

# 2021 Mental Hygiene Executive Summary

Rensselaer Co. Dept of Mental Health

Certified: [Katherine Alonge-Coons](#) (9/15/20)

## Executive Summary

### 2021 Local Services Plan

The Rensselaer County LGU engages in planning efforts throughout the year, Progress is routinely tracked via Community Service Board Meetings, Subcommittee Meetings, Data review, provider surveys, and identification of regional and statewide issues and potential solutions. All planning efforts are conducted within the context of the Medicaid Redesign initiatives i.e. transition to Managed Care; preparing for Value Based Payments; Regional Planning Consortiums; and Regional Collaborations. The overall intent of the plan is to increase the ability for persons experiencing Mental Illness/Severe Emotional Disturbance; Addiction Issues and/or IDD to thrive in the community. Rensselaer County has a four decade commitment to reduce reliance on inpatient and institutional levels of care; and build the continuum of care at the community level.

The LGU ( via the Cuntly Commissioner of Mental Health) has not only maintained involvement with the PPS, the Alliance for Better Health; but has also become a member of the Boards for both the Healthy Alliance IPA (an offshoot of the PPS) and the Capital Behavioral Health Network (BHCC). The Deputy Commissioner continues to represent the LGU at the steering committee of the Capital Region Health Connections Health Home. Participation in these Boards aid the LGU in maintaining a regional perspective in service delivery and the development of the network of care.

Prior to the CV19 State of Emergency (SOE) St. Peter's Health Partners Primary Care network launched collaborative care in several sites. In addition, Upper Hudson Planned Parenthood also launched the collaborative care site in Troy, N.Y. UHPP has attended the Mental Health subcommittee to assure linkage with providers in the network. This allows for persons experiencing lower acuity levels of anxiety and depression to obtain treatment sooner in the problem trajectory and frees MH providers to provide care to the moderate to high acuity population.

Rensselaer County has been working in its own operations and with providers in the network to prepare for Value Based Payments. To this end the county operated clinic continues a Level One VBP pilot project with a local MCO and achieves excellent performance. The county operated Article 31 clinics are also continuing work on the OMH OUD initiative.

Throughout the CV 19 SOE, the county has faced a secondary public health crisis of an exponential increase in deaths due to overdose (both confirmed and unconfirmed). Through 8/19/2020, the County Medical Examiner reports 51 deaths due to overdose (43 of which have occurred since 3/16/2020). In all of 2019 there were 34 deaths due to overdose. This is occurring at a time in which the continuum of care for the treatment and support of persons with SUD is most necessary. However, during the CV 19 SOE there has been a decrease in the services available in the county and delays in the ability to access care in at least one Article 32 clinic. The trend of persons avoiding the ED for fear of CV 19 exposure, has also negatively impacted the ability for persons to connect with treatment and supports; as well as impairing the referral conduit to Ambulatory Detox resulting in that program being taken off line. One strong accomplishment has been a public health approach to the OD death crisis through the establishment of the Nalaxoe Now initiative, via te County's Health Dept. which provides curbside Narcan delivery.

Contained in the CV 19 supplemental survey, attached to this summary, is an accounting of programs in both the MH and SUD continuum of care, which have gone on hiatus. These programs are now struggling to re-open due to workforce attrition and shrinkage since being taken offline.

The Dept. of Mental Health increased collaborations with the County's Dept. of Aging during the CV 19 SOE. This collaboration consisted of MH Social Work Aides with expertise in serving persons aged 60+ accompanying those delivering Meals on Wheels to assure the emotional wellness of recipients.

A top priority for the county; continues to be the availability of safe and affordable housing for specialty populations. There has been no increase in specialty housing opportunities in 2019 or 2020. There is ESSHI development occurring in the county and some of these beds are dedicated to the MH population. The AOT population continues to hold steady at a monthly average of 60 persons, this group combined with

State Prison Forensic Discharges often thwarting efforts to obtain housing via community referrals. The LGU is in routine contact with the discharge coordinator at the Capital District Psychiatric Center. The county's state PC census is at an all-time low, with few of the remaining population eligible for community discharge. Consequently "long stay PC" supported housing beds remain vacant in the county.

Expansion of crisis services has been a longstanding need of the county. Several providers both in the county and the region are interested in Crisis Residence development and implementation. The county is eager to have providers move forward with these plans. Crisis Residences have the potential to influence the continuum of care in such a way as to: decrease extended psychiatric inpatient stays, divert avoidable ED and Crisis Unit visits; and support persons in situational crises which would decrease interactions with Law Enforcement.

Throughout the CV 19 SOE, the shortage of psychiatric inpatient capacity has accelerated. This problem existed prior to the CV 19 SOE and has been exacerbated by the need for reduced census to assure infection control, financial deficits in hospitals; and the attrition of workforce. The LGU is working with the LGUs in the region, the hospitals of the region and NYS OMH in an effort to find solutions. With the ever increasing demands for behavioral health services, capacity reductions at any level of the continuum negatively impacts the community.

Prior to the CV19 SOE there were extended wait times for community based services. Some of these wait times have successfully been reduced due to the availability of telemental health service delivery, such as the county operated children's outpatient clinic. Other reports from community providers indicate longer wait times for children's HCBS.

Workforce shortages continue to be reported across the continuum of care in all three disability areas. This is consistent with the region and state trend. Efforts to launch new initiatives can easily be thwarted due to lack of workforce.

An added stressor to the system of care in all three disability areas is the current 20% withhold to state aid for county FY2020 Q3. This has resulted in holds on filling staff vacancies, and reductions in service capacity - though every provider is committed to providing as much direct care as possible. The LGU remains committed to assuring as best as possible no disruption to housing, as safe and stable housing is a key social determinant of health which assures the best chance of health and lower health care costs. Providers across the continuum of care anticipate state aid funding reductions into the next state fiscal year. Most providers are seeking to maintain as many critical services as possible and there is little plan for increased services.

The LGU remains committed to engage in transformation initiatives with solution focused efforts to bring about necessary changes in the health/behavioral health care delivery system, and fostering cross system collaboration, to meet the Triple Aim and support the critical services needed in the community.

Respectfully submitted,

*Katherine G. Alonge-Coons LCSWR*

Rensselaer County Commissioner of MH

**Office of Addiction Services and Supports**

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**Contact**

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## NYS Behavioral Health (BH) Home and Community Based Services (HCBS) Dashboard: County Level Data

The below references information found in the Data table entitled “HCBS Access Data by County Fiscal Responsibility”

This data shows the Health and Recovery Plan (HARP) Eligible, HARP Enrolled, Health Home Enrolled, HCBS assessment and HCBS claims data breakout by County from Medicaid Data Warehouse (MDW). This data is updated on a quarterly basis.

All data is unique recipient data meaning that Individuals are counted only once.

Column Number	Title/ Data Set	Source	Data Set Description	Notes
1	Transaction District		Name of County	All counties with census population less than 20,000 are grouped to avoid HIPAA concern.
2	HARP Eligible	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan with a HARP eligibility code (H-code) at the time of the data run. Includes both individuals enrolled and individuals not enrolled in a HARP.	Does not include Individuals excluded from HARP *By excluding all other plan types, like LTC, we removed the recipients who will not be enrolled even if they have H code.
3	HARP Enrolled	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan who have been enrolled in a HARP.	Data captures the number of HARP premiums that have been paid to NYS Medicaid Managed Care Organizations.
4	Health Home Enrolled	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan both enrolled in a HARP and enrolled in a Health Home (HH). Does not include HARP-enrolled individuals currently being outreached by a HH.	In contrast, Health Home enrollment data from the NYS Department of Health includes HH-enrolled <b>and</b> HH-outreached individuals.
5	HCBS Assessed	CMHA/ UAS	Number of individuals by MMC Plan who have completed the NYS Eligibility Assessment for Behavioral Health (BH) Home and Community Based Services (BH HCBS).	BH HCBS assessment data has approximately a one week lag.  While based on claims, this data set captures only the number of individuals who have completed one or more assessments, and not the number of total assessment claims received by the MDW.
6	HCBS Eligible	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan who have completed the assessment and been found eligible for Tier 1 or 2 BH HCBS.	
7	HCBS Claimed		Number of individuals by MMC Plan who have received BH HCBS as determined by the number of paid BH HCBS <b>service claims</b> by unique recipient. Individuals with multiple service claims are only counted once.	BH HCBS assessment claims are <b>not</b> included in this data set.  There is a significant claims lag of 6-8 months for this data. NYS expects that the current number of individuals receiving BH HCBS is larger than the data shows.



HCBS Access Data by County Fiscal Responsibility as of Apr. 19, 2019

Transaction District	RPC_Region	HARP Eligible	HARP Enrolled	Health Home Enrolled	HCBS Assessed	HCBS Eligible	HCBS Claimed
ALBANY (AB)	CAPITAL	2,343	1,799	346	206	201	55
ALLEGANY (AG)	WESTERN	459	293	84	67	66	15
BROOME (BR)	SOUTHERN TIER	2,182	1,765	574	546	542	95
CATTARAUGUS (CS)	WESTERN	877	541	165	134	134	48
CAYUGA (CY)	CENTRAL	778	635	188	177	175	31
CHATAUQUA (CQ)	WESTERN	1,815	1,321	398	285	280	77
CHEMUNG (CM)	FINGER LAKES	1,176	915	165	124	121	23
CHENANGO (CH)	SOUTHERN TIER	399	298	84	68	68	1
CLINTON (CT)	NORTH COUNTRY	904	722	206	154	154	75
COLUMBIA (CO)	CAPITAL	492	371	105	67	65	33
CORTLAND (CR)	CENTRAL	502	386	89	41	40	1
DELAWARE (DE)	SOUTHERN TIER	277	200	59	39	37	6
DUTCHESS (DU)	MID-HUDSON	2,225	1,603	559	483	462	18
ERIE (ER)	WESTERN	9,422	6,797	2,590	1,703	1,673	337
ESSEX (ES)	NORTH COUNTRY	284	228	85	57	57	43
FRANKLIN (FK)	NORTH COUNTRY	663	530	140	66	64	79
FULTON (FT)	MOHAWK VALLEY	622	479	108	64	64	.
GENESEE (GN)	WESTERN	511	384	77	49	49	10
GREENE (GR)	CAPITAL	484	374	102	70	70	30
HERKIMER (HK)	MOHAWK VALLEY	539	434	114	117	115	16
JEFFERSON (JF)	TUG-HILL	1,131	886	331	273	267	12
LEWIS (LW)	TUG-HILL	248	203	75	57	54	1
LIVINGSTON (LV)	FINGER LAKES	514	410	76	69	69	33
MADISON (MA)	CENTRAL	491	377	104	84	82	12
MONROE (MO)	FINGER LAKES	10,345	8,668	2,615	2,042	1,977	599
MONTGOMERY (MG)	MOHAWK VALLEY	602	451	124	62	62	4
NASSAU (NA)	LONG ISLAND	4,234	3,239	920	751	714	80
NIAGARA (NI)	WESTERN	2,549	1,850	828	647	633	119
ONEIDA (OE)	CENTRAL	2,739	2,210	601	551	535	58
ONONDAGA (OD)	CENTRAL	5,016	4,031	1,083	935	914	217
ONTARIO (OT)	FINGER LAKES	756	600	146	121	111	44
ORANGE (OR)	MID-HUDSON	2,420	1,770	510	350	337	41
ORLEANS (OL)	WESTERN	319	223	44	32	31	4
OSWEGO (OW)	CENTRAL	1,258	995	240	211	210	15
OTSEGO (OO)	MOHAWK VALLEY	405	296	86	80	79	5
PUTNAM (PU)	MID-HUDSON	373	269	46	29	28	2
RENSSELAER (RE)	CAPITAL	1,408	1,087	236	144	142	30
ROCKLAND (RK)	MID-HUDSON	1,119	808	216	148	147	4
ST. LAWRENCE (SL)	TUG-HILL	1,218	987	242	205	199	6
SARATOGA (SA)	CAPITAL	987	715	124	62	60	14
SCHENECTADY (SY)	CAPITAL	1,855	1,466	352	219	214	48
SCHOHARIE (SC)	MOHAWK VALLEY	261	187	60	43	42	1
SENECA (SE)	FINGER LAKES	295	240	70	71	59	20
STEUBEN (SB)	FINGER LAKES	964	723	187	126	126	63
SUFFOLK (SU)	LONG ISLAND	8,439	6,459	2,240	1,595	1,556	235
SULLIVAN (SN)	MID-HUDSON	780	560	116	64	62	.
TIOGA (TI)	SOUTHERN TIER	302	233	71	35	34	1
TOMPKINS (TO)	SOUTHERN TIER	627	507	129	88	86	1
ULSTER (UL)	MID-HUDSON	1,468	1,030	137	82	78	1

**HCBS Access Data by County Fiscal Responsibility as of Apr. 19, 2019**

Transaction District	RPC_Region	HARP Eligible	HARP Enrolled	Health Home Enrolled	HCBS Assessed	HCBS Eligible	HCBS Claimed
WARREN (WA)	NORTH COUNTRY	531	388	93	48	45	6
WASHINGTON (WH)	NORTH COUNTRY	473	366	75	39	39	2
WAYNE (WY)	FINGER LAKES	774	623	161	131	117	36
WESTCHESTER (WC)	MID-HUDSON	5,178	4,111	1,520	1,132	1,085	155
WYOMING (WO)	WESTERN	242	114	30	37	37	19
YATES (YA)	FINGER LAKES	132	96	25	9	9	7
NEW YORK CITY (NY)	NYC	88,870	72,636	19,311	14,730	14,142	1,415
HAMILTON (HA), SCHUYLER (SR)	NORTH COUNTRY, FINGER LAKES	153	113	29	7	7	3
<b>TOTAL</b>		<b>176,430</b>	<b>140,002</b>	<b>39,491</b>	<b>29,826</b>	<b>28,826</b>	<b>4,306</b>

*Note: All counties with census population less than 20,000 are grouped to avoid HIPAA concern.*

*All metrics in this table are count of unique recipients.*

*HARP Eligible column include all recipients who have active H code as of 04/19/2019 and enrolled in Mainstream, HARP or HIVSNP.*

*HCBS Assessed (Column G) only includes assessed population enrolled in HARP or HIV SNP.*

## Client Data System Summary

Rensselaer residents are:

- 39.6% of those served in Rensselaer inpatient programs
- 68% of those served in Rensselaer outpatient programs
- 36.2 of those served in Rensselaer residential programs and
- 80% of those served in Rensselaer methadone programs (only 10 individuals served)

Most of the residential programs have been operating under capacity:

- Hudson Mohawk Recovery Center has a certified capacity of 17 but they have never been that high - the census was 14 at the end of April
- Elizabeth House CR has a certified capacity of 16 but their census was 12 at the end of April
- River Street Halfway House has been operating at about capacity
- 820 River Street has a capacity of 37 but their census was 30 at the end of April

The available capacity as of 5/19 for residential and inpatient is:

- 7 - Hudson Mohawk Recovery Center SL
- 1- Elizabeth House
- 4 - River St. SL
- 2 - St. Mary's Inpatient

Residential Program Indicators - County Reports

County: Rensselaer, for the period from 06/01/2019 to 05/31/2020 for All Units

Program Type	Program Subtype	Facility	Unit	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	Total Admits	Priority Admits	PC Long Stay	PC Non-Long Stay	Art 28 Hosp	RTFs	Adult Homes	State Oper Res	Street or Shelter Homeless	State Prison	Discharges During Timeframe	Art 28 Discharge	State PC Discharge
<b>Apartment/Treatment</b>				<b>86</b>	<b>95.6%</b>	<b>1,004</b>	<b>57.8%</b>	<b>17</b>	<b>41.2%</b>	<b>0.0%</b>	<b>5.9%</b>	<b>5.9%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>29.4%</b>	<b>0.0%</b>	<b>16</b>	<b>0.0%</b>	<b>0.0%</b>
Apartment/Treatment	<b>Voluntary Apartment</b>			<b>86</b>	<b>95.6%</b>	<b>1,004</b>	<b>57.8%</b>	<b>17</b>	<b>41.2%</b>	<b>0.0%</b>	<b>5.9%</b>	<b>5.9%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>29.4%</b>	<b>0.0%</b>	<b>16</b>	<b>0.0%</b>	<b>0.0%</b>
	Voluntary Apartment	<b>Unity House of Troy, Inc.</b>		<b>86</b>	<b>95.6%</b>	<b>1,004</b>	<b>57.8%</b>	<b>17</b>	<b>41.2%</b>	<b>0.0%</b>	<b>5.9%</b>	<b>5.9%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>29.4%</b>	<b>0.0%</b>	<b>16</b>	<b>0.0%</b>	<b>0.0%</b>
		Unity House of Troy, Inc.	Unity House Transitional Apartment Services	86	95.6%	1,004	57.8%	17	41.2%	0.0%	5.9%	5.9%	0.0%	0.0%	0.0%	29.4%	0.0%	16	0.0%	0.0%
<b>Congregate/Treatment</b>				<b>42</b>	<b>66.4%</b>	<b>962</b>	<b>57.1%</b>	<b>4</b>	<b>25.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>0.0%</b>	<b>4</b>	<b>25.0%</b>	<b>0.0%</b>
Congregate/Treatment	<b>Voluntary Non-Specialty Congregate</b>			<b>42</b>	<b>66.4%</b>	<b>962</b>	<b>57.1%</b>	<b>4</b>	<b>25.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>0.0%</b>	<b>4</b>	<b>25.0%</b>	<b>0.0%</b>
	Voluntary Non-Specialty Congregate	<b>Unity House of Troy, Inc.</b>		<b>42</b>	<b>66.4%</b>	<b>962</b>	<b>57.1%</b>	<b>4</b>	<b>25.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>25.0%</b>	<b>0.0%</b>	<b>4</b>	<b>25.0%</b>	<b>0.0%</b>
		Unity House of Troy, Inc.	Sixth Avenue Residence	8	99.3%	1,393	50.0%	3	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	3	0.0%	0.0%
			Unity House Eighth Street Residence	12	99.4%	888	58.3%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	100.0%	0.0%
			Unity House Fourteenth Street Residence	8	100.0%	1,153	62.5%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
			Unity House Second Avenue Residence	14	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
<b>Supported Housing Community Services</b>				<b>135</b>	<b>87.9%</b>	<b>2,092</b>	<b>85.7%</b>	<b>3</b>	<b>66.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>4</b>	<b>0.0%</b>	<b>25.0%</b>
Supported Housing Community Services	<b>Supported Housing</b>			<b>135</b>	<b>87.9%</b>	<b>2,092</b>	<b>85.7%</b>	<b>3</b>	<b>66.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>4</b>	<b>0.0%</b>	<b>25.0%</b>
	Supported Housing	<b>Joseph's House and Shelter, Inc.</b>		<b>34</b>	<b>76.5%</b>	<b>2,066</b>	<b>88.5%</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
		Joseph's House and Shelter, Inc.	Joseph's House SH/Rensselaer County PC Long Stay - Comm Svcs	1	100.0%	410	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
			Joseph's House Supported Housing (Renss Cty) - Comm. Svcs	24	100.0%	2,066	91.7%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
			Joseph's House Supported Housing/The Hill Street Inn	9	11.1%	2,182	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
		<b>Rehabilitation Support Services, Inc.</b>		<b>7</b>	<b>75.6%</b>	<b>486</b>	<b>42.9%</b>	<b>3</b>	<b>66.7%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>1</b>	<b>0.0%</b>	<b>0.0%</b>
	Rehabilitation Support Services, Inc.	RSS Supp Housing/STP Rensselaer Cty - Comm Svcs		7	75.6%	486	42.9%	3	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	1	0.0%	0.0%
		<b>Unity House of Troy, Inc.</b>		<b>87</b>	<b>92.3%</b>	<b>2,628</b>	<b>91.1%</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>3</b>	<b>0.0%</b>	<b>33.3%</b>
		Unity House of Troy, Inc.	UH of Troy SH/Transformation SH Rensselaer - Comm Svcs	10	90.0%	882	88.9%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
			Unity House Supported Housing/Rensselaer Cnty - Comm. Svcs	56	98.2%	3,895	89.1%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
			Unity House Troy SH/MRT SH Rensselaer Cty - Comm Svcs	10	90.0%	2,302	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
			Unity House Troy SH/Renn County PC Long Stay Comm. Svcs	11	66.5%	3,804	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	33.3%
		<b>YWCA Greater Capital Region</b>		<b>7</b>	<b>100.0%</b>	<b>930</b>	<b>57.1%</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
	YWCA Greater Capital Region	YWCA of the Greater Capital Region Sup. Housing/Co-Comm.Svcs		7	100.0%	930	57.1%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%



## Mental Hygiene Goals and Objectives Form

Rensselaer Co. Dept of Mental Health (70300)

Certified: Katherine Alonge-Coons (9/24/20)

Mental Hygiene Law, § 41.16 "Local planning; state and local responsibilities" states that "each local governmental unit shall: establish long range goals and objectives consistent with statewide goals and objectives." The Goals and Objectives Form allows LGUs to state their long-term goals and shorter-term objectives based on the local needs identified through the planning process and with respect to the State goals and objectives of each Mental Hygiene agency.

The information input in the 2020 Goals and Objectives Form is brought forward into the 2021 Form. LGUs can use the 2020 information as starting point for the 2021 Plan but should ensure that each section contains relevant, up-to-date responses.

Please indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year. Completion of these questions is required for submission of the form.

**New** To assist LGUs in the assessment of local substance use disorder (SUD) needs, OASAS Planning has developed a county-level, core-dataset of SUD public health data indicators. These reports are based on the recommendations of the Council of State and Territorial Epidemiologists and the regularly updated county-level datasets available in New York State. Each indicator compares county-level population-based rates to statewide rates. Reports for all counties are available in the County Planning System Under **Resources -> OASAS Data Resources -> Substance Use Disorder Key Indicators**

### 1. Overall Needs Assessment by Population (Required)

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet **mental health** service needs that have **improved**:

A review of the Rensselaer County Medicaid Data set for "Services Paid through Medicaid for the Public MH Population" (see attached) indicates the following trends:

- Rensselaer County has a relatively low expenditure per individual in the Capital Region
- Rensselaer County has a relatively low cost/service rate
- Spending decreased \$4.2 million from 2017 to 2018
- This highest decrease was for MH services followed by non-BH services (comparing 2018 data to 2017)
- 76% of 2018 Medicaid spending was for adults
- Compared to 2017, a slightly lower proportion of spending in 2018 was on adults, and with an increase in spending for seniors.
- The Adult General Hospital inpatient census rate rose in 2017 and decreased in 2018 to just above the statewide level; the Rensselaer rate is still above that of the capital district
- The Child General Hospital and Private Hospital inpatient census rates are lower than the Capital region
- The Rensselaer Child Private Hospital rate has decreased while the Capital District rate has increased.

The data suggests a high utilization of outpatient/community based services vs inpatient high cost settings. The data indicates 70% of the population served are adults and the service of greatest utilization for this group is outpatient clinic. This service utilization pattern is consistent with that for children and youth which indicates 50% of the Medicaid spending is for outpatient clinic services. Medicaid reimbursed services for seniors is primarily outpatient services.

This data set also reveals the highest numbers of individuals served in the Health Home category are in Outreach or High Risk Care Management. Children and Youth enrolled in the Health Homes Serving Children fall in high or low acuity.

This data is noteworthy in demonstrating a lower MH service expenditure for persons receiving Medicaid, and a strong utilization of outpatient services. The data does however pose a question as to whether or not all recipients are receiving the level of care needed or are the outpatient clinics equipped to support persons in reaching strong level of recovery.

The Co-occurring population of those persons receiving both OMH and OPWDD services is demonstrated by the data to have a decrease in the amount of OPWDD services paid for by Medicaid

The Northern Rivers (Parsons) **Mobile Crisis Team** received 306 calls regarding adults in 2019. (112 resulted in a Mobile Crisis visit – 69% of which were diverted from higher levels of care).

The team received 553 calls regarding Children and Youth: 427 of these calls resulted in a Mobile Visit with a 87% diversion rate from higher levels of care. (Note 270 of the visits took place at the Samaritan Hospital Crisis Unit, 89% of which were diverted from inpatient admission). The LGU seeks to decrease the number of evaluations occurring for children and youth at the Crisis Unit and increase the number occurring in community settings as a true diversion from the ED.

In 2020 (throughout the CV19 State of Emergency) – the team primarily provided phone based evaluations. This service also lost the resource of embedded state staff for a period of nearly four months. Given the infection control procedures at the local Emergency Dept., the team has provided fewer Crisis Unit based assessments for children and youth.

A review of **PSYCKES Indicators** (see attached) for Rensselaer County Medicaid Members indicates: (See attached 2021 LSP – Psyckes Indicators)

The county demonstrates equal or better performance than the statewide rates for the following indicators for the adult population:

No engagement of alcohol/drug treatment;

No follow up after MH inpatient (7 days)

No follow up after MH inpatient (30 days)

No follow up after SUD ER visit (7 days)

No follow up after SUD ER visit (30 days)\*\*

No OUD MAT Initiation (30 days)

No rehab follow up (14 days) \*\*

(Note: \*\* the county is well ahead of the statewide average in these indicators)

The county demonstrates strong performance in the Children’s Psyckes indicators:

No follow up after MH inpatient (30 days)

Note in Q 1&2 2020 the following Children and Youth indicators demonstrated improvement:

No engagement in Alcohol/drug treatment

No initiation in drug/alcohol treatment

**Suicide Prevention:**

The Rensselaer County Health Dept. reports data to the LGU in real time, received from the Medical Examiner. Through August 2020, deaths due to suicide have decreased in the county in comparison to previous years.

In 2019, the County’s Suicide Prevention Task Force launched a “Be the 1 to” suicide prevention public awareness campaign; and increased the number of Safe Talk presentations provided in the county. Also a Suicide Prevention Panel discussion was provided for the County Health Dept’s Faith Based Leadership group.

St Pater’s Health Partners/Samaritan Hospital Zero Suicide initiative continues.

The Questar 3 BOCES, media class, also worked in conjunction with the Task Force to create a PSA for youth, which will be released in the 20/21 school year.

Given the county’s data regarding a historically higher rate of suicide for persons aged 60+, the Dept. has increased collaborations with the Dept. of Aging, to provide outreach to persons with potential behavioral health symptoms. This initiative had been launched prior to the CV 19 pandemic and has increased during the CV 19 State of Emergency via the County’s Meals on Wheels Program.

**Number of 730 evaluations:**

Evaluation Type/Year	2020 (Jan thru June)	2019	2018	2017
730	0	2	22	14
390.30	0	8	19	15
Total			41	29

The data above suggests a positive improvement in the reduction of evaluations likely due to Bail Reform. The 2020 number is also likely to be influenced by the CV19 pandemic and the interruption in court operations.

**PROS** – Early in 2020, Unity House Inc., approached the LGU with a plan to close the PROS program in their operations. The census has become very low, and the need for PROS programming are being satisfied through the Samaritan Hospital PROS and Northeast Career Planning, PROS on Broadway, located in Menands, N.Y.

**Children's MH Services:** Outpatient clinic services: two new school based satellite clinics were established in the 19/20 school year: Hoosick Valley Central Schools, and Brittonkill Schools. The clinic ran with a wait list throughout 2019. During the 2020 CV19 State of Emergency work was done to eliminate the wait list; and now rapid access to clinic services is possible. Reports from the field indicate an ability to access CFTSS array of services; however there is not this success in accessing HCBS.

**Integrated Care** - In 2020, Samaritan Hospital's Article 28 outpatient clinic has opened Primary Care services in clinic operations for those recipients receiving MH services at the clinic.

Please describe any unmet **mental health** service needs that have **stayed the same**:

Please describe any unmet **mental health** service needs that have **worsened**:

**The PSYCKES indicators demonstrate areas of quality improvement for both the adult and child/youth mental health services.**

In the child and youth indicators the county scores above the statewide average in the following areas:

No follow up after SUD ER Visit (7 days)

No follow up after SUD ER Visit (30 days)

No initiation of Alcohol/drug treatment

No child ADHD Medication Follow Up (continuation)

No child ADHD Medication Follow Up (initiation)

No engagement of alcohol/drug treatment

No follow up after MH inpatient (7 days)

The adult indicators demonstrate the following areas that exceed the statewide average:

No engagement in alcohol/drug treatment (equal to statewide average)

No initiation of alcohol/drug treatment

Readmission (30 day) from any hospital all cause to all cause

**Housing:**

**Suicide Prevention continues to be an area of improvement.** (see attached 2021 LSP Suicide and Self Harm)

The following data illustrates trends in Suicide deaths in Rensselaer County:

- Rensselaer County rate of 11.1/100,000 is in the 25-49% percentile relative to counties across the state
- Rensselaer County most exceeds the state rate for individuals 25-34, 35-44, 65-74 and 75-84
- The rates for Black Non-Hispanic and Asians or Pacific Islanders exceed that of the state. (These high rates could be as a result of low numbers and not represent significant differences.)
- The rate for men is 18% higher than the statewide rate
- The rate for women is 71% higher than the statewide rate
- The rate for men is about twice the rate for women

### Adult Inpatient Psychiatric Services:

Have been impacted by the CV19 Pandemic. Samaritan Hospital, the psychiatric inpatient provider serving Rensselaer County, has temporarily taken off line the MICA inpatient unit. The General Psychiatric Unit and Gero Psychiatric Units remain open.

Throughout the Capital Region psychiatric inpatient capacity has been problematic. Crisis Units report an inability to access inpatient services, resulting in lengthy waits in the crisis services. This is an issue which the Capital Region LGUs have been working on in collaboration with OMH.

### Adult HCBS

Increasing numbers of HARP eligible Health Home members residing in Rensselaer County have been HCBS assessed, however claim numbers for HCBS remain low. (see HCBS Data by County - attached)

Worsen Category A very low level of adults receiving HCBS. Higher Adult General Hospital inpatient Rate (higher for the Capital Region and lower for Private Hospitals and State Psych Centers.

### Extended Psychiatric Inpatient stays

#### Suicide Rates – Rensselaer County (data obtained from the RC Health Dept.)

Year			2020 (Jan thru August)	2019	2018	2017	2016	2015	2014
2013	2012	2011							
Number of									
Suicides in the County			10 (4 since CV19 SOE)	16	26	17	15	15	24
10	18	16							

### Demographic Data for Suicides in Rensselaer County 2011 thru 2018 indicates:

Gender: Males = 112 and Females – 30

Age brackets: Less than age 18 = 3; 18-25 = 17; 26-40 = 34; 41-59 = 46; 60+ = 40

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

Please describe any unmet **SUD** service needs that have **improved**:

### Rensselaer County Correctional Facility Treatment Services:

In 2019, Rensselaer County established SUD assessment and treatment services (excluding MAT) at the Rensselaer County Correctional Facility. These services were made possible due to NYS Aid via NYS OASAS. The LGU contracted with ACCA (Addiction Care Center of Albany) to provide these services.

Hudson Mohawk Recovery Center continued Treatment Readiness groups in facility throughout 2019.

Since the CV 19 State of Emergency, March 16, 2020, the Correctional Facility has not allowed outside providers to come into the facility to deliver services. As of August 2020 these service remain on hold.

### Skill development for the treatment of co-occurring SUD for Persons with Intellectual/Developmental Disabilities:

In April 2020, a web based training was held via the Care Design Care Coordination Organization and Rensselaer Co Dept. of Mental Health, for workforce development in providing care for this population. The trainer, had experience in working as a director/counselor in an agency with OASAS licensed outpatient services, and providing care for the IDD population. This two day training offered CEUs for CASACs, and was attended by over 120 people employed in both the SUD treatment, and OPWDD workforces.

### Expansion of SUD Treatment to the Rural sector:

In 2019, Hope House Inc. received \$150,000 SOR funding to establish treatment services in the rural eastern townships of the county. The plan includes: CRPA, therapy services (co-located with RCDMH Mental Health Outpatient Clinic in Hoosick Falls, NY, telepractice, and transportation. This opportunity remains in the planning stages and launch has been paused due to CV 19.

### **Increased Naloxone distribution and training:**

The Rensselaer County Health Dept. has accelerated efforts in the distribution and training for administration of Naloxone. Rensselaer Co Dept. of Mental Health employed CRCPA has assisted in this project which increased in the CV 19 state of emergency. In May 2020, after a spike in deaths due to overdose, the RC Health Dept. launched the Naloxone Now initiative; including a text option for persons to anonymously request curbside Narcan kit delivery. The kit also includes a Fentanyl test strip and information for the CRPA and treatment services.

**Sequential Intercept Mapping:** Currently, the Rensselaer County Health Dept. has received a grant for SAMHSA Gains Center Sequential Intercept Mapping for addiction "Behavioral Health Cross Systems Planning". This is underway to determine any areas of improvement needed to assure there are not missed opportunities to provide services, and increase readiness for treatment.

**820 Redesign - residential services:** Three years ago the county awarded ACCA (Addiction Care Center of Albany) with NYS OASAS State Aid to develop an 820 residential redesign service for males. After many months of work, ACCA has purchased the site, has been awarded capital funds from NYS for the rehab work needing to be done to prepare the building and work will soon commence. Within the next six months the program should be in operation.

Please describe any unmet **SUD** service needs that have **stayed the same**:

Please describe any unmet **SUD** service needs that have **worsened**:

**Rensselaer County - Deaths Due to Overdose** (data obtained from the Rensselaer County Health Department) This data illustrates the highest number of deaths due to overdose in 6 years. The majority of the deaths have occurred since the CV 19 State of Emergency beginning March 16, 2020.

2020 (Jan thru August) = **54 (17 confirmed 37 pending confirmation)**

2019 = 34

2018 = 19

2017 = 26

2016 = 27

2015 = 26

**St. Peter's Health Partners Inpatient Rehab - Troy:** SPHP behavioral health leadership has advised the LGU of the financial stress to this program, and the need to increase the base rate for reimbursement. SPHP reports NYS OASAS had advised several years ago of the need to increase the staffing ratio; however there was no increase in revenue to cover the additional staffing costs. The program has since operated at a financial deficit, and is in danger of closure. SPHP and the LGU have advocated with NYS OASAS to pursue an increase in the base rate. This is under review by OASAS and DOH.

**Hiatus of the Ambulatory Detox Program - SPHP Troy:** Early in the CV 19 SOE, SPHP Behavioral Health leadership advised the LGU of the need to temporarily suspend operations due to a lack of referrals. The primary conduit for referrals has been the ED, however in the CV 19 SOE, fewer people have come to the ED, correlating with a low volume of referrals and lack of client base. SPHP will refer persons in need of induction to SPARC located in Cohoes, NY.

**Weakened linkage between the local Emergency Dept. and community based providers:** A new provider has been contracted for via SPHP to provide the emergency services at the local ED. Since this provider change there has been a weakened linkage to the community based SUD providers and the county employed CRPA. The LGU is working to strengthen this linkage.

### **OASAS 2018 Admission Data Observations:**

Compared to 2017, a higher percentage of 2018 admissions for Heroin took place in all levels of care except for Crisis

Crisis admissions for heroin increased from 18.6% of all heroin admissions (160) in 2017 to 30.6% (251) in 2018

Compared to 2017, the percentage of 2018 admissions for alcohol in outpatient programs decreased but the number of admissions was about the same

Crisis admissions for alcohol increased from 20.6% of all alcohol admissions (158) in 2017 to 25.7% (224) in 2018

Crisis admissions: 2018 Heroin admissions increased over 2017

Admissions for other opioids increased and are about twice 2017

Inpatient Rehab Admissions:

Alcohol admissions in 2018 exceeded heroin for the first time since 2015

Crack/Cocaine admissions continue to increase

Outpatient Admission:

Alcohol admissions continue to increase and are higher than any year except for 2015

Outpatient admissions for marijuana are decreasing but are still 24.6% of admissions

Opioid Treatment Admissions:

The number of Heroin admissions have decreased from 226 in 2017 146 in 2018

Other opioids only increased by 5 admissions

No trend is included for Residential Treatment admission is included because of the 820 implementation

At late summer 2020, word reached the LGU of a local Art 32 provider, scheduling intake appointments into October. Outreach has been made to the provider, this is a result of vacant counselor positions, and holding strict to the Triage Populations as defined by OASAS.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year:

Improved  Stayed the Same  Worsened

Please describe any unmet **developmentally disability** service needs that have **improved**:

Given there has been no new data provided by OPWDD this section has not been updated. - no change has been made for "improved" services.

OPWDD Medicaid Data set (see attached) indicates an additional 25 individuals were served in 2018 compared to 2016; males increased and females decreased. Compared to 2016, the numbers of children and seniors served increased. Increases are seen in all categories of "budget authority/self hire self-direction" except for live-in caregiver stipend and community transition supports. The largest increases in waiver services are for Fiscal Intermediary, Support Broker and Individually Directed Goods and Services. The volume of agency supported self directed services seems stable. This data set also indicates a slight increase in the number of individuals receiving: Day Habilitation; Residential Habilitation; Community Habilitation; Respite; and Supported Employment;.

The OPWDD Medicaid Data set (see attached) reports 1,023 individuals receiving Care Management via CCOs. This is an increase from individuals receiving MSC services: 2016 - 983; 2017 = 1007; and 2018 = 990.

In addition, there is an increase in the number of individuals who received Independent Practitioner Services.

The Article 16 Clinic utilization has been stable for 2017 = 204 and 2018 = 106; however both years are much less than 2016=121. The capacity or level of unmet need for this service is not known to the LGU.

The number of persons receiving Self Directed Services increased in 2018 = 137; 2017=112; and 2016=86. The two services most utilized for Agency Self Directed Services are: Community Habilitation and Supported Employment. The top four "Self Hire Self Directed Service"s are: Fiscal Intermediary, Support Broker, Individually Directed Goods and Services; and Community Habilitation. All four services had the highest utilization in 2018. The LGU does not have knowledge of any unmet needs in these services.

Note: NYS ARC Rensselaer County Chapter serves the highest volume of Rensselaer County citizens, followed by the Center for Disability Services. (NYS ARC Rensselaer was one of the two providers responding to the LGU issued survey - see attached.)

Homeless data indicates: 44% experiencing Mental Health conditions; 21% experiencing a Substance Use Disorder and 9% with IDD. (attached

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

This section has not been updated given no new data received from OPWDD.

The information below is gleaned from the OPWDD Medicaid Data Set (see attached):

The volume of agency supported self directed services seems stable.

Please describe any unmet **developmentally disability** service needs that have **worsened**:

Note: OPWDD supplied no updated data to the LGU.

In 2020, information has been obtained from providers regarding the impact of reductions in state aid. One local provider reports the extreme challenge in maintaining a strong level of direct service in an environment with CV 19 precautions and

funding reductions. A decrease in direct services results in a decrease of revenue to programs. Funding reductions have been absorbed in management and administrative staff reductions in an effort to absorb lost funds and maintain direct service delivery. Families report high levels of stress due to absence of programming and services such as respite, and day hab. These service reductions are due to CV 19 precautions. The service of greatest need is respite.

The LGU has no data to determine level of unmet need in any of the service areas. The LGU inquired of CCOs serving the county for information re: unmet need. This is not being tracked at this time.

The OPWDD 2018 Medicaid Data set (attached) indicates a reduction in the number of persons receiving the following waiver services: Residential Habilitation; Prevocational Services; Plan of Care Support Services; Pathway to Employment; Prevocational Services; Intensive Behavioral Services. The causative factors for this reduction is unknown. Is it workforce shortage or is it that fewer individuals needed the service?

Homeless data indicates: 44% experiencing Mental Health conditions; 21% experiencing a Substance Use Disorder and 9% with IDD. (see attached Rensco Community Housing data)

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

## 2. Goals Based On Local Needs

Please select any of the categories below for which there is a **high level of unmet need** for LGU and the individuals it serves. (Some needs listed are specific to one or two agencies; and therefore only those agencies can be chosen). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation.

- **For each need identified you will have the opportunity to outline related goals and objectives, or to discuss the need more generally if there are no related goals or objectives.**
- **You will be limited to one goal for each need category but will have the option for multiple objectives.** For those categories that apply to multiple disability areas/state agencies, please indicate, in the objective description, each service population/agency for which this unmet need applies. **(At least one need category must be selected).**

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 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 type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" 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 checked="" type="checkbox"/>
q) Developmental Disability Clinical Services			<input type="checkbox"/>
r) Developmental Disability Children Services			<input checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services			<input type="checkbox"/>
t) Developmental Disability Respite Services			<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports			<input type="checkbox"/>
v) Developmental Disability Self-Directed Services			

				<input type="checkbox"/>
w)	Autism Services			<input type="checkbox"/>
x)	Developmental Disability Front Door			<input type="checkbox"/>
y)	Developmental Disability Care Coordination			<input checked="" type="checkbox"/>
z)	Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa)	Other Need 2 (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab)	Problem Gambling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ac)	Adverse Childhood Experiences (ACEs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(After a need issue category is selected, related follow-up questions will display below the table)**

## 2a. Housing - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

In late 2019, Unity House implemented a Housing Redesign project that converted 14 Community Residence beds to clustered Treatment Apartment sites (14 beds); this conversion impacted CR occupancy rates per CAIRS data (69% total occupancy for 2019, with each remaining CR operating at over 99% occupancy rate). Unity House's Treatment Apartment program served at a 93.9 % occupancy rate.

The NYS OMH Residential Indicators report for Rensselaer County (attached; 1/1/19-12/31/19) reported occupancy rates included: 69% for CCII CR settings, 93.9% for CCII Treatment Apartments, and 94% for Supported Housing. Another outlier is the UH PC Long Stay beds. Rensselaer County's CDPC Census was 13 at the end of 2019. This includes 8 long stay individuals with other barriers to discharge such as complex medical needs warranting Nursing Home/Assisted Living placement, forensic/sex offender status, or a co-occurring developmental disability; these candidates are not targeted for housing in the OMH system. Given the limited census at CDPC, the transitional support needs of inpatients upon discharge (i.e medication oversight), and the narrow scope of who can utilize the PC Long Stay beds by definition, the UH Supported Housing beds are not at capacity.

1. There has been no new specialty supportive housing development in the county since the last Local Services Plan submission. However, there has been progress in the ESSHI funded projects. This same provider has submitted a proposal for the scattered site OMH ESSHI RFP. This project is underway and will begin taking in tenants in late 2020. Again, a proportion of the units will be dedicated to individuals with serious mental illness.

2. There has not yet been any OASAS 820 housing redesign developed in the county. However, Addiction Care Center of Albany Inc., has purchased a congregate care site and intended to launch this housing in 2020; this was interrupted by COVID 19. The plan remains to offer this level of OASAS residential service by the end of 2020.

3. There has been no known new housing development for OPWDD eligible individuals. Housing remains a critical support for individuals with OPWDD eligibility and other co-morbid conditions (i.e. mental illness, addiction issues, and criminal justice involvement).

4. Rensselaer Co Dept of Mental Health joined with Central Nursing Services in piloting a project funded by DSRIP Innovation funds from the Alliance for Better Health PPS ; despite promising outcomes, this pilot was not continued due to reimbursement challenges. Central Nursing Services provided home based nursing care to persons with complex medical needs. Clients from the county operated health home care management program were referred. CNS had been quite successful in improving compliance with medications, health literacy, and follow up with physician orders. In one case, the client made an average of 18 ED visits per month; with the interventions of CNS, ED visits have been reduced to zero. This was a promising service targeting an unmet community need; however Medicaid reimbursement and MCO contract challenges contributed to the inability to sustain this service. There is no other "VNA like" service available to individuals with serious mental illness to assist with medication oversight which can contribute to higher avoidable ED visits/inpatient hospital stays.

5. There has been no housing development for the forensic population. Parole reports to the LGU a great deal of difficulty in housing their population due to various co-morbidities of mental illness, addiction, and developmental delay, in conjunction with serious criminal offenses including sex offenses.



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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

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

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Increase the number of supported housing opportunities.

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

Objective 2: Develop SUD housing meeting new redesign NYS OASAS Part 820 regulations.

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

Objective 3: Develop housing opportunities to support those referred in priority 1 status for OPWDD.

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

Objective 4: Continue to develop medication oversight and health condition monitoring for persons in supported housing.

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

Objective 5: Develop housing dedicated to the forensic population.

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

1. The number of supportive housing opportunities has not increased. PYHIT has closed all operations in Rensselaer County. Hudson Mohawk Recover Center under the temporary operatorship of Hope House Inc., has completely retooled the supportive living program, and last month reported to teh LGU 100% occupancy.

2. No OASAS 820 Redesign has yet been developed in Rensselaer County. Addiction Care Center of Albany Inc., has purchased property to develop a 20 bed residence for males. Construction for renab to the building is scheduled to begin, and had been delayed due to the CV19 shut down. Aniticipated opening in early 2021.

3. There are no known additional OPWDD licensed housing opportunities

4. Progress that had been made with the Central Nursing Service has been thwarted by the insurance companies denying payment for this excellent service. Housing providers are working to assure medication monitoring via med dispensing machines and other reminders i.e. text messages.

5. There have been no opportunities to develop housing to serve the forensic population. Feedback from the OMH Parole liaison reveals difficulty in finding housing for parolees with behavioral health conditions.

### 2b. Transportation - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

A significant portion of Rensselaer County is rural and has limited public transportation. Medicaid transport is routinely accessed for medical services. Non-Medical services support recovery and Medicaid does not transport to these services, i.e. gyms, recreation programs, self help groups etc. Via the Alliance for Better Health PPS, Circulation Transport, had been accessed for some of these non-Medical reasons. Circulation has had limitations to meet the need, and this has been especially true in the CV19 state of emergency.

The availability of the Telemental Health service delivery during the CV19 state of eergency has been a significant positive outcome in overcoming transportation barriers to behavioral health care. the primary limitation is in those geographic areas with no internet 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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Rensselaer Co will expand transportation opportunities to support recovery activities.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

Care Managers report an improvement in accessing urgent transportation via MAS. The Circulation Transportation services sponsored by the Alliance for Better Health PPS, had been accessed to provide transportation to necessary non-medical services. This service has been less available in recent months.

## 2c. Crisis Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

### Samaritan Hospital Crisis Unit - Data provided by Samaritan Hospital Crisis Unit:

Children and Youth Crisis Evaluations:

Year	2019	2018	2017	2016	2015
------	------	------	------	------	------

# of evaluations:	292	285	451	545	533
# disposition to inpatient	68	70	106	114	141

In 2019 - the reduction of Child and Youth Crisis Evaluations at the ED maintained the rate of improvement achieved in 2018.

**Parsons Mobile Services Children and Youth Data** reports for Rensselaer County:

2015	2019	2018	2017	2016
Calls 169                      266	533	432	240	
Calls resulting in Mobile Visit 121                      199	427	342	176	
% of visits resolved with safety plan 83%                      86%	87%%	86%	82%	
not requiring a higher level of care				

Note: of the number of Children and Youth Diverted from a higher level of care in 2019: 270 as compared to 2018: 222 were seen at the Samaritan Hospital Emergency Room Crisis Unit; In 2019 147 were seen in the community as compared to 2018 = 120 were seen in the community.

**Adult Crisis Evaluations reported by Samaritan Hospital Crisis Unit for 2019 thru 2017**

Year	Number of Evaluations	Number with Disposition of Psych Inpatient
2019	3226	
2018	3130	1589 (50%)
2017	3351	1589 (47%)

The number of crisis evaluations occurring at the Samaritan Hospital ED Crisis Unit remains consistent over a three year period. There has been no appreciable decrease.

**Parsons Adult Mobile Services** reported for Rensselaer County:

	2019	2018	2017	2016	2015
calls	306	268	119	101	8
calls resulted in a mobile visit	112	142	91	45	8
% resolved with Safety Plan	69%	79%	86%	73.3%	100%

The number of calls to the Mobile Crisis Service is steadily trending upwards over the course of the five year tenure of the program. In 2019, the number of Mobile visits for residents of the county decreased from 2018, yet is the second highest year to date.

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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Rensselaer County will decrease Emergency Department utilization for behavioral health crisis evaluations for persons of all ages.

**Objective Statement**

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Increase the linkage between the Mobile Crisis Team and law enforcement in the county; with the possibly embedding with PDs either virtually or in person 6/21

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

Objective 2: Provide CIT training for local law enforcement.

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

Objective 3: Increase the capacity for Mobile Crisis Response through additional funding, including Medicaid reimbursement.

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

Objective 4: Develop crisis residence capacity for adults in Rensselaer County.

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

Objective 5: Develop a crisis respite opportunity for persons with Intellectual/Developmental Disabilities.

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

### **Change Over Past 12 Months (Optional)**

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

1. Mobile Crisis continues to utilize a central Triage call number for access to services. Many of the calls do not result in community based Mobile evaluations, but are handled over the phone. Despite increasing numbers of calls there is not an increase in evaluations. Capacity for the Mobile Team was diminished for a few months in 2020 in the initial months of the CV19 SOE, due to embedded state staff returning to the State PC to serve in other programs. The Mobile Team has not yet begun to bill Medicaid for services, and this needs to be implemented.

2. The county has not yet been successful in obtaining funding for CIT training. The largest municipal police department desires to collaborate with the county and others in implementing.

3. See #1

4. Providers have applied for Capital Improvement funds to prepare sites for Crisis Residences. OMH has not yet awarded the monies.

5. There is no crisis respite opportunity available for persons with Intellectual/developmental disabilities.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

In the CV 19 SOE there are greater stressors for workforce. Providers are not reporting increased vacancies in workforce. Some providers are allowing workforce to work from home to deliver telemental health services.

High levels of stress among the direct care workforce i.e. housing staff, nurses staffing psych inpatient... fear of infection, child care issues with children at home in virtual learning environments.

Provider difficulties re: financial stressors, consequent to the current 20% withhold and anticipated reductions in state aid, as well as absorbing reductions made in the current NYS Budget.

Local Article 32 clinic provider reports vacancies in counselor positions, which is resulting in extended wait times for intake appointments.

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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Rensselaer County will have ample workforce at every level of care to meet the behavioral health and IDD service needs of county citizens.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

Rensselaer Co Dept. of Mental Health conducted CRPA training; and 4 persons in recovery successfully completed the training in July 2020 and 5 others in 2019.

Due to the need to manage the number of persons in the workplace to mitigate infection risk, fewer interns are being hosted at RCDMH in the 20/21 school year.

SPHP has furloughed some staff; workforce for Samaritan Inpatient and Crisis Unit is stretched. During CV19 SOE, Samaritan temporarily closed their MICA Inpatient Unit; during times of increased inpatient capacity needs; the lack of available workforce has prevented even a temporary re-opening.

Direct Care staff often work additional shifts and are overly stressed - i.e. in housing.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

PCS data for the region for 2013, 2015 and 2017, continued high rates of persons experiencing mental illness, "not in labor force", "unemployed", and "non paid/volunteer". Of note, there was a slight bump up in the number of those who are "employed". Unfortunately, data is not available by county. While it is likely statistical trends are not much different for Rensselaer County, there is no ability to compare the county to the region or statewide trends.

One identified barrier to employment is transportation.

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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or

"continuing" activity that simply maintains the status quo.

Increase employment rate for Rensselaer County residents experiencing SUD, MI and/or IDD.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Establish an expectation, network wide, to refer clients for vocational services.

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

Objective 2: Incorporate in the recovery culture of the county, the value of employment as a component of recovery.

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

Objective 3:

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

Objective 4:

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

The LGU continues to strive to foster the expectation of employment as a component of recovery. Given the current CV 19 SOE there are some other barriers to employment.

### 2f. Prevention - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

The Prevention Needs Assessment (PNA) had historically been conducted every two years in Rensselaer County as a basis for the Prevention/Student Assistance Program. The PNA was scheduled to be administered the week of March 16, 2020; however, COVID 19 school closures interrupted 2020 survey administration. The data from the 2018 PNA is included, as this is the latest survey data available at this time.

In many areas of the PNA, the findings reflected the significant need for prevention services in Rensselaer County. Reported alcohol and marijuana use among 10th and 12th grade was significantly higher when compared to that of the Monitoring the Future statistic. The PNA findings also reflected that alcohol and marijuana use tripled between the 8th and 10th grade. Binge Drinking among the 10th and 12th grade is higher than Monitoring the Future statistics as well. Participants also reported E- Cigarette use to be 10% higher in 10th and 12th grade than that of Monitoring the Future statistics.

Out of the 827 youth who reported drinking alcohol, 47.6% of them report drinking at home with parent permission.

County Wide PNA Data reflected higher risk factors than the Bach Harrison norm in 9 out of 20 areas; including Laws and Norms Favoring Drug Use, Family Conflict, Exposure to Adult Antisocial Behaviors and Low Commitment to School.

This data supports the need for a continuum of Prevention services offered in a variety of ways in order to impact youth/families/communities. NYS OASAS has begun to expand the future vision of "Prevention across the lifespan" with an increased focus on Environmental Strategies in an effort to expand Prevention services beyond school based services. As a result of COVID 19, alternative platforms (i.e. virtual, online) for Evidenced Based Programming will need to be explored in

more depth. Several EBP developers are in the process of modifying EBP's for virtual platforms but this led to an interruption in EBP work during spring 2020.

**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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Expand the Substance Abuse Prevention services to all geographic areas of Rensselaer County.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Provide technical guidance to community organizations in developing and continuing coalitions across Rensselaer County.

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

Objective 2: Increase community knowledge and awareness of substance abuse and prevention programs/services via the attendance at health promotion events and information sharing via online/social media platforms.

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

Objective 3: Increase the number of participants (parents/family members) attending Family Evidence Based programs by 10 throughout Rensselaer County in order to address substance abuse risk factors, protective factors, and increase knowledge base of the effects of substance abuse on individuals and families.

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

Objective 4: Continue to offer early intervention services by providing EBP Teen Intervene programming to 18 students that exhibit symptoms and behaviors of substance use of gambling but do not meet criteria for a diagnosis, in order to reduce early levels of substance use; integrate this into school protocols around use on campus.

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

Objective 5: Increase referrals to local OASAS treatment agencies for students and/or family members in need of substance abuse treatment.

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

The PNA for 2020 was purchased and planned to be administered in March 2020. The PNA was not administered due to CV 19 SOE and the corresponding closure of schools.

1. No new community coalitions have been developed in the county. Active coalitions continue in Averill Park (NOpiates), the City of Rensselaer (RADAR), and the County-based Heroin coalition. The Troy Drug Free Coalition's sustainability is in jeopardy due to the fiscal environment. Prevention staff are involved in these coalitions and will continue to provide technical assistance. Prevention staff are also participating in NYS OASAS webinars regarding Environmental Strategy implementation to effect population based change.

2. The Prevention program continues to provide information to community organizations via attendance at health promotion events (prior to COVID 19). During the COVID period when mass events/gatherings could not occur, much more information was shared on line via school websites and social media platforms through schools and through the County. This mode of communication reaches more community members and will be a future focus. The Prevention staff continued to provide substance abuse education in local summer camp programs, community forums such as the Summer Youth Employment program, and offered staff education (Probation Dept, MH Dept, etc.). Vaping has continued to be a concern among youth in Rensselaer County (as noted in the PNA data and school disciplinary data). RCMDH Prevention staff have provided training

to students, parents, faculty and other interested community members regarding vaping, equipment, and health risks. Staff have also continued to provide consultation to school districts in developing E - cigarette Policies. Vaping concerns have been compounded by evidence of Cannabis use through E-cigarette devices. The opiate epidemic and fentanyl contamination has also been a focus of education given the significant increase in overdose deaths in Rensselaer County in 2020 (to date 58 overdoses in 2020, as compared to 34 in 2019).

3. There continues to be a need for a variety of parenting education programs across the county, although recruitment continues to be a challenge. Prior to COVID, traditional in-person classes were offered via Prevention staff (see attachment/Summary). When COVID interrupted in person groups, the Lansingburgh CSD attempted to offer a virtual Parenting Class facilitated by Prevention staff; there was limited interest during this time. Alternative methods of offering Parenting education will be explored on an ongoing basis.

4. See attachment. The RCMDH Prevention program continued to offer a range of EBP curriculum to students, including EBP Teen Intervene. COVID 19 interrupted the volume of students (target 25) that received this intervention. The targeted number for 2020 considers the hybrid instructional environment. While efforts towards early intervention continue, via Teen Intervene, other interventions such as prevention counseling and formal substance abuse treatment referrals are also needed for youth. Students living in environments where there is substance abuse have reached out for counseling to address the challenges they face. Many of these students are dealing with adverse childhood events such as: parents' death, parental incarceration/legal consequences, and abandonment.

## 2g. Inpatient Treatment Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

In the early weeks of the CV 19 SOE, Samaritan Hospital made the decision to take the MICA inpatient unit off line. This is a temporary measure which has impacted the availability of inpatient services. Initially fewer persons were coming to the ED due to psychiatric crisis; during the summer months this trend has shifted back to the pre CV 19 SOE norm. Samaritan continues to work in concert with AMCH and CDPC Crisis Services; as these two centers become overwhelmed with volume resulting in the need for Samaritan to compensate. Samaritan Crisis Unit and Inpatient Units are now more of a regional service than ever before.

Note: The DCSs of the Capital Region are in ongoing discussions with psychiatric inpatient providers re: the inaccessibility of this service throughout the region, despite bed availability noted in the OMH inpatient bed tracking system. Wait times in crisis units and EDs for psychiatric admissions (excluding children and youth) upwards to 42 hours.

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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Rensselaer County LGU will work with other counties/region to engage in strategies to decrease need for child, youth and adult inpatient services i.e. Crisis Residence opportunities.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Increase utilization of CFTSS to proactively support children and youth in the community.

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

Objective 2:

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



Objective 3: Increase utilization of the Mobile Team and crisis respite opportunities to decrease the number of children, youth, and adults seeking evaluation via the Emergency Dept. 6/20

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

Objective 4: Increase the proactive use of overnight respite opportunities to avoid crisis situations.

