for addictions and/or do not maintain psychiatric medication compliance. There is one award winning Housing First model in the county, which rarely has vacancies due to the success of the program.

Goal 2, Objective 2: Title Home based care to provide care to assure compliance with all medications, household chores, and ADLs.

Goal 2, Objective 2, Target Completion Date Jun 30, 2026

Goal 2, Objective 2, Description Persons who do not want to reside in CR or Treatment Apartment settings, but are in need of additional supports in order to maintain health and wellness in a community setting need dedicated in home services in order to maintain recovery and sustain community tenure. These are persons with medication compliance concerns, are aging in place, or have cognitive limitations which disrupt the ability to care for self. Enhanced supportive housing models have the potential of offering these services.

Goal 2, Objective 3: Title Develop housing opportunities to provide treatment and support for persons with co-occurring addiction and/or Mental Illness/IDD.

Goal 2, Objective 3, Target Completion Date Jan 01, 2027

Goal 2, Objective 3, Description There is no housing in the county, other than HUD funded Housing First opportunities able to serve persons with high end (quadrant 4) co-occurring disorders. MH licensed housing does effectively serve persons with low to moderate level of addiction. OASAS certified housing does effectively serve persons with co-occurring low mental health needs. Note: HUD funding limits the population which can be admitted to the HUD funded options, there is little opportunity to be proactive given the narrow scope of HUD homeless definitions (prioritizing chronically homeless

individuals with 360+ days of homelessness).

Goal 2, Objective 4: Title Develop supported housing in the rural areas.

Goal 2, Objective 4, Target Completion Date Jun 30, 2026

Goal 2, Objective 4, Description Housing providers tend to develop residential opportunities in and around the City of Troy; this is generally due to the centrality of services located in the city limits.. However a good portion of the county residents reside in suburban or rural settings and do not want to move into the City of Troy to live. Additionally the second city in the county; City of Rensselaer, would also be a potential site for housing development.

Goal 2, Objective 5: Title Develop Housing dedicated to persons with criminal history.

Goal 2, Objective 5, Target Completion Date Jan 31, 2027

Goal 2, Objective 5, Description Persons with forensic histories tend to be ruled out from existing housing opportunities due to risk behaviors i.e. violence, sexual assault and arson.

Goal 2, Objective 6: Title Develop rental subsidy assistance for persons graduating from OASAS certified housing.

Goal 2, Objective 6, Target Completion Date Feb 01, 2024

Goal 2, Objective 6, Description Persons in recovery who successfully achieve recovery to graduate from OASAS licensed housing have difficulty in obtaining affordable housing in neighborhoods supportive of recovery and strong resources to positively impact social determinants of health. Public Assistance rental allowance is not sufficient for securing housing in recovery supportive areas. LGU will use Regional Abatement monies to pilot this service.

Goal 2, Objective 7: Title (Added 2025) Develop 10 supported housing opportunities for families with SED child

Goal 2, Objective 7, Target Completion Date 2027

Goal 2, Objective 7, Description

Goal 2, Objective 8: Title (Added 2025) Develop a minimum of one recovery (sober living community) housing opportunities

Goal 2, Objective 8, Target Completion Date 2027

Goal 2, Objective 8, Description

Goal 3

Goal 3: Title Expand outpatient treatment opportunities.

Goal 3: Target Completion Date Jan 01, 2028

Goal 3: Description Rensselaer County has three licensed MHOTRS programs located within the county: Samaritan Hospital; and county operated for adults and children and youth. When functioning at full capacity, these treatment services are able to meet most of the needs for Mental Health outpatient services in the county. The outpatient service located at Samaritan Hospital include MHOTRS and PROS. Both programs have several vacancies for medical staff and therapists. The MHOTRS program at Samaritan has had to displace several hundred patients from care due to the temporary reduction in census. (Current wait list of displaced persons = 786.) Recruitment efforts have met with minimal success for hiring new therapists.

Note: the County Vital Signs Dashboard Data illustrates the need for ongoing strategies to improve performance for Samaritan Outpatient Services, and a some indicators for the County operated MHOTRS programs. A full complement of workforce will need to be in place to accomplish this. (see Vital Signs Dashboard report)

The county operated MHOTRS programs are nearly fully staffed. The adult outpatient services have reached capacity in efforts to meet the needs of many persons unable to be served at Samaritan, these services have accepted transfers from Samaritan and high priority referrals from forensic settings, state PCs, and 939 inpatient discharges. The county operated forensic services located at the county correctional facility is now fully staffed. The children's outpatient services have operated with a wait list for many months. This clinic is nearly fully staffed and is working through the wait list. School satellite clinics are in operation and two additional school satellite operations will open in fall 2023.

Given the changes in Juvenile Justice there is an even greater need to provide MH services for children and youth of high acuity. The county Children's System of Care would benefit from a Youth Act Team. Referrals for RTF have increased and there are several youth who are recidivistic to the Crisis Unit and are receiving High Fidelity Wrap and some additional community supports as available.

Unity House Inc. has received award from NYS OMH to establish an ACT program which will serve Rensselaer and southern Saratoga counties. Staff recruitment has been challenging. Meetings with OMH have resulted in a temporary lower capacity to operate the program with a smaller staff while continuing the staff recruitment efforts. This program at full staffing is designed to serve 48 persons, reduced capacity will serve a maximum of 30. Unity House is also considering the possibility of opening a MHOTRS program in order to assure domestic violence survivors are able to obtain outpatient care. Unity House merged two years ago with Northeast Career Planning, and now operates the PROS program of Northeast in Albany County. This PROS is regional and serves Rensselaer County residents.

The recent reduction in Samaritan outpatient capacity has revealed the need to develop an IOP in the county for persons experiencing mental illness. Samaritan Hospital behavioral health leadership is now exploring the possibility of developing

this service in the context of re-booting the MHOTRS at Samaritan.

Article 32 OASAS providers in the county have also had staff retention and recruitment challenges. Hope House Inc. located in Troy has had only 1-2 clinicians on staff in recent months. Conifer Park Inc. has had periods of time when they were unable to recruit licensed clinicians. This has hindered the availability of timely care and has added implications of the inability to serve dual eligible clientele. NYS OASAS data demonstrate the limited capacity of in county outpatient treatment (see report Admissions to Programs by County). The data illustrates the number of persons obtaining treatment outside of the county much of which is due to the lack of services in county due to vacant counselor/therapist positions.

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

Goal 3: Need Addressed 1 Outpatient treatment

Goal 3: Need Addressed 2 Cross System Services

Goal 3: Need Addressed 3

Goal 3, Objective 1: Title Outpatient providers will continue to work in collaboration in an effort to serve as many clients as possible when workforce shortages diminish capacity.

Goal 3, Objective 1, Target Completion Date Jan 01, 2024

Goal 3, Objective 1, Description Workforce recruitment and retention remains a very serious situation in the Capital Region. Providers who have greater capacity than others will need to cover treatment needs for many of the high risk clients, when other providers are not able to do so. Ongoing communication with the LGU and between providers is essential to assure care is being provided.

Goal 3, Objective 2: Title Develop a Youth ACT team in Rensselaer County.

Goal 3, Objective 2, Target Completion Date Jan 01, 2026

Goal 3, Objective 2, Description Given the limited resources available in the community to support high acuity children and youth, a youth ACT team with the ability to serve a minimum of 20 children and youth with severe emotional disturbance is needed.

Goal 3, Objective 3: Title Develop an IOP to serve persons with co-occurring SPMI & SUD.

Goal 3, Objective 3, Target Completion Date Jun 30, 2025

Goal 3, Objective 3, Description Since the elimination of MH Day Treatment in the county via the transition to PROS, there is gap in the continuum of care for high acuity adults, who do not or are not able to define a life goal and are not viable candidates for PROS. An IOP embedded in an outpatient (MHOTRS) setting would aid in meeting this need.

Goal 3, Objective 4: Title Increase skill across the addiction and mental health outpatient settings in treating persons with co-occurring disorders.

Goal 3, Objective 4, Target Completion Date Dec 31, 2026

Goal 3, Objective 4, Description Overall there is a greater ability for MHOTRS programs to treat persons with co-occurring MI & Addiction; however this is not so for addiction treatment providers to provide care for persons with co-occurring mental illness. The LGU seeks to fund training initiatives for this workforce in evidence based practices to treat this population. Funding for this training will be from the Regional Abatement monies.

Goal 3, Objective 5: Title Develop SUD treatment opportunities for adolescents.

Goal 3, Objective 5, Target Completion Date Jan 01, 2026

Goal 3, Objective 5, Description An OASAS licensed outpatient provider located in the county had workforce trained in the treatment of adolescents with SUD. This has not been the case for several years. The community coalitions in the county and the staff of the MH outpatient clinic and Prevention program have reported great difficulty in obtaining this care. The development of this care can be funded via the Regional Abatement monies.

Goal 3, Objective 6: Title Improve Vital Signs Dashboard indicators for all MHOTRS in Rensselaer County.

Goal 3, Objective 6, Target Completion Date Jan 01, 2026

Goal 3, Objective 6, Description Strategize with all providers to increase equity and inclusion efforts. Determine what services need to be in place to achieve improved outcomes/indicators.

Goal 3, Objective 7: Title (Added 2026) Mental Health Court Navigation Team

Goal 3, Objective 7, Target Completion Date Jan 01, 2026

Goal 3, Objective 7, Description The Mh Court Navigation Team will be fully staffed and integrated as a support for defendants with mental health concerns in any Rensselaer County Court.

Goal 3, Objective 8: Title (Added for 2027 plan) Partial Hospital type program

Goal 3, Objective 8, Target Completion Date Jan 01, 2028

Goal 3, Objective 8, Description Develop a partial hospital type program to support high acuity adults with mental illness and/or co-occurring disorders.

Goal 3, Objective 9: Title (Added for 2027 plan) Psychiatric Services for the IDD population.

Goal 3, Objective 9, Target Completion Date Jun 01, 2027

Goal 3, Objective 9, Description Develop psychiatric services for the IDD population with clinical understanding of the population via training for psychiatrists or a consultation team to support psychiatrists serving the IDD population.

Goal 4

Goal 4: Title Expand the number of peer advocates in the behavioral health workforce serving county residents.

Goal 4: Target Completion Date Feb 01, 2025

Goal 4: Description Despite the change to MHOTRS in OMH outpatient care, no program has yet added a peer to the workforce. This is a priority for the county operated services, and will be initiated by early 2024. The county employees via OASAS state aid a Peer Engagement Specialist who serves the community a large focusing on persons in critical transitions of care. This peer, not being attached to an agency, has provided the much needed flexibility to go anywhere in the county to serve anyone at any stage of change re: addiction treatment and services. The community has long held the desire to increase the peer workforce to function in a similar manner.

Recent surveys and community meetings re: the priorities to be addressed with Regional Abatement monies is to increase peers who are able to serve anyone anywhere in the county.

Article 32 clinic providers have hired peers, however the retention is poor and the peers tend to serve only the population of the provider services - thus limiting peer access.

Project Safepoint, operated by Catholic Charities supports persons being released from the County Correctional Facility in obtaining services to support recovery.

The Rensselaer County Health Department continues to report increased numbers of heroin/fentanyl related overdose fatalities and reversals which speaks to the need for continued community education, individual support using Harm Reduction principles, and linkages to community services including substance abuse treatment/medication for opiate use disorders (MOUD). 2023 is trending to be the year of highest number of deaths due to overdose. - see report attached

Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? Yes

Goal 4: Need Addressed 1 Other

Goal 4: Need Addressed 2

Goal 4: Need Addressed 3

Goal 4, Objective 1: Title Establish peer advocates in the MHOTRS programs in the county.

Goal 4, Objective 1, Target Completion Date Jul 01, 2024

Goal 4, Objective 1, Description Peer Advocate positions have been created to be added to the workforce of the county operated MHOTRS programs. Recruitment efforts will be initiated to fill these positions. Samaritan Hospital's MHOTRS program had begun imagining this addition to the workforce, prior to receiving many staff resignations. Efforts for adding a peer advocate will need to be included in the retooling of the program.

Goal 4, Objective 2: Title Peer advocates to serve residents of the county regardless of disabling condition or provider involvement.

Goal 4, Objective 2, Target Completion Date Jan 01, 2025

Goal 4, Objective 2, Description The LGU currently has employed 1 peer advocate who is a CRPA, and serves those with addiction issues, and some persons with Co-occurring SPMI. This advocate is able to respond to anyone in the county in need of assistance especially those in transitions of care or in the ED due to Narcan reversal. In 2022, the RCDMH peer advocate served 480 individuals, with 93 referrals being made to substance abuse treatment programs and 190 referral to other community services. The CRPA also conducted 130 community educational presentations and provided 259 Narcan trainings/kits. This position has maximum flexibility and additional peers with the same flexibility are needed to respond to community needs. Support for family members of those struggling with addiction, via Family Navigators, has also been identified as a need in Renss County. These positions could be funded via Regional Abatement monies.

Goal 4, Objective 3: Title Increase the Parent Advocate and Youth Advocate workforce.

Goal 4, Objective 3, Target Completion Date Jan 01, 2027

Goal 4, Objective 3, Description There are vacancies Parent and Youth Advocate positions in the workforce of the Family Support services.

Goal 5

Goal 5: Title Promote emotional wellness for persons of all ages through Prevention approaches.

Goal 5: Target Completion Date Jan 01, 2028

Goal 5: Description Prevention efforts in the county have been focused upon the utilization of OASAS funding and contracts with local school districts to provide school based evidence based educational strategies for children and youth as well as community prevention. The goal is to increase protective factors and reduce risk factors related to substance abuse for youth, families, and the community at large, based on a Needs Assessment/data from the Prevention Needs Assessment which had been conducted at regular intervals. (see excerpt from the 2022 RCDMH Annual Report submitted to NYS OASAS).

During the 2022-23 school year, the RCDMH Prevention program provided 1350 evidenced based classroom presentations across 6 school districts (9 staff), from elementary aged through high school students. In addition to evidenced based programming, there were approximately 525 youth who received prevention related assessment and/or counseling, with over 2400 sessions conducted. There have also been efforts to launch community coalitions throughout the county to implement community prevention approaches, which have not been sustained. Currently the county is working to maintain existing levels of this type of service, as well as increase community prevention/environmental strategies work across the lifespan. This community prevention focus can be funded via the Regional Abatement monies. An increased focus on building prevention efforts for adults and the I/DD population are necessary.

Suicide Prevention is an additional prevention focus in the county. In 2023 the Suicide Prevention task force has focused on the reinvigoration of the Post-vention services and offered training and recruitment for the team. Additional training is scheduled for the fall of 2023 - "Traumatic Loss For the Behavioral Health Workforce". Members of the workforce are struggling with the loss of clients due to overdose or suicide, and other tragic circumstances. This is an effort to not only prevent suicide among the workforce but also aid in retaining existing workforce. There is ongoing efforts in providing Safe Talk trainings.

Goal 5: OASAS? Yes Goal 5: OMH? Yes Goal 5: OPWDD? Yes

Goal 5: Need Addressed 1 Cross System Services

Goal 5: Need Addressed 2 Adverse Childhood Experiences

Goal 5: Need Addressed 3 Prevention

Goal 5, Objective 1: Title Increase/solidify community coalitions in the county and expand environmental strategies for Prevention.

Goal 5, Objective 1, Target Completion Date Jan 01, 2026

Goal 5, Objective 1, Description There exists two county wide coalitions, Nopiates (Averill Park) and the Troy Drug Free Coalition (Troy); both coalitions are supported by RCDMH Prevention staff and much collaboration occurs. There is an increased need for community wide education around the risks of (underage) alcohol/drug use as well as fentanyl contamination in the local drug supply. PNA data indicates that Rensselaer County has higher than average risk factor scores on favorable community/parental attitudes toward drug/alcohol use. That, coupled with the legalization of adult use recreational cannabis, could lead to increased access to substances by youth and mixed messages. The number of opiate/fentanyl related deaths in Rensselaer County also continues to rise (YTD: deaths, pending toxicology). There is a need to promote overall wellness and promote healthier community norms across the lifespan.

Goal 5, Objective 2: Title Expand evidence-based prevention programming to schools, families, communities across the county and across the lifespan.

Goal 5, Objective 2, Target Completion Date Jul 01, 2026

Goal 5, Objective 2, Description The OASAS funded Prevention program is exploring additional EBP's to meet the needs of students and parents through school based prevention programming. Additional EBP curriculum has been purchased and Parenting education groups will be expanded in the community. PNA data indicates that Rensselaer County has higher than average risk factor scores in Family Management areas. Data also illustrates a substantial increase in alcohol/marijuana use between 8th and 12th grade, supporting the ongoing need for universal Prevention education in schools. Schools identify that vaping (marijuana and nicotine products) continues to be a major challenge and with a younger student population.

Goal 5, Objective 3: Title Expand prevention counseling and intervention services for at risk students and increase referrals to adolescent substance abuse treatment.

Goal 5, Objective 3, Target Completion Date Jul 01, 2026

Goal 5, Objective 3, Description Through increased collaborations with other community providers (i.e. Renss Co Probation, DSS), individual youth will have access to Teen Intervene (EBP), individual prevention counseling, and referral to formal substance abuse treatment. Local NYS OASAS OP treatment providers have been exploring ways to resume specialized adolescent/family treatment services which are lacking in the county at present. For the co-occurring population, cross training in areas of mental health and substance abuse will be offered so that integrated treatment is offered.

Goal 5, Objective 4: Title Suicide Prevention strategies will be increased in Rensselaer County.

Goal 5, Objective 4, Target Completion Date Jan 01, 2027

Goal 5, Objective 4, Description Post pandemic reinvigoration of the Suicide Prevention Task Force is underway. There are increased opportunities for Safe Talk trainings; relaunching the Post-vention team and a desire to resume Youth MH First Aid trainings.

Goal 5, Objective 5: Title Increase Youth MH First Aid training in the county.

Goal 5, Objective 5, Target Completion Date Jan 01, 2027

Goal 5, Objective 5, Description All certified YMHA trainers have left the county workforce. Develop new trainers and resume offering this training to providers in the C & Y SOC.

Goal 5, Objective 5: Title (Added for 2027 plan) Suicide Prevention

Goal 5, Objective 5, Target Completion Date Jul 01, 2027

Goal 5, Objective 5, Description Increase “gatekeeper” trainings offered in Rensselaer County.

2022 Annual Report-Adult Housing SPOA

The demand safe/affordable housing for individuals and families continues to outweigh the supply and remains a top priority of the Rensselaer County Local Services Plan. Of note is the increasing acuity/behavioral health needs of individuals living in the community in general.

The lack of stable housing has been identified as a social determinant that drives up Medicaid costs as well. With the focus of healthcare reform on reducing avoidable emergency room/inpatient hospitalizations, the development of a crisis residence is critical, in order to act as an ED/ hospital diversion and hospital step down resource. To this end, **in 2020 Unity House received capital funds for the development of a regional crisis residence in Troy, NY with an anticipated opening in 2023.**

As part of the NYS OMH system transformation and Medicaid reform, the focus continues to shift from highly regulated/staffed Congregate Care II settings to more integrated/ less costly Supported Housing settings. No new NYS OMH funding has been allocated to Rensselaer County since 2017, when 6 supported housing beds were awarded. It remains a challenge to fill the allocated 12 Long Stay Supported Housing beds that serve State PC discharges given the stringent criteria for admission and decreasing volume of CDPC admissions/discharges. The traditional Supported Housing model also lacks medication oversight for those transitioning from institutional settings to the community; no viable nursing services have been able to be sustained. Unity House Inc has been awarded several ESSHI projects with two projects offering dedicated units of supported housing to individuals with SMI. UH Phase 1 has been filled (15 SMI beds). The Second project, Hillside Views, filled all 26 SMI units throughout 2022.

Rensselaer County LGU continues to demonstrate commitment to resettling individuals with behavioral health conditions back to the community from the State Psychiatric Center/CDPC, hospital inpatient units, homeless shelters, adult homes, and forensic facilities. The LGU interfaces with the Rensselaer County Re-Entry Task Force to address the resettlement of individuals with serious mental illness from prison back to the community in a coordinated manner. The impact of bail reform legislation and continued community violence has led to an increased focus on (staff) safety for housing and care management providers.

In 2022, there were a total of **104 applications made to SPOA for OMH licensed/funded residential programs in Rensselaer County**, this includes OMH Supported Housing and ESSHI projects. This is an increase of 19 referrals as compared to 2021 data. NYS OMH continues to promote priority access to housing for adults under an AOT order and individuals being discharged from State Psychiatric Centers. The number of Rensselaer County AOT consumers continues to stay relatively static over time; currently 57 individuals are under an AOT order. Rensselaer County CDPC census as of 12/31/22 was 7 individuals (compared to 14 on 12/31/19, 6 on 12/31/21). Several State PC inpatients resettled back to Rensselaer during the pandemic and have remained integrated in the community with fairly intensive supports. The majority of the long stay individuals have other barriers to discharge such as complex medical needs warranting Nursing Home/Assisted Living placement or forensic/sex offender status which impacts community housing options (no dedicated Forensic beds awarded to Rensselaer County and CCII providers cite insurance liability exclusions for Level 2/3 offenders).

C& Y Mobile Crisis Data 2019-2022

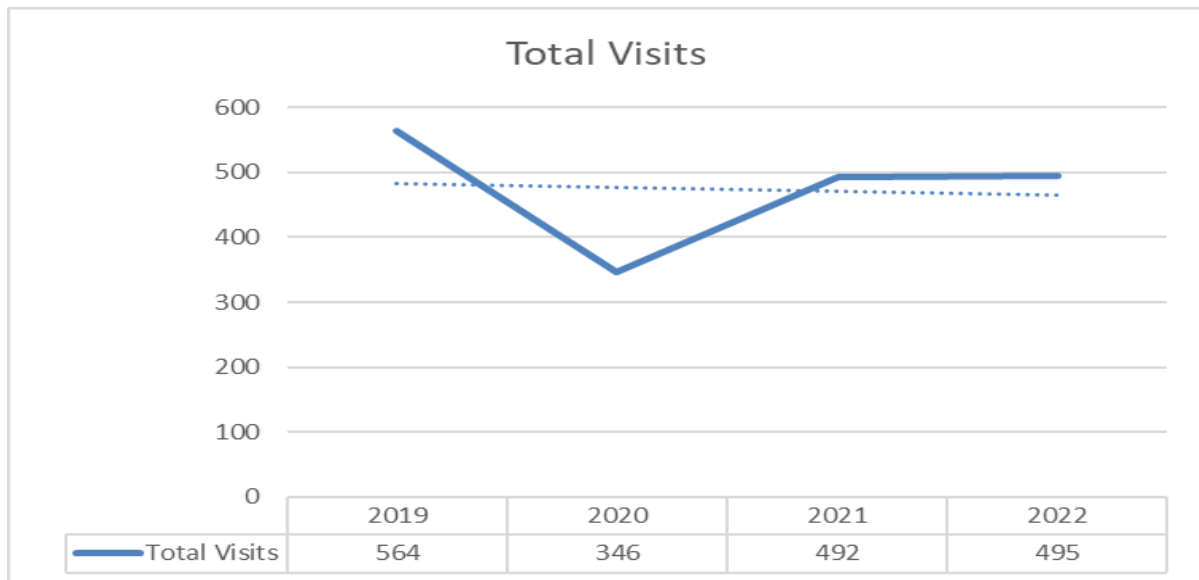
Quarter	Total Calls	Mobile Visits	Non Mobile Visits	
Q1 2023		167	61	106
Q4 2022		133	57	76
Q3 2022		93	44	49
Q2 2022		142	54	88
Q1 2022		127	66	61
Q4 2021		121	43	78
Q3 2021		107	40	67
Q2 2021		131	53	78
Q1 2021		133	70	63
Q4 2020		117	77	40
Q3 2020		61	23	38
Q2 2020		42	2	40
Q1 2020		126	95	31
Q4 2019		155	119	36
Q3 2019		114	101	13
Q2 2019		147	104	38
Q1 2019		153	110	43

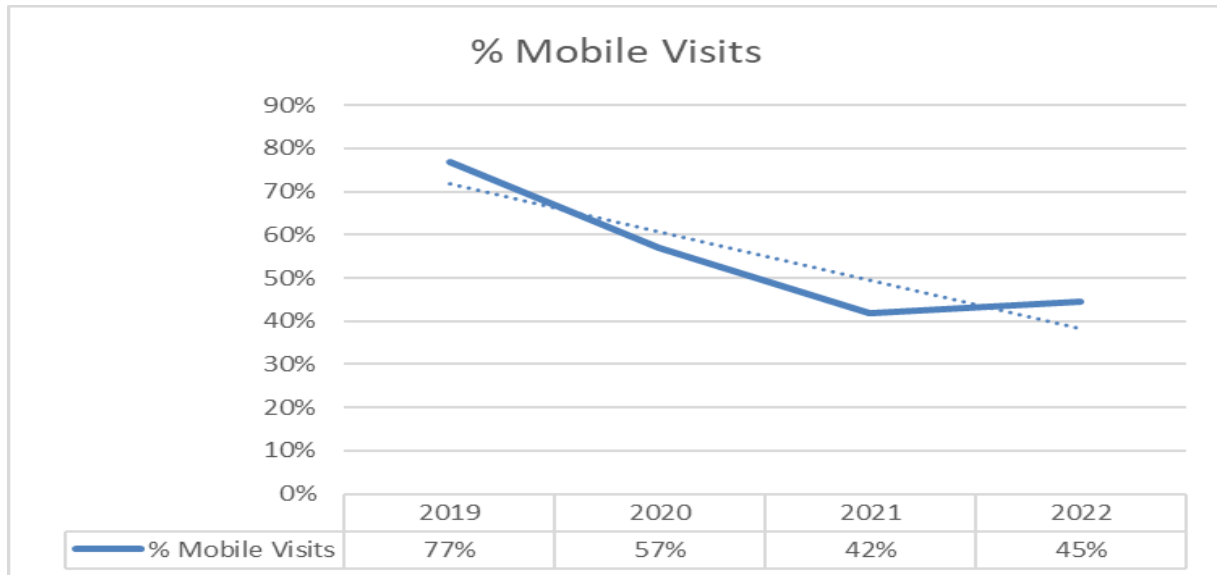
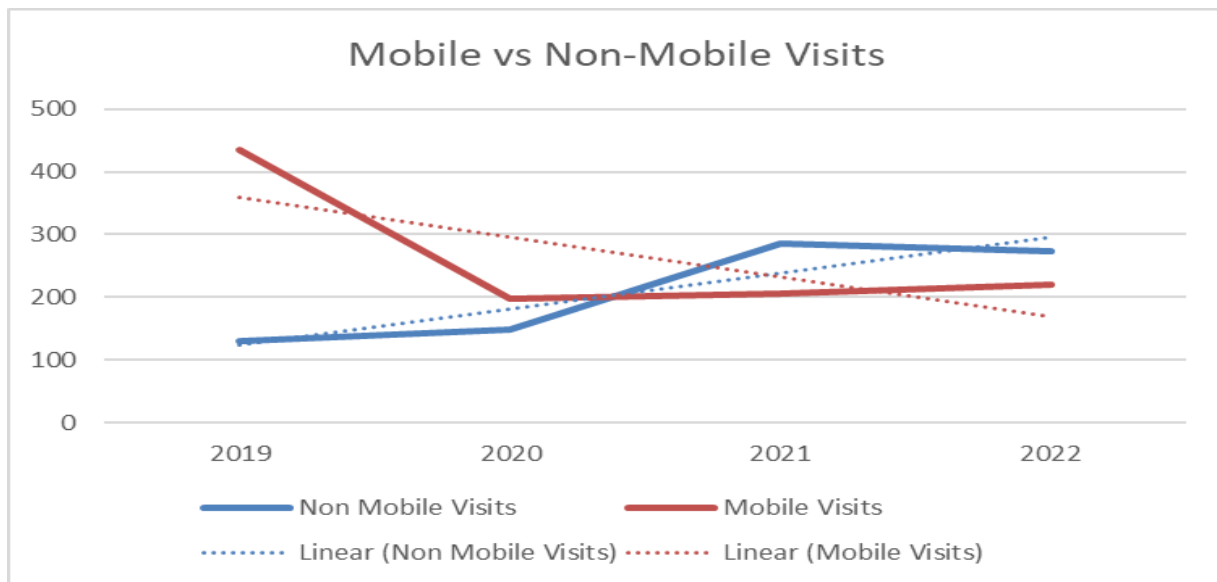
Child and Youth Mobile Crisis Outreach

While the total number of Child and Youth Mobile Crisis Outreach Visits over past four years was highest in 2019 and lowest, in 2020, the total number of visits was stable in 2021 and 2022. Within the number of total outreach visits, the number of non-mobile trended upward and the number of mobile visits trended downward. The percentage of mobile visits also trended steeply downward during the period, from 77% in 2019 to 45% in 2022.

See the following three graphs illustrating these trends.

Year	Non Mobile Visits	Mobile Visits	Total Visits	% Mobile
2019	130	434	564	77%
2020	149	197	346	57%
2021	286	206	492	42%
2022	274	221	495	45%
Grand Total	839	1058	1897	56%





Rensselaer County SOC – 2023 April YTD vs 2022

Samaritan Hospital Crisis Unit data

- Average monthly visits are 23% higher in 2023 than 2022 (105.7 vs 87.2)
 - By consecutive month in 2023: 112, 99, 110 and 102 in 4/2023
- The percentage visits by children/youth 12-17 are higher in 2023; they are also overrepresented in children with a chief complaint of suicide.
- Recidivism is up slightly for 12-17 and 18-21 and down for 22-25.

Average	2022	2023 YTD
Avg Monthly visits	87.2	105.7
Legal Sex		
% female	55%	53%
% male	44%	46%
% "other"	1%	1%
Age		
11 & under	5%	5%
12-17	34%	41%
18-21	36%	31%
22-25	25%	23%
Ages for Chief Complaint Suicide		
11 & under	3%	3%
12-17	35%	45%
18-21	41%	30%
22-25	21%	22%
Ages for With Previous Discharge		
11 & under - (small numbers)	56%	45%
12-17	55%	58%
18-21	63%	67%
22-25	74%	64%
Arrive by		
Ambulance	35%	38%
Car	29%	24%
Police	31%	31%
Other	5%	7%
LOS		
< 1 day	85%	82%
1-< 3 days	12%	14%
3+ days	3%	4%
Total Visits	1,046	423

Death Due to Overdose

(Data from Rensselaer Co Health Dept.)

Year	Number of deaths
2023 thru 7/27/23	32 + 16 suspected
2022 Jan thru Sept	43 +1 suspected
2021	58
2020	56
2019	34
2018	19
2017	26
2016	27
2015	26

Prevention Goal

Excerpt from the RCDMH Annual Report to NYS OASAS:

Monitoring the Future data

<https://nida.nih.gov/research-topics/trends-statistics/infographics/monitoring-future-2021-survey-results>

Monitoring the Future is an annual survey of self-reported drug use by eighth, 10th and 12th grade students conducted by researchers at the University of Michigan, Ann Arbor, as funded by the National Institute on Drug Abuse.

From February through June 2021, 32,260 surveys from students enrolled across 319 public and private schools in the United States were collected.

Surprisingly, a positive trend emerged. “The percentage of adolescents reporting substance use decreased significantly in 2021, representing the largest one-year decrease in overall illicit drug use reported since the survey began in 1975.”

Last 12 Months											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
8 th Grade	14.7%	13.4%	15.2%	14.6%	14.8%	12.0%	12.9%	13.4%	14.8%	15.6%	10.2%
10 th Grade	31.1%	30.1%	32.1%	29.9%	27.9%	26.8%	27.8%	29.9%	31.0%	30.4%	18.7%
12 th Grade	40%	39.7%	40.1%	38.7%	38.6%	38.3%	39.9%	38.8%	38.0%	36.8%	32.0%

This statistic could support that Prevention efforts in the United States are working to reduce adolescent substance abuse and gives rationale for the continuation of strong Prevention efforts through the RCDMH Prevention program in Rensselaer County.

However, another concerning trend regarding (adult) overdose fatalities in Rensselaer County is emerging that impacts communities across the county and youth/families. Data from the Rensselaer County Health Department indicates a continued upward trend in the number of opiate related deaths due to overdose since 2020, as compared to previous years.

Losses have occurred across the county, impacting some school aged children in districts served by Prevention staff. The level of community violence has also escalated in urban areas of Rensselaer County, with one young student and several young adult graduates of Lansingburgh fatally shot in recent years.

There are three active coalitions within the County to address the opiate epidemic and overall substance abuse challenges from a grass roots perspective:

1. Nopiates (Averill Park coalition)-resuming events and meetings in person, especially utilizing outdoor space and promoting healthy leisure time/socialization experiences, Narcan access, and education regarding fentanyl contamination in the local drug supply

2. The Troy Drug Free Community Coalition (Troy)-holding virtual meetings and resuming outdoor events/activities, targeting young adult (16-24-year-old) prevention through education and mentoring (the Dream Team)
3. The Heroin Coalition (chaired by the Rensselaer County Health Department and Sheriff's Department). Resumed face to face meetings in 2022 and continuing the successful Naloxone Now initiative (facilitating countywide contact-less delivery of Narcan and virtual Narcan training), assisted in implementation by RCDMH Peer Engagement Specialist. In 2021, the RCDMH Peer provided 208 individual Narcan trainings/kits alone.

Rensselaer County has experienced difficulty resuming comprehensive Needs Assessment data collection since the pandemic. The Bach Harrison Prevention Needs Assessment (PNA) had been given bi-annually to schools across Rensselaer County since 2000. The PNA was scheduled to be given in March 2020 but the COVID 19 State of Emergency and sudden school closures interfered with its administration. The Youth Development Survey (YDS) was postponed several times but offered to districts in Spring 2022; RCDMH encouraged all districts to participate, yet turnout was low. There seems to be competing demands for school districts and more focus on academic recovery, with less time on surveying, despite the information this would yield. The PNA does come in an online survey format which RCDMH plans to explore. RCDMH looks forward to collaborating with NYS OASAS and other Prevention providers to brainstorm future options around comprehensive and universal data collection so that the data can be compared across programs.

Therefore, data is based on the last administration of the PNA in March 2018 and 2017 Monitoring the Future Statistics. At that time, it was offered to 3,133 students in grade 6, 8, 10 and 12 in Rensselaer County. The PNA is designed to assess student involvement in a specific set of problem behaviors and exposure to risk and protective factors. The results help guide the planning of services for schools, communities, and groups to make the best use of available resources.

A number of risk factors, characteristics of school, community, and family environments, as well as characteristics of students and their peer groups are known to predict increased likelihood of drug use. In Rensselaer County, the 2018 PNA results indicated Risk was above the Bach Harrison Norm in areas of;

- Perceived Risk of Drug Use
- Laws and Norms Favor Drug Use
- Family conflict and poor family management
- Parent attitudes favor drug use
- Academic failure/Low Commitment to School

Protective factors, or those that are a positive influence or buffer against the negative influence of risk, reduce the likelihood that youth will engage in problem behaviors. The 2018 PNA results indicated Protection to be lower than the Bach Harrison norm in:

- Rewards for pro social involvement in the community, within the family, and in peer domain
- Interaction with pro-social peers

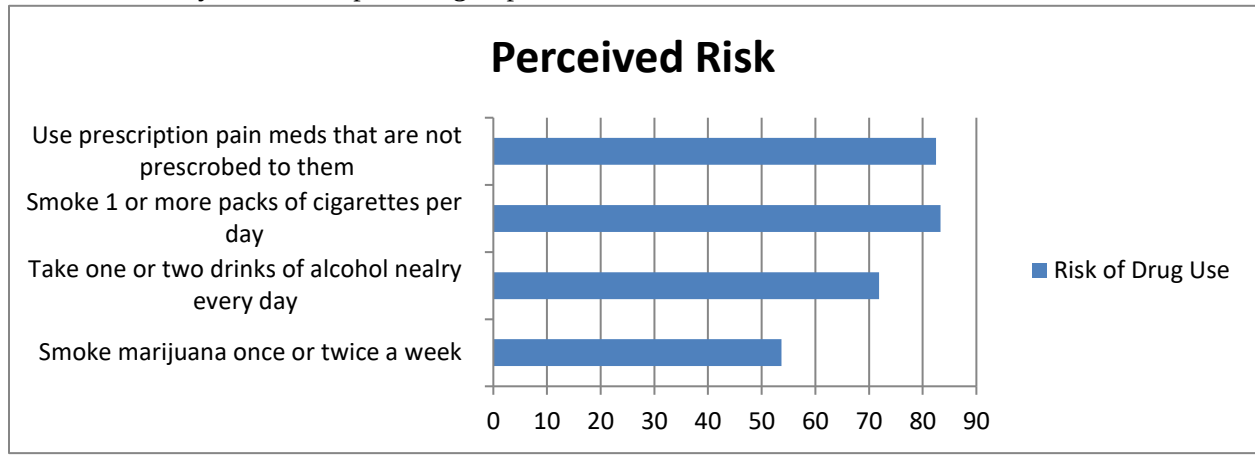
Alcohol and Marijuana still continue to be a concern among Rensselaer County youth. Consumption data shows that students report an increase in Alcohol use between 6th and 8th grade, tripling from 3.1% in 6th grade to 9% in the 8th grade. This is also higher than the Monitoring the Future survey results at 8% for 8th grade use. Marijuana use among the 8th grade increases from 3.6% to 19.6% in the 10th grade with the 10th grade being higher than the Monitoring the Future survey results of 15.7% in 2017. Total E-Cigarette use was 15.5% compared to the Monitoring the Future 2017 survey results 12%.

The perception of drug use among peers continues to demonstrate that students significantly overestimate the use of their peers. Students reported perceiving that 67% of their peers use alcohol when the actual total usage reported among all students was 18%. In addition, students perceived that 62% of their peers use marijuana when actually 11% report use. Perceived Peer drug use remains to be one of the strongest predictors of substance use. This overestimation is the basis for social media platforms such as Join the Crowd, which aims to change perceptions by focusing on the percentage of peers that do not use (i.e. 82% of Rensselaer County peers do not drink alcohol and 89% do not use marijuana).

Another factor that influences whether youth will use tobacco, alcohol, marijuana and other illicit drugs is the extent to which they believe the substance might cause them harm. The PNA results showed that Rensselaer County youth tend to underestimate the risk of harm. Per the chart below, the majority of students rated the risk of non-prescribed pain meds and smoking 1+ packs of cigarettes daily as fairly high risk. In contrast, the risks of two alcoholic drinks daily and marijuana smoking once/twice weekly was perceived as lower risk (see chart below). The theory is that the perceived risk of taking a drug is tied to usage rates, because knowledge of the potential dangers of drugs should make people less likely to try them. The findings show that fewer teens believe abusing alcohol and marijuana is bad for their health. This belief is contributing to higher rates of abuse of these drugs. This is the foundation for Evidenced Based Prevention programming in Middle/High Schools across the county as well as non EBP education around vaping, fentanyl contamination of substances, and synthetic cannabis derivatives. Providing accurate information regarding the risks associated with alcohol, marijuana, tobacco, opiates, and other drugs is a main goal of Prevention staff. Prevention goals aim to decrease risk factors that lead to ATOD use and change social norms perception around substance use and harm. An added challenge is the legalization of recreational use cannabis for adults over age 21 and misperceptions around legalization in general.

In addition, the Prevention program sought to build Protective factors through EBP education to youth in schools, community coalition work/environmental strategy implementation, and Parenting programs.

Perceived risk by students in percentages, per 2018 PNA:



Rensselaer County Housing Data 5.18.2023

The data below is from two sources:

- The HUD required homeless “Point in Time Count”
 - Nationwide, each homeless continuum of care counts the number of homeless individuals and families on the same day annually
 - Data used for trending is 2020, 2021 and 2022
 - [Caresny.org/continuum-of-care/reports/#512_RCHSC](https://caresny.org/continuum-of-care/reports/#512_RCHSC)
- The New York State Office of Mental Health Residential Indicators (RPI) report
 - The Residential Program Indicators (RPI) report presents data from the Child and Adult Integrated Reporting System (CAIRS).
 - The data provided in the RPI report reflects the accuracy of information provided by the agencies for each admission and discharge
 - This report only includes programs under the auspices of OMH
 - <https://my.omh.ny.gov/analytics/saw.dll?dashboard#reports>

Point in Time Homeless Count

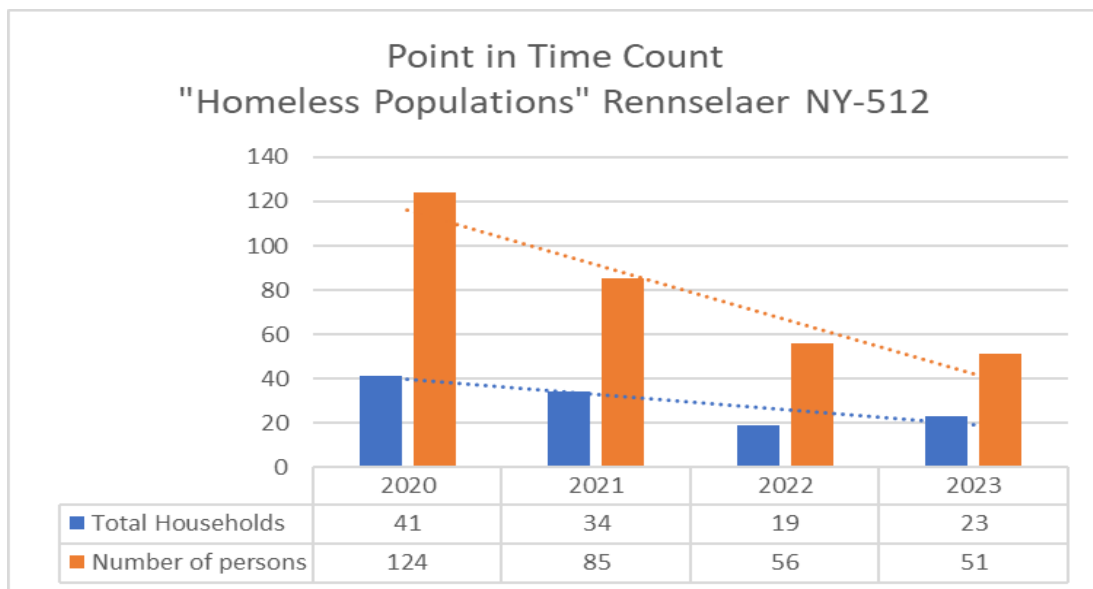
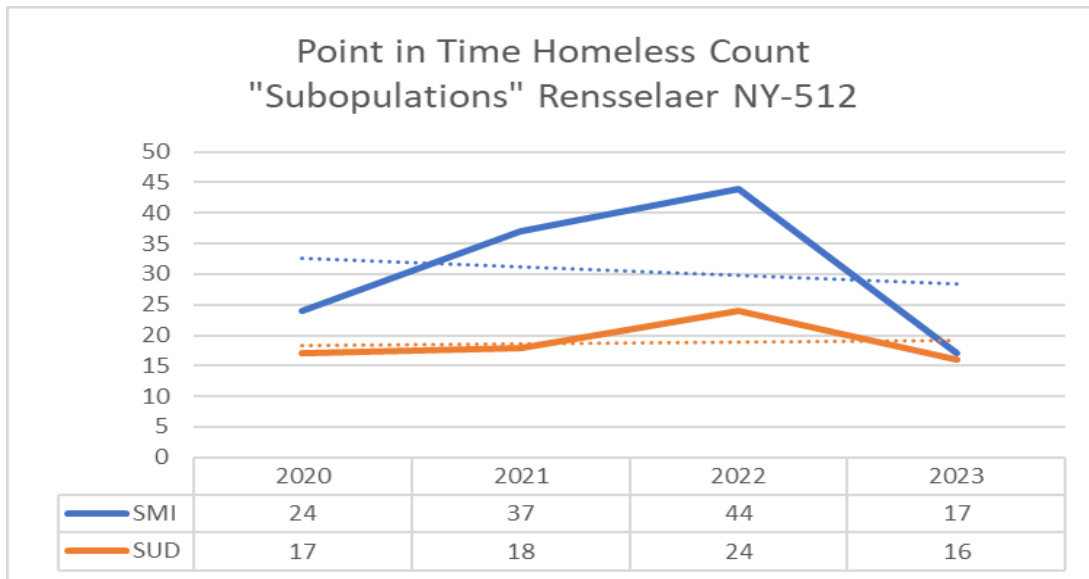
- The number of homeless people with SMI and with SUD increased steadily from 2020 through 2022 but decreased sharply in 2023 to approximately the same level as in 2020.
- At the same time, the number of total homeless families decreased from 41 to 23 and the number of homeless individuals decreased from 124 to 51.
- This report demonstrates increased continued progress addressing homelessness in general and a shift in addressing homelessness for individuals with behavioral health conditions in the past year.
- Recommend monitoring the stability of the decrease in homelessness for individuals with behavioral health conditions as this decrease could represent a trend, a change in data collection or some other anomaly.

