



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Schenectady Co Office of Comm Services
July 18, 2018

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Schenectady Co Office of Comm Services	70440	(LGU)
Executive Summary	Optional	Certified
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2017 Mental Hygiene Executive Summary
Schenectady Co Office of Comm Services
Certified: Margaret Coker (6/28/18)

See attachment

Attachments

- 2017 Needs Assessment Report-County Plan 2017.docx - Executive Summary
- County Plan 2018-2019 Final 6-28-18.docx - County Plan 2018-2019

Mental Hygiene Goals and Objectives Form
 Schenectady Co Office of Comm Services (70440)
 Certified: Margaret Coker (7/5/18)

1. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

- a) Indicate how the level of unmet **mental health service needs**, in general, has changed over the past year: Improved Stayed the Same Worsened

Please Explain:

Clinical services have somewhat improved with the hiring of 2 additional psychiatrists during 2017 at the Ellis Medicine Outpatient Clinic. Despite this a waiting list of 299 still existed at the end of 2017. This can be attributed to the need to hire more prescribers and because the level of need in the City of Schenectady has been becoming more acute. Also the number of priority cases has increased due to hospital discharges, an increased AOT population as well as more jail and prison releases. Crisis services at the ED are overwhelmed as there are more persons presenting at the ED with primary substance use and co-occurring disorders. A significant number of SMI clients frequent these services. In addition, the lack of supported apartment settings within the two primary providers for persons remains at a crisis level. Rehabilitation Support Services (RSS) had a waiting list of 45 persons at the end of 2017 and Mohawk Opportunities had a wait list of 60. Although the Joseph Allen apartments opened in the fall of 2017, the 25 apartments for persons with mental illness were filled rapidly. Most of the CR's were at capacity throughout the year. The only beds that had consistent vacancies were the Long Stay beds that were essentially held for persons being discharged from CDPC, most of whom are not able to live independently. Staff turnover is a chronic issue due to low wages and the level of responsibility demanded by these positions. Persons being released from the county jail are only given one week's supply of medication upon release yet the wait to see a psychiatrist is up to two months at the Ellis Medicine Outpatient Clinic. In addition, the ACT team, with a capacity of 28 persons maintained full capacity throughout 2017.

- b) Indicate how the level of unmet **substance use disorder (SUD) needs**, in general, has changed over the past year: Improved Stayed the Same Worsened

Please Explain:

New Choices Recovery Center is the primary provider of substance use disorders. Conifer Park and St. Peter's Addiction Center (SPARC) also serve this population. A primary concern is the on-going conflict of serving persons with co-occurring disorders. Typically those with SMI are not readily served by SUD providers and those with chronic substance use disorders are not readily served by Psychiatrists who tend not to prescribe medications to them without a significant period of sobriety. Efforts are being made to educate and increase the number of prescribers who will order Suboxone. Many initiatives had been introduced in 2017. Plans for establishing a Substance Abuse Coalition order to identify issue within Schenectady County. New Choices was also awarded funding for a Substance Abuse Prevention Program that will work with youth and disseminate educational materials throughout the county. There is also a stated need for more half-way house beds for women. Clinics are also seeing more and more persons with opioid addictions who often cannot follow through with treatment. The need for more rapid admission to inpatient rehabilitation is problematic because when someone is ready to stop using are not able to access inpatient rehabs quickly enough before relapse occurs.

- c) Indicate how the level of unmet needs of the **developmentally disabled** population, in general, has changed in the past year: Improved Stayed the Same Worsened

Please Explain:

Providers of services for the developmentally disabled have common concerns within the system. Mental Health services have been severely impacted by the dearth of psychiatrists in the area. This is particularly true for those with co-occurring disorders--mental health and a developmental disability, or even three co-occurring disorders--mental health, substance use and the developmental disability. There is a great need for OPWDD to recruit and maintain prescribers for this population. There is also an expressed need for more certified housing beds. As persons continue to be discharged into the community and who often has elderly parents who can no longer meet the needs of their loved one, housing becomes a significant concern to this vulnerable population. Along the same lines there is a growing demand for overnight and day respite programs. When persons with developmental disabilities, who often need 24/7 care return to their families of origin there is little opportunity for caregivers to rest and take care of their own needs. Without these valuable services the risk for stability in the home increases.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

The housing situation in Schenectady County is at a crisis level. In the community in general there is a dearth of affordable and safe housing. Within the Behavioral Health system CR's are virtually full most of the time. There were 9 persons on the wait list at the end of 2017. The CDPC Union Street residence is at capacity most of the time. Supported Housing beds have long waiting lists. In 2016 RSS had a wait list of 25. That number increased to 45 by the end of 2027. Likewise, Mohawk Opportunities in 2016 had a wait list for 52 beds. In 2017 that number increased to 60. There is a need for more half way house beds for women. OPWDD is also in need of certified housing beds.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

OCS will notify providers regarding all RFP's and grant opportunities available under the auspices of OMH, OASAS and OPWDD as well as for those non-profit local community providers.

Objective Statement

Objective 1: Over the course of the coming year the Office of Community Services will explore all funding opportunities and distribute information from relevant resources such as the Conference of Local Mental Hygiene Directors, SAMHSA, OMH, OASAS, OPWDD and DCJS to the appropriate community agencies

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Through the SPOA Coordinator of OCS we will continue to track transitional housing programs and encourage movement from supported housing to independent apartments when available

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

See Executive Summary

2d. Workforce Recruitment and Retention (service system) - Background Information

Regarding staff recruitment and retention the primary issue is the rapid turnover of staff, thus creating instability in OMH and OPWDD programs especially. It is difficult to maintain staff due to low wages. It is often said that persons can make more money at Mc Donald's. There they have less responsibility and less of a possibility of threats and sometimes dangerous situations. In addition there are fewer requirements for employment with most agencies. Sometimes all that is needed is a high school degree and a shorter period of experience in residential programs. In the children's system staff turnover is of particular concern. Children and families have to deal with new clinicians far too often, thus reducing the continuity of care and engagement.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Through contractual agreements, monthly program reports, various sub-committees and provider meetings OCS will compile and track information regarding staff vacancies.

Objective Statement

Objective 1: OCS will explore and recommend creative means to encourage staff to remain employed at the identified agency despite lower salaries through various incentive programs such as special recognition, parking privileges, flexible schedules, educational opportunities etc.

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Recognizing that many low wage employees have had traumatic experiences in their lives OCS will work with Directors of agencies with respect to trauma informed leadership and speak to the need for consistent validation, respect and participation in the decision making process

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

See Executive Summary

2f. Prevention - Background Information

Toward the end of 2017 many initiatives were begun regarding substance use and suicide prevention. New Choices Recovery Center gained funding for a Substance Abuse Prevention Program. There are several components to their efforts to establish programming targeted at youth, using evidenced based curriculum and providing information to the community to increase public awareness. Also the Dual Recovery Task Force was re-established. In addition, planning phases for establishing a Suicide Prevention Coalition was begun. It is expected that in 2018 positive results will occur with these endeavors.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

OCS will lead and support efforts to provide trainings and coalitions for Substance Abuse and Suicide Prevention

Objective Statement

Objective 1: The Substance Use Prevention program through New Choices will move forward in educating the public about the dangers of substance use and providing awareness campaigns and materials throughout the community

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: OCS will provide and promote training in county departments, agencies and in community venues in order to create awareness regarding suicide prevention, one of the ten leading causes of death in the US

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 3: A community needs assessment will be conducted in collaboration with Public Health and community agencies

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 4: OCS will partner with other community agencies to provide community education and trainings on prevention strategies, heroin opioid problems, Narcan and other effective interventions

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

See Executive Summary

2l. Heroin and Opioid Programs and Services - Background Information

Like most counties in NYS Schenectady is not immune to the opioid crisis. With the lacing of fentanyl in many heroin packets the potential for death has increased. One significant issue in tracking deaths as a result of heroin overdose is the inconsistency in the reporting of the cause of death as oftentimes the cause is identified as cardiac arrest or other medical complications rather than overdose. A population that is particularly impacted is those who are incarcerated. When released from jail these persons will mistakenly believe they resume taking the same dose that they had been taking prior to their arrest and subsequently overdose as a result. Also, Schenectady, like Albany, is a major distribution point for illegal opioids and narcotics that are being transported from NYC.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

To stem the tide of heroin use and overdoses in Schenectady County.