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

**Change Over Past 12 Months (Optional)**

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

Noted in the data presented above there has been successful efforts to increase utilization of Mobile Crisis Services. Despite these efforts there remains a high volume of referrals to the Crisis Unit. Wait times for admission to not only child and youth psychiatric inpatient services; but also adults has increased due to the decrease in the number of beds available.

Elongated lengths of stay continue for patients with complex needs (medical, psychiatric, addiction and/or IDD. (Noted above) The LGU will continue efforts to support Samaritan Hospital in Discharge Planning for these adults.

Northern Rivers opened the Regional C & Y Crisis Respite beds in July 2020. Orientation of this service will be provided for the child serving system in the county and incorporated in to the continuum of care. This may aid in mitigating risk of inpatient admission for some children and youth.

**2h. Recovery and Support Services - Background Information**

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Rensselaer County has limited recovery and support services. Via **OMH State Aid funding, the Mental Health Empowerment Project - MHEP**, a non-profit peer run service providing: advocacy; wellness activities; employment support; and peer support.

Service	Contracted Units	2018 Provided Units	2019 Provided Units
Individual Peer Support	3300	4877	5022
Peer Support Groups Inpatient	1500	1914	1926
Peer Support Groups Outpatient	1400	1885	2025

MHEP operates a Peer Support Warmline out of the Empowerment Exchange. The warmline is designed to support individuals in need of emotional support during the day and on evenings and weekends. The warmline is operated primarily by volunteers who have been trained in MHEP’s model of Peer Support and warmline calls are tracked for duration and type of support needed but are completely anonymous as MHEP volunteers do not collect any identifying information at the time of the call. During the CV 19 SOE, MHEP has provided many of these service in virtual format.

**Adult HCBS** in the county continues to be provided to few eligible persons. ("Access to HCBS for Adults with Medicaid - data attached) - in Rensselaer Co, 1,095 persons are HARP enrolled; 254 of them are HH enrolled; 155 have had HCBS assessments; resulting in only 31 claims for HCBS. There has been little impact of the Adult HCBS in supporting recovery.

In 2019 the **RCDMH Peer Engagement Specialist** served over 400 individuals. This **CRPA** provides individual advocacy and support services; and an All Recovery Group (which has been held via Zoom during the CV 19 SOE). the CRPA works collaboratively with the Rensselaer Co Health Dept. Naloxone Now initiative. The CRPA provides training for prospective CRPAs. Two trainings were conducted in 2019 and 2020 via funding from the RC Health Dept. A graduate of the CRPA training has been hired by a local MCO to work with the MCO members.

**Parent and youth advocacy** has continued in the county via a new provider in 2019. Vanderheyden Inc. assumed the Family Support Services state aid contract, and the NY System of Care contract for these services. Vanderheyden is a CFTSS designated provider and is actively billing Medicaid for the FPA and YPA services. The NYS SOC leadership has indicated that Vanderheyden is much further along in Medicaid billing for these services, than are other providers in the state. The LGU requested Vanderheyden be assertive in achieving Medicaid revenue goals in order to assure program sustainability. The FPA and YPA services have been provided in virtual format during the CV 19 SOE.

The Children's SPOA reports wait lists for **C & Y HCBS services**. Northern Rivers (the largest C & Y HCBS provider in the region) - advised at the Q3 RPC meeting of over 40 children and youth on the agency's wait list for these services. The wait for these services may be contributing to the increased number of PACC referrals and RTF admissions for children and youth in the county.

**Data re: RTF Referral and Admissions for Rensselaer Co Children and Youth**

Year	Number Referrals	Number Admissions
2017	3	3
2018	6	3
2019	1	1 (transferred to Intensive Treatment Unit in Central NY)
2020	7 (to date)	4 (to date)

Additional the CSPOA has referred to CR level of care: 2019 = 6; 2020 to date = 1.

The **Veterans Peer to Peer** funding to Rensselaer County has been restored by the NYS Senate. Plans are underway to establish a Vets ROC (resource Center) to be located at Hudson Valley Community College. This Vets ROC will be in operation throughout the 20/21 academic year. Primary focus is on the veterans in the student and alumni populations, with additional outreach to veterans at large residing in Rensselaer County.

**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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Rensselaer County will continue to establish a robust network of recovery and support services.

**Objective Statement**

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Expand CRPA services and establish a Family Navigator.

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

Objective 2: Establish the Vets ROC at Hudson Valley Community College.

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

Objective 3: Expand paid Youth Peer Advocate positions in the county.

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

Objective 4: Increase the number of persons HCBS assessed and receiving adult HCBS.

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

Objective 5: Continuously integrate the CFTSS into the child and youth continuum of care as evidenced by increasing numbers of minors receiving the services. 1/20

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

**Change Over Past 12 Months (Optional)**

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

CRPA expansion is actively underway in the county. The LGU seeks all trained CRPAs to be gainfully employed by OASAS providers.

As noted above, the LGU needed to transition state aid funding to a new provider for Family Peer Advocacy and Youth Peer Advocacy. This transition resulted in some workforce attrition and the services now need to be re-established.

Currently there are two employed Youth Peer Advocates in the county via the NYS SOC initiative. This workforce needs to be expanded.

An increasing percentage of Health Home members who are HARP eligible have received HCBS assessment. Data re: the number of claims is available, however there is not data re: the type of service. The LGU has no data re: HCBS Peer Support services being delivered.

The LGU and the County's Veterans Office will work with HVCC in establishing the Vets ROC. Preliminary meetings have been held and the plan finalized.

## **2j. SUD Outpatient Services - Background Information**

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

The 2019 NYS OASAS Client Data System Service (see attached summary) indicates the following:

- 62.4% of Rensselaer County resident admissions within the county were for outpatient, followed by 14.9% for inpatient and 13.1% to crisis
- 61.2% of Rensselaer County resident discharges within the county were for outpatient, followed by 15.6 % for inpatient and 13.3 % to crisis
- Admissions to all programs for Rensselaer Residents
- Two zip codes in Troy represent 63.8% of admissions
- Three zip codes (adding one in Rensselaer) represent 74.1% of admissions

NYS OASAS Admission Data for 2018 (see attached) indicates the following:

- In 2018, Approximately 1/3rd of admissions were for Alcohol and 1/3rd were for Heroin
- In 2018, 46.7% of overall admissions were for outpatient services, 23.2% for crisis, 18% for inpatient rehabilitation, 7.5% for residential (820 and non-820) and 4.5% for opioid treatment
- This highest number of admissions in 2018 were for
- Alcohol – 872 admissions up from 767 in 2017
- Heroin – 821 admissions down from 862 in 2017
- Approximately 1/3rd of admissions were for Alcohol and 1/3rd were for Heroin
- Approximately the same number of admission were for Crack/Cocaine as for Marijuana
- Heroin has a relatively low % of outpatient admissions compared to other substances
- Heroin and other opioids have the highest percentage of admissions to crisis programs
- Marijuana admissions are almost exclusively to outpatient

Admission data trends for 2018:

- Crisis Admissions
- 2018 Heroin admissions increased over 2017
- Admissions for other opioids increased and are about twice 2017
- Inpatient Rehab Admissions
- Alcohol admissions in 2018 exceeded heroin for the first time since 2015
- Crack/Cocaine admissions continue to increase

- Outpatient Admissions
- Alcohol admissions continue to increase and are higher than any year except for 2015
- Outpatient admissions for marijuana are decreasing but are still 24.6% of admissions
- Opioid Treatment Admissions
- The number of Heroin admissions have decreased from 226 in 2017 146 in 2018
- Other opioids only increased by 5 admissions
- No trend is included for Residential Treatment admission is included because of the 820 implementation

Treatment of persons with Co-occurring mental health and SUD diagnoses continue to be a challenge in the treatment and support services. The county operated Article 31 outpatient clinics have engaged in the OUD initiatives of OMH, and have increased screening efforts in the identification and treatment of SUD/OD. These clinics do not have the full array of clinical skills necessary for the most effective treatment of SUDs, and make a determination based upon the assessment of each person as to the best care possible which may include treatment provided by both the MH clinic and an OASAS provider.

**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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Rensselaer County will establish an accessible continuum of care for addiction including comprehensive levels of prevention and treatment. All efforts to improve the continuum of outpatient care for persons with Co-occurring SUD and mental illness. The closure of the inpatient MICA Unit at Samaritan Hospital which occurred during the CV 19 State of Emergency has created a diminished capacity in providing the highest level of treatment for this population.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Re-establish the ambulatory detox program the SPHP Ambulatory Detox program in Troy.

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

Objective 2: Establish integrated care treatment opportunities for persons with co-occurring mental illness and SUD (&IDD).

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

Objective 3: Re-open the MICA inpatient psychiatric unit at Samaritan Hospital, Troy.

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

Objective 4: Re-establish addiction treatment services and establish MAT in the Rensselaer County Correctional Facility.

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

OASAS outpatient treatment services in Rensselaer County have been strengthened with the retooling of the Hudson Mohawk Recovery Center outpatient clinic under the temporary operatorship of Hope House Inc. This service now has an increased capacity for MAT. However there are current vacancies in counselor positions resulting in extended wait times for intake appointments.

There continues to be no development in creating a high end Integrated outpatient treatment program for persons with co-occurring mental illness and SUD (and/or IDD). The county operated Article 31 clinics are actively engaged in the OUD initiative of OMH and building stronger collaborative relationships with Addiction treatment providers.

During the CV 19 State of Emergency, the following SUD treatment services in the county were placed on hiatus: Addictions treatment services in the County Correctional Facility, SPHP Ambulatory Detox Program; and plans to establish MAT at the County Correctional Facility; Samaritan Hospital MICA inpatient psychiatric unit.

820 River St residential programs closed in Rensselaer County in 2020.

The ACCA 820 redesign residential program for males has been delayed.

## 2k. SUD Residential Treatment Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

To date there has not been any 820 residential redesign implemented in Rensselaer County. The Addiction Care Center has acquired the property to develop an 820 redesign residential program for males in Troy. Construction has been delayed due to the CV 19 SOE.

The Supportive Living Program for Hudson Mohawk Recovery Center has been re-tooled and has resumed full capacity. Elizabeth House, of HMRC, has also undergone program improvements and is accepting new referrals.

There remains in place, one Housing First program in Rensselaer County, operated by Joseph's House and Shelter Inc. (funded with OMH and HUD monies). There are rarely openings in this program, and there have been no new opportunities for development.

Members of the community and feedback received from CRPAs note the lack of sober living opportunities for persons engaged in recovery and graduating from licensed housing.

The Admission Data for Rensselaer County 2018 (OASAS Admission Data for County Residents - see attached) indicates residential admissions, both 820 and non-820 redesign have the lowest admission rate by program type for every Primary Substance.

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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Establish a strong continuum of housing to support recovery for persons with addiction disorders.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Establish OASAS Part 820 residential services in Rensselaer County.

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

Objective 2: Explore possibilities for the expansion of Housing First opportunities.

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

Objective 3: Explore opportunities for sober community living situations.

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

During the past year:

1. ACCA has purchased a site for 820 redesign residential services for males.
2. Hudson Mohawk Recovery Center Inc. is retooling the Men's Supportive Living Program.

## 2I. Heroin and Opioid Programs and Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

NYS OASAS Admisison Data for 2018 (see attached) indicates 1/3 of admissions have been for Heroin addiction. The predominant service for admisisions is outpatient care (46.7%). In 2018 the highest number of admissions were for alcohol (872) followed by Heroin (821). The number of admissions for Heroin increased over 2017 especially in crisis services. The number of Rensselaer County admissions for Heroin exceed the percentage of admisisions for other counties in the region for both Outpatient and Crisis services. Anecdotal information from the community would indicate the liklihood that these numbers have continued to rise throughout 2019 and 2020.

As noted above, real time data re: overdose deaths due to Heroin are exponentially rising in the county.

Hudson Mohawk Recovery Center, Inc., is a recipient of SOR funding to establish CRPA positions in the outpatient clinic, and develop transportation from rural areas to treatment. Additional funding will also be available for initiatives to include: Mobile access, tele-practice and CRPAs, and outreach/engagement. This agency is also retooling Men's Supportive Living program, and Elizabeth House Congregate Care CR for women.

Funding was received by the county from NYS to develop addiction treatment services in the Rensselaer County Correctional Facility (RCCF). The LGU awarded the contract to ACCA - Addiction Care Center of Albany - and the service was successfully launched in 2019. During the CV 19 SOE, the Correctional Facility has not allowed outside providers to have entry and therefore the addition tretament in correctional facility has bene placed on "hold". In 2020 the county was also awarded funds to implement MAT services in the Correctional Facility, this too has been placed on "hold" by the facility.

Treatment readines groups and vivitrol education provided at the County Correctional Facility by Hudson Mohawk Recovery Center is also on "hold" for the CV 19 SOE.

St. Peter's Health Partners Ambulatory Detox program located in Troy, was placed on "hiatus" by the operator due to low volume.

The Rensselaer County Health Dept. instituted Naloxone Now curbside Narcan delivery during the CV 19 SOE, which has been utilized by humdreds of individuals.

The CRPA, located ine th Dept. of Mental Health is working to re-establish a working relationship with the local ED, which now has new providers. The CRPA is back up after hours by the Regional Catholic Charities CRPAs.

The article 31 clinic operated by the County are actively implementing the OMH OUD initiave, and will work to establish collaborative therapy relationships with the addiction treatment providers in the community.

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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Rensselaer County will establish an accessible continuum of care for addiction including comprehensive levels of prevention and treatment to address the Heroin/Opiate epidemic.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: The Ambulatory Detox program will be re-established.

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

Objective 2: Establish an integrated care opportunity to serve high end MICA (and IDD) clients.

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

Objective 3: Increase the number of Buprenorphine prescribers to serve Rensselaer County residents.

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

Objective 4: Re-establish addiction treatment services in the Rensselaer County Correctional Facility.

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

Objective 5: Increase the number of CRPAs serving residents of Rensselaer County.

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

Please see above summary for this section of the LSP.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Samaritan Hospital's MICA inpatient program has been placed in a "hiatus" status. This was originally due to low referral volume and now re-opening is delayed due to lack of workforce.

Updated data to provide a count of persons with Co-occurring IDD, SUD and/or Mental Illness is not currently available. Last year the following was reported: There is no treatment program in the region equipped to serve this population. (MICA inpatient has served the Care is fragmented at best. There is also an ever increasing rate of psychiatric inpatient admissions for this population, thus escalating costs of care. (see attached Resnco Co Occurring rev 5-1-19) Slide 5 in this data set, indicates an increase in the number of persons having had an OASAS Medicaid claimed service and an OPWDD Medicaid claimed service. The number of individuals increased as follows: 2016 = 4, 2017 = 3; and 2018 = 20. 2017 OMH Medicaid Data set (See attached Rensco individuals with Medicaid receiving OMH services) 216 adults who received OMH services

also received OPWDD Care Coordination and 146 received OPWDD waiver services. In addition, 394 adults having received an OMH service also received OASAS services, 704 had received ER services and 744 SUD inpatient. The data also illustrates 150 children and youth who had received OMH services also received OPWDD Care Coordination and 310 received OPWDD clinic services. Children who also received an OASAS service = 96.

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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Develop integrated care opportunities to serve/treat persons with Co-occurring SUD, Mental Illness and/or IDD..

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Develop a treatment program to serve high end MICA clients -

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

Objective 2: Develop a treatment opportunity for persons with IDD also experiencing mental illness an/or SUD.

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

The Rensselaer Co Dept. of Mental health recieved funding via the County Health Dept. (from NYS DOH) to provide training for the IDD and SUD workforce in how to assess and treat persons with co-occurring IDD and addiction issues. 145 persons participated in this virtual training in April 2020.

### 2n. Mental Health Clinic - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

MH Outpatient clinic services are offered in Rensselaer County by both Samaritan Hospital and the county. Samaritan's outpatient clinic serves not only Rensselaer County residents but also residents from northern Albany and Southern Saratoga counties. Those from Rensselaer County receiving care at the Samaritan Hospital clinic live in the City of Troy and areas surrounding the city. The county operated clinics serve persons residing in the City of Rensselaer and rural areas of the county.

The county is also the provider of outpatient MH services for children and youth. The MH treatment continuum in the county is very dependent upon outpatient treatment. The data set attached below - "Rensco 2020 Individuals with Medicaid Receiving OMH services" indicates the most used service in 2018 for both adults and children was outpatient clinic treatment.

Rensselaer County Dept of Mental Health Outpatient Clinic Services Report the total number of unique recipients served by Clinic Center.



	2019	2018	2017	2016
Children's Clinic	1480	1667	1656	1536
Hoosick Falls	288	299	258	267
Rensselaer Clinic	812	810	816	761
Forensic	349	265	349	357

The overall trend in county operated outpatient services is: for the first year since 2016 a decrease in the number of clients receiving services via the clinic and its school satellite operations. The adult clinic services at Hoosick Falls and Rensselaer have held steady in number of clients served. Despite a decreasing census of inmates at the County's Correctional Facility the number of persons served via the Forensic Services remains constant which may suggest a higher percentage of the inmate population with Mental Health needs. Two additional school satellite clinics were opened: Hoosick Valley Schools; and Brunswick Schools (Tamarac). Care delivery for the county operated clinics throughout the CV 19 SOE has primarily been in the form of telemental health.

St Peter's Health Partners Primary Care System have moved to implement Collaborative Care in some practices with high Medicaid volume. The LGU has limited information on this development in the county.

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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

The Mental Health Care network in Rensselaer County will continue to create more accessible mental health outpatient care opportunities for persons of all ages experiencing emotional disturbance or mental illness, including quick access for persons discharged from ED/Inpatient settings.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Outpatient clinics in the county will develop further expertise in Evidence Based Practices and achieve quality improvement indicators. - 6/20

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

Objective 2: Increase integrated care opportunities and school satellites.

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

Objective 3: Increase access to MH treatment in the rural areas.

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

Objective 4: Develop tele-mental health services in clinic sites as a permanent option for service delivery..

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

Objective 5:

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

## 20. Other Mental Health Outpatient Services (non-clinic) - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Children and Youth Child and Family Treatment Support Services - Many referrals have been made to the CFTSS providers serving Rensselaer County. As late as August 2020 - two local providers serving the region report CFTSS wait lists.

HCBS Children - Initially HCBS approval processes with C-Yes did not go smoothly. This has not subsided. However, there are many HCBS services with wait lists (one local provider reports 40+ children and youth waiting). Other than Care Management (which reports by the CSPOA indicate quick access) there are not HCBS readily available for youth deemed eligible.

Adult HARP/HCBS - See attached HARP HCBS numbers for the region/county. Utilization is poor.

PROS - the Unity House PROS program is no longer serving clients and is in the process of closure. This closure was planned prior to the CV 19 SOE. (The Unity House PROS program had a very low client census).

Adult Crisis Bed - There is one crisis bed in the county, operated by Unity House Inc. - is routinely used as a "holding bed" for CR admissions. This bed has a high occupancy rate.

To date there is no viable urgent respite opportunity in the OPWDD system for children, youth, or adults which could be utilized to prevent inpatient psychiatric admission.

The RCDMH Children and Youth Care Coordination Program provides both Health Home Care Management and non-Medicaid Care Management services. Included in this program is the NYS System of Care High Fidelity Wraparound program, launched in 2016. The program is eligible to participate in the NYS SOC Phase 2.

**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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Increase and sustain opportunities for additional ambulatory services i.e. respite services for adults and children, and High Fidelity Wraparound services for SED children/youth of Rensselaer County.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Develop a crisis residence for adults to serve Rensselaer County citizens.

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

Objective 2: Develop peer run respite programs for possible replication i.e. living room.

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

Objective 3: Utilize an urgent respite opportunity for persons with IDD to divert from inpatient admission.

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

Objective 4: Expand and sustain Child & Youth Care Management High Fidelity Wraparound services.

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

**Change Over Past 12 Months (Optional)**

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

RSS and Samaritan Hospital Behavioral Health leadership have been in discussions re: opening a living room program.

Several providers within the county/region have applied to OMH for Capital Improvement funding for crisis residence development.

Samaritan Hospital Crisis Unit has had several adults with co-occurring IDD and mental illness be evaluated and admitted to the inpatient units. These persons are not only residing in Rensselaer County but throughout the region. An alternate proactively used crisis respite opportunity would aid in mitigating these admissions which end up with long lengths of stay.

## 2p. Mental Health Care Coordination - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

### Non Medicaid Care Coordination

RCDMH continues to operate non Medicaid Care Coordination programs serving children and adults. The goal of the program is to monitor behavioral/physical health, coordinate care among service systems, link/refer to community resources, decrease utilization of ED/inpatient settings, and overall increase community tenure.

The RCDMH Adult program served: 2019 = 64; 2018 = 72; 2017 = 46; 2016 = 56; 2015 = 71; and 2014 = 60. (These numbers reflect individuals with commercial insurance and Medicaid spend downs which frequently are not met.).

Unity House Inc also receives state aid to provide non-Medicaid Care Management services. The agency reports serving an average of 30 individuals each month in this program.

In addition UH operates a Young Adult Case management program funded by state aid. Young Adults and Co-Occurring Disorder (MH & SUD) served in this program in 2019 = 45; 2018 = 52; 2017 = 57. Many of these young adults are homeless, have limited life skills and are diagnosed with serious mental health issues.

The County operated Non-Medicaid Care management for Children and Youth served: 2019 = 63; 2018 = 51; 2017 = 45 and 2016 = 31. The Non-Medicaid Children and Youth with high acuity are proactively referred to C-Yes, in pursuit of waiver/HCBS eligibility and Medicaid.

### Health Home Care Management:

The County Operated C & Y HH Care Management program in 2019 served 122 children and youth. The NYS embedded Care Managers served an additional 38 children and youth.

The County Operated Adult Care Management served: 2019 = 245; 2018 = 395; 2017 = 327; 2016 = 335 individuals. The Health Home Plus expansion is resulting in adding staff to the program to achieve the required caseload size, as most of the Health Home members served by the program meet the Health Home Plus criteria including AOT. The county continues to average 60 AOTs served per month.

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)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

## 2r. Developmental Disability Children Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

The OPWDD Medicaid Data set (see attached) indicates an increase in the number of children (0-20 year old) eligible for services. 2016 = 332; 2017 = 346; and 2018 = 347.

The LGU has no data to determine service needs for children and youth, unmet or fulfilled. Community feedback notes the need for an increase in respite resources. There are no crisis respite resources for OPWDD eligible children and youth.

The local hospital and community providers have informed the LGU of young adults who are experiencing IDD with Co-occurring Mental Illness, and/or SUD. As noted in the OASAS Medicaid Data (see attached) there are 20 Rensselaer County Medicaid members in this Co-occurring status in 2018, which is an increase from 4 in 2017. This is also a population with higher Medicaid costs. There are no treatment providers in the Capital Region to provide the care needed for this population, thus resulting in psychiatric inpatient admissions.

In April 2020 the LGU provided training (in a virtual format) for workforce from the OPWDD and OASAS systems; focused on the assessment and treatment of co-occurring SUD and IDD.

**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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Children, Youth (up to 21 years old) with OPWDD eligibility will receive have access to services at the time it is needed.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: Additional respite services will be developed.

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

Objective 2:

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

Objective 3:

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

The LGU continues to strive for collaborative working relationships with the two primary CCOs serving the county i.e. Care Design and Lifepan. Care Design collaborated with the LGU in hosting the virtual training for assessment and treatment of persons with co-occurring SUD/IDD. Care Design has recorded the training and made it available via their website.

Overnight respite capacity has diminished due to CV 19 precautions and the need to reduce census in facilities.

## 2t. Developmental Disability Respite Services - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Reports from providers indicate the most desired/needed service in 2020 is overnight respite. Overnight respite is limited due to the reduced census for infection control purposes. Crisis respite is a need to be quickly accessed to avoid crisis MH visits.

Previous 2020 plan info:

Respite service is the number 1 need identified in the OPWDD Provider Survey issued by the Rensselaer County LGU. The survey did not seek information re: the unmet need for the service. One indicator of potential unmet need is the shortage of the Direct Care workforce as noted in the survey. (See OPWDD Provider Survey attached) - capacity for overnight respite is reduced due to CV 19 precautions of lowering census. This places even greater stress on the person and their family/caregiver.

The OPWDD Medicaid Data set (attached below) reports the fourth most utilized waiver service is respite, utilization as follows: 2016 = 166; 2017=165; 2018=176. This data indicates a very small increase of 11 individuals accessing respite services. Respite is the fifth most utilized service in Self-Hire Self- Direction.

**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):  
This is a statewide issue, not readily resolved at the local level.

#### **Change Over Past 12 Months (Optional)**

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

## **2y. Developmental Disability Care Coordination - Background Information**

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

The LGU has worked to develop CCO connections. These connections have been made with Lifeplan and Care Design CCOs.

The CCOs have an open invitation to attend the DD subcommittee.

**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)**

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

## 2ab. Problem Gambling - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

The need for Problem Gambling services is not quantified. The county has recognized the need to have these services available and to educate providers with the addition of a casino in Schenectady, in addition to the gambling opportunities in Saratoga County.

There is no longer a provider in the county qualified to treat problem gambling. The LGU learned in September 2020 of a provider in Albany County seeking approval to provide treatment for problem gambling.

The Northeast Problem Gambling Resource Center has been a routine attendee at subcommittee meetings and provides information to local providers re: current trends in gambling and how to identify this may be present.

Problem Gambling is not an addiction routinely screened for by MH treatment providers.

**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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

Rensselaer County LGU will assure problem Gambling Prevention and Treatment services are offered in the county.

### Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

Objective 1: All treatment providers will be oriented to a Problem Gambling Screening tool.

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

Objective 2: Credentialed Problem Gambling Prevention and Treatment programs/staff will be accessible to residents of Rensselaer County. 6/20

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

### Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

The new Northeast Problem Gambling Resource Center has been launched for the region. Representatives of the Center have come to meet with the LGU, attended the Chemical Dependency Subcommittee, were introduced to the LGUs of the Capital Region, and have agreed to present at a cross systems network meeting held by the LGU.

Inservice trainings will be scheduled for County employed staff. The LGU will explore interest in other agencies in the network as sites for trainings.

## 2ac. Adverse Childhood Experiences (ACEs) - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

Rensselaer Co Dept of Mental Health staff provides ACES education to all new employees of the Dept of Social Services, and has provided the same trainings for other county employees.

**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)**

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

**Office of Addiction Services and Supports**

**Accessibility**

**Contact**

**Disclaimer**

**Language Access**

**Privacy Policy**



## Adult and Child Total Psychiatric Inpatient Bed Capacity by Provider County and Average Daily Census by Patient County of Residence

Shows the total November 2016 adult and child licensed bed capacity by provider county and the 2015 total adult and child average daily census (ADC) by patient county of residence as reported in Tables 5 - 8.								
	- Adult -				- Child -			
Region/County	Total Inpatient Capacity <sup>1</sup>	Total Bed Capacity per 100,000	Total Inpatient ADC <sup>2,3</sup>	Total ADC per 100,000	Total Inpatient Capacity <sup>1</sup>	Total Bed Capacity per 100,000	Total Inpatient ADC <sup>2,3</sup>	Total ADC per 100,000
<b>Statewide</b>	<b>7,775</b>	<b>50.0</b>	<b>7,432.1</b>	<b>47.8</b>	<b>1,642</b>	<b>38.8</b>	<b>1,528.7</b>	<b>36.1</b>
<b>Hudson River</b>	<b>1,408</b>	<b>52.4</b>	<b>1,275.5</b>	<b>47.5</b>	<b>505</b>	<b>66.3</b>	<b>267.3</b>	<b>35.1</b>
Albany	148	59.8	169.3	68.3	20	32.4	16.3	26.5
Columbia	22	43.5	16.9	33.4	0	0.0	3.7	34.0
Dutchess	40	17.0	103.7	44.0	20	33.3	24.4	40.7
Greene	0	0.0	11.9	30.2	0	0.0	6.7	81.5
Orange	54	19.3	136.4	48.6	0	0.0	22.1	22.7
Putnam	20	25.4	22.8	29.0	14	68.5	5.7	27.7
<b>Rensselaer</b>	<b>63</b>	<b>49.5</b>	<b>47.7</b>	<b>37.5</b>	<b>0</b>	<b>0.0</b>	<b>11.4</b>	<b>34.5</b>
Rockland	394	166.5	237.7	100.5	21	23.5	25.6	28.6
Saratoga	47	26.2	31.3	17.5	57	121.2	15.9	33.9
Schenectady	36	29.7	41.3	34.1	16	47.7	15.1	44.9
Schoharie	0	0.0	3.4	13.6	0	0.0	1.4	23.0
Sullivan	18	30.5	42.8	72.5	0	0.0	7.8	49.4
Ulster	40	27.3	52.5	35.8	0	0.0	13.6	40.5
Warren	30	57.0	18.0	34.3	0	0.0	8.4	69.2
Washington	0	0.0	11.7	23.3	0	0.0	10.2	83.9
Westchester	496	65.7	328.2	43.4	357	161.6	79.1	35.8



Adult and Child State Psychiatric Center Average Daily Census by Patient County of Residence - CY 2015 and Year ending September 2016

Compares adult and child average daily census (ADC) for state facilities in calendar year 2015 with their adult and child ADC for 12 months ending September 2016 .				
Region/Resident County	Adult State PC ADC 2015 <sup>1</sup>	Adult State PC ADC 2016 <sup>2</sup>	Child State PC ADC 2015 <sup>1</sup>	Child State PC ADC 2016 <sup>2</sup>
<b>Statewide</b>	<b>3,451.0</b>	<b>3,112.4</b>	<b>491.1</b>	<b>503.3</b>
<b>Hudson River</b>	<b>648.0</b>	<b>593.1</b>	<b>53.9</b>	<b>63.2</b>
Albany	117.9	106.7	1.8	1.5
Columbia	2.9	2.2	1.1	0.7
Dutchess	56.1	53.6	6.2	4.4
Greene	2.4	3.9	0.5	0.4
Orange	82.5	78.1	5.2	7.1
Putnam	8.2	6.0	0.3	1.5
<b>Rensselaer</b>	<b>15.8</b>	<b>13.1</b>	<b>1.2</b>	<b>1.0</b>
Rockland	188.6	152.4	12.5	14.3
Saratoga	9.7	11.0	1.6	1.1
Schenectady	11.6	10.6	0.8	0.9
Schoharie	0.0	0.0	0.5	0.4
Sullivan	25.0	30.4	2.3	1.8
Ulster	23.8	19.8	2.6	2.0
Warren	6.2	5.9	0.8	1.9
Washington	4.8	4.0	1.0	1.2
Westchester	92.5	95.2	15.4	23.0

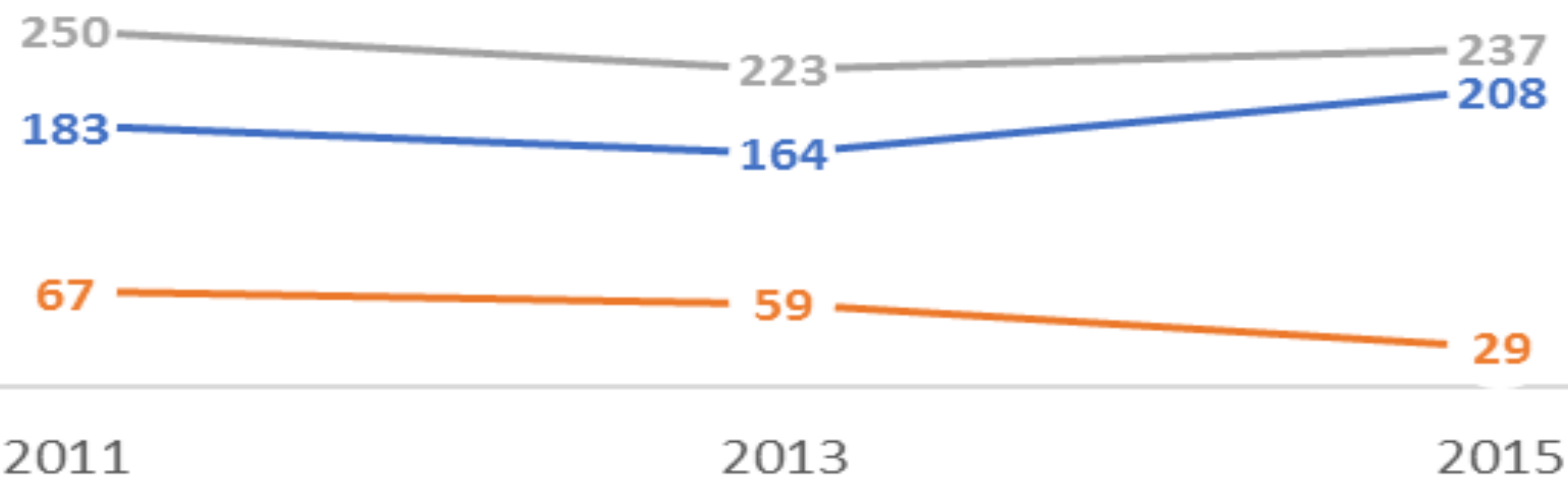
## Adult Psychiatric Inpatient Average Daily Census by Patient County of Residence - CY 2015

Shows adult average daily census (ADC) in calendar year 2015 for each inpatient setting by patient county of residence.					
	Adult Inpatient Average Daily Census				
Region/Provider County	General Hosp. Psych. Unit	Private Psych. Hospital <sup>1</sup>	State PC	Total	ADC per 100,000 Adults
<b>Statewide</b>	3,756.9	224.1	3,451.0	7,432.1	47.8
<b>Hudson River</b>	566.3	61.2	648.0	1,275.5	47.5
Albany	34.4	17.0	117.9	169.3	68.3
Columbia	10.9	3.1	2.9	16.9	33.4
Dutchess	41.4	6.2	56.1	103.7	44.0
Greene	9.5	0.0	2.4	11.9	30.2
Orange	47.6	6.3	82.5	136.4	48.6
Putnam	11.6	3.0	8.2	22.8	29.0
<b>Rensselaer</b>	<b>30.6</b>	<b>1.2</b>	<b>15.8</b>	<b>47.7</b>	<b>37.5</b>
Rockland	45.8	3.3	188.6	237.7	100.5
Saratoga	13.4	8.2	9.7	31.3	17.5
Schenectady	24.6	5.1	11.6	41.3	34.1
Schoharie	3.4	0.0	0.0	3.4	13.6
Sullivan	17.8	0.0	25.0	42.8	72.5
Ulster	28.7	0.0	23.8	52.5	35.8
Warren	9.8	2.0	6.2	18.0	34.3
Washington	6.9	0.0	4.8	11.7	23.3
Westchester	229.9	5.8	92.5	328.2	43.4

## Child Psychiatric Inpatient Average Daily Census by Patient County of Residence - CY 2015

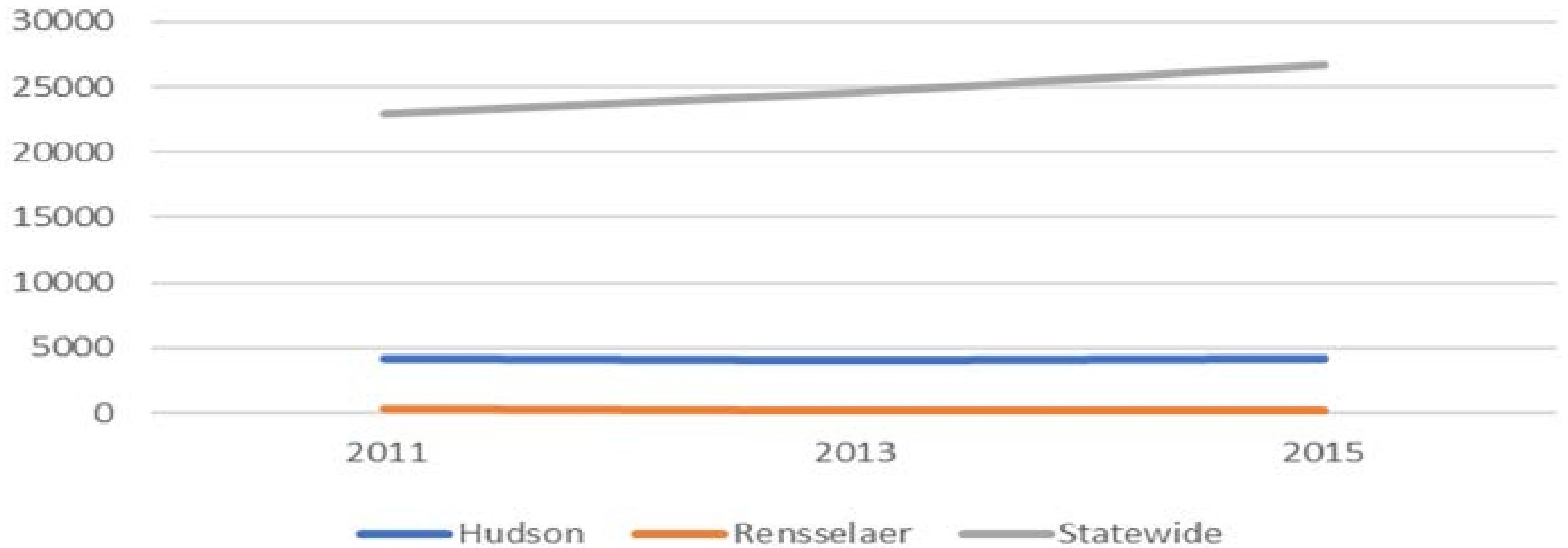
Shows child average daily census (ADC) in calendar year 2015 for each inpatient setting by patient county of residence.						
	Child Inpatient Average Daily Census					
Region/Provider County	General Hosp. Psych. Unit	Licensed RTF	Private Psych. Hospital <sup>1</sup>	State PC	Total	ADC per 100,000 Children
<b>Statewide</b>	<b>274.2</b>	<b>501.0</b>	<b>262.5</b>	<b>491.1</b>	<b>1,528.7</b>	<b>36.1</b>
<b>Hudson River</b>	<b>60.4</b>	<b>52.9</b>	<b>100.1</b>	<b>53.9</b>	<b>267.3</b>	<b>35.1</b>
Albany	2.6	3.5	8.4	1.8	16.3	26.5
Columbia	0.6	0.0	2.0	1.1	3.7	34.0
Dutchess	2.9	3.8	11.4	6.2	24.4	40.7
Greene	0.4	2.9	2.9	0.5	6.7	81.5
Orange	3.4	4.8	8.6	5.2	22.1	22.7
Putnam	1.6	0.6	3.1	0.3	5.7	27.7
<b>Rensselaer</b>	<b>1.1</b>	<b>3.1</b>	<b>6.0</b>	<b>1.2</b>	<b>11.4</b>	<b>34.5</b>
Rockland	4.7	3.9	4.5	12.5	25.6	28.6
Saratoga	1.4	3.4	9.5	1.6	15.9	33.9
Schenectady	4.5	3.8	5.9	0.8	15.1	44.9
Schoharie	0.3	0.3	0.3	0.5	1.4	23.0
Sullivan	0.6	1.3	3.6	2.3	7.8	49.4
Ulster	1.1	4.5	5.3	2.6	13.6	40.5
Warren	0.3	3.2	4.1	0.8	8.4	69.2
Washington	0.4	2.7	6.1	1.0	10.2	83.9
Westchester	34.5	10.9	18.2	15.4	79.1	35.8

## RENSSELAER COUNTY OMH PCS EMPLOYMENT



- Competitive and integrated employment
- Other employment
- Grand Total

## Total Employed OMH PCS Data



### Clients In Each Living Situation

Age Group:(All Column Values); PCS Survey Year:2011

Region	Total Clients	Percentage of Clients Living In				
		Private Residence	Congregate Setting	Institutional Setting	Homeless	Other
<b>Statewide</b>	<b>178,272</b>	<b>75%</b>	<b>12%</b>	<b>11%</b>	<b>2%</b>	<b>1%</b>
Western	20,768	77%	11%	11%	1%	1%
Central NY	18,351	76%	9%	14%	1%	1%
<b>Hudson River</b>	<b>27,723</b>	<b>67%</b>	<b>13%</b>	<b>18%</b>	<b>2%</b>	<b>1%</b>
Albany	2,214	64%	20%	14%	1%	1%
Columbia	580	68%	20%	7%	2%	3%
Dutchess	3,242	55%	14%	26%	2%	3%
Greene	542	77%	4%	17%	1%	1%
Orange	2,360	64%	15%	16%	4%	2%
Putnam	653	77%	14%	6%	0%	0%
<b>Rensselaer</b>	<b>1,273</b>	<b>76%</b>	<b>13%</b>	<b>8%</b>	<b>1%</b>	<b>1%</b>
Rockland	2,276	51%	27%	21%	0%	0%
Saratoga	704	63%	6%	26%	3%	0%
Schenectady	1,434	78%	10%	10%	2%	1%
Schoharie	214	68%	10%	1%	1%	0%
Sullivan	844	49%	24%	25%	1%	0%
Ulster	1,373	76%	11%	10%	2%	1%
Warren	533	85%	7%	7%	1%	0%
Washington	646	61%	5%	33%	0%	0%
Westchester	8,646	71%	6%	18%	3%	1%
New York City	65,820	78%	12%	8%	2%	1%
Long Island	15,899	70%	16%	12%	1%	1%
Nassau	6,445	70%	11%	8%	1%	2%
Suffolk	9,454	65%	10%	15%	1%	1%
Unknown	711	60%	3%	5%	11%	0%

**Clients in Each Living Situation**  
Age Group:(All Column Values); PCS Survey Year:2013

Region	Total Clients	Percentage of Clients Living in				
		Private Residence	Congregate Setting	Institutional Setting	Homeless	Other
<b>Statewide</b>	<b>180,204</b>	<b>80%</b>	<b>12%</b>	<b>5%</b>	<b>3%</b>	<b>1%</b>
Western	30,288	80%	11%	7%	1%	1%
Central NY	18,477	81%	8%	8%	1%	1%
<b>Hudson River</b>	<b>28,280</b>	<b>74%</b>	<b>13%</b>	<b>9%</b>	<b>3%</b>	<b>1%</b>
Albany	1,854	68%	21%	7%	2%	2%
Columbia	639	79%	14%	2%	4%	1%
Dutchess	3,182	63%	11%	22%	2%	1%
Greene	518	74%	4%	20%	1%	1%
Orange	2,282	75%	15%	4%	3%	3%
Putnam	657	87%	8%	2%	1%	1%
<b>Remsenland</b>	<b>1,384</b>	<b>78%</b>	<b>15%</b>	<b>5%</b>	<b>2%</b>	<b>2%</b>
Rockland	1,884	64%	30%	4%	0%	1%
Saratoga	708	62%	12%	3%	2%	1%
Schenectady	984	76%	14%	3%	4%	2%
Schoharie	295	68%	11%	1%	0%	0%
Sullivan	880	52%	24%	20%	2%	1%
Ulster	1,434	77%	12%	7%	4%	1%
Warren	523	60%	8%	2%	1%	0%
Washington	762	58%	5%	35%	1%	0%
Westchester	8,378	80%	9%	6%	4%	1%
New York City	87,931	81%	12%	3%	3%	0%
Long Island	15,725	77%	18%	4%	2%	1%
Nassau	8,814	62%	13%	4%	1%	1%
Suffolk	8,911	73%	18%	4%	2%	1%
Unknown	1,505	77%	2%	8%	12%	1%

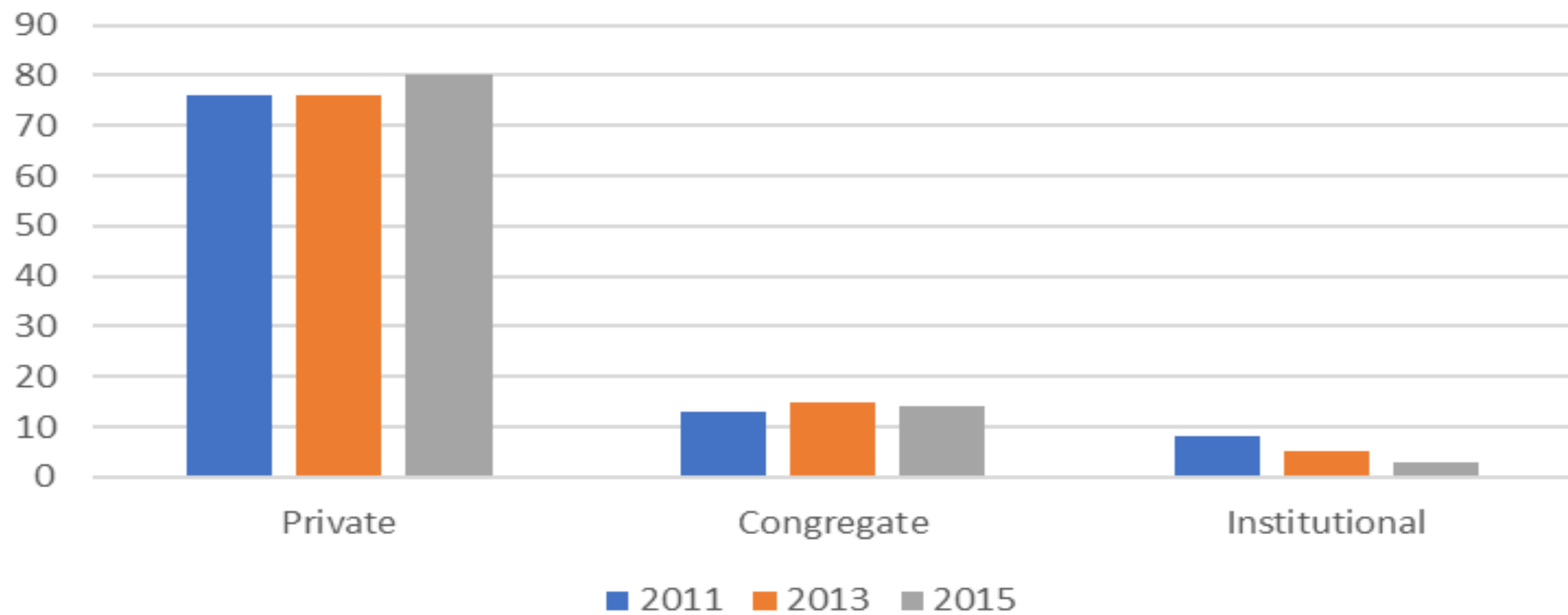
### Clients In Each Living Situation

Age Group:(All Column Values); PCS Survey Year:2015

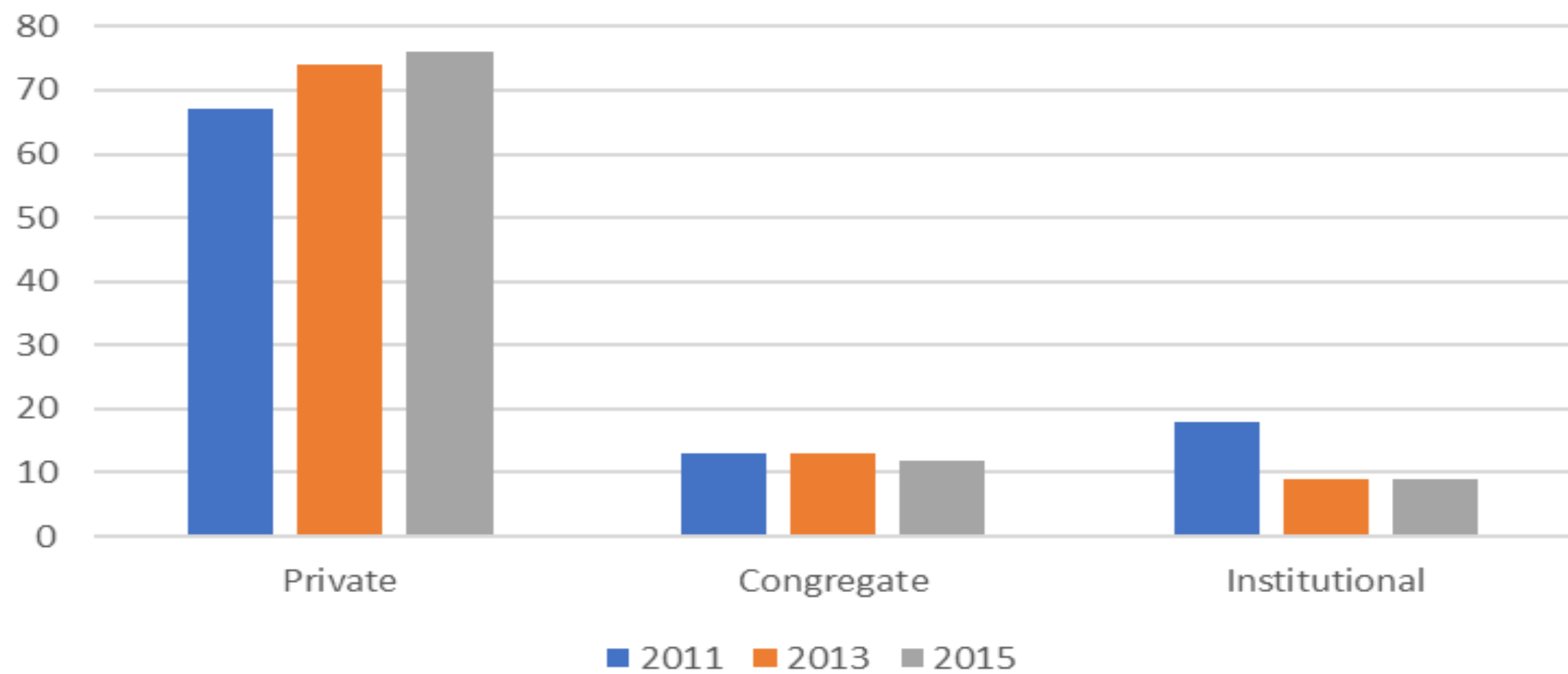
Region	Total Clients	Percentage of Clients Living In				
		Private Residence	Congregate Setting	Institutional Setting	Homeless	Other
<b>Statewide</b>	<b>179,008</b>	<b>81%</b>	<b>11%</b>	<b>5%</b>	<b>3%</b>	<b>1%</b>
Western	30,741	80%	10%	8%	1%	1%
Central NY	19,779	82%	8%	7%	1%	1%
<b>Hudson River</b>	<b>26,969</b>	<b>79%</b>	<b>12%</b>	<b>9%</b>	<b>3%</b>	<b>1%</b>
Albany	2,145	75%	18%	4%	1%	1%
Columbia	740	81%	15%	2%	1%	1%
Dutchess	3,051	69%	11%	23%	2%	0%
Greene	579	69%	3%	33%	1%	0%
Orange	2,311	77%	14%	3%	3%	2%
Putnam	687	68%	8%	3%	1%	0%
<b>Remainder</b>	<b>1,475</b>	<b>80%</b>	<b>14%</b>	<b>3%</b>	<b>2%</b>	<b>1%</b>
Rockland	1,815	68%	28%	4%	0%	0%
Saratoga	737	87%	0%	1%	1%	1%
Schenectady	1,204	84%	11%	1%	1%	2%
Schoharie	318	68%	10%	1%	1%	1%
Sullivan	771	58%	12%	28%	1%	0%
Ulster	1,400	78%	12%	6%	3%	1%
Warren	430	89%	8%	2%	1%	0%
Washington	780	49%	6%	45%	1%	0%
Westchester	8,456	81%	7%	8%	4%	0%
New York City	65,910	82%	11%	2%	4%	1%
Long Island	14,513	79%	18%	2%	2%	2%
Nassau	6,380	89%	11%	1%	1%	3%
Suffolk	8,133	75%	19%	2%	3%	1%
Unknown	1,164	74%	5%	6%	13%	2%



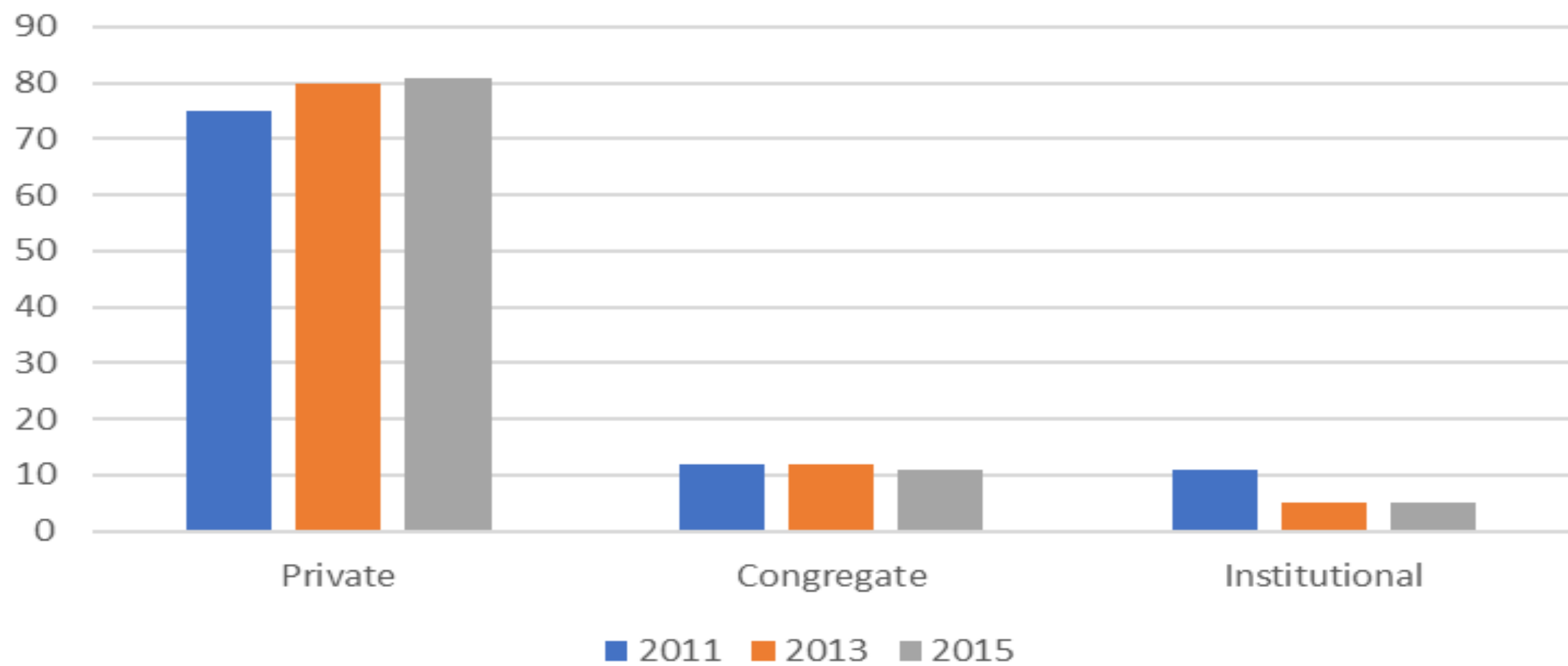
## Rensselaer County % Living Situation



## Hudson Region % Living Situation



## Statewide % Living Situation



# Q1 Contact Information

Answered: 2 Skipped: 0

ANSWER CHOICES	RESPONSES	
Name	100.00%	2
Agency	100.00%	2
Program	100.00%	2
Address 1	100.00%	2
City/Town	100.00%	2
State	100.00%	2
ZIP	100.00%	2
Country	0.00%	0
Email Address	100.00%	2
Counties Served	100.00%	2

#	NAME	DATE
1	Karen Le'Que	4/30/2019 1:23 PM
2	Donald Mullin	4/16/2019 2:57 PM

#	AGENCY	DATE
1	Kee to Independent Growth, Inc.	4/30/2019 1:23 PM
2	The Arc of Rensselaer County	4/16/2019 2:57 PM

#	PROGRAM	DATE
1	HARP	4/30/2019 1:23 PM
2	Executive	4/16/2019 2:57 PM

#	ADDRESS 1	DATE
1	P.O. Box 243	4/30/2019 1:23 PM
2	79 102nd St	4/16/2019 2:57 PM

#	CITY/TOWN	DATE
1	Ballston Spa	4/30/2019 1:23 PM
2	Troy	4/16/2019 2:57 PM

#	STATE	DATE
1	NY	4/30/2019 1:23 PM
2	NY	4/16/2019 2:57 PM

#	ZIP	DATE
1	12020	4/30/2019 1:23 PM
2	12180-1122	4/16/2019 2:57 PM

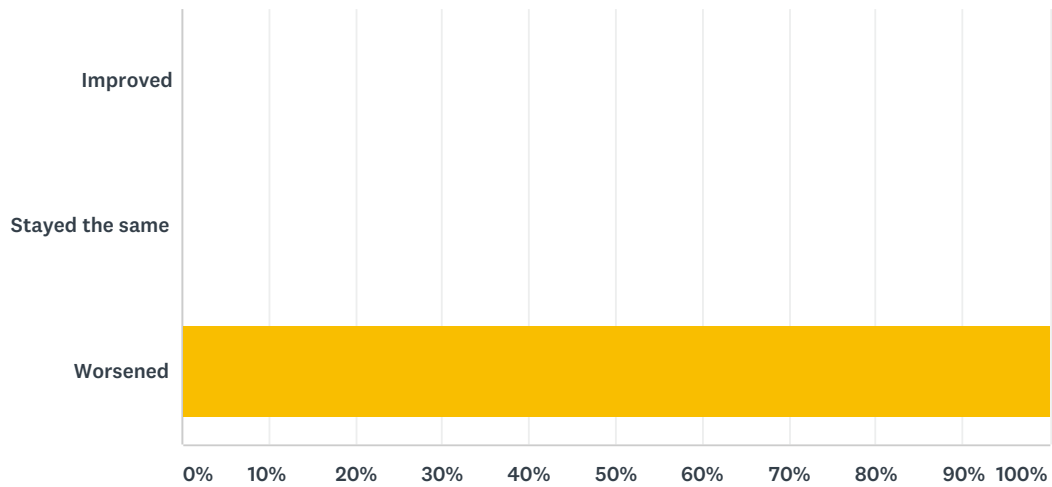
#	COUNTRY	DATE
There are no responses.		