Residential Indicators Report

- While several levels of care and/or programs are operating at capacity, several are not
- The programs operating under 85% capacity, per this report, are indicated in **red** in the attached report.
- This report demonstrates the need to
 - correct data that is incorrectly reported and/or
 - improve access to programs that are not operating at capacity and/or
 - discuss opportunities to better use housing resources.

Reports are on the following pages.

Point in Time Reports



OMH Residential Indicators Report

Residential Program Indicators - County Reports

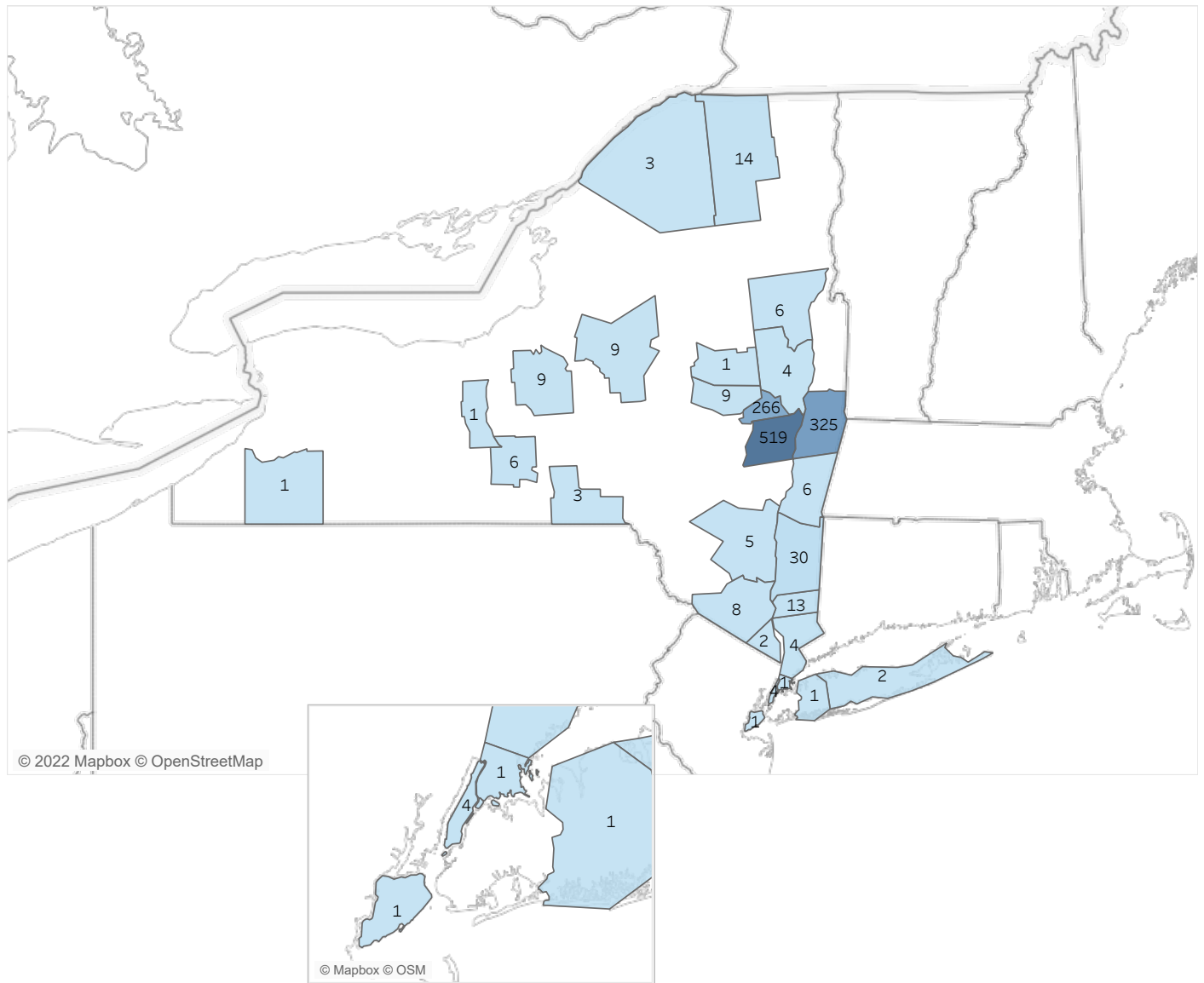
County: Rensselaer, for the period from 05/01/2022 to 04/30/2023 for All Units

Program Type	Program Subtype	Facility	Unit	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years
Apartment/Treatment				86	87.9%	1,434	76.3%
Apartment/Treatment	Voluntary Apartment			86	87.9%	1,434	76.3%
	Voluntary Apartment	Unity House of Troy, Inc.		86	87.9%	1,434	76.3%
		Unity House of Troy, Inc.	Unity House Transitional Apartment Services	86	87.9%	1,434	76.3%
Congregate/Treatment				28	99.1%	1,042	60.7%
Congregate/Treatment	Voluntary Non-Specialty Congregate			28	99.1%	1,042	60.7%
	Voluntary Non-Specialty Congregate	Unity House of Troy, Inc.		28	99.1%	1,042	60.7%
		Unity House of Troy, Inc.	Sixth Avenue Residence	8	97.6%	1,028	62.5%
			Unity House Eighth Street Residence	12	99.6%	754	50.0%
			Unity House Fourteenth Street Residence	8	100.0%	1,624	75.0%
Supported Housing Community Services				135	85.3%	2,276	86.2%
Supported Housing Community Services	Supported Housing			135	85.3%	2,276	86.2%
	Supported Housing	Joseph's House and Shelter, Inc.		34	76.5%	3,130	100.0%
		Joseph's House and Shelter, Inc.	Joseph's House SH/Rensselaer County PC Long Stay - Comm Svcs	1	100.0%	1,474	100.0%
			Joseph's House Supported Housing (Renss Cty) - Comm. Svcs	24	100.0%	3,130	100.0%
			Joseph's House Supported Housing/The Hill Street Inn	9	11.1%	3,246	100.0%
		Rehabilitation Support Services, Inc.		7	71.6%	1,334	83.3%
		Rehabilitation Support Services, Inc.	RSS Supp Housing/STP Rensselaer Cty - Comm Svcs	7	71.6%	1,334	83.3%
		Unity House of Troy, Inc.		87	88.6%	2,082	80.5%
		Unity House of Troy, Inc.	UH of Troy SH/Transformation SH Rensselaer - Comm Svcs	10	90.0%	1,550	88.9%
			Unity House Supported Housing/Rensselaer Cnty - Comm. Svcs	56	0.957	2902.5	0.796
			Unity House Troy SH/MRT SH Rensselaer Cty - Comm Svcs	10	0.928	2261	0.667
			Unity House Troy SH/Renn County PC Long Stay Comm. Svcs	11	47.4%	2,082	100.0%
		YWCA Greater Capital Region		7	100.0%	1,994	100.0%
		YWCA Greater Capital Region	YWCA of the Greater Capital Region Sup. Housing/Co-Comm.Svcs	7	100.0%	1,994	100.0%
		Supportive Single Room Occupancy (SP-SRO)				41	0.0%
Supportive Single Room Occupancy (SP-SRO)	Supported Housing			41	0.0%	0	0.0%
	Supported Housing	Unity House of Troy, Inc.		41	0.0%	0	0.0%
		Unity House of Troy, Inc.	Hillside Views	26	0.0%	0	0.0%
			Unity Phase 1	15	0.0%	0	0.0%

Admissions of Rensselaer County Residents to Treatment Programs by Program County & Program Type in Calendar Year 2021

Program County	Crisis Services	Inpatient Treatment Services	Opioid Treatment	Outpatient Services	Residential Services	Grand Total
Grand Total	330 (100.0%)	289 (100.0%)	80 (100.0%)	441 (100.0%)	113 (100.0%)	1,253 (100.0%)
Albany	225 (68.2%)	57 (19.7%)	42 (52.5%)	158 (35.8%)	37 (32.7%)	519 (41.4%)
Rensselaer		77 (26.6%)	8 (10.0%)	202 (45.8%)	38 (33.6%)	325 (25.9%)
Schenectady	83 (25.2%)	90 (31.1%)	24 (30.0%)	57 (12.9%)	12 (10.6%)	266 (21.2%)
Dutchess	8 (2.4%)	19 (6.6%)		1 (0.2%)	2 (1.8%)	30 (2.4%)
Franklin		12 (4.2%)			2 (1.8%)	14 (1.1%)
Putnam	3 (0.9%)	7 (2.4%)		3 (0.7%)		13 (1.0%)
Onondaga	1 (0.3%)	4 (1.4%)	1 (1.3%)	1 (0.2%)	2 (1.8%)	9 (0.7%)
Oneida		8 (2.8%)			1 (0.9%)	9 (0.7%)
Montgomery		2 (0.7%)	5 (6.3%)		2 (1.8%)	9 (0.7%)
Orange	4 (1.2%)	4 (1.4%)				8 (0.6%)
Warren				3 (0.7%)	3 (2.7%)	6 (0.5%)
Tompkins				5 (1.1%)	1 (0.9%)	6 (0.5%)
Columbia				5 (1.1%)	1 (0.9%)	6 (0.5%)
Ulster		1 (0.3%)			4 (3.5%)	5 (0.4%)
Westchester		2 (0.7%)		2 (0.5%)		4 (0.3%)
Saratoga				1 (0.2%)	3 (2.7%)	4 (0.3%)
New York	2 (0.6%)			2 (0.5%)		4 (0.3%)
Saint Lawrence		2 (0.7%)			1 (0.9%)	3 (0.2%)
Broome	2 (0.6%)	1 (0.3%)				3 (0.2%)
Suffolk				1 (0.2%)	1 (0.9%)	2 (0.2%)
Rockland	1 (0.3%)	1 (0.3%)				2 (0.2%)
Seneca		1 (0.3%)				1 (0.1%)
Richmond		1 (0.3%)				1 (0.1%)
Nassau					1 (0.9%)	1 (0.1%)
Fulton					1 (0.9%)	1 (0.1%)
Cattaraugus					1 (0.9%)	1 (0.1%)
Bronx	1 (0.3%)					1 (0.1%)

This report shows which counties and program types Rensselaer residents were admitted to in Calendar year 2021. Data is from the OASAS Client Data System as of September 2022.

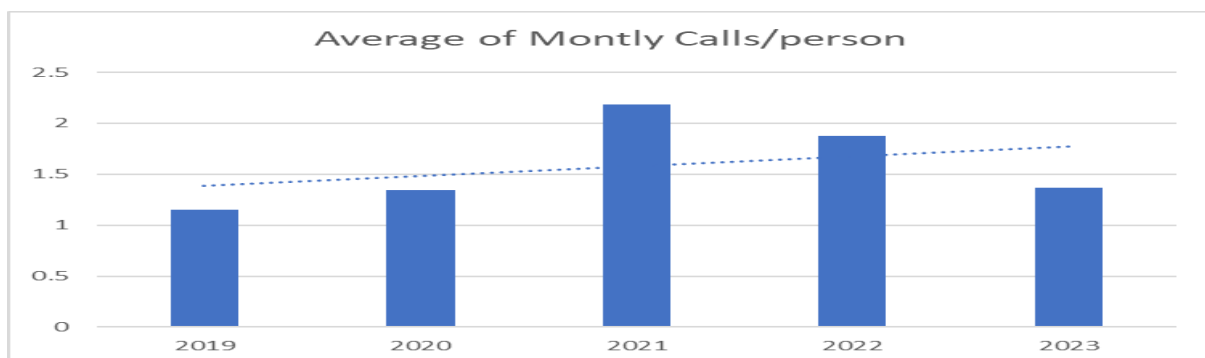
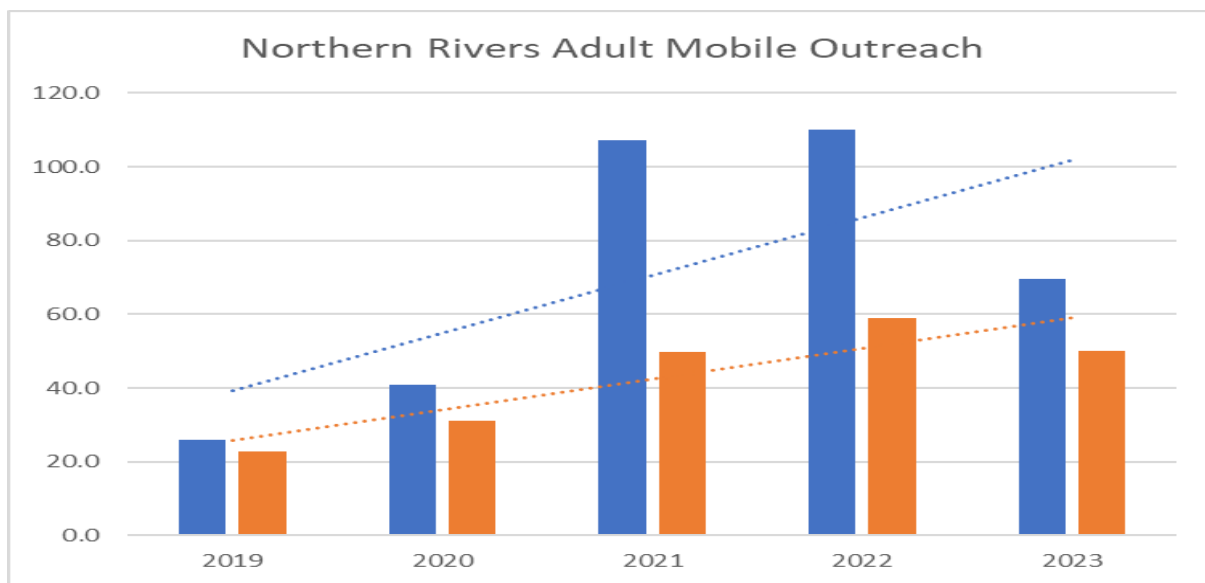
Admissions for Residents of Rensselaer County in Calendar Year 2021

This map shows which counties Rensselaer residents were admitted to in Calendar year 2021. Data is from the OASAS Client Data System as of September 2022.

Northern Rivers Adult Mobile Outreach

The average number of monthly calls and the average number of persons served per month by the Northern Rivers Adult Mobile program has increased between 2019 and 2023. While the average monthly calls/person trended up over the period, that could partly reflect a high number of calls per person in 2021. Note 2023 was only January and February.

Year	Average Monthly Calls	Average of Monthly Individuals Served	Average of Montly Calls/person
2019	25.8	22.7	1.15
2020	40.92	31.00	1.34
2021	107.17	49.75	2.18
2022	110.00	59.08	1.87
2023	69.50	50.00	1.37
Average	85.16	46.79	1.78



Rensselaer County
OMH Vital Signs Dashboard – April 2023

Background

The OMH Vital Signs Dashboard (VSD) uses New York State Medicaid data to present the public mental health system's performance in the domains of access, quality and treatment outcomes. All metrics are stratified by race/ethnicity: White, Black, Hispanic, Asian/Pacific Islander, Native American, Multiracial, Unknown. Race/ethnicity categories are mutually exclusive.

Data is reported for adults and for children/youth. The "Full Mental Health Population" represents the mental health population served by all providers. When there is adequate data, the following reports display data for Rensselaer County as a whole and for individual providers. For race/ethnicity data, there is not adequate data to report on individual providers and when the numerator is less than 25.

https://mypublicdashboard.ny.gov/t/OMH/views/OMHVitalSignsDashboardVSD/VSDHome-Adult?:showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link

Data and observations follow with a focus on behavioral health indicators.

Adult Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

	Statewide	Rensselaer County	Rensselaer MH	Samaritan	Unity House- Troy
Access					
Received HH+ when eligible	32%	38%	57%	41%	84%
Treatment					
Adherence to antipsychotic	63%	58%	67%	55%	82%
Antidepressant – acute	52%	46%	73%	47%	-
Antidepressant - continuation	36%	28%	54%	30%	-
30 day readmission	14%	14%	15%	20%	-
Quality					
7 day Follow up MH hosp.	55%	42%	61%	43%	63%
30 day Follow up MH hosp.	70%	60%	84%	61%	81%
7 day Follow up MH ED	73%	24%	50%	43%	
30 day Follow up MH ED	81%	31%	83%	57%	100%

Rensselaer County is:

- better than the statewide average performance in access to Health Home Plus and quality in follow up after mental health hospitalization
- worse than the statewide average in treatment measures and follow up after ER.

Samaritan Hospital is worse than the statewide average performance in all measures except access to Health Home screening.

Rensselaer County Mental Health is better than the statewide average performance in all measures except for 7 day follow up to MH ER and is very close regarding readmission. Unity House of Troy is better than the statewide average for all measures that have an adequate number of participants to report.

Child Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

	Statewide	Rensselaer County	Rensselaer MH	Samaritan
Access				
Use of 1st line psychocial care for children/youth on antipsychotics	77%	35%	86%	-
Treatment				
30 day readmission MH	9%	6%	8%	-
Quality				
7 day Follow up MH hosp.	73%	71%	72%	-
30 day Follow up MH hosp.	88%	95%	98%	-
Follow up ADHD Med initiation	60%	42%	65%	36%
Follow up ADHD Medcontinue	71%	46%	67%	-
7 day Follow up MH ED	77%	32%	63%	-
30 day Follow up MH ED	88%	41%	84%	-

Rensselaer County is:

- better than the statewide average performance in 30-day readmission and 30-day follow-up to MH Hospitalization.
- worse than the statewide average the rest of the measures but is close to the statewide average in 7 day follow up to MH hospitalization.

Rensselaer County Mental Health is additionally better than the statewide average in use of 1st line psychosocial care for children/youth on antipsychotics and follow-up on ADHD medication initiation. However, the other measures are below the state average.

There was only adequate data to report on one measure for Samaritan Hospital.

Disparities

The ability to review race/ethnicity performance is limited by small number of some races/ethnicities for several performance measures. Because small numbers are suppressed, the disparity in numbers doesn't always total. This is particularly evident with the child data where, for example, the total readmission rate is 6% and the only race ethnicity displayed White with a readmission rate of 12%.

Disparities are discussed and highlighted in the tables following the narrative in comparison to measures for the county as a whole.

For adults, the measures for people identified as White are generally better than other race/ethnicities, highlighting racial disparities in service access, delivery and quality. The measures for individuals identifying as Hispanic, Native American and Asian is better in some categories. Measures for individuals identifying as Black are only better than the Rensselaer County average in 7 day follow up after Mental Health hospitalization.

For children/youth, the measures for those identified as white are better than other race/ethnicities for all measures except for follow up after hospitalization 7 day and readmission rate. Interestingly, all racial categories exceed the county average for first line psychosocial care. In contrast to adults, measures for Black children are better than the county average in categories such as follow up to hospitalization 7 day and 30 days.

Charts showing the disparity measure for adults and children are on the following pages.

Rensselaer County Adult Full Mental Health Population - Racial Disparities		
Measure	Disparity Category	Performance
Adherence to AP (Schizophrenia)	Total	58%
	Asian/PI	71%
	Black	56%
	Hispanic	59%
	Multiracial	44%
	White	63%
Antidepressant – Acute Phase	Total	46%
	Asian/PI	42%
	Black	34%
	Hispanic	39%
	Multiracial	46%
	Native American	52%
	White	51%
	Unknown	39%
Antidepressant – Continuation Phase	Total	28%
	Asian/PI	25%
	Black	18%
	Hispanic	22%
	Multiracial	28%
	Native American	29%
	White	32%
	Unknown	23%
Follow-up MH ED 7 Day	Total	24%
	Black	25%

	Hispanic	19%
	Multiracial	12%
	White	35%
Follow-up MH ED 30 Day	Total	31%
	Black	30%
	Hispanic	32%
	Multiracial	17%
	White	44%
Follow-up MH Hospitalization 7 Day	Total	42%
	Black	39%
	Hispanic	41%
	Multiracial	27%
	White	50%
Follow-up MH Hospitalization 30 Day	Unknown	58%
	Total	60%
	Black	54%
	Hispanic	63%
	Multiracial	50%
HH+ Service Received	White	66%
	Unknown	63%
	Total	38%
	Asian/PI	0%
	Black	43%
Readmission 30 Day (Lower % is better)	Hispanic	31%
	Multiracial	17%
	White	43%
	Total	14%
	Asian/PI	0%
	Black	15%
	Hispanic	21%
	Multiracial	13%
	White	14%

Rensselaer County Child Full Mental Health Population - Racial Disparities		
Measure	Disparity Category	Performance
First-Line Psychosocial Care	Total	35%
	Black	43%
	Multiracial	37%
	White	40%

Follow-up ADHD Medication, Continuation	Total	46%
	Black	35%
	Hispanic	39%
	Multiracial	46%
	White	51%
Follow-up ADHD Medication, Initiation	Total	42%
	Asian/PI	42%
	Black	33%
	Hispanic	44%
	Multiracial	39%
	Unknown	48%
	White	45%
Follow-up MH ED 7 Day	Total	32%
	White	50%
Follow-up MH ED 30 Day	Total	41%
	Black	35%
	Multiracial	22%
	White	63%
Follow-up MH Hospitalization 7 Day	Total	71%
	Black	100%
	Multiracial	79%
	White	64%
Follow-up MH Hospitalization 30 Day	Total	95%
	Black	100%
	Multiracial	93%
	White	97%
Readmission 30 Day (Lower % is better)	Total	6%
	Black	0%
	Hispanic	0%
	Multiracial	0%
	White	12%

Rensselaer County Substance Use Disorder (SUD) Treatment for Rensselaer County Residents

A total of 1,253 Rensselaer County residents received SUD treatment in 2021 and Rensselaer County providers served 712 individuals in the same year. However, there is a gap between residents receiving treatment and treatment availability in Rensselaer County.

- % residents served in-county 26%
- % residents served out-of-county 74%
- % services by in-county providers for residents 46%

While Rensselaer County residents are served out of county across all levels of care, the 2021 gap is greatest for Crisis admissions.

	Calendar Year 2021				
	Rensco Provider Admissions	Residents Served in Rensco	Rensco County of Residence	Rensco out of County	Out of county Provider Admissions
Crisis			330	330	
Inpatient	316	77	289	212	239
Opioid Treatment Program	25	8	80	72	17
Outpatient	294	202	441	239	92
Residential	77	38	113	75	39
Grand Total	712	325	1253	928	387

Note that 2021 is the most recent year available for this data.

<https://data.ny.gov/Human-Services/Substance-Use-Disorder-Treatment-Program-Admission/nqbt-9rwf>

SUD Treatment County for Rensselaer County Residents

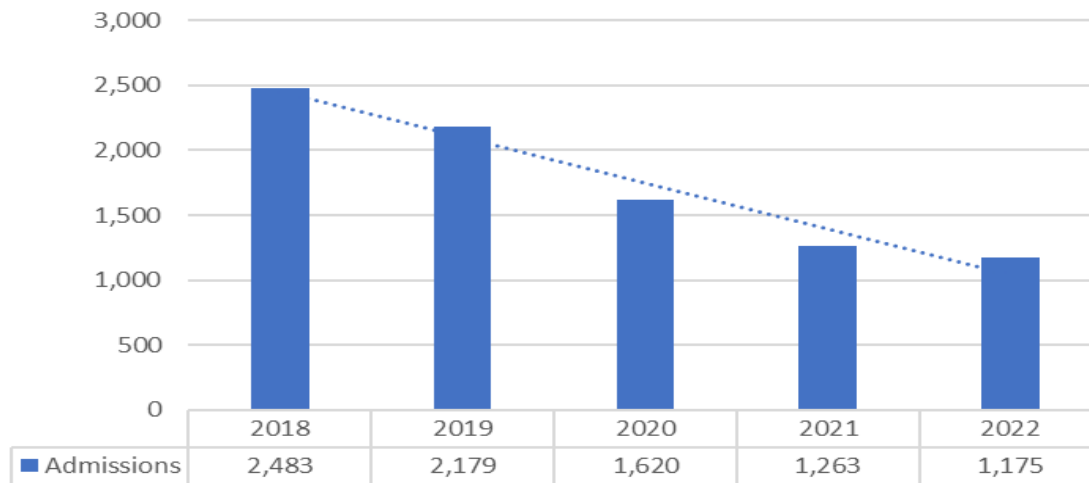
OASAS provided each county with an analysis of where county residents received treatment. This report shows the total number of admissions for 2018 – 2022, plus detail on the program type services provided in each county.

Note the following observations:

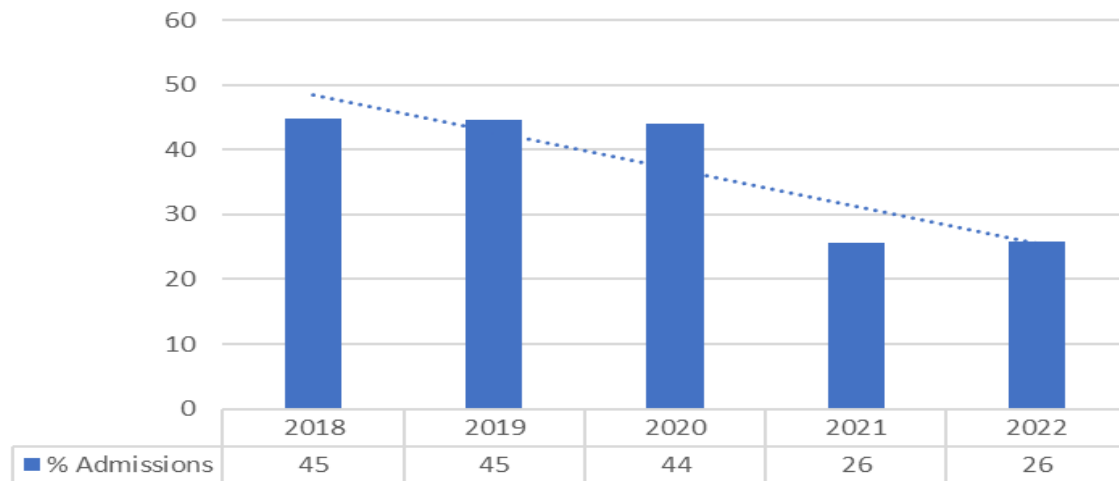
- Total SUD admissions for Rensselaer County residents decreased for each of the past five years.
- For 2018 – 2020, approximately 45% of residents were served in-county while that dropped to 26% for 2021 and 2022.
- In 2022, 43% of Rensselaer residents were served in Albany County, 26% in Rensselaer County and 16% in Schenectady County.

Graphs and the report from OASAS follow. Please note that data for counties serving small numbers of Rensselaer County residents are omitted to protect confidentiality.

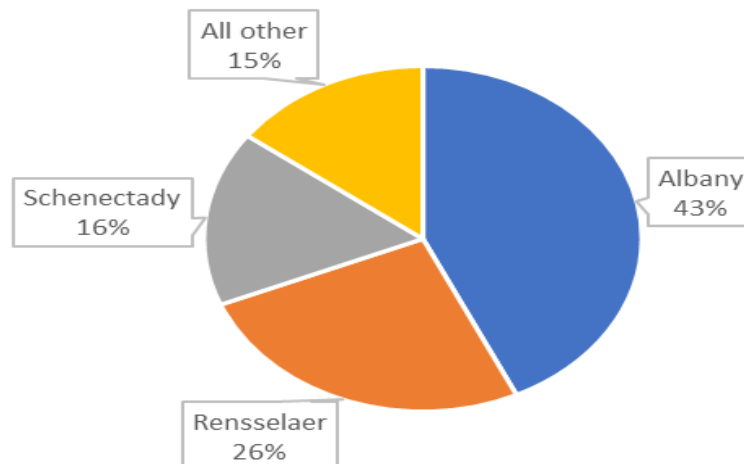
Total Rensselaer SUD Admissions



% In-County Rensselaer Admissions



2022 SUD Treatment County - Rensselaer Residents



Program County	Program Type	Admissions, 2018	% of Total, 2018	Admissions, 2019	% of Total, 2019	Admissions, 2020	% of Total, 2020	Admissions, 2021	% of Total, 2021	Admissions, 2022	% of Total 2022
Grand Total		2,483	100.0%	2,179	100.0%	1,620	100.0%	1,263	100.0%		100.0%
Albany	Total	893	36.0%	762	35.0%	550	34.0%	528	41.8%	505	43.0%
	Crisis Services	293	50.8%	222	46.8%	150	50.2%	225	68.2%	232	66.7%
	Inpatient Treatment Services	65	14.5%	55	13.6%	58	17.8%	57	19.7%	69	26.0%
	Opioid Treatment	41	36.3%	46	43.4%	32	27.8%	42	52.5%	26	59.1%
	Outpatient Services	414	35.7%	397	37.6%	278	36.5%	167	37.0%	144	35.2%
	Residential Services	80	42.8%	42	30.4%	32	27.1%	37	32.7%	34	31.2%
Rensselaer	Total	1,116	44.9%	974	44.7%	713	44.0%	325	25.7%	303	25.8%
	Crisis Services	151	26.2%	128	27.0%	39	13.0%				
	Inpatient Treatment Services	145	32.4%	140	34.7%	116	35.6%	77	26.6%	52	19.6%
	Opioid Treatment	69	61.1%	53	50.0%	76	66.1%	8	10.0%	3	6.8%
	Outpatient Services	699	60.3%	609	57.6%	435	57.1%	202	44.8%	210	51.3%
	Residential Services	52	27.8%	44	31.9%	47	39.8%	38	33.6%	38	34.9%
Schenectady	Total	254	10.2%	271	12.4%	208	12.8%	267	21.1%	193	16.4%
	Crisis Services	99	17.2%	99	20.9%	87	29.1%	83	25.2%	85	24.4%
	Inpatient Treatment Services	137	30.6%	123	30.4%	85	26.1%	90	31.1%	63	23.8%
	Opioid Treatment	1	0.9%	6	5.7%	5	4.3%	24	30.0%	4	9.1%
	Outpatient Services	11	0.9%	28	2.6%	23	3.0%	58	12.9%	34	8.3%
	Residential Services	6	3.2%	15	10.9%	8	6.8%	12	10.6%	7	6.4%
	Outpatient Services					1	0.1%	2	0.4%		

Suicide Rates

2023

thru

July

9	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011
	20	11	16	16	26	17	15	15	24	10	18	16



Update to 2024-2027 Goals and Objectives

Rensselaer County Department of Mental Health

Katherine Alonge-Coons, Commissioner
kcoons@rensco.com

Goal 1	
Title	Develop a full continuum of crisis care, inclusive of all populations.
Update	The OMH selected provider for the Intensive Crisis Stabilization Center, RSS, has worked with the LGU to provide briefings to the System of Care regarding progress to date and are building linkages to the community via the LGU facilitation. Unity House, Inc., Troy, NY reports construction for rehab to the site has begun. Anticipated completion at Sept 2024; anticipated opening in fall 2024. System of Care project continues through a cross system work group to lower recidivism. Data is tracked each month for the number of persons under age 18 accessing the Crisis Unit. Data indicates a decrease in utilization. (See data attached) Data indicates Healy House Crisis Residence referrals and utilization for Rensselaer County was highest in 2022. 2024 Q1 is trending below the 2022 numbers but consistent with 2023. Northstar Crisis Residence utilization data indicates the highest utilization in 2022. 2024 Q1 data indicates utilization higher than 2022. (See data attached) The LGU continues to collaborate with Troy PD in providing the EDPRT training for all county based municipal PDs and Sheriff's Dept. The next training is scheduled for September 2024. Barriers to implementation include lack of staffing for the Mobile Team and an inability to locate a team in Rensselaer County. (see data re: utilization for Child and Youth and Adults attached) There has been no growth on housing opportunities for the I/DD population in Rensselaer County. All CONs received from OPWDD re: housing have been for relocation and not expansion.
OBJECTIVES	
Integrate the Supportive and Intensive Crisis Stabilization Centers into the continuum of care in Rensselaer County.	Ongoing
Implement a crisis residence for adults in Rensselaer County.	Ongoing
Decrease recidivism of children and youth accessing the crisis unit.	Ongoing
Assure utilization of the regional crisis residences for children and youth.	Ongoing
Continue EDPRT/CIT training for local law enforcement at a minimum of at least two trainings per year..	Ongoing
Embed Mobile Crisis Services in Rensselaer County.	Ongoing
OBJECTIVE UPDATES	
Objective 7 Integrate new HCBI service into the C & Y crisis continuum of care March 2025.	
Objective 8 Establish a disaster Mental Health Team in Rensselaer County by June 2025.	

Goal 2	
Title	Expand access to a continuum of housing for specialty populations which are affordable, culturally inclusive, and safe; in order to support persons returning to the community from inpatient psychiatric settings, state prisons, OPWDD forensic settings, local jails, and those from the community in need of housing.
Update	Note: NYS OMH Residential Indicators Report for Rensselaer County illustrates the following trends in the county which are substantiated by the Housing SPOA; A. Treatment Apartment Program has low census due to necessity for CR placements. B. Long term PC discharge beds are not utilized due to low PC census, and inability to graduate from CRs to these beds. C. High attrition at Unity House TAS and Joseph House Supportive apartments due to high acuity and violence. D. Individuals frequently prefer supported apartment over treatment apartment due to the program fees and fiscal model. E. Difficulty housing adults with sex offender status and arson history. F. CDPC census 12/31/23 = 9; 7/1/24 = 10. There have been no funding opportunities for housing providers to pursue housing first models. Housing providers have attempted to provide additional supports for medication compliance, household chores etc. but these supports are not sufficient. Housing for persons with co-occurring addiction and MH disorders remains extremely limited. Fusion Recovery will open an 820 residential program in the fall of 2024, and reports an ability to serve this population. There is no advancement in developing housing for co-occurring I/DD and MH and/or addiction. The LGU has worked with a coalition of local housing providers and advocated for rural housing development. No opportunity to date, There has been no development in housing for those with criminal history. An RFP was issued by the LGU and funding was awarded to ACCA to implement a rental assistance program for persons successfully graduating from OASAS licensed housing.. A workgroup of community stakeholders has worked with ACCA to design the program, and develop referral process to be launched July 2024. Funding is via the Regional Abatement monies. In December 2023 and January 2024, Rensselaer County had the highest number of homeless families supported by DSS. This homeless status

	increases the ACEs or children and places the children and youth in high risk settings. - See needs assessment data. This is an issue being addressed by the C & Y System of Care.
OBJECTIVES	
Develop additional Housing First settings.	Ongoing
Home based care to provide care to assure compliance with all medications, household chores, and ADLs.	Ongoing
Develop housing opportunities to provide treatment and support for persons with co-occurring addiction and/or Mental Illness/IDD.	Ongoing
Develop supported housing in the rural areas.	Ongoing
Develop Housing dedicated to persons with criminal history.	Ongoing
Develop rental subsidy assistance for persons graduating from OASAS certified housing.	Ongoing
OBJECTIVE UPDATES	
Objective 7 Develop 10 supported housing opportunities for families with SED child by 2027	
Objective 8 Develop a minimum of one recovery (sober living community) housing opportunities by 2027.	

Goal 3	
Title	Expand outpatient treatment opportunities.
Update	Samaritan Hospital Outpatient Clinic lost through attrition more than 50% of clinical staff in 2023. The county operated clinics assisted in providing care for many residents of the county who were displaced from care in that setting, or were new referrals for treatment. Staffing is gradually improving but not yet at full capacity. Hope House Inc., Troy, had multiple vacancies in outpatient treatment programs, for several months in 2023/2024 with only 1 clinician. There had been difficulty in accessing care until Fusion Recovery opened outpatient services in Albany County. Capacity remains an issue for outpatient care due to workforce attrition. Northern Rivers Inc. was awarded by OMH the funding and opportunity to implement Youth ACT services in Rensselaer County. Northern Rivers anticipates opening the program in Fall 2024. Samaritan Hospital has explored the possibility of creating an IOP within the hospital's MHOTRS program. Due to the high attrition of staff this is on hold. Via the NYS OASAS Regional Abatement Funds the county issued a RFP for outpatient treatment providers licensed by OMH or OASAS for \$25,000 to support costs of training clinical staff in the treatment of co-occurring MH and addiction disorders. Awards have been given to ACCA, Albany and Samaritan Hospital. The county operated MHOTRS staff will be trained in fall 2024. Hope House, Troy, reports an ability to serve adolescents now that a few vacant clinical positions have been filled. Rensselaer Co DMH is scheduling training for clinical staff providing care for children and adolescents, for the treatment of co-occurring addiction and emotional disturbance in fall 2024. Vital Sign Dashboard data for Rensselaer County (see data summary attached) illustrates the need for much improvement for the county programs overall, and Samaritan Hospital. The county operated MHOTRS programs have made progress in improving in most areas. The Center for Disability Services closed a satellite clinic which was located at Rensselaer ARC. This clinic closure has created barriers in access for those who were served at this site.
OBJECTIVES	
Outpatient providers will continue to work in collaboration in an effort to serve as many clients as possible when workforce shortages diminish capacity.	Ongoing
Develop a Youth ACT team in Rensselaer County.	Ongoing
Develop an IOP to serve persons with co-occurring SPMI & SUD.	Ongoing
Increase skill across the addiction and mental health outpatient settings in treating persons with co-occurring disorders.	Ongoing
Develop SUD treatment opportunities for adolescents.	Ongoing
Improve Vital Signs Dashboard indicators for all MHOTRS in Rensselaer County.	Ongoing
OBJECTIVE UPDATES	

Goal 4	
Title	Expand the number of peer advocates in the behavioral health workforce serving county residents.