Objective Statement

Objective 1: OCS in collaboration with Public Health will continue to monitor the identified overdose deaths in the county. Will promote Narcan trainings throughout the county and for local providers of service

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: The Substance Abuse Coalition will work collaboratively with agencies that provide substance use services to assess service needs and advocate for more rapid access to treatment and rehabilitation

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 3: OCS will work closely with law enforcement and promote initiatives to create programs such as LEAD in the county

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 4: Pursue opportunities for state and grant funding with the jail and prison populations

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

See Executive Summary

2p. Mental Health Care Coordination - Background Information

Issue was not chosen as a priority for this report.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

Due to increased difficulty in recruiting and retaining Psychiatrists throughout the state combined with the increased need of the developmentally disabled living in the community, the need for mental health services more prescribers is at a critical level. At this point the Center for Disability Services located in Albany has no psychiatrist on staff. At this point there is only one agency in Troy that will provide mental health services to persons with developmental disabilities. Local providers of mental health services have difficulty accommodating these individuals due to cognitive limitations and significant behavioral issues.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Increase clinical psychiatric services for person with developmental disabilities and mental health disorders in the community

Objective Statement

Change Over Past 12 Months (Optional)

See Executive Summary

2u. Developmental Disability Respite Services - Background Information

There is an expressed need for for families/caretakers in the community to increase day and respite services for the developmentally disabled. As persons continue to be discharged from state facilities back into the community, often to families of origin caregivers struggle to be available 24/7 to meet the needs of their loved ones. These families are in need of rest in order take care of their personal lives with little if any time to do so. This puts the both family and the loved one in continual chaos in the home.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

See Executive Summary

Objective Statement

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative

Applicable State Agenc(ies)
OASAS OMH OPWDD

a) Medicaid Redesign

- b) Delivery System Reform Incentive Payment (DSRIP) Program
- c) Regional Planning Consortiums (RPCs)
- d) NYS Department of Health Prevention Agenda

3a. Medicaid Redesign - Background Information

Medicaid re-design is ever changing regarding timelines and criteria for receiving services. This is not only true for Adults, but also for the Children's System. Although OCS in Schenectady is not a direct provider of services we facilitate many provider meetings where frustrations and skepticism emerge. The DOH oversight of mental health services and case management has created a pattern of instability in Schenectady County. The identified Health Home has struggled to maintain qualified staffing in trying to address the ever-growing needs of persons in the mental health system. Communication with OCS and the Health Home has not been coordinated in a satisfactory manner in order to ensure that persons with mental illnesses are receiving adequate services. Currently the Health Home for Adults is facing serious problems. The addition of HH+ is expected to alleviate some of the issues, particularly for the SMI population. It is understandable that the amount of work required by Health Home staff is overwhelming, especially with the mandate to complete very lengthy assessments. The Childrens Health Home covers such a large region that providers have doubts that the organization will be able to meet the needs of each specific county.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal? Yes No

Objective Statement

Objective 1: Continue to seek opportunities to provide in person training for agencies that are impacted by the VBP system

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Continue to alert and inform agencies about all statewide training opportunities

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

While DYSRIP has had very positive results in Schenectady more recently, the role out of this funding took an excessive amount of time. In year four of the initiative issues have stabilized, but knowing that the funding will end next year is causing some concern over the sustainability off projects only recently begun. In addition, the Office of Community Services in Schenectady has no oversight regarding services being funded in Schenectady on behalf of those with mental illness etc. and therefore only receives second-hand information.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

3c. Regional Planning Consortiums (RPCs) - Background Information

The Regional Planning Consortium successfully gained funding to increase the capacity of the Adult Mobile Crisis program. Therefore there is expansion of staff, shorter length of response time and an increase in hours of availability.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

3d. NYS Department of Health Prevention Agenda - Background Information

Schenectady County has taken a lead in the Suicide Prevention having claimed a best practice in reducing the number of suicides among young people as a result of a suicide contagion 4 years ago. In the meantime the county is establishing a Suicide Prevention Coalition as well as providing training to increase awareness regarding this public health crisis. In addition, a Substance Abuse Prevention Coalition has been established in order to identify and address substance abuse issues in Schenectady County

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal? Yes No

Schenectady County Office of Community Services in collaboration with Public Health and Community providers aim to reduce and prevent the number of overdose deaths and suicide.

Objective Statement

Objective 1: The Schenectady Office of Community Services in collaboration with Public Health will make every effort through education and data collection to reduce the number of deaths from overdose and suicide by increasing public awareness and education through data collection that will produce measurable outcomes

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

Do you have a Goal related to addressing this need? Yes No

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
 Schenectady Co Office of Comm Services (70440)
 Certified: Margaret Coker (3/29/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the iss
Psychiatrist	4	3	Statewide shortage
Physician (non-psychiatrist)	1	1	
Psychologist (PhD/PsyD)	1	2	
Nurse Practitioner	3	3	Competition-Opportunities for other private settings
RN/LPN (non-NP)	1	1	
Physician Assistant	1	1	Not applicable to our county agencies
LMSW	1	1	Graduate school nearby-more entry level positions
LCSW	3	3	
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	1	1	
Peer specialist	2	2	Many people not certified/agencies need to create jobs
Family peer advocate	3	3	As above, difficult for people to get training

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining

Housing staff. Very difficult to hire qualified persons. Salaries not competitive (Can earn more by working for McDonalds with less responsibility)

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.