#	EMAIL ADDRESS	DATE
---	---------------	------

1	kleque@kigiservices.com	4/30/2019 1:23 PM
2	dmullin@renarc.org	4/16/2019 2:57 PM
#	COUNTIES SERVED	DATE
1	Albany, Columbia, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Warren, Washington	4/30/2019 1:23 PM
2	Rensselaer	4/16/2019 2:57 PM

## Q2 Indicate how the level of unmet needs for the developmentally disabled population, overall, has changed over the past year

Answered: 2 Skipped: 0

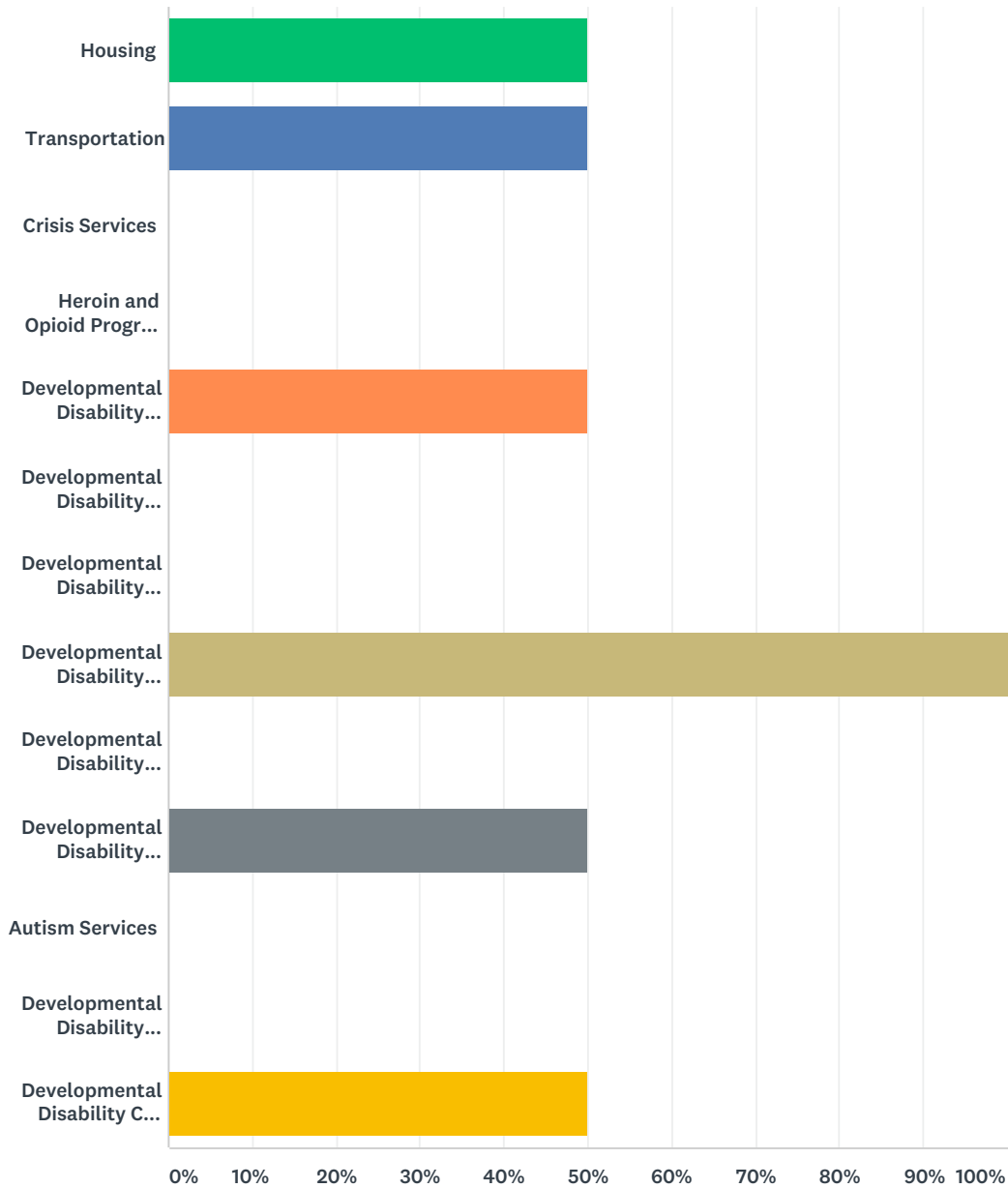


ANSWER CHOICES	RESPONSES
Improved	0.00% 0
Stayed the same	0.00% 0
Worsened	100.00% 2
<b>TOTAL</b>	<b>2</b>

#	PLEASE PROVIDE EXAMPLES OF NEEDS FOR THE DEVELOPMENTALLY DISABLED POPULATION THAT HAVE IMPROVED, STAYED THE SAME OR WORSENERD OVER THE PAST YEAR	DATE
1	The element of "choice" was removed and they are no longer able to chose their own MSc provider. There are only a select few that have been granted the opportunity to provide the service.	4/30/2019 1:23 PM
2	With the lack of resources for staffing we have more individuals who have to wait for supports and services	4/16/2019 2:57 PM

### Q3 Developmental Disability Needs - Please indicate your perception of high levels of need in the following areas:

Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES	
Housing	50.00%	1
Transportation	50.00%	1
Crisis Services	0.00%	0
Heroin and Opioid Programs and Services	0.00%	0
Developmental Disability Clinical Services	50.00%	1

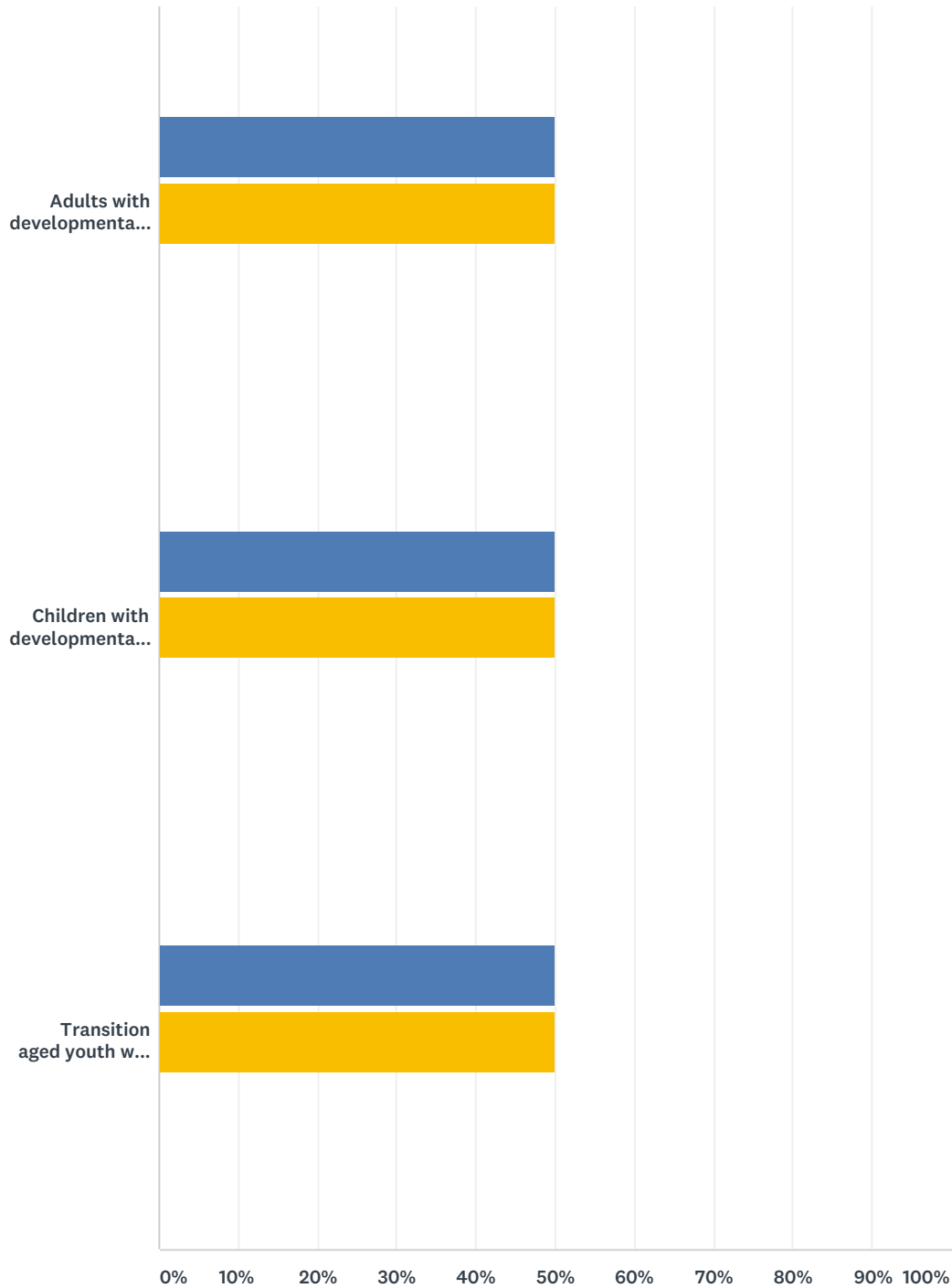
Developmental Disability Children Services	0.00%	0
Developmental Disability Student/Transition Services	0.00%	0
Developmental Disability Respite Services	100.00%	2
Developmental Disability Family Supports	0.00%	0
Developmental Disability Self-Directed Services	50.00%	1
Autism Services	0.00%	0
Developmental Disability Front Door	0.00%	0
Developmental Disability Care Coordination	50.00%	1
Total Respondents: 2		

#	OTHER (PLEASE SPECIFY) AND COMMENTS	DATE
	There are no responses.	



### Q4 Care Coordination - Please indicate how care coordination needs have changed in the past year

Answered: 2 Skipped: 0



■ Improved 
 ■ Stayed the same 
 ■ Worsened 
 ■ (no label) 
 ■ (no label)

	IMPROVED	STAYED THE SAME	WORSENERD	(NO LABEL)	(NO LABEL)	TOTAL	WEIGHTED AVERAGE

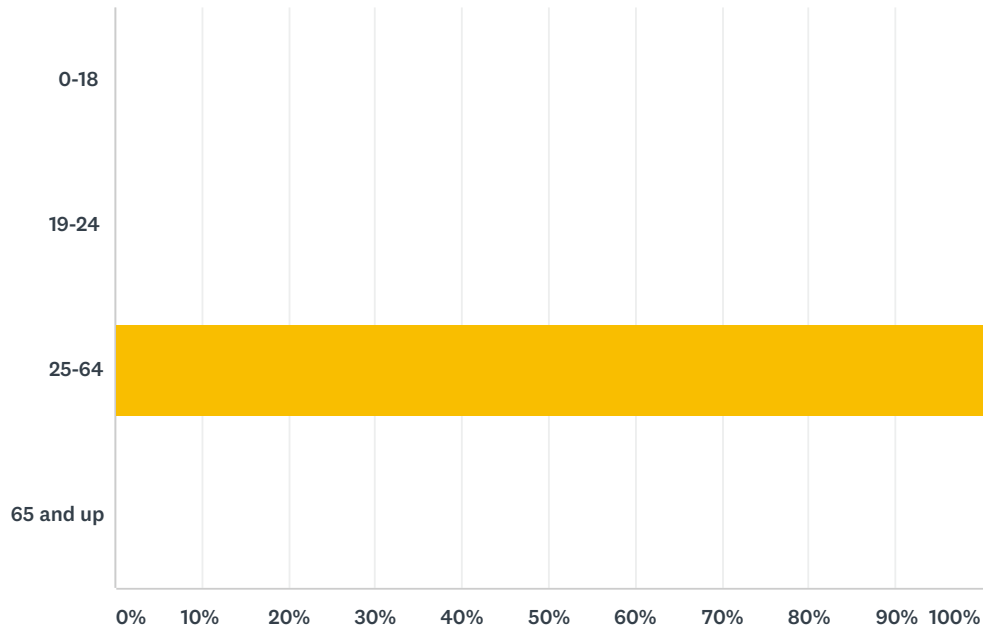
# Rensselaer County Survey for OPWDD Providers

SurveyMonkey

Adults with developmental disabilities	0.00% 0	50.00% 1	50.00% 1	0.00% 0	0.00% 0	2	2.50
Children with developmental disabilities	0.00% 0	50.00% 1	50.00% 1	0.00% 0	0.00% 0	2	2.50
Transition aged youth with developmental disabilities	0.00% 0	50.00% 1	50.00% 1	0.00% 0	0.00% 0	2	2.50

### Q5 What ages do you serve? Please check all that apply

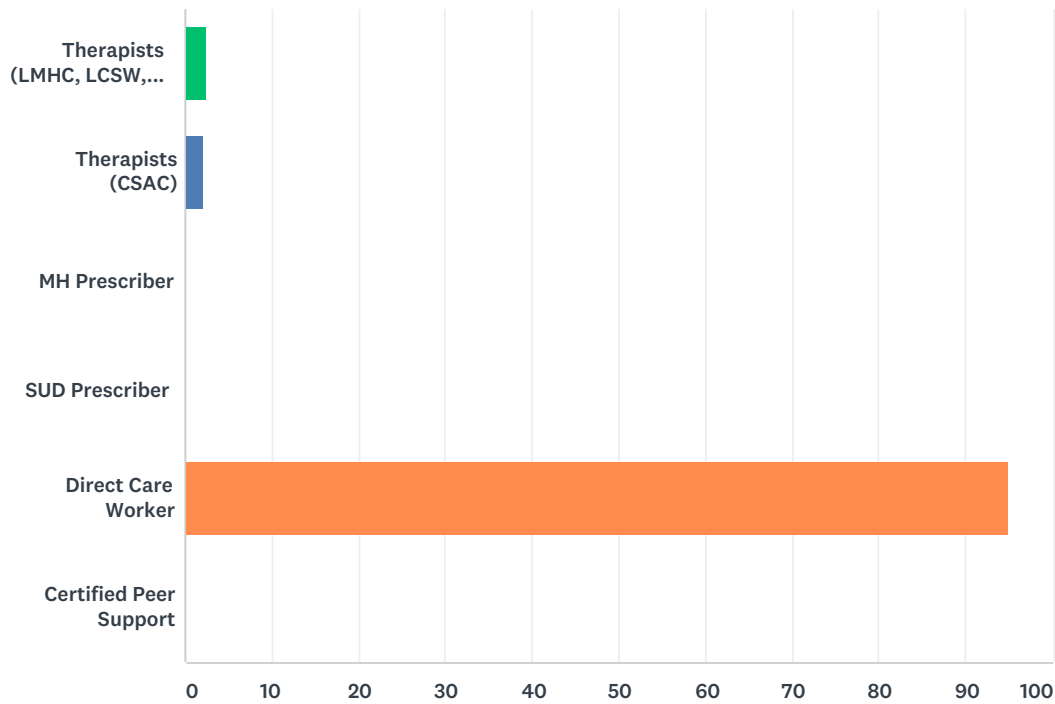
Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES
0-18	0.00% 0
19-24	0.00% 0
25-64	100.00% 2
65 and up	0.00% 0
TOTAL	2

### Q6 Please tell us about vacancies in positions providing direct service - enter a number if applicable

Answered: 2 Skipped: 0



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
Therapists (LMHC, LCSW, LMSW)	3	5	2
Therapists (CSAC)	2	2	1
MH Prescriber	0	0	0
SUD Prescriber	0	0	0
Direct Care Worker	95	95	1
Certified Peer Support	0	0	0
Total Respondents: 2			

#	THERAPISTS (LMHC, LCSW, LMSW)	DATE
1	2	4/30/2019 1:23 PM
2	3	4/16/2019 2:57 PM
#	THERAPISTS (CSAC)	DATE
1	2	4/30/2019 1:23 PM
#	MH PRESCRIBER	DATE
	There are no responses.	
#	SUD PRESCRIBER	DATE
	There are no responses.	
#	DIRECT CARE WORKER	DATE

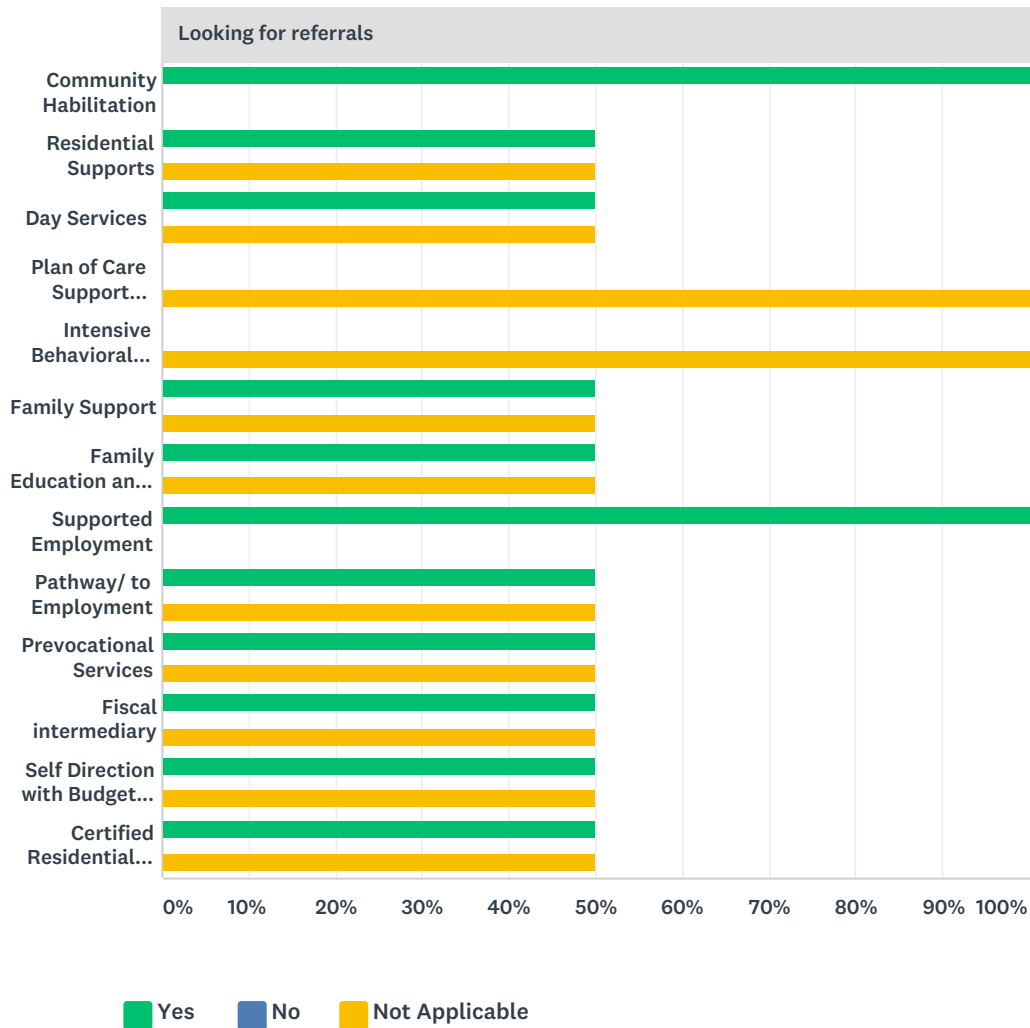
1 95

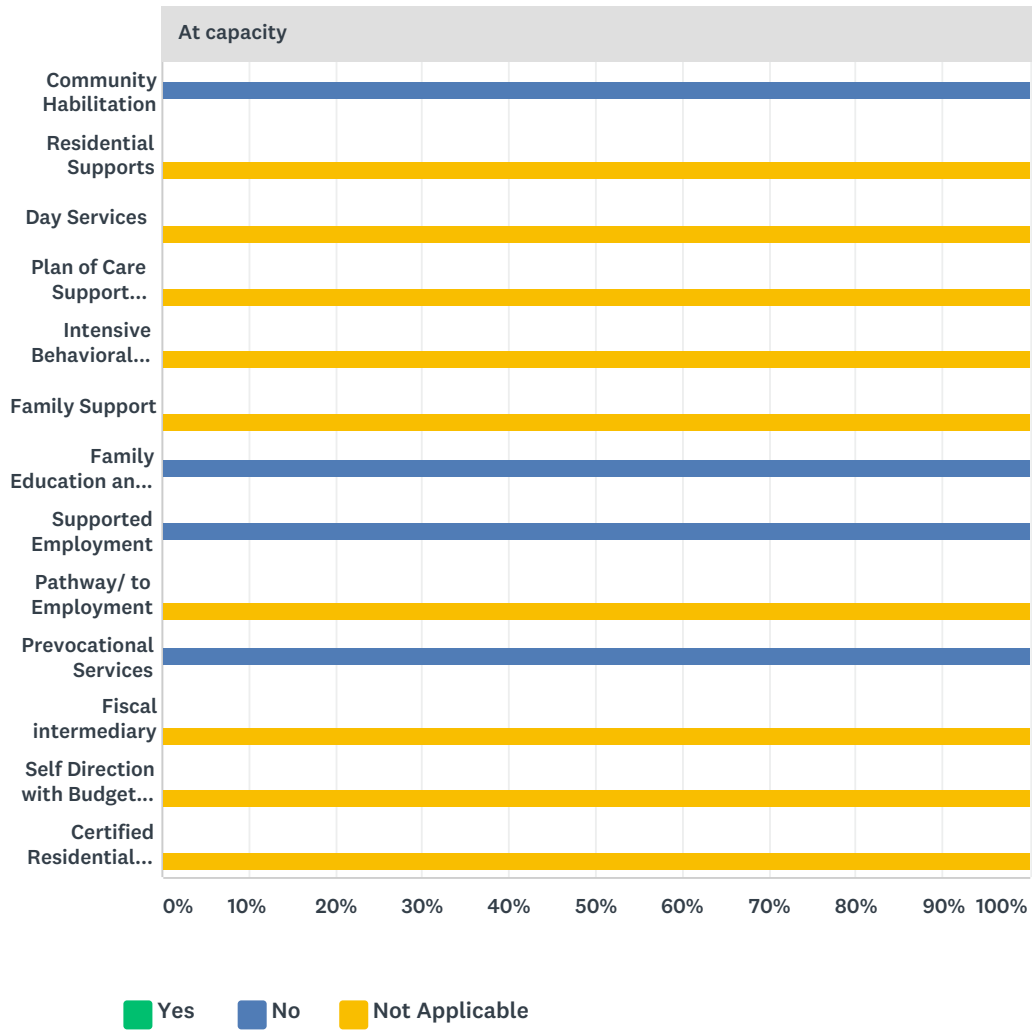
4/16/2019 2:57 PM

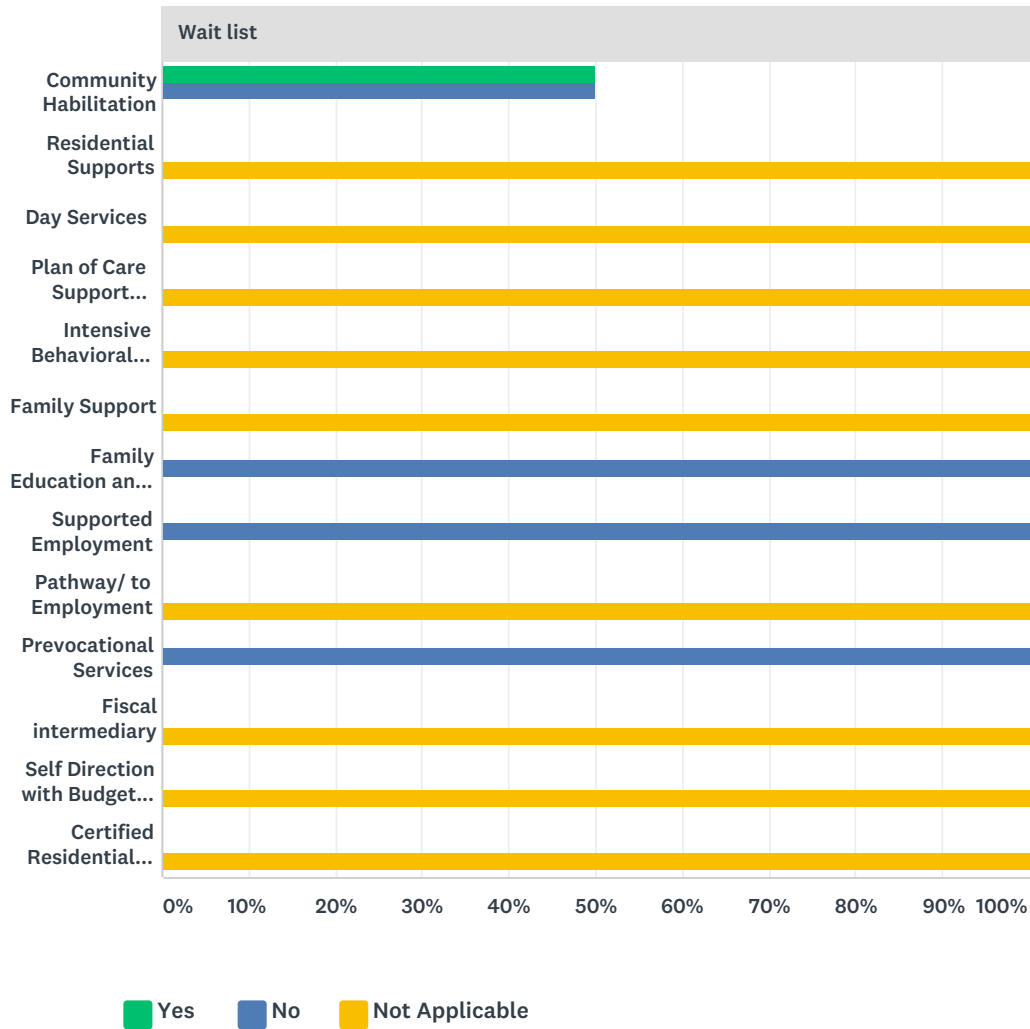
#	CERTIFIED PEER SUPPORT	DATE
	There are no responses.	

### Q7 Please indicate what services you provide, and if looking for referrals, if you are at capacity and if you have a waiting list

Answered: 2 Skipped: 0







Looking for referrals				
	YES	NO	NOT APPLICABLE	TOTAL
Community Habilitation	100.00% 2	0.00% 0	0.00% 0	2
Residential Supports	50.00% 1	0.00% 0	50.00% 1	2
Day Services	50.00% 1	0.00% 0	50.00% 1	2
Plan of Care Support Services	0.00% 0	0.00% 0	100.00% 2	2
Intensive Behavioral Services	0.00% 0	0.00% 0	100.00% 2	2
Family Support	50.00% 1	0.00% 0	50.00% 1	2
Family Education and Training	50.00% 1	0.00% 0	50.00% 1	2
Supported Employment	100.00% 2	0.00% 0	0.00% 0	2
Pathway/ to Employment	50.00% 1	0.00% 0	50.00% 1	2



Prevocational Services	50.00%	0.00%	50.00%	2
	1	0	1	
Fiscal intermediary	50.00%	0.00%	50.00%	2
	1	0	1	
Self Direction with Budget Authority	50.00%	0.00%	50.00%	2
	1	0	1	
Certified Residential Alternatives	50.00%	0.00%	50.00%	2
	1	0	1	
<b>At capacity</b>				
	<b>YES</b>	<b>NO</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
Community Habilitation	0.00%	100.00%	0.00%	1
	0	1	0	
Residential Supports	0.00%	0.00%	100.00%	1
	0	0	1	
Day Services	0.00%	0.00%	100.00%	1
	0	0	1	
Plan of Care Support Services	0.00%	0.00%	100.00%	1
	0	0	1	
Intensive Behavioral Services	0.00%	0.00%	100.00%	1
	0	0	1	
Family Support	0.00%	0.00%	100.00%	1
	0	0	1	
Family Education and Training	0.00%	100.00%	0.00%	1
	0	1	0	
Supported Employment	0.00%	100.00%	0.00%	1
	0	1	0	
Pathway/ to Employment	0.00%	0.00%	100.00%	1
	0	0	1	
Prevocational Services	0.00%	100.00%	0.00%	1
	0	1	0	
Fiscal intermediary	0.00%	0.00%	100.00%	1
	0	0	1	
Self Direction with Budget Authority	0.00%	0.00%	100.00%	1
	0	0	1	
Certified Residential Alternatives	0.00%	0.00%	100.00%	1
	0	0	1	
<b>Wait list</b>				
	<b>YES</b>	<b>NO</b>	<b>NOT APPLICABLE</b>	<b>TOTAL</b>
Community Habilitation	50.00%	50.00%	0.00%	2
	1	1	0	
Residential Supports	0.00%	0.00%	100.00%	1
	0	0	1	
Day Services	0.00%	0.00%	100.00%	1
	0	0	1	
Plan of Care Support Services	0.00%	0.00%	100.00%	1
	0	0	1	
Intensive Behavioral Services	0.00%	0.00%	100.00%	1
	0	0	1	

Rensselaer County Survey for OPWDD Providers

SurveyMonkey

Family Support	0.00% 0	0.00% 0	100.00% 1	1
Family Education and Training	0.00% 0	100.00% 1	0.00% 0	1
Supported Employment	0.00% 0	100.00% 1	0.00% 0	1
Pathway/ to Employment	0.00% 0	0.00% 0	100.00% 1	1
Prevocational Services	0.00% 0	100.00% 1	0.00% 0	1
Fiscal intermediary	0.00% 0	0.00% 0	100.00% 1	1
Self Direction with Budget Authority	0.00% 0	0.00% 0	100.00% 1	1
Certified Residential Alternatives	0.00% 0	0.00% 0	100.00% 1	1

## Q8 If you administer a program or programs with wait lists, please provide information below

Answered: 1   Skipped: 1

ANSWER CHOICES	RESPONSES	
Program Name (1)	100.00%	1
Program (1) Individuals on the Wait List	0.00%	0
Program (1) Average Weeks on the Wait List	0.00%	0
Program (1) Comments	100.00%	1
Program Name (2)	0.00%	0
Program (2) Individuals on the Wait List	0.00%	0
Program (2) Average Weeks on the Wait List	0.00%	0
Program (2) Comments	0.00%	0
Program (3) Name	0.00%	0
Program (3) Individuals on the Wait List	0.00%	0
Program (3) Average Weeks on the Wait List	0.00%	0
Program (3) Comments	0.00%	0
Additional Comments	0.00%	0

#	<b>PROGRAM NAME (1)</b>	<b>DATE</b>
1	Community Hab	4/16/2019 2:57 PM
#	<b>PROGRAM (1) INDIVIDUALS ON THE WAIT LIST</b>	<b>DATE</b>
	There are no responses.	
#	<b>PROGRAM (1) AVERAGE WEEKS ON THE WAIT LIST</b>	<b>DATE</b>
	There are no responses.	
#	<b>PROGRAM (1) COMMENTS</b>	<b>DATE</b>
1	We do not necessarily have a wait list we have people waiting for us to find staff	4/16/2019 2:57 PM
#	<b>PROGRAM NAME (2)</b>	<b>DATE</b>
	There are no responses.	
#	<b>PROGRAM (2) INDIVIDUALS ON THE WAIT LIST</b>	<b>DATE</b>
	There are no responses.	
#	<b>PROGRAM (2) AVERAGE WEEKS ON THE WAIT LIST</b>	<b>DATE</b>
	There are no responses.	
#	<b>PROGRAM (2) COMMENTS</b>	<b>DATE</b>
	There are no responses.	
#	<b>PROGRAM (3) NAME</b>	<b>DATE</b>
	There are no responses.	
#	<b>PROGRAM (3) INDIVIDUALS ON THE WAIT LIST</b>	<b>DATE</b>

There are no responses.

#	PROGRAM (3) AVERAGE WEEKS ON THE WAIT LIST	DATE
---	--	------

There are no responses.

#	PROGRAM (3) COMMENTS	DATE
---	----------------------	------

There are no responses.

#	ADDITIONAL COMMENTS	DATE
---	---------------------	------

There are no responses.

## Q9 Any additional comments?

Answered: 1 Skipped: 1

#	RESPONSES	DATE
1	Note on people served only allowed one selection our biggest challenge is staffing and the Justice Center	4/16/2019 2:57 PM

## Prevention Planning Served/100,000 Population

Geography	<u>EBP</u>	<u>Non-EBP</u>	<u>Positive</u>	<u>Positive</u>	<u>Information</u>	<u>Information</u>	<u>Community</u>	<u>EBP</u>
	<u>Education</u>	<u>Education</u>	<u>Alternatives -</u>	<u>Alternatives -</u>	<u>Awareness</u>	<u>Awareness</u>	<u>Capacity</u>	<u>Environmental</u>
	number served	number served	<u>Recurring</u>	<u>One-Time</u>	<u>(indirect)</u>	<u>(direct)</u>	<u>Building</u>	<u>Strategies</u>
	number served	number served	number served	number served	number reached	number served	number reached	number reached
Statewide	1,281	176	105	1,014	6,748	1,528	228	17,183
Region	1,293	284	15	128	2,642	1,252	81	4,915
Rensselaer	1,976	88	-	25	114	269	130	767

## Prevention Planning Served/100,000 Population

Geography	Prevention Counseling		EBP Prevention Counseling		EBP Early Intervention
	number newly assessed	number newly admitted	number newly assessed	number newly admitted	number served
Statewide	165	55	56	8	8
Region	27	5	69	9	3
Rensselaer	108	8	269	29	4

Patients Characteristics Survey  
(PCS) – Capital District  
2020 Local Service Plan  
Rensselaer County - 2019



# Patients Characteristics Survey

- **What does this measure?**

The Patient Characteristics Survey (PCS) provides a snapshot of people served by New York State's public mental health system. The PCS is conducted every two years. All programs funded or licensed by OMH are required to participate.

- **Why is this important?**

Identifying patterns of service and trends over time can inform local planning.

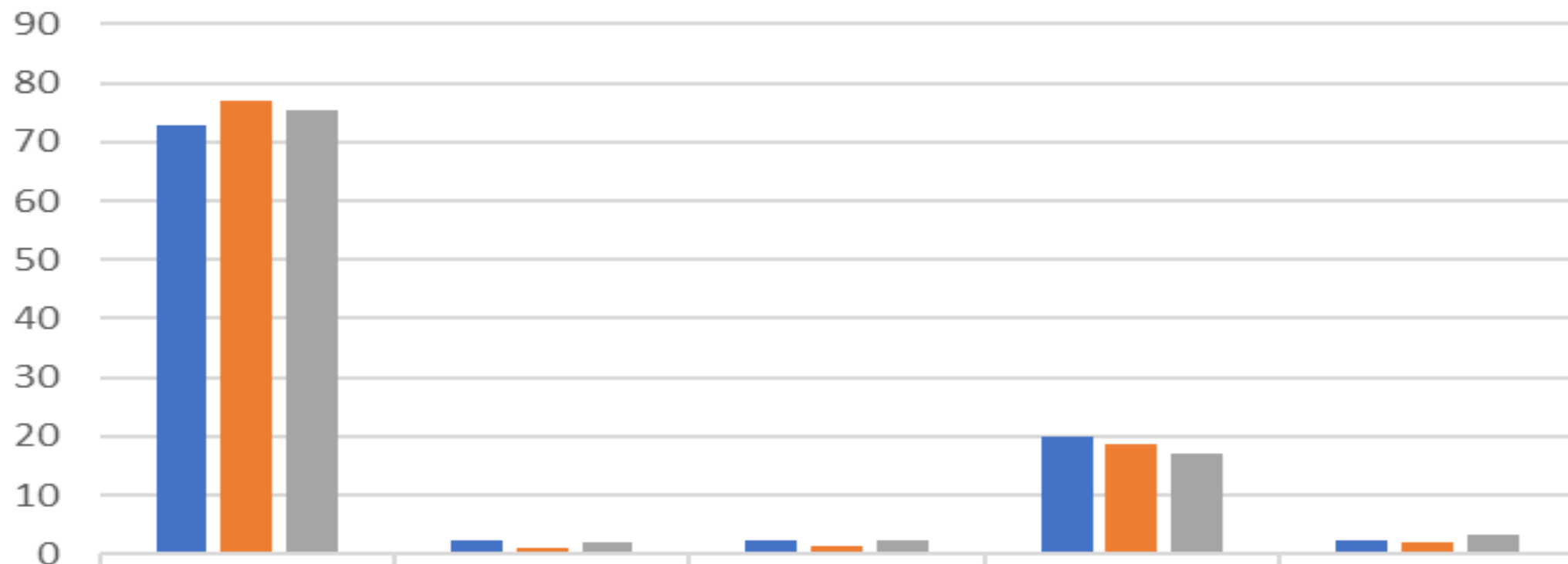
- **What is the data source?**

Data is reported by OMH in their tableau portal. 2017 is the most recent year reported. Data is only available by region and not by county.

# Observations – Capital District PCS

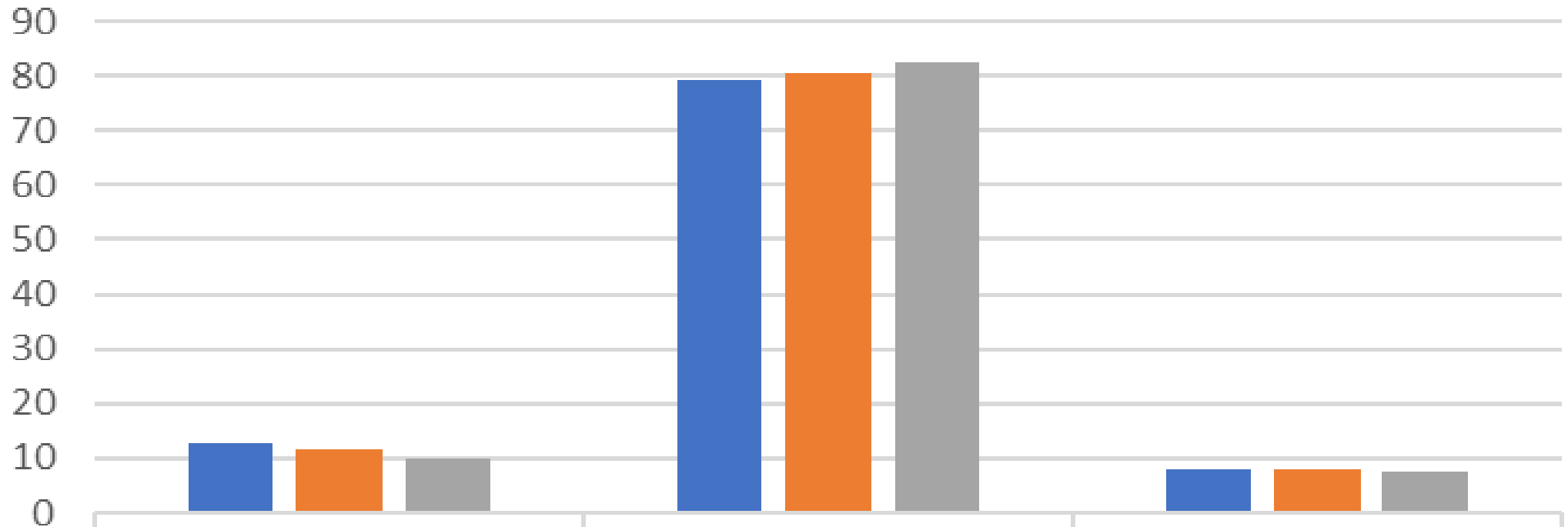
- The clearest trend in living situation between 2013 and 2017 is the decline of individuals served by OMH living in non-OMH residences
- Approximately  $\frac{3}{4}$  of individuals served by OMH live in private residences
- The percentage of individuals served by OMH with no criminal justice involvement is trending upward
- The percentage of capital district residents with “education – unknown” increased between 2013 and 2017
- Over half of individuals served by OMH have a middle-high school education
- While the percentage of individuals served by OMH who are employed has increased slightly to 17.2%, 68.5% of individuals served are not in the labor force

## % in Living Situation - Capital District Residents



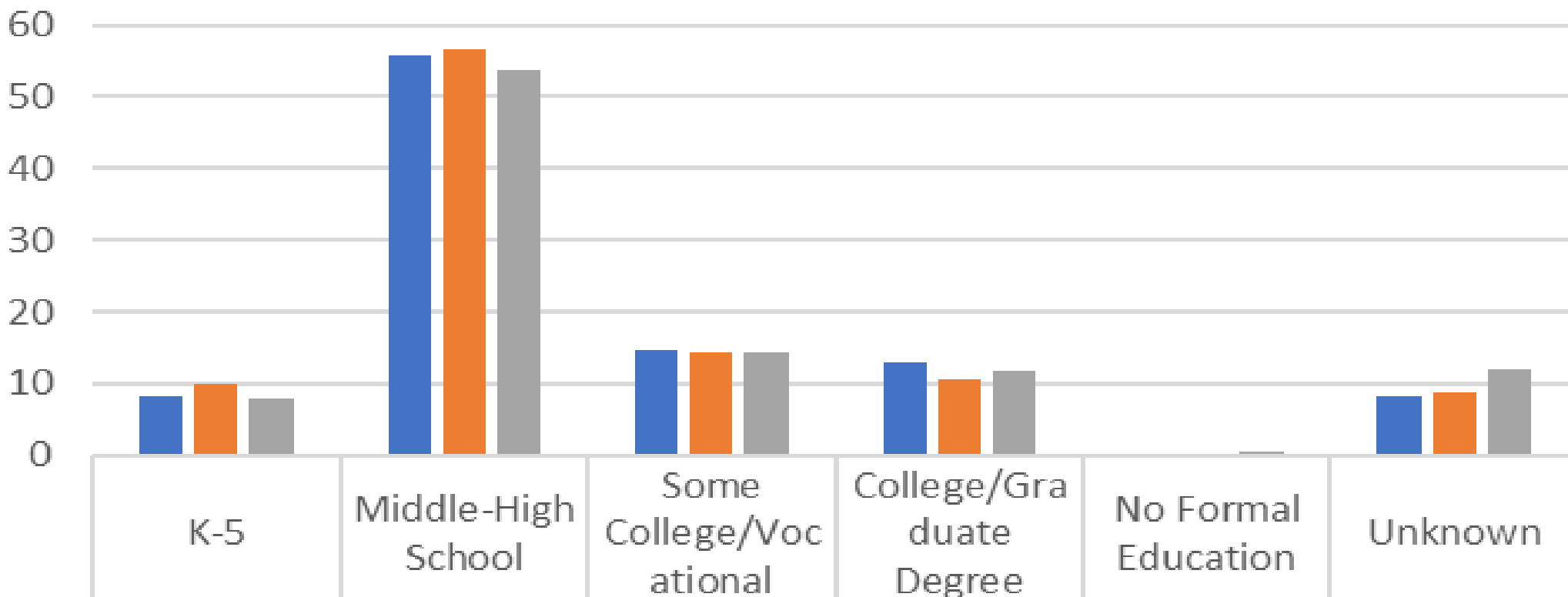
■ 2013	72.8	2.4	2.3	20	2.4
■ 2015	76.9	1	1.4	18.6	2.1
■ 2017	75.4	1.9	2.3	17	3.4

## % Criminal Justice Involvement - Capital District Residents



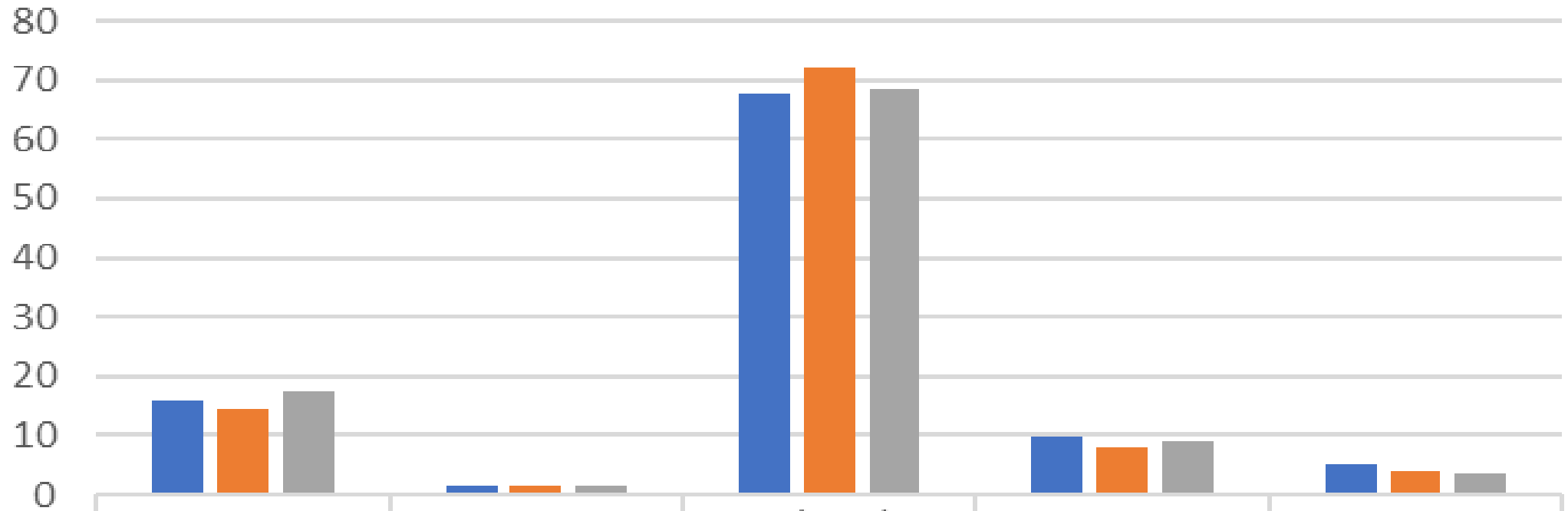
	Criminal Justice Status	No Criminal Justice Status	Unknown
2013	12.8	79.3	7.9
2015	11.7	80.3	8
2017	9.9	82.5	7.6

## % Education - Capital District Residents



	K-5	Middle-High School	Some College/Vocational	College/Graduate Degree	No Formal Education	Unknown
■ 2013	8.2	55.8	14.7	12.8	0.3	8.2
■ 2015	9.9	56.5	14.4	10.4	0.2	8.7
■ 2017	7.8	53.8	14.4	11.7	0.4	11.9

## % Employment - Capital District Residents



	Employed	Non-paid/Volunteer	Not in Labor Force	Unemployed	Unknown
■ 2013	16.1	1.4	67.7	9.6	5.1
■ 2015	14.6	1.3	72.2	7.8	4.1
■ 2017	17.2	1.5	68.5	9.2	3.6

Office of Addiction Services and  
Supports (OASAS)  
2019 Client Data System Service  
Data for County Residents and  
County Providers  
2021 Local Service Plan

Rensselaer County

# OASAS Client Data System (CDS)

- **What does this measure?**

This data summarizes substance use admissions and clients served by OASAS providers in calendar year 2019

- **Why is this important?**

- Identifying trends by substance use and program type can inform and support stakeholder planning initiatives
- Using the CDS, we can see what client zip codes Rensselaer County Providers are serving, and whether or not Rensselaer County residents are being served in or out of the County
- Monitoring trended data on each indicator over time can be used to evaluate the impact of new initiatives

- **What is the data source?**

The OASAS Client Data System collects data on each individual served in OASAS programs



# OASAS Admission Data – Service Descriptions

- **Crisis Services**  
Medically Managed Withdrawal & Stabilization, Medically Supervised Inpatient Withdrawal & Stabilization, Medically Supervised Outpatient Withdrawal & Stabilization, Ancillary Withdrawal Service and Medically Monitored Withdrawal & Stabilization
- **Inpatient Services**  
Inpatient Rehabilitation
- **Outpatient Services**  
Brief Intervention, Outpatient Clinic, Outpatient Rehabilitation, Problem Gambling Outpatient and Intensive Outpatient Service
- **Opioid Treatment Services**  
Opioid Treatment Program (OTP)
- **Residential Services**  
Intensive Residential Services, Community Residential Services, Supportive Living, Stabilization Services in a Residential Setting, Rehabilitative Services in a Residential Setting, Reintegration Services in a Residential Setting and Residential Rehabilitation Services for Youth (RRSY)
- **Recovery Support and Housing Services**  
Recovery Support and Permanent Supportive Housing

# OASAS CDS Data Observations

- 62.4% of Rensselaer County resident admissions within the county were for outpatient, followed by 14.9% for inpatient and 13.1% to crisis
- 61.2% of Rensselaer County resident discharges within the county were for outpatient, followed by 15.6 % for inpatient and 13.3 % to crisis
- Admissions to all programs for Rensselaer Residents
  - Two zip codes in Troy represent 63.8% of admissions
  - Three zip codes (adding one in Rensselaer) represent 74.1% of admissions

# OASAS CDS Data Observations (cont.)

- While the top two zip codes served are in Rensselaer County, Providers serve individuals from many nearby zip codes.
- 615 Residents from three zip codes, two in Troy and 1 in Rensselaer, were served outside of the county; these numbers could be inflated as a result of people moving
- The zip code with the most crisis admissions was in Troy
- Three zip codes outside of Rensselaer County have more crisis admissions in Rensselaer than the second highest Rensselaer County zip code

# County Residents Report – Admissions Transactions

County of Program Location	Program Category					Total	Percent
	Inpatient	Methadone	Outpatient	Residential	Crisis		
Rensselaer	146	51	610	43	128	978	100%
Total	146	51	610	43	128	978	
Percent	14.9%	5.2%	62.4%	4.4%	13.1%		

- 62.4% of Rensselaer County resident admissions were for outpatient, followed by 14.9% for inpatient and 13.1% to crisis

# County Residents Report – Discharge Transactions

County of Program Location	Program Category					Total	Percent
	Inpatient	Methadone	Outpatient	Residential	Crisis		
Rensselaer	149	47	583	47	127	953	100%
Total	149	47	583	47	127	953	
Percent	15.6%	4.9%	61.2%	4.9%	13.3%		

- 61.2% of Rensselaer County resident discharges were for outpatient, followed by 15.6 % for inpatient and 13.3 % to crisis

# Rensselaer County Zip Codes with 20 or More Admissions (all programs)

<b>Zip Code</b>	<b># Served</b>	<b>% of Residents</b>
12180-Troy	890	51.7
12182-Troy	208	12.1
12144-Rensselaer	177	10.3
12033-Castleton On Hudson	61	3.5
12090-Hoosick Falls	49	2.8
12198-Wynantskill	48	2.8
12018-Averill Park	44	2.6
12061-East Greenbush	42	2.4
12123-Nassau	33	1.9
12138-Petersburg	20	1.2
12185-Valley Falls	20	1.2

- Two zip codes in Troy represent 63.8% of admissions
- Three zip codes (adding one in Rensselaer) represent 74.1% of admissions

# All Programs with more than 20 Admissions - Rensselaer Provider

<b>Description</b>	<b>Rensco Provider</b>	<b>Percent</b>
12180-Troy	502	32.5
12182-Troy	118	7.6
12189-Watervliet	49	3.2
12206-Albany	48	3.1
12047-Cohoes	45	2.9
12144-Rensselaer	40	2.6
12090-Hoosick Falls	28	1.8
12065-Clifton Park	28	1.8
12188-Waterford	25	1.6
12202-Albany	23	1.5
12534-Hudson	22	1.4
12183-Troy	21	1.4
12210-Albany	21	1.4

- While the top two zip codes served are in Rensselaer County, Providers serve individuals from many nearby zip codes; these numbers could be inflated as a result of people moving

# All Programs – Residents Treated Anywhere less Treated in Rensselaer County

Description	Rensco Residents Treated Anywhere	Treated in Rensco	Difference
12180-Troy	890	502	388
12144-Rensselaer	177	40	137
12182-Troy	208	118	90
12033-Castleton On Hudson	61	19	42
12198-Wynantskill	48	16	32
12061-East Greenbush	42	12	30
12018-Averill Park	44	17	27
12123-Nassau	33	9	24
12090-Hoosick Falls	49	28	21
12196-West Sand Lake	17	6	11
12138-Petersburg	20	10	10

- 615 Residents from three zip codes, two in Troy and 1 in Rensselaer, were served outside of the county; these numbers could be inflated as a result of people moving



# Crisis Program Admissions - Rensselaer Residents

<b>Description</b>	<b>Count</b>	<b>Percent</b>
12180-Troy	96	39.7
12182-Troy	8	3.3
12033-Castleton On Hudson	4	1.7
12198-Wynantskill	4	1.7
12144-Rensselaer	3	1.2
12183-Troy	3	1.2
12018-Averill Park	1	0.4
12022-Berlin	1	0.4
12052-Cropseyville	1	0.4
12061-East Greenbush	1	0.4
12063-East Schodack	1	0.4
12075-Ghent	1	0.4
12123-Nassau	1	0.4
12138-Petersburg	1	0.4
12181-Troy	1	0.4
12196-West Sand Lake	1	0.4

- The zip code with the most crisis admissions was in Troy

## Crisis Program Zip Codes with up to 5 Admissions - Rensselaer Provider

<b>Description</b>	<b>Count</b>	<b>Percent</b>
12180-Troy	96	39.7
12189-Watervliet	15	6.2
12047-Cohoes	13	5.4
12065-Clifton Park	9	3.7
12182-Troy	8	3.3
12118-Mechanicville	7	2.9
12110-Latham	5	2.1
12188-Waterford	5	2.1

- Three zip codes outside of Rensselaer County have more crisis admissions than the second highest Rensselaer County zip code

# Rensselaer County 2021 Local Service Plan

Access to Home and Community Based Services for Adults with  
Medicaid

# What are Behavioral Health Home and Community Based Services?

- Adult HCBS are meant to help people achieve life goals and be more involved in community in the domains of independence, education/employment, peer and family supports and managing crises
- These services are available for people 21 and over who are enrolled in a Medicaid Managed Care Health and Recovery Plan (HARP) and found eligible after completing the NYS Eligibility Assessment.
- NYS Eligibility Assessments are completed with Health Home Care Managers or State Designated Entities
- HARP members and their care managers use the NYS Eligibility Assessment to develop a Person-Centered Plan of Care
- After the assessment, care managers work together with HARP members to identify and select Home and Community Based Services to include in the Plan of Care.

# Access to Home and Community Based Services (HCBS) by High Need Rensselaer County Residents

- 19% of HARP enrolled individuals are enrolled in Health Homes, similar the average in the capital district; reflecting lack of access to Care Management services and limiting access to assessment for HCBS eligibility
- Only 20% of those eligible in Rensselaer County are receiving any level of HCBS, below the average of 26% in the Capital District, reflecting a lack of access to services meant to help people achieve their goals and maintain involvement in community
- This level of eligible individuals “claimed” reflects individuals receiving one service, and not necessarily the intensity of services that they need – OMH notes that there is a lag in claims and this number could be higher

# Capital District Access to Home and Community Based Services

County	HARP eligible	HARP enrolled	Health Home enrolled	% HH of HARP eligible	HCBS assessed	HCBS eligible	HCBS claimed	% claimed of eligible
<b>Rensselaer</b>	<b>1,365</b>	<b>1,095</b>	<b>254</b>	<b>19%</b>	<b>155</b>	<b>152</b>	<b>31</b>	<b>20%</b>
Albany	2,230	1,829	353	16%	231	256	60	23%
Columbia	488	374	111	23%	69	68	33	49%
Greene	446	348	98	22%	73	73	30	41%
Saratoga	980	754	126	13%	75	73	15	21%
Schenetady	1,799	1,458	355	20%	245	239	52	22%
<b>Total</b>	<b>7,308</b>	<b>5,858</b>	<b>1,297</b>	<b>18%</b>	<b>848</b>	<b>861</b>	<b>221</b>	<b>26%</b>

## NYS Behavioral Health (BH) Home and Community Based Services (HCBS) Dashboard: County Level Data

The below references information found in the Data table entitled "HCBS Access Data by County Fiscal Responsibility"

This data shows the Health and Recovery Plan (HARP) Eligible, HARP Enrolled, Health Home Enrolled, HCBS assessment and HCBS claims data breakout by County from Medicaid Data Warehouse (MDW). This data is updated on a quarterly basis.

All data is unique recipient data meaning that Individuals are counted only once.

Column Number	Title/ Data Set	Source	Data Set Description	Notes
1	Transaction District		Name of County	All counties with census population less than 20,000 are grouped to avoid HIPAA concern.
2	HARP Eligible	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan with a HARP eligibility code (H-code) at the time of the data run. Includes both individuals enrolled and individuals not enrolled in a HARP.	Does not include Individuals excluded from HARP *By excluding all other plan types, like LTC, we removed the recipients who will not be enrolled even if they have H code.
3	HARP Enrolled	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan who have been enrolled in a HARP.	Data captures the number of HARP premiums that have been paid to NYS Medicaid Managed Care Organizations.
4	Health Home Enrolled	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan both enrolled in a HARP and enrolled in a Health Home (HH). Does not include HARP-enrolled individuals currently being outreached by a HH.	In contrast, Health Home enrollment data from the NYS Department of Health includes HH-enrolled <b>and</b> HH-outreached individuals.
5	HCBS Assessed	CMHA/ UAS	Number of individuals by MMC Plan who have completed the NYS Eligibility Assessment for Behavioral Health (BH) Home and Community Based Services (BH HCBS).	BH HCBS assessment data has approximately a one week lag.  While based on claims, this data set captures only the number of individuals who have completed one or more assessments, and not the number of total assessment claims received by the MDW.
6	HCBS Eligible	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan who have completed the assessment and been found eligible for Tier 1 or 2 BH HCBS.	
7	HCBS Claimed		Number of individuals by MMC Plan who have received BH HCBS as determined by the number of paid BH HCBS <b>service claims</b> by unique recipient. Individuals with multiple service claims are only counted once.	BH HCBS assessment claims are <b>not</b> included in this data set.  There is a significant claims lag of 6-8 months for this data. NYS expects that the current number of individuals receiving BH HCBS is larger than the data shows.