Update	The county operated MHOTRS programs have developed two peer positions to incorporate into the workforce. One position has been filled by a Family Peer Advocate in the children's MHOTRS. Interviews are underway for the second position to be located in adult MHOTRS. Additional peer services are needed in Drug Treatment Court and the County Correctional Facility capable of serving persons with co-occurring mental illness and addiction. The LGU will utilize Regional Abatement monies to establish a peer position to support the Drug Treatment Court and outpatient clinic. Employed in the System of Care serving children and youth in Rensselaer County is one youth advocate and three Family Peer Advocates. With the exception of the FPA employed b the county, all other advocates provide services regionally and are not dedicated to Rensselaer Co families and youth.	
OBJECTIVES		
Establish peer advocates in the MHOTRS programs in the county.		Ongoing
Peer advocates to serve residents of the county regardless of disabling condition or provider involvement.		Ongoing
Increase the Parent Advocate and Youth Advocate workforce.		Ongoing
OBJECTIVE UPDATES		

Goal 5		
Title	Promote emotional wellness for persons of all ages through Prevention approaches.	
Update	Update from RCDMH Prevention Program: During the 2023-2024 school year, 1,416 evidence-based classroom presentations across 11 schools in 6 school districts (10 staff), from elementary aged through high school students. In addition to evidence-based programming, there were approximately 365 youth who received prevention related assessment and/or counseling, with over 1,692 sessions conducted. The prevention program is integral in sustaining, supporting, and collaborating with local coalitions that have been maintained. This is a part of program efforts to increase community prevention approaches and environmental strategies work across the lifespan. In Fall 2023 a part time community-based prevention position (funded via Regional Abatement monies) allowed for increased access to SBIRT/Teen Intervene (EBP) to be implemented throughout the county. An increased focus on building prevention efforts for adults and the I/DD population are necessary. RCDMH prevention staff participate in and collaborate with, the Rensselaer County Heroin Coalition. Two regional coalitions exist within the county: NoPirates (Averill Park) and Troy Drug Free Coalition (Troy/Lansingburgh); both coalitions are supported by RCDMH Prevention staff. There is an increased need for community wide education regarding the risks of (underage) alcohol/drug use, and fentanyl contamination in the local drug supply. The 2023 PNA (see attached) data indicates that Rensselaer County has a higher than average risk factor on community availability of alcohol & Other Drugs; Parental Attitudes Favoring AOD use; and lower perception of risk based on substance. The county has low protective score for Community rewards for prosocial involvement. That, coupled with the legalization and commercialization of retail marijuana, minimal regulation and enforcement, media messaging, and substance related social media content, could lead to increased access to substance by youth and mixed messages. (see attached data for Death due to Overdose) Expanded Evidence-based programming: The utilization of Boys Council and Girls Circle were utilized as a Tier II Intervention this year with 6 group offerings held. This is planned to be continued to be utilized for the 2024-2025 academic year. The Prevention Program was expanded in the elementary school setting through Lansingburgh Central School District. Parent education group offerings were expanded during the 2023-2024 academic year. 11 Parent groups were offered with 46 caregivers participating. Most programming was offered county wide and with varying facilitation methods (In person/virtual), childcare was offered when possible, bus passes, gas cards, light refreshments etc. 2023 PNA data indicates increased risk factors in the area of familial conflict and parental attitudes favoring antisocial behavior. A reduced protective factor lower than the Bach Harrison Norm was perceived family reward for prosocial involvement. 19.3% of young people said they used marijuana at home with parental permission. 36.4% of kids said they drank alcohol at home with parental permission. Nearly half (49.6%) of kids say they haven't talked to their parents about the dangers of drug abuse in the last year. There is also increased access and means to substances at home and decreased adult perception of harm and increased normalization. Expansion of Prevention Counseling: The program was also able to have a part time community-based prevention staff for the 2023-2024 academic year. This position and staff member allowed for increased access to SBIRT/Teen Intervene (EBP) to be implemented throughout the county. Referrals occurred through increased collaborations with community providers such as Reness Co Probation, DSS, etc. Community-based prevention has bridged some gaps and has allowed for increased ability to reach rural populations., have less services in their area. This has been beneficial in providing intervention while youth are on a waiting list for Substance Assessment/Treatment. The Rensselaer co Suicide prevention Task Force has been working to reinvigorate efforts. Utilizing real time data from the County Health Dept., the Task Force has set goals to promote the use of gun locks, lock boxes for medications and widely disseminating information re: 988. Gatekeeper trainings are continuing. (see data below re: suicides in county) In 2023 Rensselaer County had 18 total deaths by suicide. In the first 6 months of 2024 there have been 9 deaths by suicide in the county. In 2023 the Suicide Prevention task force has focused on the reinvigoration of the Post-vention services, offered trainings, and recruitment for the team. The task force held a training on 10/2/2023 "Suicide, Opioid Overdose, & Other Traumatic Loss in Behavioral Health" and "Pillars of Postvention" on 4/21/23. The Prevention Needs Assessment (PNA) administered in December of 2023 in Rensselaer County schools indicated that 13.3% of students seriously considered attempting suicide; 10.2% of students "made a plan" about how they would attempt suicide; 7.3% of students "made an attempt". RCDMH Prevention Program staff facilitated higher rates of Suicide Prevention Curriculum pre-pandemic. Prevention staff has had updated training in additional suicide prevention curriculum "It's Real: Teen Mental Health" through the American Foundation for Suicide Prevention. It is the goal of school and community prevention to continue to increase utilization of such programs as "More Than Sad," "It's Real: Teen Mental Health" etc. The Suicide Prevention Center of NY is funding the Capital Connect program to reduce suicidal ideation in two targeted populations: adolescent females and working age males. Two services have been made available: ASSIP - Attempted Suicide Short Intervention Program, and Youth Nominated Support Team (YST); the LGU is actively encouraging referrals to these programs. Two RCDMH staff members were trained as YMHAFA trainers in November of 2023. RCDMH and trainers will explore requirements of Mental Health First Aid Connect digital system and financial requirements in order resume offering this training for certification to providers in the C & Y SOC. The majority of RCDMH Prevention staff are trained as Youth Mental Health First Aiders via MHANYS. Prevention staff share resource of these trainings throughout the school communities and coalitions they are involved in. The RCDMH Prevention program also consulted with Project	

	Aware Grant Staff for universal MHFA training for certification with Lansingburgh Central School District and Rensselaer City School District staff that occurred in May 2024.	
OBJECTIVES		
Increase/solidify community coalitions in the county and expand environmental strategies for Prevention.	Ongoing	
Expand evidence-based prevention programming to schools, families, communities across the county and across the lifespan.	Ongoing	
Expand prevention counseling and intervention services for at risk students and increase referrals to adolescent substance abuse treatment.	Ongoing	
Suicide Prevention strategies will be increased in Rensselaer County.	Ongoing	
Increase Youth MH First Aid training in the county.	Ongoing	
OBJECTIVE UPDATES		

Data Packet for 2025 LSP

**Data for Goal 1 Objective 3: Observations regarding Rensselaer County SOC Crisis Unit Return Visit Data
2022, 2023, and 2024 through April for age 25 & under**

Introduction

Samaritan Hospital has been extremely cooperative, sharing its Crisis Unit data with the Rensselaer County Children's System of Care. However, because of limitations in their ability to export EHR data, recidivism analysis is limited to the most recent visit occurring within hours, days, weeks, months, or years. This number does not reflect information such as the number of repeat visits per youth. The resulting analysis is meant to encourage conversation with stakeholders including suggested follow-up.

Overall Recidivism

Because we are only four months into 2024, the number of visits is low, and any apparent trends could be reversed as the year progresses. So far, the decrease in youth returning within hours is stable and less than in 2022, and youth returning within months continues to increase. **The percentage with no previous discharge has decreased. If this trend continues, it appears that children/youth have continued to return but not as quickly.**

	2022 Full Year	2023 Full Year	2024 YTD Apr
hours	14%	9%	8%
days	7%	6%	5%
weeks	11%	9%	12%
months	27%	31%	36%
years	3%	7%	10%
no prev.	37%	36%	29%
Grand Total	100%	100%	100%

Age and Legal Sex

While the numbers are small, when drilling into the data, there are differences and similarities in experience by gender. For example, in the first three months of 2024:

- 26% of both females and males returned within **hours, days, or weeks**
- 36% of both females and males returned within **months**
- Almost the same percentage of females had a **previous discharge** (73%) as males (71%).
- Almost the same number of females had **no previous discharges** (27%) as males (29%).
- For females, the highest numbers of those returning within hours are 18-21 (6)
- For males, the highest numbers of those returning within hours are 18-21 (8)
- **While 39% of females served were 12-17, 32% of males served were 12-17 but 59% of these females had a previous discharge compared to 70% of these males.**
- **While 37% of females served were 18-21, 32% of males served were 18-21 but 79% of these females had a previous discharge compared to 66% of these males.**
- **While 19% of females served were 22-25, 30% of males served were 22-25 but 85% of these females had a previous discharge compared to 81% of these males.**

Data Is on the Following Page

2024 January - April

All youth

	11 and under	12-17	18-21	22-25	Grand Total	
hours	1	3	14	6	24	8%
days	1	2	4	7	14	5%
weeks	1	8	13	13	35	12%
months	4	44	29	25	102	36%
years	2	7	11	7	27	10%
no prev.	6	37	26	12	81	29%
Grand Tot	15	101	97	70	283	100%
no prev.	40%	37%	27%	17%	29%	29%
With prev	60%	63%	73%	83%	71%	71%

Female

	11 and under	12-17	18-21	22-25	Grand Total	
hours	1	2	6	1	10	7%
days			3	3	6	4%
weeks	1	5	8	7	21	15%
months	2	22	18	9	51	36%
years	1	4	7	3	15	11%
no prev.	1	23	11	4	39	27%
Grand Tot	6	56	53	27	142	100%
no prev.	17%	41%	21%	15%	27%	27%
With prev	83%	59%	79%	85%	73%	73%

Male

	11 and under	12-17	18-21	22-25	Grand Total	
hours		1	8	5	14	10%
days	1	2	1	4	8	6%
weeks		3	5	6	14	10%
months	2	22	11	15	50	36%
years	1	3	4	4	12	9%
no prev.	5	13	15	8	41	29%
Grand Tot	9	44	44	42	139	100%
With no p	56%	30%	34%	19%	29%	29%
With prev	44%	70%	66%	81%	71%	71%

Goal 1 Obj 4

Rensselaer County Referrals - Northern Rivers Crisis Residences

Healy House

2022

Referred 50
Admitted 29
Non-admit 21
Client/family 17
withdrew
Needs a higher 4
level of care
Private insurance

North Star

2022

Referred 35
Admitted 11
Non-admit 24
Client/family 22
withdrew
Needs a higher 1
level of care
1

2023

Referred	32
Admitted	17
Non-admit	15
Client/family withdrew	10
Needs a higher level of care	5

1st Quarter 2024

Referred	8
Admitted	3
Non-admit	5
Client/family withdrew	4
Needs a higher level of care	

2023

Referred	31
Admitted	6
Non-admit	25
Client/family withdrew	20
Needs a higher level of care	5

1st Quarter 2024

Referred	15
Admitted	7
Non-admit	8
Client/family withdrew	8
Needs a higher level of care	1

Goal 1 Obj 6

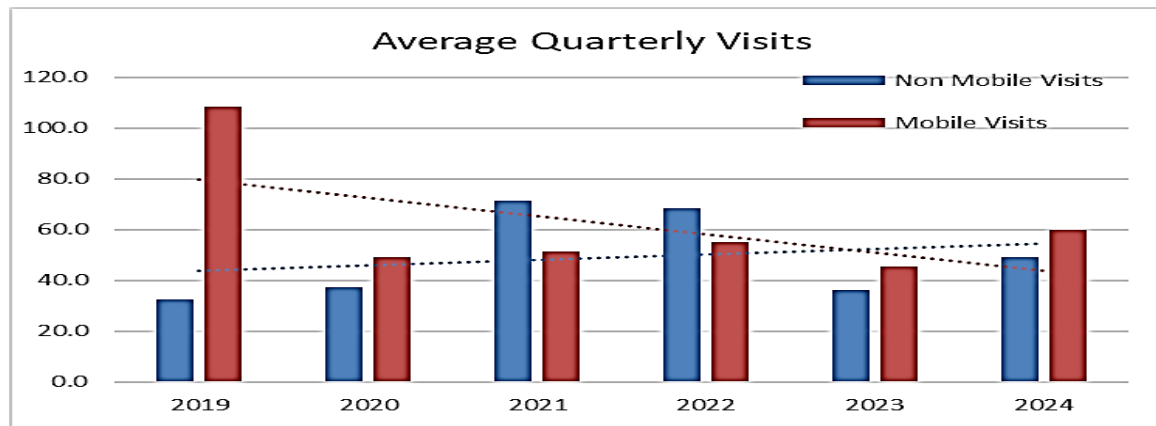
**Child and Youth
Mobile Crisis Outreach**

Quarterly mobile visits were highest in 2019, trending downward through 2024. Non-mobile visits were highest in 2021 and 2022 with an upward trend from 2019 through 2024. Except for 2019, mobile visits were approximately 50% of total visits

Because 2024 only includes the first quarter, the observed trend may change over the year.

Year	Non Mobile Visits	Mobile Visits	Total calls	% Mobile
2019	32.5	108.5	141.0	78%
2020	37.3	49.3	86.5	46%
2021	71.5	51.5	123.0	42%
2022	68.5	55.3	123.8	45%
2023	36.3	45.3	102.3	44%
2024	49.0	60.0	121.0	50%

The following graphs illustrate this data.





Northern Rivers Adult Mobile Outreach

The average number of monthly calls and the average number of persons monthly by the Northern Rivers Adult Mobile program has trended upwards between 2019 and 2024.

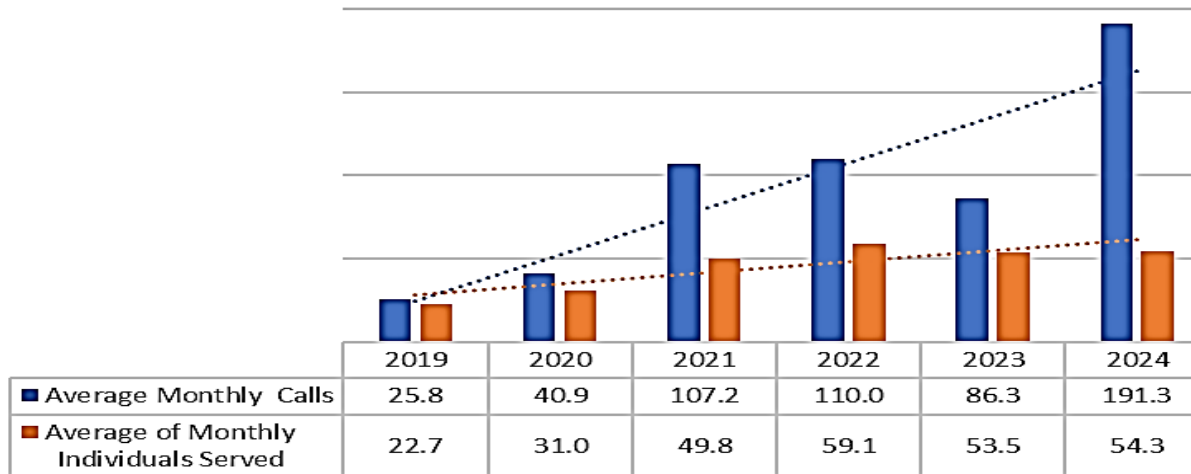
- While the average monthly calls trended up over the period with a slight decrease in 2023.
- The upward trend in average monthly persons served increased less steeply than average monthly calls.

The average monthly calls per person are also trending upward due to the increase in the first four months of 2024.

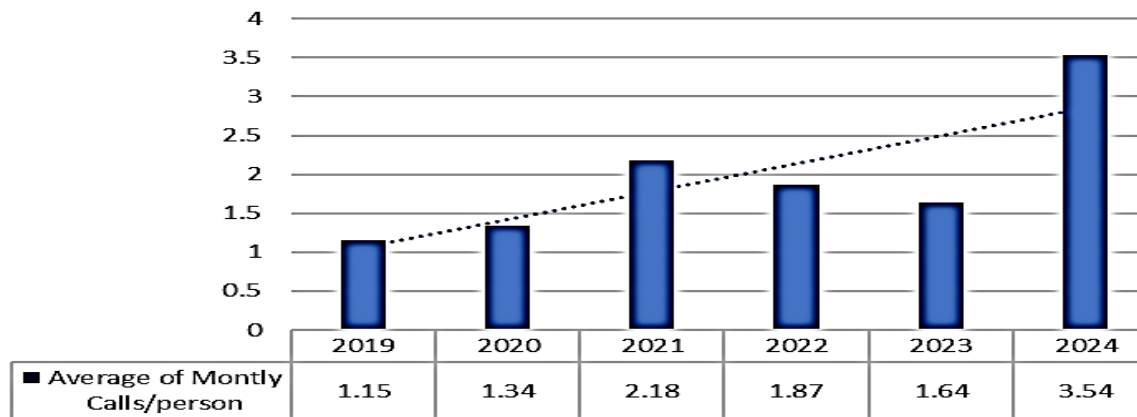
The number of new recipients was only reported in 2023 and 2024. The average number of new recipients/month was essentially the same i.e. 26.3 in 2023 and 26.5 in 2024.

Note that 2024 was only reported for January through April so the observed trends could change with additional data.

Average Monthly Calls & Individuals Served



Average of Montly Calls/person



Goal 2 Housing Data

Rensselaer County Housing Data 6.4.2024

The data below is from two sources:

- The HUD required homeless “Point in Time Count”
 - Nationwide, each homeless continuum of care counts the number of homeless individuals and families on the same day annually
 - Data used for trending is 2020 through 2024
 - [Caresny.org/continuum-of-care/reports/#512_RCHSC](https://caresny.org/continuum-of-care/reports/#512_RCHSC)
- The New York State Office of Mental Health Residential Indicators (RPI) report
 - The Residential Program Indicators (RPI) report presents data from the Child and Adult Integrated Reporting System (CAIRS).
 - The data provided in the RPI report reflects the accuracy of information provided by the agencies for each admission and discharge
 - This report only includes programs under the auspices of OMH
 - <https://my.omh.ny.gov/analytics/saw.dll?dashboard#reports>

Point in Time Homeless Count

- The number of homeless people with SMI or SUD decreased from 2020 through 2022, decreased sharply in 2023, and then increased sharply in 2024.
- After trending downward, the number of homeless households and homeless persons increased sharply in 2024, exceeding the numbers in 2020.
- In 2024, there were 73 persons with SMI or SUD out of a total of 270 persons, representing 26% of the homeless population.

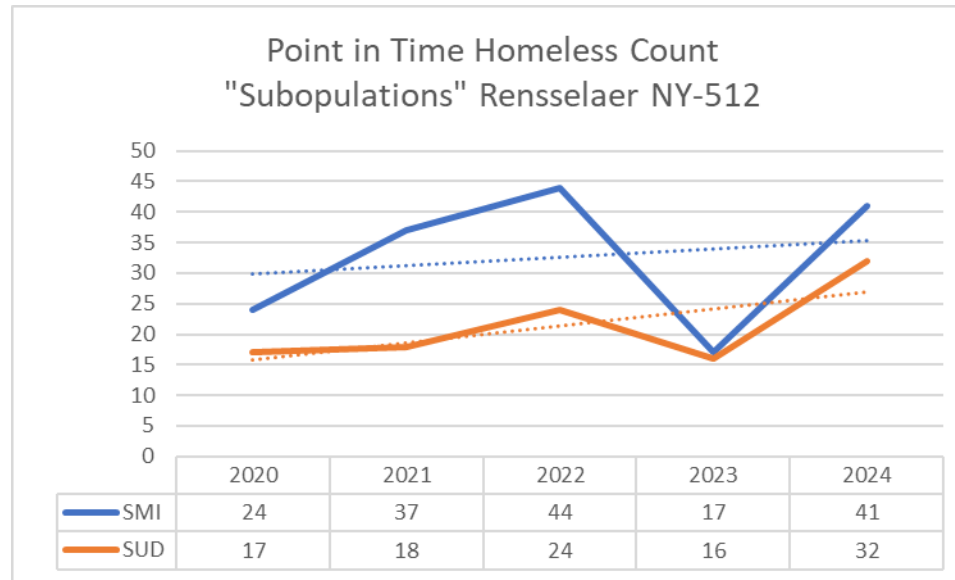
Residential Indicators Report

- While several levels of care and/or programs are operating at capacity, several are not
- The programs operating under 85% capacity, per this report, are indicated in red in the attached report.
- This report demonstrates the need to
 - correct data that is incorrectly reported and/or
 - improve access to programs that are not operating at capacity and/or

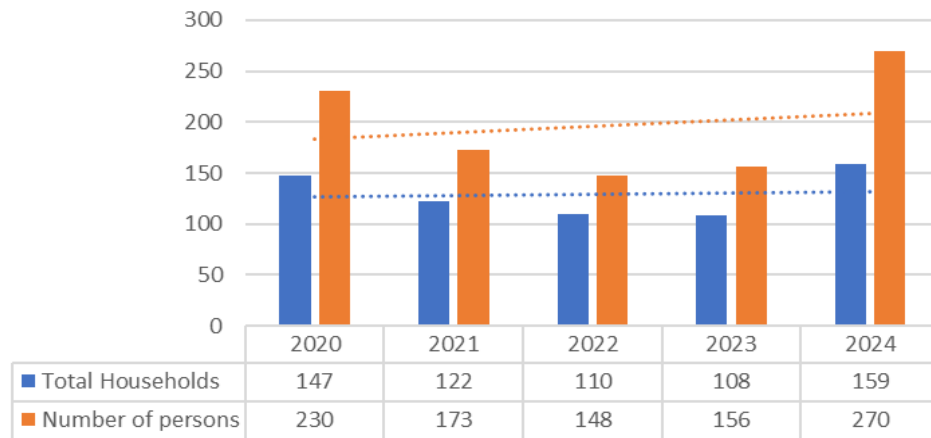
- discuss opportunities to better use housing resources.

Reports are on the following pages.

Point in Time Reports



Point in Time Count
"Homeless Populations" Rennselaer NY-512



OMH Residential Indicators Report:

Residential Program Indicators - County Reports

County: Rensselaer, for the period from 06/01/2023 to 05/31/2024 for All Units

Program Type	Program Subtype	Facility	Unit	# of Beds	Occupancy % During Timeframe	Median LOS
Apartment/Treatment				86	88.4%	1,831
Apartment/Treatment	Voluntary Apartment			86	88.4%	1,831
	Voluntary Apartment	Unity House of Troy, Inc.		86	88.4%	1,831
		Unity House of Troy, Inc.	Unity House Transitional Apartment Services	86	88.4%	1,831
Congregate/Treatment				28	100.0%	1,439
Congregate/Treatment	Voluntary Non-Specialty Congregate			28	100.0%	1,439
	Voluntary Non-Specialty Congregate	Unity House of Troy, Inc.		28	100.0%	1,439
		Unity House of Troy, Inc.	Sixth Avenue Residence	8	100.0%	1,425
			Unity House Eighth Street Residence	12	100.0%	1,151
			Unity House Fourteenth Street Residence	8	100.0%	2,021
Supported Housing Community Services				48	210.1%	2,478
Supported Housing Community Services	Supported Housing			48	210.1%	2,478
	Supported Housing	Joseph's House and Shelter, Inc.		34	76.5%	3,527
		Joseph's House and Shelter, Inc.	Joseph's House SH/Rensselaer County PC Long Stay - Comm Svcs	1	100.0%	1,871
			Joseph's House Supported Housing (Renss Cty) - Comm. Svcs	24	100.0%	3,527
			Joseph's House Supported Housing/The Hill Street Inn	9	11.1%	3,643
		Rehabilitation Support Services, Inc.		7	93.8%	1,515
		Rehabilitation Support Services, Inc.	RSS Supp Housing/STP Rensselaer Cty - Comm Svcs	7	93.8%	1,515
		Unity House of Troy, Inc.			0.0%	2,316
		Unity House of Troy, Inc.	UH of Troy SH/Transformation SH Rensselaer - Comm Svcs		0.0%	2,070
			Unity House Supported Housing/Rensselaer Cnty - Comm. Svcs		0.0%	2,376
			Unity House Troy SH/MRT SH Rensselaer Cty - Comm Svcs		0.0%	2,759
			Unity House Troy SH/Renn County PC Long Stay Comm. Svcs		0.0%	1,551
		YWCA Greater Capital Region		7	100.0%	2,391
		YWCA Greater Capital Region	YWCA of the Greater Capital Region Sup. Housing/Co-Comm.Svcs	7	100.0%	2,391
Supportive Housing				87	13.8%	9,145
Supportive Housing	Supported Housing			87	13.8%	9,145
	Supported Housing	Unity House of Troy, Inc.		87	13.8%	9,145
		Unity House of Troy, Inc.	UH of Troy SH/Transformation SH Rensselaer - Comm Svcs	10	0.0%	0
			Unity House Supported Housing/Rensselaer Cnty - Comm. Svcs	56	17.9%	9,496
			Unity House Troy SH/MRT SH Rensselaer Cty - Comm Svcs	10	0.0%	0
			Unity House Troy SH/Renn County PC Long	11	18.2%	5,919

**Adult SPOA Data
12/2023**

A comparison of Adult Housing SPOA data with the NYS OMH Residential Indicators Report indicates a number of discrepancies, likely due to reporting errors by housing providers. Unity House Transformation SH: 90% occupancy rate., Joseph House Supported Housing Hill St = 100% occupancy rate; Unity House Supported Housing should be 90% occupancy rate and Long stay PC beds = 45% occupancy rate.

Significant data differential between September 2023 and May 2024 from CAIRS suggests reporting errors by the housing providers.

Goal 3 Obj 6

**Rensselaer County
OMH Vital Signs Dashboard – May 2024**

Background

The OMH Vital Signs Dashboard (VSD) uses New York State Medicaid data to present the public mental health system’s performance in the domains of access, quality and treatment outcomes. All metrics are stratified by race/ethnicity: White, Black, Hispanic, Asian/Pacific Islander, Native American, Multiracial, Unknown. Race/ethnicity categories are mutually exclusive. Data is reported for the period 10/1/22 – 9/30/2023.

Data is reported for adults and for children/youth. The “Full Mental Health Population” represents the mental health population served by all providers. When there is adequate data, the following reports display data for Rensselaer County as a whole and for individual providers. For race/ethnicity data, there is not adequate data to report on individual providers and when the numerator is less than 25.

https://mypublicdashboard.ny.gov/t/OMH/views/OMHVitalSignsDashboardVSD/VSDHome-Adult?:showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link

Data and observations follow with a focus on behavioral health indicators.

Adult Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

	Statewide	Rensselaer County	Rensselaer MH	Samaritan	Unity House-Troy
Access					
Received HH+ when eligible	36%	43%	-	39%	84%
Treatment					
Adherence to antipsychotic	62%	52%	76%	53%	82%
Antidepressant – acute	53%	44%	64%	48%	-
Antidepressant - continuation	37%	26%	52%	31%	-
30 day readmission	13%	14%	-	18%	-
Quality					
7 day Follow up MH hosp.	52%	45%	85%	47%	-
30 day Follow up MH hosp.	68%	58%	93%	61%	73%
7 day Follow up MH ED	73%	30%	65%	42%	-
30 day Follow up MH ED	81%	33%	85%	51%	-

Rensselaer County is:

- better than the statewide average performance in access to Health Home Plus
- worse than the statewide average in treatment and quality measures

Samaritan Hospital is worse than the statewide average performance in all measures except access to Health Home screening.

Rensselaer County Mental Health is better than the statewide average performance in all measures for which there is adequate data to report except for 7-day follow-up to MH ER.

Unity House of Troy is better than the statewide average for all measures for which there is adequate data to report.

Child Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

		Rensselaer County	Rensselaer MH	Samaritan
Access				
Use of 1st line psychocial care for children/youth on antipsychotics	76%	31%	88%	-
Treatment				
30 day readmission MH	9%	9%	-	-
Quality				
7 day Follow up MH hosp.	68%	60%	83%	36%
30 day Follow up MH hosp.	83%	72%	93%	55%
Follow up ADHD Med initiation	61%	43%	79%	-
Follow up ADHD Medcontinue	71%	45%	-	-
7 day Follow up MH ED	77%	29%	65%	-
30 day Follow up MH ED	86%	35%	85%	-

Rensselaer County is:

- worse than the statewide average for most measures but is at the state average for 30 day readmission.

Rensselaer County Mental Health is additionally better than the statewide average in the use of 1st line psychosocial care for children/youth on antipsychotics and follow-up on ADHD medication initiation. However, the follow-up after MH ED is lower than the statewide average.

There was only adequate data to report on two measures for Samaritan Hospital. Both are worse than the statewide average.

Disparities

The ability to review race/ethnicity performance is limited by small number of some races/ethnicities for several performance measures.

Because small numbers are suppressed, the disparity in numbers doesn't always total. This is particularly evident with the child data where, for example, the total readmission rate is 6% and the only race ethnicity displayed White with a readmission rate of 12%.

Disparities are discussed and highlighted in the tables following the narrative in comparison to measures for the county as a whole. When there is not enough data to report, those categories are left blank.

For adults, the measures for people identified as White are generally better than other races/ethnicities, highlighting racial disparities in service access, delivery, and quality with some exceptions such as 30-day ED and hospitalization follow-up for Black individuals.

For children, the measures for people identified as White are also generally better than other races/ethnicities, highlighting racial disparities in service access, delivery, and quality with some exceptions such as follow-up ADHD medication continuation and initiation for Hispanic and Multiracial children.

Charts showing the disparity measure for adults and children are on the following pages.

Measure	Disparity Cateogory	Performance
Adherence to AP (Schizophrenia)	Total	52%
	Asian/PI	
	Black	45%
	Hispanic	53%
	Multiracial	
	White	60%
Antidepressant – Acute Phase	Total	44%
	Asian/PI	41%
	Black	35%
	Hispanic	39%
	Multiracial	42%
	Native American	
	White	49%
	Unknown	
Antidepressant – Continuation Phase	Total	26%
	Asian/PI	21%
	Black	21%
	Hispanic	21%
	Multiracial	24%
	Native American	
	White	32%
	Unknown	
Follow-up MH ED 7 Day	Total	30%
	Black	29%
	Hispanic	19%
	Multiracial	
	White	37%
Follow-up MH ED 30 Day	Total	33%
	Black	34%
	Hispanic	21%
	Multiracial	34%
	White	42%
Follow-up MH Hospitalization 7 Day	Total	45%
	Black	43%
	Hispanic	43%
	Multiracial	47%
	White	48%
	Unknown	
Follow-up MH Hospitalization 30 Day	Total	58%
	Black	60%
	Hispanic	48%
	Multiracial	58%
	White	61%
	Unknown	
HH+ Service Received	Total	43%

Measure	Disparity Cateogory	Performance
First-Line Psychosocial Care	Total	31%
	Black	30%
	Multiracial	31%
	White	34%
Follow-up ADHD Medication, Continuation	Total	45%
	Black	
	Hispanic	56%
	Multiracial	46%
	White	45%
Follow-up ADHD Medication, Initiation	Total	43%
	Asian/PI	41%
	Black	33%
	Hispanic	49%
	Multiracial	43%
	Unknown	30%
	White	45%
Follow-up MH ED 7 Day	Total	29%
	Black	28%
	Hispanic	15%
	Multiracial	24%
	White	49%
Follow-up MH ED 30 Day	Total	35%
	Black	32%
	Hispanic	28%
	Multiracial	28%
	White	67%
Follow-up MH Hospitalization 7 Day	Total	60%
	Black	
	Multiracial	
	White	78%
Follow-up MH Hospitalization 30 Day	Total	72%
	Black	
	Multiracial	71%
	White	88%
Readmission 30 Day (Lower % is better)	Total	9%

Goals 3 & 4 Rensselaer County Overdose Rates

Data is a valuable tool in understanding the scope of the drug overdose crisis in our state and allows us to better target interventions to those who are most at risk and prevent needless deaths. The OASAS interactive dashboard includes data on drug overdose deaths in New York State. The view of counties provides information on the rate of overdose and substance type.

The rate of overdose in Rensselaer County was 28.8 per 100,000 people in 2022, the most recent year available. The rate for the years 2018 – 2022 was 22.5 so the overdose rate has increased.

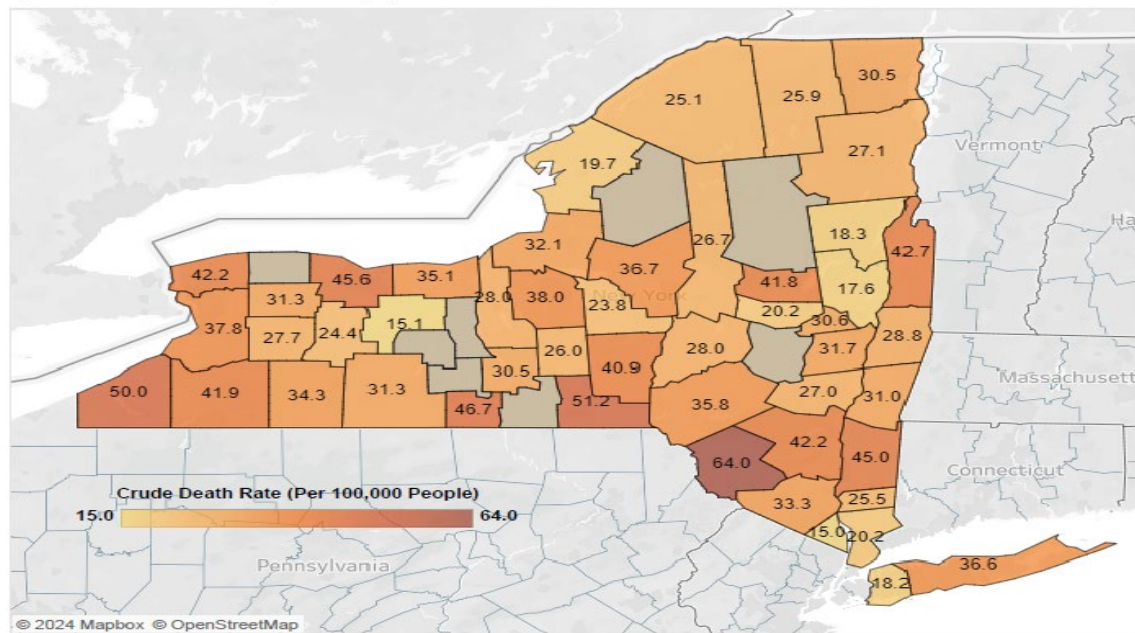
The rates by substance (using the OASAS classifications) in 2022 were:

- **10.6 cocaine**
- **20.6 fentanyl/synthetics**
- **23.8 opioids**

2022

Drug Overdose Deaths in NYS Counties

(Crude Death Rate Per 100,000 People)

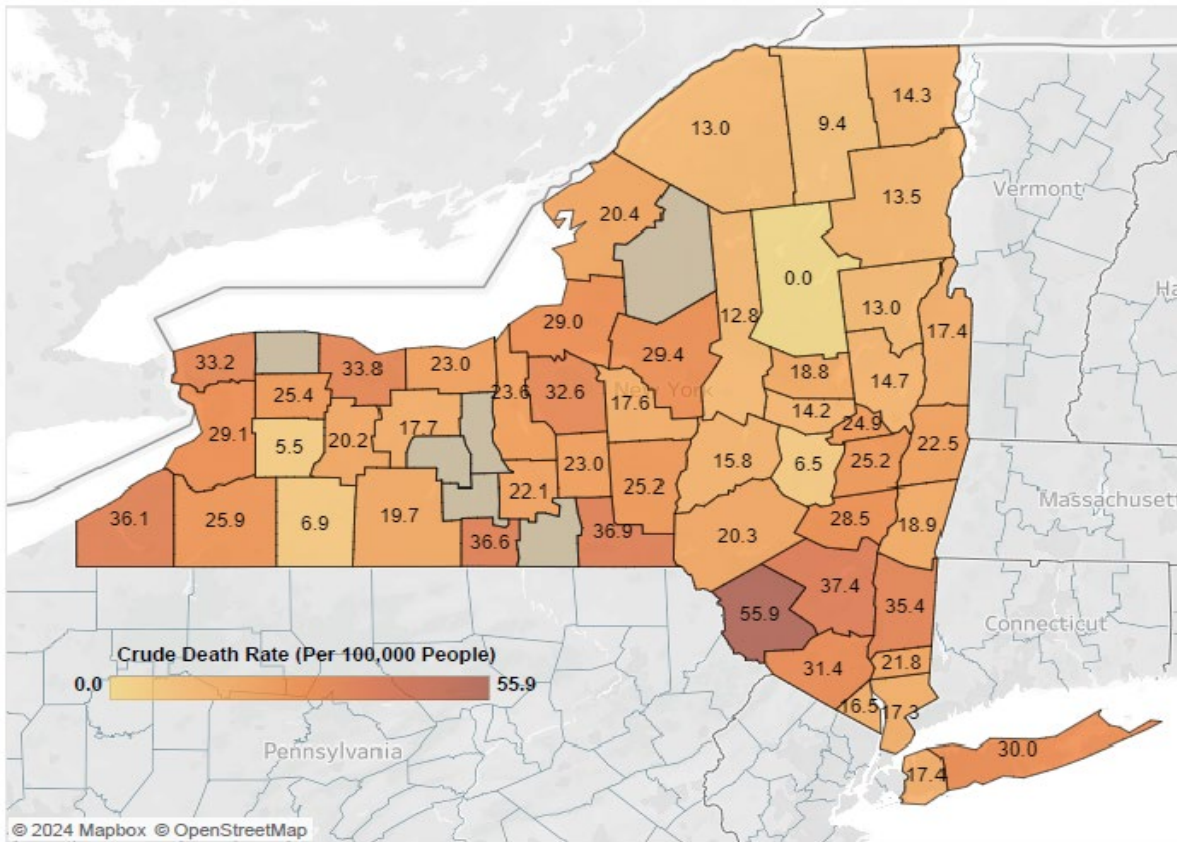


Source: CDC Wonder Provisional Mortality Statistics
Data as of 4/10/2024

2018-2022

Drug Overdose Deaths in NYS Counties

(Crude Death Rate Per 100,000 People)



Source: CDC Wonder Provisional Mortality Statistics
Data as of 4/10/2024

<https://oasas.ny.gov/overdose-death-dashboard> 5.13.2023

Death due to Overdose (Rensselaer Co Health Dept. Medical Examiner)

The number of opiate/fentanyl related deaths in Rensselaer County also continues to rise YTD.

Year	Fatal ODs	Non-fatal ODs	Total ODs
2022	45	367	412
2023	85	411	496
2024 (Jan-April)	19	89	108

Goal 5 Obj 4

Suicides in Rensselaer County - Summary Data from Rensselaer County Health Dept. Medical Examiner

Rensselaer County Suicide Stats 2023

- **18** total Suicides in Rensselaer County (2023)
- **22** total Suicides in Rensselaer County (2022)
- **18 %** decrease in Suicides from 2022 to 2023
- **3099** ER visits related to Suicide at Samaritan Hospital (2023)
- **3027** ER visits related to Suicide at Samaritan Hospital (2022)
- **2.3%** increase in Suicide related ER visits from 2022 to 2023
- In **2023** the **(21-29)** & **(50-59)** age groups had the highest % of Rensselaer Counties Suicides with **22%** each

- In **2023** Troy has the highest % of Rensselaer Counties Suicides by location with **33%**
- In **2023** gunshot wound & intentional OD were the most common methods of Suicide with 28% of Rensselaer Counties Suicides for each, 56% combined between the 2 methods
- **77.8%** of Rensselaer Counties Suicides were Males and **22.2%** Female
- In the past 5 years combined **77.5%** of Rensselaer Counties Suicides have been Males compared to just **22.5%** Females
- **(20 & under)** age groups had the biggest discrepancy for Suicide related ER visits between genders with **62.1%** Female and **37.9%** Male



2023 Prevention Needs Assessment Survey

Rensselaer County Mental Health

PREVENTION

Alyssa Evans, LMHC
Supervisor



01

PNA Timeline

2023

Re-established
administration of PNA
Rensselaer County
(Some schools elect
to not administer
in certain grades).
Move to electronic
administration

2020

COVID
pandemic

(disruption of
PNA
administration)

2018

PNA Administered
Rensselaer
County (6th,8th,
10th & 12th Gr. 1st
time E-Cigarette
data collected

2016

PNA
Administered
Rensselaer
County
(6th,8th, 10th &
12th Gr)

2014

PNA
Administered
Rensselaer
County
(6th,8th, 10th &
12th Gr)

PNA Administered bi-annually consistently in Rensselaer County from 2004 to 2018

Characteristics of Participants: 3,285

Table 1. Characteristics of Participants						
Student Totals						
Total Students	Rensselaer County					
	2016		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
	4093	100	3133	100	3285	100
Grade						
6	1108	27.1	840	26.8	752	23.8
8	1150	28.1	896	28.3	931	28.3
10	1122	27.4	848	27.1	876	26.7
12	713	17.4	559	17.8	696	21.2
Gender						
Male	1972	48.5	1514	48.7	1631	49.9
Female	2092	51.5	1598	51.3	1562	47.8
Other	n/a	n/a	n/a	n/a	77	2.4
Ethnicity						
Native American	50	1.2	30	1.0	36	1.1
Asian	91	2.2	91	2.9	107	3.3
African American	251	6.2	231	7.4	345	10.6
Pacific Islander	16	0.4	10	0.3	5	0.2
Hispanic	144	3.6	131	4.2	171	5.3
White	3119	76.9	2298	74.1	2180	67.2
Multi-racial	385	9.5	311	10.0	399	12.3

02

PNA Data Highlights

ATOD

High Prevalence/Early Initiation Drugs

- most common are:
 - alcoholic beverages (22.4% of all students in this survey indicating lifetime use)
 - marijuana or hashish (14.6 % indicating lifetime use)
 - electronic cigarettes, (13.8% indicating lifetime use)
 - cigarettes (5.7% indicating lifetime use)

Prescription Medications

- In recent years, the non-medical use of prescription drugs has emerged as a major public health issue.
- According to the recent Monitoring the Future study, prescription drugs are the most abused category of drugs after alcohol, tobacco, and marijuana.
- Anecdotal reports and focus group would indicate a trend of youth use of Percocets.

Quick Facts

Good News:

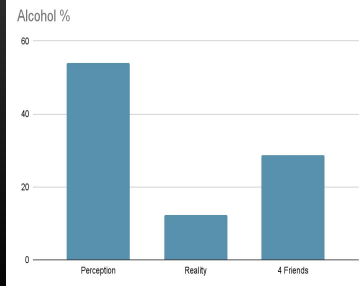
- Rensco avg for lifetime and 30 day use is well below MTF study for all drug categories.
- Overall use continues to decline over time.
- 94.6 % of youth say they have never been drunk or high at school
- Youth not selling substance (significant reduction, and below MTF)

Bad News:

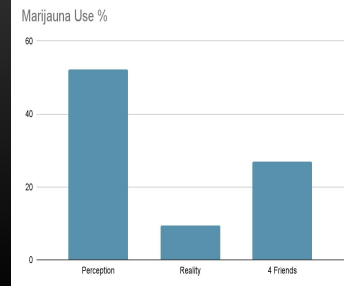
- Energy Drink Use is high and has increased significantly over time (access and use; normalization)
- 19.3 % of kids said they used marijuana at home **with parental permission**.
- 36.4 % of kids said they drank alcohol at home **with their parents permission**
- HALF (49.6%) of kids say they **haven't** talked to their parents about the dangers of drug abuse in the last year.
- Concern regarding lacing and high potency marijuana

Peer Perception vs. Actual Use in the Past 30 Days

Alcohol



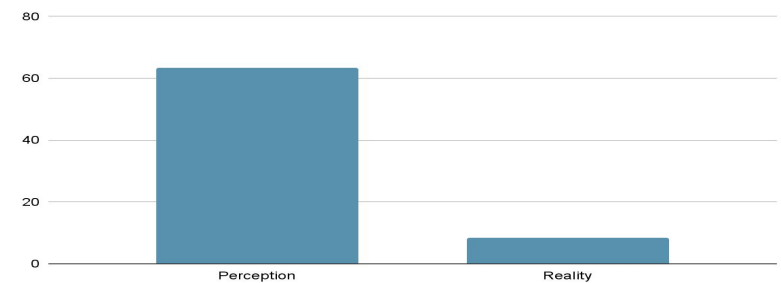
Marijuana



Peer Perception vs. Actual Use in the Past 30 Days

Vape

Vape Use %



Antisocial Behavior

The most frequently reported antisocial behaviors in this survey are

- having "been suspended from school?" (11.9% of students)
- having "attacked someone with the idea of seriously hurting them?" (6.7% of students)
- having "been drunk or high at school?" (5.4% of students)

Risk Factors

(Increasing over time and above MTF)

- Low Commitment to School
- Depressive Symptoms
- Attitudes Favorable to Antisocial behavior
- Parenting attitudes favor Antisocial behavior
- Family conflict has stayed steady but over MTF

Low and Decreasing

- Early initiation of drug use has declined over time
- Friend's Use of drugs

Protective Factors

Higher than BH Norm

- **Family**
 - Family attachment
 - Opportunity for Prosocial Involvement

Increase in Students Perception of (2018 to 2023)

- **School**
 - Opportunities and Rewards for Prosocial Involvement

Lower than BH Norm

- Rewards for Prosocial Involvement (For **Community, School, Family, and Peer**)
- **Peer/Individual**
 - Interaction with Prosocial Peers

Significant Drop in (2018 to 2023)

- Belief in Moral Order, Interaction with Prosocial Peers, and Prosocial involvement

Suicidality

During the past 12 months

- 13.3% of students seriously considered attempting suicide
- 10.2% of students made a plan about how they would attempt suicide
- 7.3% of students made an attempt

Where do we go from here?