Since our office oversees behavioral health programs we regularly learn about the difficulties they experience in staffing their programs

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
 Schenectady Co Office of Comm Services (70440)
 Certified: Margaret Coker (5/29/18)

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson		Member	
Name	Kathryn Martin	Name	Roy Neville
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Public Agency	Represents	NAMI/Family Member
Term Expires	12/31/2018	Term Expires	12/31/2018
eMail	kmartin832@gmail.com	eMail	roy neville
Member		Member	
Name	Paul Stephens	Name	Patrick Carrese
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Term Expires	12/31/2018	Term Expires	12/31/2018
eMail	paulanns@netzero.com	eMail	pcarrese@sphcs.org
Member		Member	
Name	Robert Corliss	Name	Richard Garnett
Physician	No	Physician	No
Psychologist	No	Psychologist	Yes
Term Expires	12/31/2018	Term Expires	12/31/2018
eMail	robertcorliss3@gmail.com	eMail	unknown
Member		Member	
Name	Al Tompkins	Name	Christine Parsons
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Term Expires	12/31/2018	Represents	Bridges Out of Poverty
eMail	havenfc@gmail.com	Term Expires	12/31/2018
		eMail	unavailable
Member		Member	
Name	Robert Winchester	Name	Betty Barlyn
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Town of Niskayuna	Term Expires	12/31/2018
Term Expires	12/31/2018	eMail	unknown
eMail	trustinbob@aol.com		
Member		Member	
Name	Joseph Mancini	Name	Robin Boyd
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Term Expires	12/31/2018	Term Expires	12/31/2021
eMail	joseph.mancini@ocfs.ny.gov	eMail	unknown
Member		Member	
Name	Prince Sprauvre	Name	Karyn Watson

Physician No
Psychologist No
Term Expires 12/31/2021
eMail princesprauve@yahoo.com

Physician No
Psychologist No
Represents Ellis Pyschiatric Services
Term Expires 12/31/2020
eMail watsonk@ellismedicine.org

Alcoholism and Substance Abuse Subcommittee Roster
 Schenectady Co Office of Comm Services (70440)
 Certified: Margaret Coker (5/29/18)

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Member
Name kathryn.martin
Represents Community
eMail kmartin832@gmail.com
Is CSB Member Yes

Member
Name Joanne Egnaczyk
Represents Conifer Park
eMail jegnacyc@libertymgr.com
Is CSB Member No

Member
Name Laura Combs
Represents New Choices Recovery Center
eMail ">LCombs@newchoicesrecovery.org>
Is CSB Member No

Member
Name Kevin Pausley
Represents Schenectady County Probation
eMail kevin.pausley@schecnectadycounty.com
Is CSB Member No

Member
Name James Wolff
Represents Schenectady County Probation
eMail james.wolff@schenectadycounty.com
Is CSB Member No

Member
Name Ronald Butler
Represents Schenectady County Drug Court
eMail rbutler@courts.state.ny.us
Is CSB Member No

Member
Name Stuart Rosenblatt
Represents New Choices Recover Certer
eMail srosenblatt@newchoicesrecovery.org
Is CSB Member No

Member
Name Patrick Carrese
Represents St Peter's Recovery Center
eMail pcarrese@sphcs.org
Is CSB Member Yes

Member
Name Jennifer Hayden
Represents Schenectady County Office of Community Services
eMail jennifer.hayden@schenectadycounty.com
Is CSB Member No

Mental Health Subcommittee Roster
 Schenectady Co Office of Comm Services (70440)
 Certified: Margaret Coker (5/29/18)

Note: The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Member
Name Audrey LaFrenier
Represents Northern Rivers
eMail lafrena@parsonscenter.org
Is CSB Member No

Member
Name Mary May
Represents Ellis Outpatient Mental Health
eMail maym@ellismedicine.org
Is CSB Member No

Member
Name Joseph Gallagher
Represents Mohawk Opportunities
eMail jgallagher@mohawkopportunities.org
Is CSB Member No

Member
Name Lynn Davidson
Represents Ellis Peer Advocacy Program
eMail davidsonla@ellismedicine.org
Is CSB Member No

Member
Name Mark Sheehan
Represents ARC Schenectady
eMail marksh@schenectady.org
Is CSB Member No

Member
Name Robert Corliss
Represents NAMI
eMail robertcorliss3@gmail.com
Is CSB Member Yes

Member
Name Patrick Carrese
Represents St. Peters Recovery Services
eMail pcarrese@sphcs.org
Is CSB Member Yes

Member
Name Kimberly Hostig
Represents SCSC--CDPC Clinic
eMail kimberly.hostig@omh.ny.gov
Is CSB Member No

Member
Name Roy Neville
Represents NAMI
eMail rneville@nycap.rr.com
Is CSB Member Yes

Member
Name Joseph Gallagher
Represents Mohawk Opportunities
eMail jgallagher@mohawkopportunities.org
Is CSB Member No

Member
Name Steve Oill
Represents Parent Advocate
eMail steve.oill@parsonscenter.org
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Schenectady Co Office of Comm Services (70440)
 Certified: Margaret Coker (5/29/18)

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Member
Name Kathryn Martin
Represents NERIC
eMail kmartin@gw.neric.org
Is CSB Member Yes

Member
Name Joseph Mancine
Represents OCFS
eMail joseph.mancini@ocfs.ny.gov
Is CSB Member Yes

Member
Name Joseph Morelli
Represents Living Resources Corp.
eMail joe.morelli@livingresources.org
Is CSB Member No

Member
Name Kathy Lupi
Represents Schenectady City Schools
eMail lupik@schenectady.k12.ny.us
Is CSB Member No

Member
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2019 Mental Hygiene Local Planning Assurance
Schenectady Co Office of Comm Services (70440)
Certified: Margaret Coker (7/5/18)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2019 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2019 Local Services planning process.

2018 Needs Assessment Report

Schenectady Co Office of Comm Services (70440)

Certified: Margaret Coker (6/23/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

The last analysis of data in 2016 gathered during planning activities associated with multiple system transformation projects an estimated 19% of Schenectady County residents were diagnosed with a mental illness, 4% with serious mental illness. While Schenectady County's facilitated health insurance enrollment and other linkage to services initiatives has resulted in 90% of residents having health insurance coverage, the rate of Emergency Department visits and hospitalizations secondary to mental illness is higher than that of the rest of the state. In 2015 there were 2,685 crisis evaluations done. In 2016 there were 5,275; an increase of over 100%. In identified high risk neighborhood; predominately inner city neighborhoods impacted by poverty, gang violence, food insecurities, housing insecurities, family and community trauma, substance abuse including heroin addiction, and underground economies, mental health crisis visits were up to 5x higher for this population. High risk neighborhoods were also 2 to 6x's higher in hospitalization and Emergency Department rates for self-inflicted injury compared to the rest of state. Schenectady County is ranked in the 3rd risk quartile for suicide mortality and 4th risk quartile for self-inflicted injury hospitalizations. Schenectady County falls in the 4th quartile for both adult obesity and no leisure time activities. With regard to substance use related indices, Schenectady County was shown to have a significantly higher rate of newborn drug related hospitalizations and overall higher substance use related hospitalizations with high risk neighborhoods demonstrating 5 to 11x more substance use related Emergency Department visits and 2 to 4x higher hospitalization rates. Specific to Opiate related trends, data shows a drop in opiate related admissions, however, use of the Emergency Department is steadily overtaking hospitalization rates. Estimates indicate approximately 4,000 residents 12 y/a and older identified as having a substance use disorder with 2,700 residents identified as needing but not receiving treatment.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

The capacity of existing resources available to meet identified needs, including services accessed outside the funded and certified systems, is comprised of licensed clinical provider agencies, community service agencies, and local government agencies working collaboratively to provide a broad range of services. Ellis Medicine, a 438 bed community teaching hospital serves as the

county's one acute care hospital. The county is also served by a single federally qualified health center, Hometown Health Center, and a specialty hospital, Sunnyview Rehabilitation Hospital, a member of an Albany based system.

Ellis Medicine operates 3 campuses, provides teaching residencies in Family Medicine and General Dentistry, and includes a skilled nursing facility, women's health center, and an emergent care facility, which provides urgent care services. Ellis Medicine also provides the only local adult and adolescent inpatient psychiatric unit and crisis service. In addition to hospital based care, Ellis Medicine operates an adult outpatient mental health services, a child/adolescent outpatient mental health clinic, a PROS program, case Management program, and a Peer Services Program. Ellis Medicine also operates a number of primary and specialty care medical practices.