HCBS Access Data by County Fiscal Responsibility as of Jul. 30, 2019

Transaction District	RPC_Region	HARP Eligible	HARP Enrolled	Health Home Enrolled	HCBS Assessed	HCBS Eligible	HCBS Claimed
ALBANY (AB)	CAPITAL	2,320	1,829	353	231	226	60
ALLEGANY (AG)	WESTERN	440	289	90	66	65	16
BRIDGEMAN (BR)	SOUTHERNTIER	2,173	1,785	510	684	677	130
CATTARAUGUS (CS)	WESTERN	889	548	168	140	130	58
CAYUGA (CY)	CENTRAL	786	632	172	181	170	34
CHATAUGUA (CO)	WESTERN	1,807	1,330	385	307	300	90
CHEMUNG (CM)	FINGER LAKES	1,158	907	186	130	128	27
CHEMUNGO (CH)	SOUTHERNTIER	401	305	80	75	75	6
CLINTON (CT)	NORTH COUNTRY	880	718	183	164	164	81
COLUMBIA (CO)	CAPITAL	489	374	111	69	68	33
CORTLAND (CR)	CENTRAL	488	401	84	49	48	2
DELAWARE (DE)	SOUTHERNTIER	274	207	60	43	41	6
DUTCHESS (DU)	MID-HUDSON	2,168	1,803	550	486	488	33
ERIE (ER)	WESTERN	9,332	6,820	2,944	1,804	1,770	420
ESSEX (ES)	NORTH COUNTRY	277	223	85	61	61	53
FRANKLIN (FK)	NORTH COUNTRY	647	527	132	64	62	83
FULTON (FT)	MOHAWK VALLEY	616	460	108	75	75	12
GENESEE (GN)	WESTERN	614	384	90	58	58	12
GREENE (GR)	CAPITAL	446	349	99	73	73	30
HERKIMER (HK)	MOHAWK VALLEY	641	438	130	136	134	23
JEFFERSON (JF)	TUG-HILL	1,114	881	320	299	293	14
LEWIS (LW)	TUG-HILL	253	201	69	56	56	1
LIVINGSTON (LV)	FINGER LAKES	507	416	77	77	76	34
MADISON (MA)	CENTRAL	487	377	96	83	81	10
MONROE (MO)	FINGER LAKES	10,207	6,657	2,663	2,171	2,114	718
MONTGOMERY (MG)	MOHAWK VALLEY	608	486	133	81	81	2
NASSAU (NA)	LONG ISLAND	4,125	3,165	891	782	751	91
NIAGARA (NI)	WESTERN	2,536	1,883	647	700	690	137
ONEIDA (OE)	CENTRAL	2,717	2,230	610	687	684	70
ONONDAGA (OO)	CENTRAL	4,887	4,163	1,140	1,043	1,026	252
ONTARIO (OT)	FINGER LAKES	736	596	147	124	116	61
ORANGE (OR)	MID-HUDSON	2,368	1,745	523	400	388	68
ORLEANS (OL)	WESTERN	309	217	30	31	30	5
OSWEGO (OW)	CENTRAL	1,245	1,005	242	220	220	19
OTSEGO (OO)	MOHAWK VALLEY	490	391	80	92	92	6
PUTNAM (PU)	MID-HUDSON	361	287	47	28	27	2
RENSSELAER (RE)	CAPITAL	1,365	1,095	254	155	152	31
ROCKLAND (RK)	MID-HUDSON	1,078	803	220	162	161	2
ST. LAWRENCE (SL)	TUG-HILL	1,182	898	232	200	199	8
SARATOGA (SA)	CAPITAL	980	754	126	75	73	16
SCHENECTADY (SY)	CAPITAL	1,799	1,458	395	245	239	62
SCHWARZ (SC)	MOHAWK VALLEY	256	189	64	49	48	2
SENECA (SE)	FINGER LAKES	290	241	59	70	59	21
STEBUEN (SB)	FINGER LAKES	971	752	187	142	142	78
SUFFOLK (SU)	LONG ISLAND	6,251	6,464	2,192	1,675	1,640	284
SULLIVAN (SN)	MID-HUDSON	759	578	120	72	70	11
TIOGA (TI)	SOUTHERNTIER	303	243	59	36	36	1
TOMPKINS (TO)	SOUTHERNTIER	614	489	127	88	87	2
ULSTER (UL)	MID-HUDSON	1,404	1,033	192	114	111	1





HCBS Access Data by County Fiscal Responsibility as of Jul. 30, 2019

Transaction District	RPC_Region	HARP Eligible	HARP Enrolled	Health Home Enrolled	HCBS Assessed	HCBS Eligible	HCBS Claimed
WARREN (WA)	NORTH COUNTRY	515	390	79	51	48	6
WASHINGTON (WAH)	NORTH COUNTRY	480	371	76	46	45	1
WAYNE (WY)	FINGER LAKES	777	627	160	135	124	41
WEST CHESTER (WCG)	MID-HUDSON	5,097	4,110	1,594	1,200	1,160	175
WYOMING (WIC)	WESTERN	237	119	31	40	40	19
YATES (YA)	FINGER LAKES	130	93	20	15	14	9
NEW YORK CITY (NY)	NYC	87,281	72,151	18,712	16,400	15,836	1,515
HAMILTON (HA), SCHUYLER (SR)	NORTH COUNTRY, FINGER LAKES	150	114	27	7	6	3
<b>TOTAL</b>		<b>173,570</b>	<b>139,798</b>	<b>39,937</b>	<b>32,693</b>	<b>31,763</b>	<b>5,091</b>

Note: All counties with census population less than 20,000 are grouped to avoid HIPAA concerns.

All metrics in this table are count of unique recipients.

HARP Eligible column include all recipients who have active H codes as of 07/30/2019 and are enrolled in Mainstream, HARP or HIV/SNP.

HCBS Assessed (Column G) only includes assessed population enrolled in HARP or HIV/SNP.

# Rensselaer County 2021 Local Service Plan

Suicide and Self-Harm

# Background

- Each year, more New Yorkers die by suicide than in motor vehicle accidents or homicides. Despite prevention efforts, the suicide rate in NYS has stubbornly increased by 25% over the last two decades.
- In November 2017, Governor Cuomo launched a suicide prevention task force to address the growing public health problem of suicide. The Task Force issued recommendations in a report on April 22, 2019 [<https://omh.ny.gov/omhweb/resources/publications/suicide-prevention-task-force-report.pdf>] called “Communities United for a Suicide Free New York.”
- In order to materially support implementation of recommendations contained in the Task Force report, The Office of Mental Health (OMH) with input from the Department of Health (DOH) and other partners, created a Designation Tool to provide guidance and coordination to county-level suicide prevention efforts.

# “Community United for Suicide Prevention” designation from New York State

The Designation Tool has 3 domains:

1. The development and strengthening of best practice public health suicide prevention approaches across the lifespan
2. The integration of suicide prevention into local health and behavioral healthcare systems
3. Active use of surveillance and quality improvement data to both inform efforts and evaluate progress and outcomes

Counties who demonstrate substantial activity in the 3 domains, along with attention to addressing disparities in risk and the unique cultural needs within each community, will meet criteria and receive recognition as a part of Suicide Prevention Month.

# Available Data

- An important part of suicide and self-harm injury prevention efforts is understanding the trends, along with regional and demographic differences. Clear and accurate data is key to supporting suicide prevention activities. The New York State Health Connector provides a dashboard on suicides and self harm in New York
- This dashboard provides visual data on suicide and self-harm that is easily navigable and understandable.
- Data are broken down by age, race/ethnicity, mechanism, marital status, and veteran status; some of this data is suppressed when the numbers are small
- The goal is to use data to drive interventions and assist suicide education and prevention efforts
- There is a two-year lag in reporting, and some data sources have an even longer lag in reporting
- <https://nyshc.health.ny.gov/web/nyapd/suicides-in-new-york>

# Overview of Rensselaer County vs New York State

## **Deaths by Suicide**

- The Rensselaer County of 11.1/100,000 is in the 25<sup>th</sup> – 49<sup>th</sup> percentile for counties in NYS
- Rensselaer County most exceeds the state for individuals 25-34, 35-44, 65-74 and 75-84
- The rate for men is 18% higher than NYS rate and for women the rate is 71% higher than the NYS rate; the rate for men is about twice the rate for women

## **Hospitalizations as a result of Self-Harm**

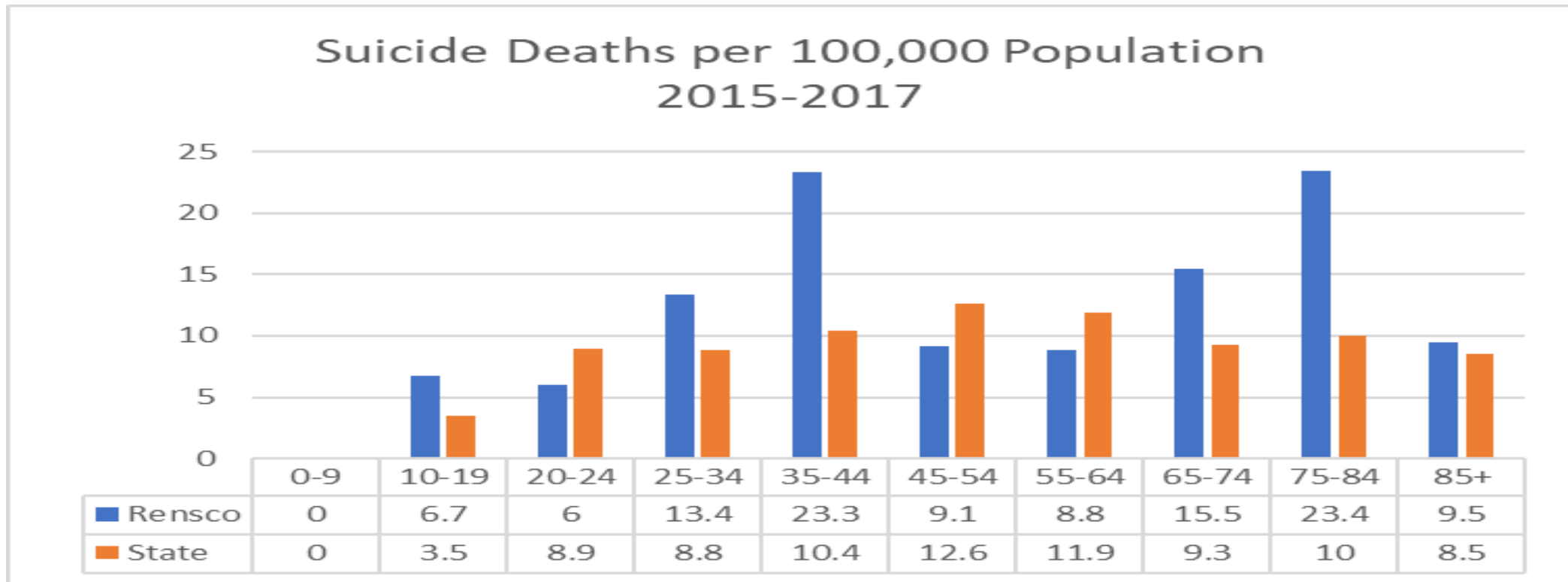
- The Rensselaer County rate of 54.4/100,000 is in the 25<sup>th</sup>-49<sup>th</sup> percentile
- Rensselaer County most exceeds the state rate for individuals 25-34, 35-44, 45-54 and 75-84
- The rate for men is 12% higher than NYS rate and for women the rate is 24% higher than the NYS rate; the rate for women is about 1/3<sup>rd</sup> higher than the rate for men
- The Rensselaer County rate for Black/African Americans is twice that of the statewide rate
- About half of individuals are discharged to a Psychiatric Hospital or Unit

## **Emergency Department visits as a result of Self-Harm**

- Rensselaer County rate of 126.3/100,000 is in the 75<sup>th</sup> to 100<sup>th</sup> percentile relative to counties across the state
- Rensselaer County most exceeds the state rate for individuals 10-19, 20-24, and 25-34 and the rates are the highest in these age groups
- The rate for men is 86% higher than NYS rate and for women the rate is 150% higher than the NYS rate; the rate for women is about 60% higher than the rate for men
- The rate for Whites is 82% higher than the statewide rate and the rate for Blacks/African Americans is 536% higher than the statewide rate
- 9% of ED discharges were to Psychiatric Units or Hospitals
- Mechanisms were about 30% each of the following: overdose/drug poisoning, Cut/pierce, and “other”

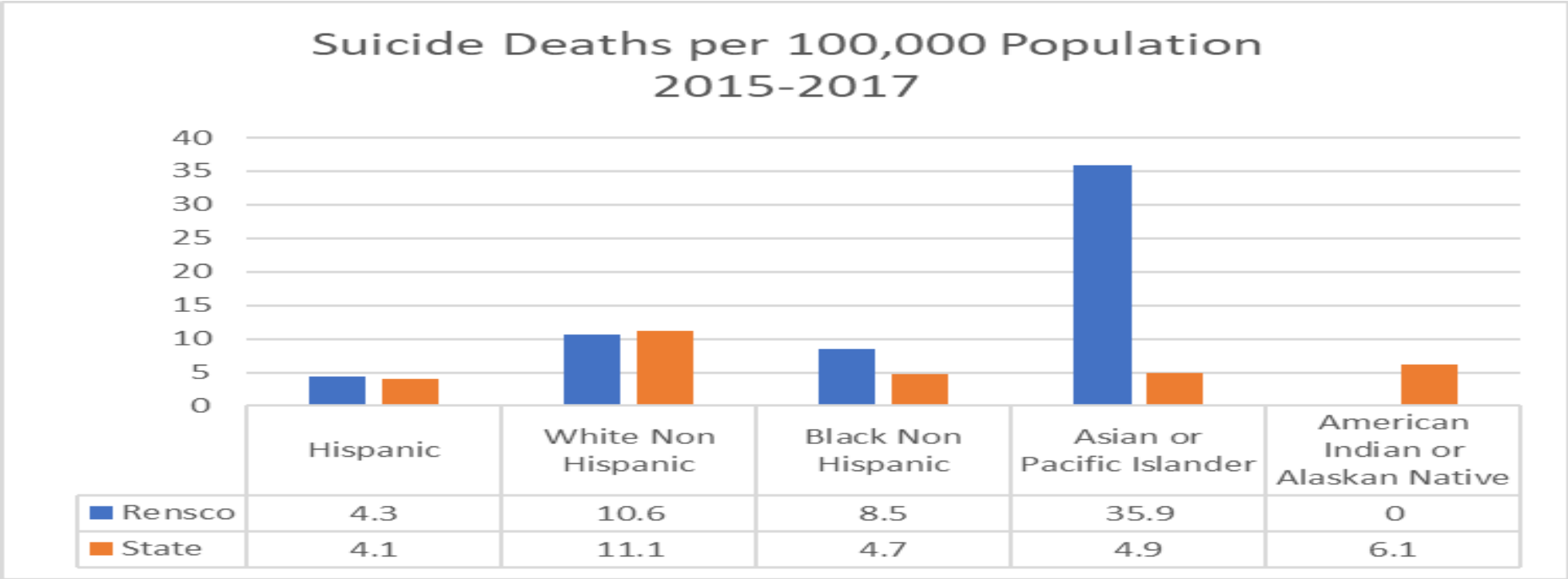
# Suicide Deaths

- Rensselaer County rate of 11.1/100,000 is in the 25-49% percentile relative to counties across the state
- Rensselaer County most exceeds the state rate for individuals 25-34, 35-44, 65-74 and 75-84



# Suicide Deaths

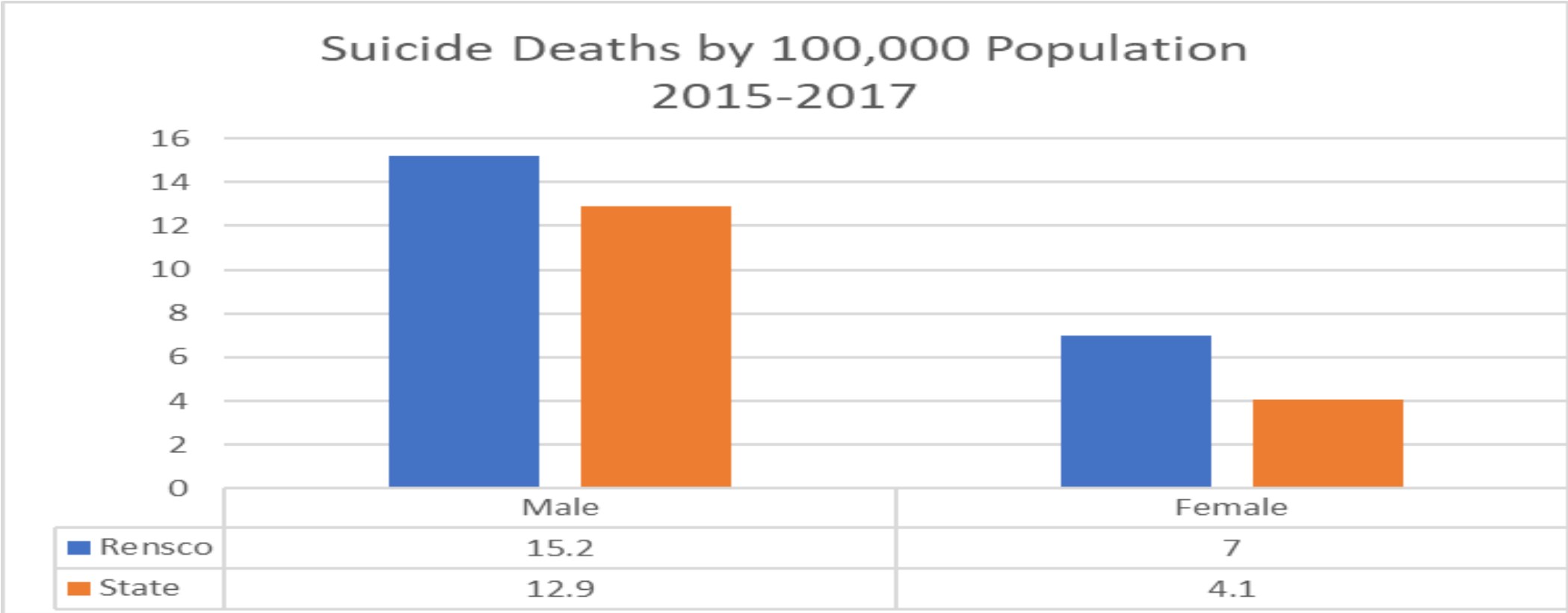
- The rates for Black Non-Hispanic and Asians or Pacific Islanders exceed that of the state
- These high rates could be as a result of low numbers and not represent significant differences





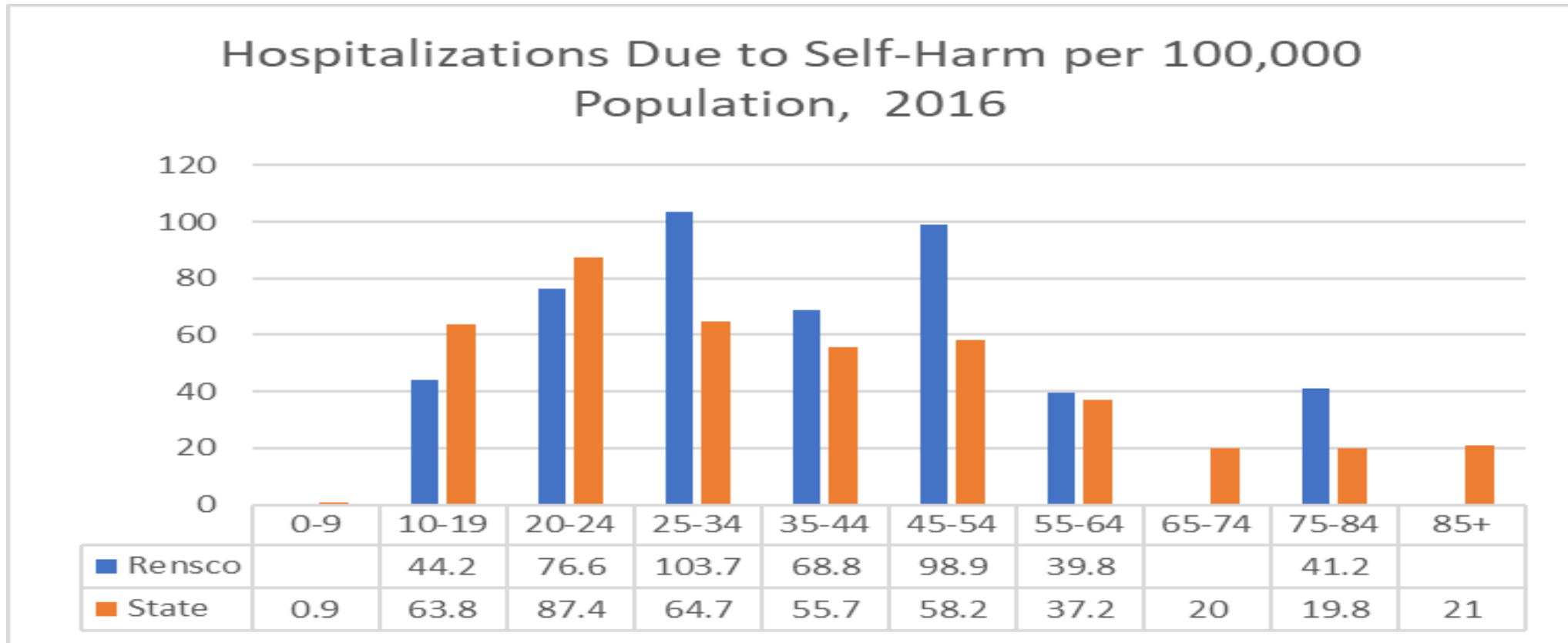
# Suicide Deaths

- The rate for men is 18% higher than the statewide rate
- The rate for women is 71% higher than the statewide rate
- The rate for men is about twice the rate for women



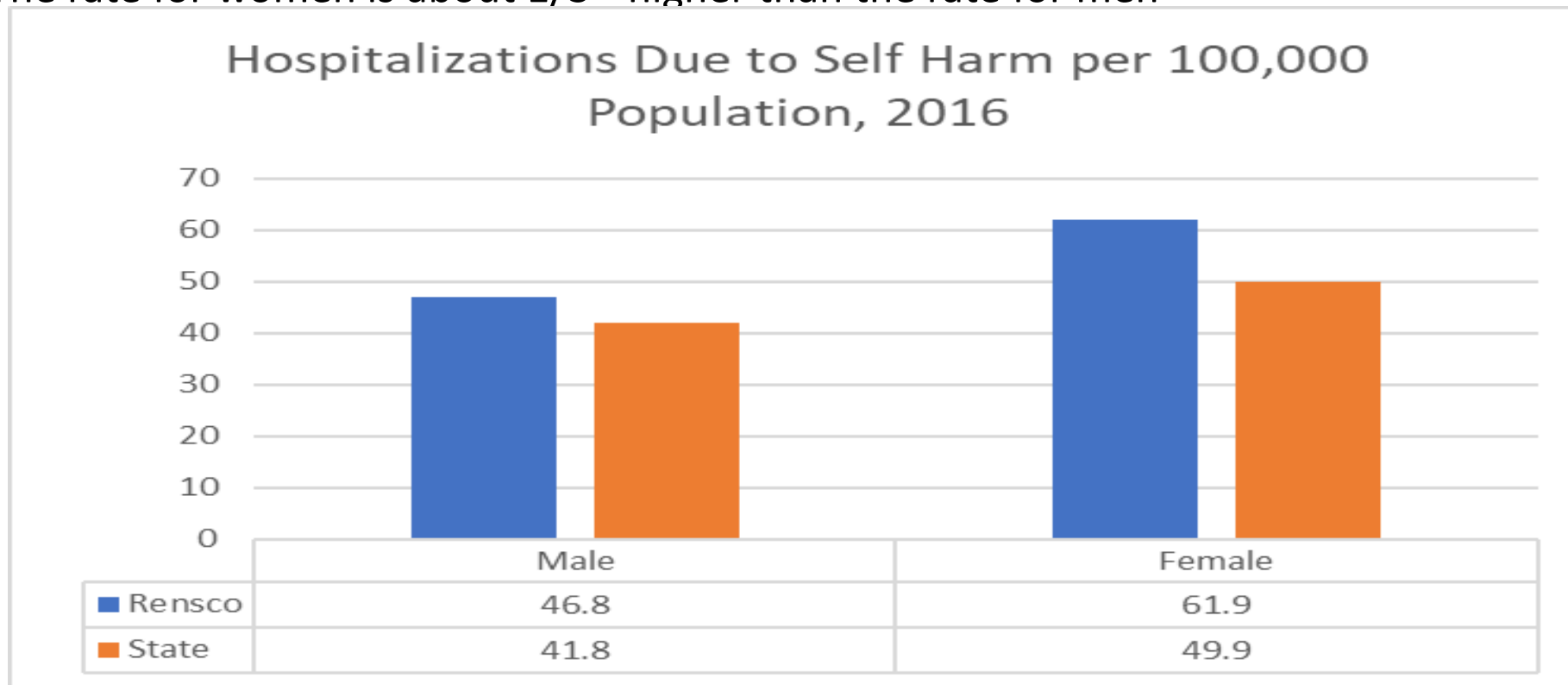
# Hospitalizations Due to Self-Harm

- The Rensselaer County rate of 54.4/100,000 is in the 25<sup>th</sup>-49<sup>th</sup> percentile
- Rensselaer County most exceeds the state rate for individuals 25-34, 35-44, 45-54 and 75-84



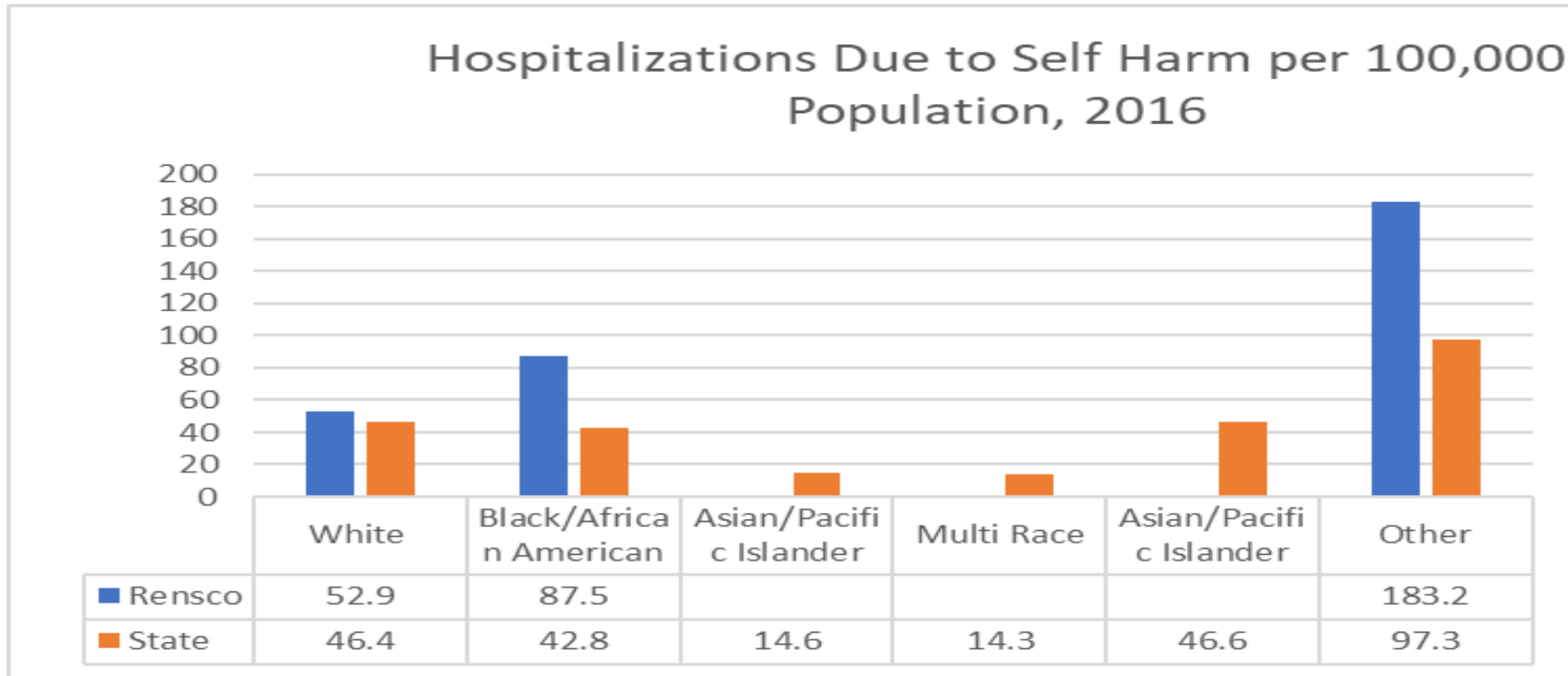
# Hospitalizations Due to Self-Harm

- The Rensselaer County rate for men is 12% higher than the statewide rate
- The Rensselaer County rate for women is 24% higher than the statewide rate
- The rate for women is about 1/3<sup>rd</sup> higher than the rate for men



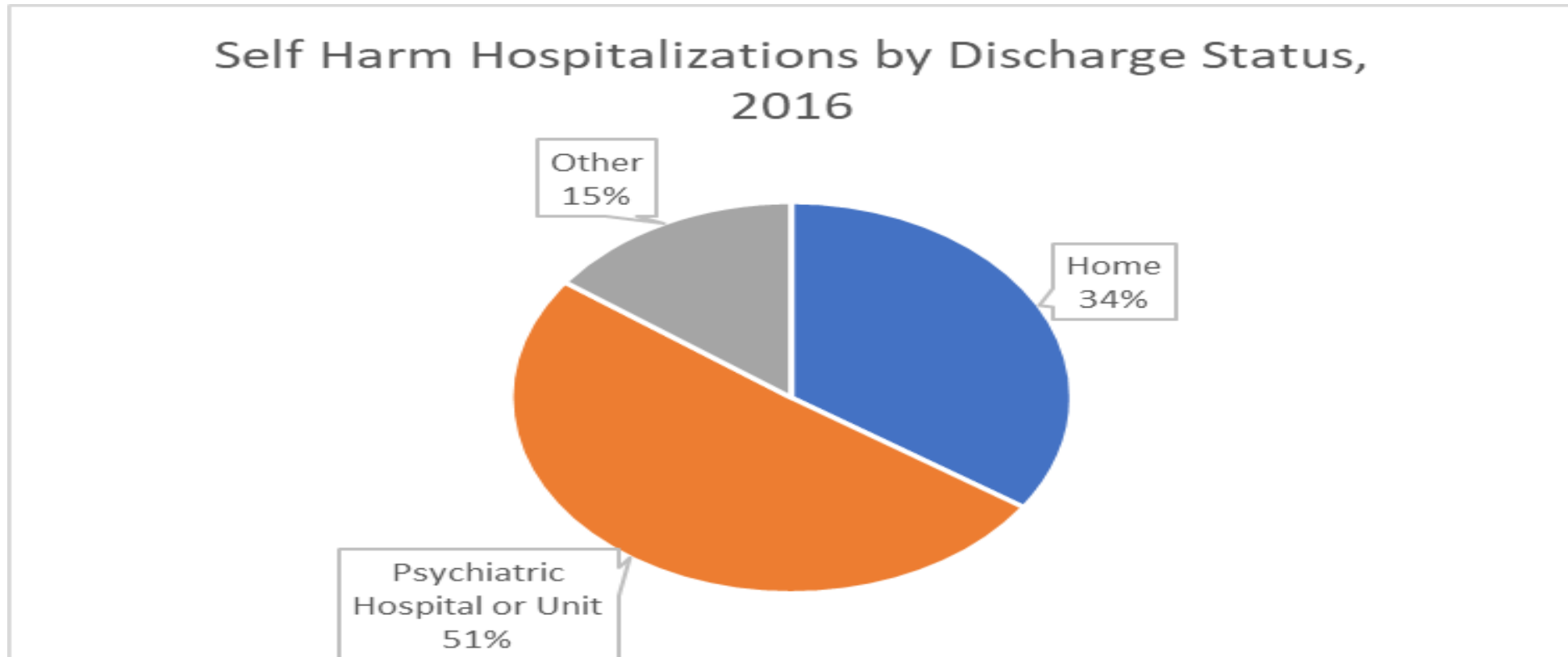
# Hospitalizations Due to Self-Harm

- The Rensselaer County rate for Black/African Americans is twice that of the statewide rate



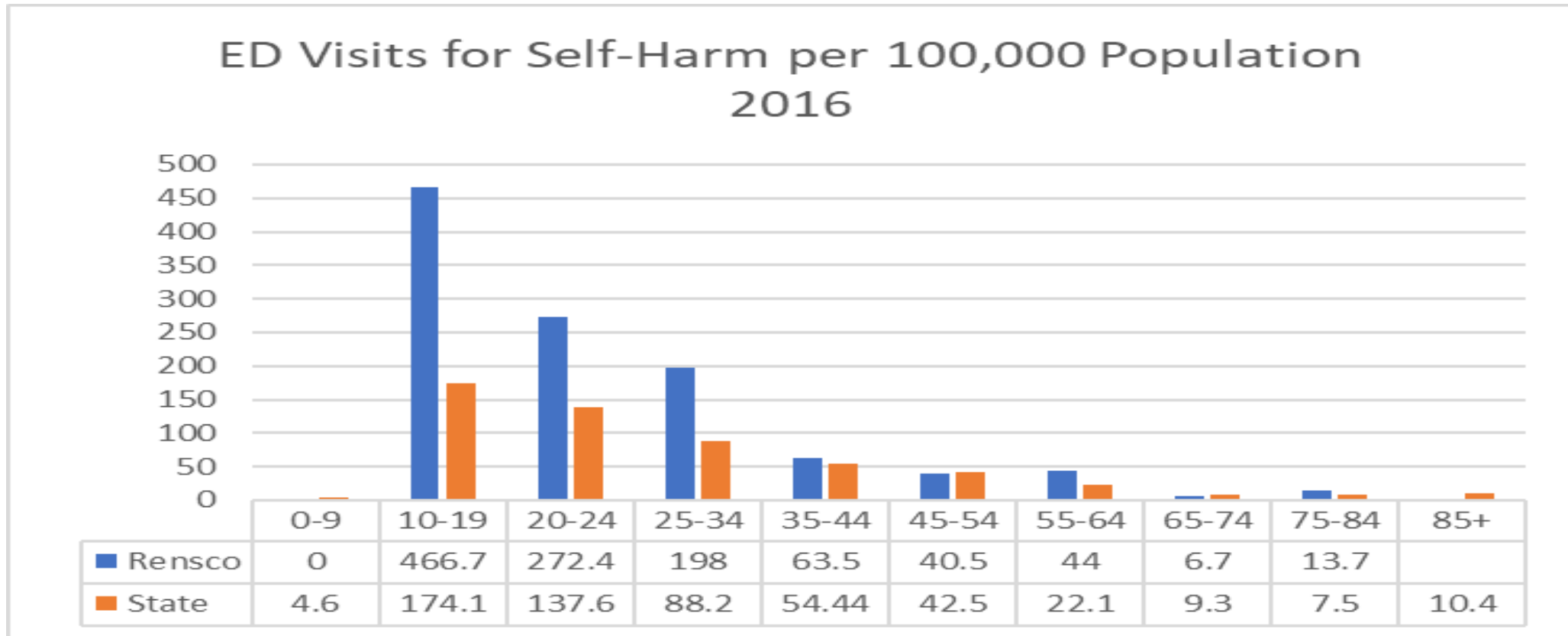
# Hospitalizations Due to Self-Harm

- About half of individuals are discharged to a Psychiatric Hospital or Unit



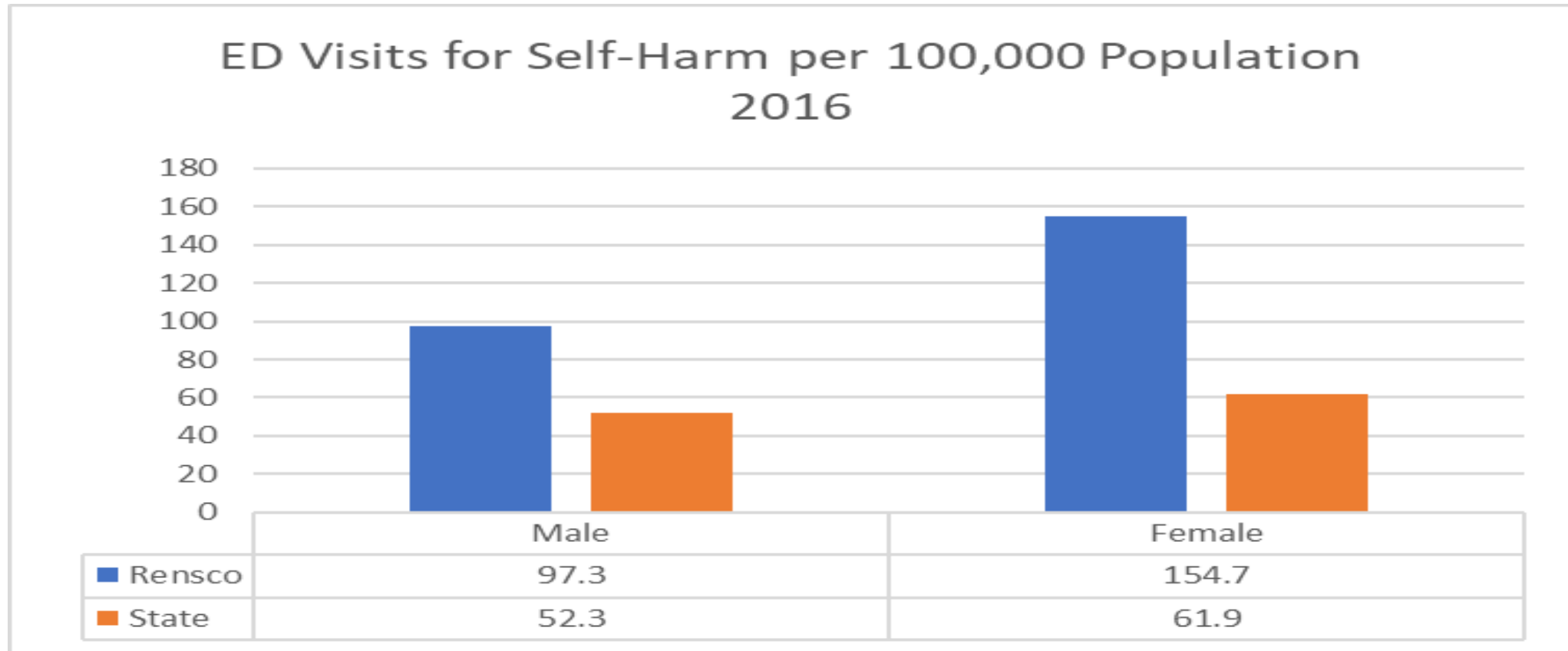
# Emergency Department Visits

- Rensselaer County rate of 126.3/100,000 is in the 75<sup>th</sup> to 100<sup>th</sup> percentile relative to counties across the state
- Rensselaer County most exceeds the state rate for individuals 10-19, 20-24, and 25-34 and the rates are the highest in these age groups



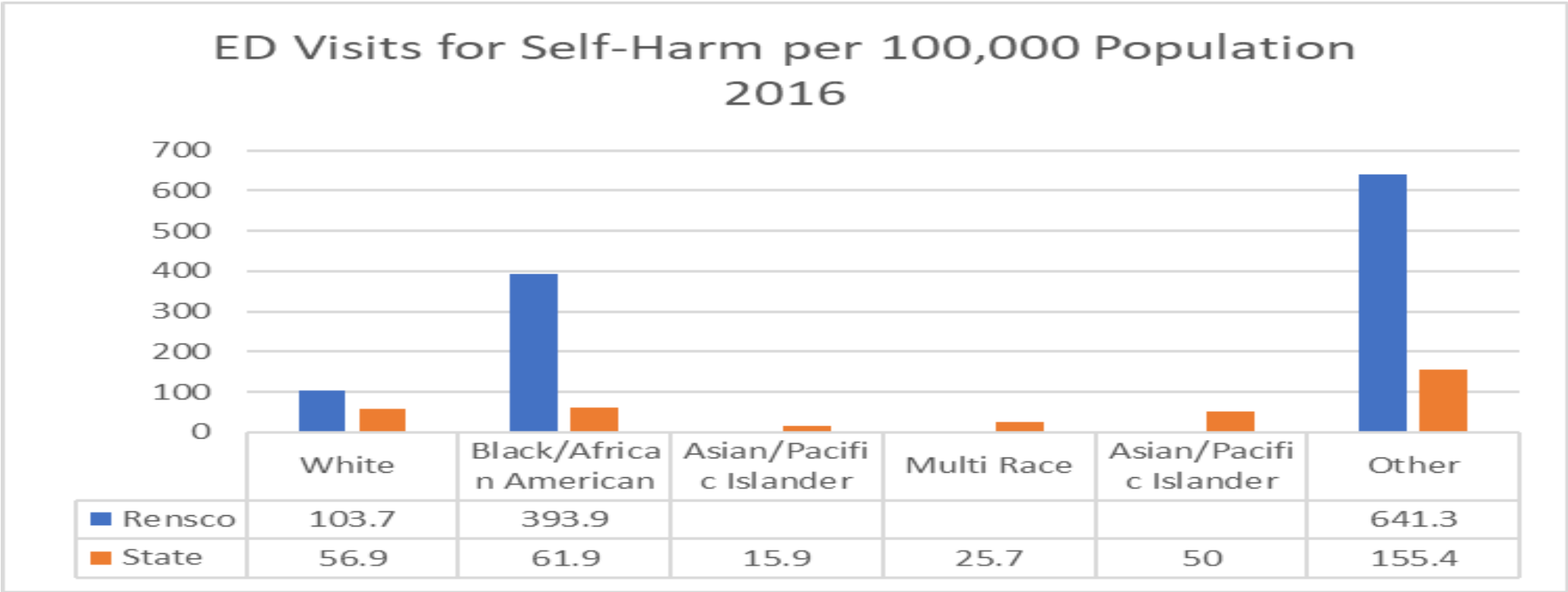
# Emergency Department Visits

- The Rensselaer County rate for men is 86% higher than the statewide rate
- The Rensselaer County rate for women is 150% higher than the statewide rate
- The rate for women is about 60% higher than the rate for men



# Emergency Department Visits

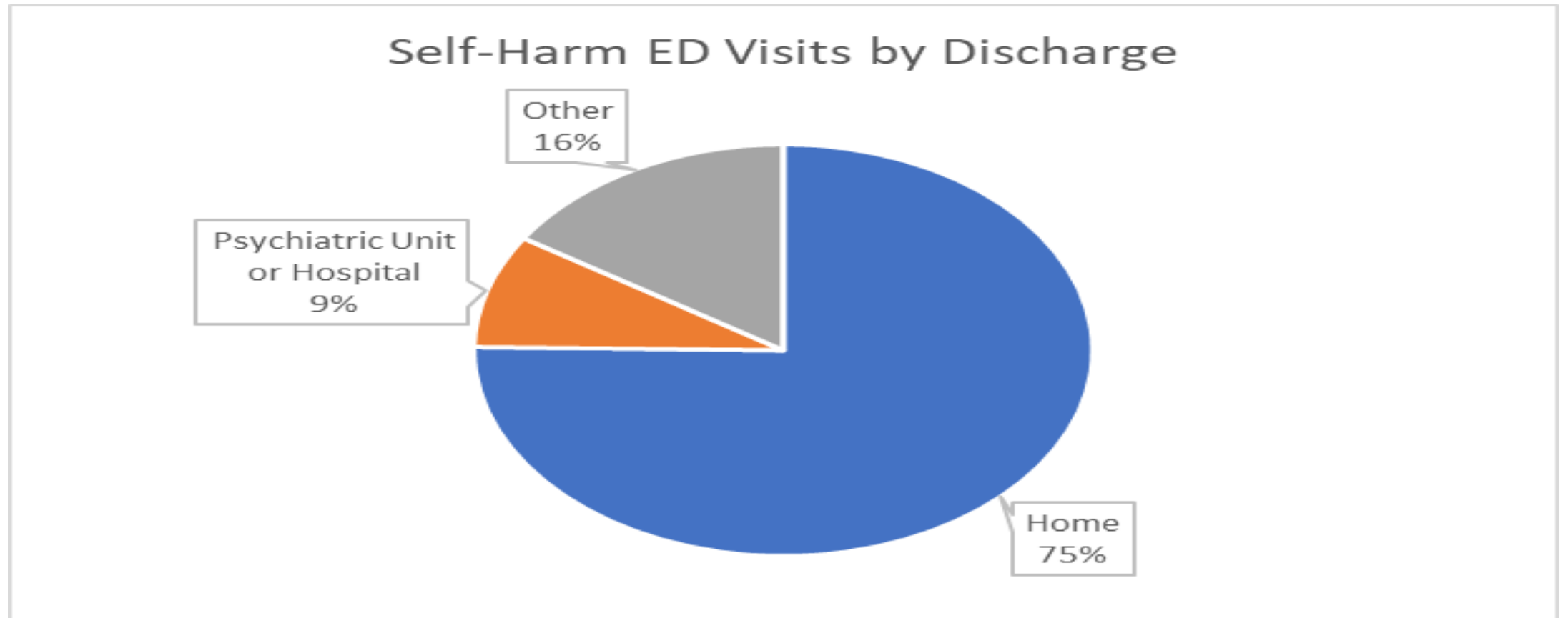
- The rate for Whites is 82% higher than the statewide rate and the rate for Black/African American is 536% higher than the statewide rate





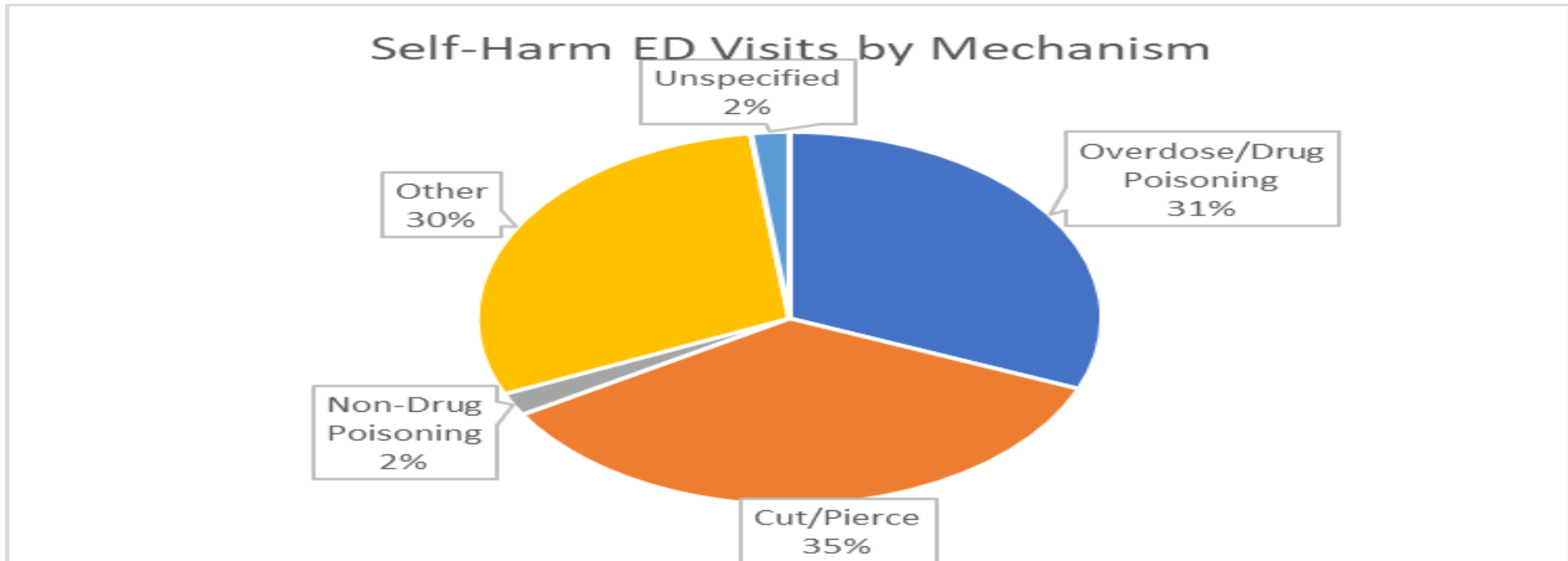
# Emergency Department Visits

- 9% of ED discharges were to Psychiatric Units or Hospitals
- 75% of discharges were to home



# Emergency Department Visits

- The self-harm mechanisms were about 30% each of the following: overdose/drug poisoning, Cut/pierce, and “other”



Individuals with Medicaid  
Receiving OMH Services  
2020 Local Service Plan  
Rensselaer County - 2019

# Individuals Served with Medicaid – Public Mental Health Population

- **What does this measure?**

Medicaid utilization and expenditure data is reported for the Medicaid eligible public mental health population consistent with the definition prior to MNYS Medicaid system redesign. Reports include Medicaid Fee For Service and Medicaid managed care encounters. All reports are based on the 2017 calendar year.

- **Why is this important?**

Identifying patterns of service and trends over time can inform local planning.

- **What is the data source?**

Data for these profiles come from the New York State Department of Health, Medicaid Data Warehouse and is provided by the OMH Office of Performance Measurement and Evaluation

# Observations - Services Paid through Medicaid for the Public Mental Health Population

- Expenditures per individual are for Rensselaer and Saratoga residents are the lowest in Capital Region average
- Rensselaer County has the highest rate of individuals served in the Capital Region
- While approximately a third of individuals received “Behavioral Health” and “Non Behavioral Health” services, the highest percentage of Medicaid expenditures were for “Non Behavioral Health” at 45.2% and “Mental Health” at 32.6%
- 80% of expenditures were for adults; these were 75% of individuals served

# Non-OMH Services Paid through Medicaid for for the Public Mental Health Population - Adults *(note that individuals may be counted in more than one category)*

- 46,864 adults were served in 2017
- The highest numbers of adults receiving prescriptions are for antidepressants followed by anxiolytics, atypical antipsychotics and mood stabilizers
- 48 adults received HCBS assessment in 2017 and 0 received HCBS services
- 2,298 adults were Enrolled in Health Homes and 1,414 received health Health Home Outreach
- 4,254 adults received MH clinic services, and treatment services from a variety of other sources such as BH outpatient practitioners
- 4,508 adults received non-BH ER services and 946 non-BH inpatient
- 216 adults received OPWDD Care Coordination and 146 received OPWDD waiver
- 394 adults received OASAS specialty services, 704 SUD ER and 744 SUD inpatient

# Non-OMH Services Paid through Medicaid for for the Public Mental Health Population - Children *(note that individuals may be counted in more than one category)*

- 13,966 children were served in 2017
- The highest numbers of children receiving prescriptions are for stimulants followed by antidepressants, and atypical antipsychotics
- 202 children received Health Home Assessment, 510 Health Home enrollment and 206 Health Home Outreach
- 72 children received waiver services, 48 received OCFS waiver and 44 OPWDD waiver
- 2,360 children received MH clinic services, and treatment services from a variety of other sources such as BH outpatient practitioners
- 1,350 children received non-BH ER services and 98 non-BH inpatient
- 150 children received OPWDD Care Coordination and 310 received OPWDD clinic
- 96 children received OASAS specialty services

# Non-OMH Services Paid through Medicaid for for the Public Mental Health Population - Seniors *(note that individuals may be counted in more than one category)*

- Some services such as inpatient and prescriptions are usually paid through Medicare and are not reflected in this data
- 1,902 seniors were served in 2017
- 96 seniors received Health Home enrollment and 82 Health Home Outreach
- 326 seniors received OMH licensed clinic services
- 234 seniors received non-BH ER services and 124 non-BH inpatient
- No seniors received MH residential, OPWDDD services or OASAS services



# Trends for OPWDD Services for the Public Mental Health Population

- Individuals served in OPWDD clinic from the OMH population decreased sharply between 2016 and 2017
- Spending per individual served increased for OPWDD Clinic and Care Coordination
- Costs per individual served in OPWDD waiver peaked in 2016, and decreased sharply in 2017

# Inpatient Census Trends

- Average daily inpatient census for adults from Rensselaer County is increasing slightly but is still below the State and Capital Region
- Average daily census in State Psychiatric Centers for adults from Rensselaer County and the Capital Region is decreasing while the average census statewide is increasing
- Average daily census in General Hospitals for adults from Rensselaer County is increasing and is above the State and Capital Region
- Average daily inpatient census for children from Rensselaer County is increasing as the average daily inpatient census for the Capital region; at the same time, the average daily census for children statewide is decreasing.
- *Note – 2016 is the most recent year available*

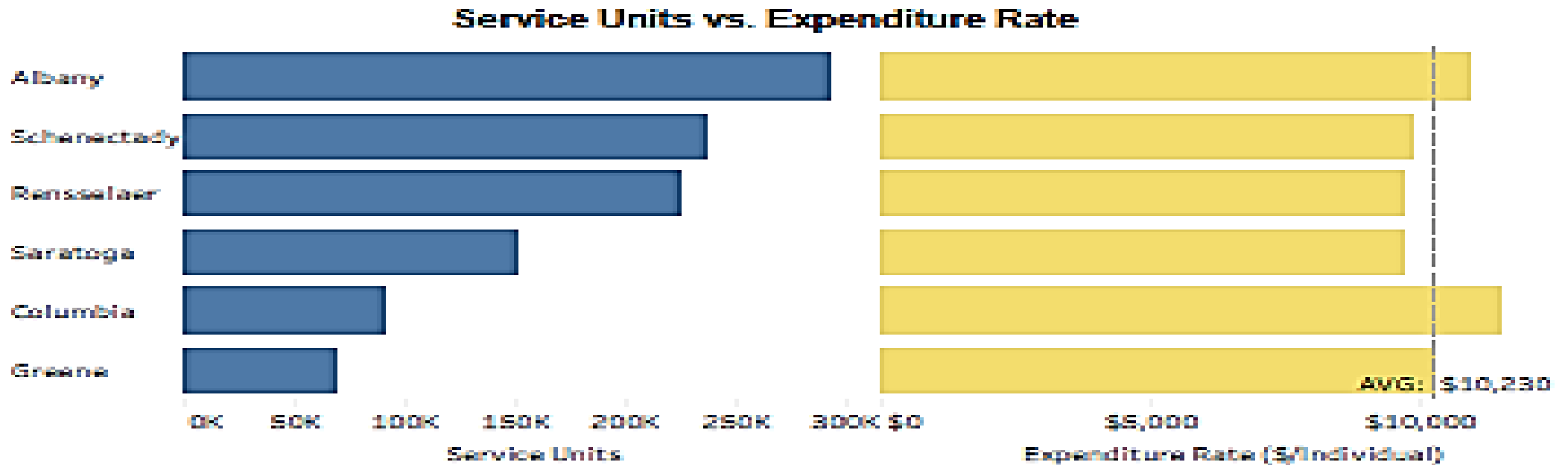
# 2017 Regional Planning Council (RPC) Services and Units

Capital Region and Rensselaer County

# Individuals Served and Expenditure Rate

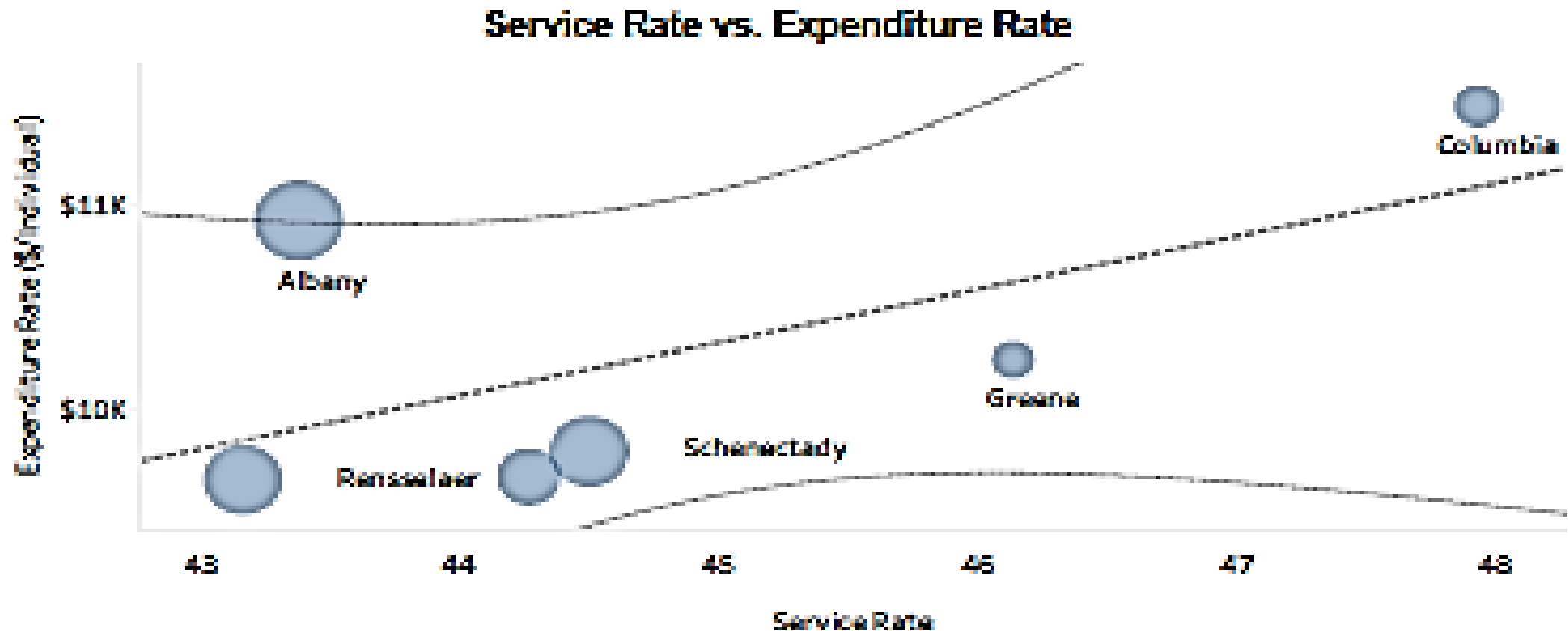
	<b>Medicaid Enrollees</b>	<b>Individuals Served</b>	<b>Population Rate (per 10,000)</b>	<b>Medicaid Paid (\$)</b>	<b>Expenditure Rate (\$/Individual)</b>
<b>Capital Region</b>	201,534	22,962	1,139	245,785,227	10,704
<b>Albany</b>	64,715	6,757	1,044	73,760,115	10,916
<b>Schenectady</b>	42,874	5,300	1,236	51,991,175	9,810
<b>Rensselaer</b>	34,977	5,201	1,487	50,301,354	9,671
<b>Saratoga</b>	32,714	3,401	1,040	32,899,231	9,673
<b>Columbia</b>	14,184	1,888	1,331	21,679,198	11,483
<b>Greene</b>	11,890	1,478	1,243	15,154,155	10,253

# Service Units vs Expenditure Rate



The average Expenditure Rate is calculated as sum of Medicaid Paid (\$) per sum of Individuals served across levels.

