



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

Albany County Dept. of Mental Health
July 16, 2018

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Albany County Dept. of Mental Health	70520	(LGU)
Executive Summary	Optional	Not Completed
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
 Albany County Dept. of Mental Health	 70520/70520	 (Provider)
Health Coordination Survey	Required	Certified
Treatment Provider Staffing Survey	Required	Certified
 Albany County Alc and SA Clinic OP	 70520/70520/1865	 (Treatment Program)
Treatment Program Staffing Survey	Required	Certified
HCV Survey	Required	Certified

Mental Hygiene Goals and Objectives Form
Albany County Dept. of Mental Health (70520)
Certified: Tyleia Harrell (7/13/18)

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:

Per the NYS Office of Mental Health 2016 County Profiles, over 5,000 individuals who have Medicaid/Managed Medicaid received some type of mental health service, 1500 of whom were children; example services included outpatient treatment, care management programming and inpatient admissions. When considering these numbers only reflect those with a specific insurance payor, it is clearly an under representation of the estimated need for mental health services in Albany County. Providers offer several programs that fall in the range of services referenced above, as well as specialized treatment services such as Integrated Clinics, mobile crisis services and Assertive Community Treatment. Together providers are working together to ensure that the service needs of the children, youth, adults and families of Albany County get their mental health needs met.

Throughout the year the Albany County Local Government Unit (LGU) regularly surveys for MH clinic/service capacity, notes anecdotal reports from providers and consumers about the strengths/challenges within the system, as well as participates in multiple ongoing initiatives that support mental hygiene planning. Information learned throughout these planning/needs assessment activities reveals that the level of unmet mental health service needs has stayed the same over the past year. In last year's Local Services Plan, all but one issue category was identified to have high level unmet needs; it is noted that this year every category has been identified as such, with Employment and Job Opportunities for Clients being added. The reason for this is the impact that Workforce Recruitment and Retention issues have had on this area of need. Employment/job coach programs are finding it difficult to recruit/retain staff to meet the needs of consumers presenting for services; so, although there are adequate programs and even employers willing to hire consumers, there is a shortage of employment/job coach staff. With that said, there is a consensus amongst providers across all three disability areas that Workforce Recruitment and Retention issues are worsening, to the point it is a major contributing factor to why some of the other areas are high level unmet needs.

- 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:

Most notable of the issues within the Albany County SUD system is the continued increase in opiate overdoses. A snapshot of services (via the OASAS Client Data System) shows that in any given month over the last year there were 2800+ individuals receiving treatment for SUD's across all levels of care. Of this number, more than half are for opioid use disorders. This is only reflective of those we know have SUD issues. Furthermore, there has been an increased awareness on the issue of problem gambling, which is generally under-recognized as an area of need; it is realized there needs to be improvements in how other behavioral health providers are screening and making referrals. This information reflects that there continues to be a high need for substance use and gambling issues/needs services in Albany County.

Information learned through planning/needs assessment activities reveals that the level of unmet SUD service need has in general stayed the same in the past year. Areas that continue to have high needs include Housing, Transportation, Crisis Services (this area worsened, most notably because of the opiate crisis), Workforce Recruitment and Retention, Prevention, Recovery and Support Services, Heroin/ Opioid Issues and System Coordination/Integration. These were also identified last year as high needs. In regard to Workforce Recruitment and Retention, there is a consensus amongst providers across all three disability areas that this issue is worsening to the point it is a major contributing factor to why some of the other areas are high level unmet needs.

- 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:

According to the Office for People with Developmental Disabilities' (OPWDD) Tracking and Billing System planning data report, there were approximately 2500 individuals were enrolled in some type of OPWDD services through 2017; 67% of these individuals were adults (22+) and the other 33% were children (21 and under). In comparison to reports from the last two previous years, there is a steady increase in this number. The Albany County/OPWDD Regional office reports that there continues to be growth across the Capital District sub-region as it relates to eligibility and front door referrals.

Throughout the year Albany County LGU maintains regular contact with OPWDD Regional Office representatives, participates in the Regional Director's meetings, and continues to have increased collaboration with local OPWDD providers; throughout these contacts note is taken of anecdotal reports from consumers and providers about the strengths/challenges within the system; in addition, there have been several cross-system coordination of specific cases. Information learned throughout these planning/needs assessment activities reveals that the level of unmet DD service needs has overall stayed the same in the past year; areas that continue to have high needs include Housing, Transportation, Crisis Services, and Workforce Recruitment and Retention. In addition, this year DD Service Coordination has been identified as an area of high level unmet needs in consideration of the challenges and process that are anticipated with the transition to Health Home Care Coordination Organizations in July 2018.

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2a. Housing - Background Information

Housing remains a priority need in Albany County; planning stakeholders continue to identify a need for safe, affordable housing and the importance of developing and/or redesigning a comprehensive continuum of housing and residential opportunities for individuals across the three disability areas. OMH, OASAS and OPWDD continue to offer counties and providers opportunities to develop new housing options and/or to redesign current housing to support emerging needs (i.e. individuals leaving psychiatric hospitals, DD facilities; individuals completing residential treatment; those leaving prison, and those needing step down housing following 24/7 residential housing). There also has been an ongoing consideration about how viable and appropriate the current housing options are and working to keep them available. Albany County’s Local Services Plan (LSP) and identified goals/objectives will continue to reflect how housing opportunities for individuals across the mental hygiene system can be expanded and/or redesigned to be less restrictive, support recovery, and foster independence in the community in which they reside. There does continue to be some challenges/ high level unmet housing needs within Albany County, as well as some positive gains in the system, both which are reflected below.

Housing challenges/high level unmet needs

- There is a need for more specialized housing opportunities for individuals who have complicated medical issues across all three disability areas. The level of need outweighs current existing options, especially for those with co-occurring medical and MH, DD and/or SUD diagnoses
- There continues to be individuals released from prison with OMH level prioritization. Sometimes the housing placement for these individuals occurs ahead of other individuals who may have already been waiting for a placement, but whose priority level falls below those released from prison.
- There continues to be a high number of Assisted Outpatient Treatment (AOT) orders among both the general community, as well as individuals released from prison and psychiatric facilities with an AOT Order already in place. At times these individuals’ AOT Orders include a need for prioritized housing. These placements sometimes occur ahead of other individuals who may have already been waiting for a placement, but whose priority level falls below those with an AOT.
- There remains a high need for community-based housing placements for adult individuals with histories of high-risk behaviors (e.g., violence, sex offense, arson, and forensic histories).

- There is a lack of transitional living facilities/programs for individuals returning to the community from incarceration; this is regardless of whether they are involved with parole/probation or not. Past programs that existed have since closed with no new programs opening.
- The local state operated hospital, Capital District Psychiatric Center (CDPC), continues to transition individuals with long stay admissions out of the hospital, as well as from CDPC state operated community residences; some of these individuals' County of origin is not Albany and at times they have been housed before Albany County residents who are also on wait lists, usually because of the nature of their priority level (i.e. AOT, OMH forensic level, etc.).
- Housing for children, youth, and youth in transition remains a need in Albany County; especially for those with high level needs and/or challenging behavior histories, such as youth with current or past history of violence, sex offenses, and/or forensic contact; children presenting with a need for residential therapeutic care; and children/youth with co-morbid cross system disability needs.
- There remains a need for generic supported housing resources to help individuals seeking independent housing, but do not have the financial support to successfully obtain it.
- There is a shortage of general affordable housing and handicap accessible housing in the Albany County community.
- Adolescents and young adults with SUDs who are unable to go "home" still have little to no recovery oriented supported housing.
- There is an increasing awareness of the housing and service needs of individuals who are victims of human sex trafficking. Efforts towards community awareness continue. There will be a specialize case manager for this population at the St. Anne's Youth shelter.
- For adults, Shelter Plus Care (S+C) remains available, but there is not enough capacity to meet the needs.
- There is essentially no housing for families in recovery.
- Barriers to supported housing for adults with Co-occurring SUDs remains limited due to treatment/medication and abstinence requirements.
- Housing that fully supports addiction recovery remains a high need in the Albany County community.
- There continues to be a high rate of homelessness amongst the behavioral health population within Albany County; this is evidenced by the quantity and types of referrals being made to the various housing programs in this community (such as the mental health and homeless Single Point of Access' (SPOA)) as well as the known frequency to which shelters, and street outreach programs are used.
- There is an emerging need for housing options for individuals with high functioning autism.
- Within OPWDD there continues to be difficulty accessing and a high demand for residential support services for DD individuals who have complex and/or dually diagnosed needs; there are not residential treatment programs for children.
- With OASAS 820 regulations for residential redesign transition, programs are beginning to adjust their services to cover stabilization, rehabilitation, or reintegration. This will impact the housing services system as some housing resources are lost and some are gained; it is too early to tell what the level of impact will be. This is an area to watch for the upcoming year to better adjust ratios to needs.

Housing progress/positive gains

- Albany County LGU continues to operate a Housing SPOA with a dedicated Coordinator; the Housing SPOA coordinates the OMH housing process, referrals, provider contracts, placements and prioritizations; participates in the Coordinated Entry SPOA; and acts as a resource for all housing needs throughout the behavioral health service system. Within the last year, Albany County LGU oversaw and monitored approximately 807 housing opportunities.
- Albany County's Coordinated Entry- Homeless SPOA has a universal coordinated application/placement process; as a result, homeless individuals (many with mental hygiene disabilities) have successfully been placed in permanent housing.
- The Rehabilitative Support Services (RSS) Capital District Stabilization and Support (CDSS) crisis respite program continues to offer supportive services to individuals in need; this 3 bed program is offered regardless of insurance and often works with community providers to work towards long term stabilization goals of individuals. In 2017, CDSS had 60 admissions.
- Albany County continues to have two forensic beds available for eligible adult MH individuals; six more forensic beds (for justice involved individuals) will be launching in September 2018 through Homeless and Traveler's Aid Society (HATAS).
- The Lionheart Residence (managed by a local OPWDD provider) remains available to eligible individuals
- The Equinox, Inc.'s Holt House, which serves individuals MH and DD diagnoses has maintained consistent utilization.
- The CDPC state operated Transitional Living Community Residence (New Scotland Residence -aka- NSR) continues to accept individuals from state prisons and forensic psychiatric units
- Interfaith Partnership for the Homeless continues to operate the *Sister Mavis Jewell Medical Respite* program which is specialized shelter services for homeless individuals who have significant (qualifying) medical issues and needs
- St Catherine's Center for Children continues to operate the Project Connect and Project Host programs to support the housing needs of high need individuals.
- The CDPC-Mobile Integration Team and the RSS -Transitional Support Team programs continue to assist individuals who have histories of long stay and/or chronic psychiatric hospitalizations to locate stable community housing and supportive services to remain out of the hospital.
- Homeless and Traveler's Aide Society continues to operate a furniture bank to help individuals with furniture needs.
- Equinox, Inc. continues to have a variety of independent living housing programs for youth in transition.
- In the Spring of 2018, St. Anne's Institute opened a 4 bed crisis/homeless youth shelter in Albany for youth ages 13-17 years old; this replaces the youth shelter run by Equinox, which closed in May 2017. It is anticipated that the St. Anne's program will eventually have up to 8 total 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

Maximize and/or develop safe and affordable housing opportunities to address unmet needs across the mental hygiene system and age continuum.

Objective Statement

Objective 1: Explore resources and funding to expand or enhance existing housing programs, including community residences, single room occupancy facilities, and shelter plus care

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

Objective 2: Explore funding options for additional generic supported beds to help individuals seeking independent housing, but do not have the financial support to successfully obtain it.

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

Objective 3: Explore and expand opportunities for safe and supportive housing programs for adults/youth/families in SUD recovery

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

Objective 4: Continue to reallocate existing resources or develop new resources whenever possible, to increase the number of opportunities for individuals with DD requesting Out-of-Home Residential placements and further support the larger transitional goals related to Developmental Center closures.

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

Change Over Past 12 Months (Optional)

Reflected above

2b. Transportation - Background Information

For individuals to access the services they need, they must be able to either go to the service provider directly or find services that can come to them. In home services are limited and therefore it is more often that individuals are traveling to their provider. It is recognized that sometimes transportation issues could be the cause individuals to appear “noncompliant,” especially when they are having to navigate multiple services in different locations. Within Albany County there continues to be several challenges related to transportation, which in turn then impact access to care.