- Ellis Medicine's Psychiatric Inpatient unit has a capacity of 36 and had 1,111 admissions in 2015. In 2016 there were 1,253 admissions. Crisis Services provided 2,685 crisis evaluations in 2015. In 2016, 5,275 crisis evaluations were conducted, an increase of over 100%.
- The adult outpatient clinic served 1,657 individuals in 2014. That number increased to 1,892 in 2015. In 2016 the number of clients served was somewhat less due to the loss of 3 Psychiatrists. The PROS program served 284 clients in 2015 and 253 clients in 2016.
- In 2015, the Intensive Case Management program served 156 clients and generated 1,300 client visits. That number increased to 1,887 visits in 2016.
- Ellis Medicine's Peer Service program provided 1,499 units of service in the Ellis Emergency Department and Crisis Services Department, co-facilitated 566 groups on the inpatient unit, and facilitated or co-facilitated 44 groups within Schenectady County. In 2016 peers provided 1,184 units of service.

The New York State Capital District Psychiatric Center provides inpatient psychiatric care to patients whose symptoms have not stabilized with brief or short term care in a community hospital. Schenectady County has a 24 bed allocation. The rate of occupancy in the 24 beds has decreased by approximately 50% due to the closing of beds in the facility.

The Schenectady Community Support Center, an outpatient satellite clinic operated by the Capital District Psychiatric Center, served 432 individuals in 2015 and 335 in 2016. This decrease can be attributed to the loss of prescribers in that period of time.

Assertive Community Treatment Services (ACT) is operated by Mohawk Opportunities Inc., and provides community based psychiatric, mental health, and intensive case management services to individuals with significant persistently chronic mental health disorders who are not able to engage in standard outpatient care modalities. Schenectady County's ACT team has a capacity of 48 and maintains full utilization.

The Child and Adolescent system is also experiencing a significant shortage of services. The IFEP program (In-Home Respite) has 15 families on the waiting list. 3 spots are funded for SPOA. For recreational respite there are 37 children on the waitlist. Currently 12 spots are funded for SPOA, but only 7 are receiving services at this time. Waiver services have 21 children on the wait list with 24 spots funded. Most of the SPOA referrals do end up getting case

management services if they have Medicaid. Right now there about 10 non-Medicaid families who receive case management services which are for the most part, paid for by the county. There is also a dearth of services for young people who have substance abuse issues. Conifer Park no longer has an adolescent unit and outpatient services for youth cannot meet the need.

Hometown Health Center offers comprehensive mental health care, providing psychiatric counseling, and support services to children over the age of 5 and adults. The program is designed to be a bridge service helping clients access care quickly until a longer term plan is coordinated. Hometown Health also expedites prescriptions for individuals released from the county jail as individuals are released with only a 7 day supply of medications. Appointment for primary care services are also priorities for individuals in re-entry to the community.

New Choices Recovery Center provides community based residential, rehabilitation, and outpatient services for individuals in recovery from substance use disorders and co-occurring disorders. The 4 community residence programs have a total capacity of 75, with a 21 bed capacity for female clients and a 54 bed capacity for male clients. The day rehabilitation program admitted 329 individuals. Data for 2016 is not available. In 2015 the outpatient clinics admitted 718 individuals into treatment in 2015. In 2016 admission 1062, a 67% increase.

Conifer Park provides a 225 bed residential treatment program that offers Medically Supervised Withdrawal with a 34 bed capacity, Inpatient Rehabilitation with a 171 bed capacity, and Residential Rehabilitation with a 20 bed capacity. Conifer Park also operates an outpatient treatment center located in Schenectady. St. Peter's Addiction Recovery Clinic, located in Rotterdam, provides outpatient recover services to 347 clients in 2015. The trend is much the same as New Choices.

Housing support services within Schenectady County include OMH supported and certified residential and housing programs coordinated and accessed through the SPOA program, HUD and grant funded housing programs and case management, advocacy, and resource supports for individuals who are chronically homeless, displaced, and have been affected by mental, emotional, or behavioral health problems, and Medicaid Redesign Team housing programs for individuals coping with significant chronic mental health problems. Schenectady County is served by 5 Community Residence programs specifically allocated for individuals with significant mental illness. The community residences are commonly at capacity.

Mohawk Opportunities, Inc. operates a 12 bed crisis residence which provides short term support and housing to individuals with a severe and persistent mental illness. Individuals referred to the program have experienced a crisis that has disrupted their stability in the community or are in the process of transitioning back to the community.

The Capital District Psychiatric Center residence has a capacity of 13 beds and provides community based housing for individuals transitioning from long-term and intermediate hospitalizations; OMH Certified and Supported Housing Programs, Transitional Supported Housing, Crisis Housing, Family Care Homes, and Continuum of Care. Supported Housing Programs are operated by various agencies within the community. Each program serves a specific demographic based on eligibility and need.

OMH Certified and Supported Housing Programs offer affordable housing and community based supports to individuals with a severe and persistent mental illness.

Mohawk Opportunities, Inc. operates a Certified Apartment Program which serves 40 individuals. Standard OMH Supported Housing Programs within the county are operated by Mohawk Opportunities and Rehabilitation Support Services.

Supported Housing programs allow individuals with mental health issues and their families to live independently. Mohawk Opportunities Standard Supported Housing has a capacity of 43 with an average waitlist of 45-50 individuals. Mohawk Opportunities also operates the Young Adult Apartment Program, a subcomponent of the supported housing program. This program has a capacity of 5.

Rehabilitation Support Services Supported Housing has a capacity of 59. The average waitlist is 40-45 individuals. RSS operates 3 respite beds and 3 beds are dedicated to the forensic population. In addition to standard supported housing beds, both RSS and Mohawk Opportunities also have allocated targeted beds for: High Needs for individuals who have been served by OMH licensed residential programs; Priority Long Term beds for individuals transitioning from long-term stays at the Capital District Psychiatric Center for individuals transitioning into the community from correctional facilities, and Medicaid Redesign Team beds for individuals being served by the county's Health Home. Additional housing resources within the community serving individuals who are impacted by mental health challenges, substance use difficulties, and homelessness include:

- New Choices Recovery Center Shelter Plus Care Program
- New Choices Recovery Center Medicaid Redesign Team Housing Program
- Community Action Program Permanent Housing Program
- Schenectady County Community Action Program Shelter Plus Care Program
- Schenectady Community Action Program Solutions in Supported Housing Program
- Schenectady Community Action Program Sojourn House
- Mohawk Opportunities Continuum of Care Services Supported Housing Program
- Bethesda House Beacon Residential Program Bethesda House Lighthouse Program
- YMCA's Men's Housing Program
- YWCA's Rosa's House Program
- City Mission of Schenectady's Transitional Housing Apartment Program Emergency
- In 2017 the DePaul apartment program will open 25 beds in support of the mental health population who are able to transition to independent livine.