# Service Units vs Expenditure Rate



The size of dot is based on number of individuals served.

Lines are generated using Simple Linear Regression Model with 95% confidence interval.

# 2017 Individuals Served and Medicaid Cost

Rensselaer County

# Individuals Served and Medicaid Expense

Category	Individuals Served	Medicaid Paid	% of Individuals	% of Medicaid
⊕ BH (Behavioral Health)	21,718	7,732,476	34.6%	8.0%
⊕ HCBS (Home and Community Based Services)	48	3,424	0.1%	0.0%
⊕ HH (Health Home)	4,808	5,261,216	7.7%	5.5%
⊕ MH (Mental Health)	11,444	31,418,262	18.2%	32.6%
⊕ Non-BH (Non-Behavioral Health)	21,646	43,487,010	34.5%	45.2%
⊕ SUD (Substance Use Disorder)	3,098	8,329,148	4.9%	8.7%
<b>Grand Total</b>	<b>62,762</b>	<b>96,231,536</b>	<b>100.0%</b>	<b>100.0%</b>



# Medicaid Expense by Age Group

Category	Adult	Child	Senior	Grand Total
BH (Behavioral Health)	\$ 5,513,476	\$ 2,166,041	\$ 52,959	\$ 7,732,476
HCBS (Home and Community Based Services)	\$ 3,424			\$ 3,424
HH (Health Home)	\$ 3,894,836	\$ 1,216,132	\$ 150,248	\$ 5,261,216
MH (Mental Health)	\$ 21,852,174	\$ 9,061,882	\$ 504,206	\$31,418,262
Non-BH (Non-Behavioral Health)	\$ 37,535,908	\$ 5,194,999	\$ 756,103	\$43,487,010
SUD (Substance Use Disorder)	\$ 8,256,341	\$ 72,807	\$ -	\$ 8,329,148
<b>Grand Total</b>	<b>\$ 77,056,159</b>	<b>\$17,711,861</b>	<b>\$1,463,516</b>	<b>\$96,231,536</b>
Percent of total	<b>80%</b>	<b>18%</b>	<b>2%</b>	

# Individuals Served by Age Group

Category	Adult	Child	Senior	Grand Total
BH (Behavioral Health)	16,844	4,590	284	21,718
HCBS (Home and Community Based Services)	48			48
HH (Health Home)	3,712	918	178	4,808
MH (Mental Health)	7,710	3,280	454	11,444
Non-BH (Non-Behavioral Health)	15,578	5,082	986	21,646
SUD (Substance Use Disorder)	3,002	96	-	3,098
<b>Grand Total</b>	<b>46,894</b>	<b>13,966</b>	<b>1,902</b>	<b>62,762</b>
Percent of total	<b>75%</b>	<b>22%</b>	<b>3%</b>	

# 2017 Individuals Served and Medicaid Cost - Adults

Rensselaer County

Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
<b>[-] BH Clinic</b>	<b>1,726</b>	<b>1,061,699</b>
Collaborative Care	-	-
MH Non-Licensed Clinic	1,726	1,061,699
<b>[+] BH Outpatient Practitioner</b>	<b>2,390</b>	<b>463,113</b>
<b>[+] Integrated Clinic</b>	<b>-</b>	<b>-</b>
<b>[-] MH RX</b>	<b>10,902</b>	<b>3,604,013</b>
ADHD Med	-	-
Antidepressant	3,466	494,827
Antipsychotic - Clozapine	48	79,666
Antipsychotic - Injection	82	20,114
Antipsychotic - Non-Clozapine	518	426,104
Anxiolytic	2,156	171,952
Atypical	1,744	1,595,228
Mood Stabilizer	2,090	441,386
Serotonin Modulators	-	-
Stimulant	798	374,736
<b>[+] Psych Inpatient Physician</b>	<b>550</b>	<b>85,866</b>
<b>[+] SUD Inpatient Physician</b>	<b>370</b>	<b>80,084</b>
<b>[-] SUD RX</b>	<b>906</b>	<b>218,701</b>
Anti-Craving - Injection	-	-
Smoking Cessation	906	218,701
<b>Grand Total</b>	<b>16,844</b>	<b>5,513,476</b>

# Adults – cont.

Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
<b>[-] HCBS Assessment</b>	<b>48</b>	<b>3,424</b>
HCBS HARP Assessment	48	3,424
<b>[+] HCBS Services</b>	-	-
<b>[-] Health Home Enrolled</b>	<b>2,298</b>	<b>3,542,216</b>
Health Home Plus	158	884,800
Health Home Services - HARP (High)	212	504,900
Health Home Services - HARP (Low)	240	198,948
Health Home Services - HARP (Med)	238	345,154
Health Home Services - Non-HARP (High)	464	842,722
Health Home Services - Non-HARP (Low)	544	276,632
Health Home Services - Non-HARP (Med)	442	489,060
<b>[-] Health Home Outreach</b>	<b>1,414</b>	<b>352,620</b>
Health Home Outreach (Adult)	1,414	352,620
<b>Grand Total</b>	<b>3,760</b>	<b>3,898,260</b>

# Adults – cont.

Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
⊕ MH Residential	282	6,432,985
⊕ OMH Licensed Clinic	4,254	4,724,376
⊖ OMH Specialty	586	2,360,087
OMH Assertive Community Treatment	-	-
OMH Partial Hospitalization	-	-
OMH Personalized Recovery Oriented Services	586	2,360,087
⊕ Psych ER	1,578	423,038
⊖ Psych Inpatient	1,010	7,911,688
Psych Inpatient 28	954	7,439,001
Psych Inpatient 31	56	472,687
<b>Grand Total</b>	<b>7,710</b>	<b>21,852,174</b>

# Adults – cont.

Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
<b>⊕ Non-BH ER</b>	<b>4,508</b>	<b>3,710,251</b>
<b>⊕ Non-BH Inpatient</b>	<b>946</b>	<b>10,863,699</b>
<b>⊖ Non-BH Outpatient</b>	<b>10,124</b>	<b>22,961,958</b>
DD Non-Licensed Clinic	-	-
DOH Waiver	68	2,876,930
Non-BH Clinic	4,426	4,288,568
Non-BH Practitioners	5,268	3,818,080
OPWDD Clinic	-	-
OPWDD Coordination	216	514,574
OPWDD Waiver	146	11,463,806
<b>⊕ OASAS Licensed Clinic</b>	<b>1,160</b>	<b>2,061,131</b>
<b>⊖ OASAS Specialty</b>	<b>394</b>	<b>2,072,719</b>
OASAS Outpatient Detox	-	-
OASAS Outpatient MMTP	232	1,424,258
OASAS Outpatient Rehab	162	648,461
<b>⊕ SUD ER</b>	<b>704</b>	<b>338,884</b>
<b>⊖ SUD Inpatient</b>	<b>744</b>	<b>3,783,607</b>
SUD Inpatient Detox	210	808,216
SUD Inpatient General	188	1,026,760
SUD Inpatient Rehab	346	1,948,631
<b>Grand Total</b>	<b>18,580</b>	<b>45,792,249</b>

# 2017 Individuals Served and Medicaid Cost - Children

Rensselaer County



Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
<b>[-] BH Clinic</b>	<b>394</b>	<b>112,027</b>
MH Non-Licensed Clinic	394	112,027
<b>[-] BH Outpatient Practitioner</b>	<b>702</b>	<b>166,514</b>
BH Outpatient Practitioner	702	166,514
<b>[-] MH RX</b>	<b>3,398</b>	<b>1,858,858</b>
ADHD Med	44	43,293
Antidepressant	814	62,292
Antipsychotic - Clozapine	-	-
Antipsychotic - Non-Clozapine	72	79,332
Anxiolytic	272	19,785
Atypical	658	352,314
Mood Stabilizer	356	110,508
Stimulant	1,182	1,191,334
<b>[+] Psych Inpatient Physician</b>	<b>96</b>	<b>28,642</b>
<b>[+] SUD Inpatient Physician</b>	<b>-</b>	<b>-</b>
<b>[+] SUD RX</b>	<b>-</b>	<b>-</b>

# Children – cont.

Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
<b>Health Home Assessment</b>	<b>202</b>	<b>37,740</b>
<b>Health Home Enrolled</b>	<b>510</b>	<b>1,130,872</b>
Health Home Services - Children (High)	188	793,500
Health Home Services - Children (Low FFP)	-	-
Health Home Services - Children (Low)	230	153,540
Health Home Services - Children (Med FFP)	-	-
Health Home Services - Children (Med)	92	183,832
<b>Health Home Outreach</b>	<b>206</b>	<b>47,520</b>
Health Home Outreach (Children)	206	47,520
<b>Grand Total</b>	<b>918</b>	<b>1,216,132</b>

# Children – cont.

Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
<b>⊕ MH Residential</b>	-	-
<b>⊕ OMH Licensed Clinic</b>	<b>2,360</b>	<b>3,328,527</b>
<b>⊖ OMH Specialty</b>	<b>124</b>	<b>1,682,808</b>
OMH Child Waiver	72	1,233,357
OMH Children's Day Treatment	52	449,451
OMH Partial Hospitalization	-	-
<b>⊕ Psych ER</b>	<b>526</b>	<b>172,141</b>
<b>⊖ Psych Inpatient</b>	<b>270</b>	<b>3,878,406</b>
Psych Inpatient 28	136	1,571,035
Psych Inpatient 31	134	2,307,371
Psych Inpatient SPC	-	-
<b>Grand Total</b>	<b>3,280</b>	<b>9,061,882</b>

# Children – cont.

Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
<b>+ Non-BH ER</b>	<b>1,350</b>	<b>582,975</b>
<b>+ Non-BH Inpatient</b>	<b>98</b>	<b>845,137</b>
<b>- Non-BH Outpatient</b>	<b>3,634</b>	<b>3,766,887</b>
DD Non-Licensed Clinic	-	-
DOH Case Management	-	-
DOH Waiver	-	-
Non-BH Clinic	1,188	398,668
Non-BH Practitioners	1,894	613,822
OCFS Waiver - Bridges To Health	48	1,108,100
OPWDD Clinic	310	547,881
OPWDD Coordination	150	334,139
OPWDD Waiver	44	764,277
<b>+ OASAS Licensed Clinic</b>	<b>96</b>	<b>72,807</b>
<b>+ OASAS Specialty</b>	<b>-</b>	<b>-</b>
<b>+ SUD ER</b>	<b>-</b>	<b>-</b>
<b>+ SUD Inpatient</b>	<b>-</b>	<b>-</b>
<b>Grand Total</b>	<b>5,178</b>	<b>5,267,806</b>

# 2017 Individuals Served and Medicaid Cost - Seniors

Rensselaer County

**Note: Some Services such as Prescriptions and Inpatient are  
often paid through Medicare**

Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
<b>⊕ BH Clinic</b>	<b>44</b>	<b>35,479</b>
<b>⊕ BH Outpatient Practitioner</b>	<b>194</b>	<b>16,287</b>
<b>⊖ Health Home Enrolled</b>	<b>96</b>	<b>134,048</b>
Health Home Plus	-	-
Health Home Services - HARP (High)	-	-
Health Home Services - HARP (Low)	-	-
Health Home Services - Non-HARP (High)	42	99,360
Health Home Services - Non-HARP (Low)	54	34,688
Health Home Services - Non-HARP (Med)	-	-
<b>⊕ Health Home Outreach</b>	<b>82</b>	<b>16,200</b>
<b>⊕ MH RX</b>	-	-
<b>⊕ Psych Inpatient Physician</b>	<b>46</b>	<b>1,193</b>
<b>⊕ SUD Inpatient Physician</b>	-	-
<b>⊕ SUD RX</b>	-	-
<b>Grand Total</b>	<b>462</b>	<b>203,207</b>

# Seniors – cont.

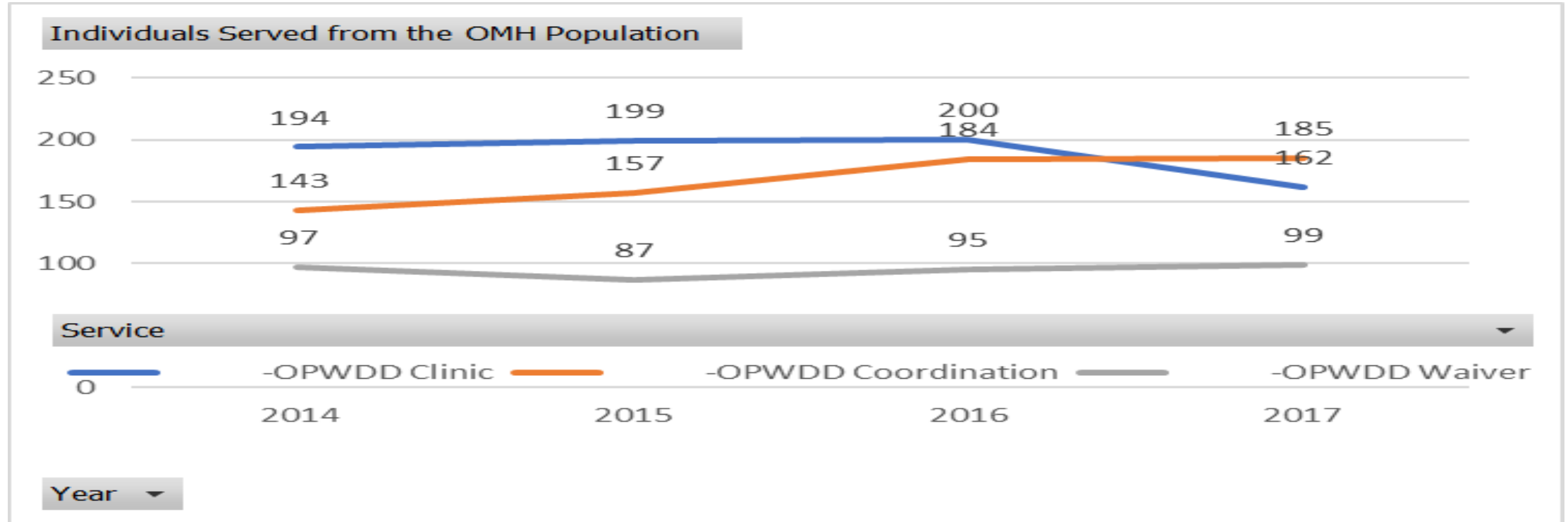
Row Labels	Sum of Individuals Served	Sum of Medicaid Paid (\$)
⊕ <b>MH Residential</b>	-	-
⊕ <b>Non-BH ER</b>	<b>234</b>	<b>38,050</b>
⊕ <b>Non-BH Inpatient</b>	<b>124</b>	<b>583,483</b>
⊖ <b>Non-BH Outpatient</b>	<b>628</b>	<b>134,570</b>
DD Non-Licensed Clinic	-	-
DOH Waiver	-	-
Non-BH Clinic	256	79,940
Non-BH Practitioners	372	54,630
OPWDD Coordination	-	-
OPWDD Waiver	-	-
⊕ <b>OASAS Licensed Clinic</b>	-	-
⊕ <b>OASAS Specialty</b>	-	-
⊕ <b>OMH Licensed Clinic</b>	<b>326</b>	<b>165,020</b>
⊕ <b>OMH Specialty</b>	-	-
⊕ <b>Psych ER</b>	<b>74</b>	<b>2,045</b>
⊖ <b>Psych Inpatient</b>	<b>54</b>	<b>337,141</b>
Psych Inpatient 28	54	337,141
Psych Inpatient SPC	-	-
⊕ <b>SUD ER</b>	-	-
⊕ <b>SUD Inpatient</b>	-	-
<b>Grand Total</b>	<b>1,440</b>	<b>1,260,309</b>

# Trends in Spending on OPWDD Services for individuals for the OMH Population

Rensselaer County

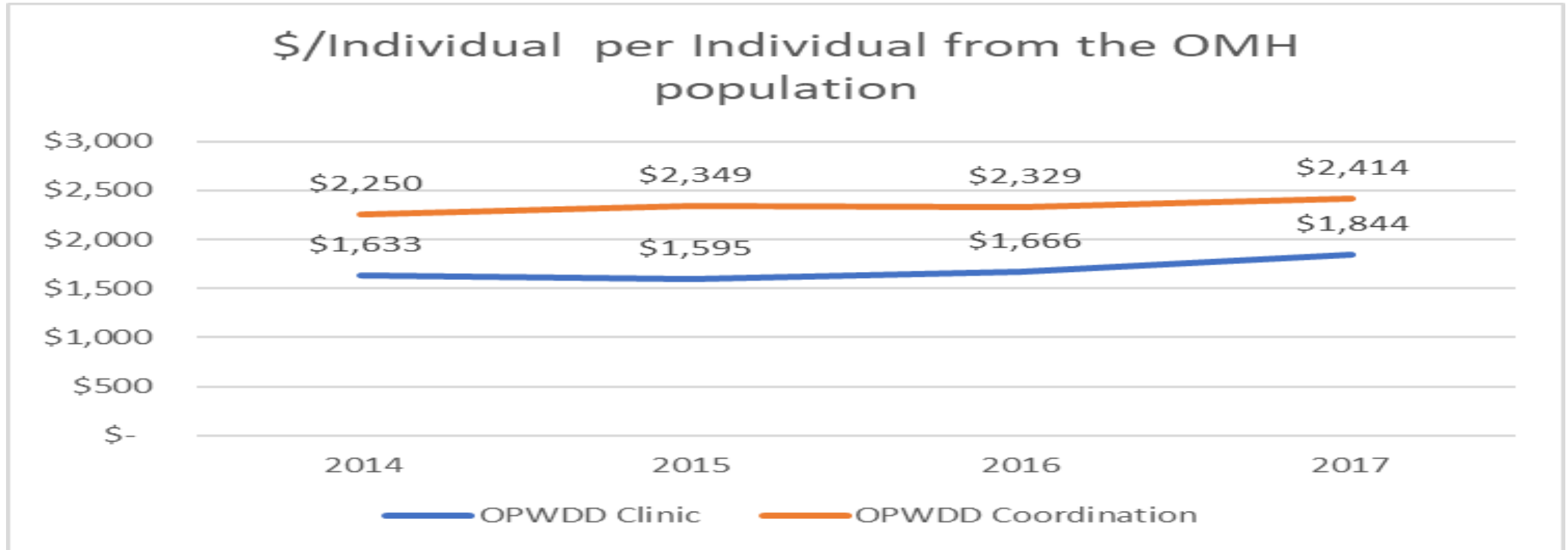


# OPWDD Clinic, Care Coordination and Waiver



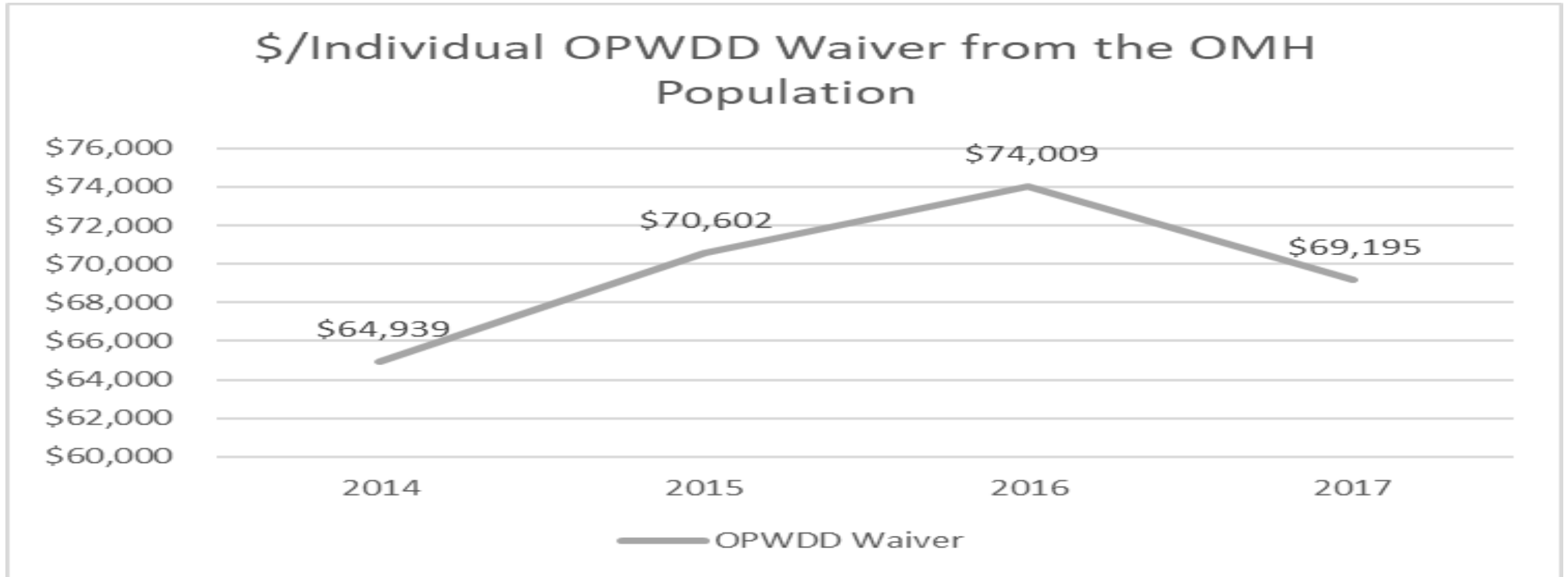
- Individuals served in OPWDD clinic from the OMH population decreased sharply between 2016 and 2017

# OPWDD Clinic and Care Coordination



- Spending per individual served increased for OPWDD Clinic and Care Coordination

# OPWDD Waiver



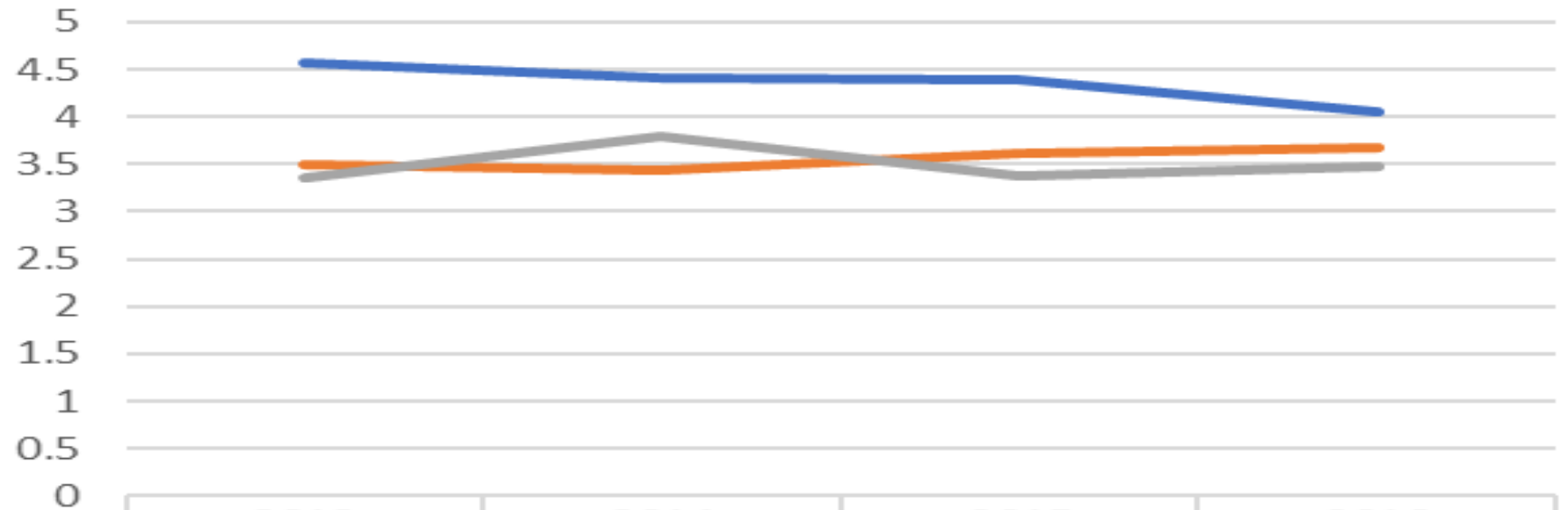
- Costs per individual served in OPWDD waiver peaked in 2016, and decreased sharply in 2017

# Trends in Inpatient Average Daily Inpatient Census for individuals from the OMH Population

Rensselaer County

Note – 2016 is the most recent year available

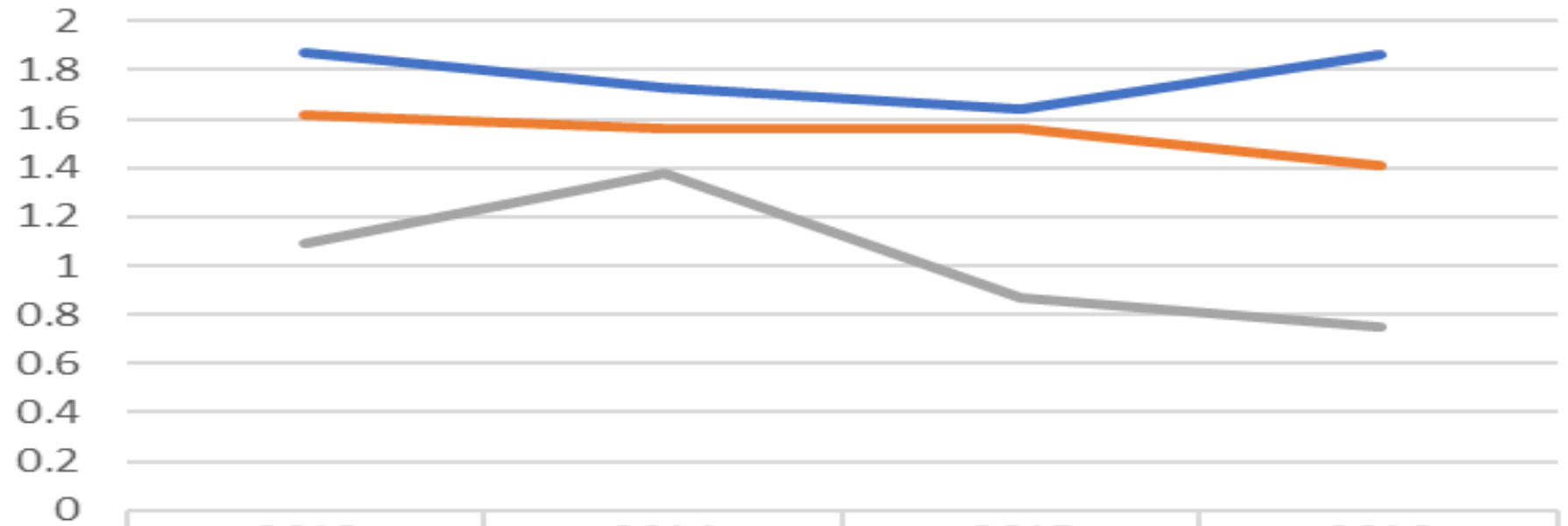
### Adult Average Daily Census/10,000 Total Inpatient



	2013	2014	2015	2016
Statewide	4.57	4.41	4.39	4.05
Capital Region	3.49	3.44	3.62	3.68
Rensselaer	3.35	3.8	3.37	3.47

Average daily inpatient census for adults from Rensselaer County is increasing slightly but is still below the State and Capital Region

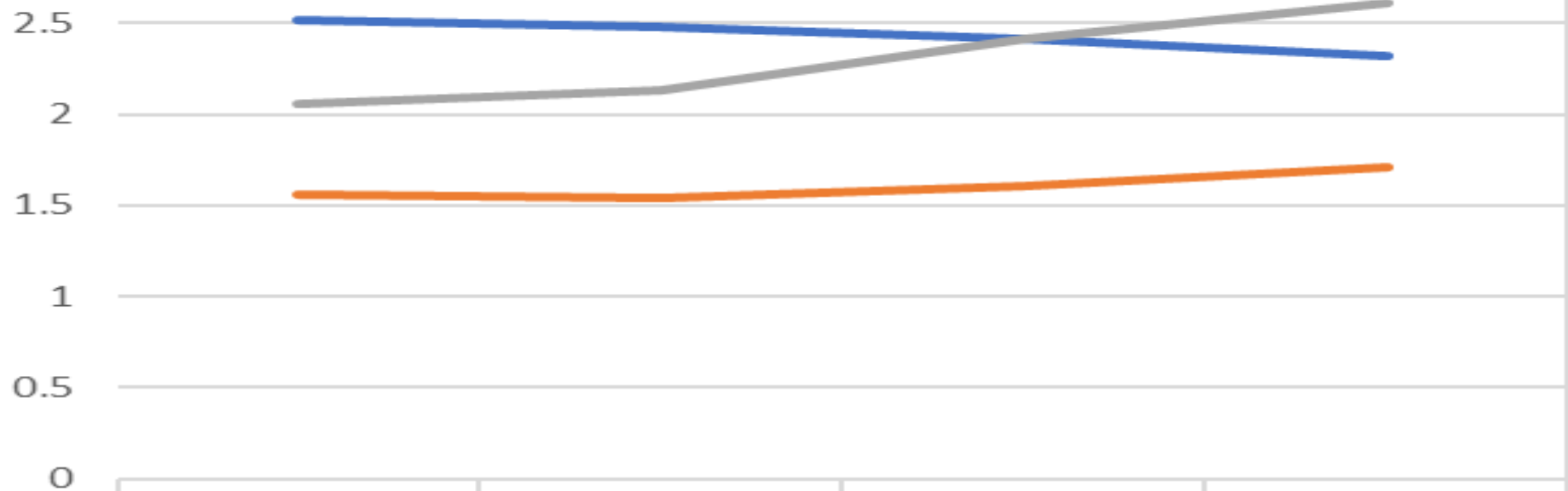
## Adult Average Daily Census/10,000 State Psychiatric Center



	2013	2014	2015	2016
Statewide	1.87	1.73	1.64	1.86
Capital Region	1.62	1.56	1.56	1.41
Rensselaer	1.09	1.38	0.87	0.75

Average daily census in State Psychiatric Centers for adults from Rensselaer County and the Capital Region is decreasing while the average census statewide is increasing

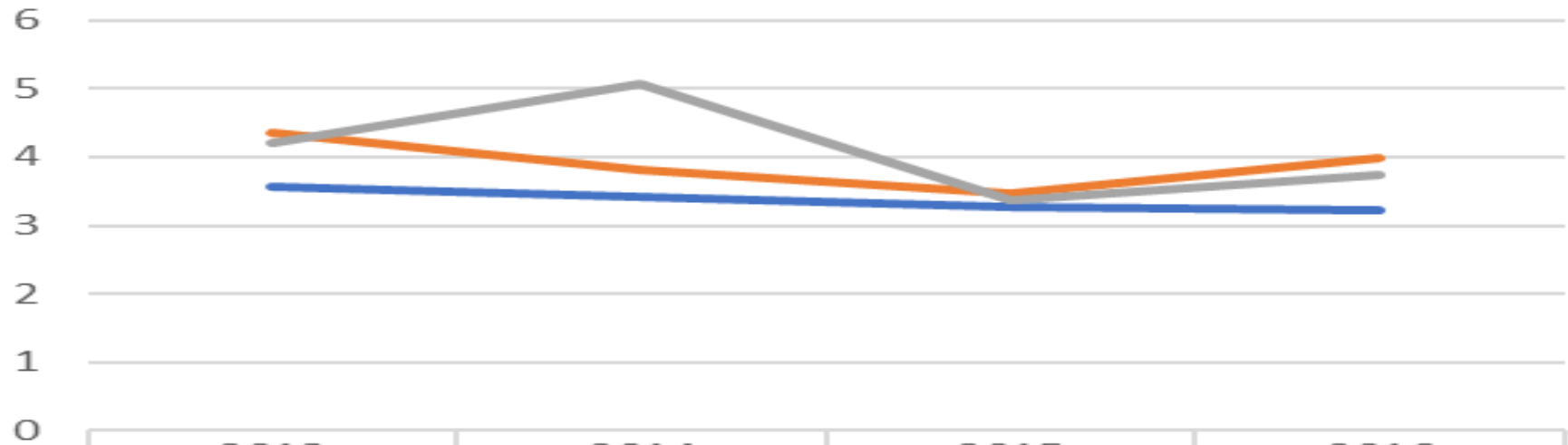
Adult Inpatient Average Daily Census/10,000 General Hospital



	2013	2014	2015	2016
Statewide	2.52	2.48	2.41	2.32
Capital Region	1.56	1.54	1.61	1.71
Rensselaer	2.06	2.13	2.41	2.61

Average daily census in General Hospitals for adults from Rensselaer County is increasing and is above the State and Capital Region

### Child Average Daily Census/10,000 - Total



	2013	2014	2015	2016
Statewide	3.56	3.42	3.28	3.22
Capital Region	4.36	3.81	3.47	3.98
Rensselaer	4.2	5.07	3.38	3.75

Average daily inpatient census for children from Rensselaer County is increasing as the average daily inpatient census for the Capital region; at the same time, the average daily census for children statewide is decreasing.



Individuals with Medicaid  
Receiving OPWDD Services  
2019 for 2020 Local Service Plan  
Rensselaer County

# Individuals Served with Medicaid – OPWDD Population

- **What does this measure?**

Medicaid utilization and expenditure data is reported for the Medicaid eligible OPWDD population.

- **Why is this important?**

Identifying patterns of service and trends over time can inform local planning.

- **What is the data source?**

The source for service and cost data is Medicaid Data from the NYS Dept of Health Medicaid Data Warehouse. Data aggregated based on service date and was extracted on 4/15/2019 by OPWDD. 2018 data is preliminary. Data such as primary disability category is sourced from OPWDD data bases. This is the first time that OPWDD has released data in this format.

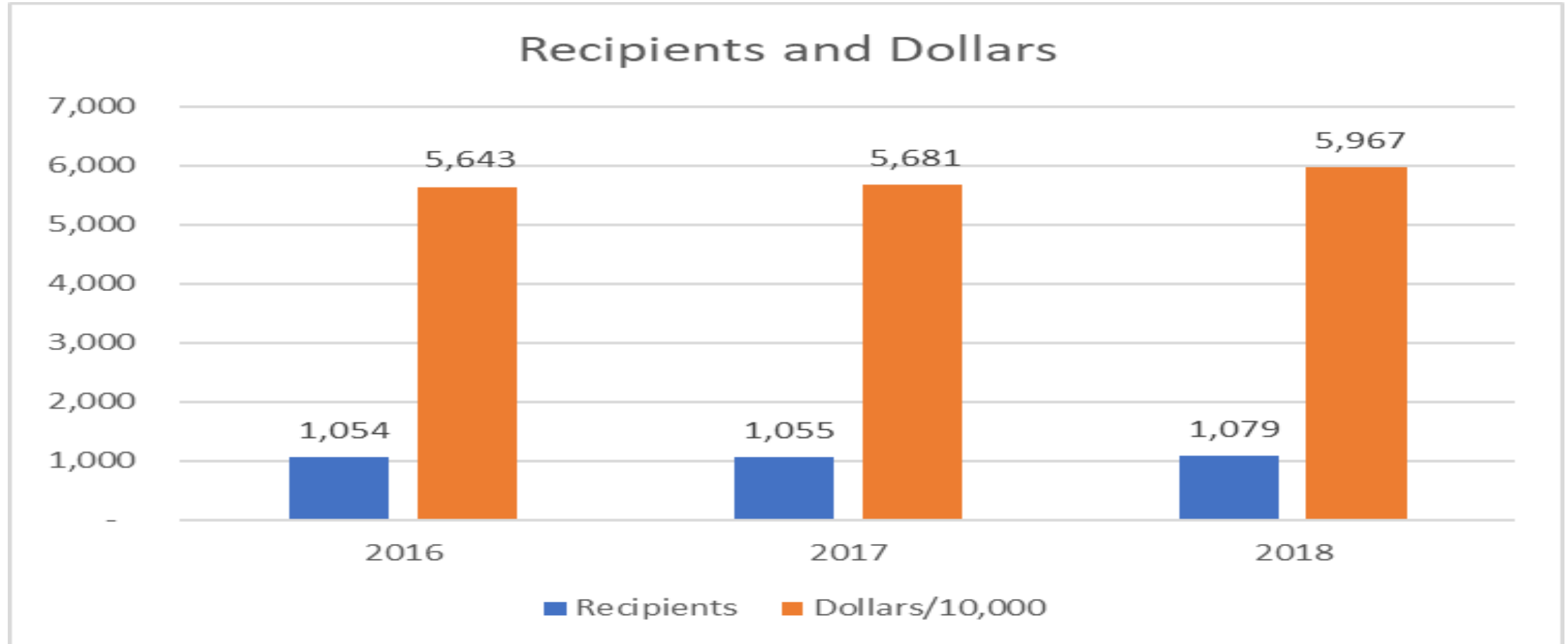
# Observations - Services Paid through Medicaid for the OPWDD Population

- An additional 25 individuals were served in 2018 compared to 2016; males increased and females decreased
- Compared to 2016, the numbers of children and seniors served increased
- Compared to 2016, Autism Spectrum disorders and “Other Developmental Disorders” increased, unknown decreased
- The largest increases in waiver services are for Fiscal Intermediary, Support Broker and Individually Directed Goods and Services
- The most impactful change in State Plan services is the transition to Care Coordination Organizations from Medicaid Service Organizations – note that this likely results in counting recipients in each services
- The volume of agency supported self directed services seems stable
- Increases are seen in all categories of budget authority/self hire self-direction except for live-in caregiver stipend and community transition supports

# OPWDD Demographic Profiles

Rensselaer County – 2019 for 2020 Local Service Plan

# Trends 2016, 2017 and 2018

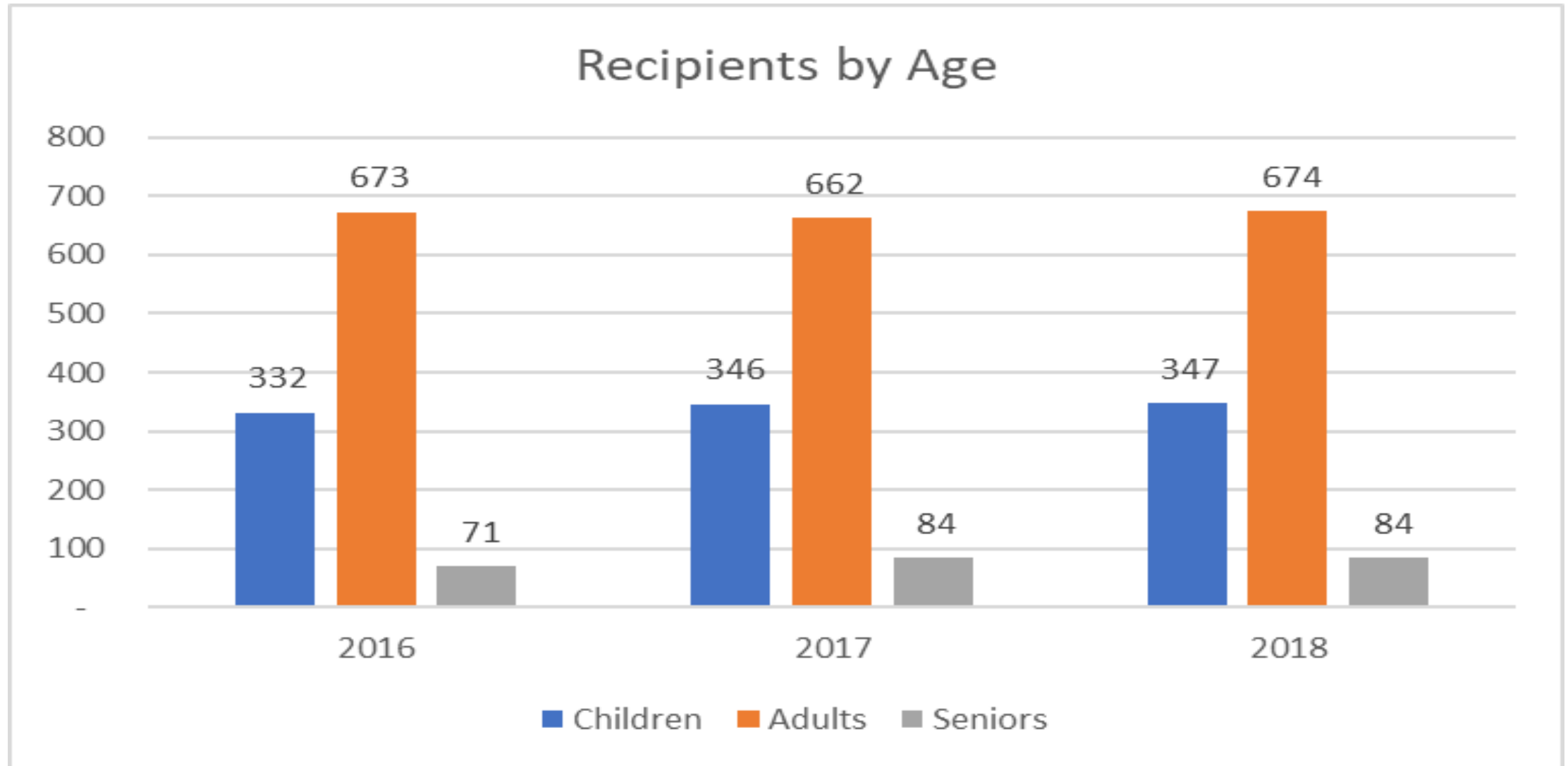


# Individuals with Medicaid Served by OWPDD – Gender

	2016		2017		2018 (PRELIMINARY)	
<b><u>GENDER</u></b>	<b><u>RECIPIENTS</u></b>	<b><u>PAYMENTS</u></b>	<b><u>RECIPIENTS</u></b>	<b><u>PAYMENTS</u></b>	<b><u>RECIPIENTS</u></b>	<b><u>PAYMENTS</u></b>
FEMALE	418	\$23,628,846	415	\$23,067,124	411	\$23,794,382
MALE	636	\$32,802,736	640	\$33,738,356	668	\$35,872,545
UNDETERMINED	-	\$0	-	\$0	-	\$0
<b>TOTALS</b>	<b>1,054</b>	<b>\$56,431,582</b>	<b>1,055</b>	<b>\$56,805,479</b>	<b>1,079</b>	<b>\$59,666,926</b>
<b>Dollars/Recipient</b>		\$53,540		\$53,844		\$55,298
<b>Increase from prior year</b>			1	\$ 373,897.14	24	\$ 2,861,446.68
<b>Percent Increase from prior year</b>			0%	1%	2%	5%

An additional 25 individuals were served in 2018 compared to 2016; males increased and females decreased  
 There was an increase in dollars/recipient

# Trends 2016, 2017 and 2018



# Individuals with Medicaid Served by OWPDD – Age

	2016		2017		2018 (PRELIMINARY)		Increase in Recipients 2018-2016
<u>AGE CATEGORY</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>2018-2016</u>
1 - CHILDREN (0-20)	332	\$3,137,170	346	\$3,195,683	347	\$4,113,043	15
2 - ADULTS (21-64)	673	\$46,181,218	662	\$44,647,046	674	\$45,693,067	1
3 - SENIORS (65+)	71	\$7,113,194	84	\$8,962,750	84	\$9,860,816	13
<b>TOTALS</b>	<b>1,054</b>	<b>\$56,431,582</b>	<b>1,055</b>	<b>\$56,805,479</b>	<b>1,079</b>	<b>\$59,666,926</b>	<b>29</b>
Note: The unduplicated total recipient count may equate to the sum of children, adults, and seniors due to some individuals attaining age 21 or 65 during the course of a calendar year.							

Compared to 2016, children and seniors increased



# Individuals with Medicaid Served by OWPDD – Diagnosis

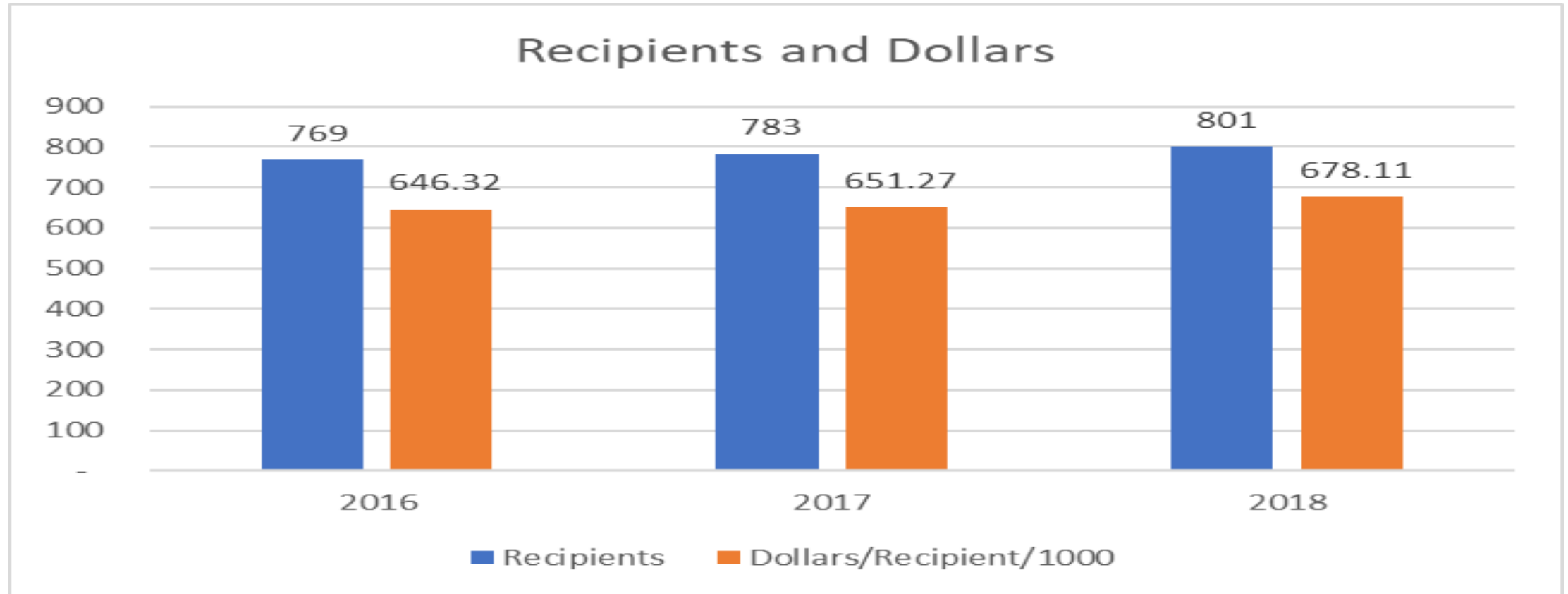
PRIMARY DD DIAGNOSIS CATEGORY							
	2016		2017		2018 (PRELIMINARY)		Inc./(Dec).
<u>DIAGNOSIS CATEGORY</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>2018-2016</u>
AUTISM SPECTRUM DISORDERS	230	\$7,059,936	240	\$7,085,630	261	\$7,903,687	31
CEREBRAL PALSY	52	\$3,568,534	50	\$3,383,837	52	\$3,754,050	-
EPILEPSY/SEIZURE DISORDERS	18	\$323,496	20	\$355,796	18	\$424,994	-
INTELLECTUAL DISABILITY - MILD	401	\$20,739,411	397	\$21,095,179	398	\$22,293,705	(3)
INTELLECTUAL DISABILITY - MODERATE	60	\$5,759,240	59	\$6,117,877	59	\$6,426,781	(1)
INTELLECTUAL DISABILITY - SEVERE	26	\$3,359,931	25	\$3,340,739	25	\$3,423,688	(1)
INTELLECTUAL DISABILITY - PROFOUND	30	\$4,350,939	30	\$4,300,111	29	\$4,369,748	(1)
INTELLECTUAL DISABILITY - UNSPECIFIED	87	\$5,985,049	91	\$6,667,573	90	\$7,267,987	3
OTHER DEVELOPMENTAL DISORDERS/D	25	\$151,364	39	\$228,051	50	\$345,317	25
OTHER NEUROLOGICAL IMPAIRMENTS	43	\$911,584	44	\$1,051,934	44	\$1,106,392	1
UNKNOWN/NOT IDENTIFIED	82	\$4,222,096	60	\$3,178,753	53	\$2,350,577	(29)
<b>TOTALS</b>	<b>1,054</b>	<b>\$56,431,582</b>	<b>1,055</b>	<b>\$56,805,479</b>	<b>1,079</b>	<b>\$59,666,926</b>	<b>25</b>

Compared to 2016, Autism Spectrum disorders and “Other Developmental Disorders” increased, unknown decreased.

# OPWDD Services Summary

Rensselaer County – 2019 for 2020 Local Service Plan

# Trend in Waiver Services



- Note that recipients are counted in each component

# Detail – OPWDD Waiver Services

SERVICE DESCRIPTION	2016		2017		2018 (PRELIMINARY)		% Change 2018/2016	
	RECIPIENTS	PAYMENTS	RECIPIENTS	PAYMENTS	RECIPIENTS	PAYMENTS	RECIPIENTS	PAYMENTS
<i>OPWDD COMPREHENSIVE HCBS WAIVER SERVICES</i>								
DAY HABILITATION	412	\$11,473,890	419	\$11,163,669	427	\$11,875,250	4%	3%
RESIDENTIAL HABILITATION - SUPERVISED MODEL	292	\$28,879,994	309	\$30,833,803	313	\$33,717,414	7%	17%
COMMUNITY HABILITATION	229	\$3,233,410	233	\$3,412,490	236	\$3,529,567	3%	9%
RESPIRE	166	\$1,132,483	165	\$1,266,532	176	\$1,496,305	6%	32%
FISCAL INTERMEDIARY	54	\$163,175	72	\$265,875	107	\$417,000	98%	156%
SUPPORTED EMPLOYMENT	103	\$286,922	100	\$336,616	105	\$401,154	2%	40%
SUPPORT BROKER	53	\$46,953	76	\$49,733	100	\$65,750	89%	40%
INDIVIDUALLY DIRECTED GOODS & SVCS	36	\$101,830	48	\$147,000	72	\$216,230	100%	112%
RESIDENTIAL HABILITATION - SUPPORTIVE MODEL	60	\$2,864,592	54	\$2,304,621	52	\$1,800,775	-13%	-37%
PREVOCATIONAL SERVICES	56	\$1,075,658	47	\$850,942	28	\$480,860	-50%	-55%
PLAN OF CARE SUPPORT SERVICES	29	\$14,833	29	\$14,108	27	\$7,380	-7%	-50%
PATHWAY TO EMPLOYMENT	14	\$50,369	22	\$89,620	18	\$60,412	29%	20%
FAMILY EDUCATION & TRAINING	9	\$726	9	\$503	8	\$447	-11%	-38%
PREVOCATIONAL SERVICES - COMMUNITY	13	\$64,401	13	\$67,838	7	\$58,026	-46%	-10%
ENVIRONMENTAL MODIFICATIONS	3	\$21,230	4	\$45,552	4	\$47,028	33%	122%
RESIDENTIAL HABILITATION - FAMILY CARE	6	\$166,034	6	\$124,004	4	\$125,483	-33%	-24%
INTENSIVE BEHAVIORAL SERVICES	10	\$11,815	4	\$2,525	2	\$1,283	-80%	-89%
LIVE-IN CAREGIVER RM & BRD STIPEND	2	\$16,405	2	\$19,377	2	\$11,020	0%	-33%
ADAPTIVE TECHNOLOGY	7	\$93,936	-	\$0	1	\$2,396	-86%	-97%
COMMUNITY TRANSITION SUPPORTS	1	\$2,999	-	\$0	1	\$2,740	0%	-9%
<b>ALL SERVICES</b>	<b>769</b>	<b>\$49,701,655</b>	<b>783</b>	<b>\$50,994,806</b>	<b>801</b>	<b>\$54,316,519</b>	<b>4%</b>	<b>9%</b>

# Trends – Top 10 Waiver Services in 2018

<b>SERVICE DESCRIPTION</b>	<b>2016</b>		<b>2017</b>		<b>2018 (PRELIMINARY)</b>		<b>% Change 2018/2016</b>	
	<b>RECIPIENTS</b>	<b>PAYMENTS</b>	<b>RECIPIENTS</b>	<b>PAYMENTS</b>	<b>RECIPIENTS</b>	<b>PAYMENTS</b>	<b>RECIPIENTS</b>	<b>PAYMENTS</b>
<b><i>OPWDD COMPREHENSIVE HCBS WAIVER SERVICES</i></b>								
DAY HABILITATION	412	\$11,473,890	419	\$11,163,669	427	\$11,875,250	4%	3%
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COMMUNITY HABILITATION	229	\$3,233,410	233	\$3,412,490	236	\$3,529,567	3%	9%
RESPITE	166	\$1,132,483	165	\$1,266,532	176	\$1,496,305	6%	32%
FISCAL INTERMEDIARY	54	\$163,175	72	\$265,875	107	\$417,000	98%	156%
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SUPPORT BROKER	53	\$46,953	76	\$49,733	100	\$65,750	89%	40%
INDIVIDUALLY DIRECTED GOODS & SVCS	36	\$101,830	48	\$147,000	72	\$216,230	100%	112%
RESIDENTIAL HABILITATION - SUPPORTIVE MODEL	60	\$2,864,592	54	\$2,304,621	52	\$1,800,775	-13%	-37%
PREVOCATIONAL SERVICES	56	\$1,075,658	47	\$850,942	28	\$480,860	-50%	-55%

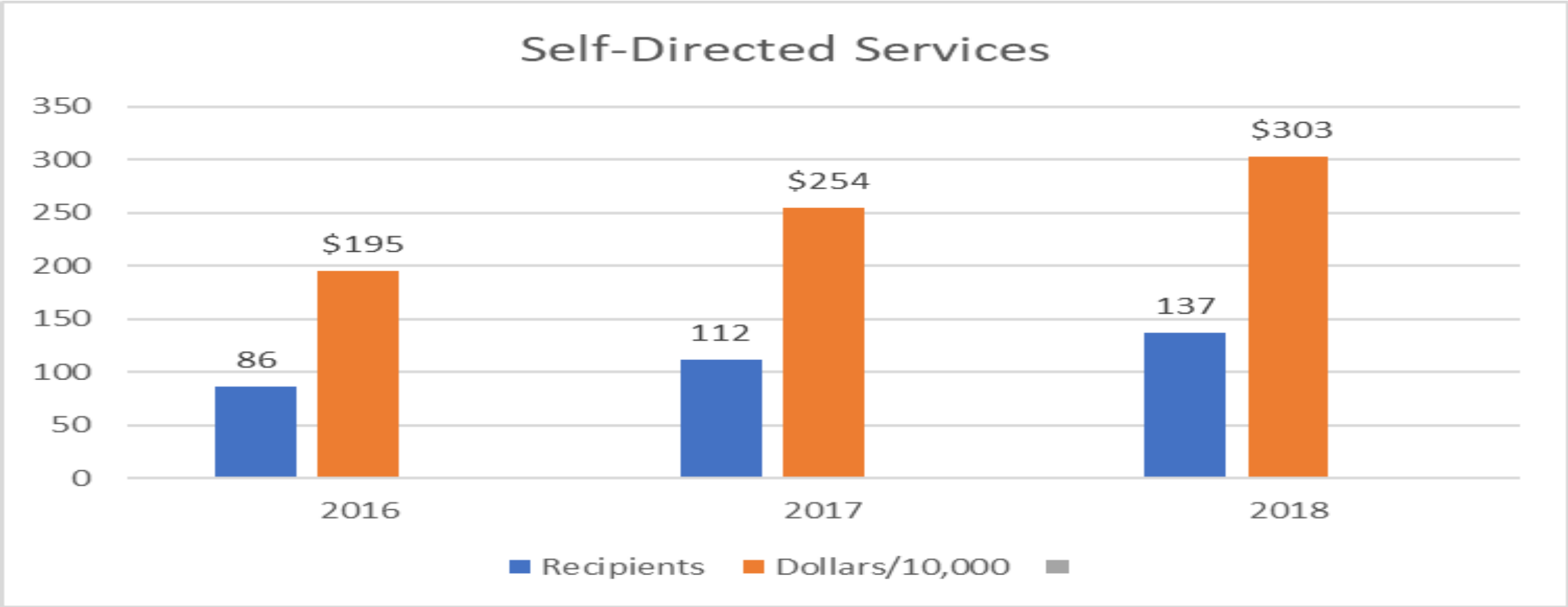
The largest increases are in Fiscal Intermediary, Support Broker and Individually Directed Goods and Services

# Trends in State Plan Services 2016, 2017 and 2018

<b>SERVICE DESCRIPTION</b>	<b>2016</b>		<b>2017</b>		<b>2018 (PRELIMINARY)</b>	
	<b>RECIPIENTS</b>	<b>PAYMENTS</b>	<b>RECIPIENTS</b>	<b>PAYMENTS</b>	<b>RECIPIENTS</b>	<b>PAYMENTS</b>
<i>OPWDD STATE PLAN SERVICES</i>						
CARE COORDINATION ORGANIZATION	-	\$0	-	\$0	1,023	\$2,684,350
MEDICAID SERVICE COORDINATION	983	\$2,314,894	1,007	\$2,386,299	990	\$1,214,732
ARTICLE 16 CLINIC	121	\$400,701	104	\$348,662	106	\$369,423
INDEPENDENT PRACTITIONER SVCS FOR IDD (IPSIDD)	1	\$130	39	\$6,110	39	\$15,778
ICF/IDD - COMMUNITY - RESIDENTIAL COMPONENT	29	\$3,420,818	27	\$2,643,790	8	\$942,826
ICF/IDD - COMMUNITY - DAY SERVICE COMPONENT	23	\$557,809	21	\$415,927	5	\$110,184
DAY TREATMENT	-	\$0	-	\$0	-	\$0
ICF/IDD - INSTITUTIONAL - DEVELOPMENTAL CENTER	1	\$29,879	-	\$0	-	\$0
ICF/IDD - INSTITUTIONAL - SPECIAL RESIDENTIAL UNIT	-	\$0	-	\$0	-	\$0
SPECIALTY HOSPITAL	-	\$0	-	\$0	-	\$0
<b>ALL SERVICES</b>	<b>1,020</b>	<b>\$6,724,231</b>	<b>1,027</b>	<b>\$5,800,788</b>	<b>1,070</b>	<b>\$5,337,292</b>

- The most impactful change is the transition to Care Coordination Organizations from Medicaid Service Organizations – note that this likely results in counting recipients in each services

# Self Directed Services Subset



While individuals may be counted in more than one category, it appears that more self directed services are being delivered

# Trends – Agency Supported Self Directed Services

	2016		2017		2018 (PRELIMINARY)	
<u>SERVICE DESCRIPTION</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>
<u>AGENCY SUPPORTED SELF-DIRECTION</u>						
COMMUNITY HABILITATION	29	\$ 1,148,415	30	\$ 1,245,794	29	\$ 1,033,293
RESPITE	0	\$ -	0	\$ -	0	\$ -
SUPPORTED EMPLOYMENT	4	\$ 3,338	3	\$ 8,469	3	\$ 7,423
<b>TOTAL AGENCY SUPPORTED SERVICES</b>	<b>31</b>	<b>\$ 1,151,753</b>	<b>31</b>	<b>\$ 1,254,263</b>	<b>30</b>	<b>\$ 1,040,716</b>

The volume of agency supported self directed services seems stable



## Self Directed Care – cont.

<u>SERVICE DESCRIPTION</u>	2016		2017		2018 (PRELIMINARY)		% Change 2018/2016	
	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>
<i><u>BUDGET AUTHORITY/SELF-HIRE SELF-DIRECTION</u></i>								
FISCAL INTERMEDIARY	54	\$ 163,175	72	\$ 265,875	107	\$ 417,000	98%	156%
SUPPORT BROKER	53	\$ 46,953	76	\$ 49,733	100	\$ 65,750	89%	40%
INDIVIDUALLY DIRECTED GOODS & SVCS	36	\$ 101,830	48	\$ 147,000	72	\$ 216,230	100%	112%
COMMUNITY HABILITATION	23	\$ 407,786	38	\$ 658,289	57	\$ 1,017,509	148%	150%
RESPITE	8	\$ 55,995	13	\$ 144,879	28	\$ 257,229	250%	359%
LIVE-IN CAREGIVER RM & BRD STIPEND	2	\$ 16,405	2	\$ 19,377	2	\$ 11,020	0%	-33%
SUPPORTED EMPLOYMENT	1	\$ 358	1	\$ 71	2	\$ 719	100%	101%
COMMUNITY TRANSITION SUPPORTS	1	\$ 2,999	0	\$ -	1	\$ 2,740	0%	-9%
<b><i>TOTAL BUDGET AUTHORITY/SELF-HIRE SERVICES</i></b>	<b>55</b>	<b>\$ 795,501</b>	<b>81</b>	<b>\$ 1,285,224</b>	<b>107</b>	<b>\$ 1,988,196</b>	<b>95%</b>	<b>150%</b>

Increases are seen in all categories of budget authority/self hire self-direction except for live-in caregiver stipend and community transition supports

# OPWDD Providers

Rensselaer County – 2019 for 2020 Local Service Plan

# Providers serving 20 or more recipients

<b><u>PROVIDER NAME</u></b>	<b><u>RECIPIENT</u></b>
CARE DESIGN NY, LLC	510
NYS ARC RENSSELAER COUNTY CHAPTER	398
LIFEPLAN CCO NY, LLC	351
CENTER FOR DISABILITY SERVICES, INC	326
TRI-COUNTY CARE, LLC	157
LIVING RESOURCES CORPORATION	112
WILDWOOD PROGRAMS, INC.	112
CATHOLIC CHARITIES OF THE DIOCESE OF ALB	90
VANDERHEYDEN HALL, INC.	87
RENSSELAER COUNTY UNIFIED SERVICES	71
NYS OPWDD - DDSOO REGION 3 - CAPITAL DIST	71
NYSARC - WARREN, WASHINGTON & ALBANY CTY	54
COMMUNITY LIVING & ADVOCACY SUPPORT, INC	50
AIM SERVICES, INC.	45
ALTERNATIVE LIVING GROUP	36
NEW BEGINNINGS MSC, INC.	33
UPSTATE CASE MANAGEMENT, INC.	31
EPILEPSY FOUND. OF NORTHEASTERN NEW YORK	27
IPSIDD PROV - MONTERO DOLORES F (PT)	25
LIFESONG INC	20
SCHENECTADY CO. NYSARC, INC.	20

# OPWDD Additional Information

Rensselaer County – 2019 for 2020 Local Service Plan

# Misc. Info

- 17 Individuals were new to Care Coordination in 2018
- ISS – Individualized Services and Supports

Number of People Enrolled in ISS				
County	2015	2016	2017	2018
RENSSELAER	27	26	26	28

OASAS Prevention Data -  
2020 Local Service Plan  
Rensselaer County - 2019

# OASAS Prevention Data

- **What does this measure?**

This data displays the number of participants in OASAS funded prevention service approaches. The data are grouped by county and approach type.