Identified challenges related to transportation are as follows:

- There are continued limitations and inconsistencies with Medicaid Transportation (i.e. Medicab) services. Examples of issues that individuals have are: the timeliness of pick up and return trips (it can often be a several hour process for one appointment); access with short notice (the 3 day advance notice requirement limits access to urgent care services and/or a sooner appointment becoming unexpectedly available); as well as the reliability of transportation in inclement weather.
- Providers have reported that there have been safety and ethical issues with some Medicaid Transportation providers (e.g. paying patients to exclusively use them, reports of illicit substances being given to individuals during transports etc.). There have also been reports of Medicaid Transportation providers being investigated; recently there was a news report of multiple Medicaid Transportation providers being charged with fraudulent activity, including a few in the Capital Region area.
- There are no Medical Transportation services/payment assistance for non-Medicaid recipients, except for the half fare rate available to those with Medicare.
- Recent changes made by the local bus transportation company (e.g. fare increase, where/how bus fares are purchased/redeemed, no more “day passes”) have posed difficulty for individuals eligible for half fare rate because the location is not at accessible and the process is no longer as easy; i.e., individuals can no longer just “show their Medicare card” as they used to be able to do.
- Historically there is little to no transportation support for non-medical service needs (recreation, respite, seeking employment etc.) aside from implementation of Health and Recovery Plans-Home and Community Based Services (HARP-HCBS), which only assists a limited population of individuals.
- Although Medicab is available, many DD individuals are unable to maintain themselves independently in the Medicab and Medicab providers are inconsistent with whether they allow others to ride with the individual during the medical transport (i.e. family members).
- The issue of limited access to care in outlying areas (Hilltowns, Ravena, etc.), is further exacerbated by transportation limitations. Transportation to/from services from the County’s rural and underserved areas communities remains a high need. In some areas, there is not even a public bus route.
- Although the option of the Specialized Transit Available by Request (STAR) bus remains available to those with disabilities, it has limitations and not everyone qualifies (e.g. individuals must live within certain distances of a public bus stop).
- Many Health Homes/Care Coordination providers often do not provide transportation services to individuals, or only do so for a limited basis; especially (and understandably) when the individual has a history of high risk behaviors. Often time’s transportation support is what individuals need to move forward in their recovery.

Identified strengths related to transportation include:

- Children’s MH providers continue to expand the services they offer to rural areas; for example, there are children’s MH satellite clinics co-located in pediatric offices and schools (further discussed under *Mental Health Clinics*).
- HARP-HCBS services include transportation to activities that support an individual’s stability, for those that qualify; HARP-HCBS is still being implemented, therefore any potential benefits have yet to be seen.
- Albany County Department of Mental Health’s (ACDMH) Integrated Clinic, in partnership with Albany Medical Center’s DSRIP PPS: Better Health for Northeast New York (BHNNY), is exploring a pilot transportation program to assist BHNNY Cares/ACDMH patients with short term transportation opportunities to address psychosocial needs (e.g., Department of Social Services, employment etc.).
- Some in-community SUD services are now reimbursable if provided by Article 32 providers; this may ease some of the difficulty individuals have with getting to a provider for an assessment. This does not alleviate issues related to regular access to treatment.
- As of July 2017, transportation for DD individuals receiving respite is at times reimbursable, which is a positive gain to the service system

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):

There are no specific goals/objectives related to transportation. Albany County will continue to advocate and coordinate with existing transportation providers, maintain awareness and support the implementation of HARP-HCBS and explore new transportation opportunities, should any arise. In addition, Albany County will continue to explore opportunities to expand services in underserved areas.

Change Over Past 12 Months (Optional)

- Some in-community SUD services are now reimbursable if provided by Article 32 providers
- Expansion of Children’s MH services to historically underserved communities.

2c. Crisis Services - Background Information

Crisis services can range anywhere from community based mobile crisis teams, interventions by emergency personnel (police/fire/ambulance), local emergency rooms (ER), and respite support. It is important to have crisis services available to individuals across the age and disability spectrum to help in times of acuity. Albany County is fortunate to continue to have multiple crisis support services available.

High level unmet crisis services needs include:

- The community has identified the need for a behavioral health stand-alone crisis stabilization unit where individuals could go and receive withdrawal services, psychiatric stabilization, and recovery supports. Development of this is being explored with the Albany County LGU, local community partners, state agencies and a local Delivery System Reform Incentive Payment- Performing Provider System (DSRIP-PPS).
- The OPWDD's NY Systemic, Therapeutic, Assessment, Resources, and Treatment (NYSTART) Resource Center has not opened yet (although progress is being made).
- Crisis Stabilization services for individuals with SUDs remain a high need in Albany County. The Albany County LGU continues to work with providers to identify and address unmet crisis service's needs. While there have been positive gains in the past year within the service system (as reflected below), gaps remain; it would be a benefit to the community to have an increase in the opportunities for Medication Assisted Treatment (MAT) at both the crisis and treatment services level across the services system.
- The Albany County treatment community continues to have several individuals who have complicated high needs and are high utilizers of emergency/law enforcement/hospital/human services (in some cases, as often as over a dozen times per day). Albany County LGU continues to chair the Program Service Coordinator Committee (PSCC) to assist and intervene with these individuals; currently there are 21 active cases. There continues to be challenges with getting some of the individuals the services they need due to several barriers (e.g., limited resources, "burned bridges," poor engagement etc.)
- A local hospital, Albany Medical Center, is anticipated to open a new children's dedicated emergency room; it is not yet clear whether behavioral health emergencies will be managed there, but providers recognize this is a need and intend to advocate that it does. Capital District Psychiatric Center (CDPC) has noted an increase in the number of children coming to their Crisis Intervention Unit (CIU).

Strengths of the Albany County Crisis support service system reflected below:

- Albany County continues to offer two (2) Crisis Intervention Team (CIT) trainings each year to local law enforcement agencies. To date (since September 2012) 211 officers/staff have graduated from this training. This training covers multiple topics related to the larger behavioral service system across all three disability areas. Efforts are being made to explore opportunities for expansion of this initiative.
- In 2017 the Albany County Department of Mental Health's (ACDMH) Mobile Crisis Team (MCT) provided crisis triage support and intervention services to 938 youth and adults; 53% of these individuals were diverted from further assessment at the local MH crisis unit (CDPC-CIU).
- Through partnership and funding with the Albany Medical Center PPS Better Health for Northeastern New York (BHNNY), the ACDMH MCT expanded to be 24/7/365 and began offering enhanced follow up services in Spring 2018.
- The Capital Region Child and Adolescent Mobile Team (CR-CAMT) provided crisis triage support and intervention services to 393 youth in Albany County in 2017. 79% were diverted from higher levels of care.
- NYSTART continued to provide support to individuals with co-occurring DD and MH conditions. NYSTART is currently fully staffed, continues to offer services 24/7 and remains in high demand. The Resource Center has not been opened yet, but there is an identified location and renovations have been done; the date for when it is to open is unknown at this time. Albany County LGU, along with other local Albany County crisis providers, remains active on the Advisory Council.
- The CDPC CIU and local hospital ERs continue to provide 24/7/365 psychiatric emergency room services to the community; CDPC recently became a designated MHL 9.39 hospital.
- Several local MH clinics offer psychiatric emergency crisis support to the community; in 2017, specifically, the ACDMH Integrated Clinic provided 303 individuals with "walk in" crisis assessments (per ACDMH Quality Assurance internal data). The Albany County Department for Children, Youth, and Families (ACDCYF), Children's MH clinic also offers crisis support services to the community.
- The Rehabilitative Support Services (RSS) Capital District Stabilization and Support (CDSS) program continues to offer supportive services to individuals in need; this 3 bed program is offered regardless of insurance and often works with community providers to work towards long term stabilization goals of individuals. In 2017 CDSS had 60 admissions.
- There continues to be a tri-county crisis respite service offered in partnership by ACDCYF, Rensselaer County Mental Health and Schenectady County Mental Health. It is reported that there has been a rapid increase of requests and usage of this service; this is further exasperated by less foster families doing respite services and foster homes in general closing. Lastly, long distances between those needing respite and where the respite placements are pose additional challenges.
- Albany County continues to have ongoing collaborative relationships with local ERs and law enforcement, who participate in interdisciplinary committees, initiatives, cross system case coordination, and trainings toward the larger goal of strengthening crisis support.
- St. Peter's Addiction Recovery Center (SPARC) expanded its detox services to include Ambulatory and Ancillary Detox during week days, evenings and weekends.
- Albany County LGU, ACDCYF and other local crisis providers continue to participate in the Albany Medical Center DSRIP- PPS- BHNNY's Behavioral Health Community Crisis Stabilization Services subcommittee, resulting in some of the crisis service expansions reflected in this report.
- Albany County continues to offer free monthly Narcan trainings to the community through a partnership between the ACDMH and the Albany County Department of Health (ACDOH)
- Catholic Charities continues the Project Safe Point Health Hub service, which includes 24 hour Peer Recovery Advocates who will try to engage individuals who may be experiencing a related SUD crisis, especially those at risk of opiate overdose; this may include responding to local emergency rooms and other community sites when warranted.
- The Albany County Opiate Task Force continues to meet and explore avenues for combating the opioid crisis.
- The Albany County Suicide Prevention and Education Committee (SPEC) continued to strengthen the infrastructure of suicide prevention and interventions services throughout Albany County via development of public information, education resources and enhancement of additional practices; Albany County continues to have a Suicide Task Force comprised of local community leaders across multiple disciplines.
- Transition to Managed Care has allowed for a full range of services to be eligible for reimbursement, including crisis support services.
- Albany County LGU, with partners Addiction Care Center of Albany (ACCA) and Catholic Charities received an OASAS RFA award, which will allow the launch of a Capital Region Open Access and Engagement Program (CR-OAEP) in 2018. This program will be available to engage individuals in the community and institutional settings who present with SUD needs and assist with rapid assessments, "warm hand off" service linkages, and when appropriate, starting MAT. This service will be available to individuals 24/7 whether they are in a crisis or not. There will also be coordinated efforts to assist individuals as needed across eight counties of the Capital District Region.
- RSS, through partnership and funding with the Albany Medical Center PPS BHNNY, started the Capital District Crisis Diversion program in Jan 2018, which provides short-term engagement and transitional case management services to individuals who are psychiatrically "cleared" by CIU and/or MCT, but need assistance with service linkages. To date 52 individuals have been served.
- In the Spring of 2018, St. Anne's Institute opened a 4 bed crisis/homeless youth shelter in Albany for youth ages 13-17 years old; this

replaces the youth shelter run by Equinox, which closed in May 2017. It is anticipated that the St. Anne's program will eventually have up to 8 total 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

Maintain and enhance crisis services across the Mental Hygiene System (Mental Health, Substance Use Disorder, and Developmental Disabilities)

Objective Statement

Objective 1: ACDMH will continue to offer twice annual CIT trainings to local law enforcement agencies and explore options for further expansion.

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

Objective 2: The Albany County LGU will explore the development of a stand-alone crisis stabilization program in Albany County, new crisis stabilization/withdrawal services, and crisis residential opportunities; as well as opportunities to enhance existing crisis stabilization support services with local community partners, state agencies and the local DSRIP-PPSS.

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

Objective 3: Fully implement 24/7 CR-OAEP and integrate it with other existing services in the community.

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

Objective 4: Continue to work towards improving coordination between Emergency Rooms/ Departments and CDPC CIU. In addition, having expanded to 24/7 hours and offering enhanced follow up services, the ACDMH MCT will explore ways to increase crisis contacts and responsiveness to the community in order to help support diversion from unnecessary emergency room/crisis unit/hospital contacts.

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

Objective 5: Continue with the Albany County SPEC, Suicide Task Force and suicide prevention/intervention/education efforts.

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

Change Over Past 12 Months (Optional)

- The number of CIT graduates (since the trainings inception) increased to 211 in 2017
- Continued progress made on the NYSTART's Resource Center
- Opening of the new St. Anne's youth shelter
- Expansion of local services including ACDMH MCT, RSS Crisis Diversion, SPARC's ambulatory detox
- Transition to Managed Care has allowed for a full range of services to be eligible for reimbursement, including crisis support services.

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

Workforce recruitment and retention remains one of the highest level unmet needs within Albany County across the mental hygiene service system. There remains a need for more providers across multiple disciplines (e.g. psychologists, therapists, CASAC's, psychiatrist, nurse practitioners, direct care and respite workers, primary care and dental); however, the demand for medical professionals is particularly high. The challenges in this area have begun to overwhelm and cause issues in other areas of service; for example: a) lack of psychiatry causes clinics to have limited capacity; b) shortage in respite staff leads to increased usage of crisis services; c) shortage of job coaches limits consumers' access to employment opportunities, despite there being adequate employment programs and employers willing to hire.