Shelter and Crisis Housing supports in Schenectady County include:

- City Mission of Schenectady's 35-bed Women and Children's Shelter City Mission
- Schenectady's 76-bed Men's Shelter Schenectady County
- Department of Social Services Emergency
- Housing Bethesda House
- Veteran's Emergency Bed Program

Access to care coordination services is managed through Schenectady County's Health Home, Care Central for Medicaid or Medicaid eligible individuals who are experiencing a significant

mental health condition and/or 2 chronic medical conditions. Individuals who are involved with Assisted Outpatient Treatment Services are linked to ACT services or Ellis Medicine Intensive Case Management services via Schenectady County's Office of Community Services. Mohawk Opportunities Inc. Transitional Services Program provides short term support and quick access to needed psychotropic medication for individuals with a history of mental illness who have recently been released from jail or prison or discharged from the hospital.

Through a grant provided by the New York State Office of Mental Health, our Transitional Manager works closely with release/discharge coordinators from local and state correctional facilities and hospitals to identify individuals who will be in need of mental health services upon their return to the community. The Transitional Manager is then able to help link these individuals to needed services in the community and provide them with a Medication Grant Card that will enable them to obtain needed medications while they await Medicaid eligibility determination or obtain third party health insurance.

Bethesda House and the Schenectady Community Action Program also provide case management services including: crisis case management, advocacy support, financial management, budgeting supports, linkage to health care services, and rapid rehousing and advocacy support for individuals at risk for homelessness. These services also seek to serve persons who have a difficulty engaging with traditional mental health services.

Schenectady County Crisis response resources include regional adult mobile crisis service and a child and adolescent mobile crisis, both operated by Northern Rivers Family Services. Parson's launched an Adult Mobile Crisis program in 2015 to support adults in crisis in Rensselaer, Schenectady, Saratoga, Warren and Washington Counties. In 2015 the criteria for services was restricted to working with higher risk individuals who have recently been discharged from NYS psychiatric facilities, forensic mental health clients recently released from NYS correctional facilities, and individuals currently receiving Assisted Outpatient Treatment. In 2016 services expanded to the SMI population in general.

Alternative Living Group Inc. (ALG) is a not-for-profit organization that provides a wide range of services to individuals with intellectual and developmental disabilities. The Individuals Support Services Program includes independent living skills, training and supports to persons in their own homes. In addition, individuals in this program also receive a monthly rental subsidy which is based upon their income. The program currently has a capacity of 16.

The Medicaid Service Coordination Program provides linkage, advocacy and other supports to individuals residing in both community and residential settings. The program has a capacity of 225 and is unable to meet the needs of the community. The residential program has a variety of residential opportunities that are provided in the community. The programs are designed to encourage independence. In general, housing, supervision, skills training, transportation and recreational activities are provided. Respite Services, as needed, are available 24 hours a day, 7 days a week. This program has a capacity of 55 and is currently beyond the maximum level. Many persons in need are waitlisted. The Community Habilitation Program offers one to one rehabilitative and support services to people in community-based settings. This program has a capacity of 49 and is currently beyond capacity.

Schenectady ARC operates several day habilitation programs which introduce participants to a wide array of fun, safe and enriching person-centered activities necessary for community-based living and employment. ARC also provides a wide array of services to support families of individuals with intellectual and developmental disabilities who reside at home. Medicaid Service Coordination provides assistance and advocacy to individuals and their families in identifying and accessing programs and activities necessary to achieve life goals. Schenectady ARC provides afterschool services to students with intellectual and developmental disabilities who reside in the Scotia-Glenville Central School District. Schenectady ARC's residential programs provide varying levels of structure and support to help individuals with developmental disabilities ages 18 years and older to successfully live in the community.

Living Resources employment program provides employment services to individuals with disabilities. The Employment Services Program Staff help individuals explore what kinds of jobs they might like to do, find a job that matches their interests and abilities, learn the various job tasks, and maintain employment. Services are available to individuals who have been diagnosed with either a developmental disability or a brain injury. Residential services provide support to individuals living in a variety of group or individual settings. Staff support varies from 24/7 to as little as 2 hours per week based on the individual's needs and abilities. Living Resources residential services operates ten residential programs with a capacity of fifty. The Service Coordination

Department monitors all services received by any individual. The Service Coordinator ensure that the services meet the consumer's needs or advocates to amend to replace services that enhance individuality, integration and independence.

Schenectady County is a community supported by committed programs with a strong collaborative cross systems network of service providers are poised to respond to existing gaps, barriers, and complex service challenges. Schenectady County may technically be geographically the second smallest county in Upstate New York. It serves a population of approximately 155,000 residents. Within the community there are several high risk/high need neighborhood areas, denoted by zip code, struggling with high unemployment, persistent poverty, housing and food insecurity issues, high rates of imposed violence and self-inflicted injury. The City of Schenectady has a significant number of residents in living in poverty, over 41.9% impacting children. Approximately 1/3 of the population receives Medicaid benefits. This high percentage contributes to the exacerbation of identified risks and places additional stress on existing resources.

The last community needs assessment in 2016 reported that between 2009 and 2013 Schenectady County had the highest percentage of low-income household, 22.5% as well as the lowest percentage of high income households, 22.4% compared to the surrounding Capital District Region. In addition, the City of Schenectady experienced a sharp rise in unemployment across 2009-2014, with a comparatively shallower recovery than the overall county. In relation to violent crime, reports in 2013 recorded 17 violent crimes per 1,000 residents within the City of Schenectady. It can be said that the situation is much the same and worsening.

Research demonstrates lower socio-economic status contributes to higher risk for mental illness. Some studies have indicated correlations between higher unemployment, poverty, and a lack of safe affordable housing accounts for more than 1/2 of community differences in psychiatric hospitalization rates. This is proven to be true given the number of visits to the crisis unit at Ellis Hospital increased by over 100% between 2015 and 2016.

The CDC reported that lower socio-economic status shapes exposure to psychosocial, environmental, environmental and biomedical risk factors that directly and indirectly affect mental health. The 2016 needs assessment reported that several neighborhoods in Schenectady County within the City of Schenectady have been identified as high risk and have shown indices of higher mental health admissions and higher rates for self-inflicted injuries. Schenectady is also ranked in the 3rd risk quartile for suicide mortality and 4th risk quartile for self-injury hospitalizations.

As the County of Community Services identified during planning activities for 2017 many of the service gaps and areas of need within the community are indicative of constellations of circumstances related to poverty, violence, trauma, and socio-economic insecurities. Individuals who engage in self-harming behaviors, or who engage in behaviors threatening to others have a difficult time maintaining housing and outpatient treatment engagement.

Many services are not accessible or available for those who cannot afford to pay out of pocket expenses or who are not covered by commercial insurance. Many find themselves on waitlists for supported housing, outpatient mental health care, or medication assisted treatment due to maximized resources, included limited number of prescribing practitioners. For others, the focus and energy expended on trying to meet basic needs supersedes the motivation to meet mental health and physical health care needs. For some, the established patterns noted are to not follow through with outpatient services and utilization Emergency Department services when the need breaches a threshold that is not necessarily a standard Emergency Department circumstance.

Other's in the community struggle with access to services based on specific sets of social, emotional, and cognitive learning disabilities that undermine independent living functional abilities, but their unique needs do not fit well with current community residence supports available. For many fitting into the eligibility criteria and having demonstrable documentation to support eligible for services can cause delays in linkage that undermine follow through. This is a particular concern for providers who offer outreach to individuals who are homeless or have a short window of opportunity in which to access care.