- **Why is this important?**

- OASAS defines prevention as a pro-active, research-based, data-driven process utilizing proven-effective strategies and programs to reduce or prevent alcohol and other drug abuse in individuals, families, and communities. OASAS's approach to alcohol and substance abuse prevention, and the conceptual framework that supports it, have evolved over time. Both are based on emerging national research findings and the state's experiences in program development, implementation, and evaluation.
- Prevention services are delivered through a system consisting of providers operating in a variety of settings, including schools, community-based organizations and embedded in the community at large. Across the state, providers deliver a wide range of services including evidence-based education programs, skills development workshops, training sessions for parents, teachers, and other professionals, positive alternative activities for youth and policy change and enforcement efforts to reduce underage drinking.

- **What is the data source?**

Participants in OASAS Funded Prevention Service Approaches by County and Approach Type  
2017-2018, 2016-2017 and 2015-2016

# OASAS Prevention Service Approaches Observations, 2017-2018 per 100,000

- Prevention Education, and Positive Alternatives (one-time) are above the NY State and the Capital RPC region
- Evidence Based Education and Evidence Based Prevention Counseling services are also above the NY State and the Capital RPC region
- Positive Alternatives (recurring), Information Awareness and Evidence Based Environmental Strategies are below the NY State and Capital RPC region
- Community Capacity Building and Evidence Based Early Intervention are below NY State and above the Capital RPC region

*Note that the Capital Region RPC indirect information awareness numbers reached are increased in 2017/2018 by a single County*



# OASAS Prevention Service Approaches Observations - Rensselaer County Trends per 100,000

- Education, Positive Alternatives, Information Awareness & Capacity Building 100,000 population are all higher in 2017-2018 than they were in 2015-2016
- Increases in Evidence Based Education contributed to the total annual increases in numbers receiving Prevention Education in 2015-2016, 2016-2017 and 2017-2018
- Prevention Counseling Assessment and Prevention Counseling Admissions decreased over the three year period; while they have decreased, Evidence Based Counseling Assessment and Admissions are above the NY State and Capital RPC Region levels.
- Evidence Based Environmental Strategies decreased over the three year period.

# 2017-2018 Education, Positive Alternatives, Information Awareness & Capacity Building 100,000 population

	EBP Education # served	Non-EBP Education # served	Positive Alternatives - One-Time # served	Positive Alternatives - Recurring # served	Information Awareness (indirect) # reached	Information Awareness (direct) # served	Community Capacity Building # reached
Statewide	1872	161	1309	115	9318	795	209
Capital RPC Region	1621	321	431	75	20573	1187	78
Rensselaer	2489	333	1548	58	3128	625	156

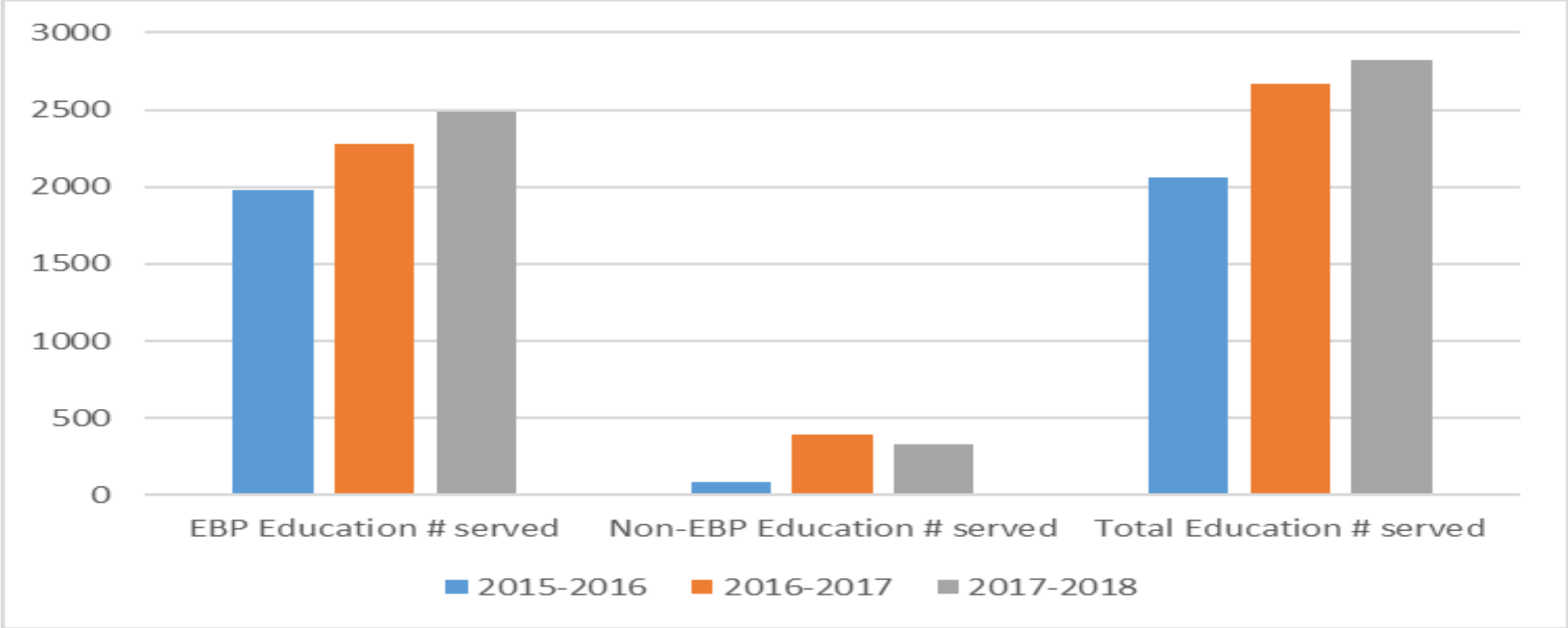
# Trended Education, Positive Alternatives, Information Awareness & Capacity Building 100,000 population

Rensselaer	EBP Education # served	Non-EBP Education # served	Positive Alternatives - One-Time # served	Positive Alternatives - Recurring # served	Information Awareness (indirect) # reached	Information Awareness (direct) # served	Community Capacity Building # reached
2015-2016	1976	88	25	0	114	269	130
2016-2017	2274	391	74	16	1251	163	94
2017-2018	2489	333	1548	58	3128	625	156

# Trended Education per 100,000 population

<b>Rensselaer</b>	<b>EBP Education # served</b>	<b>Non-EBP Education # served</b>	<b>Total Education # served</b>
2015-2016	1976	88	2064
2016-2017	2274	391	2665
2017-2018	2489	333	2822

# Trended Prevention Education per 100,000 population, Rensselaer County



# 2017-2018 Evidence based approaches per 100,000 population

	Education # served	Environmental Strategies # reached	Prevention Counseling # newly assessed	Prevention Counseling # newly admitted	Early Intervention # served
Statewide	1872	9661	63	9	12
Capital RPC Region	1621	1707	66	5	1
Rensselaer	2489	797	322	18	5

# Trend in Evidence Based approaches per 100,000 population in Rensselaer County

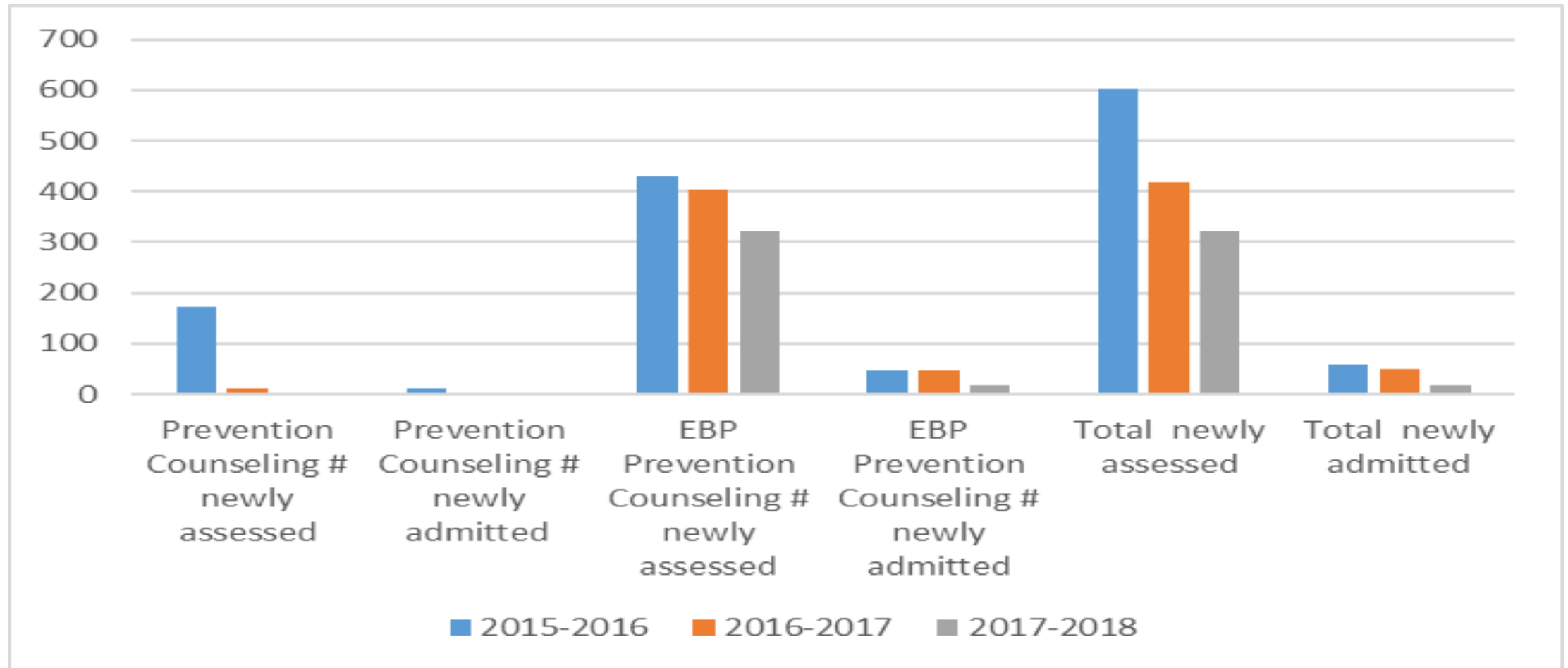
Rensselaer	Education # served	Environmental Strategies # reached	Prevention Counseling # newly assessed	Prevention Counseling # newly admitted	Early Intervention # served
2015-2016	3159	1227	430	47	7
2016-2017	3636	350	404	48	10
2017-2018	2489	797	322	18	5

# Trend in Prevention Counseling per 100,000 population in Rensselaer County

Rensselaer	Prevention Counseling # newly assessed	Prevention Counseling # newly admitted	EBP Prevention Counseling # newly assessed	EBP Prevention Counseling # newly admitted	Total newly assessed	Total newly admitted
2015-2016	173	12	430	47	603	59
2016-2017	13	2	404	48	417	50
2017-2018	0	0	322	18	322	18



# Trend in Prevention Counseling per 100,000 population in Rensselaer County



Individuals with Medicaid  
Receiving OMH Services  
2021 Local Service Plan  
Rensselaer County - 2020

# Individuals Served with Medicaid – Public Mental Health Population

- **What does this measure?**

Medicaid utilization and expenditure data is reported for the Medicaid eligible public mental health population consistent with the definition prior to MNYS Medicaid system redesign. Reports include Medicaid Fee For Service and Medicaid managed care encounters. All reports are based on the 2017 calendar year.

- **Why is this important?**

Identifying patterns of service and trends over time can inform local planning.

- **What is the data source?**

Data for these profiles come from the New York State Department of Health, Medicaid Data Warehouse and is provided by the OMH Office of Performance Measurement and Evaluation

# Observations - Services Paid through Medicaid for the Public Mental Health Population

- Rensselaer County has a relatively low expenditure per individual in the Capital Region
- Rensselaer County a relatively low cost/service rate
- Spending decreased \$4.2 million from 2017 to 2018
- This highest decrease was for MH services followed by non-BH services
- 76% of 2018 Medicaid spending was for adults
- Compared to 2017, a slightly lower proportion of spending in 2018 was on adults, and with an increase in spending for seniors.

# Services Paid through Medicaid for for the Public Mental Health Population - Adults *(note that individuals may be counted in more than one category)*

- 3,824 adults were served in 2018
- 70% of individuals served were adults, a slightly lower percentage than in 2017
- There was a small increase in the proportion of children served
- For adults, In the MH category licensed clinics are used by the highest number of individuals
- About 1/3 of Medicaid spending in the Mental Health category for adults is for CRs
- Over 1,000 adults received each of the following: BH outpatient practitioner, antidepressant, anxiolytics and mood stabilizer
- The highest numbers of adults served in the Health Home category are in Outreach and High Risk Care Management
- Over 2,000 individuals were served in each of the Non-BH categories: Non-BH emergency, Non-BH clinic and non-BH practitioners
- 39% of the Non-BH spending was for Non-BH emergency and 29% was for OPWDD waiver services
- Approximately ¼ of SUD expenses for individuals with co-occurring disorders were for Methadone Maintenance

# Services Paid through Medicaid for for the Public Mental Health Population - Children *(note that individuals may be counted in more than one category)*

- 1,454 children were served in 2018
- OMH clinic is the most used service in the MH category, and constitutes 50% of Medicaid spending
- Stimulants are prescribed for the highest number of children, followed by antidepressants and then atypicals
- Health Home services are more frequently serving high and low acuity children than medium acuity
- In the non-behavioral health category, most children were served by non-bh practitioners
- 35% of spending in the non-behavioral health category for children was made for non-bh inpatient

## Non-OMH Services Paid through Medicaid for for the Public Mental Health Population - Seniors *(note that individuals may be counted in more than one category)*

- Some services such as inpatient and prescriptions are usually paid through Medicare and are not reflected in this data
- 221 seniors were served in 2018
- No spending on Seniors was recorded for HCBS or SUD; this could be because data is suppressed when fewer than 20 individuals were served
- The most used services was non-bh practitioners followed by OMH licensed clinic

# Trends for OPWDD Services for the Public Mental Health Population (Co-Occurring Mental Health and Developmental Disabilities)

- There has been a steady decrease in OMH eligible individuals co-occurring developmental disabilities receiving OPWDD services
- There has been a steady decrease in OMH eligible individuals with co-occurring developmental disabilities receiving OPWDD services in 2017 and 2018
- Costs per individual served in OPWDD waiver peaked in 2016, and decreased sharply in 2017 and 2018
- No OPWDD clinic services were provided in 2018



# Inpatient Census Trends

- The Adult General Hospital inpatient census rate is higher than the Capital region, and lower for Private Hospitals and State Psychiatric Centers
- The Adult General Hospital inpatient census rate rose in 2017 and decreased in 2018 to just above the statewide level; the Rensselaer rate is still above that of the capital district
- The Child General Hospital and Private Hospital inpatient census rates are lower than the Capital region, and very slightly higher for State Psychiatric Centers and Residential Treatment Facilities; the highest rate is for Private Hospitals
- The Rensselaer Child Private Hospital rate has decreased while the Capital District rate has increased.

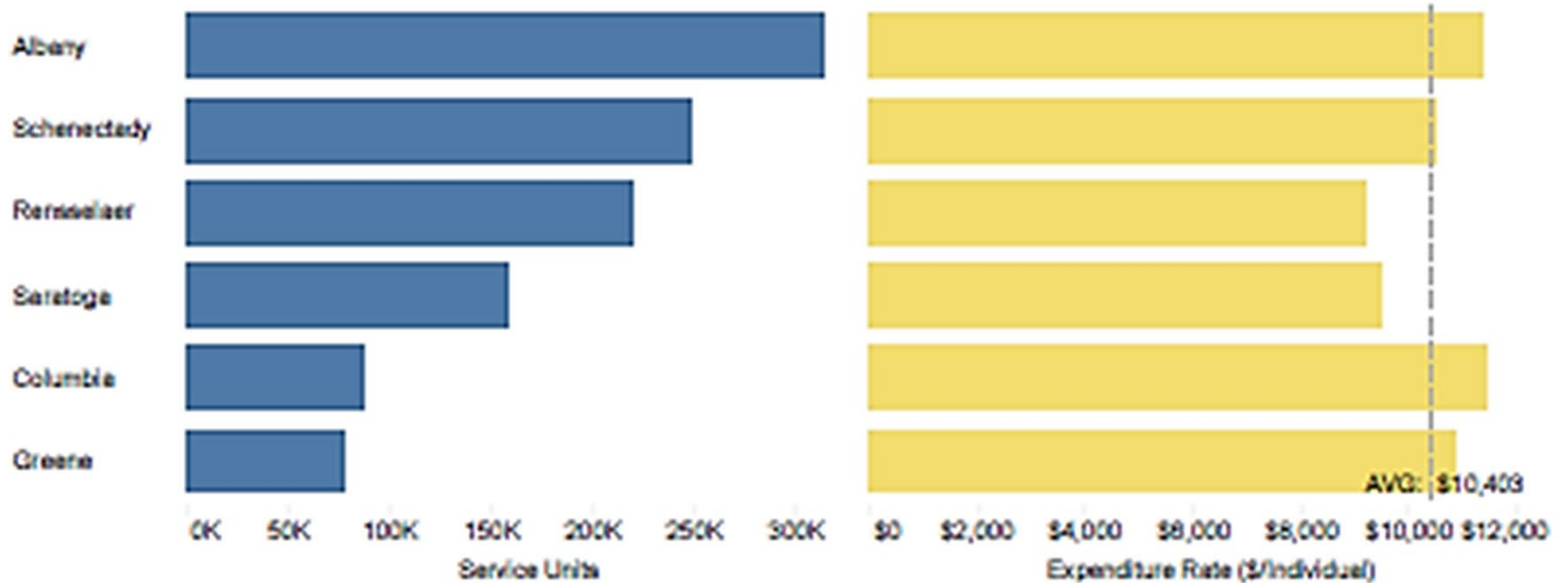
# 2018 Regional Planning Council (RPC) Services and Units

Capital Region and Rensselaer County

# Individuals Served and Expenditure Rate

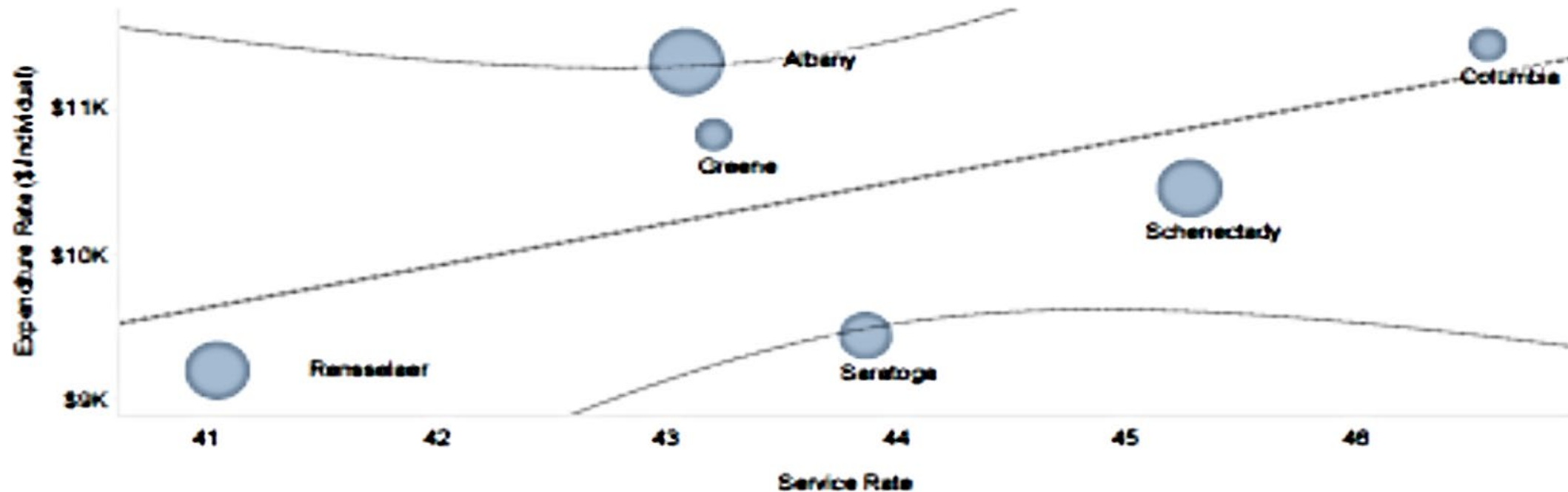
	Medicaid Enrollees	Individuals Served	Population Rate (Per 10,000)	Medicaid Paid (\$)	Expenditure Rate (\$/Individual)
Capital Region	202,657	24,282	1,198	\$263,480,703	\$10,851
Albany	65,234	7,258	1,113	\$82,288,160	\$11,338
Schenectady	43,400	5,474	1,261	\$57,282,374	\$10,464
Rensselaer	35,244	5,350	1,518	\$49,252,841	\$9,206
Saratoga	33,177	3,592	1,083	\$33,926,014	\$9,445
Columbia	14,157	1,860	1,314	\$21,306,458	\$11,455
Greene	11,445	1,793	1,567	\$19,424,855	\$10,834

# Service Units vs Expenditure Rate



- Rensselaer County has a relatively low expenditure per individual

# Service Units vs Expenditure Rate



- The size of the dot is based on the number of individuals served
- Rensselaer County has a relatively low cost/service rate

# 2018 Individuals Served and Medicaid Cost

Rensselaer County

# Individuals Served and Medicaid Expense

	2017			2018				
	Individuals Served	Medicaid Paid (\$)	% Total Medicaid Paid	Individuals Served	Medicaid Paid (\$)	% Total Medicaid Paid	Incr/decr \$	Incr/decr %
MH	4,282	\$17,518,339	32.74%	4,291	\$14,776,852	30.00%	(\$2,741,487)	-2.74%
SUD	929	\$4,586,469	8.57%	998	\$4,927,093	10.00%	\$340,624	1.43%
BH	3,959	\$4,949,052	9.25%	3,980	\$4,677,007	9.50%	(\$272,045)	0.25%
HCBS	46	\$12,752	<0.01%	83	\$31,528	<0.01%	\$18,776	N/A
HH	1,633	\$2,658,817	4.97%	1,500	\$3,139,665	6.37%	\$480,848	1.40%
Non-BH	4,719	\$23,774,971	44.44%	4,844	\$21,700,696	44.06%	(\$2,074,275)	-0.38%
Total	5,221	\$53,500,400	100.00%	5,350	\$49,252,841	100.00%	(\$4,247,559)	

- Spending decreased \$4.2 million from 2017 to 2018
- This highest decrease was for MH services followed by non-BH services

# Medicaid Expense by Age Group

category	Adult	Child	Senior	Total
MH	\$ 9,891,266	\$ 4,200,157	\$ 685,429	\$ 14,776,852
SUD	\$ 4,856,342	\$ 51,959	\$ -	\$ 4,908,301
BH	\$ 3,664,518	\$ 990,969	\$ 21,521	\$ 4,677,008
HCBS	\$ 31,528	\$ -	\$ -	\$ 31,528
HH	\$ 2,227,037	\$ 846,948	\$ 65,680	\$ 3,139,665
Non-BH	\$ 16,756,705	\$ 3,217,256	\$ 1,726,735	\$ 21,700,696
Total	\$ 37,427,396	\$ 9,307,289	\$ 2,499,365	\$ 49,234,050
2018	76%	19%	5%	
2017	80%	18%	2%	

- 76% of Medicaid spending was for adults
- Compared to 2017, a slightly lower proportion of spending was on adults, and with an increase in spending for seniors.



# Individuals Served by Age Group

category	Adult	Child	Senior	Total
MH	2,732	1,404	200	4,336
SUD	936	56	-	992
BH	2,891	1,012	118	4,021
HCBS	83	-	-	83
HH	1,243	238	64	1,545
Non-BH	3,389	1,311	200	4,900
Total	3,824	1,454	221	5,499
2018	70%	26%	4%	
2017	75%	22%	3%	

- 70% of individuals served were adults, a slightly lower percentage than in 2017
- There was a small increase in the proportion of children served

**2018**  
**Individuals Served and Medicaid**  
**Cost - Adults**

**Rensselaer County**

# Adults - Mental Health and HCBS

Program Type	Individuals	Medicaid Paid (\$)	
Psych Inpatient 28	435	\$2,822,432	
Psych Inpatient 31	23	\$284,059	
MH Emergency	825	\$213,386	
OMH Community Residence	128	\$3,364,465	
OMH Licensed Clinic	2,004	\$1,961,376	
OMH PROS	257	\$1,164,385	
			\$9,810,103
HCBS HARP Assessment	67	\$4,922	

- In the MH category. Licensed clinics are used by the highest number of individuals
- About 1/3 of Medicaid spending in the Mental Health category is for CRs

# Adults – Behavioral Health

Program Type	Individuals	Medicaid Paid (\$)	
MH Non-Licensed Clinic	803	\$355,599	
SUD Non-Licensed Clinic	242	\$86,612	
BH Outpatient Practitioner	1,186	\$255,761	
Antidepressant	1,743	\$230,760	
Antipsychotic - Clozapine	22	\$44,555	
Antipsychotic - Injection	32	\$9,429	
Antipsychotic - Non-Clozapine	226	\$313,748	
Anxiolytic	1,107	\$68,738	
Atypical	874	\$829,548	
Mood Stabilizer	1,138	\$186,021	
Stimulant	471	\$195,918	
Anti-Craving	349	\$906,490	
Smoking Cessation	543	\$169,983	
			\$3,653,162

- Over 1,000 individuals received each of the following: BH outpatient practitioner, antidepressant, anxiolytics and mood stabilizer

# Adults – Health Home

	Individuals	Medicaid Paid (\$)	
Health Home Care Management	399	\$392,720	
Health Home High Risk Need CM	446	\$810,435	
Health Home Plus	77	\$477,488	
Health Home Services - HARP (High)	74	\$101,700	
Health Home Services - HARP (Low)	91	\$41,124	
Health Home Services - HARP (Med)	79	\$70,027	
Health Home Services - Non-HARP (High)	134	\$140,040	
Health Home Services - Non-HARP (Low)	149	\$53,586	
Health Home Services - Non-HARP (Med)	111	\$77,922	
Health Home Outreach (Adult)	508	\$61,995	
			\$2,227,037

- The highest numbers of individuals served in the Health Home category are in Outreach and High Risk Care Management

# Adults – Non Behavioral Health

	Individuals	Medicaid Paid (\$)	
Non-BH Inpatient	518	\$6,556,443	
Non-BH Emergency	2,214	\$1,669,560	
DOH Waiver	24	\$296,255	
NON-BH Clinic	2,320	\$1,862,411	
NON-BH Practitioners	2,759	\$1,316,471	
OPWDD Coordination	109	\$152,165	
OPWDD Waiver	74	\$4,874,948	
			\$16,728,253

- Over 2,000 individuals were served in each of the Non-BH categories: Non-BH emergency. Non-BH clinic and non-BH practitioners
- 39% of the Non-BH spending was for Non-BH emergency and 29% was for OPWDD waiver services

# Adults – Co-Occurring MI and Substance Use Disorder

	Individuals	Medicaid Paid (\$)	
SUD Inpatient Detox	111	\$379,856	
SUD Inpatient General	102	\$684,635	
SUD Inpatient Rehab	151	\$885,763	
SUD Emergency	352	\$173,444	
OASAS Methadone Maint (FS)	146	\$1,026,706	
OASAS Clinic (FS)	458	\$963,290	
OASAS Clinic (HP)	171	\$450,122	
OASAS Clinic (Other)	130	\$138,543	
OASAS Medically Supervised Withdrawal OP	26	\$8,748	
			\$4,711,107

- Approximately ¼ of SUD expenses were for Methadone Maintenance

# 2018 Individuals Served and Medicaid Cost - Children

Rensselaer County



# Children – Mental Health and Substance Use Disorder

Program Type	Individual	Medicaid Paid (\$)	
Psych Inpatient 28	70	\$654,425	
Psych Inpatient 31	60	\$768,410	
MH Emergency	273	\$93,036	
OMH Licensed Clinic	1,238	\$1,602,469	
OMH Child Waiver	29	\$399,418	
OMH Children's Day Treatment	26	\$232,384	
			\$3,750,142
OASAS Clinic (FS)	25	\$15,259	

- OMH clinic is the most used category, and constitutes 50% of Medicaid spending

# Children – Behavioral Health

Program Type	Individual	Medicaid Paid (\$)	
MH Non-Licensed Clinic	172	\$52,338	
BH Outpatient Practitioner	340	\$86,980	
Antidepressant	463	\$27,148	
Antipsychotic - Non-Clozapine	27	\$35,070	
Anxiolytic	147	\$7,314	
Atypical	351	\$163,722	
Mood Stabilizer	181	\$42,405	
Stimulant	615	\$555,442	
			\$970,419

- Stimulants are prescribed for the most children, followed by antidepressants and then atypicals

# Children – Health Home

Program Type	Individual	Medicaid Paid (\$)	
Health Home - CANS Assessment	87	\$15,725	
Health Home Services - Children (High)	129	\$634,598	
Health Home Services - Children (Low)	116	\$89,850	
Health Home Services - Children (Med)	46	\$89,550	
Health Home Outreach (Children)	70	\$7,775	
			\$837,498

- Health Home services are more frequently serving high and low acuity children than medium acuity

# Children – Non-Behavioral Health

Program Type	Individual	Medicaid Paid (\$)	
Non-BH Inpatient	42	\$952,829	
Non-BH Emergency	679	\$270,766	
NON-BH Clinic	745	\$254,859	
NON-BH Practitioners	1,005	\$249,053	
OPWDD Clinic	164	\$460,758	
OPWDD Coordination	73	\$101,986	
OPWDD Waiver	21	\$398,738	
			\$2,688,989

- In the non-behavioral health category, most children were served by non-bh practitioners
- 35% of spending in the non-behavioral health category for children was made for non-bh inpatient

# 2018 Individuals Served and Medicaid Cost - Seniors

Rensselaer County

**Note: Some Services such as Prescriptions and Inpatient are  
often paid through Medicare**

# Seniors

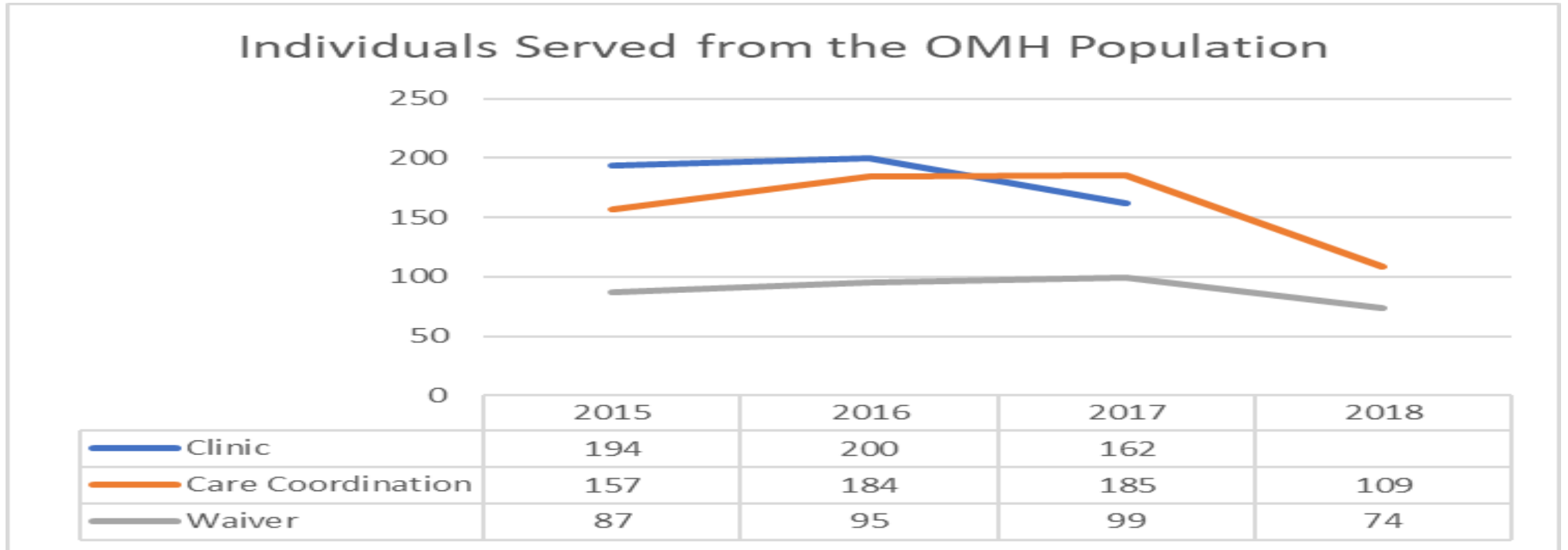
Program System	Program Type	Individuals	Medicaid Paid
BH	BH Outpatient Practitioner	99	\$8,853
HH	Health Home Services - Non-HARP	21	\$24,120
MH	Psych Inpatient 28	21	\$286,186
MH	MH Emergency	40	\$1,700
MH	OMH Licensed Clinic	161	\$88,003
Non-BH	Non-BH Inpatient	54	\$454,414
Non-BH	Non-BH Emergency	119	\$25,621
Non-BH	NON-BH Clinic	123	\$48,814
Non-BH	NON-BH Practitioners	182	\$49,851
MH			\$375,889
Non-BH			\$578,700

- No spending on Seniors was recorded for HCBS or SUD; this could be because data is suppressed when fewer than 20 individuals were served
- The most used service was non-bh practitioners followed by OMH licensed clinic

**Trends in Spending on OPWDD  
Services for individuals for the OMH  
Population – Co-Occurring  
OMH/OPWDD**

**Rensselaer County**

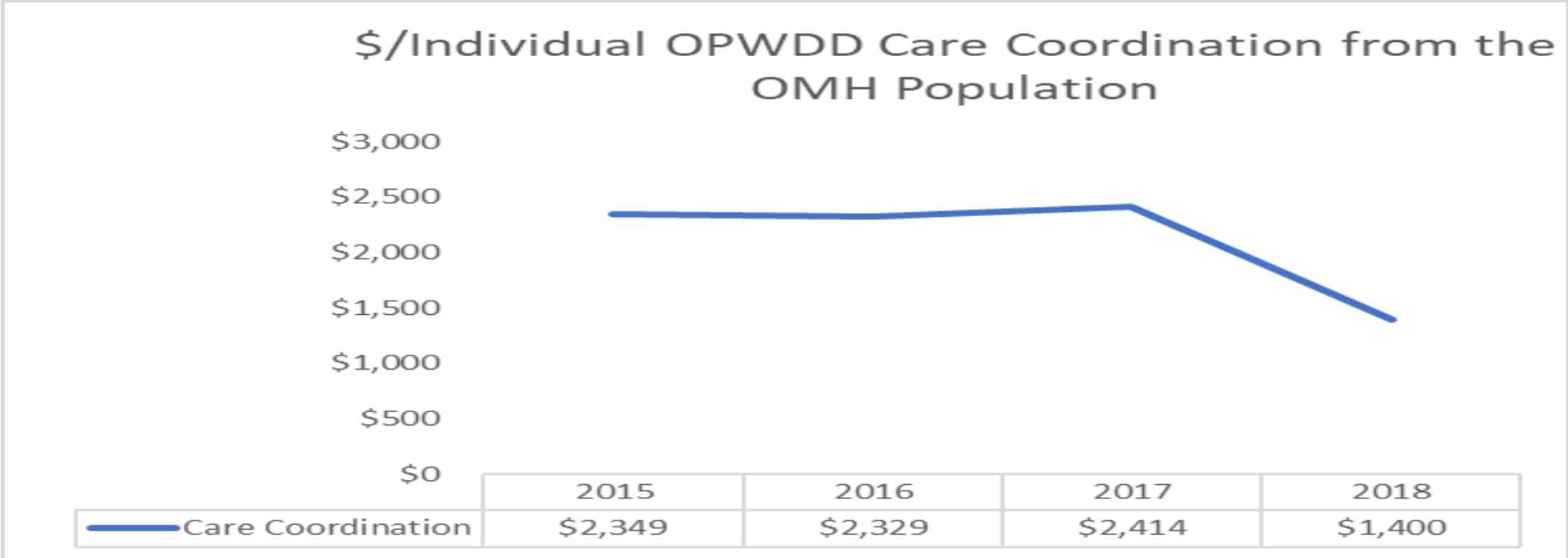
# OPWDD Clinic, Care Coordination and Waiver



- There has been a steady decrease in OMH eligible individuals with co-occurring developmental disabilities receiving OPWDD services

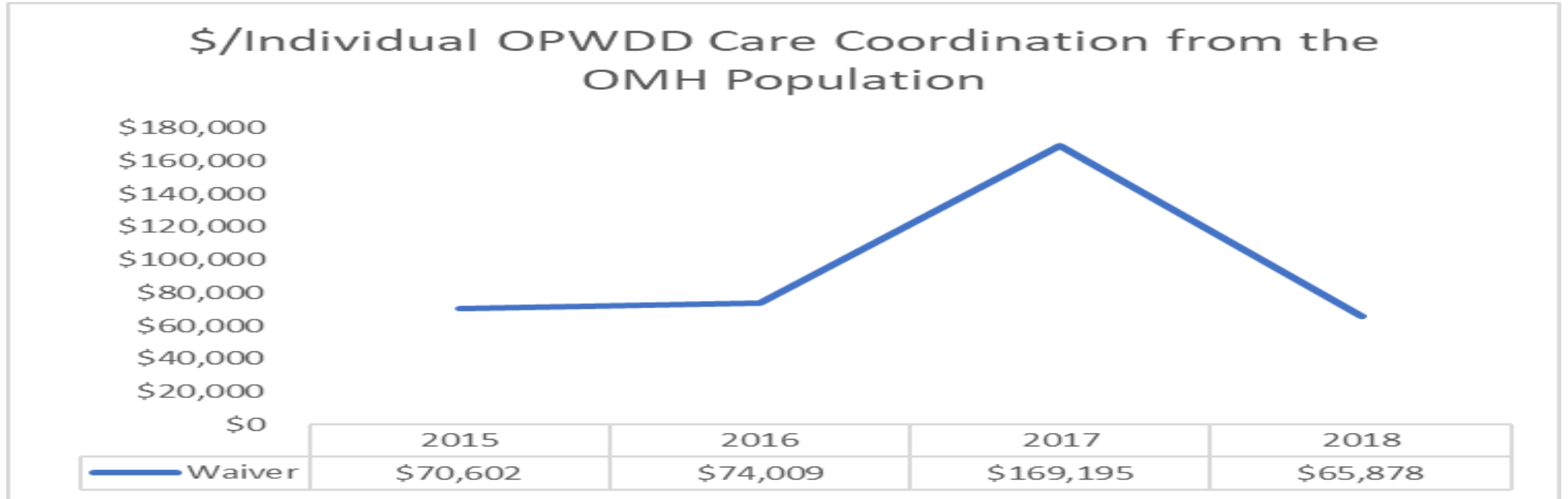


# OPWDD Care Coordination



- Spending per OMH individual with a co-occurring developmental disability served has decreased for OPWDD Care Coordination in 2017 and 2018

# OPWDD Waiver



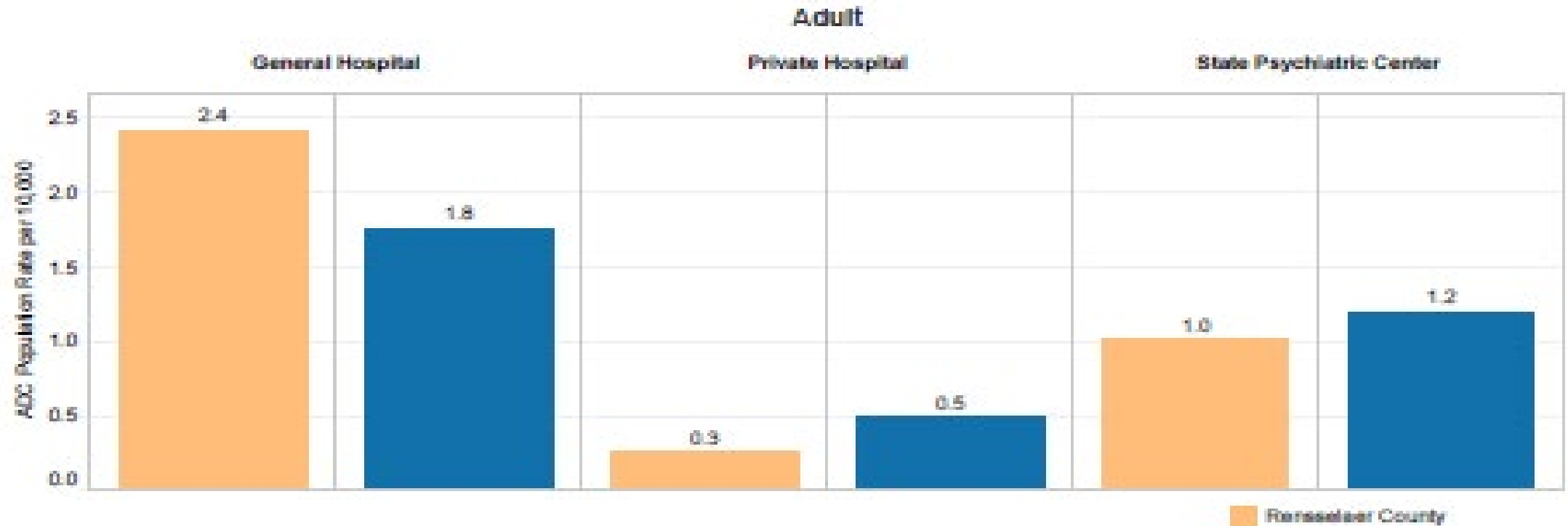
- Costs per OMH individual with a co-occurring developmental disability served in OPWDD waiver peaked in 2016, and decreased sharply in 2017 and 2018

# Trends in Inpatient Average Daily Inpatient Census for individuals from the OMH Population

Rensselaer County

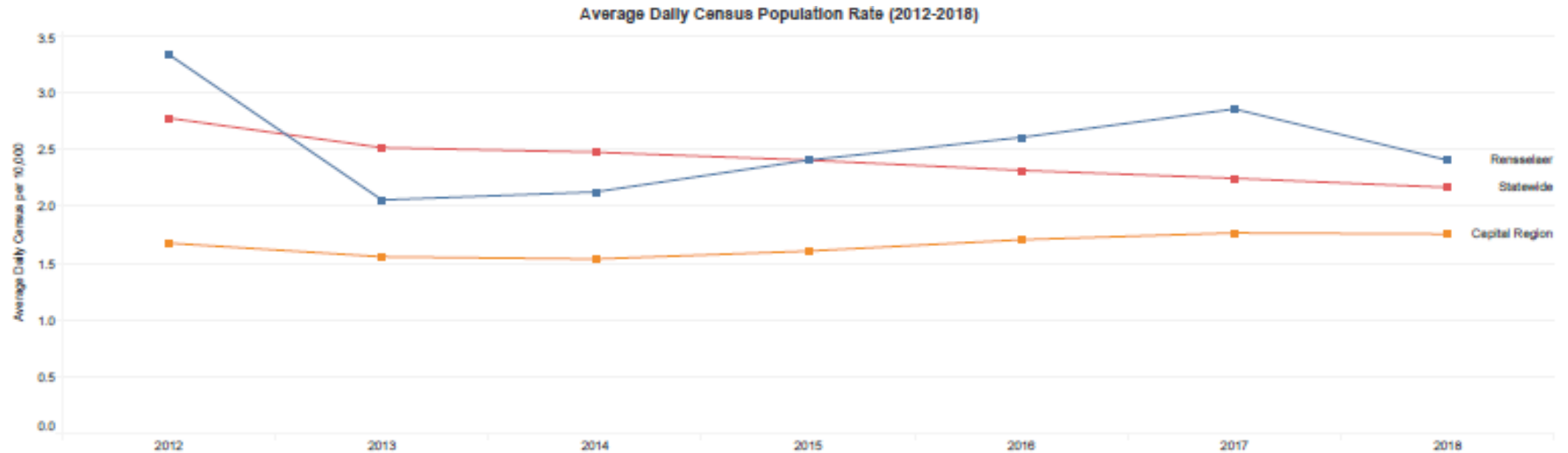
Note – 2016 is the most recent year available

## 2018 Adult Inpatient Census/100,000, Rensselaer vs Capital Region



- The Adult General Hospital inpatient census rate is higher than the Capital region, and lower for Private Hospitals and State Psychiatric Centers

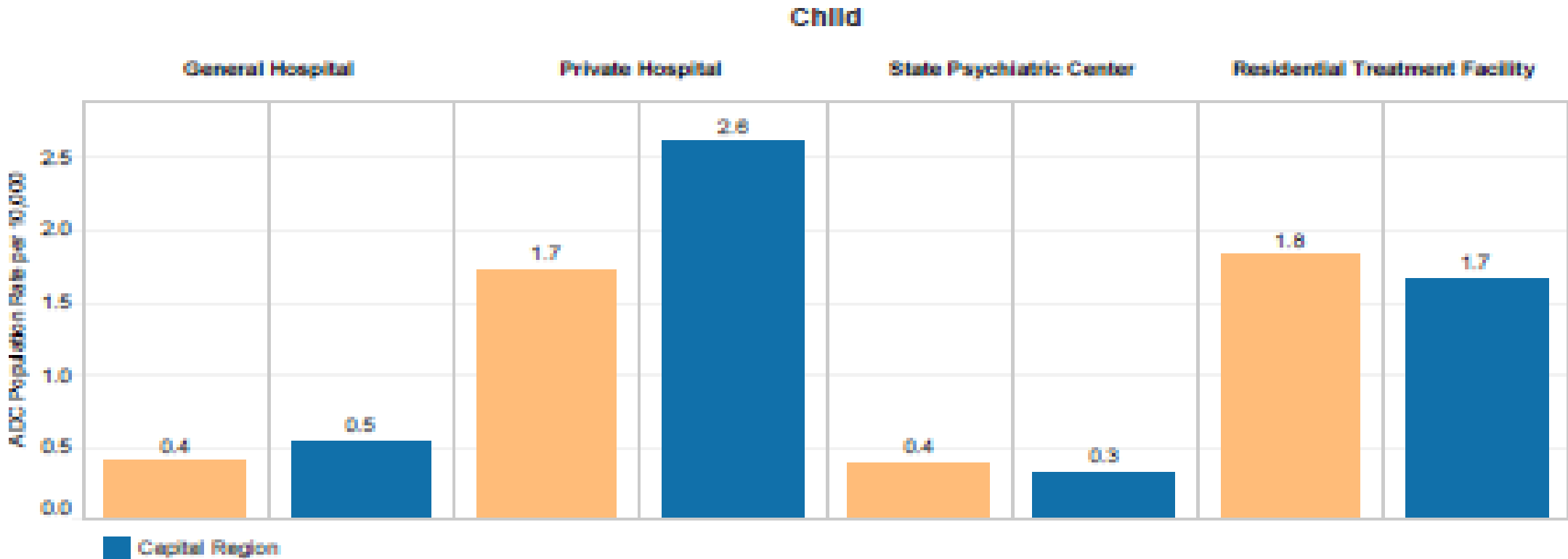
## 2018 Adult General Hospital Inpatient Census/100,000 Trends



Region/County	2012		2013		2014		2015		2016		2017		2018	
	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE
Statewide	4,254.2	2.8	3,882.7	2.5	3,846.6	2.5	3,756.9	2.4	3,608.9	2.3	3,523.5	2.3	3,365.0	2.2
Capital Region	125.9	1.7	118.2	1.6	117.4	1.5	123.4	1.6	130.8	1.7	136.1	1.8	134.5	1.8
Rensselaer	42.1	3.3	26.0	2.1	27.0	2.1	30.6	2.4	33.2	2.6	36.4	2.9	30.6	2.4

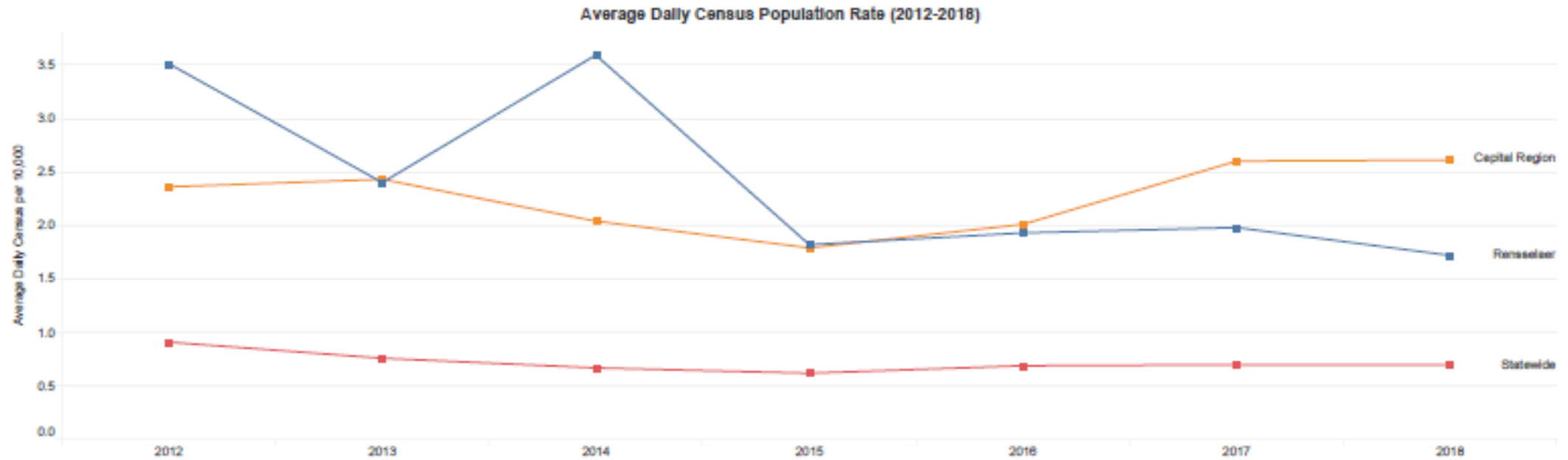
- The Adult General Hospital inpatient census rate rose in 2017 and decreased in 2018 to just above the statewide level; the Rensselaer rate is still above that of the capital district

# 2018 Child Inpatient Census/100,000, Rensselaer vs Capital Region



- The Child General Hospital and Private Hospital inpatient census rates are lower than the Capital region, and very slightly higher for State Psychiatric Centers and Residential Treatment Facilities; the highest rate is for Private Hospitals

# 2018 Child Private Hospital Inpatient Census/100,000 Trends



Region/County	2012		2013		2014		2015		2016		2017		2018	
	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE	Average Daily Census	RATE
Statewide	392.7	0.9	326.5	0.8	284.0	0.7	262.5	0.6	287.7	0.7	293.8	0.7	291.4	0.7
Capital Region	47.1	2.4	48.2	2.4	40.2	2.0	34.8	1.8	38.9	2.0	50.2	2.6	50.2	2.6
Rensselaer	11.9	3.5	8.1	2.4	11.9	3.6	6.0	1.8	6.3	1.9	6.4	2.0	5.6	1.7

- The Rensselaer Child Private Hospital rate has decreased while the Capital District rate has increased.

Office of Addiction Services and  
Supports (OASAS)  
Admission Data for County  
Residents admitted across New York  
State in 2018  
2021 Local Service Plan  
Rensselaer County



# OASAS Admission Data

- **What does this measure?**

This data summarizes substance use admissions by program type and primary substance by County, Region, and State over time.