There is also an increasing need for providers who are able and willing to work with some of the more challenging population of individuals who are presenting with co-morbid, multi system, high need, high risk issues (such as individuals with multiple acute medical/MH/SUD/DD diagnoses, forensic histories, and sex offenders, for example). However, low salaries, both in general and in comparison, to the increased difficulty of the work, leads to limitations in recruitment, high turnover and a limited workforce. Reimbursement rates have not been adequate to offer competitive salaries. In turn, lack of adequate workforce limits service capacity and at times can cause a delay in service access. Salaries/benefits across the service system are not always competitive enough to retain staff; especially when considering the level of challenges that come with the work.

Another recognized need (and potential solution) around work force recruitment/retention is for existing providers to receive training to enhance their skills and abilities to work with the growing population of high need individuals; for example, training around how to work with those with a criminogenic history or co-morbid diagnoses. It is noted, however that staff development and training also require resources, funds and time away from service provision (i.e. reimbursable hours), so these efforts can be slow moving at times.

Children's providers are noting an increase in workforce issues because of the "unbundling" of waiver services; reimbursement rates for each independent program are low and therefore a deterrent to recruitment and retention; this will be further monitored to see if/how much of an issue it will be.

An emerging issue that has further influenced workforce recruitment and retention issues across all 3 disability areas is the impact of the Justice Center. While providers are in agreement with the Justice Center's overall mission, there have been some instances of what is believed to be extraneous hardship to services providers. The "fear" of Justice Center interventions have caused some professionals to avoid joining the field of behavioral health care; and in some anecdotal cases, existing professionals are choosing to leave the field. In addition, the length of time for background checks on prospective hires is inconsistent, quick for some agencies and lengthy for others; for the latter they have lost these professionals to other opportunities because clearance took so long to come back. Lastly, when there is a Justice Center investigation, the identified staff either have to stop working with the agency and/or in their profession, sometimes with and sometimes without pay; and/or they are given other job duties depending on the agency and the circumstances. These situations can be a personal hardship for the professional and a challenge for agencies to maintain services and programming in; most agencies don't have the resources or funds to hire temporary staff throughout the investigation.

Another emerging issue is that children's providers anticipate needing to increase staffing, including psychologists who can do forensic

assessments, because of Raise the Age implementation. Preparation will need to be made to have service capacity for youth who will need service linkage. In addition, a new detention center will be opening in Fall 2018, which will also need staffing.

Workforce shortages within each disability area for Albany County are as follows:

- Mental Health: Psychiatric prescribers (MD/nurse practitioners), Physicians/Physician Assistants, Nurses, Diagnostic/Assessment specialists, psychologists, peer specialists, Health Home Care Managers, Licensed Clinical Social Workers, and job coach/employment workers; these needs are notably reflected in the results of 2019 LSP OMH Mental Health Clinic Workforce Recruitment and Retention Survey.
- Developmental Disability: Psychiatric prescribers, Diagnostic/Assessment specialists, Direct care/respite workers (for both self-direction and agency-based providers), and dental providers
- Substance Use Disorder and Gambling: Psychiatric prescribers, medical specialists in addiction medicine, peer/recovery support specialists and CASACs also, any providers of outpatient SUD services for those with Medicare insurance only (there are very few).
- Multiple Disabled persons: there are shortages across all professional disciplines of providers who have the capacity and skill/knowledge base to treat those with co-occurring disabilities, but especially for those with MH and/or SUD issues combined with DD.

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

Address workforce and retention challenges across all three disability areas in order to minimize capacity limitations and obstacles to accessing care. Advocate for and facilitate opportunities for cross system training and collaboration in order to increase the knowledge and skill base of the existing workforce.

Objective Statement

Objective 1: Albany County behavioral health providers will continue to recruit and hire providers/staff who are qualified and have the skills needed to provide the services offered

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

Objective 2: Encourage behavioral health providers to seek collaborative opportunities to reduce fixed costs and maximize resources that ensure that behavioral health services in Albany County are accessible and responsive to local need

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

Objective 3: Albany County LGU will advocate for and promote cross system training opportunities including those offered by OPWDD's NY Systemic, Therapeutic, Assessment, Resources, and Treatment (NYSTART) and the Center for Practice Innovations (CPI)

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

Objective 4: Albany County LGU and behavioral health providers across all three disability areas will participate in cross system coordination of specific cases, as needed

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

Objective 5: Albany County LGU will continue to develop an awareness of any emerging integrated license primary care/behavioral health agencies and engage them in order to facilitate these providers being an active part of the larger service system.

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

Change Over Past 12 Months (Optional)

- This issue has now been identified as a priority goal

2e. Employment/ Job Opportunities (clients) - Background Information

The ability for OASAS and OMH consumers to be able to access gainful employment as part of the recovery process is important. Often finding employment and sustaining employment can be challenging due to reasons such as lack of education/credentials, lack of skill/training, legal history, forensic history, and/or disabilities that impact functioning, skills and abilities. Through initiatives and programs related to enhancing consumers' access to employment/job opportunities such as PROS, job coaching, Health and Recovery Plans-Home and Community Based Services (HARP-HCBS), ACCESS-VR, and local Department of Social Services employment programs, individuals will have greater opportunities to seek employment as part of their recovery. The issue of employment/job opportunities for clients is growing; employment/job coach programs are finding it difficult to recruit/retain staff to meet the needs of consumers presenting for services. Providers note there are adequate programs and even employers willing to hire consumers, but there is a shortage of employment/job coach staff.

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): Albany County LGU will work with local providers and support progress/efforts as it relates to enhancing access to vocational/employment programs, as well as continue to monitor and participate in the implementation of HARP-HCBS and Residential Redesign, with the goal of providing opportunities for consumers to gain employability skills and jobs as part of their recovery.

Change Over Past 12 Months (Optional)

- None noted

2f. Prevention - Background Information

Mental Health: Ideal prevention/intervention strategies remains strongly linked to recognizing risk factors, identifying service needs and starting

interventions as early as possible. Starting interventions sooner rather than later could potentially prevent a full on mental illness and/or limit the acuity of the illness. Recognizing the potential need for MH services often comes first from those closest to individuals, i.e. key people in their life like parents, family, friends, school personnel and primary doctors/medical professionals. This is accomplished through community education and support for professionals, stakeholders, family/friends and the community in general.

Notable MH prevention programs that Albany County continues to provide include services for youth through Parsons Child and Family Center, LaSalle School and St Catherine’s Center for Children. In addition, the Albany County Department for Children Youth and Family (ACDCYF) and Albany County Department of Health (ACDOH) continues to offer the Single Point of Entry (SPOE) community referral line (started in 2015) where women of child bearing age and families of children birth to five years old can seek support and referral assistance to an array of community-based services, including behavioral health care. Also notable is that the Parsons OnTrack NY program (started in late 2015) in the Capital Region provides early intervention services and treatment to youth and adults who are newly experiencing symptoms of psychosis.

Substance Use Disorder: Prevention services in Albany County are limited to OASAS funded providers. The three current prevention providers serve 13 public school districts and communities throughout Albany County, but are not able to provide services in all of the schools that have requested their services. In the last few years, Albany County prevention providers have been getting new requests and demands from suburban schools to provide community education/forums etc. in the wake of the opiate/heroin epidemic that is now affecting those communities. Additionally, the Albany County prevention providers have reported that it is difficult to access young adults, ages 17-25 with prevention/early intervention strategies. Access to SUD prevention services for youth age 21 and under remains a high need. Expanding prevention services by increasing funding for prevention and community education, as well as clearly identifying a Prevention Council could address the increased need for prevention education across the age spectrum.

Suicide Prevention and Education: Reducing stigma and training staff to address the issue of suicide in the Albany County community remains a priority within Albany County. The larger general community, as well as service providers within the mental hygiene system, continue to have access to multiple suicide prevention and awareness initiative, trainings and events such as SAFE TALK, ASSIST, CONNECT and “Out of the Darkness.” Albany County state licensed agencies also continue to have access to the Center for Practice Innovations (CPI) training programs, one of which is specific to suicide. Albany County LGU is working with local providers and stakeholders to explore and implement standardized evidence-based screening tools for suicide prevention across the system of care. In addition, along with continuing to maintain and strengthen crisis supports within the community, Albany County continues to offer the Help, Options, Prevention, Education (HOPE) suicide prevention mobile app, which has been active since 2014. The Albany County Suicide Prevention and Education Committee (SPEC) and Albany County Suicide Task Force remain active in addressing suicide issues within Albany will continue explore system wide suicide prevention efforts.

Gambling: There remains an ongoing need to maintain and enhance gambling prevention and intervention services. There is increased awareness and concern with the lack of credentialed gambling treatment staff and gambling specific treatment providers. In addition, there is a need to develop more effective training for coordination with behavioral health providers in identifying and referring individuals to appropriate problem gambling treatment programs.

Cross Systems: Prevention, early identification and appropriate interventions for individuals with co-occurring behavioral health issues remains a recognized area of need. Individuals with behavioral health challenges frequently encounter emergency services and law enforcement personnel while presenting with an “emotional disturbance.” In an effort to improve care to those individuals and to improve safety in the community there continues to be cross system collaboration within the Albany County service system to help educate and improve how interventions with those with mental illness or emotional disturbances occur within the emergency services system. Albany County LGU continues to implement the Sequential Intercept Model (SIM) approach to identifying individuals with behavioral health issues who have interactions with the criminal justice and crisis/emergency services system and improve interventions; the goal of this continued initiative is to reduce unnecessary incarcerations/hospitalizations, prevent further penetration into the forensic system (when appropriate), facilitate linkages to services when warranted, and improve how individuals with behavioral health needs interface with these systems. Furthermore, Albany County LGU continues to provide trainings to local law enforcement agencies and other collateral providers to support the importance of early detection, appropriate responses and intervention/service linkages. Since September 2012, 211 officers and staff from local law enforcement agencies have been training in Crisis Intervention Team (CIT). Lastly, Albany County continues to operate the Program Services Coordinating Committee (PSCC), which is a multi-disciplinary, cross system planning meeting that works to assist individuals who have high needs and/or are high utilizers of emergency services in order to attempt to decrease dependence and use of emergency services and help improve their quality of life in the community. In addition, youth in transition referrals can be facilitated via the PSCC as well.

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

Continue and enhance existing mental health and substance use prevention and educations programs/initiatives in Albany County; explore opportunities to expand programs and services.

Objective Statement

Objective 1: The Albany County LGU will explore increasing OASAS Prevention funding in Albany County to meet the community and school prevention demands. Re-allocation of existing funding will be considered as well.

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

Objective 2: The Albany County LGU will monitor and promote the need for increased prevention and treatment services for problem gambling.

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

Objective 3: ACDMH will continue to offer twice annual CIT trainings to local law enforcement agencies and explore options for further expansion.

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

Objective 4: Albany County’s #betheone suicide prevention campaign will be launched, along with the development and dissemination of community resources

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

Objective 5: The LGU will continue to work in collaboration with OMH, Albany County SPEC, the Albany County Suicide Task Force, and the Suicide Prevention Center of NY to advance local actions to reduce suicide attempts and suicide (across the age continuum) in Albany County and promote the recovery of persons affected by suicide; this includes the exploration and implementation of standardized evidence based screening tools for suicide prevention across the system of care.

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

Change Over Past 12 Months (Optional)

- The number of CIT graduates (since the trainings inception) increased to 211 in 2017

2g. Inpatient Treatment Services - Background Information

Albany County continues to experience a shortage of adult and children acute inpatient services. Inpatient admissions are costly and there continues to be some individuals who either have a history of chronically seeking, needing and/or having multiple psychiatric admissions and/or individuals are having long lengths of admission stay. The push to reduce state operated psychiatric beds is occurring at a faster rate than the outpatient services system can handle. As a result, there are not enough beds. In addition, there continues to be challenges related to discharge planning for individuals who are inpatient and/or in crisis units/ERs, especially those who have special and/or challenging circumstances (i.e. sex offenders, history of aggression/violence, co-morbid medical/behavioral health issues, chronic homelessness etc.). Furthermore, the local state operated hospital, Capital District Psychiatric Center (CDPC), has been working to get individuals who have had long stay admissions out of the hospital; some of these individuals' County of origin is not Albany; however, they are discharged to the Albany County community with local services (i.e. clinical, care management, housing etc.) for a variety of reasons. This puts additional strain on already limited service resources. There has been an increase in the availability of acute care beds in Albany at CDPC, which has been some help, but there are capacity issues with the community-based services that the acute care inpatient units are referring to (housing, care management clinic treatment), making discharge planning further complicated.