As providers and recipients of OPWDD services adjust to changes in the system's structure there has been noted concerns regarding increases in waitlists for respite services, funds for transportation, and an inability to accommodate the need for day respite spots. There is also a stated increase in reports of domestic violence and concerns regarding the capacity to manage behavioral problems both in terms of limited number of beds available in the S.T.A.R.T program, a significantly reduced number of psychiatrists' currently providing services, and the need for additional clinical staff to manage the behavioral issues in a community based setting.

COUNTY PLAN 2018
EXECUTIVE SUMMARY

2018 Needs Assessment Report

PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues

The last analysis of data in 2016 gathered during planning activities associated with multiple system transformation projects an estimated 19% of Schenectady County residents were diagnosed with a mental illness, 4% with a serious mental illness. While Schenectady County's facilitated health insurance enrollment and other linkage to service initiatives has resulted in 90% of residents having health insurance coverage, the rate of Emergency Department visits and hospitalizations secondary to mental illness is generally higher than that of the rest of the state. In 2016 there were 5,275 crisis evaluations done. In 2017 there were approximately 4,915, 360 less or a 6.8% decrease. This small decrease may be attributed to having more peer and/or mobile crisis presence in the ED which has helped divert some of the ER visits. In identified high risk neighborhoods, predominantly inner city neighborhoods impacted by poverty, gang violence, food insecurities, housing insecurities, family and community trauma, substance abuse including heroin and fentanyl, and underground economics the rate of mental health crisis visits were up to 5x higher for this population. High risk neighborhoods were also 2 to 6x's higher in hospitalization and Emergency Department rates for self-inflicted injury compared to the rest of the state. Schenectady County is ranked in the 3rd risk quartile for suicide mortality and the 4th risk quartile for self-inflicted injury hospitalizations. With regard to substance use related indices, Schenectady County was shown to have a significantly higher rate of newborn drug related hospitalizations and overall higher substance use related hospitalizations with high risk neighborhoods demonstrating 5 to 11x's more substance related emergency department visits and 2 to 4x higher hospitalizations rates. Specific to Opiate related trends, data shows a drop in Opiate related admissions, however, use of the Emergency Department is steadily overtaking hospitalization rates. Estimates indicate that approximately 4,000 residents 12 years of age and older identified as having a substance use disorder with 2,700 residents identified as needing but not receiving treatment.

Schenectady County is a community supported by committed programs with a strong collaborative cross systems network of service providers are poised to respond to existing gaps and barriers and complex service challenges. Schenectady County may technically be geographically the second smallest county in Upstate New York. It serves a population of 155,000 residents. With the community there are several high risk/high needs neighborhood

areas denoted by zip code, struggling with high unemployment, persistent poverty, housing and food insecurity issues, high rates of imposed violence and self-inflicted injury. There are many residents living in poverty, over 41% impacting children. Approximately one third of the population receives Medicaid benefits. This high percentage contributes to the exacerbation of identified risks and places additional stress on existing resources.

The last community needs assessment in 2016 reported that between 2009 and 2013 Schenectady County had the highest percentage of low income households, 22.4% as well as the lowest percentage of high income households, 22.4% compared to the surrounding Capital District Region. In addition, the City of Schenectady experienced a sharp rise in unemployment across 2009-2014, with comparatively shallower recovery than the overall county. In Schenectady County in 2016 there were 3,038 index crimes (murder, rape, robbery etc.) per 100,000 compared to the state average of 1,904 index crimes. While the rate is dropping some, most of this activity occurs within the city. Drug trafficking and gang violence are high contributors to this number.

The CDC reported that lower socio-economic-status shapes exposure to psychosocial, environmental and environmental-biomedical risk factors that directly or indirectly affect mental health. The 2016 needs assessment reported that several neighborhoods in Schenectady County and the City of Schenectady have been identified as high risk and have shown indices of higher mental health admissions and higher rates for self-injuries and hospitalizations.

As the County Office of Community Services identified during 2018 planning activities many services are not accessible or available to those who cannot afford to pay out of pocket expenses or who are not covered by commercial insurance. Many find themselves on wait lists for supported housing, community residences, outpatient mental health care or medication assisted treatment due to maximized resources, including fewer prescribing practitioners. For others, the focus and energy expended on trying to meet basic needs supersedes the motivation for mental health treatment and physical health care needs. For some, the established patterns noted are to not follow through with outpatient services and thus visits to Emergency Department services increase for issues that do not necessarily meet standard Emergency Department circumstances.

Others in the community struggle with access to services based on specific sets of social, emotional, and cognitive learning disabilities, but their unique needs do not fit well with current community residence supports available. For many, fitting into the eligibility criteria having demonstrable documentation to support eligibility can cause delays in linkage that undermine follow through. This is a particular concern for providers that offer outreach to individuals who are homeless or have a short window of opportunity in which to access care.

As providers and recipients of OPWDD services adjust to changes in the system's structure there has been noted concerns regarding increases in waitlists for overnight respite services, day respite services and funds for transportation. There is also a stated need for more certified apartments and more services for parents who are trying to manage the behavioral problems both in terms of limited available beds and a dearth of psychiatrists. There is also a need for additional clinical staff to manage the behavioral issues in the community. Hiring and maintaining staff continues to be a significant issue. Many potential staff persons will state that they can earn more money at McDonald's than in working as staff in a residential setting where behavioral issues are often challenging and at times, dangerous.

Analysis of Service Needs and Gaps

BEHAVIORAL HEALTH SERVICES FOR ADULTS

The capacity of existing resources available to meet identified needs, including services accessed outside the funded and certified systems, is comprised of licensed clinical provider agencies, community service agencies, and local government agencies working collaboratively to provide a broad array of services. Ellis Hospital, a 438 bed community teaching hospital serves as the county's one acute care hospital. The county is also served by a single federally qualified health center, Hometown Health Center, and a specialty hospital, Sunnyview Rehabilitation Hospital, a member of an Albany based system.

Ellis Medicine operates 3 campuses, provides teaching residencies in Family Medicine and General Dentistry and includes a skilled nursing facility, women's health center, and an emergent care facility which provides urgent care services. Ellis Medicine also provides the only local adult and adolescent inpatient psychiatric unit and crisis service. In addition to hospital based care, Ellis Medicine operates an adult outpatient mental health service, a child/adolescent outpatient mental health clinic, a PROS program and a Peer Services program. Ellis Medicine also operates a number of primary and specialty care medical practices.

- Ellis Medicine's Psychiatric Inpatient Unit for adults has a capacity of 36 and had 1,253 admissions in 2016 and 1,354 admissions in 2017. Crisis services provided 5,275 evaluations in 2016 and approximately 4,915 evaluations done in 2017.
- At the adult outpatient clinic there were 18,484 visits in 2016. This number reflects the loss of two Psychiatrists. The wait list was 127. In 2017 there were over 24,673 visits. The wait list was 299 but over the course of the year 2 Psychiatrists had been hired.

- The PROS program served 253 clients in 2016 and in 2017 served 224. The decrease in numbers served in 2017 is accountable to the loss of prescribers in that period of time.
- In 2017 the Intensive Case Management program served 130 clients and generated 1228 units of service client visits.
- Ellis Medicine's Peer Service program provided 1,267 units of service in the Emergency Department in 2017. They also co-facilitated 580 groups on the inpatient unit and facilitated or co-facilitated 126 groups in the community.