Interventions & Services

- Continue to address perception vs. reality
- Continue to address concerns regarding lacing and high potency marijuana
- Address use of energy drinks
- Address use at parks
- Address commitment to school
- Increasing Interactions with Prosocial Peers

03

Family

- Address youth use with parental permission (either at their home or peers)
- Address access and means at home
- Address adults perception of harm and normalization
- Increase parental conversations regarding the potential harms of substance use

Rensselaer County Mental Health & Prevention Services



Prevention Needs Assessment

Facility

Primary Rensselaer (90063)

Contract

PPY24-25

Authorization Period

PPY24-25

Finish

Administrative Actions

Review Plan

Consequences

Component ▾	Source of Data ▾	Name ▾	Month ▾	Year ▾	Summary of Findings ▾	Actions
Riding in Vehicle while Driver Under the Influence	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Overall, 12.6% of Students in RenssCo report riding with a drinking driver. The rates of this reporting is disproportionately higher for 6th (13.1%) and 8th graders (16.3%) in Rensselaer County compared to upper grade levels. 6th grade report was higher than than the BH Norm of 12.4%	⋮
Substance-related School Disciplinary Actions	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	School suspensions increased overall (11.9% up from 8.7% in 2018). Upswings of at least 2.0 percentage points in every grade surveyed. Largest increases were in 12th (10.3%, up 4.3 points), & 8th (15.1%, up 3.8 points) grades. These are all higher since 2018 & higher than nationwide averages.	⋮
Overdose - Fatal (opioid)	Archival	Other (Rensselaer County Medical Examiner and Public Safety)	April	2024	RensCo Health Dept./Heroin Coalition Data 2022- 45 Fatal ODs & 367 non-fatal ODs (412 total fatal & non-fatal) 2023 – 85 Fatal ODs & 411 non-fatal ODs (496 total fatal & non-fatal) 2024- 19 Fatal ODs & 89 non-fatal ODs (108 total fatal & non-fatal) Sources. 1. Medical Examiner’s 2. Public Safety	⋮

Consumption

Component ▾	Source of Data ▾	Name ▾	Month ▾	Year ▾	Summary of Findings ▾	Actions
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Component ▾	Source of Data ▾	Name ▾	Month ▾	Year ▾	Summary of Findings ▾	Actions
Alcohol	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Alcohol indicated most common early initiation/higher prevalence substance used (22.4% lifetime use). Experimentation w/ alcohol increases as students get older (5.6% 6th grade, to 14.5% 8th gr, 27.1% 10th gr, to 47.9% of 12th graders reporting having tried alcohol at least once in their lives).	⋮
Cannabis	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Cannabis 2nd most common substance used (14.6 % lifetime use). 12th gr highest lifetime use rate (38.6%). 8th grade had increase in regular use from previous PNA w/ 30-day score of 5.0% (back to 2016 levels). Of the students who try marijuana, more than half continue to use regularly.	⋮
Inhalants	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	In top 3 most popular ATODs for 6th grade (both experimental & regular use). 8th gr scored the highest for lifetime inhalant use (4.0%) & for 30-day use (2.1%). The 6th grade saw a 1.1-point increase in 30-day use, and the 12th grade had a similar 1.1-point gain in lifetime use for these chemicals.	⋮

Risk Factors

Component ▾	Source of Data ▾	Name ▾	Month ▾	Year ▾	Summary of Findings ▾	Actions
School - Low Commitment to School	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Exceeded nationwide in "Low Commitment to School" at 61.2% (13.7 points above BH Norm). 8th gr had highest score for "Low Commitment to School" (69.2%), 20.1 pts higher than their peers nationwide. All other grades surpassed the BH Norm as well, w/ each grade showing a majority of students at risk.	⋮
Community - Availability of AOD	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Scores for "Perceived Availability of Drugs" for 6th grade's 36.3% of kids showing as at risk – the highest mark for any grade. 34.9% of students said it would be "Sort of easy" or "Very easy" for them to get alcohol and 31.1% said the same for marijuana.	⋮
Family - Family Conflict	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Family Conflict 2nd highest risk factor (41.0% Overall). 42.5% said they had serious arguments among family members, (41.8%) said those arguments happened repeatedly over the same issues. 32.8% reported these arguments often devolved to yelling & insulting each other. 12th gr highest in this domain.	⋮
Individual/Peer - Depressive Symptoms	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	All grades scale scores showed nearly a majority of students were affected by a variety of negative thoughts, with the highest scores in the 12th (53.6%) and 8th (49.8%) grades. Significant 11.1-point jump from rates in 2018, & RensCo's overall score of 49.1% outpaced the national avg by 10.4 pts.	⋮

Component ▾	Source of Data ▾	Name ▾	Month ▾	Year ▾	Summary of Findings ▾	Actions
Family - Parental Attitudes that Favor AOD Use	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	30% reporting parental attitudes favoring substance use. Higher than BH Norm of 28%. 19.3% said they used MJ at home w/ parental permission. 36.45% said they drank alcohol at home w/ parental permission. HALF (49.6%) of kids say they haven't talked to their parents about the danger of substances.	⋮
Family - Parental Attitudes Favorable Towards Other Problem Behavior	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	The scale that scored the highest overall and was in the top two for most grades was "Parent Attitudes Favor Antisocial Behavior" (54.8%). Students' perceptions of their parents' permissiveness toward three problem activities are measured in this scale, namely: stealing, vandalism, and violence.	⋮
Individual/Peer - Perceived Risk of Drug Use	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	"Perceived Risk of Drug Use" (62.4%). (57.3%) at risk in the 8th grade; 6th (60.1%), 12th (66.1%), & (67.4%) in 10th grade. All grades surpass BH Norm. However, Perception of risk different based on substance. Lower perception of risk for MJ (36.5%) and alcohol (36.1%) than other substances.	⋮

Protective Factors

Component ▾	Source of Data ▾	Name ▾	Month ▾	Year ▾	Summary of Findings ▾	Actions
Individual/Peer - Prosocial Involvement	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	"Rewards for Prosocial Involvement" in Peer-Individual Domain (40.2%, 16.0 pts below BH Norm). Large gap. Asks students to reflect on whether they'll improve their social standing by engaging the positive activities. Although engaging in activities, low perception that it will make them look cool.	⋮
Individual/Peer - Social Skills	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Largest gaps from BH Norm being "Interaction with Prosocial Peers" in the Peer-Individual Domain (34.7%, 15.3 points below BH Norm).	⋮
Individual/Peer - Belief in the Moral Order	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Rensselaer County came in below the national average in "Belief in the Moral Order" (48.7%, 14.8 points below BH Norm).	⋮
Community - Rewards for Prosocial Involvement	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Overall, RensCo's protection rate was 31.7%. All scores fell below national avg compared to other students. 6th grade had the highest score at 35.2% and the lowest score belonged to the 10th grade at 26.8%. 12th grade's score (29.3%) increase from 2018, but it was the only grade that did so.	⋮

Component ▾	Source of Data ▾	Name ▾	Month ▾	Year ▾	Summary of Findings ▾	Actions
Family - Rewards for Prosocial Involvement	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Scale had the lowest scores in each grade & the lowest score for the Family Domain overall was "Rewards for Prosocial Involvement" at 52.7%. Looks at positive reinforcement from parents when they do something well. Only 27.4% said that their parents let them know "All the time" when they're proud.	⋮

Target Populations

Name ▾	Description ▾	Actions
High School Students	Students in grades 9 to 12 in Rensselaer County. 2023 PNA data shows increase in use as students age and a reduction in perception of harm. As well data shows a need in skill building in our young people, the effects of peer influence, and continued reinforcement of refusal strategies. Experimentation with alcohol increases steadily as students get older from 5.6% in the 6th grade, to 14.5% in the 8th grade, 27.1% in the 10th grade, to 47.9% of 12th graders reporting having tried alcohol at least once in their lives. With marijuana the 12th grade had the highest lifetime use rate with 38.6% of students in that grade having tried marijuana at least once. Of the students who try marijuana, more than half continue to use regularly. Overall, 64.3% of students who said they had used marijuana in their lifetime also admitted to using it in the past month. Higher rates of marijuana use may be due in part to students' friends' behaviors and attitudes. When asked how many of their four best friends used marijuana, 34.3% of 10th graders and 56.2% of 12th graders had at least one close friend who did. High schoolers also had much higher percentages of students than those of younger grades surveyed that believed there was at least some chance that they would "be seen as cool" if they used the drug (29.3% 10th grade, 42.5% 12th grade). 12th graders also has the highest rate of use in most "other" substances. Hallucinogens squarely at 5th place for drug of choice among high school seniors. Overall, the county's lifetime use rate was 2.2%, about half the national rate, but 12th grade students were only 0.8 points below MTF. Perception vs. Reality: the rate of 12th grade alcohol use in the past month was 26.6%, but 37.4% of students in that grade thought the majority of their peers drank. While 11.3% of 10th graders had used marijuana regularly, 27.6% thought it must more common than not among their classmates. The 12th grade had the highest percentage of students admit to being drunk or high while attending class at 10.0%. "Depressive symptoms" were reported highest in 12th grade (53.6%). School Suspensions: Some of the largest increases were in the 12th (10.3%, up 4.3 points) grade. Each grade's scores were the highest they have been since 2018, and all grades, as well as Rensselaer County overall, surpassed other students nationwide. "Laws and Norms Favor Drug Use" scored highest among 12th graders (50.9%). The 12th grade had the most struggles with students at risk in the Family Domain with the highest percentage of students scoring as at-risk in two thirds of the scales listed. For "Low Commitment to School" All other grades surpassed the BH Norm as well, with each grade showing a majority of students at risk. The 12th grade's score of 36.6% for "Academic Failure" put it as the grade most at risk in this scale and 3.2 points over the BH Norm. Overall, the region's score of 32.8% represented a 3.6-point drop from 2018.	⋮

Name ▼	Description ▼	Actions
Middle School Students	Students in grades 6 to 8 in Rensselaer County. 2023 PNA data shows increase in use as students age and a reduction in perception of harm. As well data shows a need in skill building in our young people and continued reinforcement of refusal strategies. Experimentation with alcohol increases steadily as students get older from 5.6% in the 6th grade, to 14.5% in the 8th grade reporting having tried alcohol at least once in their lives. Only the 8th grade showed an increase in regular marijuana use from the previous survey with its 30-day score of 5.0% bringing that age group back to 2016 levels. Of the students who try marijuana, more than half continue to use regularly. Overall, 64.3% of students who said they had used marijuana in their lifetime also admitted to using it in the past month; the 8th grade's 30-day use rate of 5.0% represented 71.4% of those students who admitted to trying marijuana. When other illicit substances are hard to come by, students may look for easier ways to get high. This is especially apparent with inhalant use, as items may be readily available in the garage or kitchen cabinets. The 8th grade scored the highest for lifetime inhalant use (4.0%) and for 30-day use (2.1%). The 6th grade saw a 1.1-point increase in 30-day use. Typically, younger grades are more prone to using inhalants since they have more difficulty accessing stronger illegal substances; in Rensselaer County they were among the top three most popular ATODs for the 6th grade in both experimental and regular use. Overall, the rate of inhalant use was 1.1%, roughly the same as in previous years. In Rensselaer County, the 12th grade experienced the greatest number of top scores in lifetime use of other substances with higher rates of use for all other substances not previously discussed except Sedatives (8th grade, 2.1%). Seniors led other grades for the highest 30-day use of all other drugs except Amphetamines (8th grade, 0.6%) and Ecstasy (6th grade, 0.2%). School Suspensions: Some of the largest increases were in the 8th (15.1%, up 3.8 points) grade. Each grade's scores were the highest they have been since 2018, and all grades, as well as Rensselaer County overall, surpassed other students nationwide. Attacking Others: Violence scores for this population were below the national average, but the rate of 8.6% in the 6th grade represented a 24.4% jump from 2018 in Attacked Someone with the Idea of Seriously Hurting Them and put that grade just 0.1 points shy of the BH Norm. When asked, 7.3% of Rensselaer County 8th grade students said it was only "A Little Bit Wrong" or "Not Wrong at All" to attack someone else, and a majority (51.3%) agreed that is alright to beat up people if they start the fight. Changing attitudes with groups of students who don't feel fighting is wrong may play a part in lessening violent incidents in schools and in neighborhoods. The scores for "Perceived Availability of Drugs" were the lower of the two scales among Rensselaer County students, with the exception being the 6th grade's 36.3% of kids showing as at risk – the highest mark for any grade. It was also the only age group to have shown increased risk in this domain. The 8th grade had the highest score for "Low Commitment to School" (69.2%), 20.1 points higher than their peers nationwide. All other grades surpassed the BH Norm as well, with each grade showing a majority of students at risk. "Perceived Risk of Drug Use," scores for this scale start at just over half of all students (57.3%) at risk in the 8th grade and continue to rise in the other grades – 6th (60.1%). All grades were at or surpassing the BH Norm, the largest excess being the 8th grade at 9.6 points higher than the national average. "Depressive Symptoms" scale. Scale scores for all grades showed nearly a majority of students were affected by a variety of negative thoughts, with the second highest scores in the 8th (49.8%) grades. Overall, it represented a significant 11.1-point jump from rates in 2018, and Rensselaer County's overall score of 49.1% outpaced the national average by 10.4 points.	⋮
Elementary School Students	Students grades K to 5 in Rensselaer County. Servicing elementary school students will allow us to preventively address risk and protective factors that either increase or decrease the probability of substance use or problematic use. We hope to intervene early in the lives of elementary students to teach them foundational copings skills, emotional management, communication skills, decision making skills, social skills, ability to stand up to peers etc. that will promote avoidance of early initiation into substance use. 2023 6th grade PNA data would illuminate the need for this as these students were just elementary age students months prior. As well, many risk and protective factors are not impacted by age necessary. Community, family, school, and peer/individual risk and protective factors has a foundation for young people long before they reach middle school. Something like "Commitment to School" has a historical foundational build that begins in elementary school. Early school experiences are very important. Students also get messaging that effects the perception of harm of substance use long before they enter middle school (bill boards, commercial, movies/tv, songs, adult messaging, adult modeling). Students in elementary school are also impacted by familial attachment, family conflict, family management, poverty, being in a family with a substance abusing person etc. just as their older youth counterparts are. Early prevention and intervention is prudent in trying to effect outcomes.	⋮
Parents/Caregivers/Families in Rensselaer County	2023 PNA Data indicates that young people are using at their home or someone else's with parental permission (19.3 % of kids said they used marijuana at home with parental permission; 36.4 % of kids said they drank alcohol at home with their parents permission). Less than HALF (49.6%) of kids say they haven't talked to their parents about the dangers of drug abuse in the last year. Family conflict, parental attitudes favorable towards antisocial behavior, and parental attitudes favoring AOD use were identified areas of need within the measured risk factors. Students also identified positive enforcement and rewards for prosocial involvement to be a protective factor that was an area of need. Familial messaging and modeling surrounding substance use is important in delaying early initiation of substance use or problematic use. Families also help to build students identity surrounding school, peer interaction, social skills, and a belief in a moral order.	⋮



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2026 Update to 2024-2027 Goals and Objectives Rensselaer County Department of Mental Health

Katherine Alonge-Coons, Commissioner
(kcoons@rensco.com)

Goal 1

Goal 1, 2026 Status Update: Ongoing

Goal 1, 2026 Status Update Description: The updates provided for the objectives below indicate strong progress to date. All of the services identified in the objectives are very limited in ability to serve the IDD population. There is no resource center for IDD population in OPWDD Region 3, little to no crisis respite, and the current crisis services (CSIDD) is not able to have an immediate response. At a minimum, a means to have urgent consultation provided for IDD individuals at any point in crisis continuum of care is essential. A trend identified in both the county and Capital Region is the increase in youth outside of Schenectady Co who are accessing the Ellis Hospital, Schenectady Family Room. Rensselaer Co to explore the creation of this service at Samaritan.

NYS OMH has awarded to Unity House Inc., funding to establish a Critical Time Intervention team for adults. Staff are currently being hired for the team.

Goal 1 Objective 1, 2026 Status Update: Ongoing

Goal 1 Objective 1, 2026 Status Update Description: The Rensselaer County LGU is working to integrate the Intensive Crisis Stabilization Center into the County Continuum of Care. This has been done by inviting the ongoing participation of the Community Liaison for RSS to committee meetings in the county which involve MH and Addiction treatment stakeholders. Unfortunately the Intensive Crisis Stabilization Center is not progressing in development due to site approval processes. The LGU plans to continue to have RSS representation at all committee meetings. There has been little to no contact with the provider for the Supportive Crisis Stabilization Center.

Goal 1 Objective 2, 2026 Status Update: Complete

Goal 1 Objective 2, 2026 Status Update Description: The Crisis Residence for adults opened in early 2025. However capacity is diminished to 4 beds instead of 6 due to staffing shortages. The LGU in conjunction with the provider have worked to integrate the residence into the continuum of care and referrals are increasing.

Goal 1 Objective 3, 2026 Status Update: Ongoing

Goal 1 Objective 3, 2026 Status Update Description: The Rensselaer County LGU continues to lead a System of Care workgroup of cross system stakeholders to review crisis unit deidentified data and develop strategies to decrease the number of children and youth accessing this service. Strategies employed include: complex case reviews convened as needed by the LGU with the individual's treatment team; Mon thru Fri check in calls from the CSPOA to Crisis Unit leadership to assist with disposition planning; and working to embed Mobile Crisis team services in Rensselaer County. Attached is data which tracks deidentified Crisis Unit utilization for minors and recidivism of the same population.

Goal 1 Objective 4, 2026 Status Update: Ongoing

Goal 1 Objective 4, 2026 Status Update Description: 2024 Annual data received from Northern Rivers indicates the following utilization by Rensselaer County children and youth.

Healy House Crisis Residence (ages 5-14) A total of 121 admissions, 12 of which were of Rensselaer County children - 10% of admissions.

North Star Crisis Residence (ages 13-17) a total of 324 referrals 54 from Rensselaer Co youth. This resulted in a total of 86 admissions with 19 from Rensselaer Co youth or 22% of the youth admitted were residents of Rensselaer Co.

The volume of referrals is of the youth population and indicates a need for greater capacity for youth Crisis Residence opportunities. The referral rate for county youth is good but would likely be stronger if there were greater capacity to serve referrals made, as less than 50% of the referrals made from the county to North Star were admitted.

Goal 1 Objective 5, 2026 Status Update: Ongoing

Goal 1 Objective 5, 2026 Status Update Description: In September 2024 EDPRT training was held and led by Troy PD and Rensselaer Co Dept of Mental Health. 38 officers received the 1 week training. Officers in attendance included: Troy, East Greenbush, Rensselaer Co Sheriff's Dept., and college security. Another training is being planned for fall 2025.

Goal 1 Objective 6, 2026 Status Update: N/A

Goal 1 Objective 6, 2026 Status Update Description: A soft launch has occurred in May 2025, to have a 2 person team from Mobile Crisis housed at Troy PD, Mon-Fri 9AM-9PM. Initially there is not full staff coverage for all of the hours but the

agency is working up to this. The team will be available to respond anywhere in the county, but the bulk of the calls come from Troy. The team will be able to respond as available to MH calls with the MH team of Troy PD. Data is attached for Mobile Crisis calls and response 2019 thru 2025 Q1. Adult Mobile data notes an increase in call volume with a decrease in in person response. Children and youth Mobile had the highest call volume in 2019 and 2025 Q1 achieving the highest monthly average of calls since 2029, with a lower percentage of in person response.

Goal 1 Objective 7, 2026 Status Update: Not started

Goal 1 Objective 7, 2026 Status Update Description: The HCBI service for children and youth has not yet launched. NYS OMH awarded funding to Northern Rivers to launch this service. There is delay in funding.

Goal 1 Objective 8, 2026 Status Update: Ongoing

Goal 1 Objective 8, 2026 Status Update Description: The Rensselaer County LGU issued a call for volunteers from across the continuum of care to serve on a Disaster MH Team. 20+ volunteers came forward, and NYS OMH conducted training for the team in November 2024. The team's implementation has occurred in collaboration with the Rensselaer Co Public Safety. A newly forming collaboration is underway with the County Health Dept., and the Medical Reserve Corps. Routine trainings (table top exercises) are being planned.

Goal 2

Goal 2, 2026 Status Update: Ongoing

Goal 2, 2026 Status Update Description: Adult Housing SPOA - An inadequate capacity of specialty housing exists in the county. The high acuity level of the population of persons with mental illness, those with the co-occurring mental illness and addiction and the corresponding requests for the highest level of housing support - community residence, is creating a shortage of the most structured housing. Housing First opportunities are also very limited, which is low barrier housing designed for persons who are not as interested in treatment.

2024 data as follows: In 2024, there were a total of 91 applications made to SPOA for OMH licensed/funded residential programs in Rensselaer County, this includes OMH Supported Housing and ESSHI projects. This is an increase of 17 referrals as compared to 2023 data. NYS OMH continues to promote priority access to housing for adults under an AOT order (52 persons in 2024) and individuals being discharged from State Psychiatric Centers. Rensselaer County CDPC census as of 12/31/24 was 8 individuals. The majority of the long stay individuals have other barriers to discharge such as complex medical needs warranting Nursing Home/Assisted Living placement or forensic status which impacts community housing options (no dedicated Forensic beds awarded to Rensselaer County and Congregate Care II providers cite insurance liability exclusions for Level 2/3 offenders). 2024 ended with a total of 18 persons identified in need of Community Residence admission. Despite the potential conversion of apartments into a community residence, there has been no other growth in this level of housing. Treatment Apartments have not been a viable option as most persons who are referred to the CR level of housing do not have the skills to live independently.

OASAS licensed 820 programs have increased in the county due to the opening of two housing opportunities for males: totaling 46 beds.

The LGU currently has no data re: OPWDD residential capacity or the number of residential opportunities located in the county or the number of persons in these residences who originated from the county's population.

Goal 2 Objective 1, 2026 Status Update: Ongoing

Goal 2 Objective 1, 2026 Status Update Description: There has been no further development of low barrier housing first opportunities despite a longstanding need.

Goal 2 Objective 2, 2026 Status Update: Ongoing

Goal 2 Objective 2, 2026 Status Update Description: The LGU seeks opportunities to pilot such a service. Efforts have been made in utilizing medication dispensing machines and other methods, this does not preclude the need for in home care.

Goal 2 Objective 3, 2026 Status Update: Ongoing

Goal 2 Objective 3, 2026 Status Update Description: Despite the opening of two new OASAS 820 residences for males, there remains no capacity in either the OASAS or OMH licensed housing to serve this high acuity co-occurring population. This is especially the case for persons with addiction; mental illness & IDD.

Goal 2 Objective 4, 2026 Status Update: Not started

Goal 2 Objective 4, 2026 Status Update Description: No progress. The LGU has been told a local housing provider is considering sites outside of the City of Troy.

Goal 2 Objective 5, 2026 Status Update: Not started

Goal 2 Objective 5, 2026 Status Update Description: No progress

Goal 2 Objective 6, 2026 Status Update: Ongoing

Goal 2 Objective 6, 2026 Status Update Description: This pilot project was launched in 2024 via the LGU contracting with The Addiction Care Center of Albany. Supported by a committee of stakeholders representing key addiction/recovery housing providers, peer, and CSAC, for decision making and review of all referrals; the program served 4 individuals from

the county in 2024. These stakeholders are educating the workforce re: this opportunity and referrals have increased in 2025 with a total expenditure of just above \$80,000.

Goal 2 Objective 7, 2026 Status Update: Ongoing

Goal 2 Objective 7, 2026 Status Update Description: There has not been opportunities for this development. Existing housing providers have had limited success in obtaining multi bedroom apartments to house families. There remains a high number of homeless families in the county. A data set prepared monthly to provide homeless families' deidentified data for providers to use when applying for funding.

Goal 2 Objective 8, 2026 Status Update: Not started

Goal 2 Objective 8, 2026 Status Update Description: There has not been any progress to date.

Goal 3

Goal 3, 2026 Status Update: Ongoing

Goal 3, 2026 Status Update Description: Northern Rivers Inc. opened a Youth ACT program in June 2025. Unity House Inc. has applied to open a MHOTRS program. Samaritan Hospital Outpatient has filled many vacant positions, and has prioritized referrals of Rensselaer Co residents. In 2024 this program served 1571 county residents. The Samaritan PROS served 150 county residents. The Unity House ACT program (adults) has been struggling with staffing, and has not yet had the staff resources to achieve maximum enrollment.

In 2024 the county operated MHOTRS programs served:

Rensselaer City Clinic (adults) = 526

Hoosick Falls Clinic (adults) = 142

Forensic Clinic at County Correctional Facility = 564

Unified Services Child and Adolescent = 1,238

There is no data available to the LGU re: the number of county residents being served in Article 16 OPWDD clinics.

Hope House Inc. Article 32 clinic reports in 2024: 329 evaluations were conducted and 224 admissions, there were 150 discharges, 116 of which were county residents. An estimated 76% of the clients were from the county.. Staffing has been a great challenge to this program. As of June 2025, the clinic has 1 FTE clinician.

NYS OMH awarded Rensselaer Co Dept. of Mental Health, funding to implement and mental Health Court Navigation Team. The team will consist of two staff: licensed MH professional and certified peer advocate. Team to interface with persons who wouldn't qualify for an MH Specialty Court, who are defendants in any court in the county. The team is launching in June 2025.

Goal 3 Objective 1, 2026 Status Update: Ongoing

Goal 3 Objective 1, 2026 Status Update Description: Providers in the county have reached out to the LGU advising of limits to capacity. The LGU as shared this info with other providers in the community who will attempt to fill-in with services as needed.

Goal 3 Objective 2, 2026 Status Update: Ongoing

Goal 3 Objective 2, 2026 Status Update Description: Northern Rivers Inc. Youth ACT program opened June 2025. The maximum census will be 28 youth.

Efforts will be focused upon referrals to the program.

Goal 3 Objective 3, 2026 Status Update: Not started

Goal 3 Objective 3, 2026 Status Update Description:

Goal 3 Objective 4, 2026 Status Update: Ongoing

Goal 3 Objective 4, 2026 Status Update Description: This is an initiative funded via Regional Abatement monies. The intention is to increase clinician skills to serve the Co-occurring population. Via a RFP grants were provided to Samaritan Hospital, Addiction Care Center of Albany; and the County Dept. of MH to obtain this training. These grants were given in 2024. Reports from providers indicate an increasing capacity to serve the co-occurring population. Note: Samaritan Hospital reports approximately 45% of the Psychiatric inpatient population have co-occurring addiction and mental illness.

Persons with co-occurring IDD and mental illness have limited treatment resources. There are very few Article 16 outpatient clinics serving the capital region, with capacity to provide psychiatric services. Additionally, the behavioral health programs (addiction and mental health) treatment have limited skill and understanding in treatment modalities for the IDD population. Care Coordination Organizations advise the LGU of tremendous challenges in obtaining treatment for this population.

Goal 3 Objective 5, 2026 Status Update: Ongoing

Goal 3 Objective 5, 2026 Status Update Description: Hope House Inc. - Troy, has been striving to re-establish an adolescent outpatient addiction treatment capacity. This has been challenged by workforce shortages.

The Unified Services Child and Adolescent MHOTRS, has received evidence based treatment training to care for the youth with co-occurring addiction and emotional disturbance - Teen Intervene and Seeking Safety. This has increased the capacity to treat addiction in adolescents.

Goal 3 Objective 6, 2026 Status Update: Ongoing

Goal 3 Objective 6, 2026 Status Update Description: The LGU has been monitoring the Vital Signs Dashboard performance of providers. County operated services have improved scores. The LGU has requested the St. Peter's Health Partners programs located at Samaritan Hospital to use these performance metrics in monitoring programs. The organization is implementing strategies for improvement.

There has been no appreciable improvement since last year. (see attached report)

Goal 4

Goal 4, 2026 Status Update: Ongoing

Goal 4, 2026 Status Update Description: Utilizing the Regional Abatement funding the LGU has paid for CRPA training for several persons from the county - included in this group are staff members of Joseph House Shelter Inc.

In the county operations, 1 additional peer position was added to the Rensselaer County 2025 Budget -

The 1 FTE for adults in the county operations, was divided between the Troy Police Court Drug Court and the MOHTRS program.

Goal 4 Objective 1, 2026 Status Update: Ongoing

Goal 4 Objective 1, 2026 Status Update Description: Rensselaer Co Dept. of Mental Health has hired 1.5 peers to work in county operated MHOTRS settings. These peers possess dual certification as CRPA & MH peer. An additional peer position was added to the 2025 Budget and with newly received OMH funding for MH Court Navigation team, an additional peer will be added to the county workforce.

Goal 4 Objective 2, 2026 Status Update: Not started

Goal 4 Objective 2, 2026 Status Update Description: There has been no advancement of this objective beyond existing services.

Goal 4 Objective 3, 2026 Status Update: Ongoing

Goal 4 Objective 3, 2026 Status Update Description: Vanderheyden Inc. has received funding from NYS OMH to build this workforce. Efforts will begin in summer 2025.

Goal 5

Goal 5, 2026 Status Update: Ongoing

Goal 5, 2026 Status Update Description: Prevention efforts in the county have been focused upon the utilization of OASAS funding and contracts with local school districts to provide prevention education, prevention counseling, and community prevention. Evidence based educational strategies are provided school based and community based for children, youth, families, and community members. The goal is to increase protective factors and reduce risk factors related to substance abuse for youth, families, and the community at large. These risk and protective factors are based on the Prevention Needs Assessment Data. The PNA was last administered in December of 2023.

During the 2024-2025 school year to date, the RCDMH Prevention Program provided 2,186 evidence based classroom presentations across 11 schools in 6 school districts (10 staff), from elementary aged through high school students. In addition to evidence based programming, there were approximately 554 youth who received prevention related assessment and/or counseling. The prevention program is integral in sustaining, supporting, and collaborating with local coalitions that have been maintained. This is a part of program efforts to increase community prevention approaches and environmental strategies work across the lifespan. It is the goal of the program for a future community focused prevention position to be filled, which can be funded via the Regional Abatement monies. An increased focus on building prevention efforts for adults would be beneficial. This community based prevention staff was able to be part time piloted during the 2023-2024 academic year. This position and staff member allowed for increased access to SBIRT/Teen Intervene (EBP) to be implemented throughout the county that addressed some service gaps.

Goal 5 Objective 1, 2026 Status Update: Ongoing

Goal 5 Objective 1, 2026 Status Update Description: RCDMH staff are a part of, and collaborate with, the Rensselaer County Heroin Coalition. Two regional coalitions exist within the county, NOpiates (Averill Park) and Troy Drug Free Community Coalition (Troy/Lansingburgh); both coalitions are supported by RCDMH Prevention staff and much collaboration occurs. There is an increased need for community wide education around the risks of (underage) alcohol/drug use, as well as fentanyl contamination in the local drug supply. The 2023 PNA data indicates that Rensselaer County has a higher than average risk factor on community availability of alcohol & Other Drugs; Parental Attitudes Favoring AOD use; and lower perception of risk based on substance. The county has low protective score for Community rewards for prosocial involvement. That, coupled with the legalization and commercialization of retail marijuana, minimal regulation and enforcement, media messaging, and substance related social media content, could lead to increased access to substances by youth and mixed messages. There are a number of opiate/fentanyl related deaths in Rensselaer County. Medical Examiner's Office and Public Safety inform RensCo Health Dept./Heroin Coalition Data [RensCo Health Dept./Heroin

Coalition Data 2024- 59 Fatal ODs; 369 non-fatal ODs (428 total fatal & non-fatal)]. Education and distribution of Narcan has had a positive effect on decreasing fatalities. There is a need to promote overall wellness and promote healthier community norms across the lifespan.

In collaboration with the local coalitions the prevention program was very involved in wellness days, community presentations, tabling events, Summer Fest, Overdose Awareness Day, Families on the Path to Wellness, Ice Fishing Tournament, and the Transformation Art Project. The prevention program also hosted the documentary "Screenagers Under the Influence: Addressing Vaping, Drugs and Alcohol in the Digital Age." This was well attended by adults and teens/tweens. The event also included tabling from community resources, a hands on experience of going through a mock teen bedroom/stash room, and a youth panel.

Goal 5 Objective 2, 2026 Status Update: Ongoing

Goal 5 Objective 2, 2026 Status Update Description: The OASAS funded Prevention program previously purchased and utilized additional EBP's to meet the needs of the students and parents through school and community based prevention programming. Boys Council and Girls Circle group curriculum were utilized as a Tier II Intervention this year with 6 group offerings held and provided to 20 students. This is planned to continue to be utilized for the 2025-2026 academic year. The Prevention Program has continued expanded services to the elementary school setting through Lansingburgh Central School District. PNA data supports the ongoing need for universal prevention education in schools. PNA data shows an increase in use as students age, reduction in perception of harm, and increase in access and means. As well, data shows a need in skill building in our young people, the effects of peer influence, and continued reinforcement of refusal strategies. Schools continue to identify that vaping (marijuana and nicotine products) continues to be a major challenge in schools and is expanding to a younger student population. PNA identified school suspensions increasing overall and higher than nationwide averages. The Prevention Program has also utilized Reach Lab products, such as the Smart Talk: Cannabis Prevention & Awareness Curriculum, and other products with students individually, group, classroom sessions, and with students who receive In School Suspension (ISS) or Out of School Suspension (OSS).

Parent education group offerings were provided during the 2024-2025 academic year. 7 Parent groups were offered with 28 caregivers participating. There has been a decrease in utilization since the year prior. Programming was offered county wide and with varying facilitation methods (In person/virtual) in hopes to increase utilization and decrease barriers. As well, childcare was offered when possible, bus passes, gas cards, light refreshments etc. 2023 PNA data indicates increased risk factors in the area of familial conflict and parental attitudes favoring antisocial behavior. A reduced protective factor lower than the Bach Harrison Norm was perceived family reward for prosocial involvement. 19.3% of young people said they used marijuana at home with parental permission. 36.4% of kids said they drank alcohol at home with parental permission. Nearly half (49.6%) of kids say they haven't talked to their parents about the dangers of drug abuse in the last year. There is also increased access and means to substances at home and decreased adult perception of harm and increased normalization.

Goal 5 Objective 3, 2026 Status Update: Ongoing

Goal 5 Objective 3, 2026 Status Update Description: The Student Assistance Program provides prevention counseling, screening, brief intervention (Teen Intervene), and referrals to treatment through nine schools in Rensselaer County that are OASAS approved Prevention Counseling Sites. The Supervisor of Prevention Services served on PINS Triage meetings and Court Diversion Council meetings held by the Rensselaer County Probation Department. This allows for streamlined referrals to SBIRT and Teen Intervene services to our most at risk youth. Girls Circle and Boys Council was also utilized, providing 6 groups to 20 students, who were referred as a Tier II intervention. Reach Lab products were also utilized with students who received In School Suspension (ISS) or Out of School Suspension (OSS).

It is the goal of the Prevention Program to hire a Community Prevention position with Regional Abatement Money. The program was also able to have a part time community based prevention staff for the 2023-2024 academic year. This position and staff member allowed for increased access to SBIRT/Teen Intervene (EBP) to be implemented throughout the county. Referrals occurred through increased collaborations with community providers such as Renss Co Probation, DSS, etc. It offered some collaborations with schools who do not currently have a Student Assistance Counselor. This community based prevention bridged some gaps and allowed for increased meetings of needs in some of our areas of the county that are more rural, have less services in their area, or more barriers to receiving services. This also was beneficial in providing intervention while youth were on waiting lists for Substance Assessment/Treatment. There are currently reduced substance assessment and treatment services for adolescents in our area and increased waitlists and time on waitlists.

Local NYS OASAS OP treatment providers have been continuing to explore ways to resume specialized adolescent/family treatment services which are lacking in the county at present. For the co-occurring population, cross training in areas of mental health and substance abuse is being pursued and will be offered so that integrated treatment is offered. There is a reduction in adolescent substance treatment services and age restrictions that are a barrier in a time in which we are seeing an increase in substance issues with youth at a younger age and increased acuity.

Goal 5 Objective 4, 2026 Status Update: Ongoing

Goal 5 Objective 4, 2026 Status Update Description: Suicide Prevention is an additional focus in the county. In 2024 Rensselaer County had 20 deaths by suicide. In 2025 there have been 9 deaths by suicide to date. Lethal means used in these deaths were predominantly by Firearm. The Suicide Prevention taskforce has begun to focus on Firearm Safety and Suicide Prevention as an effort to address this. An Information Awareness video is being made for utilization. As well, community presentations to county fish and game clubs have begun. This was very successful. More are planned for the future. Rensselaer County continues efforts for recruitment to the Postvention Team. The Suicide Prevention Task force is

working with SPCNY on possible future refresher trainings for Postvention members and training for those newly recruited to Postvention.

Goal 5 Objective 5, 2026 Status Update: Ongoing

Goal 5 Objective 5, 2026 Status Update Description: The majority of Prevention staff in the county are trained as Youth Mental Health First Aiders through Mental Health Association in New York State (MHANYS). MHANYS is currently operating under a grant to provide virtual training and certification of Youth and Adult MHFA. Typically there would be a fee associated with the certification for the individual, as well as for the training. Prevention staff have shared resources of these training throughout the school communities and coalitions they are involved in. Prevention program consults with school districts and Project Aware Grant Staff for MHFA training for certification. Consulted with Project Aware grant regarding Teen Mental Health First Aid. Lansingburgh High School students have been trained in Teen Mental Health First Aid through MHANYS as coordinated by Project Aware.

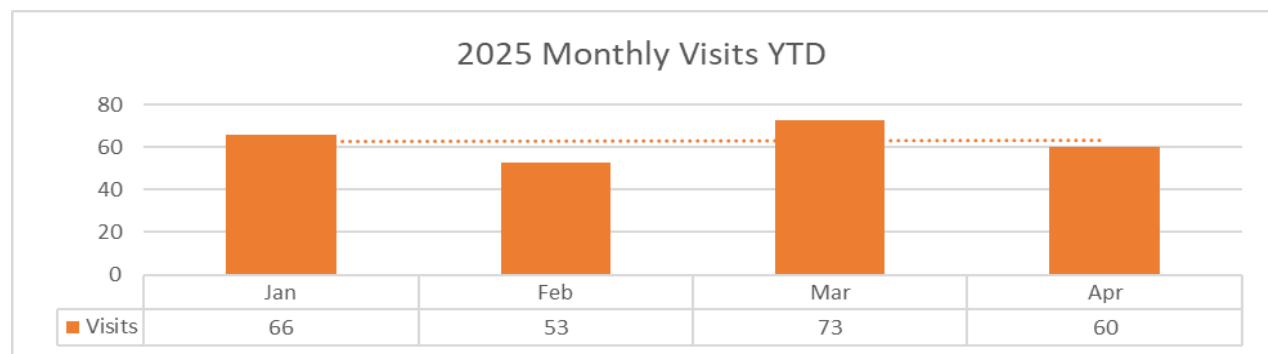
Goal 1

Objective 3

**Rensselaer County SOC – 2022 through April 2025
Samaritan Crisis Unit Data**

Because we are only four months into 2025, the number of visits is low, and any apparent trends could be reversed as the year progresses.

- There were 60 visits in April a decrease from the TYD high of 73; the YTD trend is flat.



- Year-to-date average monthly visits are lower than in the previous two years.
- The percentage of females is higher than previously.
- Visits by age group are like prior years.
- The age for chief complaint of suicide is higher for 12-17 than in previous years, and lower for 22-25 when taken as a percentage of the total across age groups.
- All age groups have a higher percentage of presentations with a chief complaint of suicide than in previous years when taken as a percentage of the visits for the age group; over half of the visits for ages 12-17 had a chief complaint of suicide.
- Visits for children/youth with previous discharges are slightly higher than in previous years for all ages except for 22-23, this number does not reflect information such as the number of repeat visits per youth.
- Transportation by police is higher than in previous years, and transportation by ambulance is lower.
- The length of ED stays “less than 1 day” is slightly lower than in previous years, with 1-< 3 days and 3+ days higher.

Average	2022	2023	2024	4.2025 YTD

Avg Monthly visits	87.2	90.6	67.8	63.0
Legal Sex				
% female	55%	54%	49.7%	56.7%
% male	44%	45%	49.7%	40.5%
% "other"	1%	1%	6%	2.8%
Age				
11 & under	5%	5%	5%	7%
12-17	34%	36%	35%	37%
18-21	36%	31%	32%	34%
22-25	25%	28%	28%	24%

LSP 2026 Data Goal 2

Rensselaer County Department of Social Services Homeless Families as of 4/2/2025

Thanks to Lisa Kelleher of the Rensselaer County Department of Social Services for providing the following data on homelessness.

Families

Compared to January 2025:

- There were 11 fewer families and 29 fewer people in these families being sheltered. Note that there were 86 Homeless Families being sheltered in July 2024.
- 51 of the 79 (65%) families are being sheltered in four locations and 68 of 79 (86%) families are being sheltered in 7 locations.
- Since January, the percentage of families who have recently become homeless has increased.

The following charts summarize the status of homeless families being housed by DSS.