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):

Any goals/objectives that are related to addressing high level unmet needs for MH inpatient treatment services are synonymous with the existing goals/objectives reflected throughout this plan (for example addressing issues related to housing, transportation, treatment access etc.). It is noted there are some initiatives within Albany County that serve as a forum to help address some of the challenges related to discharge planning from inpatient hospitalization, e.g. Program Services Coordinating Committee (PSCC) cross systems case conferences, provider/planning meetings, and the Albany County Coalition on Homelessness (ACCH); specifically ACCH is working to address the role homelessness and housing needs plays in discharge planning from hospitals, incarcerations and youth placements as aligned with the local HUD strategic plan to prevent, reduce and combat homelessness .

Change Over Past 12 Months (Optional)

None

2h. Recovery and Support Services - Background Information

Peer Support Services: There continues to be a need for Peer Support, Recovery Coaches, and Parent Partner services. Albany County LGU continues to build relationships with peer and recovery support services such as a Capital Area Peer Services, Mental Health Empowerment Project and the New York State National Alliance on Mental Illness (NAMI) for individuals with MH; there have recently been peer specialists certification trainings available. Within the SUD system, Albany County LGU continues to collaborate with Friends of Recovery-New York to increase recovery supports in the Albany County community. There remains a need for a local Recovery Community Organization (RCO) and/or a Recovery Community Center (RCC) for Albany County. These services can build upon the therapeutic process started in treatment as well as provide initial or ongoing recovery support for adults, youths, and families. The Albany County LGU continues to support local recovery organizations' interest in developing RCOs and RCCs. Finally, Certified Peer Recovery Advocates (CRPA's) can work in OASAS 822 Outpatient Clinics and these services are billable. Albany County LGU will continue to work with OASAS and local providers to implement these services across the Albany County outpatient network. Catholic Charities' Project Safe Point Health Hub continues to provide Peer Recovery Advocates 24 hours a day who try to engage individuals who may be experiencing a related SUD crisis, especially those at risk of opiate overdose; this includes responding to local emergency rooms and other community sites when warranted. To further compliment, peers will also have a prominent role in the new Capital Region- Open Access Engagement Program (CR-OAEP) through in-community contact and engagement with individuals via a partnership with Catholic Charities and ACCA's Family Navigator Program (further discussed below).

Family Support: Within the Albany County SUD system, Addiction and Recovery Family support includes 12-Step programs like Alanon and Naranon, Family Navigators, ACCA's Addiction education and Support group, and resources from the regional organization, North East Community Action Partnership (NECAP). As previously referenced, the CR-OAEP will utilize Family Navigators for in-community services and engagement to those in recovery and their families. It is expected that any new Recovery Organizations/Centers will need a family component. Albany County LGU will work with any new RCO's/RCC's to ensure this need continues to be addressed in our county. The OPWDD system also continues to have a strong peer and family support network. Two local agencies, Capital District Psychiatric Center (CDPC) and Equinox, Inc. also provide family support services for the adult MH population. The children and youth system continues to have a solid parent partner services, however there is currently no family support services as the previous contract ended; it is recognized as a continued need.

In general, as peer support services have become or will become billable/reimbursable services, providers will need to learn to navigate and appropriately manage these processes. In addition, some SUD peer services are not billable at this time as they are not connected to an Article 32 clinic; determining how to sustain these valuable programs is another area of need.

Health Home Care Management (HHCM): Albany County continues to have a Health Home Care Management network via the lead Health Home, Capital Region Health Connections which includes ten downstream care management organizations. HHCM is a resource to individuals who have chronic medical, MH and/or SUD diagnoses. There continues to be a demand for case management services for non-Medicaid/non-health home eligible individuals. There have been recent challenges related to HHCM access due to staffing shortages, increased referrals of individuals with high needs/high risk history, and an increase in AOT cases. In addition, HHCM programs are navigating recent changes to Health Home+ criteria, including identifying who the newly eligible HH+ individuals are, assessing their needs and providing the enhanced care. Capital Region Health Connections Health Home agencies have also had to navigate multiple concurrent changes related to

regulations, direct billing, new electronic health record, and an intensive training schedule, which has had its challenges.

Health and Recovery Plans (HARP)/Home and Community Based Services (HCBS): HARP/HCBS implementation continues for those that qualify. There have been challenges to this transition as it relates to need/eligibility assessments and access to HCBS providers; the demand for HCBS services is occurring faster than the services are available.

Children/Youth Recovery Resources: As the anticipated HCBS waiver services changes are implemented with the children's system, there needs to be an awareness and preparation for the impact this will have on service provision. There have been a number of notable challenges as it relates to the transition towards Children's Health Homes. Children's providers are noting increased challenges due to the "unbundling" of waiver services; there is concern that reimbursement rates may pose issues of sustainability and workforce 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

Albany County LGU will work with local partners to strengthen the infrastructure of recovery and support services in order to maintain, enhance or develop new service opportunities. This will include a) Peer Services, Advocacy Councils, Recovery Coaches and Family Support programs being more fully integrated into a continuum of mental hygiene services in order to better promote wellness and recovery; and b) continuing to participate in the implementation of adult and children's HHCM.

Objective Statement

Objective 1: Engage leaders in the local peer community in focused planning efforts to detail available resources, identify evidence-based practices, explore regional collaboration opportunities and continue to build local partnerships with peer and recovery advocacy organizations

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

Objective 2: Continue to provide peer support groups at Albany County Probation Department and continue to explore the opportunity to offer peer groups at the Albany County Jail through the ACDMH's Jail Mental Health Unit

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

Objective 3: Fully implement 24/7 CR-OAEP and integrate it with other existing services in the community.

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

Objective 4: Facilitate Integrated Planning meetings to allow local providers from all three disability systems to meet and collaborate with each other throughout the year.

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

Objective 5: If/when needed, assist with learning about/navigation of peer support services billing processes

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

Change Over Past 12 Months (Optional)

- None noted

2i. Reducing Stigma - Background Information

Stigma is an issue that is unfortunately experienced by many individuals who have behavioral health issues; often individuals experience barriers to opportunities and resources when their behavioral health issues are known, for example educational and/or job opportunities. Furthermore, sometimes individuals don't seek the services they need because of the stigma that exist in society. There continues to be ongoing efforts within the services system to not only attempt to prevent MH and/or SUD/gambling issues before they start and help reduce issues and symptoms when issues already exist, but to also prevent and address stigma.

In addition, another major focus of Suicide Prevention includes reducing stigma about suicide, mental illness and other behavioral health issues so that individuals will be able and willing to seek the help they need. Providing trainings to staff, the community, and the consumers themselves how to address the issue of suicide in the Albany County community remains a priority. There continues to be access to multiple suicide prevention and awareness initiative, trainings and events such as SAFE TALK, ASSIST, CONNECT and "Out of the Darkness." Albany County state licensed agencies also continue to have access to the Center for Practice Innovations (CPI) training programs, one of which is specific to suicide.

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):

See related goals/objectives as referenced above under the Prevention and other initiatives reflected throughout this LSP. The Albany County SPEC and the Albany County Suicide Task Force remains active in addressing suicide issues within the community. Albany County Department of Mental Health, in collaboration with the Albany County Executive's office, hosted a panel discussion *Overcoming Stigma, Bigotry and Discrimination in Mental Health* in recognition of Mental Health Awareness month 2018 Furthermore, an Equity Agenda for Albany County is in development; it is intended that the needs of those with behavioral health disabilities and addressing stigma around these issues will be included. Lastly, recent legislation requires schools to offer mental health curriculum to students across the age spectrum; this initiative can help with prevention, early detection/intervention, and reducing stigma.

Change Over Past 12 Months (Optional)

- None noted

2. Heroin and Opioid Programs and Services - Background Information

The opiate/heroin epidemic is a public health crisis and continues to take a toll on the Albany County community. The treatment community is being challenged to treat the problem of opiate/heroin addiction like never before. The cost to individuals, families, and the community is immense and efforts to combat this remain a high priority. Through education, offering of treatment opportunities and several preventative initiatives, the Albany County provider system continues to address this issue.

Albany County is fortunate to have a growing number of providers who offer Medication Assisted Treatment (MAT), however not all do. Per the Client Data System (as of May 31, 2018), out of 2800 individuals in substance use disorder (SUD) treatment, 77% of those with an opioid diagnosis receive MAT across the Albany County treatment services system. When considering different levels of care, use of MAT is highest in Opioid Treatment Program (OTP) (100%) and lowest in Residential Services (39%) and community residence/supportive living services (47%). Those who do offer MAT are close to or at full capacity, per the federal regulations. For those that do not, barriers include lack of medical expertise/providers, concerns of risk/liability and "abstinence bias."

As discussed in the Crisis Services section of this Local Service Plan, Albany County is also fortunate enough to have a) an increase in the opportunity for withdrawal services as St. Peter's Addiction Recovery Center (SPARC) expanded its detox services to include Ambulatory and Ancillary Detox during week days, evenings and weekends; b) Catholic Charities continuing to offer the Project Safe Point Health Hub service, which includes 24 hour Peer Recovery support, and c) the impending launch of the new Capital Region Open Access Engagement Program (CR-OAEP), which will offer 24/hour support for engagement, assessment and treatment linkage, and when appropriate, initiation of MAT.

It is also recognized that the diagnosis of Opioid Use Disorders (OUD) and the need for appropriate interventions, like MAT, is not isolated to just substance use disorder treatment settings. Recent guidelines released by the NYS Office of Mental Health (OMH) speaks to the necessity of appropriate screening, identification, and management of OUD needs in Article 31 mental health and integrated treatment settings, including the use of MAT. Albany County LGU will work with local Article 31 and integrated clinics to explore how that appropriate screenings and treatment is being provided. In addition, recently CLMHD was instrumental in securing funding from the NYS Senate Task Force on Heroin and Opioid Addiction for jail-based services; these funds will allow for enhancement of the innovative services already provided at Albany County Correctional Facility (ACCF).

The immense benefits of MAT are regularly discussed and advocated for amongst and with providers and these efforts will continue. It is a hope that barriers can be overcome in time with education and advocacy, resulting in the maximized use of MAT across the substance use disorder service system, and as well as mental health and integrated treatment settings.

Albany County Department of Mental Health (ACDMH) continues to partner with Albany County Department of Health (DOH) on several initiatives related to addressing the opiate/heroin epidemic, including:

Monthly Opiate Overdose Prevention (Narcan) trainings, co-sponsored by ACDMH and ACDOH, are offered to human services providers and the general community.

- The Albany County Opiate Task Force, co-chaired by the Albany County Director of Community Services and the Albany County Health Commissioner remains active; this Task Force is comprised of public health, behavioral health, and law enforcement leaders.
- ACDOH, with the assistance of ACDMH, is developing an Opioid Data Dashboard, which can be used to help track and map out opioid overdoses in close to real time.
- The launch of *Project Orange*, a prescription return program with partner pharmacies that educates residents about the importance of storing opioid medications safely and securely at home, as well as offering safe opportunities to appropriately dispose of unused controlled substance medications at no cost to individuals.

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

Albany County LGU will coordinate efforts in collaboration with the Albany County Executive's office; ACDOH; behavioral health treatment, prevention and harm reduction providers; law enforcement; the community; schools; and the medical community, to continue addressing the heroin/opioid epidemic that plagues the Albany County community through the enhancement of services available.

Objective Statement

Objective 1: Continue to offer and promote education and awareness of the Heroine and Opiate crisis and opportunities to prevent and intervene, including: Disseminating the CDC Opiate Prescribing Guideline; Encourage local prescribers to attend existing educational events; continue to disseminate information on new law/regulations; participate in community events; continue to maintain awareness of and disseminate information on Drug Take Back Events, Project Orange and other safe drug disposal options.

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

Objective 2: Albany County LGU will continue to work with treatment providers to maximize the use of MAT in substance use, mental health, and integrated treatment settings through an increase in the number of providers utilizing state recommended screening instruments to assess for OUD, increased use of MAT and a coordinated referral/linkage process for co-treatment when necessary; this includes fully implementation and usage of the CR-OAEP.

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

Objective 3: The Albany County Executive, ACDMH, ACDOH, Catholic Charities Overdose Prevention Program, Albany Medical Center Hospital, the Regional Underage Drinking and Drug Use Prevention Coalition, local SUD providers, law enforcement and medical personnel will work collaboratively to increase the number of individuals trained in Opioid Overdose Prevention (NARCAN) to reduce/reverse opioid overdoses in Albany County. Albany County LGU will continue to disseminate additional Harm reduction strategies/resources (needle exchange) to the community. This includes continuing to offer monthly Overdose Prevention/Narcan trainings via a partnership with ACDMH and ACDOH.