The New York State Capital District Center provides inpatient psychiatric care to patients whose symptoms have not stabilized with brief or short term in a community hospital. Schenectady County has a 24 bed allocation with an average census of 22 in 2017.

The CDPC Schenectady Community Support Center provides services to adults with a serious mental illness. In 2016 there were 36 admissions and 71 discharges. The number of screenings was 44. There were 3 part time prescribers and 1 full time prescriber. There were a total of 8 clinicians. In 2016, 335 persons were served. The number of admissions in 2017 was 101, with 53 discharges and 131 screenings. This rather significant increase in admissions could be attributed to the addition of another full time prescriber and the need to accept people who were on the wait list for the Ellis Medicine Mental Health Clinic. However, the number of clinicians decreased to 6. Two vacancies are yet to be filled by CDPC.

Assisted Community Treatment Services (ACT) is operated by Mohawk Opportunities, Inc. and provides community based psychiatric mental health services and intensive case management services to an SMI population who are not able to engage in traditional outpatient care modalities. In 2016 the capacity was for 28 individuals and maintained full capacity throughout the year. The same can be said for 2017 maintaining full utilization.

BEHAVIORAL HEALTH SERVICES FOR YOUTH

Ellis Hospital has the only adolescent inpatient program in the area other than Four Winds which is a for-profit psychiatric hospital in Saratoga. At Ellis hospital a NYS certified school program is conducted on site. Ellis has a capacity of unit bed capacity of 16 beds. There were 571 admissions in 2017 and 566 discharges. The average length of stay was 7.41 days.

The Ellis Adolescent Outpatient Clinic served an average of 528 individuals with 381 visits per month. The program serves youth between the ages of 4.5 and 18. Services include psychiatric evaluations, medication management, individual, group, and family therapies. There are currently 1.4 prescribers and 2.9 clinicians on staff.

The Behavioral Health Center (BHC) serves adults, children and families. In 2016 BHC admitted 450 persons and discharged 834. The average length of stay was 15.14 months. In 2017 519 were admitted and 609 were discharged. The average length of stay was 33.6 months.

A significant issue facing the children's clinical services and family services is the frequency of staff turnover in some agencies thus disrupting an opportunity for a long term therapeutic relationship. Children as well as families experience frustration when having to begin work with a new person too often. In general this issue faces many agencies in the community. Since the unbundling of waiver services this has been particularly true as these services have not been readily available for Waiver families. There is some improvement occurring since Northern Rivers is contracting out the service supports for individual care coordinators who provide skill building, recreational respite, crisis response, intensive home services and family support services.

The IFEP program continues to have 3 spots designated for those identified through SPOA. The wait list in 2017 was generally 7-10 families. Additional slots would be beneficial in serving the intensive needs of our youth. IFEP is the most in-home family program that we have access to through SPOA at this time.

The Recreational Respite program gained spots in 2017. The wait list is currently 18 while 17 are receiving services. This is an improvement since in 2016 there were 37 children on the wait list.

A wait list exists for clinical services at both Behavioral Health outpatient services and the Ellis Child and Adolescent clinic.

Regarding waiver services the wait list decreased from 21 in 2016 and now stands at 8. The program has the capacity to serve 24.

All Schenectady County youth who are eligible and receiving Medicaid are being linked with Care Management services through the three identified Health Homes serving Schenectady County. These services have helped our families gain access to services earlier and divert many from reaching crisis type situations.

PRIMARY CARE AND BEHAVIORAL HEALTH

Hometown Health Center, a federally qualified health center, offers comprehensive primary care services along with mental health care to children over the age of 5 and adults. The mental health component is designed to be a bridge service, helping clients access to care quickly until a longer term plan is coordinated. Hometown Health has also started to provide counseling services within the Schenectady City schools. In mid-year 2017 a new Medical Director was hired. As a result persons being released from the jail need to accept a primary care physician at Hometown Health in order to be prescribed psychotropic medications. Because persons who are being released from jail still only receive a one week supply or script for psychiatric meds many

individuals ‘fall through the cracks’ due to the long wait to see a prescriber at the Ellis Mental Health Clinic in particular.

SERVICE GAPS WITHIN THE CORRECTIONAL SYSTEM

Along these lines, efforts to gain more services within and without the jail have experienced roadblocks to progress. In addition to the medication issue there is a great need for transitional case managers for inmates being released into the community. Without assistance many of those being released into the community are unable to connect with needed services. Most if not all case management agencies cannot provide services within the jail because the agencies cannot get reimbursed for these services. The need to engage with a case manager prior to release is an essential component in reducing recidivism and or hospitalization especially for those with serious mental illnesses or co-occurring disorders.

SUBSTANCE ABUSE SERVICES

New Choices Recovery Center provides community based residential, rehabilitation and outpatient services for individuals in recovery from substance use and co-occurring disorders. The combined outpatient programs conducted 1182 screenings and admitted 1062. In 2017 the number decreased slightly to 1,151 screenings and 953 admissions. In general, the New Choices 3 residential programs for men had an occupancy rate of 85% while the single women’s residence rate was 90%. In 2017 the occupancy rate for men increased to 91%. The women’s residence remained the same. There has been a stated need for more residential services for woman.

Schenectady County like most counties in the state is facing an increase in Opioid addictions. The county is taking on numerous initiatives to stem the tide of substance use and addiction and in particular, the Opioid crisis.

Beginning in 2017 the Dual Recovery Task Force was re-established. The membership includes many agencies and peers working collaboratively to address the concerns faced by the community at large. The purpose of this group is to identify needs and barriers within the system in order to meet the needs of those with co-occurring disorders. A Recovery Celebration Day was held in the fall of 2017. It was a successful and well attended event for the community,

Also in 2017 New Choices Recovery Center gained funding for a Substance Abuse Prevention Program. This program is building the capacity to enhance prevention efforts so that they are integrated throughout all systems in Schenectady County. The program empowers youth to engage in prevention efforts, delivers numerous evidenced based curriculums and programs to educate the public on substance abuse with and for all age groups and utilizes multi-media to increase public awareness.

Finally, the Office of Community Services and the Public Health Department are working collaboratively in addressing the Opioid crisis in the county. Collecting accurate data on the number of overdoses in the county has been difficult to achieve as oftentimes the cause of death is listed as cardiac arrest or other causes. In addition, the Substance Abuse Coalition was restarted toward the end of 2017. Within the county jail the prospect of administering Vivitrol for heroin addiction is being explored. Significant initiatives are in process with the Schenectady Police Department. There is strong support for bringing in new criminal justice models to Schenectady including LEAD and a Schenectady version of the Chatham Cares 4 U. COTI is already present in Schenectady.

Rehabilitation Support Services (RSS) has a scattered site apartment program dedicated to dually diagnosed (MH and SA) individuals. There are 12 beds in this program and the rate of occupancy is consistently 100% with an on-going list of 15-20 persons waiting for admission. The need for more beds for this population is great.

HOUSING

Mohawk Opportunities has 5 Community Residences that in 2016 were virtually at capacity with a total of 9 persons on the waiting list. In 2017 this number decreased to 4 persons on the list. The county Adult SPOA Coordinator has diligently created more movement in the system. However the 8 Priority Long-Term Stay beds remained vacant in both 2016 and 2017 due to the restricted nature of assigning these beds. The supported housing programs remain overwhelmed with long wait lists. In 2016 Mohawk Opportunities there were 52 individuals on the list. In 2017 the wait list increased to 60 Individuals waiting for a bed. Likewise, in 2016 RSS had a wait list of 25 but in 2017 the wait list increased to 45. These numbers underscore the need for more supported housing in Schenectady. The CDPC Union Street residence also has a 100% occupancy rate most of the time.