Location	People	Families	Average Family Size
MONTE MARIO	67	18	3.7
BAYMONT INN	44	10	4.4
SCHUYLER INN	36	13	2.8
CAPITAL INN	34	10	3.4
QUALITY INN	23	7	3.3

SCHENECTADY INN AND SUITES	21	5	4.2
JOSEPH HOUSE	19	5	3.8
BELVEDERE INN	14	2	7.0
ST PAULS CENTER	14	5	2.8
MOTEL 6	10	2	5.0
CASTLE INN	5	1	5.0
AMERICA'S BEST VALUE INN	4	1	4.0
Grand Total	291	79	3.7
1/25/2025	320	90	3.6
4/2/2025 - 1/25/2025	-29	-11	

			4/2/2025	1/25/2025
Time Homeless	People	Families	% of Families	% of Families
> 1 year	58	14	18%	17%
0.5 to < 1 year	84	20	25%	30%
.25 to < .5 year	47	14	18%	20%
< .25 year	102	31	39%	33%
Total	291	79	100%	100%

Singles

The Department also houses single homeless individuals. While the number of families has decreased between 1/25/2025 and 4/2/2025, the number of single people has increased from 27 on 1/25/2025 to 41 on 4/2/2025. Per DSS, this increase could be due to mental health issues as many of these individuals receive SSD, and there is a lack of affordable housing for those with SSD as the only source of income.

While the percentage of newly homeless families has increased, 76% of these singles have been homeless for less than 6 months compared to 57% of families. The factors contributing to this trend could be explored and could be an opportunity for intervention.

The following charts summarize where single people are being sheltered by DSS and how long they have been unhoused compared to families.

	4/2/2025	1/25/2025
Location	People	People
BAYMONT	1	1
BELVEDERE	1	
BOOTH HOUSE	1	1
CAPITAL INN	5	2
IMPERIAL	11	5
JOSEPH HOUSE	7	5
MISSION	4	3

MONTE MARIO	5	7
MOTEL 6	2	1
QUALITY INN	3	
Schenectady Inn		1
SKY VIEW	1	
Value	-	<u>1</u>
Grand Total	41	27

		4/2/2025	4/2/2025
Time Homeless	Single People	% of Singles	% of Families
> 1 year	3	7%	18%
0.5 to < 1 year	7	17%	25%
.25 to < .5 year	12	29%	18%
< .25 year	19	46%	39%
Total	41	100%	100%

Rensselaer County OMH Residential Indicators

Background

The Residential Program Indicators (RPI) report on this Web site is a performance measurement reporting tool for adult housing programs in New York State that are funded through OMH. Viewers can use indicators in the report to evaluate agency residential programs, based on county, regional, and statewide averages. The data below is for the period 4/01/2024 through 3/31/2025.

While the Residential Indicators Report does not differentiate between OMH levels

- Joseph's House, Rehabilitation Support Services and the YWCA all provide supported housing
- Unity House provides supported housing plus more intensive levels of housing.

The occupancy rate for OMH housing is 84.9%.

Given the high need for housing in Rensselaer County targeted to individuals with Mental Illness and their families, the reasons for this low occupancy rate should be explored to best serve the residents of Rensselaer County. Possible reasons could include a mismatch between the level of need experienced by residents and the ability of the housing programs to meet that need.

Residential Program Indicator Report- Rensselaer County

Region	Facility	County	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	Total Admits
Statewide			299	84.9%	1,246	65.1%	65
Hudson River			299	84.9%	1,246	65.1%	65
Hudson River	Joseph's House and Shelter,		34	84.0%	151	3.0%	32
	Joseph's House and Shelter, Inc.	Rensselaer	34	84.0%	151	3.0%	32
	Rehabilitation Support		7	92.8%	1,451	50.0%	1
	Rehabilitation Support Services, Inc.	Rensselaer	7	92.8%	1,451	50.0%	1
	Unity House of Troy, Inc.		251	84.4%	1,433	74.1%	32
	Unity House of Troy, Inc.	Rensselaer	251	84.4%	1,433	74.1%	32
	YWCA Greater Capital Region		7	100.0%	2,695	100.0%	0
	YWCA Greater Capital Region	Rensselaer	7	100.0%	2,695	100.0%	0

2024 Data for OASAS licensed housing in Rensselaer County received via NYS OASAS

Hope House

820 Reintegration (Congregate, Women, 16 beds)

- 2024: 18 discharges, 27.8% (5) Rensselaer County of Residence
- Active: 92.3% Rensselaer County of Residence

819 Supportive Living (Scattered-site, Men, 17 beds)

- 2024: 29 discharges, 100% Rensselaer County of Residence
- Active: 81.3% Rensselaer County of Residence

822 Outpatient Program

- 2024: 150 discharges, 77.3% (116) Rensselaer County of Residence
- Active: 76.2% Rensselaer County of Residence

820 River St.

820 Reintegration (Scattered-site, Women, 14 beds)

- 2024: 23 discharges, 8.7% (2) Rensselaer County of Residence
- Active: 7.1% Rensselaer County of Residence

Fusion Recovery

820 Reintegration (Congregate, Men, 26 beds)

- 2024: 2 discharges, 100% Rensselaer County of Residence
- Active: 95.5% Rensselaer County of Residence

ACCA

820 Stabilization, Rehabilitation and Reintegration (Congregate, Men, 20 beds)

- 2024: 7 discharges, 14.3% (1) Rensselaer County of Residence
- Active: 0% Rensselaer County of Residence

Ages for Chief Complaint Suicide - % of total visits with this chief complaint				
11 & under (small numbers)	3%	4%	5%	7%
12-17	35%	36%	34%	40%
18-21	41%	30%	33%	35%
22-25	21%	30%	28%	18%
Total	100%	100%	100%	100%
Ages for Chief Complaint Suicide - % of age group total visits				
11 & under (small numbers)	24%	26%	32%	44%
12-17	44%	38%	32%	53%
18-21	49%	38%	34%	45%
22-25	37%	41%	33%	36%
Total visits	43%	38%	33%	46%
Ages With Previous Discharge				
11 & under - (small numbers)	56%	60%	60%	89%
12-17	55%	60%	65%	69%
18-21	63%	69%	71%	72%
22-25	74%	80%	83%	80%
Arrive by				
Ambulance	35%	35%	27%	24%
Car	29%	23%	32%	30%
Police	31%	34%	37%	42%
Other	5%	8%	4%	4%
LOS				
< 1 day	85%	86%	88%	81%
1-< 3 days	12%	11%	9%	13%
3+ days	3%	3%	3%	6%
Total Visits	1,046	1,088	813	252

Objective 6

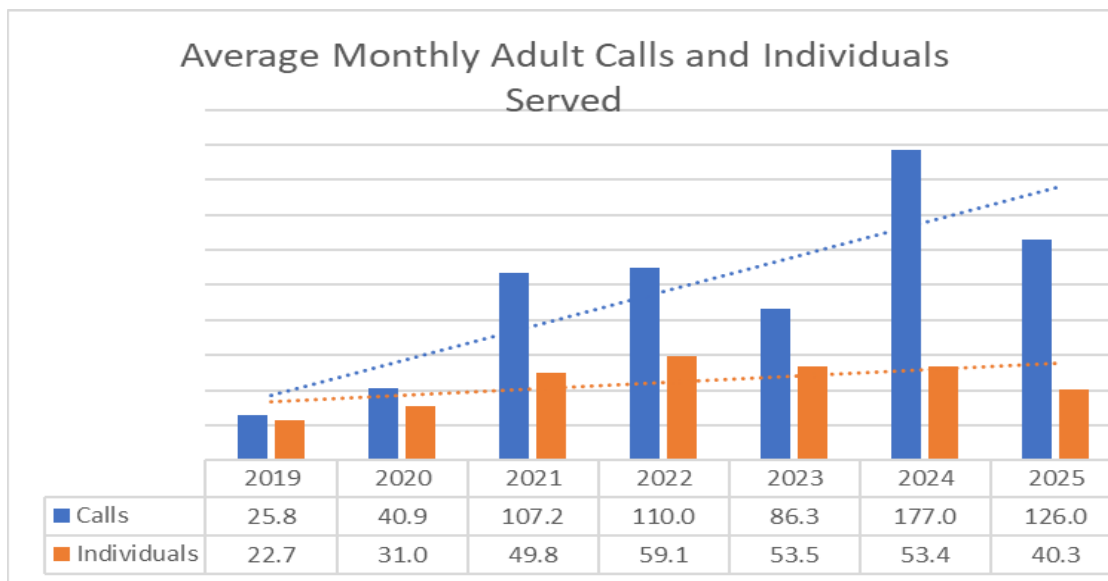
Rensselaer County Northern Rivers Adult Mobile Crisis 2019 Through First Quarter 2025

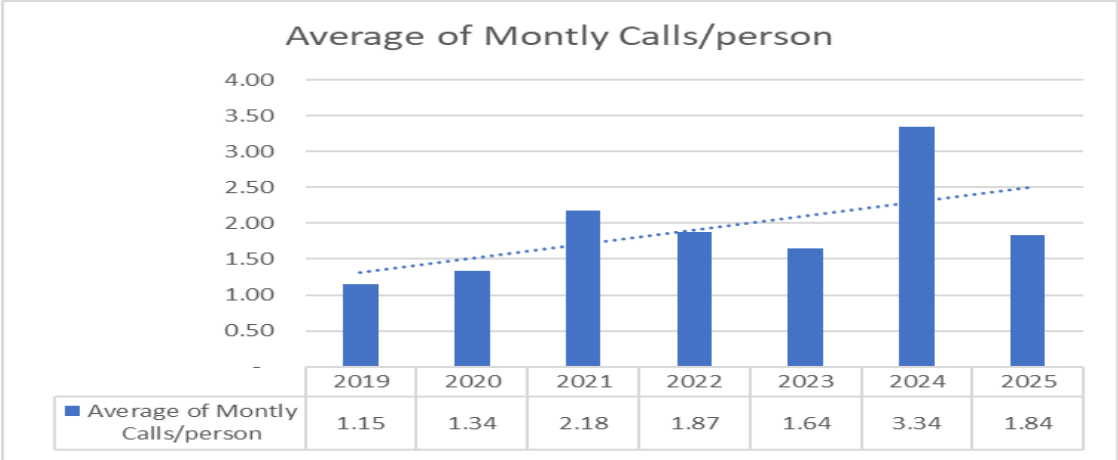
The average number of monthly calls and the average number of persons monthly by the Northern Rivers Adult Mobile program has trended upwards between 2019 and the first quarter of 2025.

- The average monthly calls trended up over the period. and peaked in 2024.
- The upward trend in average monthly individuals served increased less steeply than average monthly calls, peaking in 2022.
- Both average monthly calls and calls/person were highest in 2024.

The average number of new recipients began to be reported in 2023. While previously the average number of new recipients was slightly over 26 per month, the average number of recipients decreased to 18 for the first quarter of 2025.

Note that data is missing from 4 months in 2024.





Rensselaer County Child and Youth Northern Rivers Mobile Crisis 2019 thru Q1 2025

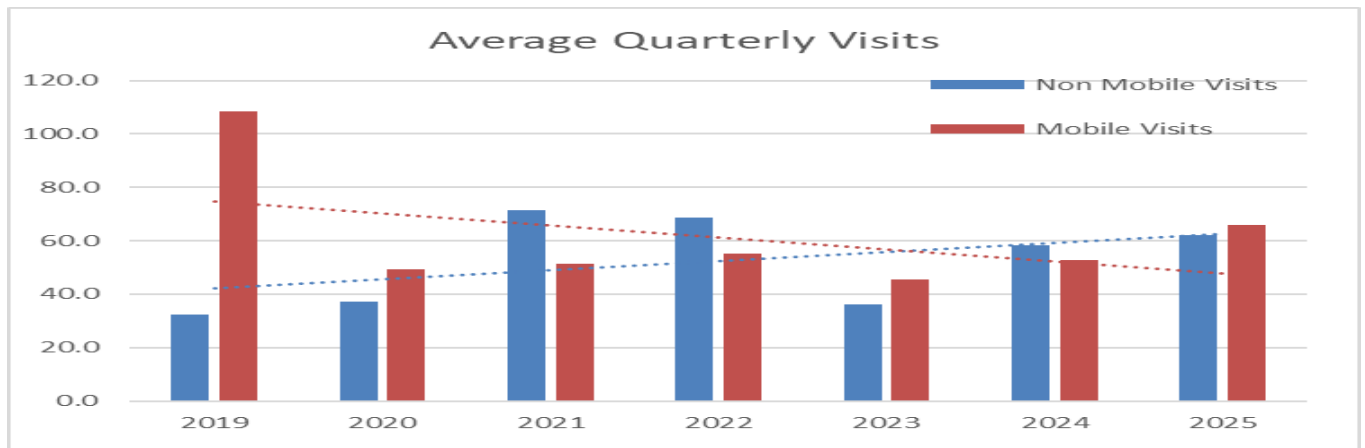
Quarterly mobile visits were highest in 2019, trending downward through 2024. Non-mobile visits were highest in 2021 and 2022 and are higher in 2024 and Q1 2025 than in 2023. Q1 2025 Total calls were at their highest level since 2019, with increases in both in both types of visits and the % of Mobile visits.

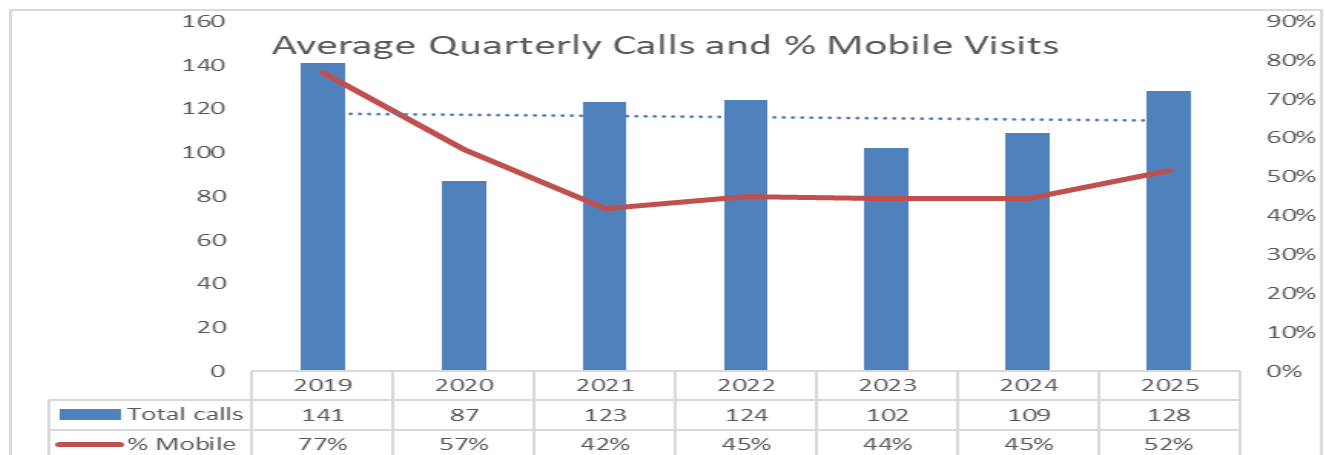
Note that Q1 2023 and 2025 is only the first quarter.

Quarterly Averages

Year	Non-Mobile Visits	Mobile Visits	Total calls	% Mobile
2019	32.5	108.5	141.0	78%
2020	37.3	49.3	86.5	46%
2021	71.5	51.5	123.0	42%
2022	68.5	55.3	123.8	45%
2023	36.0	45.3	102.3	44%
2024	58.3	52.7	115.0	46%
2025	62.0	66.0	128.0	52%

The graphs below illustrate this data.





Goal 3

Rensselaer County NYS OMH Vital Signs Dashboard – March 2025

Background

The OMH Vital Signs Dashboard (VSD) uses New York State Medicaid data to present the public mental health system’s performance in the domains of access, quality and treatment outcomes. All metrics are stratified by race/ethnicity: White, Black, Hispanic, Asian/Pacific Islander, Native American, Multiracial, Unknown. Race/ethnicity categories are mutually exclusive. Data is reported for the period 9/1/2023 – 8/31/2024.

Data is reported for adults and for children/youth. The “Full Mental Health Population” represents the mental health population served by all providers. When there is adequate data, the following reports display data for Rensselaer County as a whole and for individual providers. For race/ethnicity data, there is not adequate data to report on individual providers and when the numerator is less than 25.

https://mypublicdashboard.ny.gov/t/OMH/views/OMHVitalSignsDashboardVSD/VSDHome-Adult?:showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link

Data and observations follow with a focus on behavioral health indicators.

Adult Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

	Statewide	Rensselaer County	Rensselaer MH	Samaritan	Unity House-Troy
Access					
Received HH+ when eligible	36%	40%	-	36%	56%
Treatment					
Adherence to antipsychotic	64%	59%	77%	56%	78%
Antidepressant – acute	55%	49%	75%	49%	-
Antidepressant - continuation	39%	28%	50%	33%	-
30 day readmission	13%	18%		22%	35%
Quality					
7 day Follow up MH hosp.	50%	42%	71%	41%	52%
30 day Follow up MH hosp.	66%	58%	79%	58%	73%
7 day Follow up MH ED	49%	18%		31%	
30 day Follow up MH ED	64%	28%	84%	53%	82%

Rensselaer County is:

- better than the statewide average performance in access to Health Home Plus
- worse than the statewide average in treatment and quality measures

Samaritan Hospital is worse than the statewide average performance in all measures except access to Health Home screening.

Rensselaer County Mental Health is better than the statewide average performance in all measures for which there is adequate data to report.

Unity House of Troy is better than the statewide average for all measures for which there is adequate data to report except for 30 day readmissions.

Child Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

		Rensselaer County	Rensselaer MH	Samaritan
Access				
Use of 1st line psychocial care for children/youth on antipsychotics	75%	30%	96%	-
Treatment				
30 day readmission MH	9%	-	-	-
Quality				
7 day Follow up MH hosp.	66%	65%	77%	50%
30 day Follow up MH hosp.	82%	77%	96%	50%
Follow up ADHD Med initiation	61%	45%	86%	-
Follow up ADHD Medcontinue	69%	46%	82%	-
7 day Follow up MH ED	62%	16%	68%	-
30 day Follow up MH ED	78%	20%	84%	-

Rensselaer County is:

- worse than the statewide average for most measures but is at the state average for 30 day readmission.

Rensselaer County Mental Health is better than the statewide average in all measures that there is sufficient data to report.

There was only adequate data to report on two measures for Samaritan Hospital. Both are worse than the statewide average.

Disparities

The ability to review race/ethnicity performance is limited by small number of some races/ethnicities for several performance measures. Because small numbers are suppressed, the disparity in numbers doesn't always total.

Disparities are discussed and highlighted in the tables following the narrative in comparison to measures for the county as a whole. When there is not enough data to report, those categories are left blank.

For adults, the measures for people identified as White are generally better than other races/ethnicities, highlighting racial disparities in service access, delivery, and quality.

For children, the measures for people identified as White are also generally better than other races/ethnicities, highlighting racial disparities in service access, delivery, and quality with some exceptions such as follow-up ADHD medication continuation and initiation for some ethnicities other

than White. This is particularly evident with the child data where, for example, the several measures where there is only a total rate and a rate for White children which exceeds the total rate. Without specifics, we can assume that the rate for other ethnicities is lower than the rate for White children.

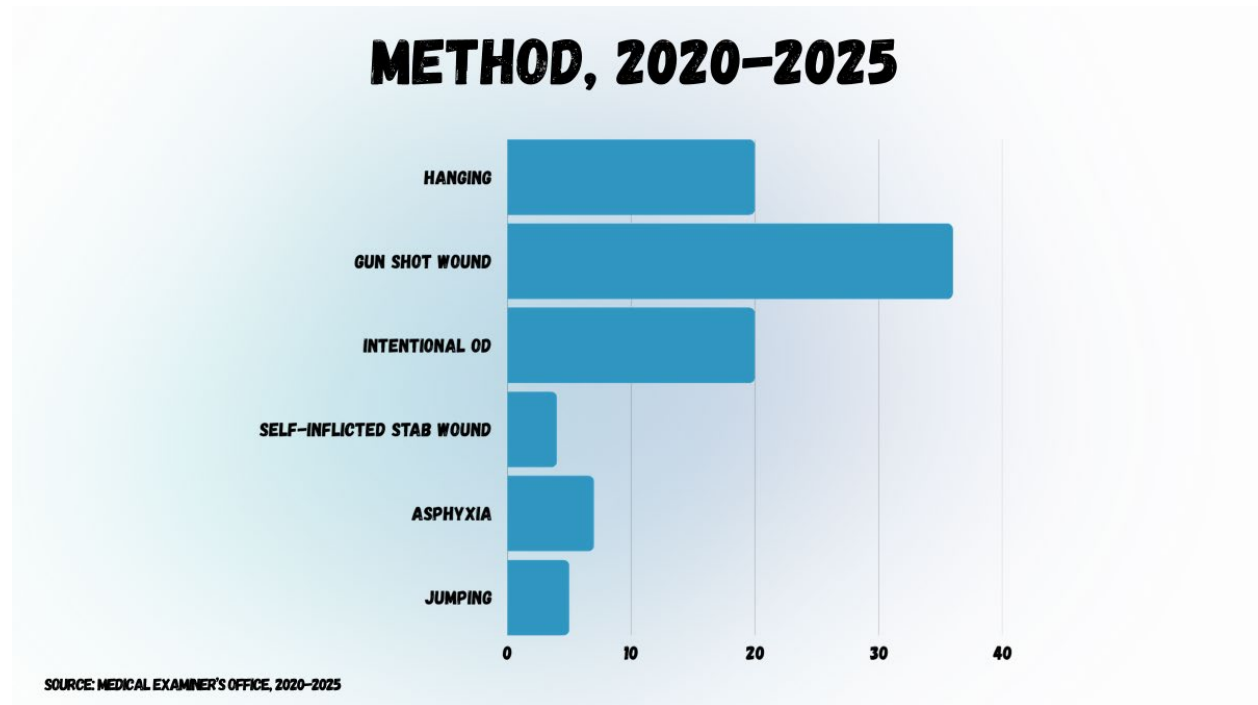
Charts showing the disparity measure for adults and children are on the following pages.

Adults		
Measure	Disparity Category	Performance
Adherence to AP (Schizophrenia)	Total	59%
	Asian/PI	
	Black	47%
	Hispanic	63%
	Multiracial	33%
	White	70%
Antidepressant – Acute Phase	Total	49%
	Asian/PI	46%
	Black	35%
	Hispanic	42%
	Multiracial	49%
	Native American	
	White	54%
Antidepressant – Continuation Phase	Total	28%
	Asian/PI	25%
	Black	18%
	Hispanic	22%
	Multiracial	27%
	Native American	
	White	34%
	Unknown	
Follow-up MH ED 7 Day	Total	18%
	Black	15%
	Hispanic	
	Multiracial	
	White	28%
Follow-up MH ED 30 Day	Total	28%
	Black	27%
	Hispanic	
	Multiracial	27%
	White	41%
Follow-up MH Hospitalization 7 Day	Total	42%
	Black	34%
	Hispanic	38%
	Multiracial	36%
	White	48%
	Unknown	
Follow-up MH Hospitalization 30 Day	Total	58%
	Black	49%
	Hispanic	56%
	Multiracial	51%
	White	65%
	Unknown	
HH+ Service Received	Total	40%
	Asian/PI	
	Black	42%
	Hispanic	40%
	Multiracial	30%
	White	44%
Medication Assisted Treatment for OUD	Total	40%
	Black	42%
	Hispanic	40%
	Multiracial	30%
	White	44%
	Unknown	
Use of Pharmacotherapy for Alcohol Use or Dependence	Total	7%
	Asian/PI	3%
	Black	5%
	Hispanic	5%
	Multiracial	8%
	White	8%
	Unknown	7%
Readmission 30 Day (Lower % is better)	Total	18%
	Asian/PI	0%
	Black	24%
	Hispanic	
	Multiracial	20%
	White	16%

Children		
Measure	Disparity Category	Performance
First-Line Psychosocial Care	Total	30%
	Black	
	Multiracial	
	White	32%
Follow-up ADHD Medication, Continuation	Total	46%
	Black	
	Hispanic	57%
	Multiracial	38%
	White	45%
Follow-up ADHD Medication, Initiation	Total	45%
	Asian/PI	65%
	Black	33%
	Hispanic	51%
	Multiracial	45%
	White	48%
	Unknown	30%
Follow-up MH ED 7 Day	Total	16%
	Black	
	Hispanic	
	Multiracial	
	White	34%
Follow-up MH ED 30 Day	Total	20%
	Black	
	Hispanic	
	Multiracial	
	White	36%
Follow-up MH Hospitalization 7 Day	Total	65%
	Black	
	Multiracial	
	White	74%
Follow-up MH Hospitalization 30 Day	Total	77%
	Black	
	Multiracial	
	White	94%

Data Goal 5

Method for Suicide – Rensselaer Co Medical Examiner





Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2027 Update to 2024-2027 Goals and Objectives Rensselaer County Department of Mental Health

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Goal 1

Goal 1, 2027 Status Update: Ongoing

Goal 1, 2027 Status Update Description: To date neither crisis stabilization center has materialized. The LGU has welcomed the community liaison for the Intensive Crisis Stabilization Center is in active attendance for all LGU committee meetings and is networking with providers in the continuum of care. The over reliance on Emergency Dept. Crisis Units continue, with Samaritan Hospital, Troy NY, reporting a monthly average of 500 Crisis Evaluations. Efforts to decrease the number of Rensselaer County children and youth accessing the Crisis Unit for evaluation continues to decrease (see attached data.) Mobile Crisis visits have continued to increase since the end of the pandemic. However, for children and youth the number of Mobile Crisis evals has not reached the prepandemic level. The Mobile Crisis team has co-located a team each weekday with Troy PD, and is responding to calls with and without law enforcement. This has aided in decreasing the travel time for more timely response in the community. The Adult Crisis Residence opened in early 2025, however is not operating at full census due to staffing shortages. The Crisis Residence often has no vacancy and is serving primarily Rensselaer County Residents. The child & youth outpatient clinic operated by the county is routinely referring to the child and adolescent Crisis Residences, including the new youth Crisis Residence operated by St. Anne's Institute. The County awaits the opening of the Home Based Crisis Intervention Service for youth.

Goal 1 Objective 1, 2027 Status Update: Ongoing

Goal 1 Objective 1, 2027 Status Update Description: Neither Crisis Stabilization Center has opened in the Capital Region. The Intensive Crisis Stabilization Center (awarded to RSS) has a community liaison who actively attends all Rensselaer County LGU Committee meetings and is developing linkages with key community stakeholders. The LGU has had no contact with the Promesa, the awardee for the Supportive Crisis Stabilization Center,

Goal 1 Objective 2, 2027 Status Update: Complete

Goal 1 Objective 2, 2027 Status Update Description: Note: The Adult Crisis Residence operated by Unity House Inc., continues to operate at 2/3 census due to staffing shortages. Much of the time the beds which are operating are full, and there is a waiting list.

Goal 1 Objective 3, 2027 Status Update: Ongoing

Goal 1 Objective 3, 2027 Status Update Description: (See attached data packet) The number of children and youth accessing the Samaritan Hospital ED based Crisis Unit has steadily decreased. There is a cohort of recidivistic youth who will benefit from HBCI services, which will aid in decreasing child and youth ED based crisis evals.

Goal 1 Objective 4, 2027 Status Update: Complete

Goal 1 Objective 4, 2027 Status Update Description:

Goal 1 Objective 5, 2027 Status Update: Ongoing

Goal 1 Objective 5, 2027 Status Update Description: In 2025, one EDPRT course was provided to 38 law enforcement officers based in Rensselaer County. To date a 2026 course has not been planned.

Goal 1 Objective 6, 2027 Status Update: Complete

Goal 1 Objective 6, 2027 Status Update Description: A team from the Mobile Crisis Service is embedded with Troy PD Mon thru Fri. the team responds to calls throughout the county.

Goal 1 Objective 7, 2027 Status Update: Ongoing

Goal 1 Objective 7, 2027 Status Update Description: Recently Northern Rivers notified the LGU of NYS OMH funding now issued for this service. Candidates for positions are now being sought.

Goal 1 Objective 8, 2027 Status Update: Complete

Goal 1 Objective 8, 2027 Status Update Description: The Disaster MH team has been formed and is engaging in ongoing training.

Goal 2

Goal 2, 2027 Status Update: Ongoing

Goal 2, 2027 Status Update Description: 2025 Annual Report-Adult Housing SPOA

The demand safe/affordable housing for individuals and families continues to outweigh the supply and remains a top priority of the Rensselaer County Local Services Plan. Of note is the increasing acuity/behavioral health needs of individuals living in the community in general and the trend of increased referral/need for the highest level of residential service (NYS OMH CCII Community Residence). Unity House has submitted PAR's to NYS OMH for expansion of the Community Residence program; this is in the review process at NYS OMH.

The lack of stable housing has been identified as a social determinant that drives up Medicaid costs as well. With the focus of healthcare reform on reducing avoidable emergency room/inpatient hospitalizations, the development of a crisis residence is critical, in order to act as an ED/ hospital diversion and hospital step down resource. After a delay, the regional Unity House Crisis Residence opened in early 2025.

No new funding for residential expansion has been allocated to Rensselaer County from NYS OMH since 2017. It remains a challenge to fill the allocated 12 Long Stay Supported Housing beds (50% occupancy historically) that serve State PC discharges given the stringent criteria for admission, difficulty with "daisy chaining" across the residential continuum, and overall decreased volume of CDPC admissions/discharges. The traditional Supported Housing model lacks medication oversight and nursing supports for those transitioning from institutional settings to the community. Unity House Inc has been directly awarded several ESSHI projects, a total of four projects offering 50 dedicated units of supported housing to individuals with SMI (for individuals and families). The number of homeless families in Rensselaer County had risen to over 100 in 2025. The LGU works closely with RC DSS and residential providers to focus on resettling homeless families in supported housing when eligible.

Rensselaer County LGU continues to demonstrate commitment to resettling individuals with behavioral health conditions back to the community from the State Psychiatric Center/CDPC, hospital inpatient units, homeless shelters, adult homes, and forensic facilities. The impact of bail reform legislation and continued community violence has led to an increased focus on (staff) safety for residential and care management providers.

In 2025, there were a total of 95 applications made to SPOA for OMH licensed/funded residential programs in Rensselaer County, this includes OMH Supported Housing and ESSHI projects. This is an increase of 4 referrals as compared to 2024 data. NYS OMH continues to promote priority access to housing for adults under an AOT order and individuals being discharged from State Psychiatric Centers. The number of Rensselaer County AOT consumers has been decreasing over time which coincides with shorter lengths of stay in IP hospitals and psychiatry staff turnover. At the end of 2025, 48 individuals were under an AOT order. Rensselaer County CDPC census as of 12/31/25 was 9 individuals. The majority of the long stay individuals have other barriers to discharge such as complex medical needs warranting Nursing Home/Assisted Living placement. A new trend is the increase in admission to CDPC as a result of Orders of Observation/to satisfy legal requirements. For individuals with histories of fire setting and assault, it is difficult to access NYS OMH residential services for these populations due to perceived risk of harm.

Goal 2 Objective 1, 2027 Status Update: Not started

Goal 2 Objective 1, 2027 Status Update Description: No progress, especially with anticipated HUD funding changes that may eliminate Housing First models or redesign existing programs.

Goal 2 Objective 2, 2027 Status Update: Ongoing

Goal 2 Objective 2, 2027 Status Update Description: No dedicated program to meet these needs. Community providers have tried to incorporate into CCII transitional settings through Restorative Service work, through UH ACT Team skill building, and recommendation for PROS classes to address independent living skill development

Goal 2 Objective 3, 2027 Status Update: Ongoing

Goal 2 Objective 3, 2027 Status Update Description: No dedicated program to meet these needs. Expanded ESSHI resources (2 additional SMI beds in 2025) have supported individuals/families with co-occurring disorders

Goal 2 Objective 4, 2027 Status Update: Ongoing

Goal 2 Objective 4, 2027 Status Update Description: RSS has been open to exploring rural area expansion and is currently working with one client/family who prefers to live in rural Renss Co

Goal 2 Objective 5, 2027 Status Update: Not started

Goal 2 Objective 5, 2027 Status Update Description: No dedicated housing, however referrals are submitted through SPOA for justice involved individuals regularly and ESSHI units have been options.

Goal 2 Objective 6, 2027 Status Update: Ongoing

Goal 2 Objective 6, 2027 Status Update Description: Through Regional Abatement funding, this project has served a total of 11 individuals to provide financial support to supplement rental payments directly with the landlord. The pilot has been successful and in 2026 new criteria has been set to assure each recipient is engaging in employment in order to eliminate the need or the subsidy, and maintain recovery.

Goal 2 Objective 7, 2027 Status Update: Ongoing

Goal 2 Objective 7, 2027 Status Update Description: There remain limited opportunities for supported housing to serve families. Most supported housing opportunities are for singles, and not designed for families. Section 8 has an extensive wait list.

Goal 2 Objective 8, 2027 Status Update: Not started

Goal 2 Objective 8, 2027 Status Update Description: The LGU has been approached by a sober living provider. However the ongoing LGU cost is greater than anticipated and is an annual expense.

Goal 3

Goal 3, 2027 Status Update: Ongoing

Goal 3, 2027 Status Update Description: 2025/2026 Progress to date in the expansion of outpatient services includes: the opening of Northern Rivers Youth ACT; opening of Unity House MHOTRS; and success in filling clinician vacancies for Samaritan Hospital Outpatient MHOTRS. Unity House also opened CTI program.

In 2025 Unity House ACT (adult) served 42 Rensselaer County residents, the new MHOTRS clinic which opened in December 2025 served 30 Rensselaer County residents.

The Samaritan Hospital MHOTRS enrollment data as follows:

1/31/25 = 1542

1/31/26 = 1655

3/31/26 = 1579

At present the Samaritan hospital MHOTRS is experiencing several vacancies for prescribers, Recruitment efforts are underway. Clinician vacancies are being filled with the hiring of 14 new licensed therapists. In 2026 Q1, Samaritan has transferred medication only clients to other practices, and with the vacancies limited intakes to the highest risk individuals. Clients of this MHOTRS are primarily Rensselaer County residents but also include residents of other Capital Region counties. In late 2025 a new management structure was implemented, and the MHOTRS has a new manager.

Samaritan PROS census for 2025 = 164 total clients. 116 or 71% were Rensselaer County residents. 2026 Q1 census = 98 clients, 67 (or 68%) are Rensselaer County residents.

The MHOTRS operated by Rensselaer Co Dept. of Mental Health client census for 2025 is as follows:

Rensselaer City Clinic (adult) = 509

Hoosick Falls Clinic = 105

Forensic at Rensselaer Co Correctional Facility = 561

Unified Services Child and Adolescent = 1215

Currently the Child and Adolescent clinic is operating with a wait list which is comprised of mid acuity referrals. This program has prioritized all high acuity referrals i.e. inpatient discharges, Crisis Unit referrals, residential placement discharges. All RCDMH MHOTRS are fully staffed with the exception of a fulltime clinician position added to Forensic. Recruitment efforts have been challenging as this is not a population that many clinicians are comfortable in.

Northern Rivers has reported Youth ACT census as of 12/31/25 as 8 youth. The census as of 3/31/26 = 15 youth.

In 2025 the Capital Region experienced the loss of psychiatry services which had been dedicated to the IDD population with the closure of the Center for Disability Services psychiatry service. This resulted in the displacement of several hundred persons in need of this care. MHOTRS in the region (& in Rensselaer Co) were unable to absorb many of these persons into care for the following reasons: lack of capacity in terms of clinical hours; lack of psychiatric specialty with this population; and challenging clinical profiles. In Rensselaer County, the county operated Rensselaer City Clinic accepted many referrals from a local IDD housing provider. The Lifeplan CCO has provided information to the LGU re: the most needed service for the IDD population served among those services is psychiatry.

2025 data obtained by the LGU from NYS OASAS reports the 822 outpatient 2025 program census as follows:

Hope House Inc. = 181 discharges, 76.2% Rensselaer Co residents and among the active clients 84.4% are Rensselaer Co residents.

Conifer Park:

822 Opioid Treatment – closed 12/14/25

1. 2025: 117 discharges, 25.6% Rensselaer County of Residence

822 Outpatient Program – closed 12/14/25

1. 2025: 151 discharges, 61.6% Rensselaer County of Residence

822 Comprehensive Outpatient Program

2. Active: 57.9 % Rensselaer County of Residence

Note: Program converted to Comprehensive Outpatient Clinic on 12/15/25

Needs identified in Committee meetings & OMH hosted Community Engagement sessions are as follows: Adult Partial Hospital like program; IOP for adults and one for youth; and increased capacity for the treatment of co-occurring disorders. The LGU is working to identify the viability of IOP development within the county operated and Samaritan Hospital MHOTRS. The Commissioner is exploring with NYSOMH any opportunities for development of partial hospital like programs. The LGU has continued to provide grant funding via Regional Abatement funds for training in the treatment of co-occurring disorders to enhance clinical skills and expand treatment opportunities for this population.

Goal 3 Objective 1, 2027 Status Update: Ongoing

Goal 3 Objective 1, 2027 Status Update Description: This has been an ongoing need due to staffing shortages and is anticipated to be a continual need. This is true across all populations: addiction, mental health & IDD.

Samaritan Hospital's Outpatient clinic has had much attrition of psychiatry and clinical staff. Hiring is underway and should bring the capacity to achieve full client census.

Unity House Inc. opened a MHOTRS clinic operation which has not been fully staffed. The provider is considering the possibility of retooling the MHOTRS and will be discussing with the LGU and OMH.

Within the Capital Region there are limited outpatient psychiatric resources to serve the IDD population. The largest provider of this specialty service ceased this service in late 2025. The system of care turned to telehealth private providers and OMH licensed MHOTRS clinics. This is not a psychiatry specialty for most OMH licensed outpatient providers and creates a significant gap of care for the IDD population.

Throughout the disruption of outpatient treatment census due to staff attrition, the LGU has worked to provide real time updates to outpatient treatment providers, worked to assure the highest risk clients are receiving care.

Goal 3 Objective 2, 2027 Status Update: Complete

Goal 3 Objective 2, 2027 Status Update Description: Youth ACT has been launched and the CSPOA is working effectively with the provider to assure referrals are appropriate. The program has nearly achieved full census.

Goal 3 Objective 3, 2027 Status Update: Not started

Goal 3 Objective 3, 2027 Status Update Description: There have been initial discussions with St. Peter's Health Partners Behavioral Health leadership re: the development of an IOP within the MHOTRS clinic and providing treatment for co-occurring addiction and mental illness.

Goal 3 Objective 4, 2027 Status Update: Ongoing

Goal 3 Objective 4, 2027 Status Update Description: Through the Regional Abatement monies provided to the LGU via NYS OASAS, small grants have been provided to both OASAS and OMH licensed outpatient treatment providers to provide training to clinicians in evidence based practices to treat co-occurring addiction and mental illness. These grants are renewable on an annual basis.

The LGU is sponsoring a training workshop for clinicians in the provision of addiction treatment for persons with IDD. This is in response to several young adults in the community who have IDD and are abusing substances, with limited to no treatment providers with the skills to provide treatment.

The RCDMH Forensic Services at the County's Correctional Facility is providing Integrated Care with a local OASAS licensed treatment provider.

Goal 3 Objective 5, 2027 Status Update: Ongoing

Goal 3 Objective 5, 2027 Status Update Description: The RCDMH Child and Adolescent Outpatient MHOTRS does provide co-occurring treatment for youth. Several of the clinicians have previously been trained in Teen Intervene. Additional training has also been given in the "Seeking Safety" treatment model.

Hope House Inc., is providing addiction treatment for adolescents on a limited basis.

Goal 3 Objective 6, 2027 Status Update: Ongoing

Goal 3 Objective 6, 2027 Status Update Description: The LGU has had discussions with the St. Peter's Health Partners behavioral Health leadership re: the need to improve outcomes in increasing strong outcomes as measured by the Vital Signs dashboard. Efforts are now underway to redesign behavioral health services located at Samaritan Hospital in an effort to achieve this outcome. The overall Rensselaer Co performance is suppressed by the scores from the hospital based MH services.

RCDMH remains committed to assuring strong outcomes as measured by the key performance indicators of the dashboard, and Unity House Inc. MHOTRS was not in implementation long enough to have viable measures.

Goal 4

Goal 4, 2027 Status Update: Ongoing

Goal 4, 2027 Status Update Description: The OASAS funded CRPA position housed at Rensselaer Co Dept. of Mental Health has been vacant since October 2025. Recruitment efforts have been ongoing. A finalist was determined in May 2026. The candidate has accepted the position to begin in July 2026.

The MH Court Navigation Team has a peer on the workforce who is obtaining dual certification as CRPA, and MH Peer.

The LGU has committed MAT funds to underwrite the cost of a CRPA via ACCA to be full time at the County Correctional Facility. Should additional funding be needed for the position,, funds will be used from the Regional Abatement monies.

A Full Time peer advocate has been hired to join the workforce of the RCDMH Rensselaer City Clinic who will be dually certified. Start up funding will be used from eth Regional Abatement monies.

Goal 4 Objective 1, 2027 Status Update: Complete

Goal 4 Objective 1, 2027 Status Update Description: RCDMH has hired peers for both the child and adult MHOTRS operations.

Goal 4 Objective 2, 2027 Status Update: Complete

Goal 4 Objective 2, 2027 Status Update Description: This position has been vacant for 8 months and is to be filled in July 2026.

Goal 4 Objective 3, 2027 Status Update: Ongoing

Goal 4 Objective 3, 2027 Status Update Description:

Goal 5

Goal 5, 2027 Status Update: Ongoing

Goal 5, 2027 Status Update Description: Prevention efforts in the county have been focused upon the utilization of OASAS funding and contracts with local school districts to provide prevention education, prevention counseling, and community prevention. Evidence based educational strategies are provided school based and community based for children, youth, families, and community members. The goal is to increase protective factors and reduce risk factors related to substance abuse for youth, families, and the community at large. These risk and protective factors are based on the Prevention Needs Assessment Data. The PNA was last administered in November 2025.