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

Objective 4: Albany County LGU will continue to collect, assess and monitor the number of fatal and non-fatal opiate overdoses in Albany County; meetings with County coroner to be conducted; Data reports from Peer Advocate (s) in ED's will be collected and reported to LGU, and

continue to partner with ACDOH on the development of the Opioid Data Dashboard.

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

Change Over Past 12 Months (Optional)

- Expansion of ambulatory and ancillary withdrawal services using MAT.
- With OASAS 820 Residential Redesign, some providers have stabilization beds to use for initiating MAT.
- The Conference of Local Mental Hygiene Directors was instrumental in securing awards for the development or enhancement of substance use services in county jails.

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

See below, "Other;" specifically the goal/objectives related to System Coordination/Integration for information related to *Coordination/Integration with Other Systems for SUD clients*

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):
See below, "Other;" specifically the goal/objectives related to System Coordination/Integration for information related to *Coordination/Integration with Other Systems for SUD clients*

Change Over Past 12 Months (Optional)

N/A

2n. Mental Health Clinic - Background Information

There continues to be several OMH-licensed MH clinic programs within Albany County that service adults and children. There are continued issues, however, that cause high level unmet needs in the system.

High level unmet needs/challenges for mental health clinics include:

- The MH clinics have had capacity issues specifically related to shortage of psychiatric services
- MH clinics continue to have difficulty managing the increase of individuals with "special needs," such as those with co-morbid complicated medical conditions, histories of high risk safety behaviors, non-English speaking/Immigrant/Refugee individuals and those with forensic histories (including sex offenders)
- The longstanding issue of limitations to access to behavioral health services in the outlying communities (i.e. Hilltowns, Ravena etc.) remains. There is consideration/ anticipation that there may be more service options available to individuals who live in the outlying areas as health care reform and integration of primary/behavioral care initiatives continue.
- The local state operated psychiatric hospital, Capital District Psychiatric Center (CDPC) has been working to get individuals who have had long stay admissions out of the hospital; some of these individuals' County of origin is not Albany, however they are discharged to the Albany County community with local services (i.e. clinical, care management, housing etc.) for a variety of reasons. This puts additional strain on already limited service resources.
- NE Career Planning was approved to be a PROS with clinic but has not been able to find psychiatric staff to do so.
- There is a growing need for diagnostic/assessment specialists who can offer diagnostic testing to children, youth and adults
- There is an increasing request for MH clinic and care management services for non-English speaking/Immigrant/Refugee individuals across the age spectrum, however resources to adequately service this populations are limited (see below under "Other" for more details).
- To better meet the needs of individuals and comply with recent NYS Office of Mental Health guidelines, Mental Health and Integrated Clinics will need to begin exploring and implementing enhanced substance abuse screening, referral and interventions practices, especially as it relates to Opioid Use Disorders (OUD) and the use of Medication Assisted Treatment (MAT).
- The local service system, including children and adult mental health clinics, will need to begin preparing for the changes and impact that will result from Raise the Age; it is anticipated there will be a significant increase in youth/young adults presenting with service needs when considering the number of youth that are currently being arrested.
- There continues to be limited mental health clinic resources for Seniors; although all adult mental health clinics will and do serve this population, there remains gaps, especially for those with co-morbid, high need, complicated medical issues.

Positive gains with MH clinics include:

- ACDMH continues to offer an Adult Integrated Clinic which provides services to individuals with MH and/or SUD needs. In 2018, the Integrated Clinic started Same Day Access at which individuals who wish to seek mental health treatment services with the clinic can just come in during business hours; if clinically appropriate, individuals could start their intake process that immediately that same day.
- The Albany County Department for Children, Youth and Families (DCYF)- Children's Mental Health Clinic also implemented a same day access referral/intake process; called Open Access, parents/youth can self-present to seek services during open hours 2x a week.
- ACDMH Integrated Clinic continues to move forward with initiatives related to developing evidenced based protocols and practices to ensure the viability of clinical services moving forward as a Vital Access Provider (VAP).
- The Counseling Center at LaSalle became an Integrated Clinic.
- Parson's OnTrack NY continues to offer treatment services to individuals 16-21 who are experiencing their first onset of psychosis
- Parson's Behavioral Health Center continues to transition towards being able to treat adults past the age of 21; they are currently looking for a psychiatric prescriber
- Albany County LGU continues to engage non-OMH licensed clinical/private providers (behavioral health and medical) in order to expand the service network available to consumers, to include integrated services.
- There has been expansion of children's mental health services to underserved/rural areas via satellite clinics in schools and co-located MH treatment in pediatric offices. Specifically, Parsons Behavioral Health Center offers services to a Middle School in Cohoes 5x a week; Albany County DCYF has clinicians in a pediatric office in Cohoes 1x a week and Berne Knox Westerlo School 1x a week. Additional schools have reached out with proposals.
- Albany County LGU continues to operate a Clinical Single Point of Access (SPOA) with a dedicated Coordinator
- ACDCYF continues to operate a Children's SPOA with a dedicated Coordinator as it relates to navigation and management of children's mental health services.

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

Albany County will maintain, enhance and increase mental health clinic and access/capacity where gaps have been identified.

Objective Statement

Objective 1: Albany County LGU will develop an awareness of any emerging integrated license primary care/behavioral health agencies to which individuals in these underserved areas can be referred to, when appropriate.

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

Objective 2: Albany County mental health providers will explore opportunities to provide Intensive Outpatient Programs.

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

Objective 3: Albany County LGU will continue to participate with the Albany County Long Term Care Coordinating Council (LTCC), the annual aging summit and to encourage providers across the system to consider when seeking new staff to hire individuals with experience in serving seniors along with experience in MH and SUD.

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

Objective 4: Increase and enhance outpatient treatment capacity across the age continuum and disciplines; this includes exploring the development of services to rural/underserved areas of Albany County to address emerging needs (e.g. Hill towns; Ravena/Coeymans; Cohoes, etc.). This also includes maintaining awareness of and preparing for potential increase in need because of Raise the Age implementation.

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

Objective 5: Albany County LGU will advocate for an increase in the number of providers who will service non-English speaking/Immigrant/Refugee individuals; this will include working with both public and private behavioral health providers to begin to participate in and/or enhance their capacity for translation services

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

Change Over Past 12 Months (Optional)

- There has been expansion of children's mental health services to underserved/rural areas via satellite clinics in schools and co-located MH treatment in pediatric offices.
- Raise the Age passed and goes into effect Fall 2018

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

PROS: Albany County continues to have three (3) PROS programs, two with clinical services included (Equinox Inc. and Rehabilitative Support Services (RSS)) and one (Northeast Career Planning) without clinical services; however, it should be noted that Northeast Career Planning has indicated intent to add a clinical component once they secure psychiatric staff. This continues to be a major source of treatment support to the Albany County community. There is little to no PROS access, however, for individuals who only have private insurance or straight Medicare insurance, despite consumers request and interest for PROS services.

ACT: Albany County continues to have one ACT team, however the demand for this service remains high and the requests exceed capacity. There is often a wait list.

Albany County does not have any Intensive Outpatient Programs (IOP) currently, although there is the opportunity for mental health providers to explore offering this service. There is also no partial hospitalization program locally; the closest one is at least one hour away in another County (although Albany County residences have utilized this service).

The Capital District Psychiatric Center-Mobile Integration Team and the RSS -Transitional Support Team continue to assist individuals who have histories of long stay and/or chronic psychiatric hospitalizations to locate stable community housing and supportive services to remain out of the hospital.

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):

Albany County LGU and local behavioral health providers will continue to maintain existing MH outpatient services' programs, as well as explore opportunities for enhancement whenever possible

Change Over Past 12 Months (Optional)

N/A

2p. Mental Health Care Coordination - Background Information

Care coordination services in Albany County continue to be provided via Health Home Care Management, Non-Medicaid Care Management, Community Transitions Team Aging Out Adolescents (CTT-AOA) and Assertive Community Treatment (ACT) services. Currently, there continues to be availability for all of these services, but the demand is rising and there is a strain on care management services. Albany County Care Management providers continue to be active with the Capital Region Health Connections Steering Committee (the Albany/Rensselaer County lead health home), which manages all Health Home referrals. Albany County also continues to operate a Case Management Single Point of Access (SPOA) with a dedicated Coordinator that manages all "specialty" case management referrals (CTT-AOA, ACT, non-Medicaid care management, Assisted Outpatient Treatment (AOT) and OMH Prison releases). It is also notable that implementation of Children's Health Homes continues to have its challenges to navigate. Furthermore, Albany County Department for Children Youth and Family (DCYF) operates a Children's SPOA with a dedicated Coordinator as it relates to navigation and management of children's mental health services.

There does continue to be some high level unmet needs/challenges as it relates to Care Coordination services (regardless of whether it's Health Homes or Specialty Case Management), such as:

- Shortage of care managers that have the skill and/or capacity to work with special needs populations, such as sex offenders; Health Home Plus individuals (e.g. AOT/OMH Prison releases/state psychiatric facility long term stay releases); those with history of high risk safety behaviors; and those who cannot/do not consistently maintain their Medicaid.
- MH Care Coordination system continues to work through the process and challenges related to Health and Recovery Plans- Home and Community Based Services (HARP-HCBS) services.
- Many Health Homes/Care Coordination providers often do not provide transportation services to individuals, or only do so on a limited basis; especially (and understandably) when there is a history of high risk behaviors; transportation support is a common need to help individuals forward in their recovery.
- The local state operated hospital, Capital District Psychiatric Center (CDPC) has been working to get individuals who have had long stay admissions out of the hospital; some of these individuals' County of origin is not Albany, however they are discharged to the Albany County community with local (i.e. clinical, care management, housing etc.) for a variety of reasons. This puts additional strain on already limited service resources.
- There is an increasing request for MH clinic and care management services for non-English speaking/Immigrant/Refugee individuals. Resources to service this population adequately are limited.
- There can sometimes be a delay in care management linkage from time of referral to actual service provision; there are a variety of reasons this occurs (for example, workforce challenges, insurance issues, individuals not having a phone and/or being homeless); delayed access to care management services can at times negatively impact an individual's stability.
- There is a limitation in access to rapid/short term/interim case management services. The time frame between referral to linkage for many care management services can be lengthy at times, despite individuals need for help quickly, which can impact stability, well-being and crisis situations. There have been positive gains with the implementation of the Rehabilitative Support Services (RSS) Crisis Diversion program (as discussed in the Crisis Services) and the Albany Medical Center DSRIP Better Health for Northeast New York (BHNNY) Cares program (as discussed in the DSRIP section) of this Local Service Plan; however, both programs only service specific populations of individuals and therefore other individuals continue to go underserved.

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

Continue to support and maintain an awareness of and participate in the implementation of existing mental health care coordination services for both children and adults; advocate/facilitate for enhancements whenever possible.

Objective Statement

Objective 1: Albany County LGU will continue to participate in the Capital Region Health Connections Steering Committee

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

Objective 2: Albany County LGU will continue to participate in and maintain awareness of the implementation of HARP/HCBS services

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

Objective 3: Health Home Care Managers will receive specialized, evidence-based training, as identified via the lead health home's Staff and Training Development subcommittee, of which Albany County LGU and many providers participate

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

Objective 4: Continuing to maintain awareness of and when warranted participate in the implementation of children's Health Home Care Management

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

Objective 5: Albany County LGU will continue to lead the Case Management SPOA and ACDCYF will continue to operate the Children's SPOA Albany County LGU will continue to lead the Case Management SPOA and ACDCYF will continue to operate the Children's SPOA

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

Change Over Past 12 Months (Optional)

- Implementation of RSS Crisis Diversion and BHNNY Cares

2q. Developmental Disability Clinical Services - Background Information

Throughout Albany County there are number of clinical providers who serve the DD population, however there continues to be unmet needs for psychiatry, diagnostic/assessment specialist, OT, PT, and dental with sedation. As it relates to behavioral health (psychiatric) providers, there are limited prescribers for both youth and adults throughout the system, including DD. Cross systems trainings can assist with building the skill base of providers who don't traditionally serve the DD system to be able to begin doing so. It is recognized as the OPWDD system transitions to Care Coordinating Organizations (CCOs) (as further discussed in the DD Care Coordination section) there may be more opportunities for treatment services access.

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

Albany County LGU will continue to work with local behavioral health providers and OPWDD to maintain current DD services; better equip providers to service individuals with DD issues and/or co-morbid DD/MH/SUD issues; work towards enhancing service opportunities whenever possible; continuing cross system case coordination; and explore/promote/advocate for training opportunities to help enrich the knowledge and

skill base of providers across all 3 disability systems.