In addition, the Schenectady YMCA operates a 25 bed transitional housing program, an 8 bed dual diagnosis unit and a 15 bed supported housing program. Similar to other housing programs the YMCA is at capacity no less than 95% of the time.

The need for more supported housing beds is great. In general the need for affordable safe housing in Schenectady continues to rise. On a more positive note the Joseph Allen apartments opened in the fall of 2017. Sponsored by DePaul House and SCAP this 50 bed apartment building has 25 units for persons with mental health diagnoses and 25 units for the low income population. However, these beds were filled rapidly and are now at capacity.

Other housing programs not under the office of OCS in Schenectady include:

- The Community Action Permanent Housing Program

- Schenectady County Community Action Program-Shelter Plus Care
 - Schenectady Community Action Program Solutions in Supported Housing
 - Schenectady Community Action Program-sojourn House for Women
 - Bethesda House Beacon Residential Program-Lighthouse
 - The YMCA
 - The YWCA-Rosa House
 - The City Mission Transitional Apartment program
- Shelter and Crisis housing is available at:
- the City Mission's 35 bed Women and Children's Shelter
 - Schenectady's city Missionn76 bed men's shelter
 - DSS emergency housing
 - Bethesda House
 - Veteran's Emergency bed program

CASE MANAGEMENT

Access to care coordination services is managed through Schenectady County's Health Home, Care Central for Medicaid or Medicaid eligible individuals who are experiencing a significant mental health condition and/or 2 chronic medical conditions. Individuals who are involved with Assisted Outpatient Treatment services are linked to the ACT team or Ellis Medicine's ICM services via Schenectady County's Office of Community Services Adult SPOA Coordinator. Mohawk Opportunities, Inc. Transitional Services Program provides short term support and quick access to needed psychotropic medications through the OMH Medicaid Grant Program for those who have a history of mental illness and who have recently been released from jail, prison or discharged from the hospital. These individuals are provided with a Medication Grant Card until Medicaid eligibility is determined or obtain third party health insurance.

Bethesda House continues to increase its ability to serve the homeless, many of whom are experiencing mental illnesses as well. The Schenectady Community Action program along with Bethesda House case management services include: crisis case management, advocacy support, financial management, budgeting supports, linkage to health care services, and rapid re-housing for individuals at risk for homelessness. These services also seek to serve persons who have difficulty in engaging with traditional mental health services.

CRISIS SERVICES

Crisis services for Schenectady County include:

- The Adult Mobile Crisis Team (Regional)
- The Children's Mobile Crisis Team (Regional)
- Ellis Medicine's Crisis Hotline and Emergency Services

- Samaritan’s Crisis Hotline (Family and Children’s Services of the Capital Region)
- DSS—After Hours Emergency Housing
- Paramedic/Ambulance Services
- Equinox Domestic Violence hotline

In addition state-wide hotlines are:

- 9-1-1
- The Combat Heroin hotline
- Substance Abuse hotline
- Child Abuse hotline
- Unplanned pregnancy hotline
- Suicide Prevention hotline
- Trevor Lifeline
- Lifeline for Vets

VOC-ED

The Ellis Medicine PROS program provides vocational services through education and support for seeking and gaining employment or educational opportunities in the community. Likewise, Northeast Career Planning that has a contract with OCS provides similar opportunities specifically to those with mental health disorders. In addition, New Directions is a supported employment program that assists individuals in choosing, obtaining and maintaining competitive employment. A wide variety of job types are chosen by individuals including clerk positions, and jobs in maintenance, customer service and warehousing. H.E.L.P. is a crew model supported work program that holds numerous state, city and private contracts for commercial cleaning and landscape maintenance. The program is operated by RSS employees and individuals with mental illness. This program has the capacity to serve 20 individuals.

DEVELOPMENTAL DISABILITIES

Alternative Living Group, Inc. is a not-for-profit organization that provides a wide range of services to individuals with intellectual and developmental disabilities. The Individuals Support Service Program includes independent living skills, training, and supports to people in their own homes. In addition, individuals in this program also receive a monthly rental subsidy which is based on income. The program currently has a capacity of 27.

The ALG Medicaid Service Coordination Program provides linkages, advocacy and supports to individuals living in community and residential settings. The program has a capacity of 260 and is challenged to meet the needs of the community. The residential program has a variety of residential opportunities that are provided in the community. The programs are designed to encourage independence. In general, housing, supervision, skill training, transportation and recreational activities are provided. In 2017 ALG will be opening 2 supervised double occupancy apartment. Respite services, as needed, are available 24/7. This program has the capacity of 55 and is currently beyond the maximum level with many persons in need on the wait list. Likewise, the Community Rehabilitation Program offers one to one rehabilitative and support services to people in community based settings. This program has a capacity of 87 and is currently serving 65 families.

Schenectady ARC is in its 64th year of operations. It has several day rehabilitation programs which introduce participants to a wide array of fun, safe and enriching person-centered activities necessary for community-based living and employment. The residential program offers housing at varying levels of structure and support. There are 21 group homes in the service area. Medicaid Service Coordination provides assistance and advocacy to individuals and their families in identifying and accessing programs and activities necessary to achieve life goals. The agency also offers Service Navigation which assists individuals in satisfying eligibility and funding requirements. It has several rehabilitation services, family support services and a mental health clinic licensed by OPWDD. Schenectady ARC provides after school services to students with intellectual and developmental disabilities who reside in the Scotia-Glenville School District. ARC's residential programs provide varying levels of structure and support to help individuals 18 years and older to successfully live in the community.

Living Resources primary location provides day habilitation and access to nursing, clinical and support services to individuals with developmental and acquired brain injuries. It provides deaf and interpreter services to the Capital Region's deaf community. Through OPWDD funding it provides employment services through the Pathways to Employment program. The employment services program helps individuals with disabilities explore what kind of jobs that they might like to do and seek a job that matches their interests and abilities. Living Resources operates 66 residential programs with a capacity of 283. Staff support varies from 24/7 to as little as two hours based on need. The Service Coordination Department monitors all services received by individuals.

Region-wide OPWDD has lost many Psychiatrists over the past two years in particular. The Center for Disability services has no prescribers for psychotropic medications needed by those with mental illness. Additionally, the need for housing and respite services is great as persons continue to be released from state facilities back to their county of origin.

OTHER RESOURCES FOR THE DEVELOPMENTALLY DISABLED

- The Center for Disability Services is the primary provider of comprehensive medical services in the region. It also includes many specialized services including respite services, both adult and children services, family services, vocational programs and opportunities for employment. There are also camping experiences offered through the center.
- Family and Child Services of Schenectady, Inc.
- Wildwood Programs, Inc.
- Catholic Charities

Catholic Charities is seeking sites in Schenectady for two supported double occupancy apartments for individuals with MH and ID diagnoses. These individuals will have additional support from the HARP program. OPWDD continues to screen and make admissions for those in emergency need. NY START is actively involved in establishing resources in Schenectady County and residents will soon have access to this program. Staffing issues at most agencies are improving due to a 2% COLA in January of 2018 and is due to increase an additional 3% later in the year. The greatest identified needs in the county are for certified housing and respite services.