During the 2025-2026 school year to date, the RCDMH Prevention Program provided 1,890 evidence- based classroom presentations across 11 schools in 6 school districts (10 staff), from elementary aged through high school students. This does not include the additional evidence-based lessons (SPORT and Smart Talk) that were also delivered during the school year, in summer school, and at camps located in the county; 29 additional lessons were given to 286 youth. In addition to evidence based programming, there were approximately 516 youth who received prevention related assessment and/or counseling in all 11 schools.

The prevention program is integral in sustaining, supporting, and collaborating with local coalitions that have been maintained. This is a part of program efforts to increase community prevention approaches and environmental strategies work across the lifespan. An increased focus on building prevention efforts for adults would be beneficial and is already underway through coalition collaborative efforts and suicide prevention taskforce initiatives. Early intervention in the form of new parenting program offerings, is also underway for 2026, with such programs as Triple P Positive Parenting and Strong African American Families, being pursued by the RCDHM prevention team (serving parents of children ages 0-14).

Goal 5 Objective 1, 2027 Status Update: Ongoing

Goal 5 Objective 1, 2027 Status Update Description: RCDMH staff are a part of, and collaborate with, the Rensselaer County Heroin Coalition, which will be renamed SPARE in 2026. Two regional coalitions exist within the county, NOpiates Committee (Averill Park) and Troy Drug Free Community Coalition (Troy/Lansingburgh); both coalitions are supported by RCDMH Prevention staff and significant collaboration occurs. There is an increased need for community wide education around the risks of (underage) alcohol/drug use, as well as fentanyl contamination in the local drug supply. The 2025 PNA data indicates that Rensselaer County has a higher than average risk factor on community availability of alcohol & Other Drugs. The county has a low protective score for Community Rewards for Prosocial Involvement, but this score is improving since 2018. That, coupled with the legalization and commercialization of retail marijuana, minimal regulation and enforcement, media messaging, and substance related social media content, could lead to increased access to substances by youth and mixed messages. There are a number of opiate/fentanyl related deaths in Rensselaer County. In 2025, the RensCo Health Dept./Heroin Coalition reported 30 confirmed fatal and 96 non-fatal overdoses. The distribution and education of Narcan have had a positive effect on decreasing fatalities. A need remains to promote overall wellness and healthier community norms across the lifespan.

RCDMH Prevention staff have undertaken the following initiatives:

- In the Fall of 2025, RCDMH Prevention staff collaborated with the Health Dept. to train the transportation department at Averill Park School District in overdose prevention and Narcan administration.
- During the Fall of 2025, the RCDMH Prevention Supervisor partnered with the Health and Sheriff Departments to host a vaping education session at Hudson Valley Community College. The event, which drew more than 100 attendees, featured

the supervisor as a panelist, while the prevention team managed an information table to highlight the Student Assistance Program's impact within the community and local schools.

- Staff arranged Narcan training for interested faculty at Lansingburgh middle and high school, and hosted a local detective who spoke to all middle and high school students about the "One Pill Can Kill" campaign and the dangers of fentanyl.
- At Troy High School, the Prevention staff tabled during Red Ribbon Week, and also provided resources/giveaways from the Troy Drug Free Coalition, and information on the DEA's One Pill Can Kill campaign.
- In Spring 2026, all athletic coaches at Averill Park School District will be trained in overdose prevention and Narcan administration as part of their annual CPR training, with the goal of making it an integral part of district training requirements. In collaboration with local coalitions, the prevention program was highly involved in various community engagement activities, including wellness days, community presentations, Pre-Prom Assemblies, tabling events, Overdose Awareness Day, Families on the Path to Wellness, and the Art Transformation Project.

Goal 5 Objective 2, 2027 Status Update: Ongoing

Goal 5 Objective 2, 2027 Status Update Description: The OASAS funded Prevention program is pursuing additional parenting program training and curriculum, including free training/curriculum provided by OASAS, on the Strong African American Families Program. This training was awarded to the RCDMH Prevention Team and will be implemented in summer 2026. The Prevention supervisor will be trained in the Triple P- Positive Parenting Program in May of 2026, which will expand the reach, due the program covering ages 0-12 (this will also supplement the phasing out of the Active Parenting 0-5 program from the OASAS EBP list). The Prevention Program has continued to expand services to the elementary school setting through Lansingburgh Central School District. PNA data supports the ongoing need for universal prevention education in schools. PNA data shows an increase in use as students age, reduction in perception of harm, and increase in access and means. As well, data shows a need in skill building in our young people, the effects of peer influence, and continued reinforcement of refusal strategies. Schools continue to identify that vaping (marijuana and nicotine products) continues to be a major challenge in schools and is expanding to a younger student population. In the 2025 version of the Prevention Needs Assessment Survey, students were asked for the first time about where they obtained and used vaping devices due to their increased popularity among young people. Like marijuana, students are getting vapes from their peers (I got it from someone I know under age 21 – 52.9%) and they were almost as likely to simply be offered to share some by a friend (I borrowed or bummed it – 41.2%). About a quarter of Rensselaer seniors (22.2%) thought their friends would see it as only "A little bit wrong" or "Not wrong at all" to vape, pointing to a youth culture where vaping together isn't seen as a particularly negative activity.

The Prevention Program has also utilized The Stanford Reach Lab's Evidence Based and Evidence Informed interventions and curriculum, such as the Smart Talk: Cannabis Prevention & Awareness Curriculum, and other programs with students individually, in groups, classroom sessions, and with students who receive In School Suspension (ISS) or Out of School Suspension (OSS). Prevention staff received additional training from the Reach Lab both in person and virtually in order to expand this program from elementary to high school. The EBP elementary lessons have not yet been implemented in the program, but will plan to launch during summer school 2026, where the target population will be incoming 6th graders. Eight (8) parent education group offerings were provided during the 2025-2026 academic year with 43 caregivers participating. There has been a decrease in utilization in the last two years, especially regarding Active Parenting of Teens, in which two rounds of programming were offered with zero participation from parents. Programming was offered county wide and with varying facilitation methods (in person/virtual/during day/evening) in hopes to increase utilization and decrease barriers. As well, childcare was offered when possible, bus passes, gas cards, light refreshments etc. 2025 PNA data indicates increased risk factors in the area of parental attitudes favoring antisocial behavior and family management problems. Of the areas where students in Rensselaer exceeded young people nationwide: "Law & Norms Favor Drug Use" in the Community Domain (38.8%) and "Family Conflict" in the Family Domain at (36.5%). A particular area of risk for Rensselaer County youth appears to be surrounding attitudes and examples of the adults in young people's lives. The scale that scored the highest overall and was the top for all grades was "Parent Attitudes Favor Antisocial Behavior" (51.0%). Students' perceptions of their parents' permissiveness toward three problem activities are measured in this scale, namely: stealing, vandalism, and violence.

One scale that had the lowest score in most grades and the lowest score for the Family Domain overall was "Rewards for Prosocial Involvement" at 57.2%. This scale asks students to reflect on whether they enjoy spending time with their parents and if they receive positive reinforcement from their parents when they do something well. 17.8% of young people said they used marijuana at home with parental permission. 35.2% of kids said they drank alcohol at home with parental permission. There is also increased access and means to substances at home and decreased adult perception of harm and increased normalization. Distributing lock bags has been an increased priority when tabling at events in order to keep young people from accessing their parent's medication, cannabis and nicotine products.

The RCDMH Prevention team developed "The Room of Realities," an educational video designed to inform parents and caregivers about youth substance use trends. This resource highlights common concealment methods and drug culture terminology to help guardians stay vigilant. To maximize its reach, the video has been distributed to school districts and coalitions and is prominently hosted on the county website.

Goal 5 Objective 3, 2027 Status Update: Ongoing

Goal 5 Objective 3, 2027 Status Update Description: The Student Assistance Program provides prevention counseling, screening, brief intervention (Teen Intervene), and referrals to treatment through nine schools in Rensselaer County that are OASAS approved Prevention Counseling Sites. 46 students were provided with Teen Intervene intervention in the 25-26 school year. The Supervisor of Prevention Services served on PINS Triage meetings and Court Diversion Council meetings held by the Rensselaer County Probation Department. This allows for streamlined referrals to SBIRT and Teen Intervene

services to our most at risk youth. Girls Circle was also utilized, providing 1 group to 6 students, who were referred as a Tier II intervention. Girls Circle and Boys Council are phasing out of the OASAS EBP list for the 2026-2027 school year. Reach Lab products were also utilized with students who received In School Suspension (ISS) or Out of School Suspension (OSS). It was the goal of the Prevention Program to hire a Community Prevention position with Regional Abatement Money. The part-time community prevention position was filled in January 2026, with a primary objective of executing the three-pronged environmental strategies within the prevention framework along with expanding prevention services across the lifespan. This staffing development facilitates the cultivation of novel inter-agency partnerships, such as the expansion of weekday parenting programs through agencies such as CEO/ Headstart. Furthermore, it enables the creation of more robust county and coalition-based initiatives targeting risk factors like suicide prevention and gambling/gaming addiction. This position also allows for SBIRT/Teen Intervene services to be offered to communities/districts that do not have a Student Assistance Counselor and requires a strong collaboration with Rensselaer County Probation in order to receive referrals. This is also beneficial in providing intervention while youth are on waiting lists for Substance Assessment/Treatment. Concurrently, local NYS OASAS outpatient treatment providers are investigating methods to reinstate specialized services for adolescents and families, which are currently insufficient within the county. At present, the region faces a shortage of adolescent substance assessment and treatment options, leading to an increase in both the length of waitlists and the time spent on them. To address the needs of the co-occurring population, integrated treatment is being prioritized through upcoming cross-training opportunities in substance abuse and mental health. These systemic barriers—including service reductions, insurance limitations, and age restrictions—persist at a time when youth are exhibiting increased clinical acuity and engaging in substance use at earlier ages. The Community Prevention Specialist will also be building relationships with outpatient and inpatient providers, with the goal of streamlining adolescent referrals to appropriate programs.

Goal 5 Objective 4, 2027 Status Update: Complete

Goal 5 Objective 4, 2027 Status Update Description: As of 2025, Rensselaer County has recorded 17 suicide deaths, with firearms identified as the primary lethal means. To combat this, the Suicide Prevention Task Force has prioritized firearm safety and suicide prevention. Three RCDMH Prevention staff are members of this subcommittee. Key initiatives include the production of an Information Awareness video, currently available on both the county and VA websites. Furthermore, during the summer of 2025, RCDMH Prevention task force members facilitated community outreach at regional fish and game clubs, delivering two presentations in the Berlin and Averill Park sectors. These outreach efforts provided suicide prevention materials and gun locks to more than 60 individuals, with a scheduled expansion to additional clubs set for the summer of 2026. Utilizing a professional link between the RCDMH Prevention team and the President of the NYS Trade Unions, the task force successfully organized a training initiative for union leadership. This collaboration enabled the distribution of resources and training to roughly 30,000 trade professionals. The American Foundation for Suicide Prevention led this specialized instruction, specifically targeting high-risk groups such as the construction sector and working-age men. In the 2025 PNA, more mental health related questions were added to the survey and when asked to recall how often during the past year students in Renss. County had been troubled by certain negative thoughts, 47.0% of Rensselaer County youth said they had felt hopeless five or more times, 57.4% said the same for feeling so depressed that nothing could cheer them up, and 58.6% had at least five times that they had felt worthless that they could recall.

For some teens, these feelings led to more serious things like suicidal ideation or even action. More than one in ten (13.5%) had seriously considered suicide in the past year, 10.9% had made a plan surrounding attempting suicide, and 7.3% had tried at least one time in the same timeframe.

The county also reinstated its Postvention Team, which includes two prevention staff members who provided community support following a suicide loss in December 2025. In collaboration with SPCNY, the task force has completed two successful trainings: "The Pillars of Postvention" and "Developing a Postvention Team". Future plans for 2026 include specialized training from the VA, and the exploration of "train the trainer" opportunities by the RCDMH Prevention team to broaden the impact of programs like "Talk Saves Lives" and "Suicide Safety for Teachers".

In March 2026, members of the VA's Suicide Prevention program were presenters of a CALM training hosted by Rensselaer County - over 100 persons participated in this training targeted for behavioral health workforce.

Goal 5 Objective 5, 2027 Status Update: Complete

Goal 5 Objective 5, 2027 Status Update Description: Lansingburgh High School students have been trained in Teen Mental Health First Aid through MHANYS as coordinated by Project Aware. 167 10th grade students were trained this year between the ages of 15 and 16. Through this process, students were also given the CRAFFT and PQI screeners, and the RCDMH Student Assistance Counselor had 17 referrals to assess as a result of this process.

Approximately half of the RCDMH Prevention Team is trained in YMHFA, and those prevention staff who were not trained, will be trained by March 2026.

Data Packet Goals 1-5

Goal 1 – Continuum of Crisis Services

Northern Rivers C & Y Mobile Crisis (data by quarter) reported to LGU by Northern Rivers:

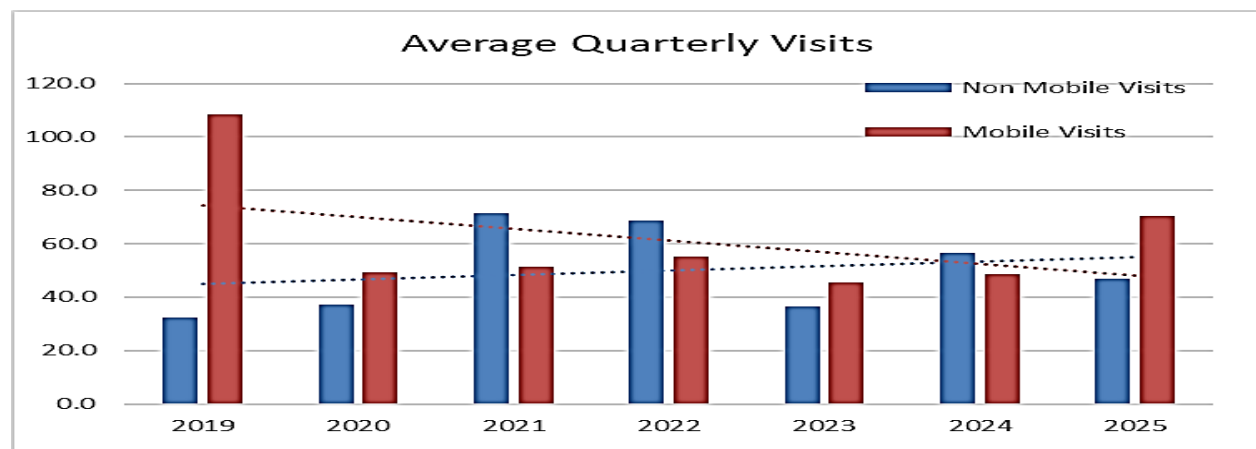
Child and Youth Mobile Crisis Outreach 2019 - 2025

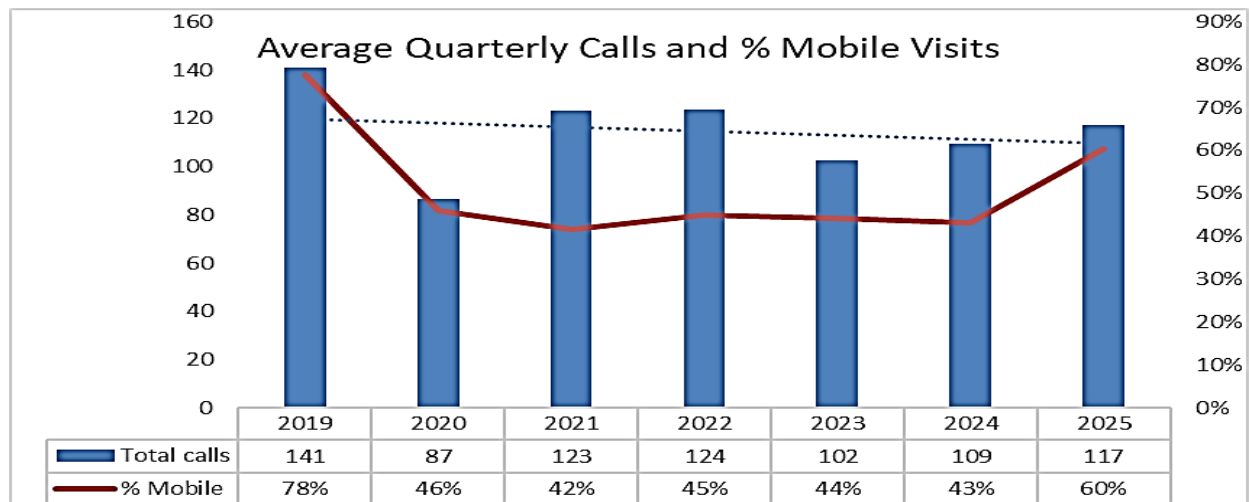
Quarterly mobile visits were highest in 2019, trending downward but increased in 2025. Non-mobile visits were highest in 2021 and 2022. Total calls in 2025 and % mobile were at their highest level since 2019.

Quarterly Averages

Year	Non-Mobile Visits	Mobile Visits	Total calls	% Mobile
2019	32.5	108.5	141.0	78%
2020	37.3	49.3	86.5	46%
2021	71.5	51.5	123.0	42%
2022	68.5	55.3	123.8	45%
2023	36.3	45.3	102.3	44%
2024	56.7	48.7	109.3	43%
2025	46.8	70.3	117.0	60%

The graphs below illustrate this data.





Note: Q1 2023 and Q4 2024 are missing

Northern Rivers Adult Mobile Crisis Data by month as reported to LGU by Northern Rivers

Rensselaer County Adult Mobile Crisis Visits 2025 – February 2026

Adult Mobile Crisis Visits for Rensselaer, Schenectady, Saratoga, Warren and Washington Counties are provided by the Parsons Child and Family Center. The data below was provided by month for calendar year 2025 through February 2026.

Rensselaer County Compared to the Five Counties

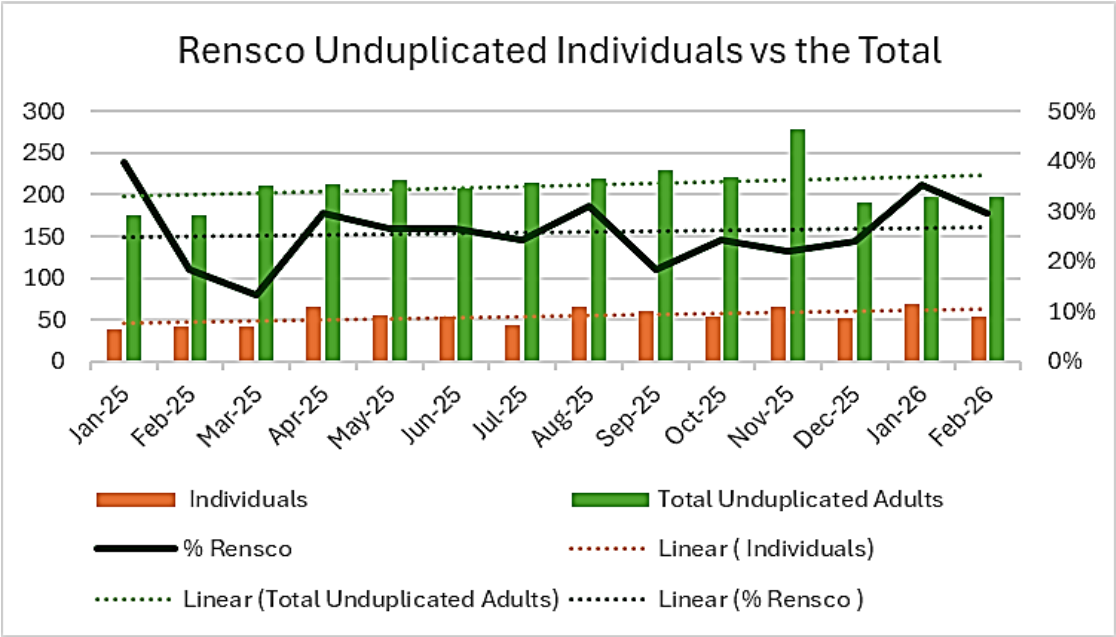
- The trends of unduplicated Rensselaer residents, total served and percent of Rensselaer residents are roughly parallel.
- The trends of new Rensselaer residents, new total served and percent of new Rensselaer residents are also roughly parallel.

Rensselaer County Trends

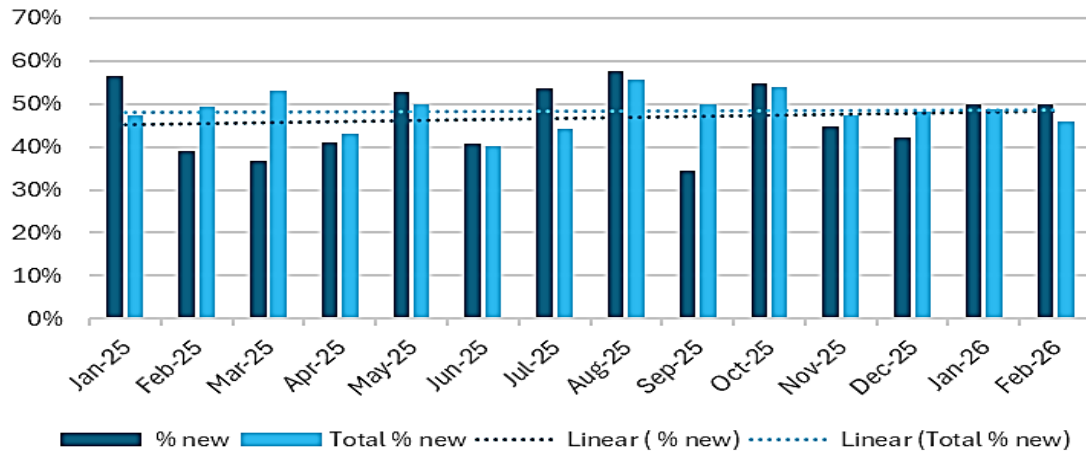
- The most calls (160) were in 9/2025, the most individuals served (68) was in 1/2026, the most new individuals served (38) in 8/2025 and the most calls/individual (3.3) was in 7/2025.
- The number of individuals served trended slightly upwards, and new individuals also trended upwards, but less so.
- The number of calls per individual varied, with no demonstrable trend.

Graphs that illustrate this data follow.

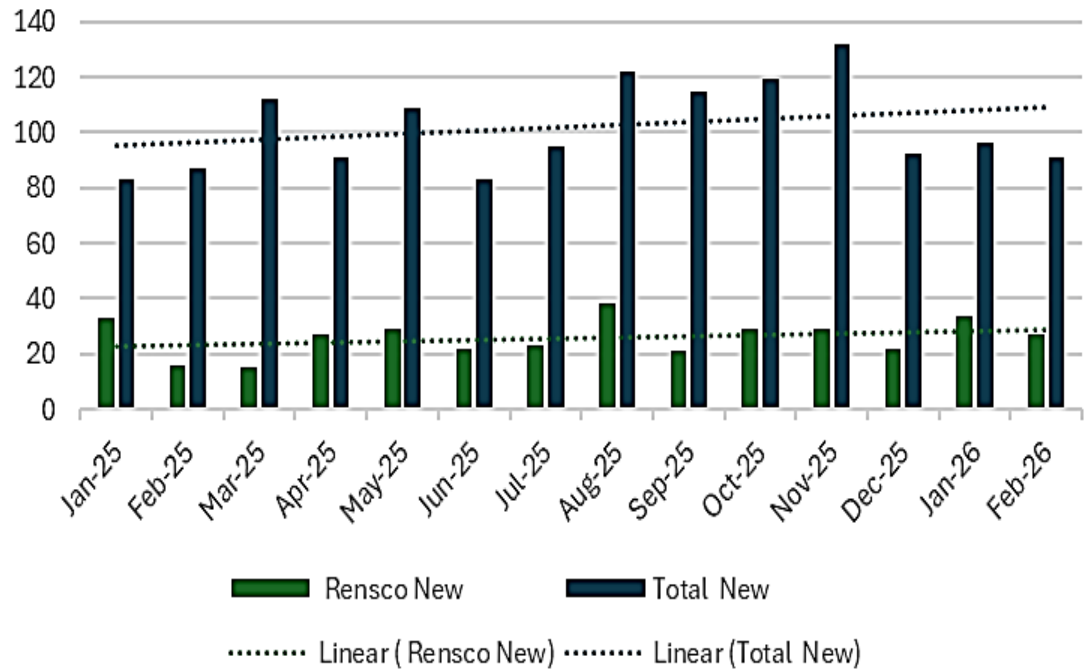
Note: “individuals” represents individuals from Rensselaer County, “total” are from the five counties

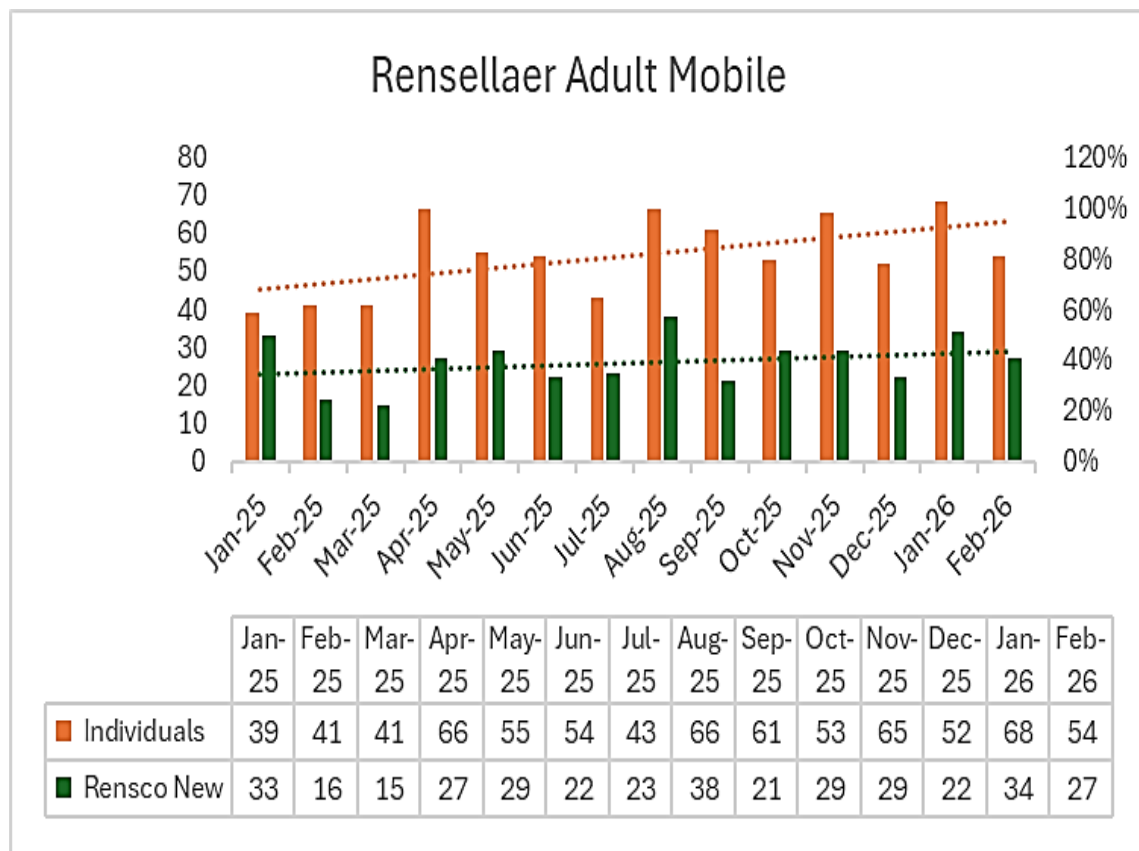
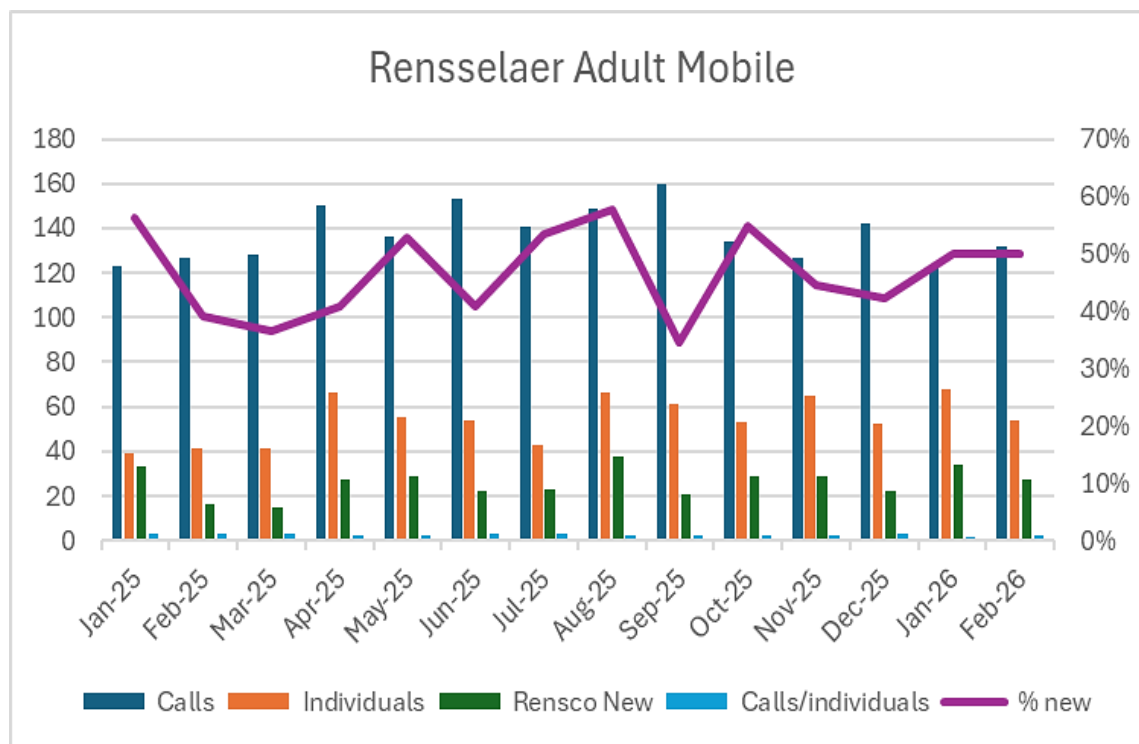


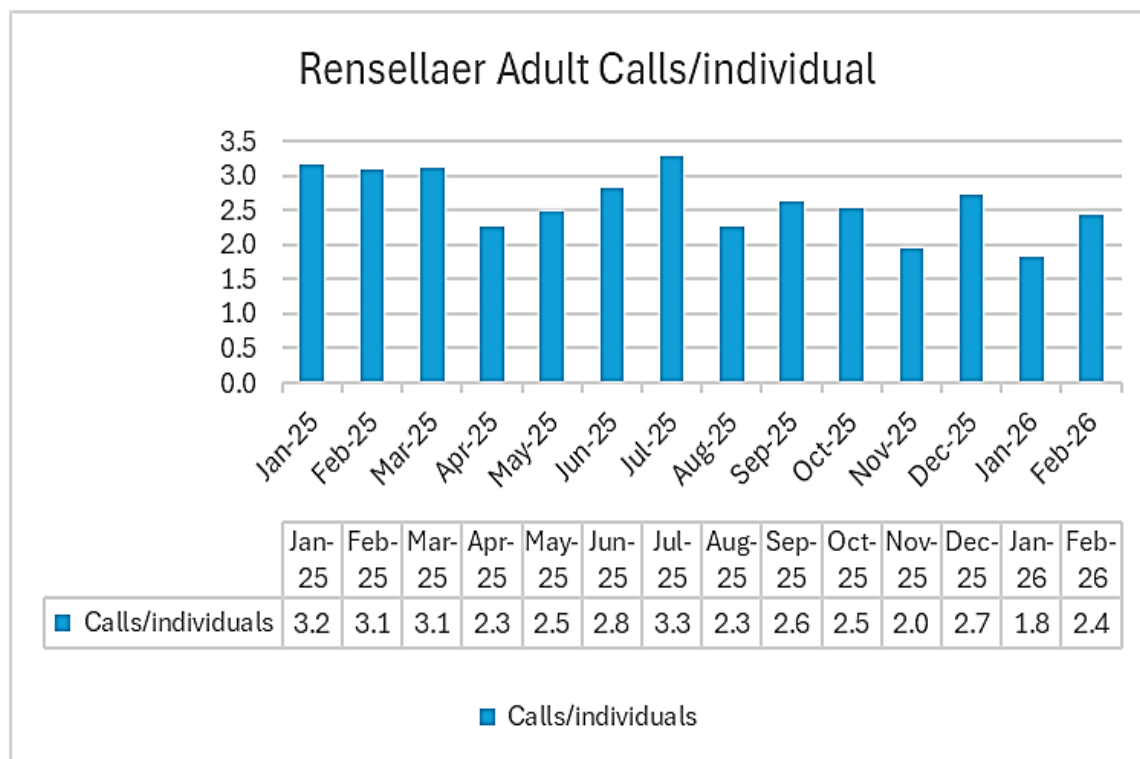
Rensco & Five County Mobile Adult



Rensco & Five County Mobile Adult







**CSIDD – START Program Rensselaer County Recipients
Summary – 4/20/2026 as reported to the LGU by YAI**

The information below summarizes data received from OPWDD for the 9 Rensselaer residents enrolled in the CSIDD program. All date calculations such as age and time in the program use 4/20/2026 for example 4/20/2026 less date of birth = age.

Age

The average age of enrollees is 24 with a range of 15 to 64 years old. Eight (89%) of the enrollees are 28 or younger.

Length of Stay

The average length of stay is one year with a range of 0.23 to 1.91 years.

Gender – 67% Male

There are 6 Male enrollees and 3 female enrollees.

Race/Ethnicity/Preferred Language – 78% White, all English speakers

There are 7 White enrollees and 2 Black enrollees. While ethnicity is completed for only 4 enrollees, none are identified of Hispanic origin. All have English as their preferred language.

Living Situations – 89% stable

One enrollee has changed living situation in the past year, and one in the past 5 years. Six lived with family/relatives and 3 in a group home/staffed residence.

Employment – 67% unemployed

6 (67%) individuals are not employed, 2 (22%) are students and 1 (11%) is employed part time.

Case Management

The source for referral was case management, as were the services at enrollment for all enrollees. Three additionally had either Day services, OT/PT and Speech Therapy, or Mental Health Outpatient services at enrollment.

Reason for Referral – 78% includes Aggression

The reason for referral began with Aggression for 7 (78%) of 9 enrollees. The other two began with Diagnosis and treatment plan assistance and Mental Health Symptoms and transition support. Additional narrative included Diagnosis and Treatment Plan Assistance, Mental Health Symptoms, Family needs assistance, and decreased ability to participate in daily functions.

Parental Role

Parents were individuals' primary support for 6 enrollees (67%) and with the balance Paid Support Staff. Parents were also the legal guardian and custodian of 5 enrollees with the balance blank.

Level of Intellectual Functioning – 44% had Normal Intelligence

Normal intelligence – 4 (44%), Moderate – 3 (33%), Mild 2 (22%), Unknown -1 (11%)

Neurodevelopmental Disorders – 56% ADHD and Autism Spectrum Disorder

5 (56%) of enrollees were diagnosed with ADHD and Autism Spectrum disorder (ASD), 3 (11%) with ASD only 1 (11%) with none.

Psychiatric Diagnoses – Anxiety and Depression 67%

4 (44%) enrollees had anxiety disorders with additional descriptors such as generalized anxiety disorder, depressive, panic disorder, bipolar and other disorders and 2 (22%) had major depressive disorder or depressive with disruptive mood dysregulation disorder. 2 (22%) did not have a psychiatric diagnosis.

Medical Conditions - 44% Cardiovascular

4 enrollees had cardiovascular disorders, combined with other disorders such as dental, sleep disorders, endocrine, speech, neurologic and pulmonary disorders. 1 had ear/nose/throat and hearing disorders, 1 with genitourinary and sleep disorders, and 1 gastrointestinal. 2 had no medical condition.

Psychiatric Hospitalizations, ER visits and Law Enforcement

4 (44%) had psychiatric hospitalizations in the year prior to enrollment and 3 in the prior 5 years. 3 (33%) had ER visits in the year prior to enrollment and 2 (22%) had ER visits in the prior 5 years; one had 10 visits.

One individual had three law enforcement contacts in the year prior to enrollment and in the 5-year period; this individual also had psychiatric hospitalizations and was the individual with 10 ER visits.

Educational Activity – Those in school have high needs

5 are not in school, which isn't surprising considering the age range of enrollees and 2 graduated. The grade 4 enrollee is in a separate class with an IEP and the grade 4 enrollee is an out of district special school.

Other

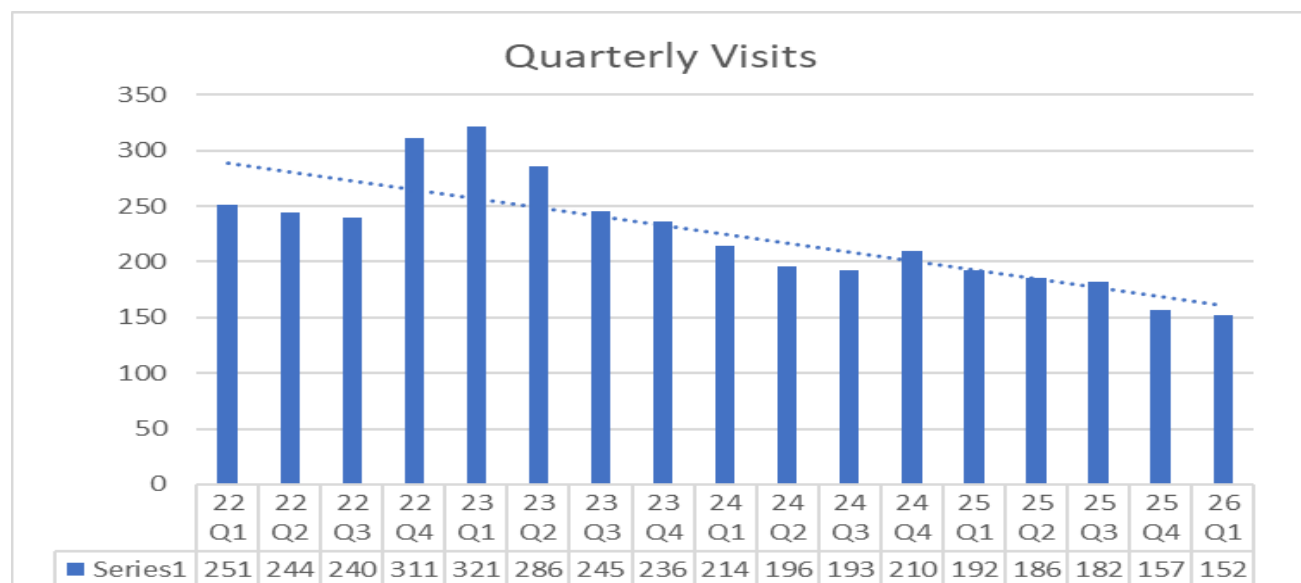
There are no documented histories of CPS involvement or ICF/DD stays. There are no documented histories of being jailed in the past of having a current 504 plan.