Objective Statement

Objective 1: Encourage/facilitate providers to offer and participate in cross training opportunities, including those which are offered by OPWDD's NY Systemic, Therapeutic, Assessment, Resources, and Treatment (NYSTART)

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

Objective 2: Continue to support and facilitate cross system coordination on specific cases, if/when they arise

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

Objective 3: Continue to maintain awareness of any integrated service providers within DOH, MH, DD and/or SUD systems (through state licensure and/or DSRIP).

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

Objective 4: Facilitate Integrated Planning meetings to allow local providers from all 3 disability systems to meet and collaborate with each other throughout the year.

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

Objective 5: Maintain awareness of the progress in CCO implementation and the impact it has on access to DD Clinical services across the age spectrum

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

Change Over Past 12 Months (Optional)

- CCO implementation begins July 2018

2r. Developmental Disability Children Services - Background Information

Throughout Albany County there are wealth of providers who offer DD children services. Example services include medical care, behavioral health, self-direction, family support, service coordination, respite, vocational/employment, educational, and home and community-based services. There does, however, continue to be high level unmet needs. As referenced above, there are workforce issues, as well as a shortage of clinical providers for psychiatry, diagnostic/assessment specialist, occupational therapy, physical therapy, and dental with sedation; two additional high level unmet needs are highlighted below in more detail:

- There is a lack of specialists who can provide diagnostic, functional and/or behavioral assessments that are necessary to determining level of service need and/or eligibility, especially for autism (as further discussed below). Furthermore, most insurances do not cover the necessary testing; as a result, the diagnostic process can be very costly for families and/or there is a long wait for specialists who do the appropriate testing. While schools do provide evaluations when appropriate through the special education process, school-based testing does not always lead to a formal diagnosis nor does school-based testing do some of the most pertinent testing that is needed for most services. Previously referenced workforce issues further influence this. There is a need for more Diagnostic/Assessment specialists especially who will accept Medicaid insurance.
- There is a significant lack of residential services for children with DD diagnoses. It is being reported that families are having to "choose" between children's MH services or DD services because although the child may present with eligibility for DD services, they are finding the limitations or lack of capacity for some DD services unmanageable; especially respite and residential services. However, by them choosing MH services instead families may be left without some of the DD services that would be beneficial to them.

It is recognized as the OPWDD system transitions to Care Coordinating Organizations (CCOs) (as further discussed in the *DD Care Coordination section*) there may be more opportunities for treatment services access.

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):

The goal/objectives for DD Children Services align with the DD Clinical Services, noted above.

Change Over Past 12 Months (Optional)

Same as DD Clinical Services above

2s. Developmental Disability Adult Services - Background Information

Throughout Albany County there are a wealth of providers who serve the adult DD population. Example services include medical care, behavioral health, day treatment, residential, self-direction, forensic, family support, service coordination, respite, vocational/employment, educational, and home and community-based services. There does, however, continue to be high level unmet needs. As referenced above, there are workforce issues, as well as a shortage of clinical providers for psychiatry, diagnostic/assessment specialist, OT, PT, and dental with sedation; in some service areas, this causes some individuals to have to wait for long periods of time for services or go without.

Additional challenges within the Adult DD service system includes:

- DD individuals who have comorbid SUD and/or MH issues; there are limited providers who have the skill base and/or capacity to support these issues across all three disability service systems.
- DD individuals who are "aging out" from children/youth services to adult services with cross system issues (forensic, MH/SUD etc.); there are limited resources available to support the multitude of unique needs these individuals present with.
- There remains a steady number of adult individuals who are presenting with DD symptoms/history, however are not enrolled in OPWDD; either these individuals' level of acuity and impairment does not qualify them for OPWDD services, or they never applied/enrolled before the age of 21 for some reasons and the documentation/information needed to reflect potential eligibility is

unavailable/inaccessible. The non-OPWDD service system is limited in the number of providers who have the skill base and/or capacity to support these individuals

- There is a lack of specialists who can provide diagnostic, functional and/or behavioral assessments that are necessary to determining level of service need and/or eligibility.
- As referenced below, as an immigration/refugee resettlement community, Albany County continues to see an increase in the number of non-English speaking/Immigrant/Refugee individuals who present with behavioral health needs, including DD. Two of the biggest challenges in this area relate to a) lack of documentation of disability/impairment before age 21, because of the nature of the individuals' emigration (often times they are coming from under-developed and/or war-torn countries), and b) the already existing issue of workforce limitations for diagnostic/assessment specialists is further exacerbated by a need for diagnostic/assessment specialists who can take cultural factors and the need for translation into consideration.

It is recognized as the OPWDD system transitions to Care Coordinating Organizations (CCOs) (as further discussed in the *DD Care Coordination section*) there may be more opportunities for treatment services access.

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):

The goal/objectives for DD Adult Services align with the DD Clinical Services, noted above.

Change Over Past 12 Months (Optional)

See DD Clinical Services above

2u. Developmental Disability Respite Services - Background Information

As previously mentioned, there are limited respite providers and a limited workforce of respite workers. This has been a strain on the service system and often time's families must wait for services. Furthermore, there has been an overlap of respite services into family support services infrastructure. This adds strain to resources in both areas.

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):

Albany County LGU will continue to work with local OPWDD providers and the OPWDD state agency as needed to maintain the current respite services structure, work towards enhancing service opportunities whenever possible and support implementation of system changes as it relates to respites services. LGU will facilitate opportunities for local DD providers to meet and collaborate with each other throughout the year.

Change Over Past 12 Months (Optional)

- None; this remains a high level unmet need

2v. Developmental Disability Family Supports - Background Information

As discussed above, the limitations related to workforce issues and shortage of respite providers has led to strains on the DD Family Support services. Families must wait for services because of limited capacity. Furthermore, the limitations of the DD respite services are overlapping with the family support services infrastructure, as both service systems and are often pulling from the same resources.

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):

Albany County LGU will work with local OPWDD providers and the OPWDD state agency as needed to maintain the current family support services structure, work towards enhancing service opportunities whenever possible and support implementation of system changes as it relates to family support services. LGU will facilitate opportunities for local DD providers to meet and collaborate with each other throughout the year.

Change Over Past 12 Months (Optional)

- None; this remains a high level unmet need

2x. Autism Services - Background Information

In Albany County there is a lack of specialists who can provide diagnostic, functional and/or behavioral assessments that are necessary to determining level of service need and/or eligibility for those that are presenting with a potential need for autism services. Furthermore, most insurances do not cover the necessary testing; as a result, the diagnostic process can be very costly for families and/or there is a long wait for specialists who do the appropriate testing. While schools do provide evaluations when appropriate through the special education process, school-based testing does not lead to a formal diagnosis nor does school-based testing do the most pertinent testing that is needed for most services. Previously referenced workforce issues further impact this issue. There is a need for more Diagnostic/Assessment specialists, especially who will accept Medicaid insurance

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):

There is no specific goal/objective for this high level unmet need at this time. LGU and local providers will continue to advocate and assist with system navigation, as well as explore additional diagnostic and service opportunities whenever possible.

Change Over Past 12 Months (Optional)

N/A

2ab. Developmental Disability Service Coordination - Background Information

In July 2018, the OPWDD system is transitioning from Medicaid Service Coordination to Health Home Care Management via a model of Care Coordination Organizations (CCO). As transition and implementation begins, there will be six new entities, CCOs, who will offer care management services to OPWDD enrolled individuals' DD services, as well as health care and behavioral health needs. Implementation of CCOs both impacts how individuals receive their services, but also impacts DD services providers; for example, specific to service providers it influences workforce issues, organizational structure for agencies that were Medicaid Service Coordination providers, referral processes and service access, and how care coordination will occur. There is a need to maintain an awareness of implementation progress, positive gains to the system and challenges experienced.

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

Albany County LGU will continue to work with local OPWDD providers, OPWDD State offices, and other local behavioral health providers to support successful implementation of CCOs.

Objective Statement

Objective 1: Maintain awareness of the progress in CCO implementation and the impact it has on access to DD Clinical services across the age spectrum

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

Objective 2: Facilitate DD and Integrated Provider/Planning meetings to allow local providers from all 3 disability systems to meet and collaborate with each other throughout the year.

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

Objective 3: Facilitate opportunities for non-OPWDD human service/behavioral health providers to have an understanding and awareness of CCO's, especially as it relates to cross system treatment linkages.

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

Change Over Past 12 Months (Optional)

- Implementation of CCOs in July 2018.

2ac. Other Need (Specify in Background Information) - Background Information

System Coordination/Integration

The health care system continues to steadily move towards integration between all three mental hygiene disabilities, as well as with other systems such as health/medical, forensics, seniors, children and youth, veterans, and individuals who are Non-English speaking/Immigrant/Refugee. As more individuals are presenting with co-occurring issues, Albany County providers have found it challenging to meet the "special" and sometimes high-level needs of these individuals, especially when considered along with already the existing issues of workforce/retention, service capacity and limitations of resources.

Highlighted areas of presenting issues are reflected below:

- *Non-English speaking/Immigrant/Refugee System:* Albany County is a resettlement community for immigrants and refugee's via programs in the Capital Region (for example, US Committee for Refugees Immigrants Albany (USCRI)); as a result, there has been a steady population of non-English speaking individuals and/or those who have special cultural assimilation needs. The number of individuals who are "re-settling" in the Albany County area has been steady over the last few years; according to the USCRI-Albany, there office assists and facilitates the resettlement needs of over 400 individuals each year and believe there is capacity for more if needed. There is an increasing number of families with multiple children recently. Over the last 5+ years, there have been a growing number of individuals in this population who are requesting behavioral health services.

There are several considerations that need to be made when providing services to these individuals, regardless of their language proficiency. However, language proficiency and access to translation services can be one of the biggest barriers to treatment. Translation services are costly (with little to no reimbursement); translation services have been particularly challenging when a non-English speaking individual needs services like housing, care management and/or group treatment services. Children's services programs are reporting an increase need and usage of face to face translation services, as opposed to phone line translation, as services typically involve whole families; this can be more costly then phone translation services.

Another challenge is the lack of documentation about this populations behavioral health/health history, which is usually needed to determine diagnoses, especially when trying to determine eligibility for OPWDD services; typically, little to no information is available due to the nature of the individuals' emigration (often they are coming from under-developed and/or war-torn countries).

In addition, there is an emerging issue around these individuals who have legal issues/needs and/or whether they are documented or not; for example, if they are undocumented or having legal issues they may not have the insurance coverage to help them with access to treatment services.

Many of the above referenced challenges apply to any individual with limited English proficiency, regardless of what their immigration status has been.

- *Forensic System:* There continues to be several individuals with criminogenic/forensic histories being referred for behavioral health services; many with high level services needs and/or histories of high risk behaviors (violence, sex offense, acute substance use treatment needs, and co-morbid health/behavioral health issues). This has caused increased concern and issue for providers' ability to safely maintain these individuals while providing services (both in the community and in office settings). This has also resulted in an increase of

Assisted Outpatient Treatment (AOT) referrals and Orders. These individuals need clinical, medical, care coordination and housing services. Providers are sometimes lack the knowledge/skills and resources to address the unique needs of these individuals.

Furthermore, the local service system for children and adults will need to begin preparing for the changes and impact that will result from Raise the Age; it is anticipated there will be an increase in youth/young adults presenting with service's needs based on current trends of youth arrests. Probation officers will need to facilitate more thorough needs assessments on youth and facilitate linkages when warranted. It's possible children's providers will need to increase staffing, including psychologists who can do forensic assessments. Furthermore, there has been a noted increase in court ordered mental health evaluations from local city/town courts throughout Albany County on individuals under the age of 18; Albany County LGU has worked in partnership with Albany County Department of Children, Youth and Families to address this, but it further speaks to the increased volume of forensic service needs for the children/youth population.

Another emerging issue is related to the process of OMH prison discharge planning process; historically there has been established protocol for how OMH Prison Pre-Release Coordinators were supposed to be making these referrals to community providers. However, there has been a breakdown of this protocol and referrals have not been made correctly. Recently released individuals have been provided with a program name, address and phone number and advised to "walk in" or call independently upon release to the community, with no formal referral being initiated. This leaves the provider with little to no information, nor adequate time to facilitate appropriate coordination of care (for example, medication needs, including injections); or referrals are being made direct to agencies as opposed to the existing Forensic SPOA Coordinator, which also poses its own set of challenges and breakdown of the referral process if not done correctly.