- **Why is this important?**

- Identifying trends by substance use and program type can inform and support stakeholder planning initiatives
- Using county, regional, and state benchmark comparisons to identify areas of strength or targets for improvement
- Monitoring trended data on each indicator over time can be used to evaluate the impact of new initiatives

- **What is the data source?**

The OASAS Client Data System annual reports summarized by CCSI, Inc. on the CLMHD Behavioral Health portal. The most current year available is 2018; 2019 data is not yet available

# OASAS Admission Data – Service Descriptions

- **Crisis Services**  
Medically Managed Withdrawal & Stabilization, Medically Supervised Inpatient Withdrawal & Stabilization, Medically Supervised Outpatient Withdrawal & Stabilization, Ancillary Withdrawal Service and Medically Monitored Withdrawal & Stabilization
- **Inpatient Services**  
Inpatient Rehabilitation
- **Outpatient Services**  
Brief Intervention, Outpatient Clinic, Outpatient Rehabilitation, Problem Gambling Outpatient and Intensive Outpatient Service
- **Opioid Treatment Services**  
Opioid Treatment Program (OTP)
- **Residential Services**  
Intensive Residential Services, Community Residential Services, Supportive Living, Stabilization Services in a Residential Setting, Rehabilitative Services in a Residential Setting, Reintegration Services in a Residential Setting and Residential Rehabilitation Services for Youth (RRSY)
- **Recovery Support and Housing Services**  
Recovery Support and Permanent Supportive Housing

# OASAS 2018 Admission Data Observations

- In 2018, Approximately 1/3rd of admissions were for Alcohol and 1/3rd were for Heroin
- In 2018, 46.7% of overall admissions were for outpatient services, 23.2% for crisis, 18% for inpatient rehabilitation, 7.5% for residential (820 and non-820) and 4.5% for opioid treatment
- This highest number of admissions in 2018 were for
  - Alcohol – 872 admissions up from 767 in 2017
  - Heroin – 821 admissions down from 862 in 2017
- Approximately 1/3rd of admissions were for Alcohol and 1/3rd were for Heroin
- Approximately the same number of admission were for Crack/Cocaine as for Marijuana
- Heroin has a relatively low % of outpatient admissions compared to other substances
- Heroin and other opioids have the highest percentage of admissions to crisis programs
- Marijuana admissions are almost exclusively to outpatient

# OASAS 2018 Admission Data Observations – cont.

- Compared to 2017, a higher percentage of 2018 admissions for Heroin took place in all levels of care except for Crisis
- Crisis admissions for heroin increased from 18.6% of all heroin admissions (160) in 2017 to 30.6% (251) in 2018
- Compared to 2017, the percentage of 2018 admissions for alcohol in outpatient programs decreased but the number of admissions was about the same
- Crisis admissions for alcohol increased from 20.6% of all alcohol admissions (158) in 2017 to 25.7% (224) in 2018

# OASAS 2018 Admission Trends

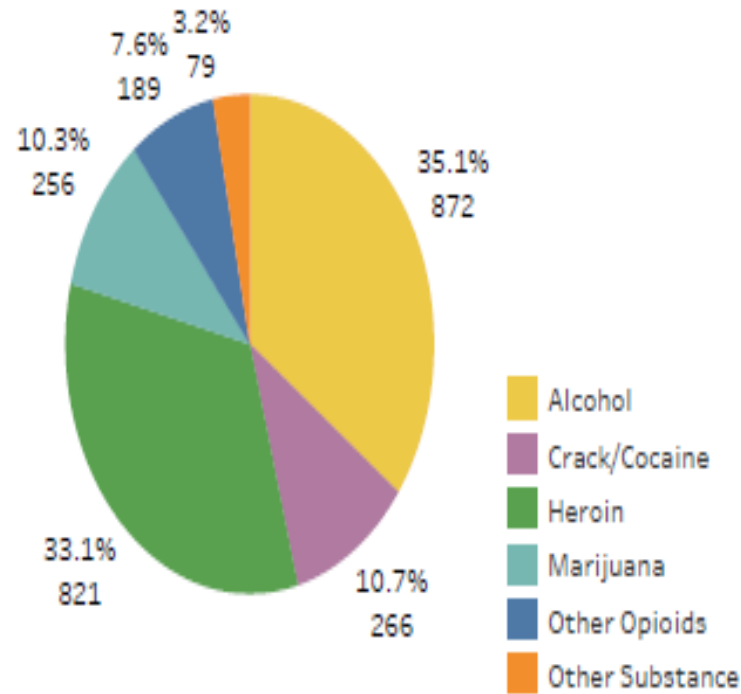
- Crisis Admissions
  - 2018 Heroin admissions increased over 2017
  - Admissions for other opioids increased and are about twice 2017
- Inpatient Rehab Admissions
  - Alcohol admissions in 2018 exceeded heroin for the first time since 2015
  - Crack/Cocaine admissions continue to increase
- Outpatient Admissions
  - Alcohol admissions continue to increase and are higher than any year except for 2015
  - Outpatient admissions for marijuana are decreasing but are still 24.6% of admissions
- Opioid Treatment Admissions
  - The number of Heroin admissions have decreased from 226 in 2017 146 in 2018
  - Other opioids only increased by 5 admissions
- No trend is included for Residential Treatment admission is included because of the 820 implementation

# Comparisons with Counties in the RPC Capital District

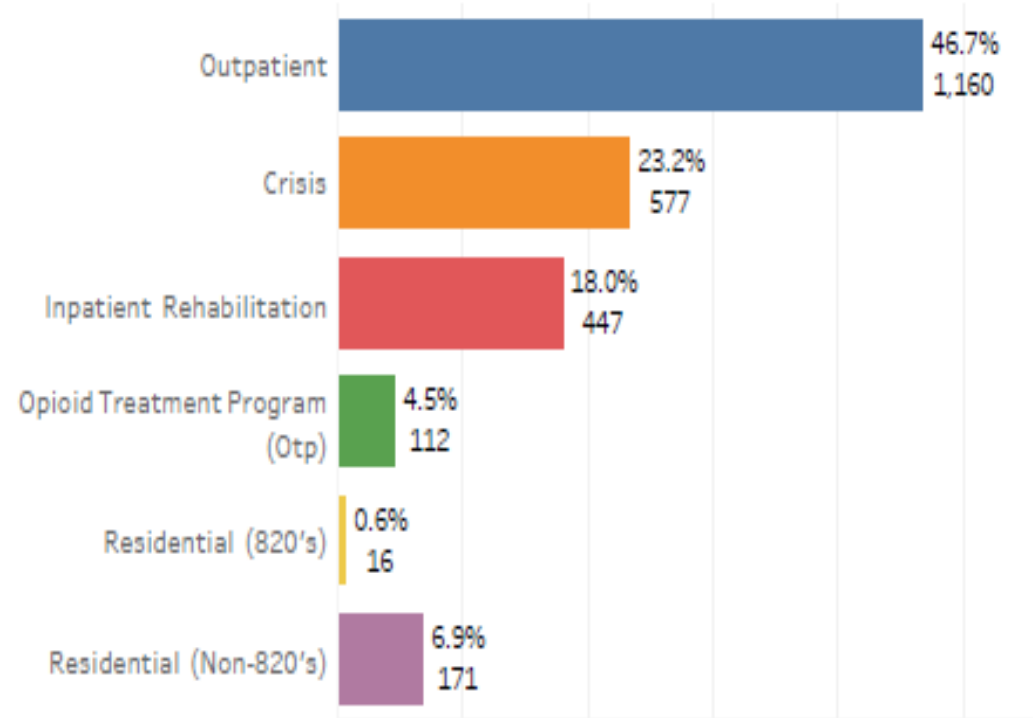
- The % of admissions for alcohol are below the RPC region and the state for Outpatient, Crisis and Inpatient Rehabilitation
- The % of outpatient admissions for heroin are slightly above the region and above the state
- The % of crisis admissions for heroin are above the region and above the state
- The % of inpatient rehab admissions for heroin are slightly above the region and the state
- The % of opioid treatment program admissions for heroin are slightly below the region and the state
- The % of admissions for marijuana are below the RPC region and state for Outpatient, Crisis and Inpatient Rehabilitation

# 2018 Primary Substance and Program Type

Primary Substance



Program Type



- Approximately 1/3<sup>rd</sup> of admissions were for Alcohol and 1/3<sup>rd</sup> were for Heroin
- 47% of admissions were to outpatient programs

# 2018 Primary Substance

Primary Substance	% of Admissions	# of Admissions
Alcohol	35.1%	872
Heroin	33.1%	821
Crack/Cocaine	10.7%	266
Marijuana	10.3%	256
Other Opioids	7.6%	189
Other Substance	<u>3.2%</u>	<u>79</u>
	100.0%	2,483

- Approximately the same number of admission were for Crack/Cocaine as for Marijuana

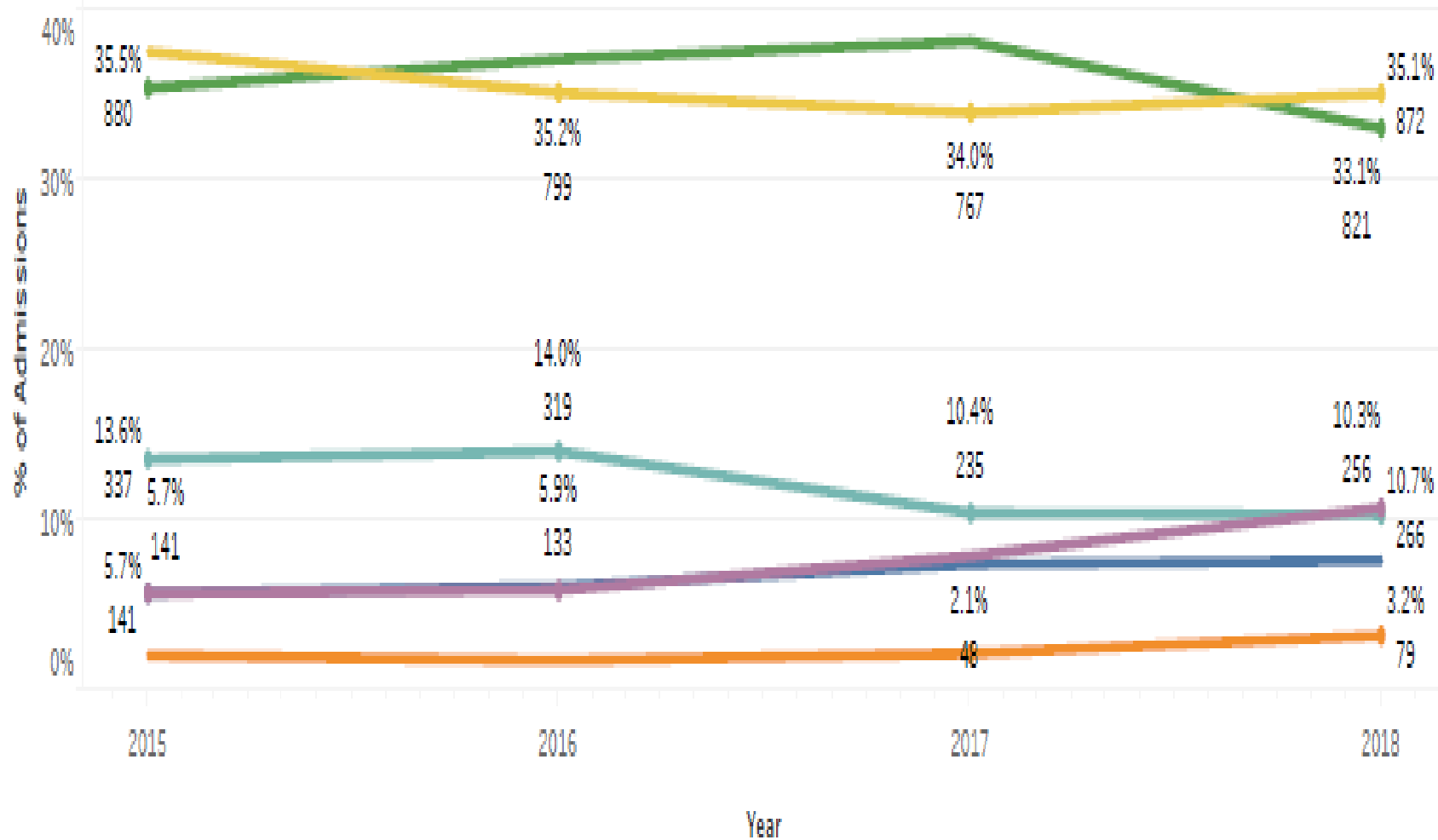


# 2018 Primary Substance and Program Type

Primary Substance	Outpatient	Crisis	Inpatient Rehab	Other Treatment	Residential 820	Residential Non-820	Total
Alcohol	48.51%	25.69%	20.18%	0.00%	0.57%	5.05%	100.00%
Heroin	30.21%	30.57%	17.66%	11.33%	0.97%	9.26%	100.00%
Crack/Cocaine	57.52%	3.01%	29.32%	0.00%	0.75%	9.40%	100.00%
Marijuana	88.28%	0.39%	5.47%	0.00%	0.00%	5.86%	100.00%
Other Opioids	42.86%	37.04%	8.99%	10.05%	0.00%	1.06%	100.00%
Other Substance	36.71%	29.11%	21.52%	0.00%	1.27%	11.39%	100.00%

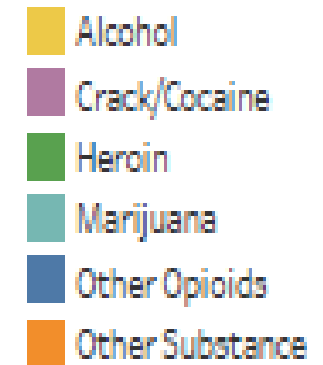
- Primary substance is listed in order of decreasing numbers of admissions
- Heroin has a relatively low % of outpatient admissions compared to other substances
- Heroin and other opioids have the highest percentage of admissions to crisis programs
- Marijuana admissions are almost exclusively to outpatient

# Trend – Percent of Admissions for All Programs



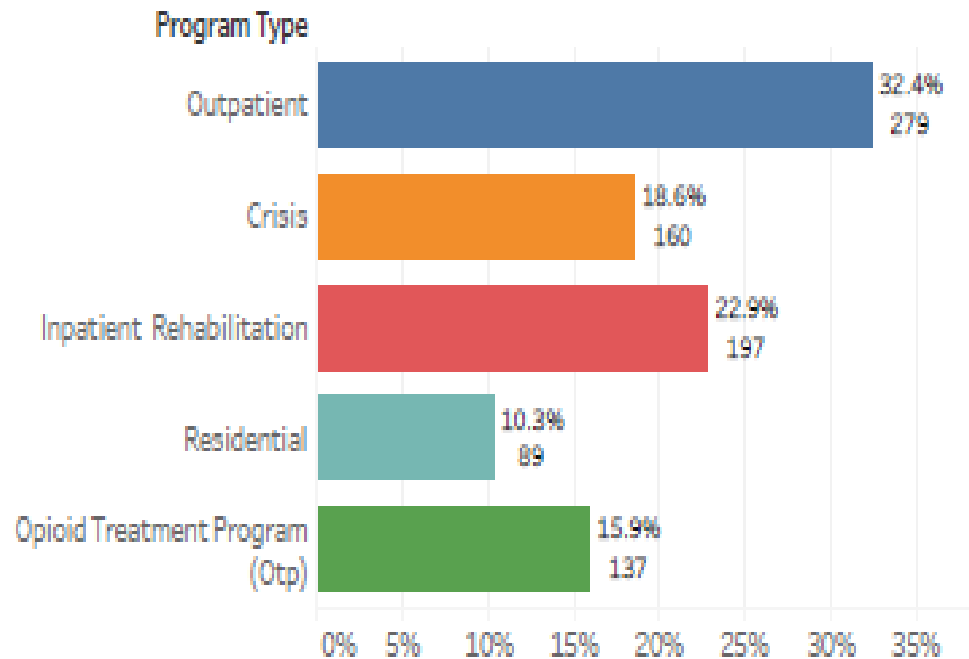
## 2018 Top admissions

- Alcohol – 872 admissions up from 767 in 2017
- Heroin – 821 admissions down from 862 in 2017

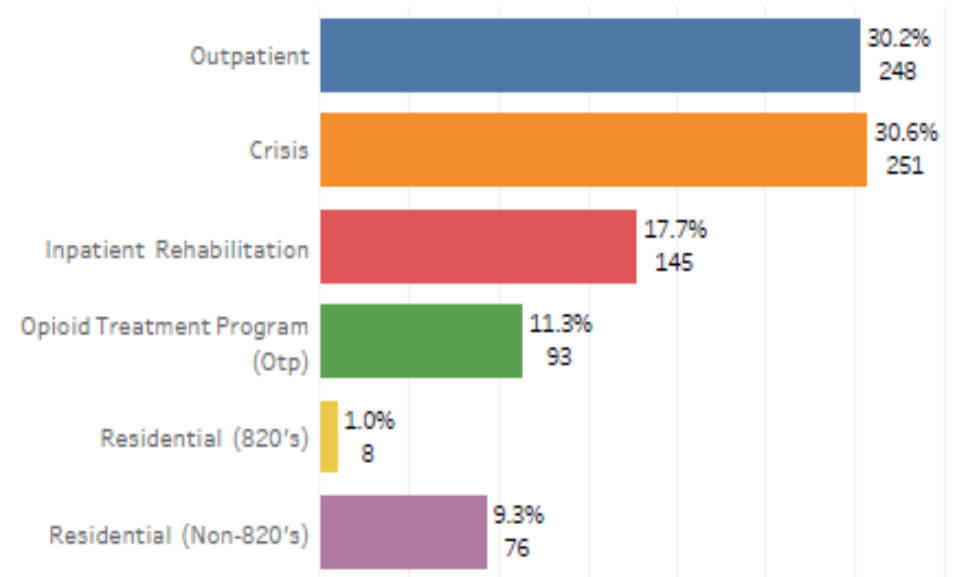


# Where did admissions take place for Heroin 2017 vs 2018

## Program Type



## Program Type

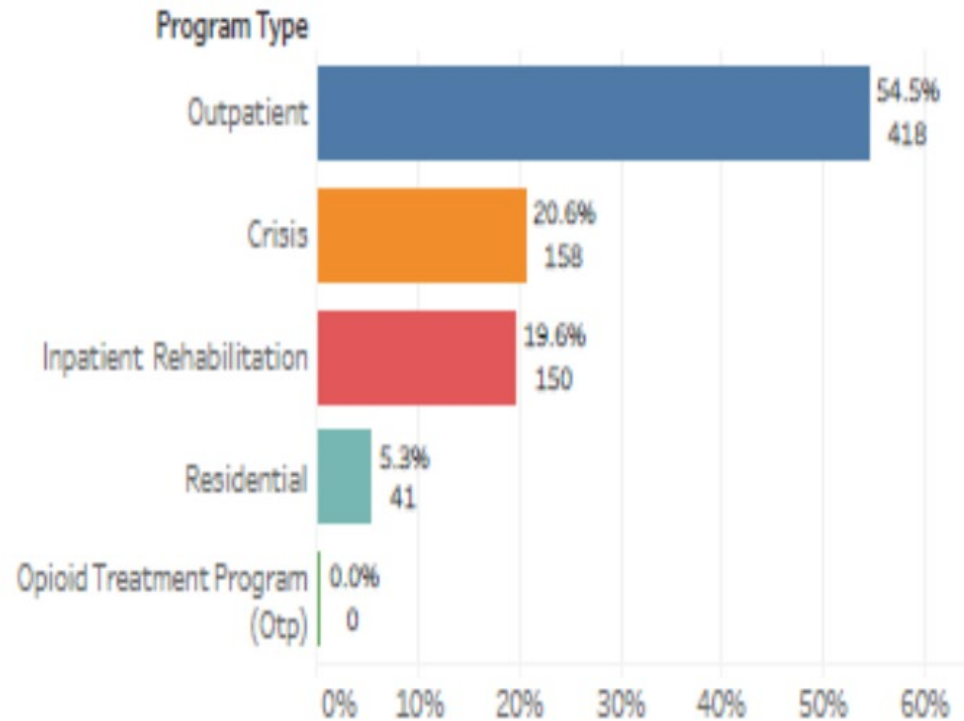


- Compared to 2017, a higher percentage of admissions for Heroin took place in all levels of care except for Crisis

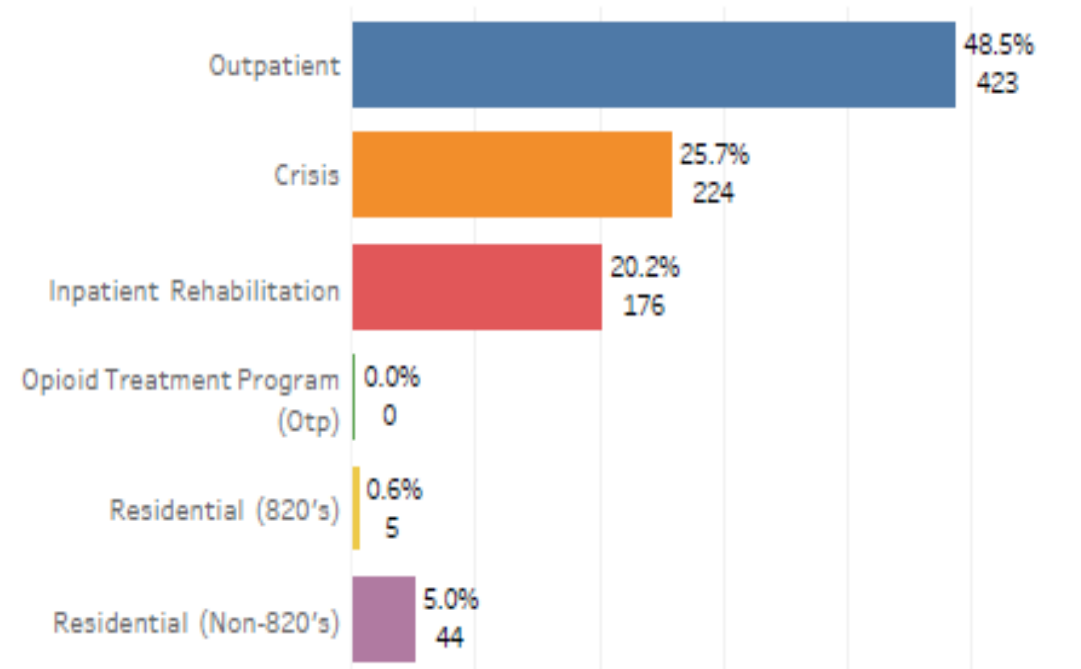
- Crisis admissions for heroin increased from 18.6% of all heroin admissions (160) in 2017 to 30.6% (251) in 2018

# Where did admissions take place for Alcohol 2017 vs 2018

## Program Type



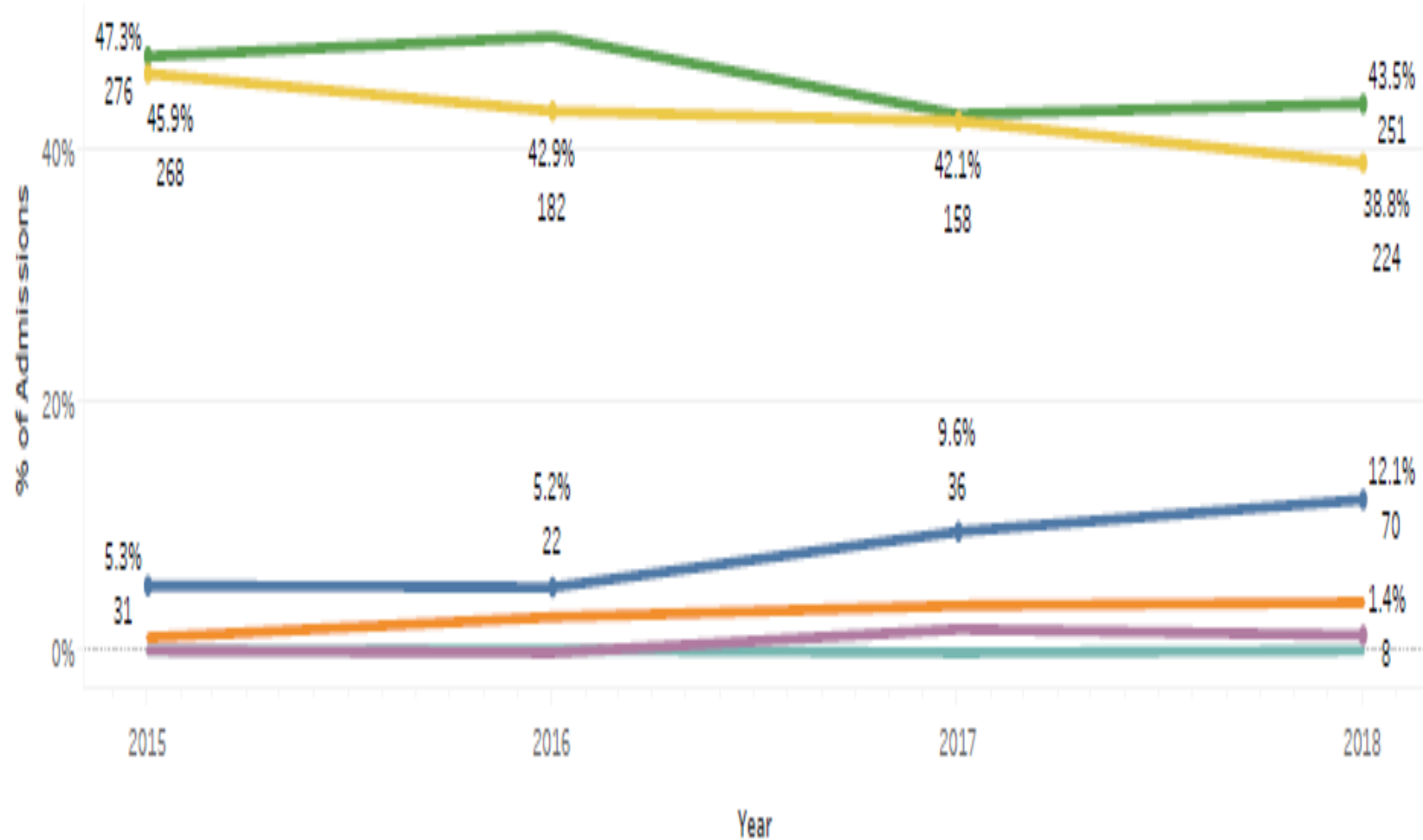
## Program Type



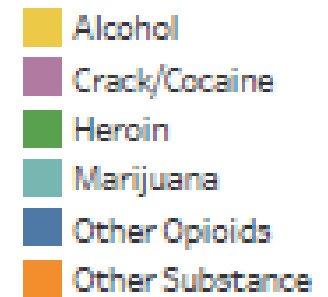
- Compared to 2017, the percentage of admissions for alcohol in outpatient programs but the number of admissions was about the same

- Crisis admissions for alcohol increased from 20.6% of all alcohol admissions (158) in 2017 to 25.7% (224) in 2018

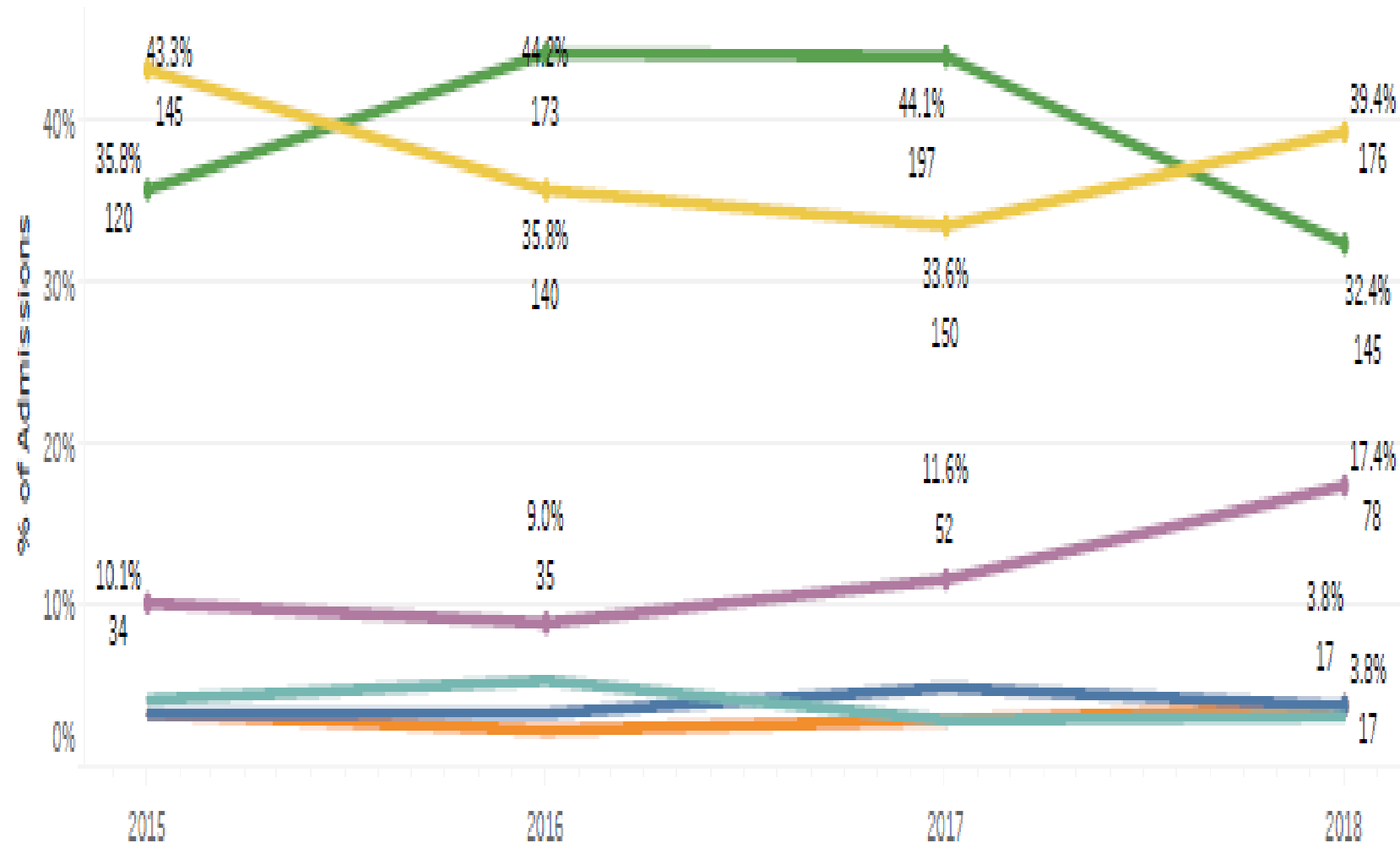
# What is the trend for Crisis Admissions?



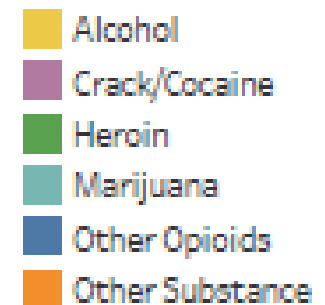
- 2018 Heroin admissions increased over 2017
- Admissions for other opioids increased and are about twice 2017



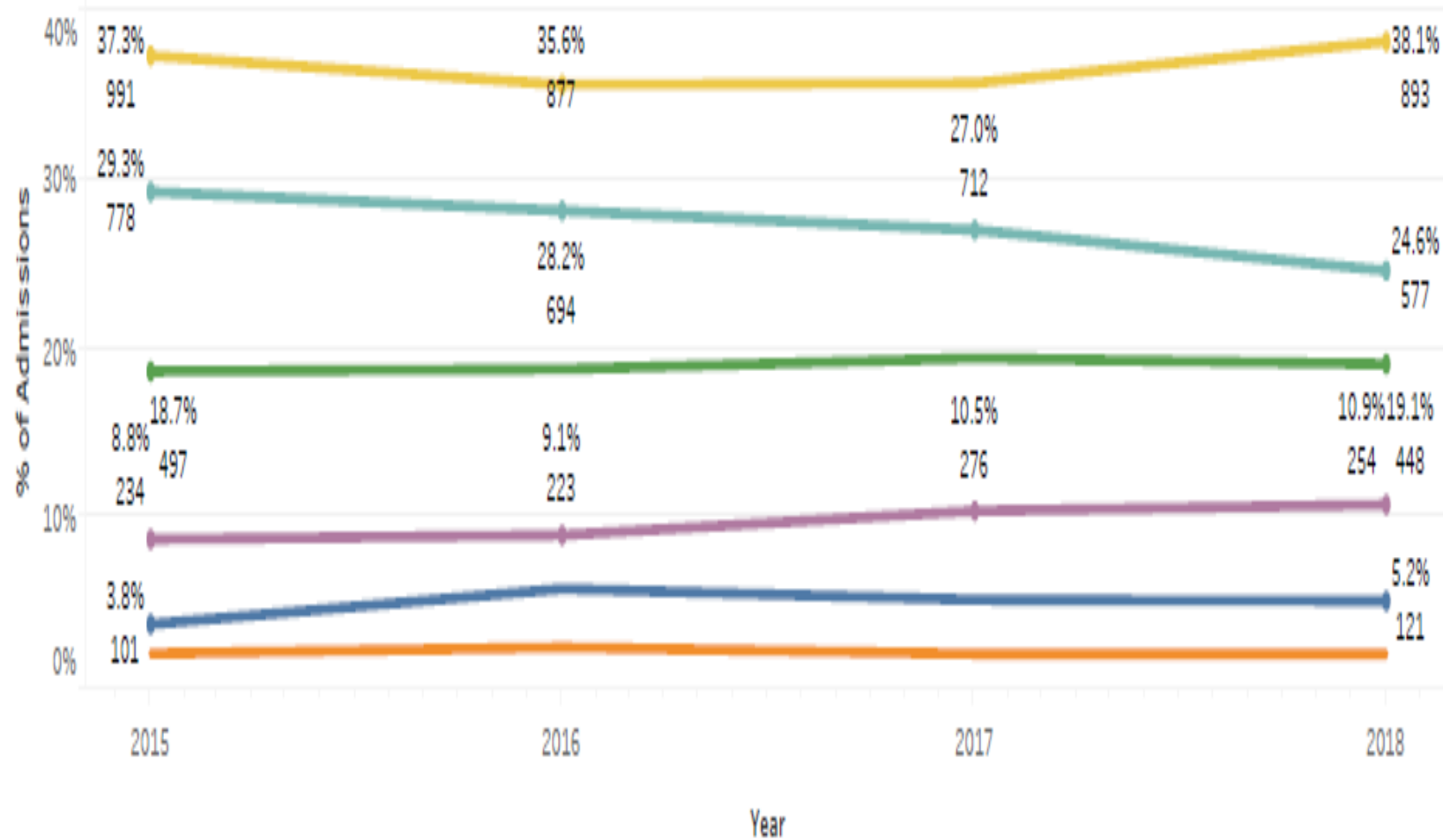
# What is the trend for Inpatient Rehabilitation?



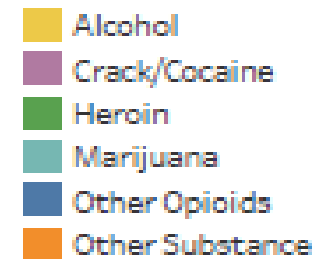
- Alcohol admissions in 2018 exceeded heroin for the first time since 2015
- Crack/Cocaine admissions continue to increase



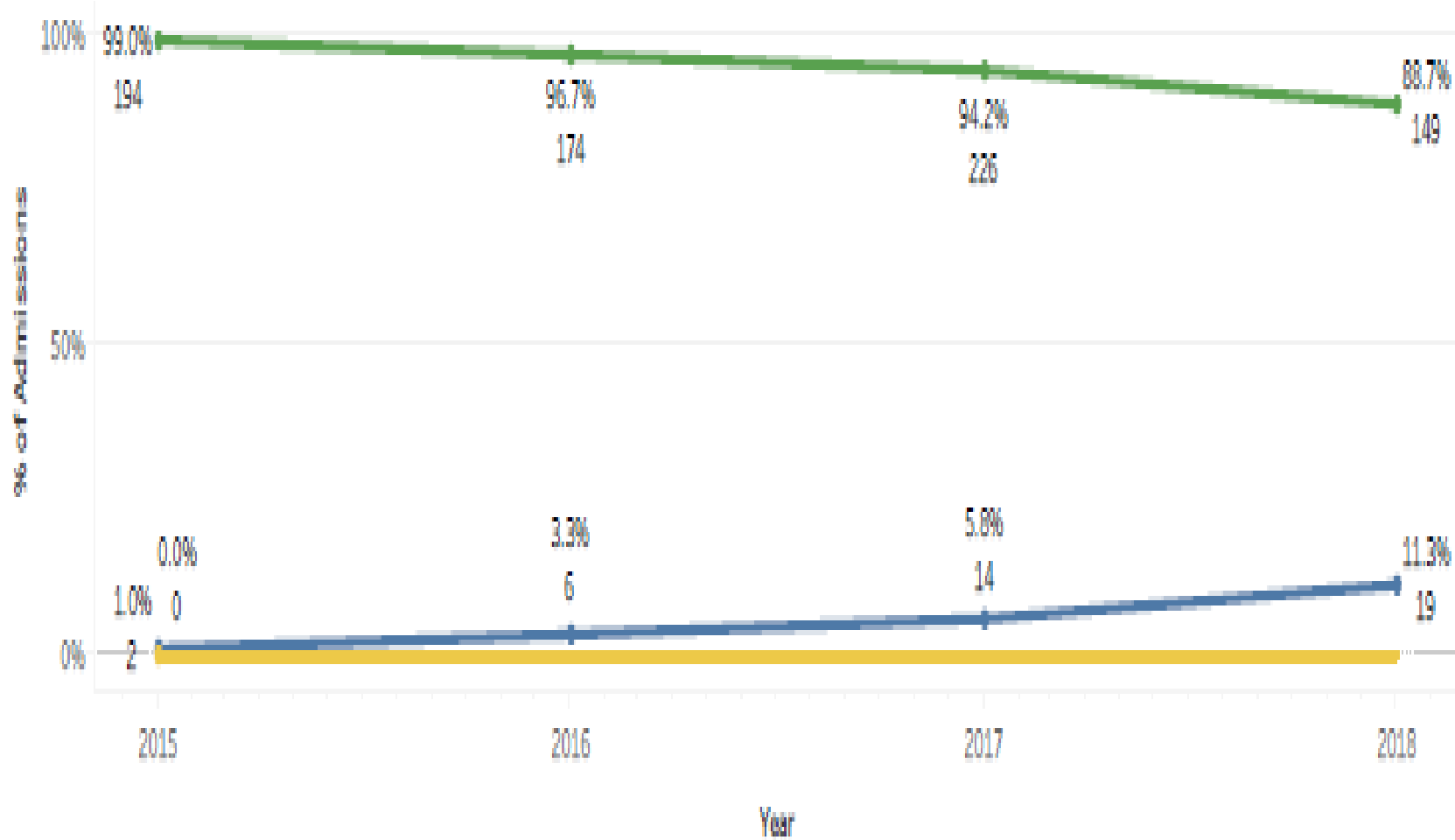
# What is the trend for Outpatient?



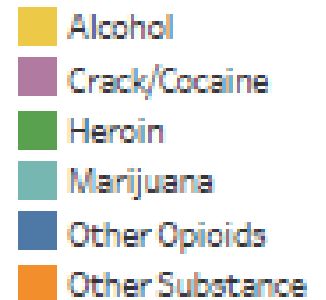
- Alcohol admissions continue to increase and are higher than any year except for 2015
- Outpatient admissions for marijuana are decreasing but are still 24.6% of admissions



# What is the trend for Opioid Treatment?



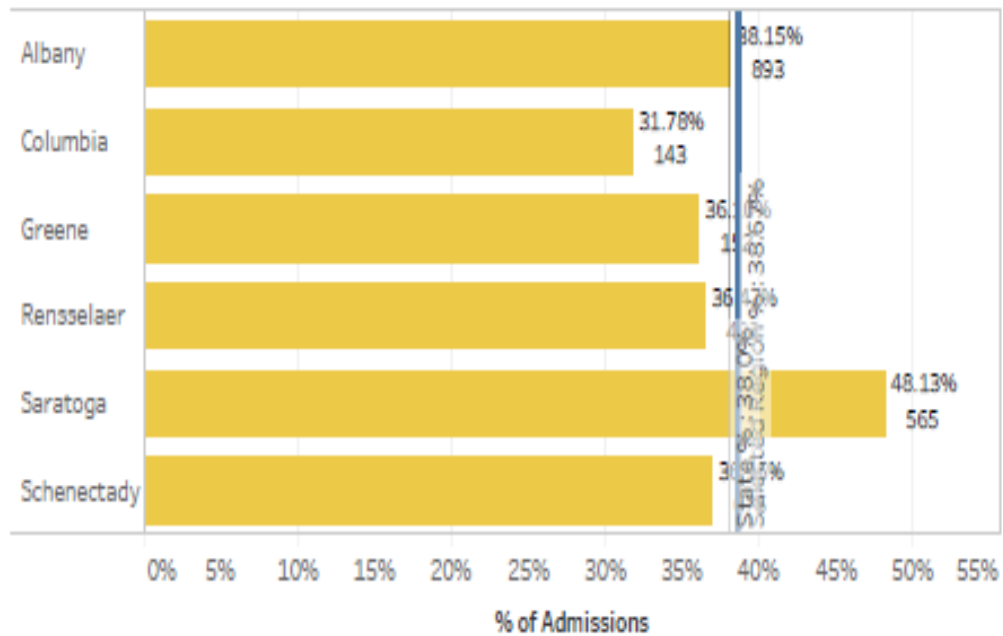
- The number of Heroin admissions have decreased from 226 in 2017 to 146 in 2018
- Other opioids only increased by 5 admissions





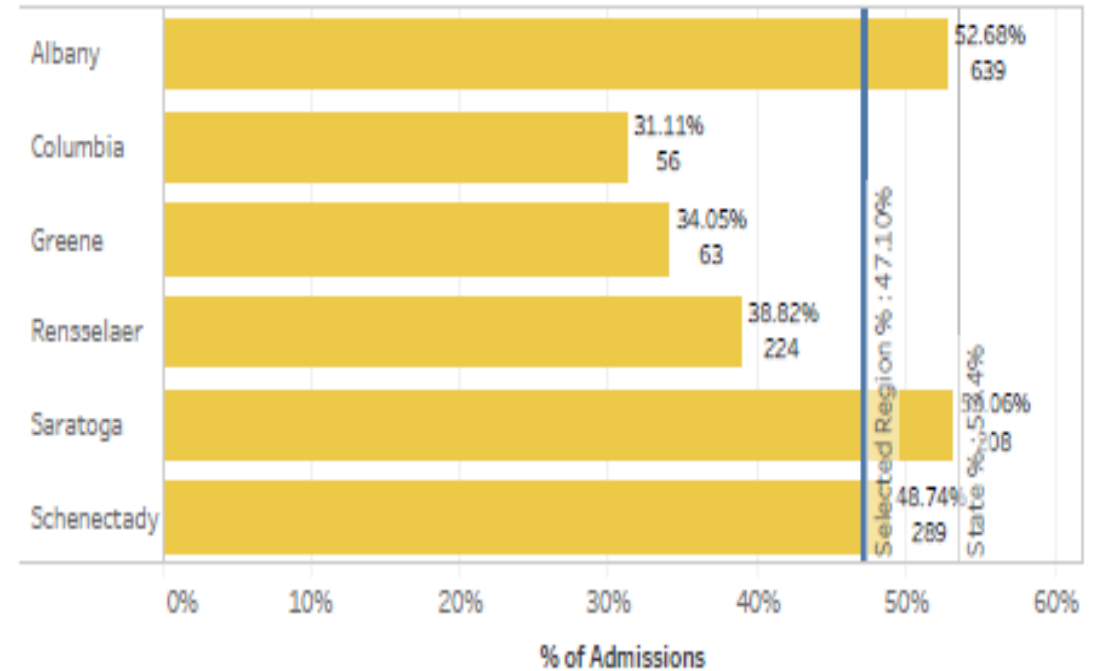
# Comparison with other RPC Counties - Alcohol

## Outpatient



- The % of outpatient admissions for alcohol are below the region and state

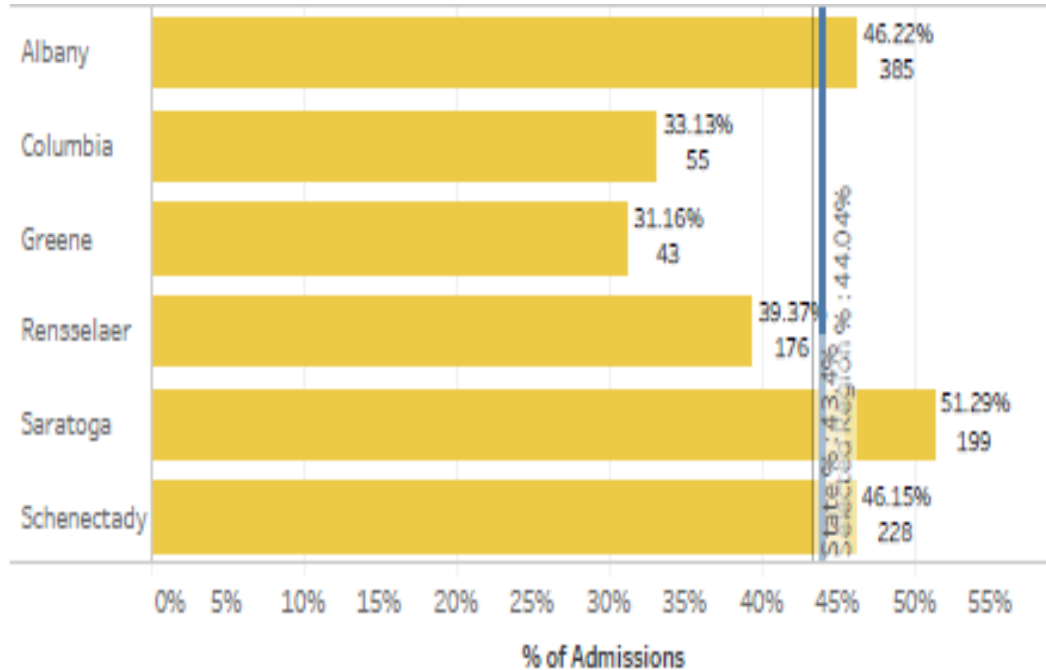
## Crisis



- The % of crisis admissions for alcohol are below the region and state

# Comparison with other RPC Counties - Alcohol

## Inpatient Rehab



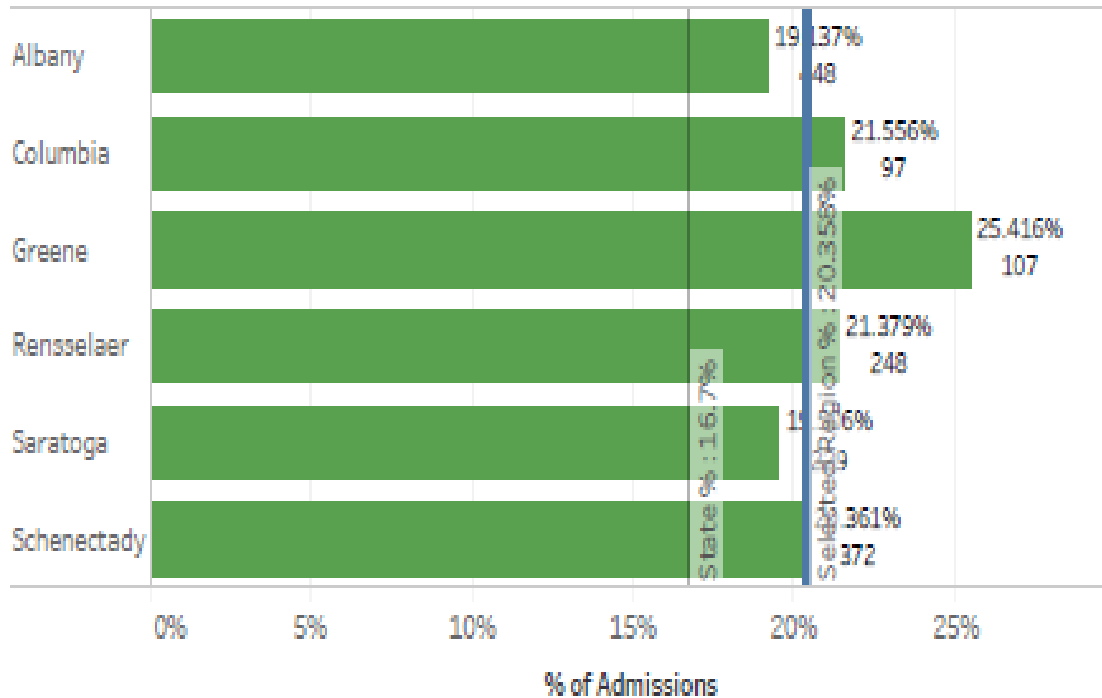
- The % of inpatient rehab admissions for alcohol are below the region and state

## Residential

- The number of reported admissions are low, perhaps because of the transition to 820 regulations.

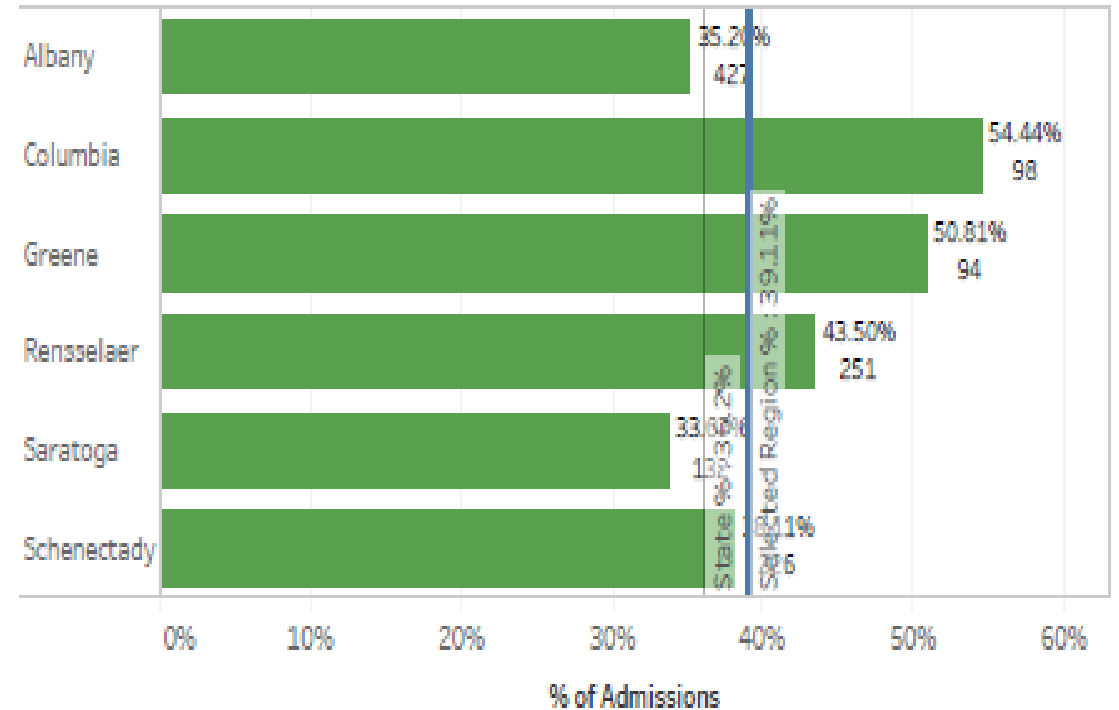
# Comparison with other RPC Counties - Heroin

## Outpatient



- The % of outpatient admissions for heroin are slightly above the region and above the state

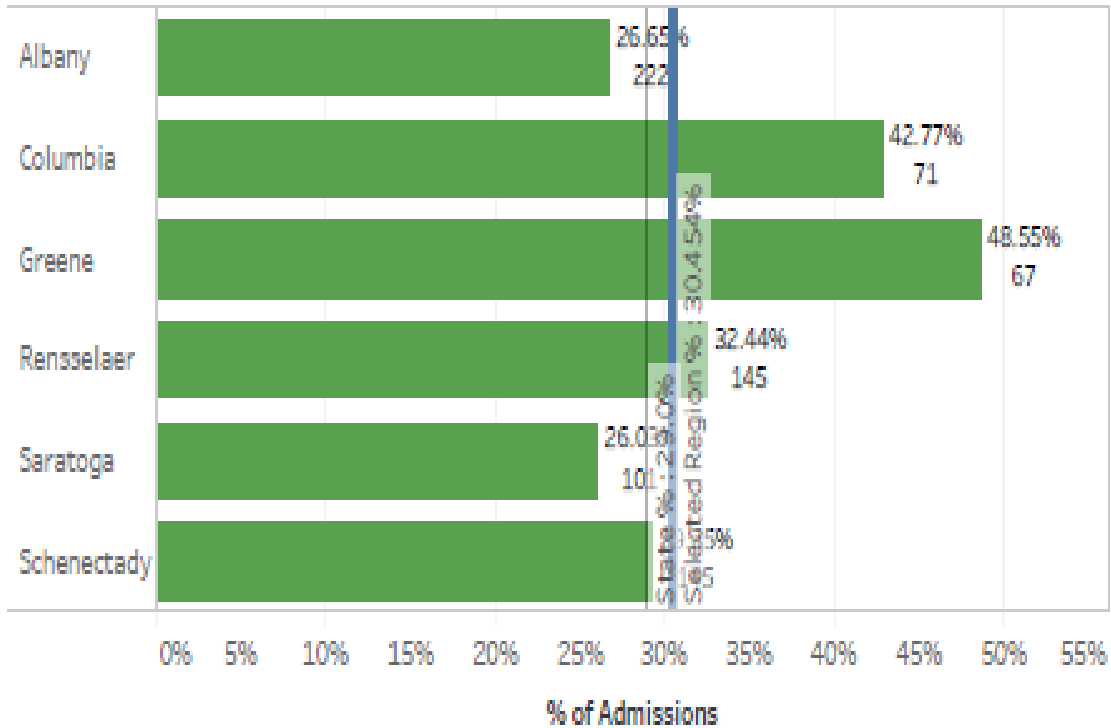
## Crisis



- The % of crisis admissions for heroin are above the region and above the state

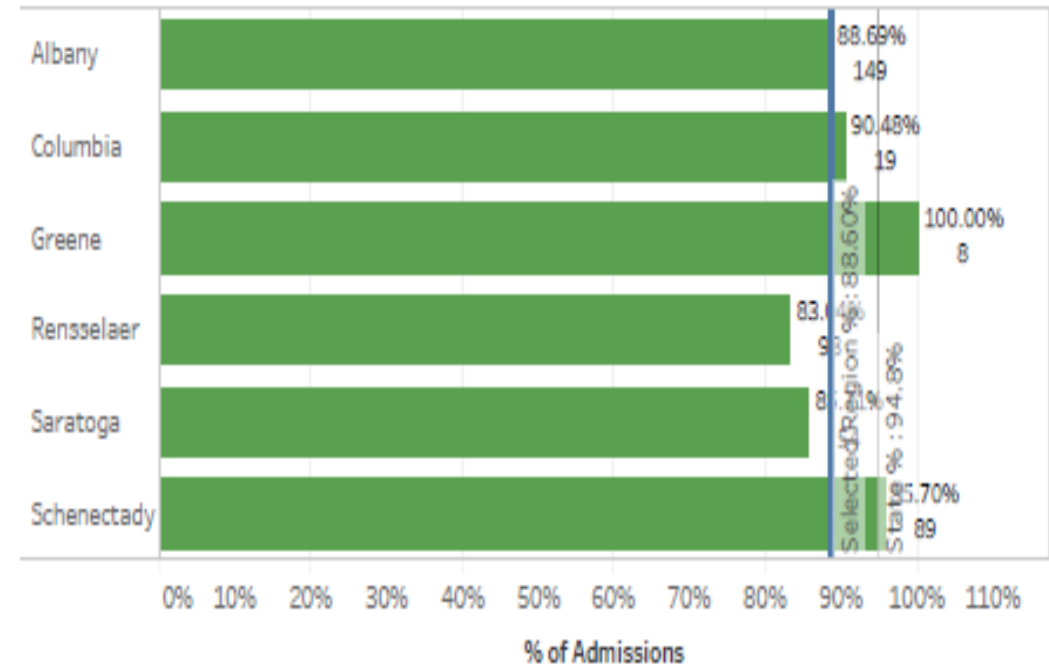
# Comparison with other RPC Counties - Heroin

## Inpatient Rehab



- The % of inpatient rehab admissions for heroin are slightly above the region and state

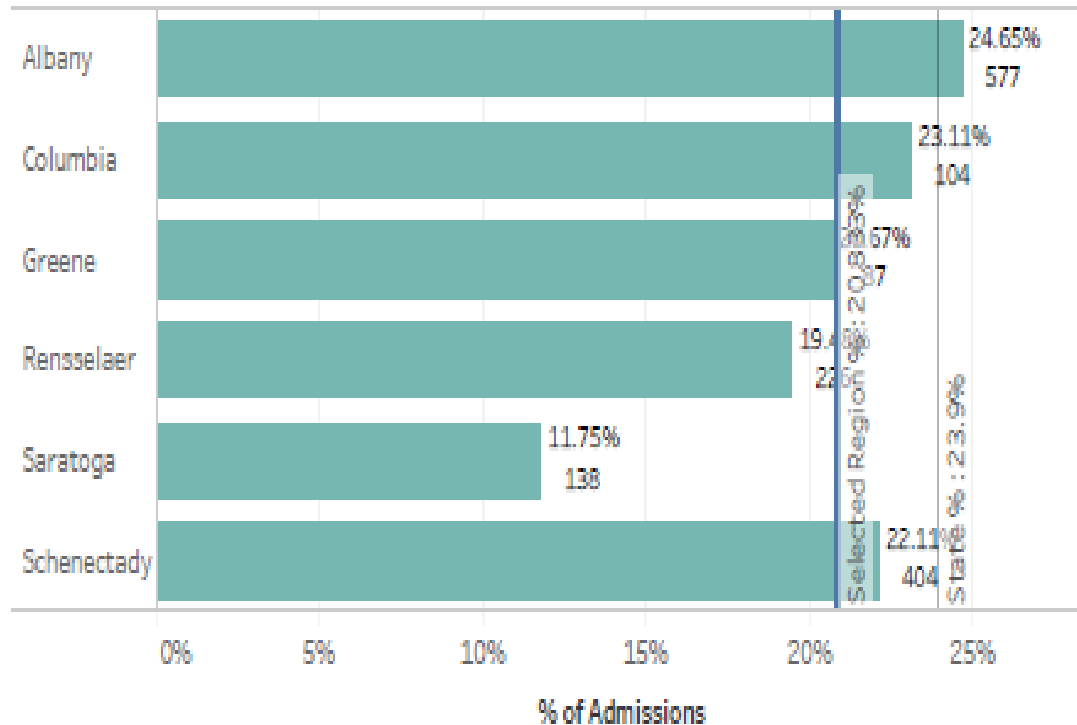
## Opioid Treatment Program



- The % of opioid treatment program admissions for heroin are slightly below the region and state

# Comparison with other RPC Counties – Marijuana etc.

## Outpatient - Marijuana



- The % of outpatient admissions for marijuana are below the region and state

## Other

- The number of admissions for marijuana to other programs are low, making comparisons difficult
- The numbers of admission for other substances at various programs are low, making comparisons difficult.