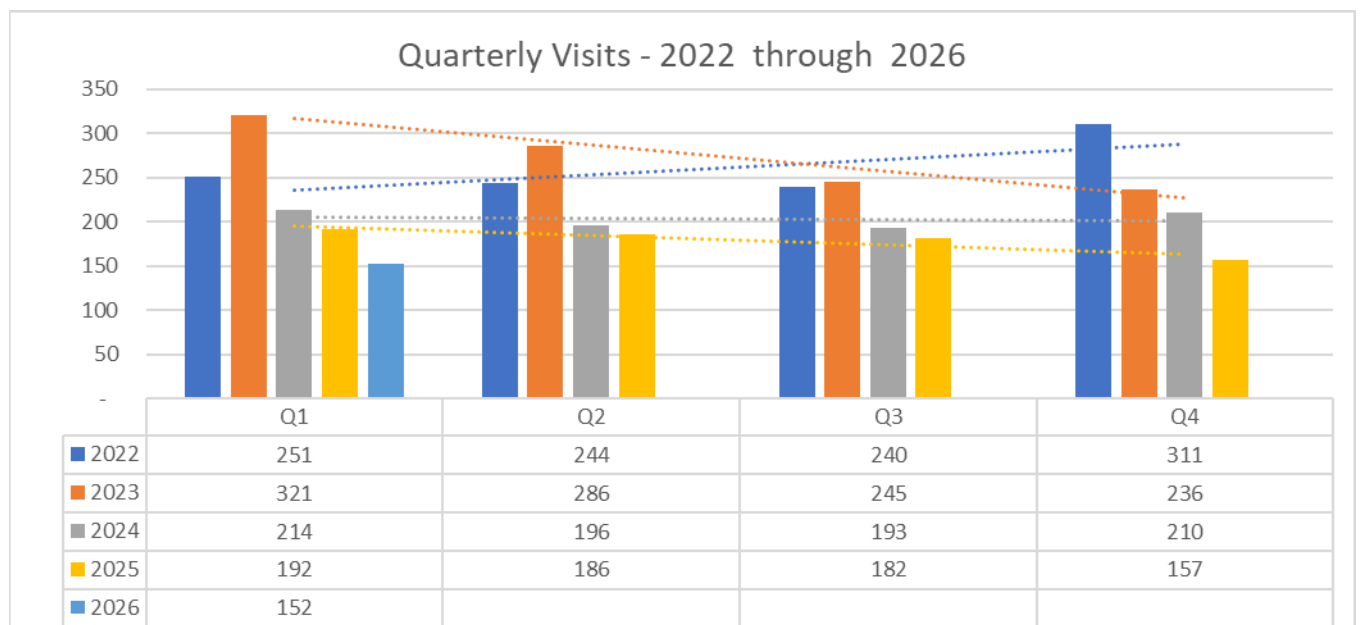
System of Care Project – Decrease reliance on Emergency Dept. Crisis Unit Based Evaluations – data reported by SPHP Samaritan Hospital

Rensselaer County SOC Quarterly Data Samaritan Hospital Crisis Unit Data 2022, 2023, 2024, 2025 and Q1 2026

Visits

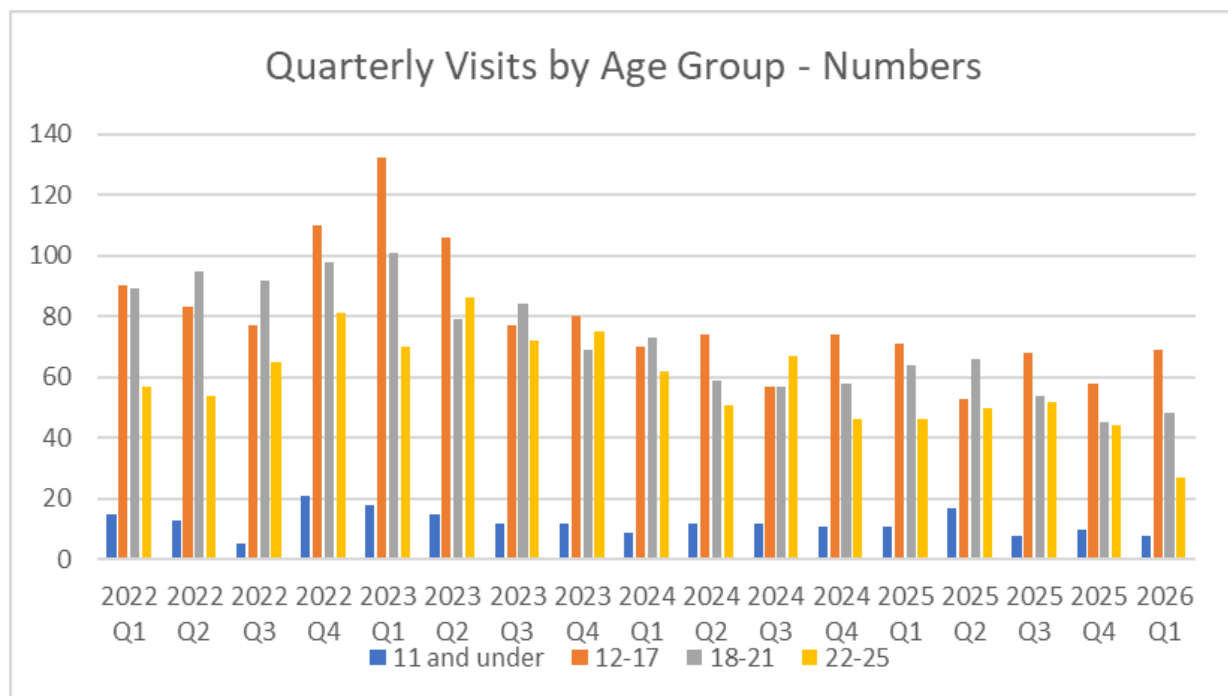
- Quarterly visits peaked in the first quarter of 2023 and have trended downward since then.
- 2022 was the only year for which visits trended up by quarter.
- For reference, we started with 251 visits in the 1st quarter of 2022 and there were 152 visits in the 1st quarter of 2026.
- **First quarter 2026 visits were lower than in previous quarters.**

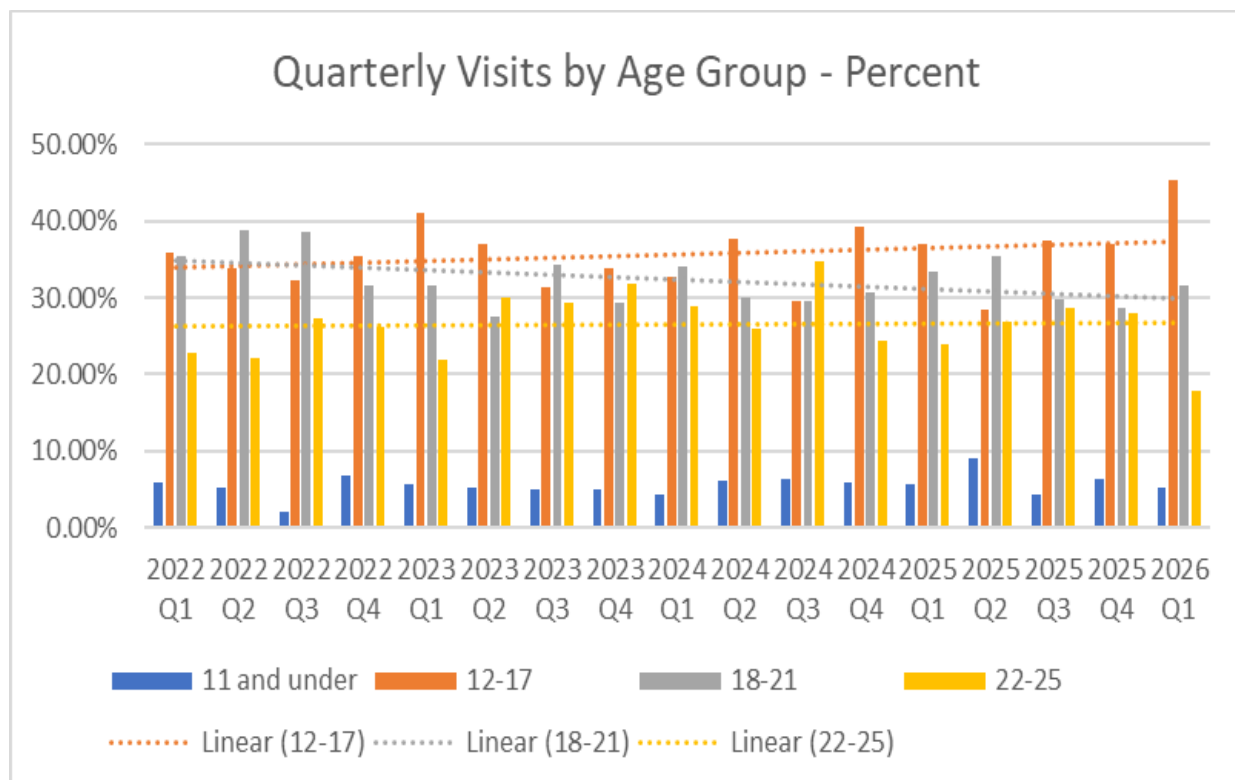




Quarterly Visits by Age Group

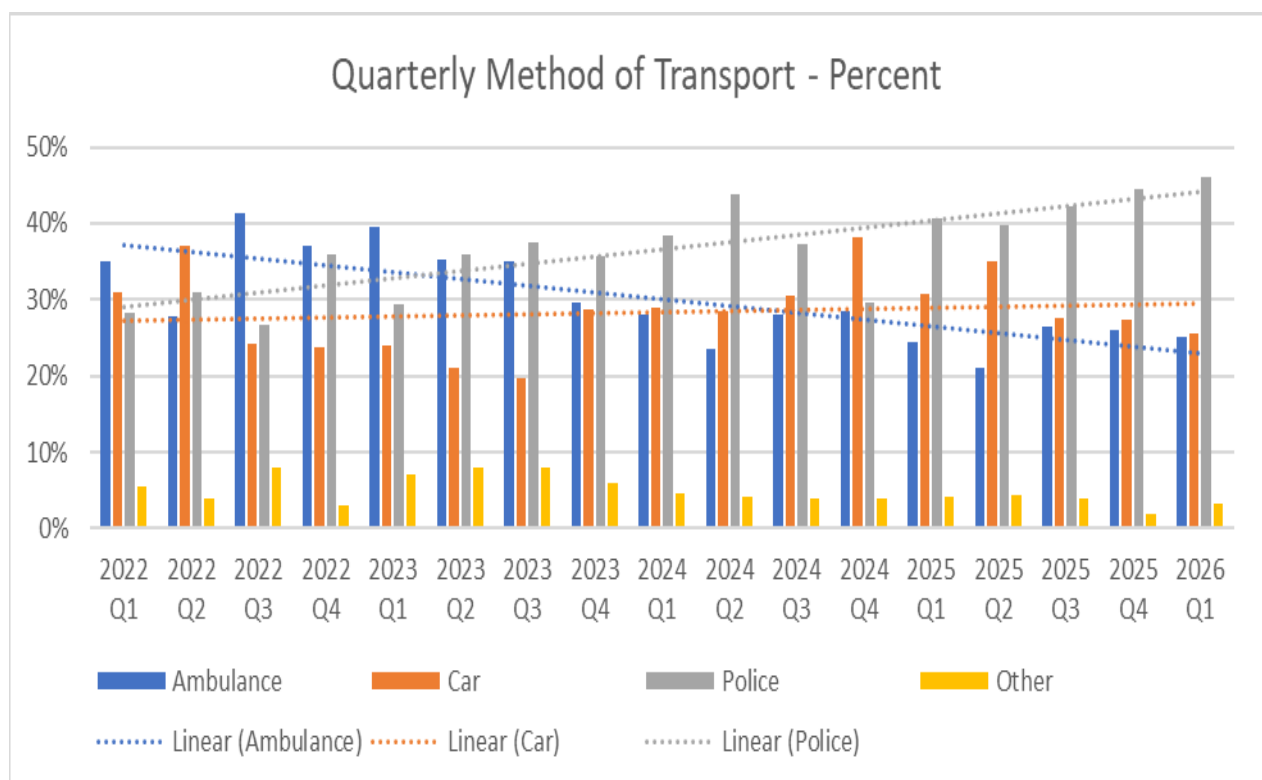
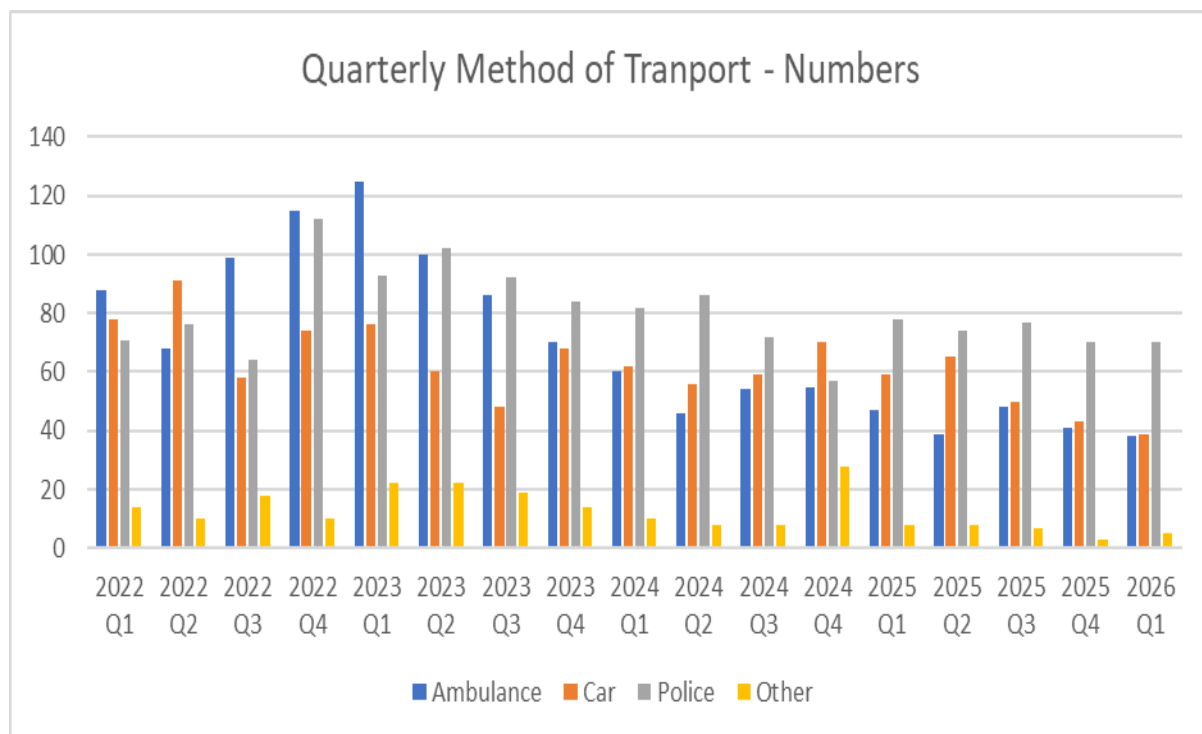
- The highest number of visits for an age group was 132 for 12-17 in Q1 2023
- When looking at visits by percentage, the trend for 11 and under was close to flat (not shown to improve readability) except for a spike in the second quarter of 2025.
- **The percentage of visits per quarter increased for ages 12-17, was roughly flat for 22-25 and trended slightly downward for 18-21.**





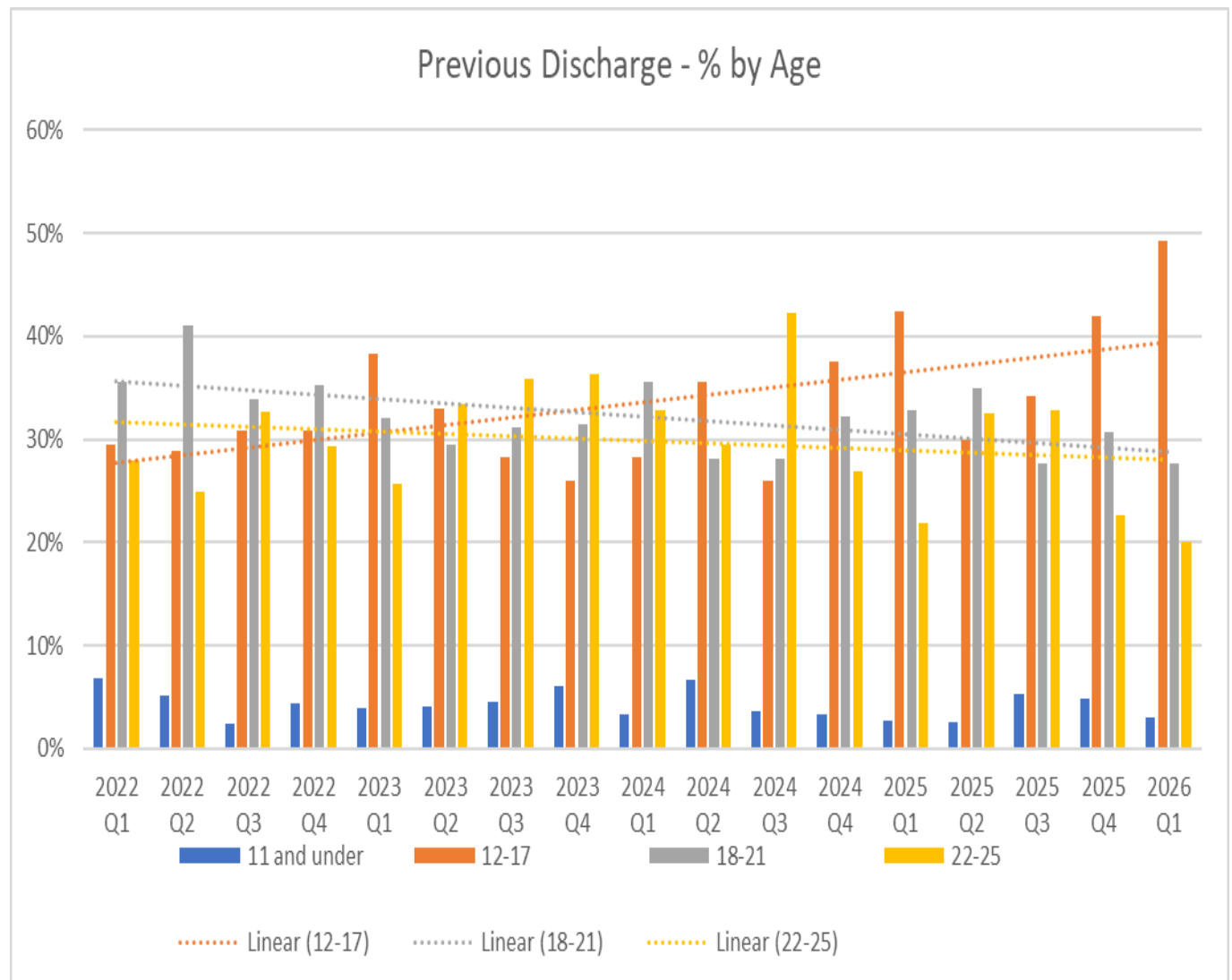
Means of Transport

- The highest number of any method of transport was 125 by ambulance in Q1 2023.
- **The percentage of transport by ambulance trended downward, and the percentage of transport by police trended upward and car also trended upward but less steeply.**

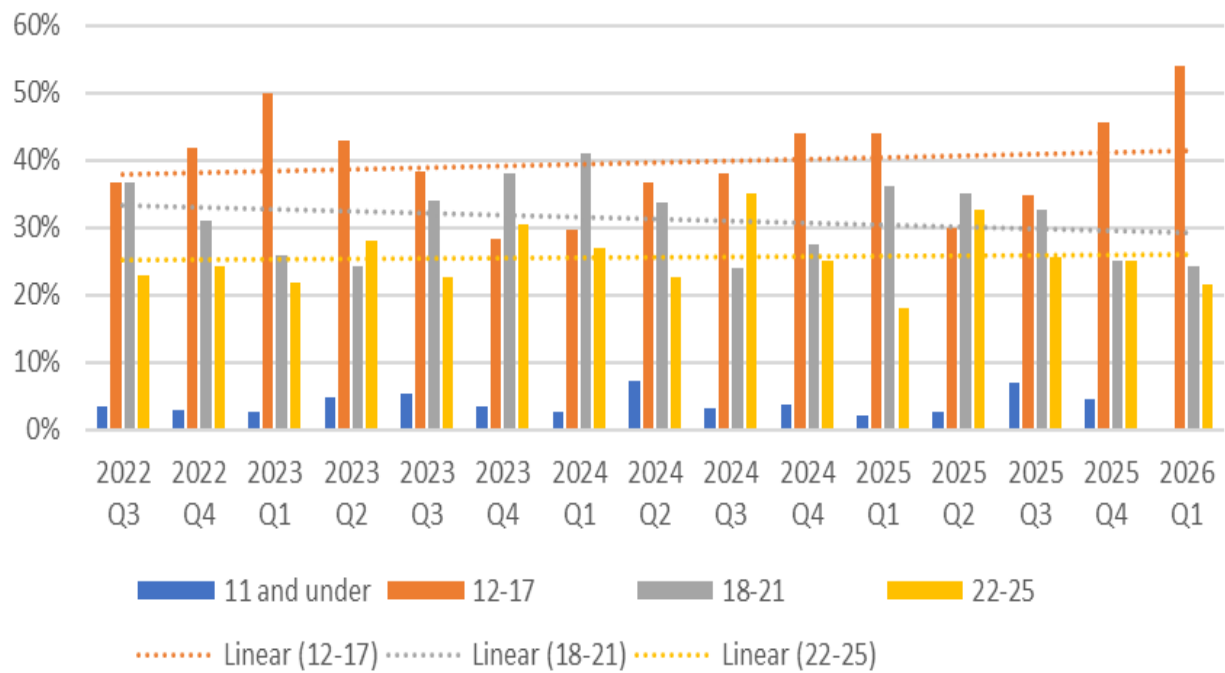


Previous Discharges

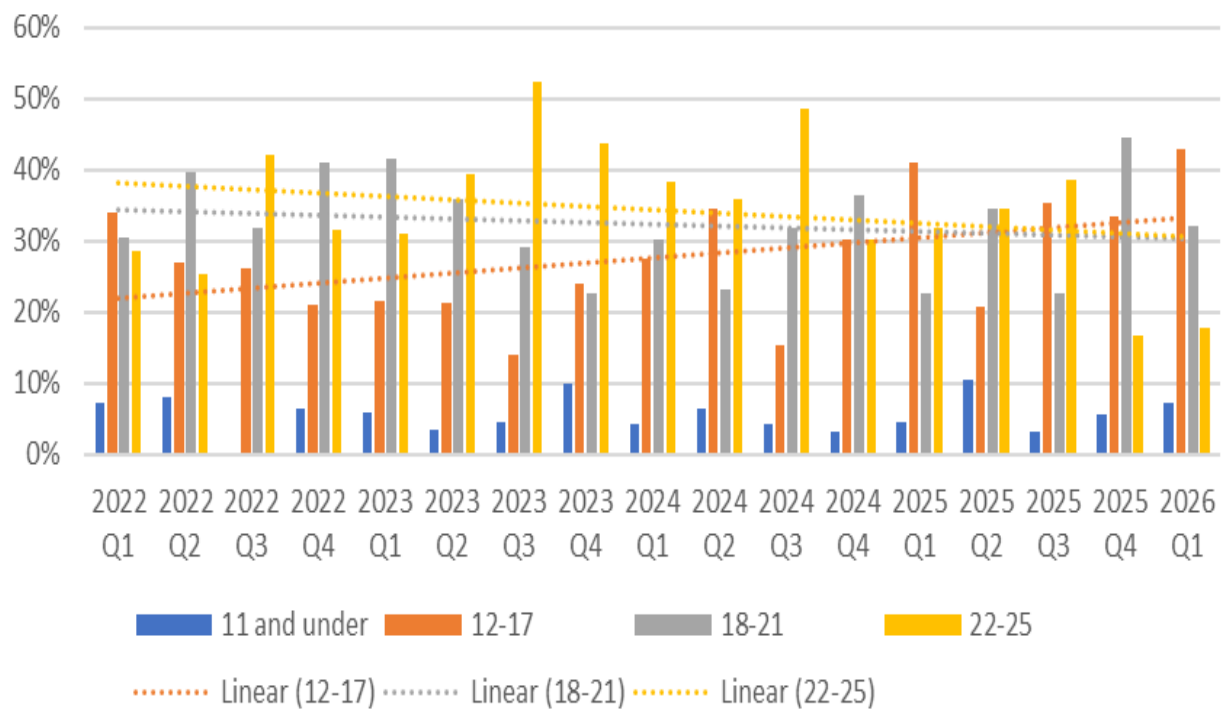
- **For all genders combined**, the number of discharges for children and youth with a previous discharge has trended upward for 12-17, and downward for 18-21 and roughly flat for 22-25.
- **For females**, the number of discharges for children and youth with a previous discharge has trended slightly upward for 12-17 and 22-25 and was slightly downward for 18-21.
- **For males**, the number of discharges for children and youth with a previous discharge has trended upward for 12-17, and slightly downward for 18-21 and 22-25.
- This data is not adjusted for the time between discharges, or the number of previous discharges.



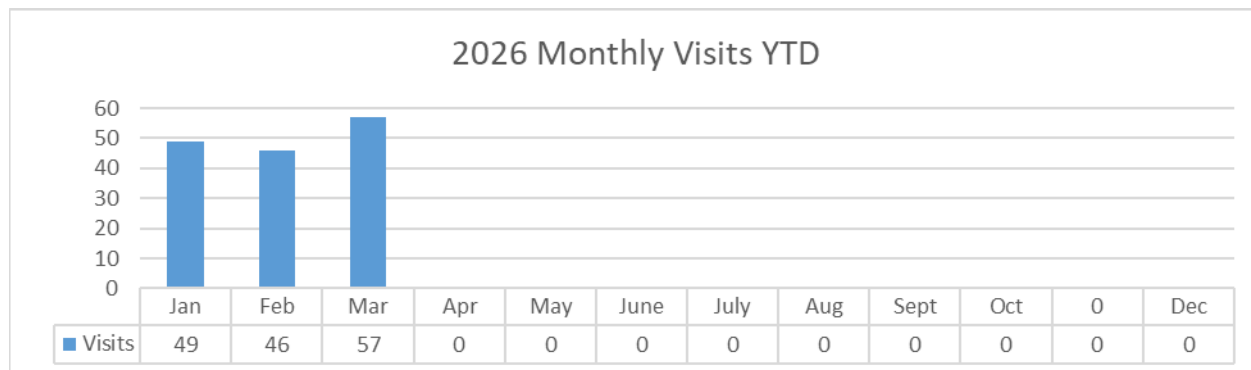
Previous Discharge - % by Age and Sex (F)



Previous Discharge - % by Age and Sex (M)



**Rensselaer County SOC – 2022 through March 2026
Samaritan Crisis Unit Data**



Because we are only three months into the year, data is not adequate to determine year-to-date trends; any initial trends can be reversed as we move through the year.

- There were 57 visits in March, higher than January and February.
- Average monthly visits are lower than in the previous four years.
- The visits were more than half females; only one visit did not include legal sex.
- The percentage of visits for those 12-17 is higher than previous years, and 22-25 is lower but this could reverse with more data.
- At 46%, 12-17 is the age group that represents the highest proportion with a chief complaint of suicide overall.
- 33% of visits had a chief complaint of suicide with 22-25 having the highest proportion at 37%.
- 79% of visits had a previous discharge.
- Transportation by police continues to be higher than in previous years
- The length of ED stays “less than 1 day” is slightly lower than previous years.

Average	2022	2023	2024	2025	2026
Avg Monthly visits	87.2	90.6	67.8	59.8	50.7
Legal Sex					
% female	55%	54%	49.7%	57.5%	53.9%
% male	44%	45%	49.7%	40.7%	46.1%
% "other"	1%	1%	6%	2.0%	0%

Age					
11 & under	5%	5%	5%	6%	5%
12-17	34%	36%	35%	35%	45%
18-21	36%	31%	32%	32%	32%
22-25	25%	28%	28%	27%	18%

Ages for Chief Complaint Suicide - % of total visits with this chief complaint					
11 & under (small numbers)	3%	4%	5%	6%	2%
12-17	35%	36%	34%	37%	46%
18-21	41%	30%	33%	34%	32%
22-25	21%	30%	28%	23%	20%
Total	100%	100%	100%	100%	100%
Ages for Chief Complaint Suicide - % of age group total visits					
11 & under (small numbers)	24%	26%	32%	33%	13%
12-17	44%	38%	32%	39%	33%
18-21	49%	38%	34%	39%	33%
22-25	37%	41%	33%	32%	37%
Total visits	43%	38%	33%	37%	33%
Ages With Previous Discharge					
11 & under - (small numbers)	56%	60%	60%	83%	50%
12-17	55%	60%	65%	67%	81%
18-21	63%	69%	71%	77%	87%
22-25	74%	80%	82%	82%	74%
Total	63%	68%	72%	75%	79%
Arrive by					
Ambulance	35%	35%	27%	24%	25%
Car	29%	23%	32%	30%	26%
Police	31%	34%	37%	42%	46%
Other	5%	8%	4%	4%	3%
LOS					
< 1 day	85%	86%	88%	84%	80%
1-< 3 days	12%	11%	9%	12%	17%
3+ days	3%	3%	3%	4%	3%
Total Visits	1,046	1,088	813	717	152

**Observations regarding Rensselaer County SOC Crisis Unit Return Visit Data
January 2022 – March 2026**

Introduction

Samaritan Hospital has been extremely cooperative, sharing its Crisis Unit data with the Rensselaer County Children's System of Care. However, because of limitations in their ability to export EHR data, recidivism analysis is limited to the most recent visit occurring within hours, days, weeks, months, or years. This number does not reflect information such as the number of repeat visits per youth. The resulting analysis is meant to encourage conversation with stakeholders including suggested follow-up.

Overall Recidivism

With only three months, it is too early to identify trends; any apparent trends can be reversed with more data. So far, youth returning within hours is lower than in 2022 but returns within days within 1% of previous years. Youth returning in weeks and months continues to trend upward, and youth with no previous discharge is trending downward,

	2022 Full Year	2023 Full Year	2024 Full Year	2025 Full Year	2026 YTD
hours	14%	9%	10%	9%	9%
days	7%	6%	6%	6%	7%
weeks	11%	9%	12%	14%	14%
months	27%	31%	33%	31%	36%
years	3%	7%	12%	14%	13%
no prev.	37%	36%	28%	26%	21%
Grand Total	100%	100%	100%	100%	100%

Age and Legal Sex – 2026

While the numbers are small, when drilling into the data, there are differences and similarities in experience by gender.

- Eighty percent (80%) females and 77% of males had a **previous discharge**.
- Twenty percent (20%) of females and 23% of males had no **previous discharges**.
- Twenty percent (16%) of females and 11% of males returned within **hours or days**.
- Sixteen percent (20%) of females and 13% of males returned within **weeks**.
- Thirty-five (37%) of females and 35% of males returned within **months**.
- **The highest number returning within hours:**
 - 7 females, 12-17
 - 4 males, 18-21
- 12-17
 - 82% of females had a previous discharge vs. 80% of males.
- 18-21
 - 79% of females and 87% of males had a previous discharge.
- 22-25
 - 85 % of females had a previous discharge vs. 64% of males.

Data is on the Following Page

March 2026 Year to Date Return Visits

All youth

	11 and under	12-17	18-21	22-25	Grand Total	% of Total
hours	1	8	4	1	14	9%
days		5	4	1	10	7%
weeks		13	6	3	22	15%
months	3	20	19	12	54	36%
years		10	6	3	19	13%
no prev.	4	13	8	7	32	21%
Grand Total	8	69	47	27	151	100%
no prev.	50%	19%	17%	26%	21%	26%
With prev.	50%	81%	83%	74%	79%	74%

Female

	11 and under	12-17	18-21	22-25	Grand Total	% of Total
hours		7			7	9%
days		5	4		9	11%
weeks		9	2	2	13	16%
months		12	12	6	30	37%
years		3	1	3	7	9%
no prev.	1	8	5	2	16	20%
Grand Total	1	44	24	13	82	100%
no prev.	100%	18%	21%	15%	16	20%
With prev.	0%	82%	79%	85%	66	80%

Male

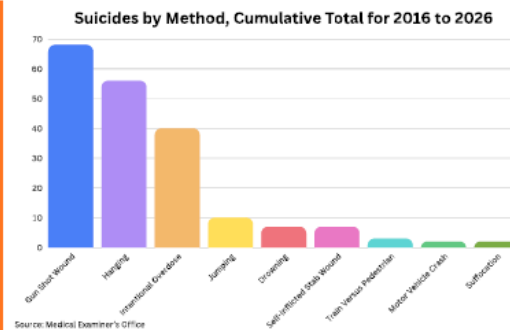
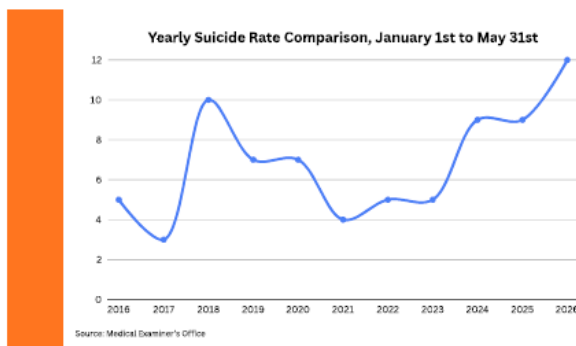
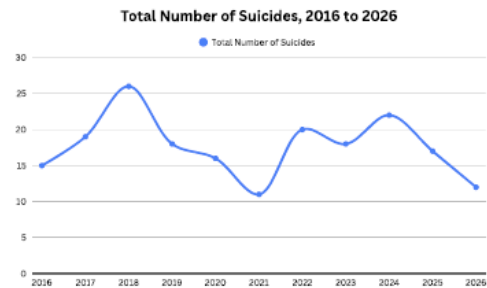
	11 and under	12-17	18-21	22-25	Grand Total	% of Total
hours	1	1	4	1	7	10%
days				1	1	1%
weeks		4	4	1	9	13%
months	3	8	7	6	24	35%
years		7	5		12	17%
no prev.	3	5	3	5	16	23%
Grand Total	7	25	23	14	69	100%
With no prev.	43%	20%	13%	36%	16	23%
With prev	57%	80%	87%	64%	53	77%

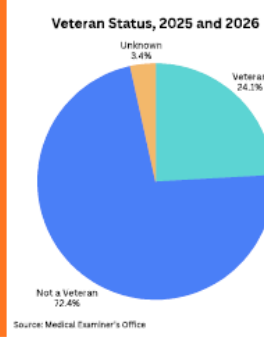
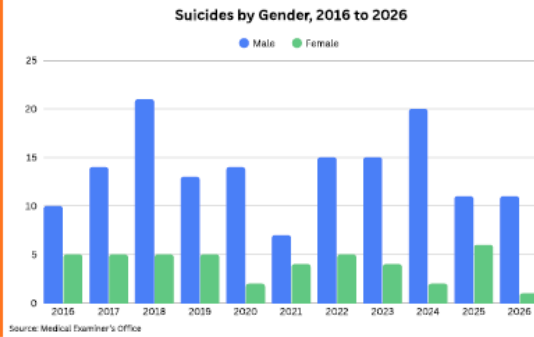
Death by Suicide Data Obtained from the Rensselaer Co Dept. of Health Medical Examiner



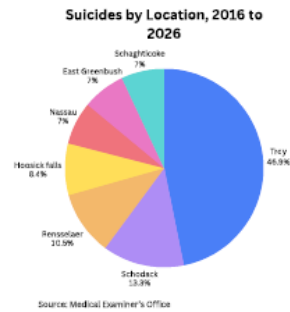
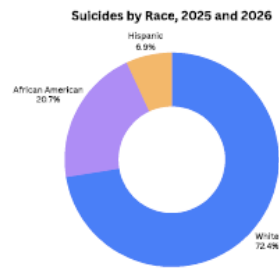
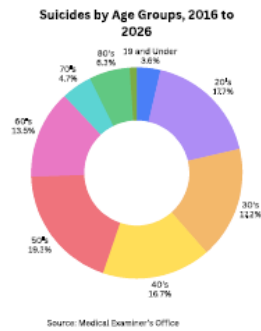

Suicide Data Overview

June 5, 2026





In 2025, there were 4 veterans. As of this time in 2026, we are almost at that same number



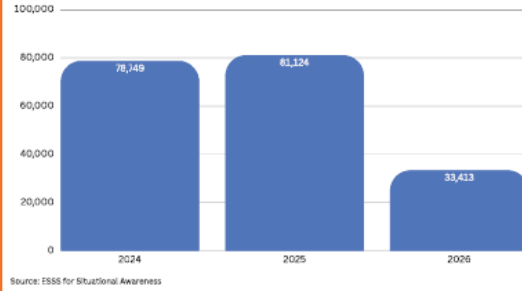
Locations with numbers under 10:

Pittstown
Sand Lake
West Sand Lake
North Greenbush
Averill Park
Poestenkill
Petersburgh
Stephentown
Grafton
Castleton
Brunswick
Meirose

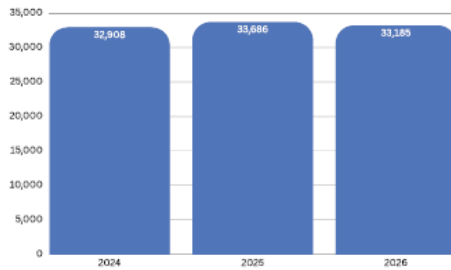
Occupations of Individuals Who Died by Suicide, 2025 and 2026



Suicide-Related ER Visit at Samaritan Hospital, 2016 to 2026



Yearly ER Visit Comparison at Samaritan Hospital, January 1st to May 31st



Emily Purtell

Public Health Planner
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518-270-4165

OPWDD CSIDD

Not a immediately available crisis service for persons with IDD. As of 3/31/26 – CSIDD has served 9 residents of Rensselaer County. 7 of the referrals were for aggression, 1 mental illness and 1 for diagnosis and treatment. 6 had primary caregiver as parent and 3 paid support staff. 4 had a psychiatric hospitalization in the past year.

Goal 2 – Housing

Homelessness

Unfortunately, the 2025 HUD Homeless Point in Time (PIT) data is not yet available. Rensselaer County's PIT homeless population in 2024 was 159 households (270 persons), with the majority (107 households) sheltered and 52 unsheltered. The largest age group was 35–44, and the majority of homeless residents were White.

According to the National Alliance to End Homelessness, proposed budget cuts could result in loss of housing resources for people who have experienced homelessness, including people with disabilities and/or health conditions, and people who were homeless repeatedly or for long periods of time.

OMH Housing

Per the OMH Residential Indicators Report, 5/1/2025 to 4/30/2026, OMH supports 312 units in Rensselaer County. This data supports the need for additional OMH housing units, particularly at the Congregate and Supportive Housing levels.

Program Type	Subtype	Provider	# Beds	Occupancy
Congregate Treatment	Voluntary Non-Specialty Congregate	Unity House of Troy	28	95.3%
Apartment/Treatment	Voluntary Apartment	Unity House of Troy	86	78.6%
Supportive Housing	Supported Housing	Joseph's House and Shelter	34	94.9%
Supportive Housing	Supported Housing	Rehabilitation Support Services	7	91.8%
Supportive Housing	Supported Housing	Unity House of Troy	89	84.9%
Supportive Single Room Occupancy	Supported Housing	Unity House of Troy	61	77.6%

Overall, the units are at 84.3% occupancy. Overall occupancy is depressed because of the low occupancy in the following programs:

- 11-unit Unity House PC Long Stay program at 46% with one admission in the past year and the

- 13-unit Phase 3 ESSHI program at 37.9% with 9 admissions in the past year, which could reflect program implementation.

Detailed data is on the next two pages.

Residential Program Indicators - County Reports

Program Subtype: (All Column Values), for the period from 05/01/2025 to 04/30/2026 for All Units

Region	Facility	County	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	Total Admits
Statewide			312	84.3%	1,212	61.6%	51
Hudson River			312	84.3%	1,212	61.6%	51
Hudson River	Joseph's House and Shelter,		34	94.9%	546	3.2%	0
	Joseph's House and Shelter, Inc.	Rensselaer	34	94.9%	546	3.2%	0
	Rehabilitation Support		7	91.8%	1,846	66.7%	2
	Rehabilitation Support Services, Inc.	Rensselaer	7	91.8%	1,846	66.7%	2
	Unity House of Troy, Inc.		264	82.3%	1,303	68.3%	49
	Unity House of Troy, Inc.	Rensselaer	264	82.3%	1,303	68.3%	49
	YWCA Greater Capital Region		7	100.0%	3,090	100.0%	0
	YWCA Greater Capital Region	Rensselaer	7	100.0%	3,090	100.0%	0

** OMH CAIRS Housing data has erroneous data for Joseph House Shelter Inc. Due to errors in reporting.

Data Reported to te LGU from Rensselaer Co DSS re: Rensselaer Co residents placed for addiction/recovery housing- Paid by RCDSS (this data is quite different from thet received from NYS OASAS, indiating OASAS data reporting having errors re: county of origin for residents.)

ACCA: Warrensburg or Queensbury : 11

ACCA Albany: 7

ACCA Troy: 6

Hope House: Albany: 9

Hope House: Troy: 3

Hospitality House: 11

Fusion: 7 (mostly in 2025)

New Choices: 13

Samaritan Daytop Village: 9

New Hope Manor: 4

820 River St: Troy women's reintegration: 1

820 River St: Queensbury Men's reintegration: 1

The Light House: 1

Odyssey House: 1 (new to me agency)

Champlain Valley Family Recovery Campus: 1

FLACRA: 1

Cazenovia Recovery: 1

Hedgerow House: 1

Rise Above: 1

This data indicates a number of Rensselaer Co residents placed outside of the county for residential care.

OPWDD Housing-

There are 11 Rensselaer County citizens on the OPWDD list awaiting residential services.

Goal 3- Outpatient Treatment

IDD Needs:

The LGU surveyed two IDD service providers based in Rensselaer County, and the Lifeplan CCO, in an attempt to ascertain the number of Rensselaer County citizens being served by the respective agency and identify gaps in services.

The Lifeplan CCO reported serving 467 residents of Rensselaer County. The largest age demographic are 22-30 year olds = 102; 6-11 year olds =84; and 31-40 year olds = 69. The CO reports the service needs of priority as: denitistry, oral surgery, psychiatry, community habilitation, safe and accessible housing and waiver respite (planned & emergency).

Rensselaer ARC reports data as follows: In IRA care are 149 persons, 120 of whom have Rensselaer County as their county of origin. Overall the ARC is serving 435 people, 410 of whom are originate from Rensselaer County.

Mental Healath Outpatient – Data Reported to LGU by Provider Organization

Unity House Inc. 2025 Persons Served

CTI - 21

Clinic – 41 (opened December 2025)

ACT – 47

Samaritan Hospital Outpatient Clinic Point in Time Census:

1/31/25	1542
1/31/26	1655
3/31/26	1579

Despite staff attrition, Samaritan Hospital has maintained a census of over 1500 individuals.

Samaritan Hospital PROS

116/164 or 71% were Rensselaer County residents for 2025

67/98 or 68% clients were Rensselaer County residents 1/2026-3/2026

Rensselaer Co. Dept. of Mental Health Total Persons served in MHOTRS 2025

Unified Svcs Child & Adolescent	1,215
Forensic	561
Hoosick Falls	105
Rensselaer City	509

Northern Rivers: Youth ACT Point in Time Census

Youth ACT census as of 12/31/2025: 8 youth

Youth ACT census as of 3/31/2026: 15 youth

Rensselaer Co Based Addiction Outpatient data from NYS OASAS

Conifer Park

822 Opioid Treatment – closed 12/14/25

1. 2025: 117 discharges, 25.6% Rensselaer County of Residence
822 Outpatient Program – closed 12/14/25

1. 2025: 151 discharges, 61.6% Rensselaer County of Residence
822 Comprehensive Outpatient Program

2. Active: 57.9 % Rensselaer County of Residence
Note: Program converted to Comprehensive Outpatient Clinic on 12/15/25

Hope House

822 Outpatient Program

1. 2025: 181 discharges, 76.2% Rensselaer County of Residence
2. Active: 84.4% Rensselaer County of Residence



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2024 Needs Assessment Form Rensselaer County Department of Mental Health

Case Management/Care Coordination 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): Rensselaer County had benefited from embedded state employed Care Managers in the county operated Care Management programs. These positions were legacy items from the days of TCM. The county often assigned non-Medicaid referrals to the caseloads of the state employed staff in order to assure care for this population. The county receives state aid to serve the on-Medicaid population as well, but this has never been enough to meet the need. (See the attached impact summary re: loss of NYS Care Management staff)

Health Homes advise the LGU that there are more referrals than can be served by the existing Care Management Programs due to workforce shortages. The number of Rensselaer Co Care Management services is unknown by the LGU.

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? No

Need description (Optional): Employment services to support specialty populations are limited in the county. The primary employment program support is via PROs and this does not meet the needs of all people. Supported employment is needed. The Samaritan PROS program reported to the LGU in April '23, vacancy in the Employment Specialist position and was hoping to fill this item soon.