- *Youth in Transition System:* There is a continued need to be able to provide the support and services that aging out/youth in transition need. Often there are challenges related to limited resources, translating youth/SED diagnoses to adult/SMI diagnoses, housing placements and youth coming out of forensic detention placements (especially when Albany is not their original county of origin, but they are being referred for Albany services in their transition). Also, as noted above, is the impact Raise the Age will have on this issue. It is noted that Equinox has a Youth Outreach Program for this population that offers a variety of valuable services.
- *Medical:* There are continued challenges of meeting the needs of those with co-morbid complicated medical conditions. Behavioral health clinics, care coordinators and housing programs are finding it difficult to maintain individuals who need the behavioral health services, but their medical conditions make it difficult for them to participate in traditional treatment/services; especially when the medical issues have them in/out of the hospital or not having adequate community services for the medical needs.
- *Non-OPWDD Developmental Disability:* There remains a steady number of adult individuals who are presenting with DD symptoms/history, however they are not enrolled in OPWDD services; either these individuals' level of acuity and impairment does not qualify them for OPWDD services, or they never applied/enrolled before the age of 21 for some reasons and the documentation/information needed to reflect potential eligibility is unavailable/inaccessible. The non-OPWDD service system is limited in the number of providers who have the skill base and/or capacity to support these individuals
- *Seniors:* As the population is aging and living longer there is an increasing need of behavioral health services for Seniors/older adults (those 65+) across the services system, most with co-morbid medical issues. Recent data on suicides within Albany revealed that suicides for this age group are on the rise.
- *Veterans:* Albany County continues to be the home of many military veterans; whether it is individuals who served in past wars or those returning from more recent conflicts, Veterans often struggle with addiction, MH disorders and at times homelessness.

Albany County LGU, along with community providers, participates in several initiatives related to helping to address the presenting needs reflected above, including:

- Participation in the Albany Refugee Roundtable and collaborating with USCRI when needed.
- Participation in the Albany County Long Term Coordinating Council (LTCC) and the Albany County NY Connects/No Wrong Door (NWD) implementation committees.
- Albany County LGU continues to implement the Sequential Intercept Model (SIM) approach to identifying individuals with behavioral health issues who have interactions with the criminal justice and crisis/emergency services system and improve interventions; the goal of this continued initiative is to reduce unnecessary incarcerations/hospitalizations, prevent further penetration into the forensic system (when appropriate), facilitate linkages to services when warranted, and improve how individuals with behavioral health needs interface with these systems.
- ACDMH continues to have an Adult Integrated Mental Health Clinic and the Counseling Center at LaSalle is also Integrated. Albany County LGU plans to develop an awareness of any emerging integrated license primary care/behavioral health agencies to help further explore service options in this area. Albany County LGU also continues to advocate and try to engage private providers and medical practices to further support cross system collaboration with integration of services.
- Albany County LGU and providers continue to explore opportunities to expand services for Seniors
- Albany County continues to have a Community Mental Health and Criminal Justice Unit operating the Forensic SPOA. Facilitating community re-integration and services for OMH prison releases, the DCJS funded Re-entry Forensic to facilitate community re-integration and services for qualifying individuals (non OMH) prison releases (there were 274 individuals served in 2017); the Albany City court-based Jail Diversion Program (188 individuals screened in 2017); and AOT services. 171 Court ordered evaluations (including competency exams) were completed.
- Albany County LGU continues to work with local partners to develop the framework and launch a Mental Health court.
- Albany County continues to participate in Juvenile, Family, County, and Regional Drug Courts, the Albany City Police's Gun Involved Violence Elimination (GIVE) and Law Enforcement Assisted Diversion (LEAD) initiatives.
- Albany County continues to operate the Program Services Coordinating Committee (PSCC) which is a multi-disciplinary, cross system planning committee that works to assist individuals who have high needs and/or are high utilizers of emergency services to decrease dependence and use of emergency services and help improve their quality of life in the community. In addition, youth in transition referrals can be facilitated via the PSCC as well.
- ACDMH continues to collaborate with the Albany VA and other community providers to be attentive to the distinct needs of veterans and their families.
- Albany County remains involved with the State Epidemiological Workgroup (SEW).
- Albany County state licensed agencies also continue to have access to the Center for Practice Innovations (CPI) training programs, many of which address cross systems treatment 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

Albany County LGU in partnership with local providers will enhance and further develop an integrated system of services that will address the needs of all behavioral health consumers across the age spectrum and all three disabilities, independent of any additional “special needs” the individuals may have.

Objective Statement

Objective 1: Build upon Albany County LGU’s commitment to train all employees in trauma informed care (e.g. Adverse Childhood Experiences (ACE) training); Screening, Brief Intervention and Referral to Treatment (SBIRT), and integrated treatment practices and encourage community providers to do so as well.

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

Objective 2: ACDMH in collaboration with the Albany County Sheriff’s Department, Albany County Department of Probation, Albany County Executive and OMH, DCJS, DOCCS will continue to develop and implement enhanced Jail Mental Health practices to include the use of screening tools, evidence-based treatment and community re-integration practices

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

Objective 3: Albany County LGU will continue to work with local partners to develop the framework and launch a Mental Health court.

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

Objective 4: Albany County LGU and local providers will continue to participate in relevant initiatives that support strengthening cross system collaboration and partnerships that in turn enhance the services available to consumers, including (but not limited to) GIVE, LEAD, NY Connects, Long Term Care Coordinating Council (LTCC), Refugee Roundtable, OPWDD Regional Directors Meetings, OPWDD’s NY Systemic, Therapeutic, Assessment, Resources, and Treatment (NYSTART) Advisory Council, Veteran’s services, Albany County Department for Children Youth and Family (DCYF) initiatives, Women & Infants, Linking Lifetime Opportunities for Wellness (WILLOW), and Youth in Transition coordination

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

Objective 5: ACDMH will continue to maintain an Integrated treatment license and will support/ encourage other providers to seek an integrated license.

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

Change Over Past 12 Months (Optional)

- As reflected above

3. Goals Based On State Initiatives

State Initiative	Applicable State Agency(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3a. Medicaid Redesign - Background Information

Reflected throughout current and past years’ Local Service Plans is Albany County LGU’s continued need to work with behavioral healthcare providers and the community to navigate current and prepare for future systemic changes as a result of Medicaid Redesign, DSRIP, Value Based Payment, OPWDD System Transformation, and system integration across all disability areas. Examples of challenges related to this include:

- New York State Medicaid is moving towards a full Managed Care system for all behavioral health services (i.e. mental health, substance use, and developmental disability) across the age spectrum. There is concern on the part of the providers, families and consumers on the potential impact on access to services as well as service delivery. Providers will be required to show value in the services that they provide, while demonstrating quality patient care. This performance-based model will require providers to track and assess different types of data, review and carefully monitor performance outcomes and patient satisfaction.
- The OPWDD system continues to navigate system changes related to implementation of conflict free case management via Coordinating Care Organizations (CCO)/OPWDD Health Homes effective July 2018.
- Local children’s system continues to navigate challenges of children’s health home and managed care implementation, as well as beginning to prepare for the impact of Raise the Age, going into effect Fall 2018.
- Local OMH/OASAS/DOH providers continue to participate in adult health home implementation.
- Although many crisis services are now reimbursable under Managed Medicaid, there remains a lack of clarity of how this can/will be implemented, especially related to mobile crisis and peer services.
- Local OASAS providers continue to navigate the opportunities and changes that come with Residential Re-design.
- In 2016 Albany County NY Connects was one of the first counties in NYS to go “live” with the implementation of the No Wrong Door referral process; this included the development of both local and regional NY Connects implementation committees. These committees and implementation initiatives continue.
- The services system has begun the development of Behavioral Health Care Collaboratives (BHCC), which will assist with the transition to a Value Based Payment model of services with an end to ensure continued and improved quality of care across the entire spectrum of physical and behavioral health services.

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

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

The Albany County LGU in partnership with local providers will maintain and enhance a service delivery system that is accessible and responsive to all consumers while navigating the opportunities and challenges related to Health Care Reform and regulatory changes.

Objective Statement

Objective 1: Albany County LGU will facilitate and promote trainings and technical assistance opportunities on managed care implementation/system changes to Albany County behavioral health providers, e.g. use of LOCADTR 3.0, residential redesign, the MCTAC Center, Value Based Payment, State led trainings and webinars, CLMHD's trainings, etc. and DSRIP initiatives.

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

Objective 2: ACDMH LGU will continue to engage private level providers (non-state licensed) to develop relationships and opportunities for educating them about system changes, the impact changes can have on them (like adult managed Medicaid implementation) and promote the opportunity to enhance access to services for behavioral health consumers within Albany County.

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

Objective 3: Albany County LGU and local providers will continue ongoing preparation and participation in Value Based Payment, Health and Recovery Plans-Home and Community Based Services, Children's Health Home, Children's Medicaid BH Managed Care, Raise the Age, OASAS Residential Redesign, and OPWDD CCOs.

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

Objective 4: ACDMH will facilitate regular provider/planning meetings with MH, SUD and DD providers, as well as several Integrated Planning meetings throughout the year. This will include ongoing in-services/meetings specifically targeted towards issues related to Health Care Reform, Medicaid Redesign, Value Based Payment, DSRIP and system integration

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

Change Over Past 12 Months (Optional)

- ACDMH launched monthly provider/planning meetings in Jan 2018; each month focuses on a specific disability area (MH, SUD, DD) or Integrated.
- Development of BHCC.

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

Albany County has two local Provider Planning Systems (PPS): Better Health for Northeast New York (BHNNY) and Alliance for Better Health Care. Albany County LGU and local providers across all three disability areas continue to participate with the PPS's initiatives to help reduce unnecessary emergency room/crisis unit/hospital admissions and improve the overall health and wellbeing of individuals utilizing services; example initiatives include enhancing crisis stabilization services, integration of primary and behavioral health care, and behavioral health education and training.

Within the last year several programs were enhanced and/or emerged as a result of DSRIP partnerships, including:

- BHNNY launched an independent program in partnership with CDPHP called BHNNY Cares which provides care transition services (from emergency room/hospital admissions) and short term transitional case management services to address the needs of individuals who are presenting with barriers to medical/behavioral health stability due to lack of service linkage and/or issues related to social determinants of health. A primary goal would be to facilitate access to long term supportive services.
- Rehabilitation Support Services (RSS), through partnership and funding with BHNNY, started the Capital District Crisis Diversion program in Jan 2018. This program provides short-term engagement and transitional case management services to individuals who are psychiatrically "cleared" by Crisis Inpatient Unit (CIU) and/or Mobile Crisis Team (MCT) but need assistance with service linkages; to date 52 individuals have been served.
- Addictions Care Center of Albany, through partnership and funding with BHNNY, enhanced their Family Navigator Services
- Catholic Charities, through partnership and funding with BHNNY, enhanced their peer support services.
- Albany County Department of Mental Health's (ACDMH) MCT, through partnership and funding with BHNNY, expanded to be 24/7/365 and began offering enhanced follow up services in Spring 2018.
- Albany County LGU and other local providers participated in the planning of and/or attended the *Building the Foundation of Trauma-Based Treatment with Refugee Clients* training that was co-sponsored by both local PPSs
- ACDMH's Integrated Clinic, in partnership with BHNNY, now has two BHNNY Cares staff imbedded in the clinic twice a week for warm hand off referrals; BHNNY Cares staff will assist individuals with identified clinical and social determinants of health needs by linking them with available resources in the community In addition, a pilot transportation program is in development with intent to assist BHNNY Cares/ACDMH patients with transportation opportunities to address psychosocial needs (e.g., Department of Social Services, employment etc.)
- Albany County LGU, in partnership with the Albany County Department of Health and other providers, applied for innovation funding via the Alliance for Better Health PPS to enhance current programs and intervention strategies to combat the opiate crisis.

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

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

Albany County LGU and local behavioral health system providers will continue to engage with Local PPs in order to enhance existing and develop new services to strengthen the service system.

Objective Statement

Objective 1: Albany County Providers will continue to work with the LGU and DSRIP-PPSs to sustain and enhance crisis stabilization services.

This could include the potential development of a stand-alone crisis stabilization program in Albany County with local community partners, state agencies and local PPSs.

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

Objective 2: Having expanded to 24/7 hours and offering enhanced follow up services, the ACDMH MCT will explore ways to increase crisis contacts and responsiveness to the community to help support diversion from unnecessary emergency room/crisis unit/hospital contacts.

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

Objective 3: ACDMH Integrated Clinic will continue to explore via DSRIP the possibility of offering primary care services at the Integrated Clinic, which already provides OMH and OASAS services.