The county operated MHOTRS does have a vocational rehab counselor available to meet with clients to link to education and employment resources. The county operated services interface with the County's Employment and Training services to aid in linking clients to education and employment opportunities. Currently the Commissioner is working to strengthen the linkage between this service and the Forensic operations at the County Correctional Facility.

data received from NYS OMH in 2021:

Rensselaer County's 2015, 2017 and 2019 education and employment reports

These observations are based on individuals ages 21-64

Between 7% and 13% were "unknown" for education

Just under 40% had a HS diploma or GED

The number of persons with less than a HS degree decreased from 21% in 2015 to 17% in 2019

unknown employment status increased from 3% in 2015 to 13% in 2019

The number of persons in competitive and integrated employment was 18% in 2017 and 2015, and 19% in 2019, an insignificant change

The percentage of people volunteering was 2% or less for all three surveys

The number not in the labor force was 57% in 2019, down from 65% in 2015; note that the number unknown was 13% in 2019 and 3% in 2015

There is no known improvement in these percentages.

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? 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): Inpatient services for children and adolescents can be extremely challenging to obtain, especially if the child/youth is displaying any aggressive/violent behaviors. Children and youth with co-occurring MH & IDD concerns are also difficult to admit to inpatient.

Note the readmission data (Rensco Readmission - attached) indicates a higher than the state average for readmission to ED/Crisis Unit and Psych Inpatient at the local hospital. This data is not reflective of the time period of the temporary reduction in outpatient clinic services in the county as likely to significantly worsen in 2023 due to the lack of community resources which prevent readmissions.

Non-Clinical Supports Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Non-clinical supports such as: HCBS, CFTSS, CORE are very limited and only serve the Medicaid population. Most programs advise the LGU there are wait lists for the services.

OPWDD providers report limited access to com hab, and respite.

A canvass of CFTSS providers conducted in July 2023, confirms 382 children and youth residing in the county and receiving these services. The providers who reported this information serve a large proportion of Rensselaer Co clients. The remaining providers have not yet reported data. There is no indication how many children and youth are awaiting this service. HCBS providers report 3 SED children and youth enrolled who reside in the county (note, only 1 provider reported).

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):

Prevention 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):

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): The CSPOA reports an escalating number of referrals for RTF care each year. (In 2022 =4; in 2023 thru July = 6) Much of this is attributed to the limited avenues to residential services via other child caring systems i.e. juvenile justice and DSS. Children and youth with IDD are not able to access residential care in the OPWDD system. Families in need of this service approach the Mental Health system for assistance, and MH cannot meet the individual's needs. Residential schools are often recommended for this population, however the school districts will not offer this unless all other educational programming has been exhausted.

Respite Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Community members seeking respite services for the OPWDD population have difficulty in obtaining respite services.

Transition Age Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Transition to MH & SUD outpatient treatment from the youth services to the adult services is extremely difficult at this time due to the shortage of adult outpatient services. Young adults tend to triage low for admission to this resource due to the priority given to the highest acuity adults. Outpatient services which prioritize transition age young adults for integrated SUD & MH treatment is a need.

Youth transitioning into adulthood experience great difficulty in accessing residential opportunities in the OPWDD system.

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): Rensselaer County has a large rural area with very limited public transportation which is an ongoing barrier in connecting persons to the services offered in the urban areas which are not eligible for Medicaid funded transport. In recent years, the Healthy Alliance has funded limited non-Medicaid transportation. The funding for this service is extremely limited and the county operated services have expended all allotted funds due to high need. This service has been extremely helpful in connecting persons to non-treatment but essential services i.e. Social Services, Court appearances; Probation appointments; food pantries etc. Additionally, the local MAT OTP has reported Medicaid transportation fraud, which is significantly contributing to setbacks in recovery for those receiving the agency's service and being transported for dispensing each day via Medicaid funded transport.

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? No

Need description (Optional): This is not addressed in the Goals and Objectives Form, as on a local level it presents as an issue pervasive across NYS. Every program in the behavioral health continuum of care in Rensselaer Co, (& across the Capital Region) report workforce shortages. Some programs have such great shortage that the financial viability of the program becomes questionable. Currently in Rensselaer County the programs experiencing the greatest impact are: outpatient Article 28, 31, & 32 clinics; Adult ACT; non-clinical services - CFTSS; HCBS, CORE; housing; Care Management.

LGU Representative: Katherine Alonge-Coons

Submitted for: Rensselaer County Department of Mental Health

Rensselaer Co Care Management Impact to Loss of NYS staff:

Children and Youth:

Information presented herein is gleaned from caseload data 2018-May 2023.

1. From 2018 thru October 2020 - 2 NYS Case Managers served the county and were co-located with the county operated C & Y Care Management program.

The monthly average of non-Medicaid client served by the two staff was: 11.6

2018 = 14.6

2019 = 16.75

2020 (thru Oct) = 13.4

2. The monthly average of non-Medicaid Care Management served by the remaining NYS staff November 2020 – May 2023 is: 7.5

Nov – Dec 2020 = 8.5

2021 = 8.3

2022 = 6.3

2023 thru May = 7.2

3. The county care management team also serves non-Medicaid clients. The monthly average 2018 thru May 2023 = 16

2018 = 16.1

2019 = 20.3

2020 = 21.2

2021 = 16

2022 = 16

2023 thru May = 9.4

The capacity to serve both Medicaid and non-Medicaid clients shifts downward due to staffing vacancies and medical leaves. The county program is now fully staffed as of May 2023.

4. The NYS staff due to the high credentials serve predominantly high acuity clients reimbursed by Medicaid at the rate of \$750/month. The county operated program have several staff who are equipped to serve high acuity clients including those receiving High Fidelity Wrap.

Each non-Medicaid client absorbed by the county operated program, will reduce the capacity to serve Medicaid clients at a cost of \$750/month (ie: revenue loss). Applying this monthly reimbursement rate to the average monthly non-Medicaid client caseload = \$5625 per month or \$67,500 per year of Medicaid revenue loss to the county operated program.

Note: Transferring clients from the state to the county program is not a simple process. The Health Home requires initiating service as a brand new referral – repeating all assessments, consents, and developing a new plan of care. Any clients awaiting the service will need to have an extended wait as transfers will be prioritized.

Adult Care Management:

This program had 1 NYS staff (originally the Director, and 3 other care managers were NYS staff). The county has increased its care management positions for the program over the years, and developed a Director position to oversee the program. The remaining NYS Care Manager served the non-Medicaid population with predominantly high acuity and/or AOT orders. This employee left the program in October 2022.

The data presented is gleaned from the time period of: 1/1/20 thru 10/1/22.

The caseload of this NYS employee was quite constant and served 14 non-Medicaid clients each month. The acuity breakdown is as follows with corresponding Medicaid reimbursement values.

10 AOT/HH+ clients \$790 per month = \$7900

2 High risk clients \$363 per month = \$726

2 HH level clients at \$202 per month = \$404

The total monthly Medicaid reimbursement for this non-Medicaid caseload = \$9030. This constitutes the monthly revenue loss to the county operated program which has absorbed this caseload. This loss is annualized at \$108,360. This suppression of revenue is impacting the 2023 revenue for the program.

Rensselaer County Samaritan Hospital Adult Readmissions

Background

The New York State Office of Mental Health reports 30-day and 90-day rates of psychiatric admissions to Inpatient and ER settings for eligible psychiatric discharges. This data is reported by hospital type, geographic area, and population (child, adult). Data is not available by the County of Residence. For Rensselaer County, data is only available for adults served in Samaritan Hospital.

Observations

- In 2021, Samaritan Hospital had a high 90-day ER readmission rate in comparison to the other Hospitals in the region; the other hospitals with similar readmission rates had a much lower rate of psychiatric discharges.
- 30-day and 90-day readmission trends
 - The percentage readmitted to Inpatient and ER exceeded both the regional and statewide levels in 2020.
 - The percentage readmitted to Inpatient decreased to the regional and statewide levels in 2021.
 - The percentage readmitted to ER remained above the regional and statewide level in 2021.

Data

2021

Psychiatric Inpatient (IP) Readmission and Emergency Room (ER) Visit Rates

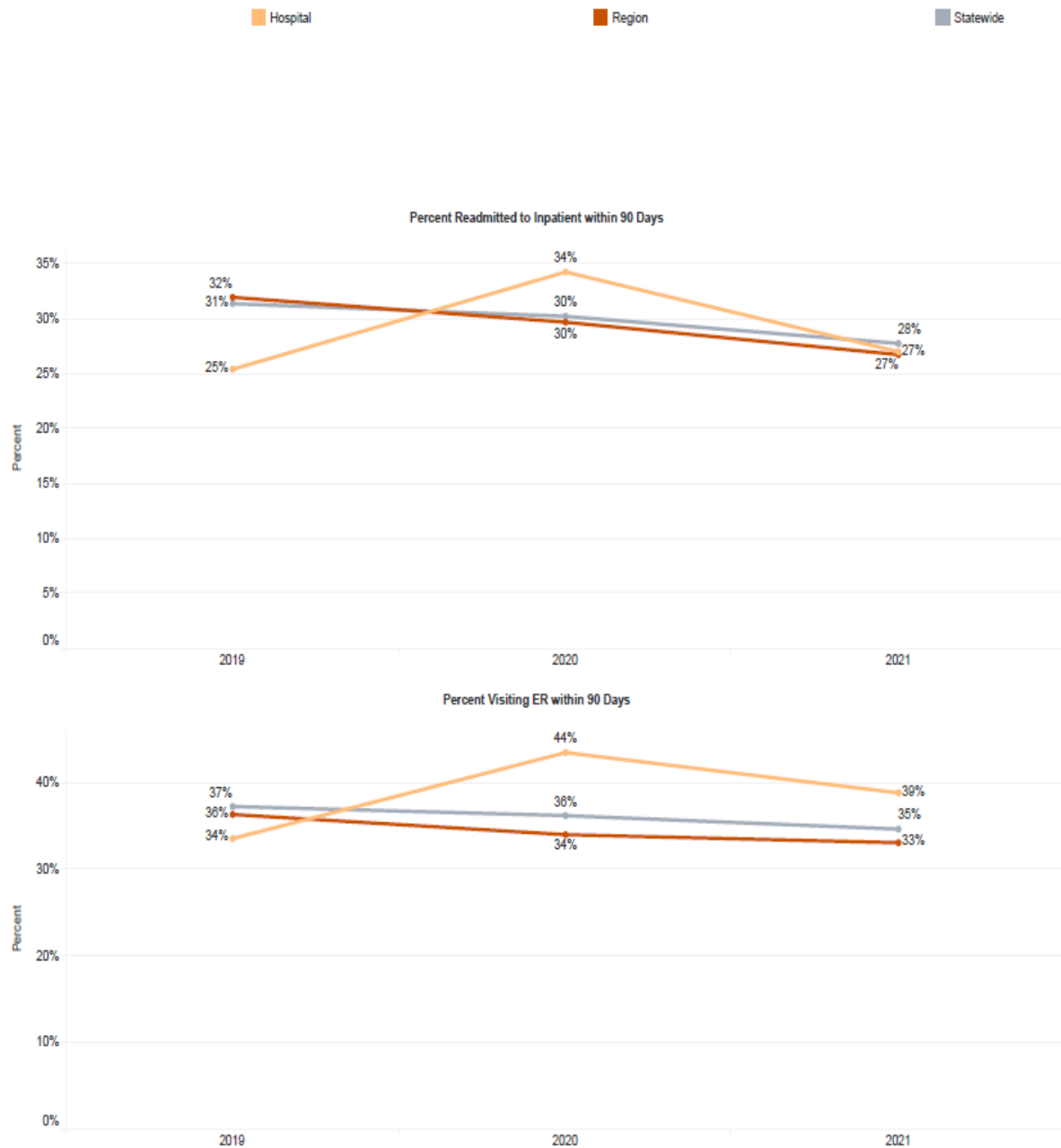
				Number of Psychiatric Discharges					
				0-500	501-1000	1001-1500			
Inpatient Type	Region	County	Hospital	Number of Psys...	% Readmitted / % Visits				
					IP - 30 D ays	IP - 90 D ays	ER - 30 D ays	ER - 90 D ays	
General Hospital	Hudson River	Albany	Albany Medical Center		19%	30%	26%	36%	
		Columbia	Columbia Memorial Hospital		13%	18%	13%	22%	
		Dutchess	Westchester Medical Center - MidHud Valley		16%	29%	21%	32%	
		Orange	Bon Secours Community Hospital		15%	31%	22%	39%	
			Garnet Health Medical Center - ORMC		10%	20%	16%	27%	
		Putnam	Putnam Hospital Center		22%	31%	23%	35%	
		Rensselaer	Samaritan Hospital		16%	27%	24%	39%	
		Rockland	Nyack Hospital		16%	28%	24%	33%	
		Saratoga	The Saratoga Hospital		14%	22%	17%	29%	
		Schenecta..	Ellis Hospital		10%	13%	21%	33%	
		Sullivan	Garnet Health Medical Center - Catskills Me..		15%	27%	26%	38%	
		Warren	Glens Falls Hospital		16%	30%	21%	34%	
		Westchester	Montefiore Mount Vernon Hospital		12%	23%	15%	27%	
				New York Presbyterian - Westchester Divisi..		15%	28%	20%	33%
				Northern Westchester Hospital Center		17%	31%	26%	41%
				Phelps Memorial Hospital Center		10%	22%	21%	32%
				St Joseph's Medical Center - St Vincent's D..		17%	29%	18%	31%
				St Joseph's Medical Center - Yonkers		20%	29%	27%	37%
			Westchester Medical Center - Valhalla		17%	27%	20%	33%	

County	Hospital	Year	Age Group	ER- 30 days	ER - 90 Days	IP Hospital 30 Days	IP Hospital 90 days
Rensselaer	Samaritan Hospital	1/1/2021	Adult	24%	39%	16%	27%
Rensselaer	Samaritan Hospital	1/1/2020	Adult	29%	44%	21%	34%
Rensselaer	Samaritan Hospital	1/1/2019	Adult	22%	34%	15%	25%
Rensselaer	Northeast Health - Samaritan Hospital	1/1/2018	Adult	21%	33%	16%	28%
Rensselaer	Northeast Health - Samaritan Hospital	1/1/2017	Adult	24%	37%	21%	34%

30-Day Readmissions – Inpatient and ER



90-Day Readmissions – Inpatient and ER



<https://omh.ny.gov/omhweb/tableau/county-profiles.html>



2025 Needs Assessment Form Rensselaer County Department of Mental Health

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): The Rensselaer County System of Care for children, youth and families has begun to address the increased level of homelessness for families in the county. In December 2023 and January 2024 a total of 102 homeless families were served by RCDSS. Contained with these families were 151 children and youth. The number of homeless families in May decreased to 85. Reports from agencies in the community have indicated the numerous risks posed to these vulnerable minors i.e. sex trafficking. See data attached.

Case Management/Care Coordination Yes

Applies to OASAS? No

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): Given the workforce challenges due to attrition, at present, few Child and Youth Health Home Care Management programs serving Rensselaer County are receiving referrals. This is causing a backlog of referrals for this service. Children, youth, and adults without Medicaid coverage have limited opportunities for Care Management services. The county operates, via state aid, Non-Medicaid Care Management Services, however there is less capacity due to the loss of state employees who had provided this care, transferring the full burden to the county workforce. See data attached.

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? No

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): PCS data via OMH has shown a low employment and volunteer rate for residents in the county with mental health issues. OISE state aid is now in place and is the only new initiative to address this need

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

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

Inpatient Treatment Yes

Applies to OASAS? 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): Given nursing shortages some inpatient beds on the county were temporarily taken off line. Then due to physical plant improvements other inpatient beds were temporarily taken off line. Consequently, psych inpatient capacity has fluctuated throughout the year with an overall goal for all beds to be online. Inpatient psych capacity for children and youth remains a challenge. Bed searches can take considerable time resulting in children and youth being held at the crisis unit for extended lengths of stay.

Non-Clinical Supports Yes

Applies to OASAS? No
Applies to OMH? No
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The System of Care in the county serving persons with I/DD, reports the most highly sought-after service is Community Hab. The actual need is not known as there is no data available to quantify the unmet need. – Com Hab is number one and Respite second. ARC has about 70 people on the list for Com Hab. for which they are not able to offer services due to staffing levels. The times services are needed by families are very specific. Vanderhyden –reports 25-30 people are waiting for Com Hab services. Unable to meet the need due to workforce shortages.
Lack the staff to transition clients from OPWDD-eligible status to extended services. ACCES-VR has to identify another provider to provide services.

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):

Prevention 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? 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): The LGU has assured participation from the Center for Problem Gambling in the committee structure. In 2024/2025 the LGU will again provide some orientation and awareness presentations for the workforce in how to assess for problem gambling. The Rensselaer County Dept. of MH Prevention Program continues to receive training and offers education to the community annually.

Residential Treatment Services Yes

Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Youth Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): CSPOA reports an increase in referrals for RTF. Limited ability to access residential services via DSS.

Respite Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Respite services remains an ongoing challenge. There is limited availability of respite in the OPWDD network. Additionally, OMH state aid funded respite for children and youth has been placed on hold due to the previous vendor discontinuing the contract. The LGU has negotiated with another provider, is executing a contract, and will soon offer this service again. This service is relied upon to support children, youth and families who are impacted by Severe Emotional Disturbance and do not have Medicaid coverage.

Transition Age Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

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

Need description (Optional): Housing for young adults has been identified in the System of Care for children, youth and adults as a significant need, especially for youth aging out of foster care. This need is currently being reviewed and discussed in the System of Care housing work group. Independent living skill development is needed for young adults to sustain housing and prevent repeated homelessness. New ESSHI programs are able to accept young adults aged 19-25.

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): Non-medical transportation remains a high need. Pilot initiatives have been put in place by the Healthy Alliance and the Capital Behavioral Health Network. These transportation services are utilized for linkage to service such as: court appearances, probation reporting, self help groups. There is no universal service for non-Medical transport which is an ongoing need.

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? No

Need description (Optional): The C & Y System of Care is working with the Capital Region Workforce Development program to determine means of recruiting persons into the human service and behavioral health professions and are exploring the development of career pathways for retention of workforce.

All services throughout the continuum of care are experiencing staff attrition creating a negative impact for service availability.

Disaster MH Team 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): Disaster MH team development. The LGU is working in collaboration with OMH and the County Public Safety and Health Depts to develop and implement a team of volunteers for this service. Training is anticipated to be scheduled in the fall.

LGU Representative: Katherine Alonge-Coons

Submitted for: Rensselaer County Department of Mental Health



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2026 Needs Assessment Form
Rensselaer County Department of Mental Health

Case Management/Care Coordination Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Several of the Health Home Care Management providers have vacant care management positions due to workforce shortages resulting in extended wait times for the service (this is true for both adult and child/youth care management programs) For child and youth there is very limited opportunity for High Fidelity Wraparound care management services. Additionally there is inadequate capacity to serve those without Medicaid in need of Care Management services - wait lists exist for this population. The OPWDD CCO structure doesn't have a Health Home plus type of designation or capacity to adequately serve high need recipients or those with co-occurring diagnoses.

Overall, the best model for care management is the former ICM/SCM without the over arching infrastructure of Health Homes, and had a high focus on care delivery vs burdensome documentation.

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? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): 2023 OMH PCS data indicates 52% of the county residents served in OMH programs are not employed with 14% "unknown" re: employment status. This results in a potential of 66% of all Rensselaer Co residents in OMH programs as being unemployed. See attached data.

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

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? 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):

Non-Clinical Supports Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): OPWDD providers indicate difficulty in maintaining workforce to assure ability to operate at full capacity for services such as: respite, day hab etc. Child and youth CFTSS and HCBS are negatively impacted by workforce shortages. Little support for OMH vocational services.

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):

Prevention 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? 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): Education for all providers across the system of care to better screen for the presence of Problem Gambling is a need. Prevention and education re: problem gambling for the general population is also a need.

Respite Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): There are not crisis respite opportunities and limited planned respite for the IDD population. OMH licensed Crisis Residences are designed to be accessed in times of situational crises and not for planned respite. There is no OPWDD "resource center" or "crisis respite" opportunity in Region 3. Rensselaer County has historically contracted for planned respite services (especially important for the non-Medicaid population) however due to workforce challenges the program has limited capacity.

Transition Age Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

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

Need description (Optional): Local providers of residential/foster care services have advocated for residential opportunities/housing for youth aging out of foster care/residential services. Day programming for these young adults would be helpful to focus on developing employment skills and launching into the workforce.

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): Non-medical transportation is a need in the county. This need area has had some intervention through the use of a limited amount of "ride health" support. Ride Health has been a service pad for by the SDN no a limited basis, and by the Capital Behavioral Health Network - CCBHC. Transportation destinations have included: Probation reporting, court

appearances, pharmacy; and grocery stores. Given the rural geography of much of the county, public transportation is minimal. (Public transport is more effective in the urban areas.)

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? No

Need description (Optional): The LGU is committed to uniting all service providers in the continuum of care across disability populations to join in state regulatory efforts to improve workforce and alternate models of service delivery.

LGU Representative: Alonge-Coons Katherine

Submitted for: Rensselaer County Department of Mental Health

2023 Rensselaer County Patient Characteristics Survey (PCS) Employment Data

Background

The PCS is conducted by OMH every two years, and collects demographic, clinical and services-related information for each person who received a service in the NYS public mental health system during a specified one-week period.

All organizations and programs that are licensed, funded and/or operated by OMH are required to report PCS data. This includes state-operated psychiatric centers, general hospital psychiatric departments, community mental health agencies and county-operated mental health services.

The statewide and regional visualization of the 2023 PCS data was updated in January 2025. This is the most recent data available. OMH provided a download of 2023 Rensselaer specific data in May 2025. This included County of Residence for those served in Rensselaer County, and PCS data for Rensselaer County residents and those served by Rensselaer County providers.

This document provides the County of Residence of those served in Rensselaer County, and PCS data for 1,333 Rensselaer County residents regardless of where they were served, modeled on the OMH Tableau Visualization; these reports are annual estimates based on the survey.

<https://omh.ny.gov/omhweb/tableau/pcs.html>

Employment Data for Rensselaer County Residents

OMH ran an additional extract of with Rensselaer County employment data in June, 2025.

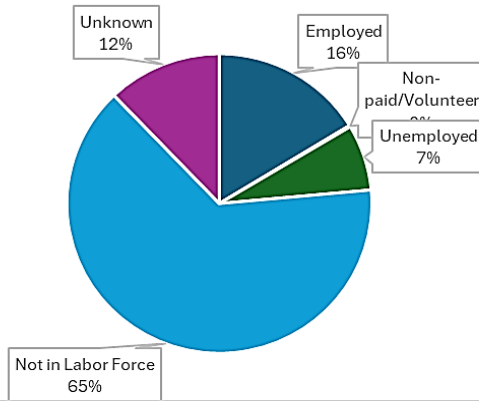
For the total 1,333 residents served in OMH programs, 16% were employed.

For the 605 residents aged 18-64, served in OMH programs, 24% were employed. Twenty-seven percent (27%) of Females were employed and 24% of Males.

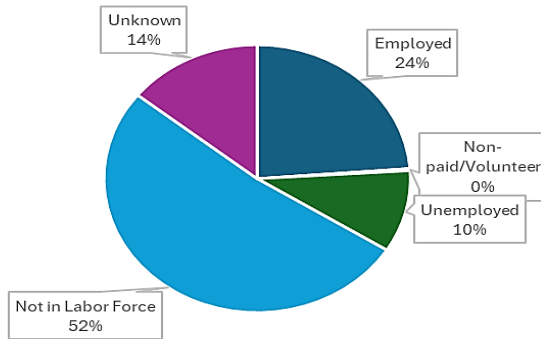
	Employed	Unemployed	Not in the labor force	Non-paid/volunteer	Unknown
All	24%	10%	52%	0%	14%
Male	20%	12%	55%	N/A	13%
Female	27%	9%	49%	1%	14%

Charts visualizing this data are on the following page.

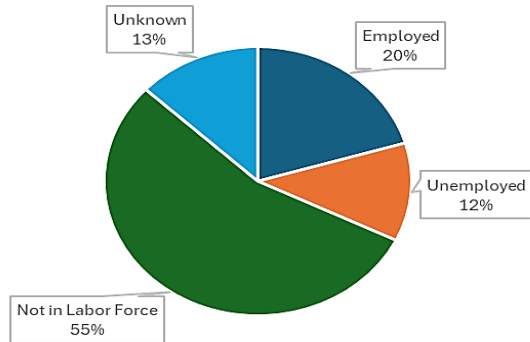
Rensselaer Residents - All Ages



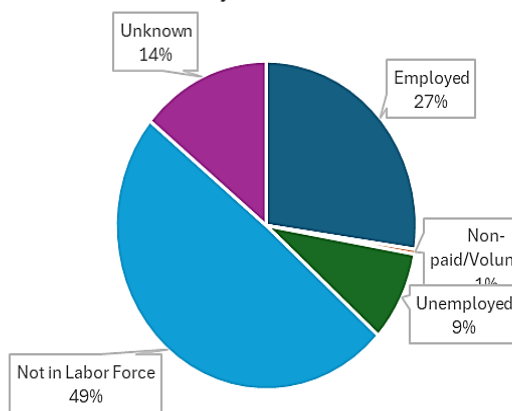
Rensselaer County Residents 18-64



Rensselaer County Residents Male 18-64



Rensselaer County Residents Female 18-64



2023 Rensselaer County Patient Characteristics Survey (PCS) Data

Background

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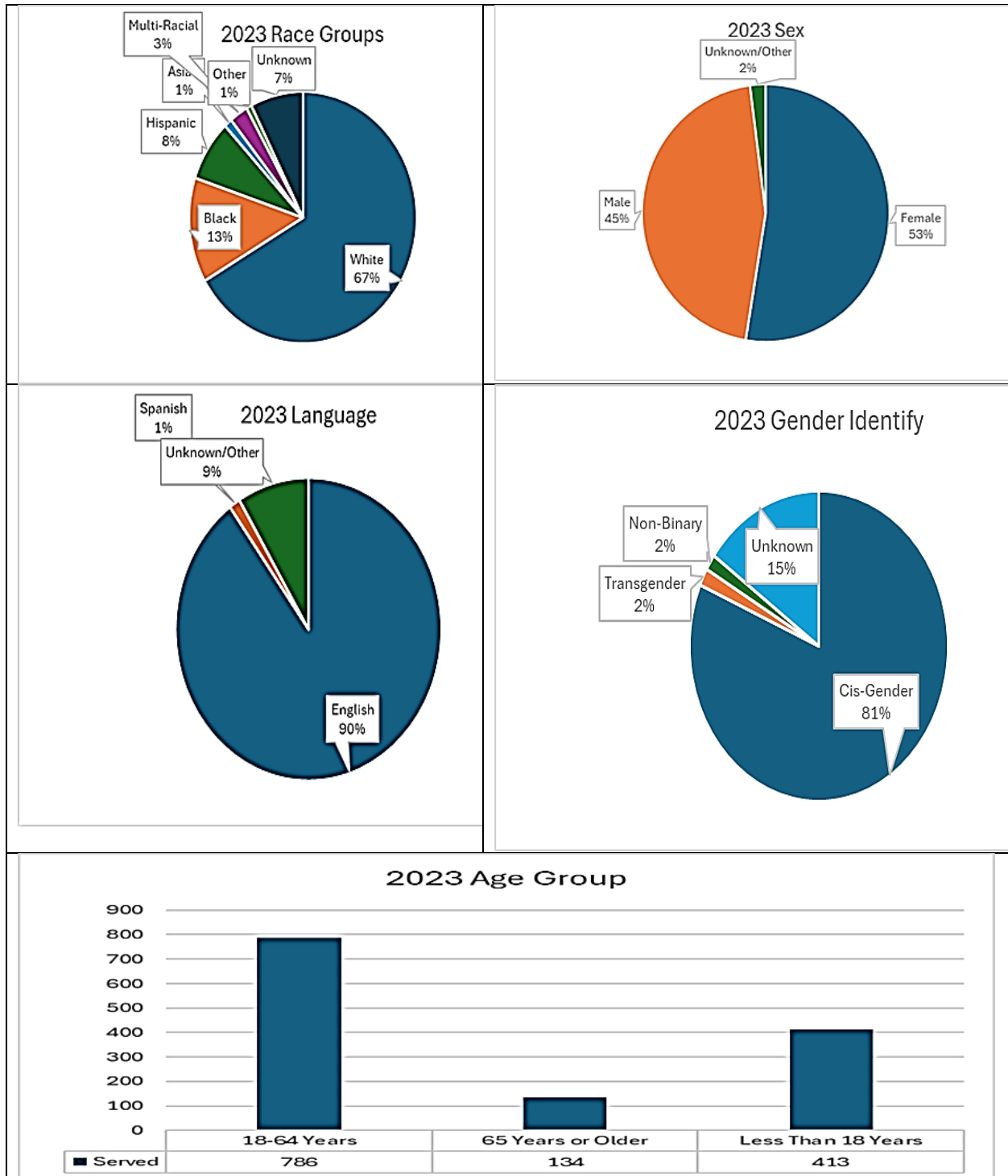
This document provides the County of Residence of those served in Rensselaer County, and PCS data for 1,333 Rensselaer County residents regardless of where they were served, modeled on the OMH Tableau Visualization; these reports are annual estimates based on the survey.

<https://omh.ny.gov/omhweb/tableau/pcs.html>

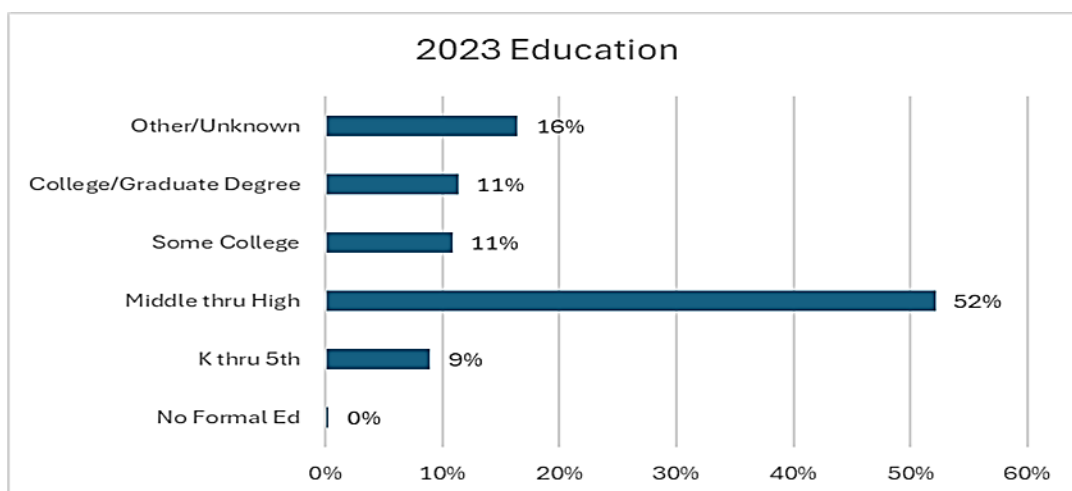
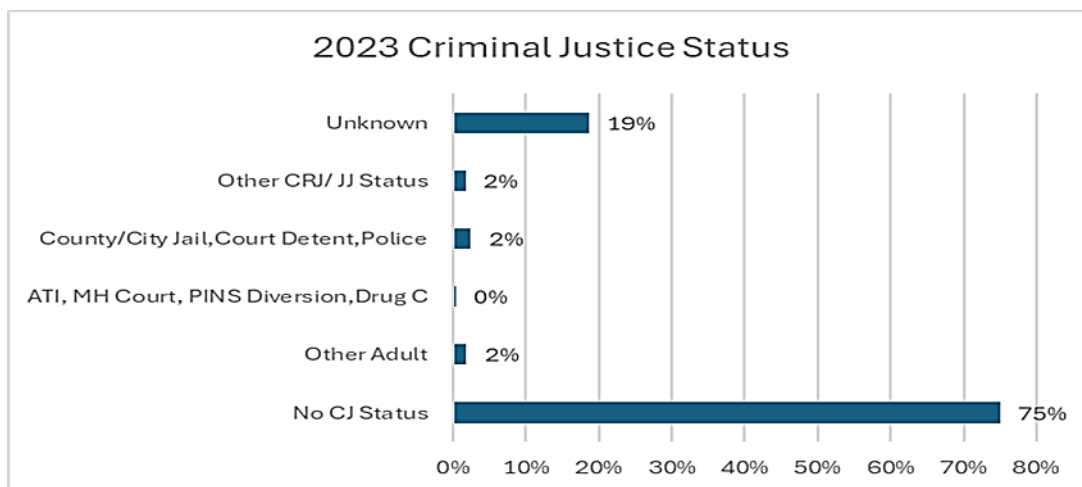
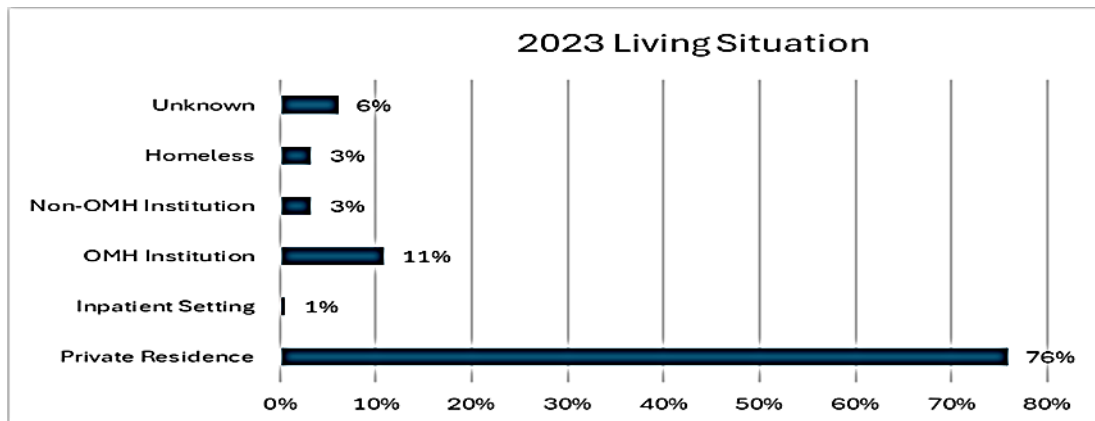
County of Residence for people served by Rensselaer County providers

Rensselaer	1,119	80.4%
Albany	143	10.3%
Saratoga	43	3.1%
Schenectady	25	1.8%
Warren	7	0.5%
Fulton	6	0.4%
Washington	5	0.4%
Columbia	6	0.4%
Montgomery	2	0.1%
Clinton	1	0.1%
Cortland	1	0.1%
Delaware	1	0.1%
Essex	1	0.1%
Oneida	1	0.1%
Other Country	1	0.1%
Saint Lawrence	1	0.1%
Unknown	29	2.1%
Total	1,392	

Demographics - Annual Estimates using PCS Data for Rensselaer County Residents, regardless of County of Service

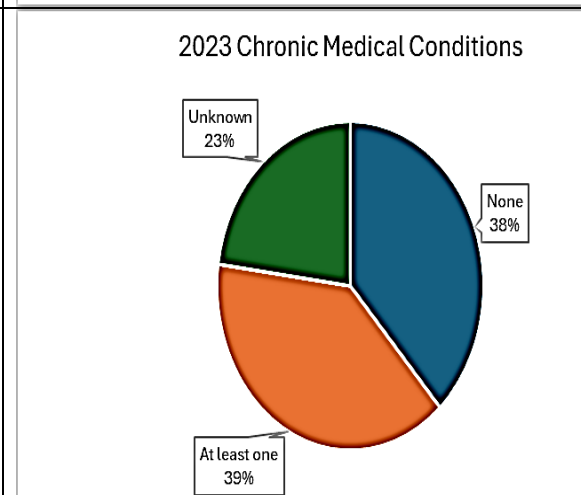
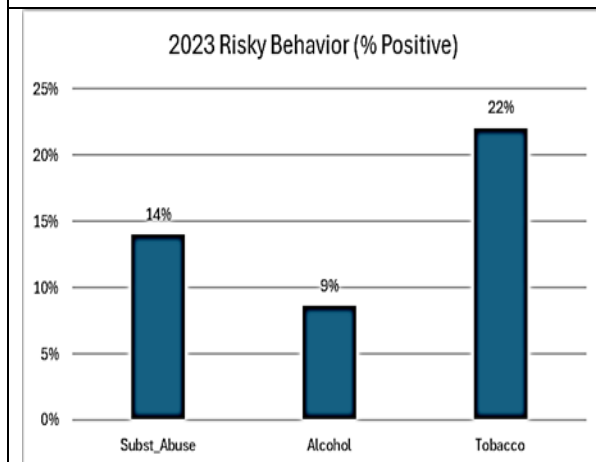
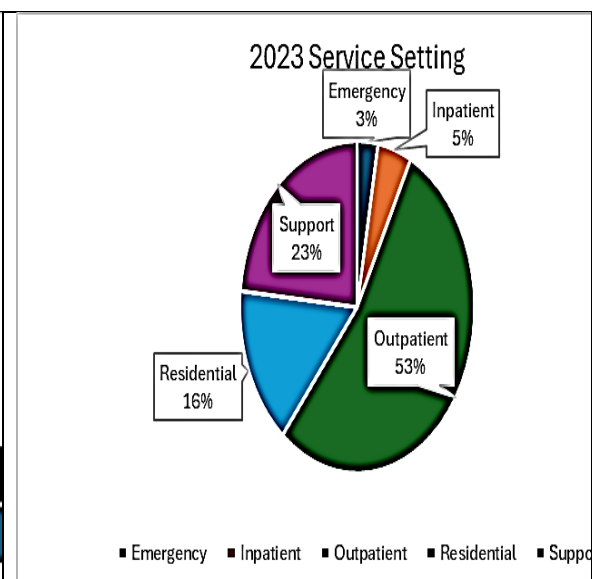
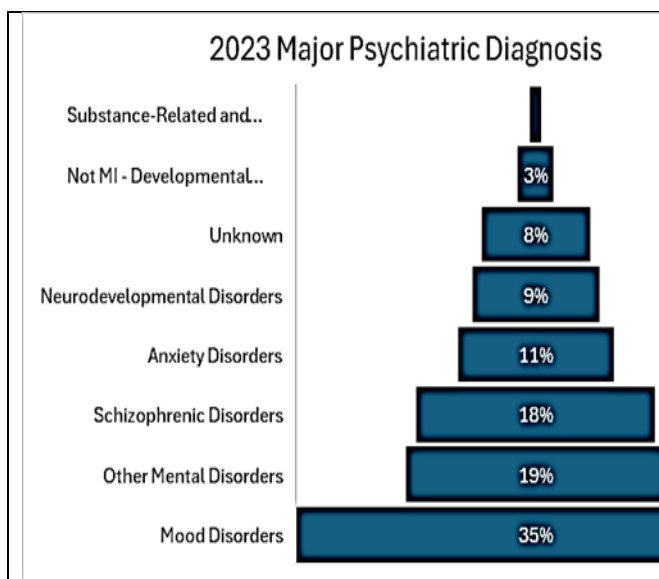
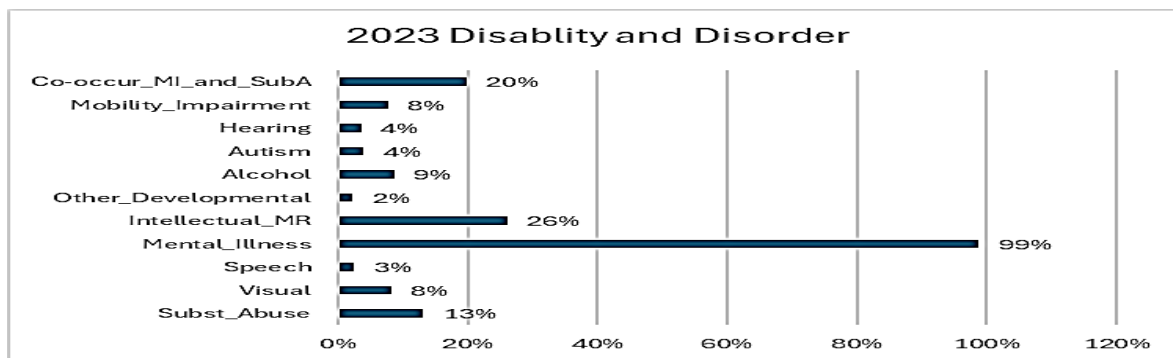


Social Determinants - Annual Estimates using PCS Data for Rensselaer County Residents, regardless of County of Service



Note – education was not available in this data download

Clinical and Functioning - Annual Estimates using PCS Data for Rensselaer County Residents, regardless of County of Service



The top 10 reported chronic medical conditions were: cardiometabolic (357), obesity (193), other (167), pulmonary (157), high blood pressure (154), diabetes (127), HLD (126), joint (10) and endocrine (76).

Unity House Inc. & NE Career Planning ***	2431 6th Ave, Troy, Ny 12180	(518)274-2607	David Bach	specialty housing, OISE, ACT, , MHOTRS, CTI
Joseph House Inc ***	202 4th St, Troy, NY 12180	(518)874-1247	Amy LaFountain	specialty housing, street outreach
Samaritan Hospital - St. Peter's Health Partners ***	2215 Burdett Ave, Troy, NY	(518)271-3554	Deb House	psych inpatient, outpatient clinic, PROS, Crisis Unit
Vanderheyden Inc.	614 Cooper Hill, Wynantskill,, NY	(518)283-6500	Karen Carpenter	Family Support services & respite
Rehabilitative Support Services Inc. ***	306 Central Ave, Albany, NY 12206	(518)462-1094	Lauren Tegnander	Supported Housing
Northern Rivers - Parsons ***	60 Academy Road, Abany, NY 12208	(518)426-2600	Bill Gettman	Mobile Crisis, Youth ACT, Day Treatment, RTF, HCBI, RTF, MHCR
MHEP - Mental Health Empowerment Project	2136 Burdett Ave., Troy, NY 12180	(518)235-2173	Victor Clark	Peer advocacy & support
St. Anne's Institute Inc.	160 N. Main Ave, Albany, NY 12206	(518)437-6500	Richard Hucke	Specialty treatment program sexually acting out youth, crisis residence
YWCA ***	21 1st St., Troy, NY 12180	(518)274-7100	Starletta Renee	Supported housing
Dwyer Peer to Peer @ Veteran's Dept.	99 Troy Rd, East Greenbush, NY	(518)270-2760	Chris Albert	veteran's peer support

*** indicates licensed by OMH