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

Objective 4: ACDMH Integrated Clinic, in partnership with BHNNY, will explore piloting a transportation program to assist BHNNY Cares/ACDMH patients with short term transportation opportunities to address psycho-social needs (e.g., Department of Social Services, employment etc.).

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

Change Over Past 12 Months (Optional)

See above for noted changes

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

RPC implementation continues; Albany County LGU and local providers remain active participants.

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):
Albany County LGU and local providers will continue to participate in the Regional Planning Consortium

Change Over Past 12 Months (Optional)

Implementation of RPC continued

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

Albany County LGU and local behavioral health providers align with the NYS Department of Health's Prevention Agenda priority: *Promote Mental Health and Prevent Substance Abuse* in a number of ways. This is reflected in the variety of prevention, early intervention, and treatment services provided for those with mental health, substance use and developmentally disability needs, as well as the participation in initiatives related to issues like the opiate crisis, suicide, gambling, tobacco cessation and cross system collaboration (as examples).

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

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

Albany County LGU and local behavioral providers will work in partnership with Albany County Department of Health (ACDOH) and local health providers to address the larger public health needs of the Albany County community as identified in the Prevention agenda.

Objective Statement

Objective 1: Reduce underage drinking, illicit drug use, gambling addiction, and medication misuse among youth and adults in Albany County.

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

Objective 2: The LGU will continue to collaborate with Tri-County Behavioral Health, ACDOH, OMH and local mental health providers to explore and implement evidence-based interventions to reduce tobacco use in persons with mental illness.

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

Objective 3: The LGU will continue to work in collaboration with OMH, The Albany County Suicide Prevention and Education Committee (SPEC), the Albany County Suicide Task Force, and the Suicide Prevention Center of NY to advance local actions to reduce suicide attempts and suicide (across the age continuum) in Albany County and promote the recovery of persons affected by suicide.

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

Objective 4: Continue to participate in initiatives that align with the Prevention Agenda including (but not limited to) the Albany County Suicide Task Force and SPEC, Albany County Strategic Alliance for Health (ACSAH), local DSRIP-PPSs initiatives, the Albany County Long Term Care Coordinating Council, NY Connects, the Tri-County Tobacco Behavioral Health Initiative for Tobacco Free Living, Albany County Department for Children Youth and Families Know How We Grow, Women & Infants, Linking Lifetime Opportunities for Wellness (WILLOW), the Albany County Opiate Task Force, and Stop DWI.

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

Change Over Past 12 Months (Optional)

- There is a growing need for gambling addiction prevention/intervention services for adults and youth, especially considering gambling addiction often co-occurs with other substance use and/or mental health disorders.

4. Other Goals (Optional)

Other Goals - Background 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)

Attachments

- Albany County 2019 LSP-OMH Workforce Survey - Excel Summary of all-Adults- Children.xlsx
- Albany County 2019 LSP OMH Workforce Survey- Summary.docx

Office of Mental Health Agency Planning Survey
 Albany County Dept. of Mental Health (70520)
 Certified: Tyleia Harrell (7/12/18)

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 issue.
Psychiatrist	5	3	<p>1- Salary no available workers. 2- We have been fortunate enough to have the same psychiatrist/MD and NPP for over 20 years. We have no recent experience in recruiting prescribers, and while we have no concerns in terms of retention, I feel that it is more likely due to the relationship we have with current providers and less to do with the ease of retaining prescribers. 3- Shortage of availability, local competition and location. 4-Limited psychiatric time based on cost provider is shared with another program. 5- Current staff are reaching age of retirement and no new practitioners have entered the area. 6- Once employed, they remain at the facility.</p>
Physician (non-psychiatrist)	5	1	<p>1- We have been fortunate enough to have the same psychiatrist/MD and NPP for over 20 years. We have no recent experience in recruiting prescribers, and while we have no concerns in terms of retention, I feel that it is more likely due to the relationship we have with current providers and less to do with the ease of retaining prescribers.</p>
Psychologist (PhD/PsyD)	5	2	<p>1- Location. 2-Difficult to recruit new staff due to civil service requirements. This position also involves forensic work which can be challenging to locate qualified applicants.</p>
Nurse Practitioner	4	4	<p>1- Salary, None available. 2- We have been fortunate enough to have the same psychiatrist/MD and NPP for over 20 years. We have no recent experience in recruiting prescribers, and while we have no concerns in terms of retention, I feel that it is more likely due to the relationship we have with current providers and less to do with the ease of retaining prescribers. 3- Salary, shortage of availability. 4- NP are currently used with success in a clinic within a different county. 5-Finding competent and a collaborator if needed can be a challenge given limited providers. two currently on staff. 1 for 30+ yrs the other for 15yrs. The one who has been here for 15 yrs. is relocating and we are having a very difficult time attempting to recruit. 7-Never had a NP before. A psychiatric NP sought us out last year for her clinical, she was excellent in our setting so we hired her.</p>
RN/LPN (non-NP)	5	4	<p>1- Salary, None available. 2- We have had a nursing opening for 8 months and struggle to hire someone due to the rate of pay and location. 3- Salary, RN/LPN's wanting inpatient employment instead. 4-Low Salary-lower than private hospitals. 5- Limited interested providers in psychiatric nursing.</p>
Physician Assistant	5	5	<p>1- Salary, shortage of availability. 2- Many obtain employment within school districts and insurance companies for higher salaries and other desired benefits.</p>
LMSW	3	3	<p>1- Salary. 2- Salary, shortage of availability of highly qualified LMSW's. 3- OMH offers Mobility Opportunities. 4-Difficult to recruit new staff due to civil service requirements and need for County Executive approval for positions. Challenging to hire and retain due to salary being less than competitive. Nature of the work is complicated due to multi-system involvement and complex family situations. 5- Many obtain employment within school districts and insurance companies for higher salaries and other desired benefits. 6- Easier to recruit social workers for clinic jobs and inpatient. More difficult to recruit social workers for Crisis Unit. Difficult to retain Social Workers in the Crisis Unit due to shift work and opportunities for M-F schedule on other units. 7-recruiting has been somewhat more difficult recently, we've had an open position for about 2 months. clinicians overall tend to stay for a while.</p>

LCSW	4	4	1- Salary, state opportunities. 2- Salary. 3- Salary, shortage of availability of highly qualified LCSW's. 4-Limited providers apply to agency given costs, many hired LMSW's do not pursue LCSW. 5-Most n staff obtain their LCSW while in our employ and often leave after achieving this goal for a position with a better salary and less responsibility (i.e., no on-call requirement). 6-We typically hire folks early in their career, they tend to stick around long enough to reach the next levels in their licensure.
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	3	2	1- Salary. 2- Currently the supervision demand can be a struggle with managing MHC permits until they are fully licensed. 3- Concern with retention as LMHC cannot supervise. 4-Social workers and limiting movement for staff.4-recruiting has been somewhat more difficult recently, we've had an open position for about 2 months.clinician overall tend to stay for a while.
Peer specialist	3	5	1- Current peer specialist has been with the agency for several years, therefore there has been no need to recruit and no foreseen need any time soon. 2- Difficulty finding peer specialist, also need to look more.
Family peer advocate	3	2	1- Family Advocate has been with the program 10 plus years. 2- This is contracted service and must go out for RFP. This process takes an extensive period of time.

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

- Clinical Practice Manager- this is a position that is specific to RSS clinic
 - Recruitment - 4
 - Retention - 3
 - Comments: None listed
- LCSW-R - there has been a workforce shortage at times with LCSW-Rs; this can impact service provision as some private insurance require an R and at times MC requires an R (but LCSW can apply to be on the Medicare panel), therefore it is noteworthy to make the distinction.
 - Recruitment - 4
 - Retention - 3
 - Comments: 1- Salary, state opportunities. 2- Salary. Salary, shortage of availability of highly qualified LCSW-R's. 3-Limited providers apply to agency. 4- Currently once hired many LCSW-R remain with agency. 5-Most LCSW-R positions are within the outpatient clinics. 6-We typically hire folks early in their career, they tend to stick around long enough to reach the next levels in their license

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

To complete this 2019 LSP Office of Mental Health Agency Planning Workforce Survey, Albany County LGU surveyed all the adult and children Article 31 Clinics within Albany County. There were a total of (9) clinics surveyed: (5) adult only clinics, (3) children only clinics, and (1) clinic that serves both.

See the **2019 LSP OMH Workforce Survey Summary** and the **2019 LSP OMH Workforce Survey- Excel Summary** documents (both attached to LSP under "Goals and Objectives.")

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
 Albany County Dept. of Mental Health (70520)
 Certified: Tyleia Harrell (7/13/18)

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
Name James L. Stone, LCSW
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2017
eMail jimstone1@verizon.net

Member
Name Brian Barr, LCSW, CASAC
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2020
eMail brainwb09@aol.com

Member
Name Doris Bedell
Physician No
Psychologist No
Represents Mental Health
Term Expires 12/31/2020
eMail krbdeb23@aol.com

Member
Name Margaret Capozzola
Physician No
Psychologist Yes
Represents Developmental Disabilities/Public
Term Expires 12/31/2017
eMail jrma10@hotmail.com

Member
Name Allen C. Israel, PHD
Physician No
Psychologist Yes
Represents Mental Health/Public Representative
Term Expires 12/31/2020
eMail aci64@albany.edu

Member
Name Alan C. Kott
Physician No
Psychologist No
Represents Addiction and Recovery/Public
Term Expires 12/31/2020
eMail akott@nycap.rr.com

Member
Name Robert J. Paeglow, M.D.
Physician Yes
Psychologist No
Represents Community
Term Expires 12/31/2017
eMail rpaeglow@koinoniahc.org

Member
Name William J. Serafin, LCSW
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2020
eMail bserafin6@nycap.rr.com

Member
Name William Flack III
Physician No
Psychologist No
Represents Albany City Police Department
Term Expires 12/31/2020
eMail wflack@albany-ny.org

Member
Name Dennis Morrissey
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2020
eMail damorrissey1951@gmail.com

Member
Name John Greklek-Torres
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2020
eMail j.torres205@gmail.com

Member
Name Caren O'Brien Crummey
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2019
eMail ccrummey@hinmanstraub.com

Member
Name Mary Beth Peterson
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2020
eMail marybethp@ccalbany.org

Member
Name Henri Williams
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2020
eMail Williams.Henri@gmail.com

Alcoholism and Substance Abuse Subcommittee Roster

Albany County Dept. of Mental Health (70520)

Certified: Tyleia Harrell (7/13/18)

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.

Chairperson

Name Alan C. Kott
Represents Public Representative
eMail akott@nycap.rr.com
Is CSB Member Yes

Member

Name Marsha Nadell Penrose
Represents The Next Step
eMail marshanp@aol.com
Is CSB Member No

Member

Name Kim Aichner
Represents St Peter's Health Partners
eMail kaichner@sphcs.com
Is CSB Member No

Member

Name Michelle Heroux
Represents Consumer
eMail michellern0504@gmail.com
Is CSB Member No

Member

Name Jen Vitkus
Represents Addiction Care Center
eMail jvitkus@theacca.net
Is CSB Member No

Member

Name Barry D. Walston
Represents Public Representative
eMail bdw07@health.state.ny.us
Is CSB Member No

Mental Health Subcommittee Roster
 Albany County Dept. of Mental Health (70520)
 Certified: Tyleia Harrell (7/13/18)

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.

Chairperson
Name William J. Serafin, LCSW
Represents Public Representative
eMail bserafin6@nycap.rr.com
Is CSB Member Yes

Member
Name Sally Jo Smith
Represents Consumer
eMail
Is CSB Member No

Member
Name James L. Stone, LCSW
Represents Public Representative
eMail jimstone1@verizon.net
Is CSB Member Yes

Member
Name William Flack III
Represents Albany City Police Department
eMail wflack@albany-ny.org
Is CSB Member Yes

Member
Name Allen C. Israel, Ph.D
Represents Mental Health/Public Representative
eMail aci64@albany.edu
Is CSB Member Yes

Developmental Disabilities Subcommittee Roster
 Albany County Dept. of Mental Health (70520)
 Certified: Tyleia Harrell (7/13/18)

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.

Chairperson

Name Mary Beth Peterson
Represents Public Representative
eMail marybethp@ccalbany.org
Is CSB Member Yes

Member

Name Frederick W. Erlich
Represents Living Resources
eMail Fred.Erlich@livingresources.org
Is CSB Member No

Member

Name Fern Pivar
Represents Family
eMail
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Albany County Dept. of Mental Health (70520)
Certified: Tyleia Harrell (7/13/18)

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.