# 2020 Local Service Plan Rensselaer County

Medicaid Services for Individuals with Co-Occurring Disorders served by  
the Office of Mental Health (OMH) and the Office of Alcoholism and  
Substance Use Disorders (OASAS)

# Summary of Three Year Trends

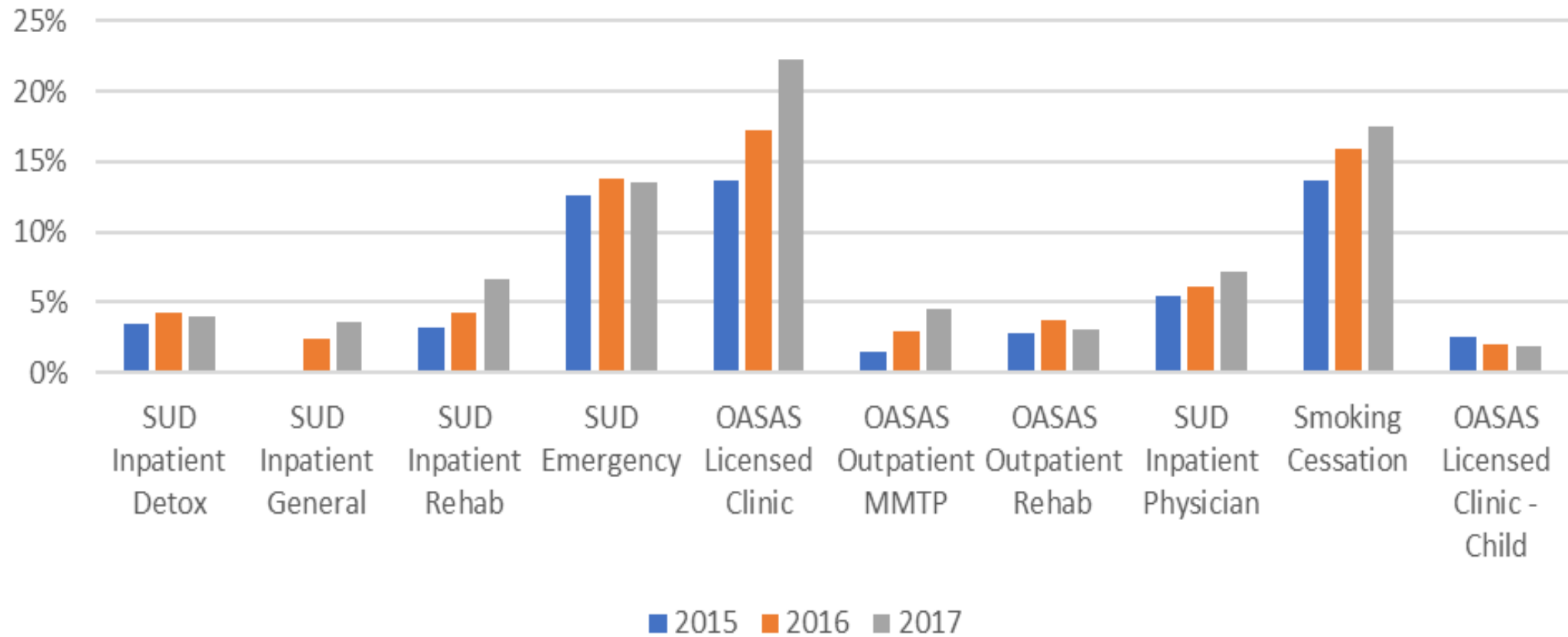
- Individuals served by OMH are increasingly being recognized as having co-occurring disorders/MICA and being referred to OASAS programs
  - For individuals classified as OMH recipients, the largest increases in SUD categories were Inpatient Rehab and OASAS Licensed Clinic
- Individuals served by OASAS are increasingly being recognized as having co-occurring disorders/MICA and being referred to OMH programs
  - For individuals classified as OASAS recipients, the largest increases in SUD categories were MD Psychiatric Services and DOH Psychiatric Prescriptions
- Note that the data does not show if individuals are simultaneously being served in both systems such as being enrolled in OMH and OASAS clinics
- The charts show the numbers of individuals served and the percentages of individuals served who receive services in other systems
- The graphs show the percentages of individuals served who receive services in other systems

# Individuals Served by OMH - Medicaid

Service		2015		2016		2017	
		Individuals	%	Individuals	%	Individuals	%
OMH Services		4925		5145		5201	
Other Behavioral Health Services							
SUD Inpatient Detox	Adult	172	3%	216	4%	210	4%
SUD Inpatient General	Adult		0%	120	2%	188	4%
SUD Inpatient Rehab	Adult	158	3%	220	4%	346	7%
SUD Emergency	Adult	618	13%	712	14%	704	14%
OASAS Licensed Clinic	Adult	670	14%	884	17%	1,160	22%
OASAS Outpatient MMTP	Adult	72	1%	148	3%	232	4%
OASAS Outpatient Rehab	Adult	138	3%	188	4%	162	3%
SUD Inpatient Physician	Adult	268	5%	312	6%	370	7%
Smoking Cessation	Adult	672	14%	816	16%	906	17%
OASAS Licensed Clinic	Child	124	3%	100	2%	96	2%



## Rensselaer County OMH Medicaid Profiles - Non OMH BH Services

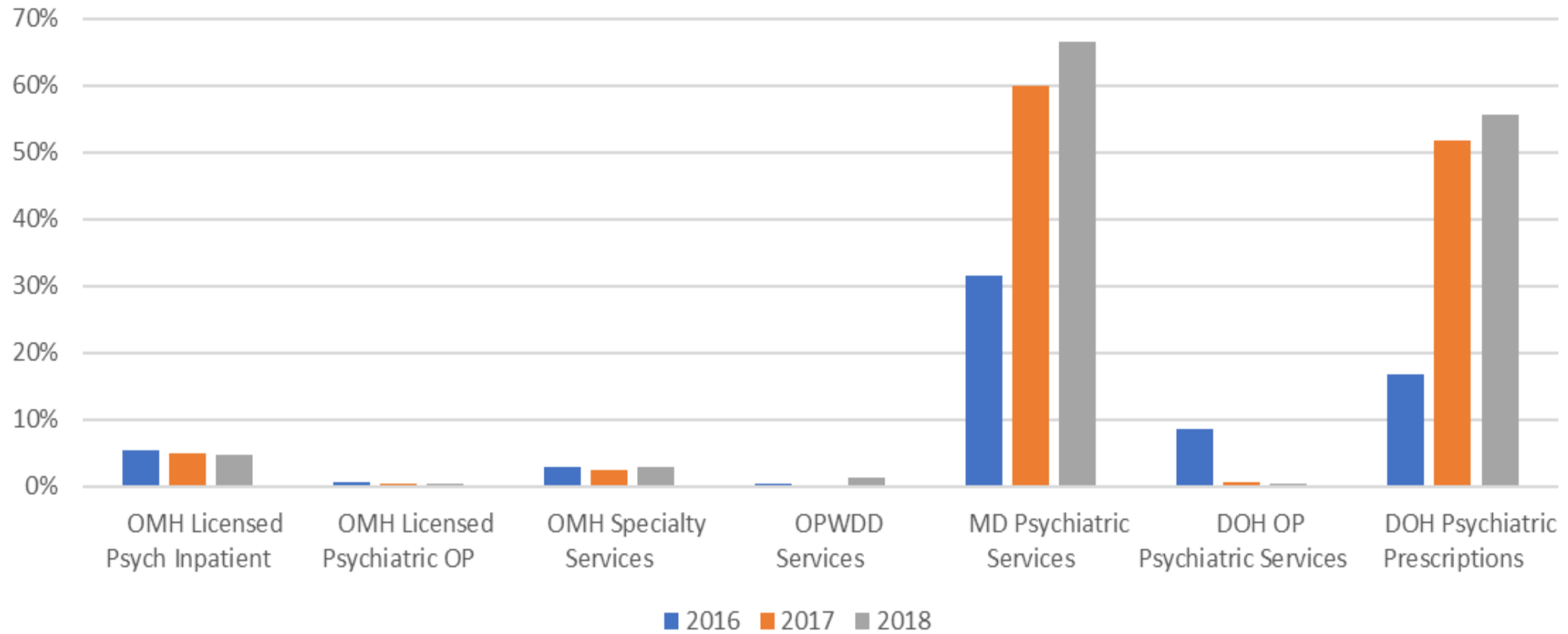


# Individuals Served by OASAS - Medicaid

Service	SFY 2016		SFY 2017		SFY 2018	
	Individuals	%	Individuals	%	Individuals	%
Chemical Dependency Services	1,329		1,374		1,583	
Other Behavioral Health Services						
OMH Licensed Psych Inpatient	72	5%	69	5%	75	5%
OMH Licensed Psychiatric OP	7	1%	6	0%	7	0%
OMH Specialty Services	38	3%	34	2%	46	3%
OPWDD Services	4	0%	3	0%	20	1%
MD Psychiatric Services	420	32%	824	60%	1,052	66%
DOH OP Psychiatric Services	114	9%	10	1%	7	0%
DOH Psychiatric Prescriptions	224	17%	710	52%	880	56%

# Rensselaer County

## OASAS Detailed Medicaid Profiles - Non OASAS BH Services



# Data Sources and Additional Comments

- OASAS data is based on state fiscal years and OMH is based on calendar years
- For OMH, the source was OMH BI Tableau Data Portal, run on 3/18/19 using the data download function
  - Rensselaer County Recipients
  - The data was downloaded for non-OMH categories
- For OASAS, the source was NYS OASAS Medicaid Recipient Profile Detail Reports for State Fiscal Years 2016, 2017, 2018 run on 3/18/19

# RENSELAEER COUNTY SUBSTANCE USE DISORDER KEY INDICATORS

Updated as of 7/1/19

For data sources, please see "County Substance Use Disorder Key Indicator Reference Guide"

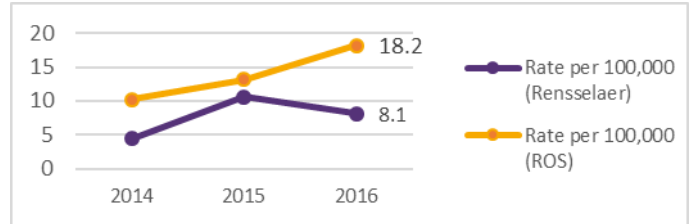
## OPIOID AND OTHER DRUG INDICATORS

Rest of State (ROS) = New York State excluding New York City

### Opioid Deaths

In 2016 there were **13** opioid overdose deaths in Rensselaer County

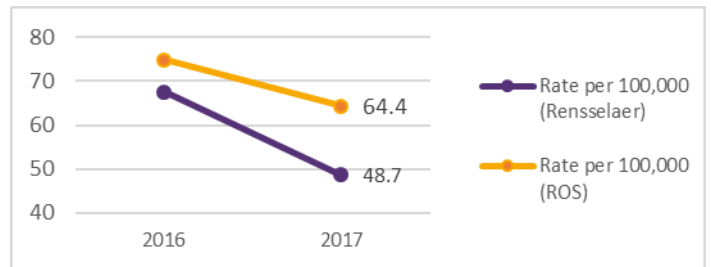
	2014	2015	2016
Rate per 100,000 (Rensselaer)	4.4	10.6	8.1
Rate per 100,000 (ROS)	10.2	13.2	18.2



- In 2016, the Rensselaer County opioid overdose death rate was **lower** than the Rest of State.
- Between 2014 and 2016, Rensselaer County saw an **increase** in opioid overdose deaths.

### Opioid Emergency Department (ED) Visits

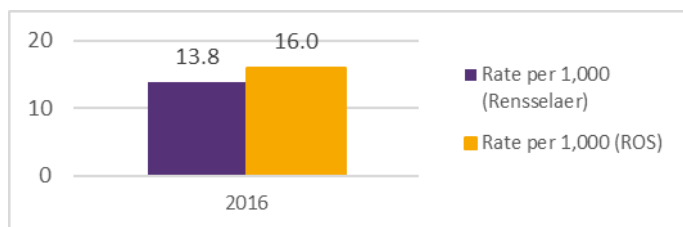
	2016	2017
Number of Opioid ED Visits (Rensselaer)	108	78
Rate per 100,000 (Rensselaer)	67.5	48.7
Rate per 100,000 (ROS)	74.9	64.4



- In 2017, the Rensselaer County opioid ED visit rate was **lower** than the Rest of State.
- Between 2016 and 2017, Rensselaer County saw a **decrease** in opioid ED visits.

### Neonatal Abstinence Syndrome (NAS)

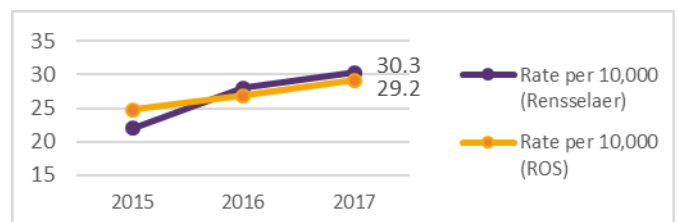
	2016
Number of NAS Discharges (Rensselaer)	22
Rate per 1,000 (Rensselaer)	13.8
Rate per 1,000 (ROS)	16.0



- In 2016, the Rensselaer County NAS rate was **lower** than the Rest of State.

### Drug Arrests (Felony and Misdemeanor)

	2015	2016	2017
Number of Drug Arrests (Rensselaer)	352	447	484
Rate per 10,000 (Rensselaer)	22.0	28.0	30.3
Rate per 10,000 (ROS)	24.8	26.9	29.2



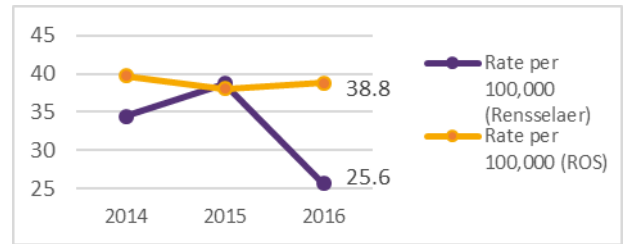
- In 2017, the Rensselaer County Drug Arrest rate was **higher** than the Rest of State.
- Between 2015 and 2017, Rensselaer County saw an **increase** in the number and rate of drug arrests.

**ALCOHOL INDICATORS**

**Rest of State (ROS) = New York State excluding New York City**

**Alcohol Related Motor Vehicle Injuries and Deaths**

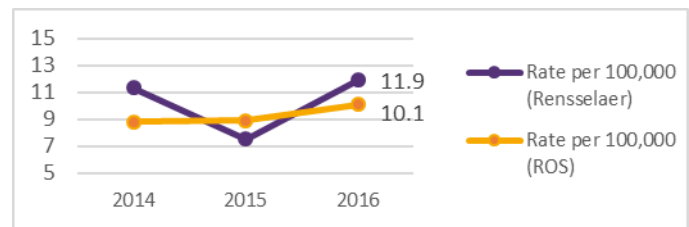
	2014	2015	2016
Alcohol Related Motor Vehicle Injuries and Deaths (Rensselaer)	55	62	41
Rate per 100,000 (Rensselaer)	34.4	38.7	25.6
Rate per 100,000 (ROS)	39.7	38.0	38.8



- In 2016, the Rensselaer County Alcohol Related Motor Vehicle Injuries and Death rate was **lower** than the Rest of State.
- Between 2014 and 2016, Rensselaer County saw a **decrease** in Alcohol Related Motor Vehicle Injuries and Deaths.

**Cirrhosis Deaths**

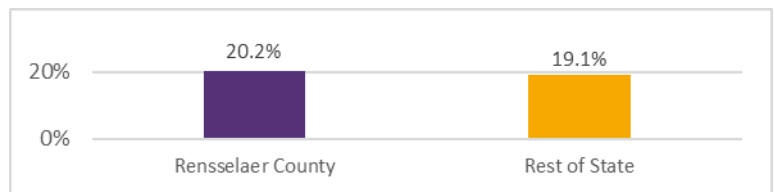
	2014	2015	2016
Cirrhosis Deaths (Rensselaer)	18	12	19
Rate per 100,000 (Rensselaer)	11.3	7.5	11.9
Rate per 100,000 (ROS)	8.8	8.9	10.1



- In 2016, the Rensselaer County Cirrhosis Death rate was **higher** than the Rest of State.
- Between 2014 and 2016, Rensselaer County saw an **increase** in the number and rate of Cirrhosis Deaths.

**Age-Adjusted Adult Binge Drinking**

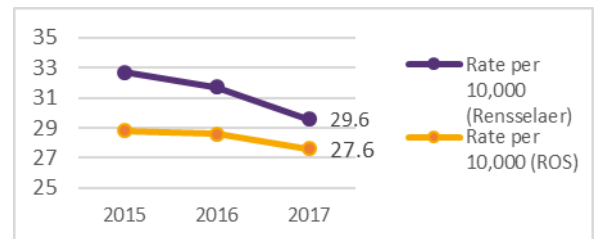
Location	Age-Adjusted Adult Binge Drinking %
Rensselaer County	20.2%
Rest of State	19.1%



- The rate of Adult Heavy or Binge Drinking is **higher** in Rensselaer County than the Rest of State.

**Driving While Intoxicated (DWI) Arrests**

	2015	2016	2017
Number of DWI Arrests (Rensselaer)	522	507	472
Rate per 10,000 (Rensselaer)	32.7	31.7	29.6
Rate per 10,000 (ROS)	28.8	28.6	27.6



- In 2017, the Rensselaer County DWI Arrest rate was **higher** than the Rest of State.
- Between 2015 and 2017, Rensselaer County saw a **decrease** in the number and rate of DWI arrests.

Patients Characteristics Survey  
(PCS) – Capital District  
2021 Local Service Plan  
Rensselaer County - 2020

# Patients Characteristics Survey

- **What does this measure?**

The Patient Characteristics Survey (PCS) provides a snapshot of people served by New York State's public mental health system. The PCS is conducted every two years. All programs funded or licensed by OMH are required to participate.

- **Why is this important?**

Identifying patterns of service and trends over time can inform local planning.

- **What is the data source?**

Data is reported by OMH in their tableau portal. 2017 is the most recent year reported. Trend data is only available by region and not by county. Limited County and Regional data is available only for 2017.

This report is in two parts; first characterizing Rensselaer County and second summarizing trends in the Capital RPC Region



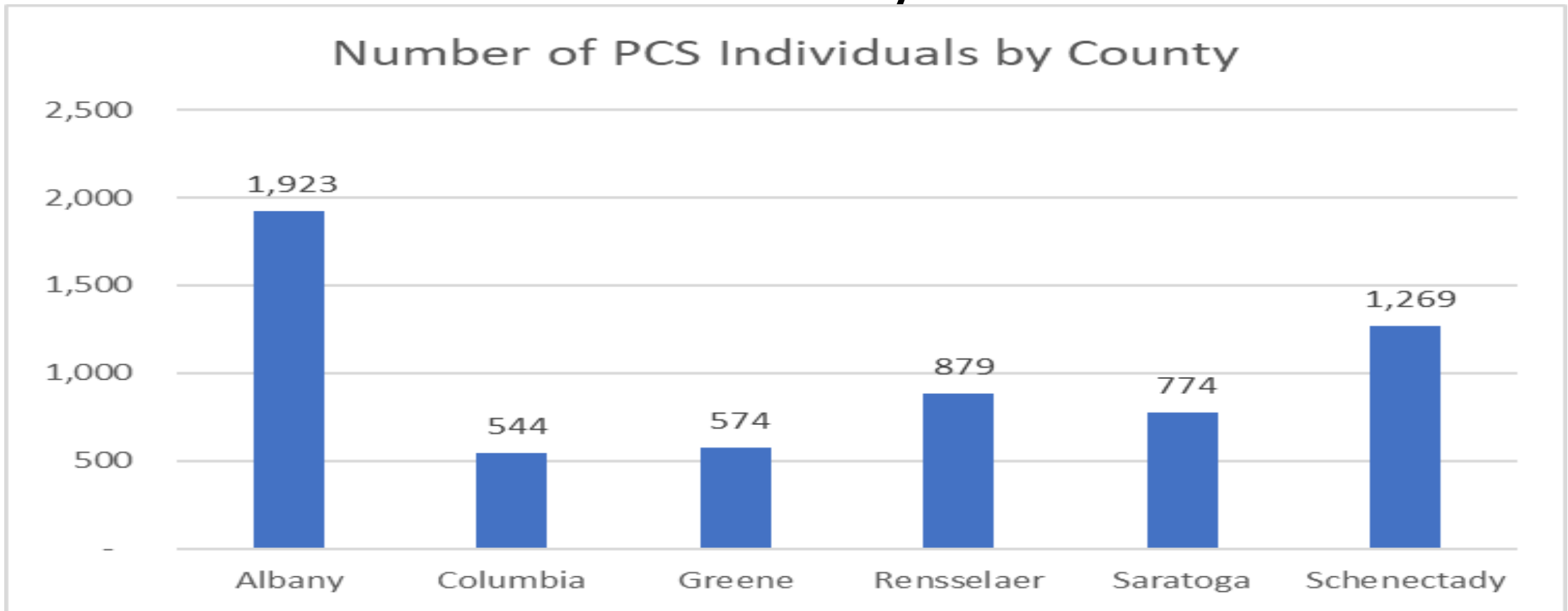
# Observations – Rensselaer County 2017 PCS 1 of 2

- 879 Individuals from Rensselaer County were included in the survey period
- Compared to the Capital District, Rensselaer County served fewer individuals in outpatient and more individuals in residential and support services
- 20% of individuals reported some level of criminal justice involvement compared to 18% over the Capital District
- 78% of individuals served had Medicaid coverage
- 84% received some form of public assistance with 39% receiving SSI

# Observations – Rensselaer County 2017 PCS 2 of 2

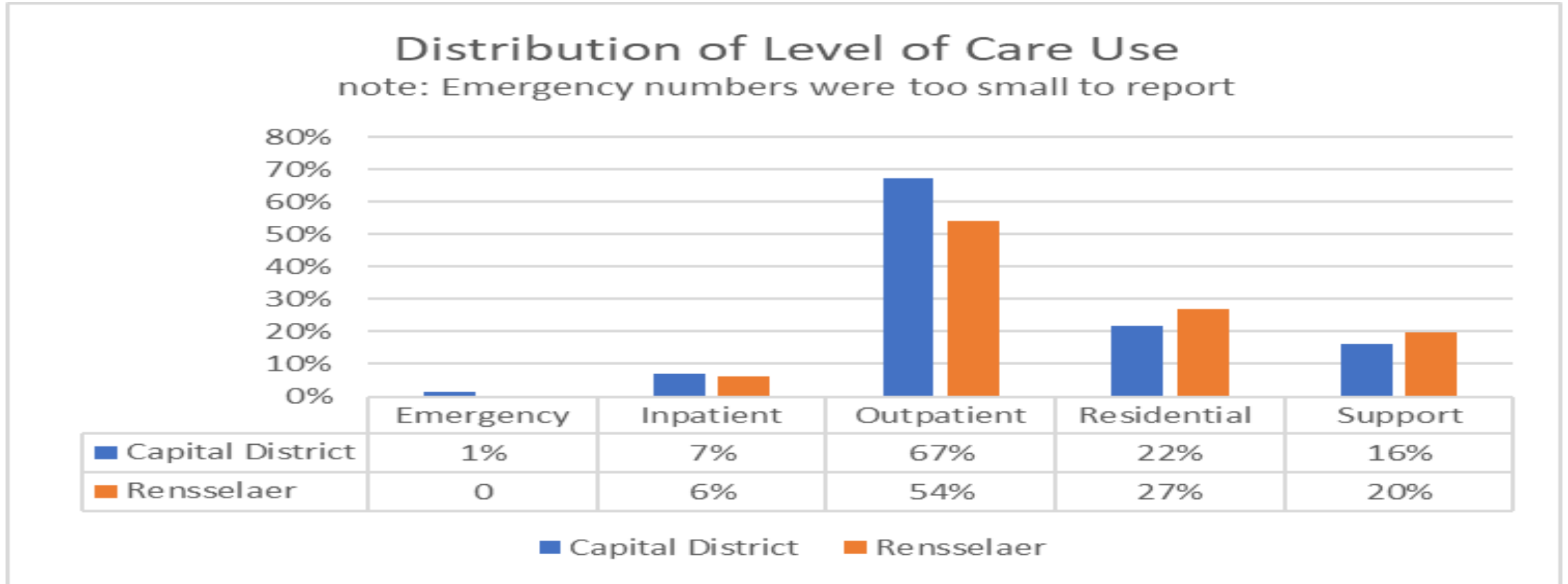
- About the same number of men and women are being served
- Ages served were: 30% 0-20; 62% 21-64; 8% 65+
- About three quarters of those served identify as non-Hispanic white
- Three quarters of those served live in private homes
- Most people served do not have custody of children under 18
- Almost half of individuals served are living with a relative
- More than a third of individuals served have a primary diagnosis of mood disorders followed by anxiety and schizophrenia
- A high level of individuals with dual disorders are being served such as 24% with co-occurring Mental Illness and Substance Use Disorder

# Rensselaer County 2017 PCS



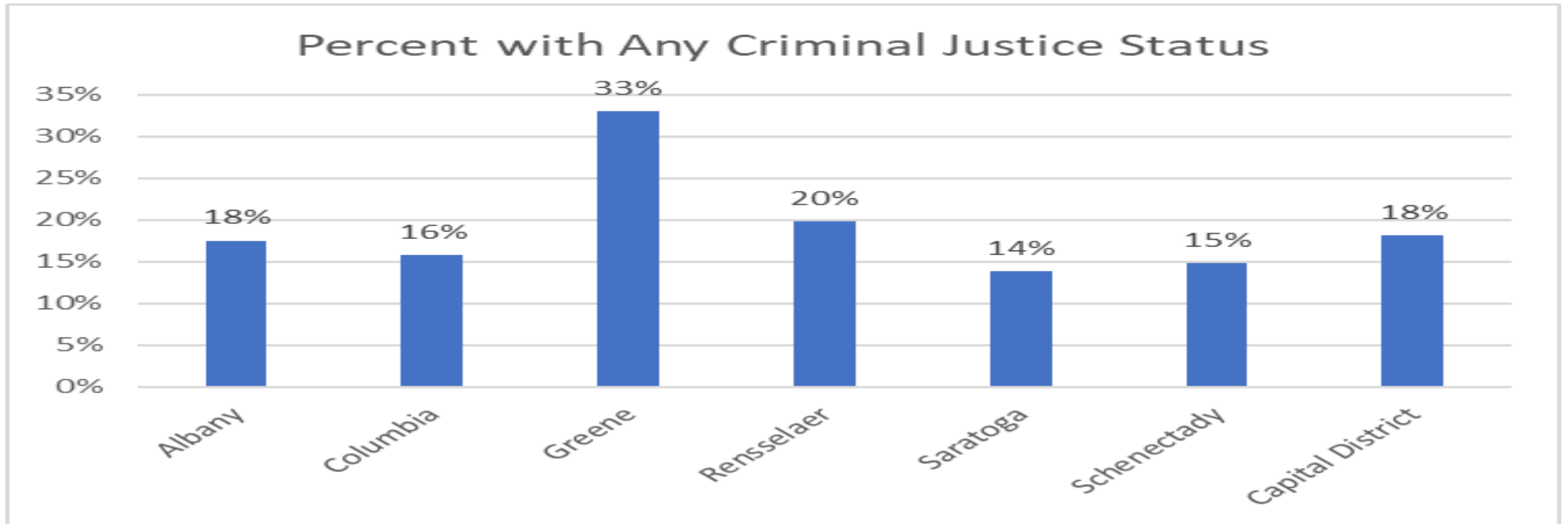
- 879 Individuals from Rensselaer County were included in the survey period
- Because of this low number, the ability to drill down into categories is limited and most of the characterizations are based on the total persons surveyed as opposed to specific subdomains

# Rensselaer County 2017 PCS



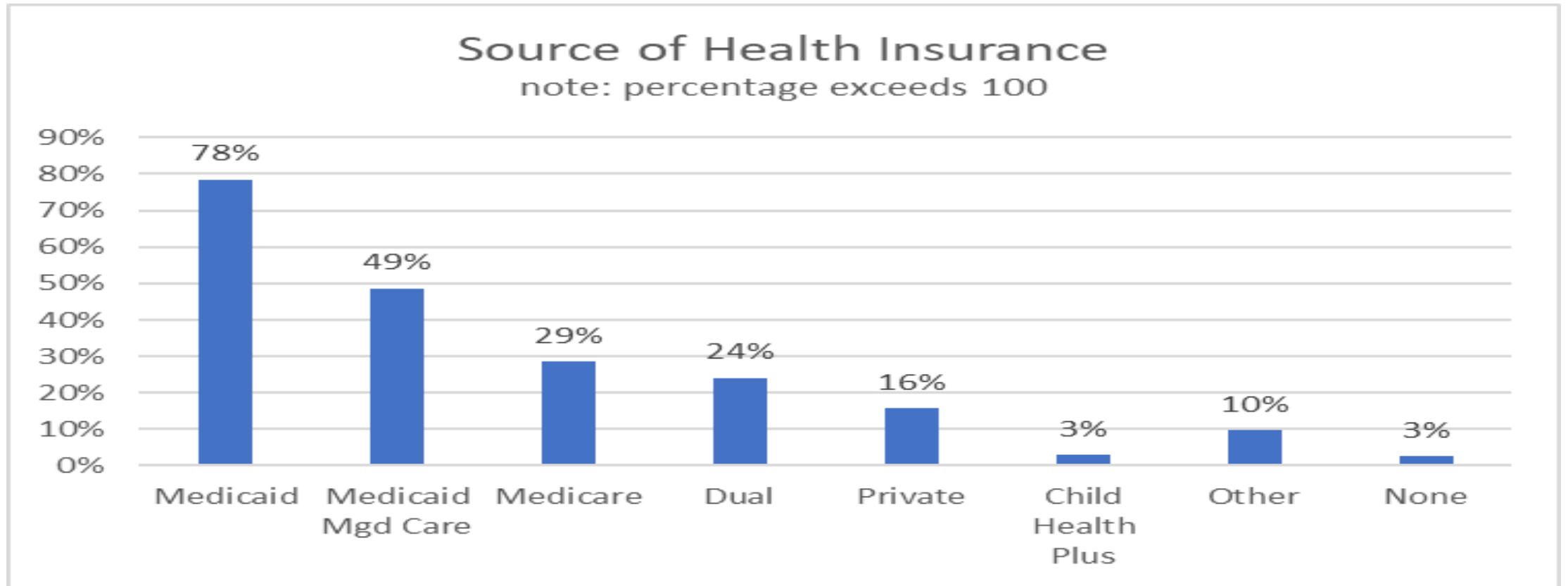
- Compared to the Capital District, Rensselaer County served fewer individuals in outpatient and more individuals in residential and support services

# Rensselaer County 2017 PCS



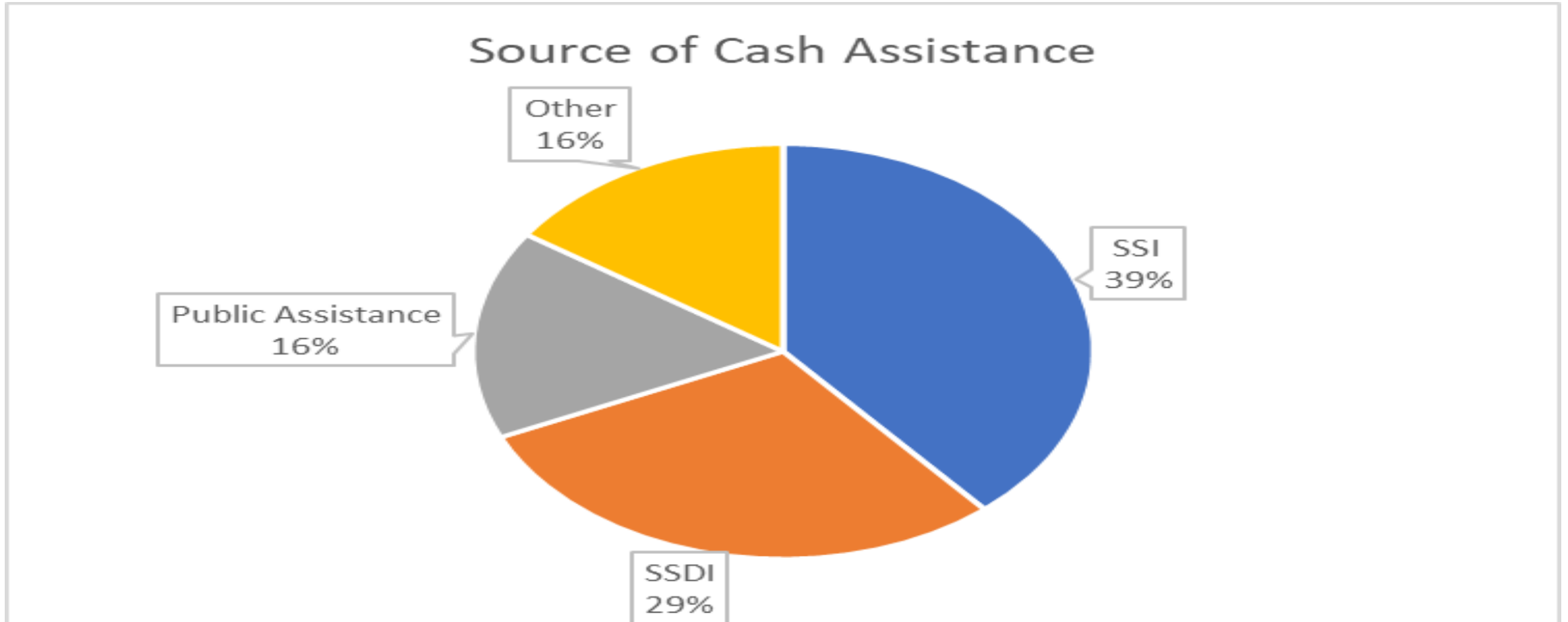
- 20% of individuals reported some level of criminal justice involvement compared to 18% over the Capital District

# Rensselaer County 2017 PCS



- 78% of individuals served had Medicaid coverage
- Note – totals are more than 100% as people reported more than one source of health insurance

# Rensselaer County 2017 PCS



- 84% received some form of public assistance with 39% receiving SSI

# Rensselaer County 2017 PCS

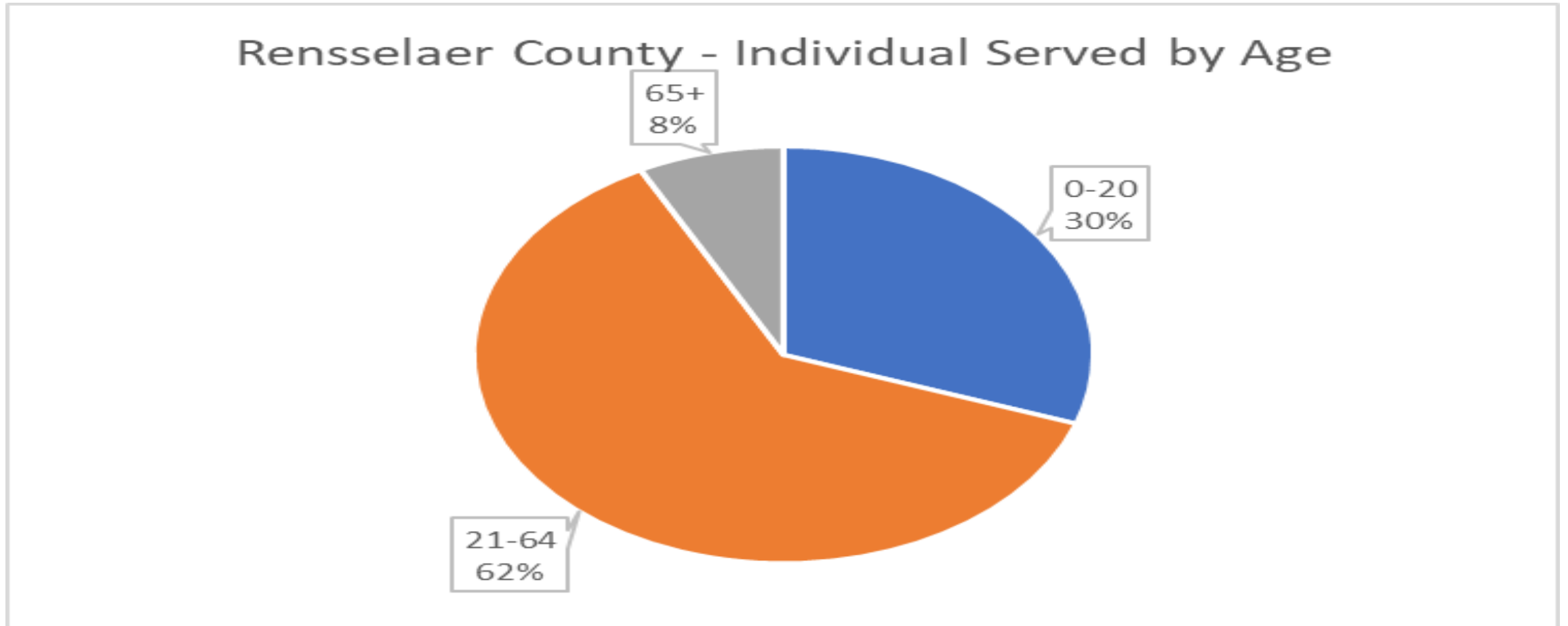
Rensselaer County - Individuals Served by Gender



- About the same number of men and women are being served

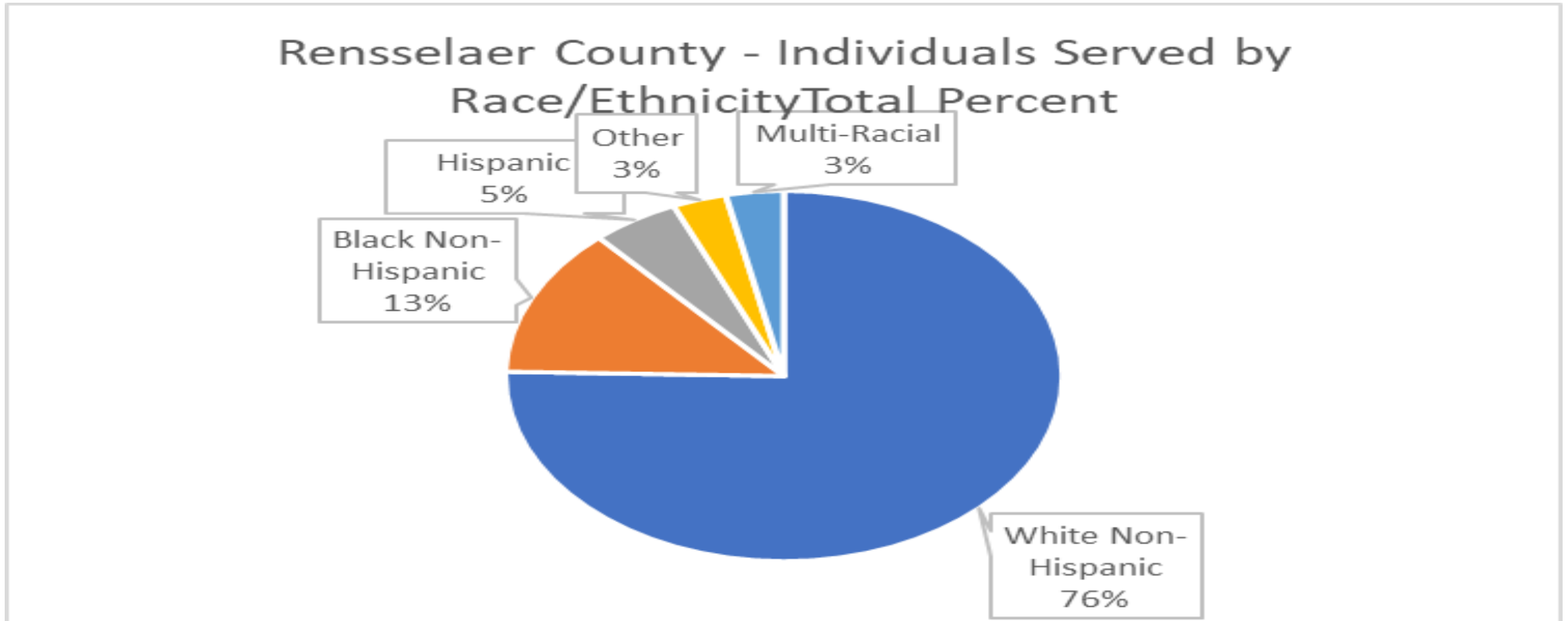


# Rensselaer County 2017 PCS



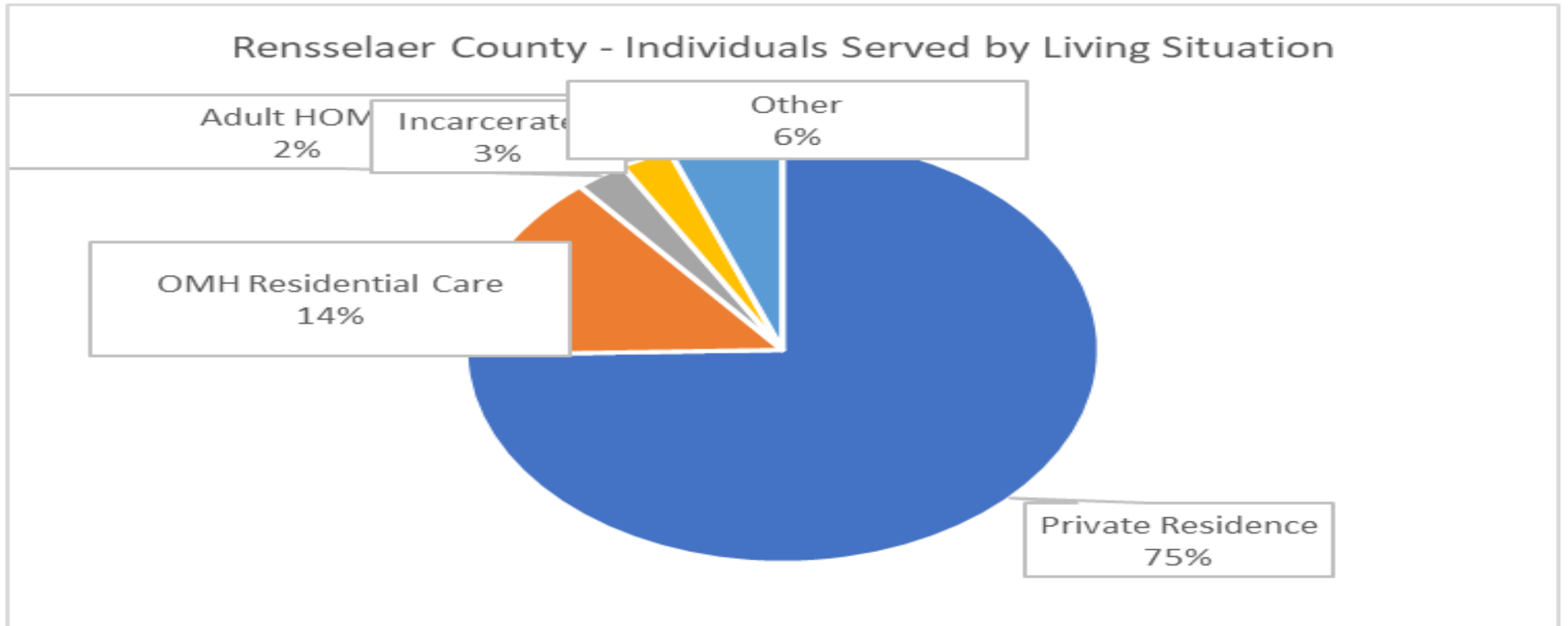
- Ages served were: 30% 0-20; 62% 21-64; 8% 65+

# Rensselaer County 2017 PCS



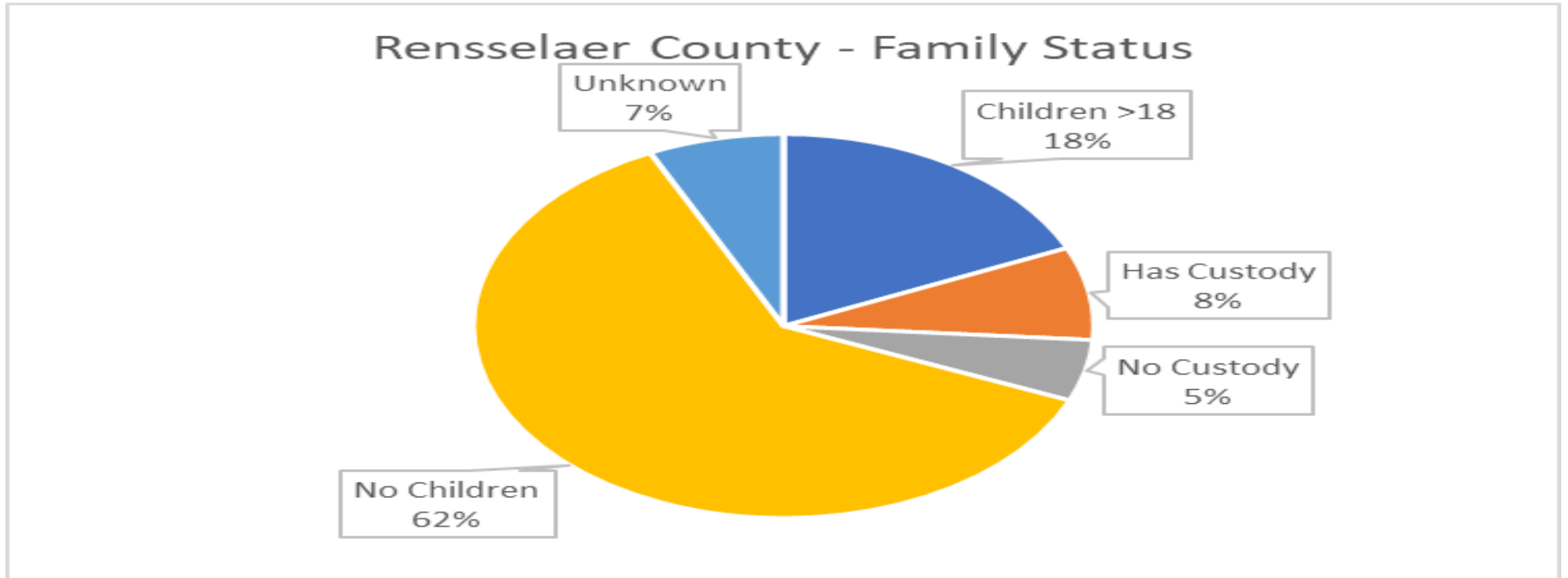
- About three quarters of those served identify as non-Hispanic white

# Rensselaer County 2017 PCS



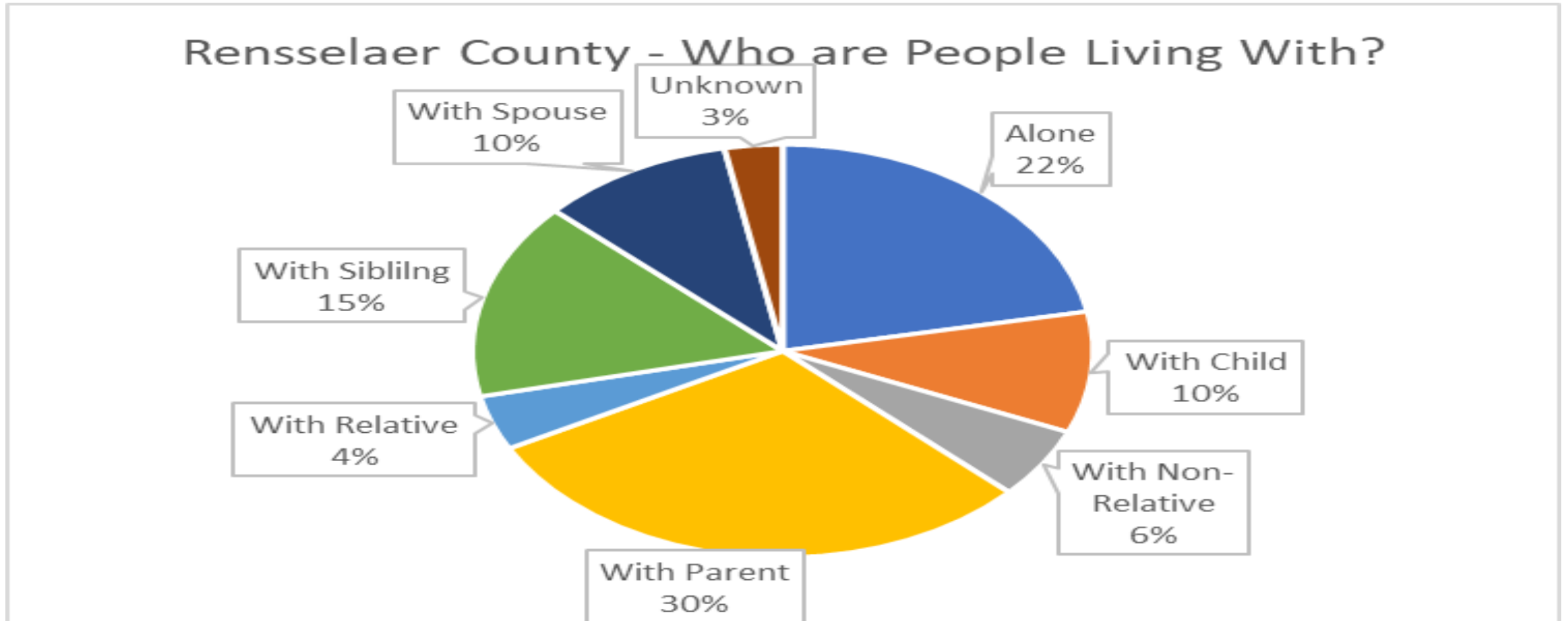
- Three quarters of those served live in private homes

# Rensselaer County 2017 PCS



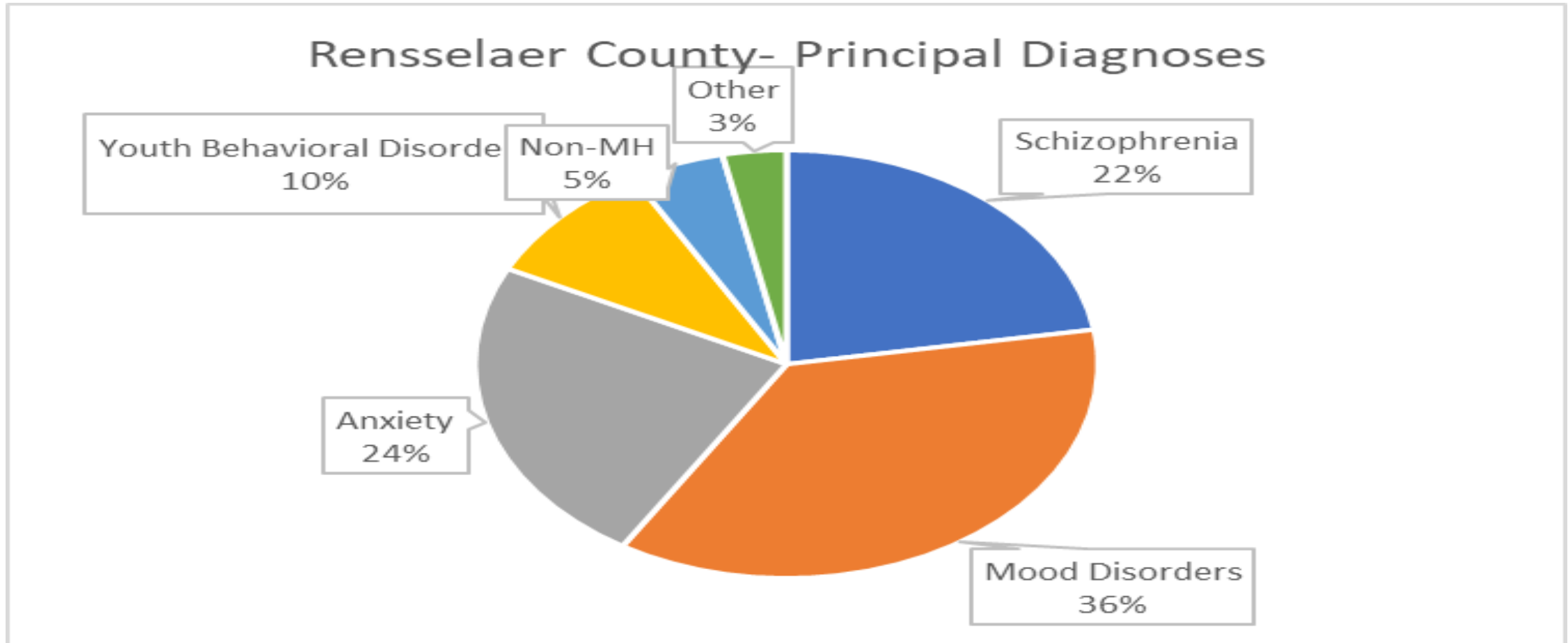
- Most people served do not have custody of children under 18; this number is inflated because it includes all age groups

# Rensselaer County 2017 PCS



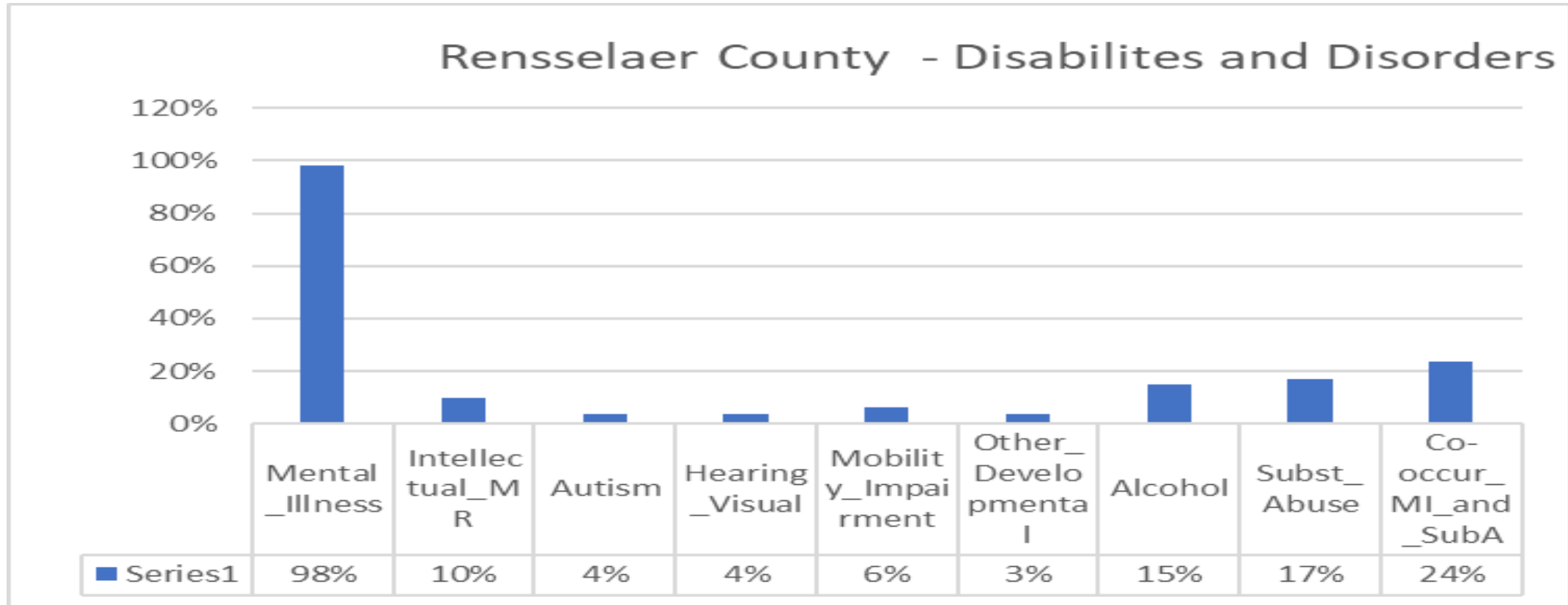
- Almost half of individuals served are living with a relative

# Rensselaer County 2017 PCS



- More than a third of individuals served have a primary diagnosis of mood disorders followed by anxiety and schizophrenia

# Rensselaer County 2017 PCS



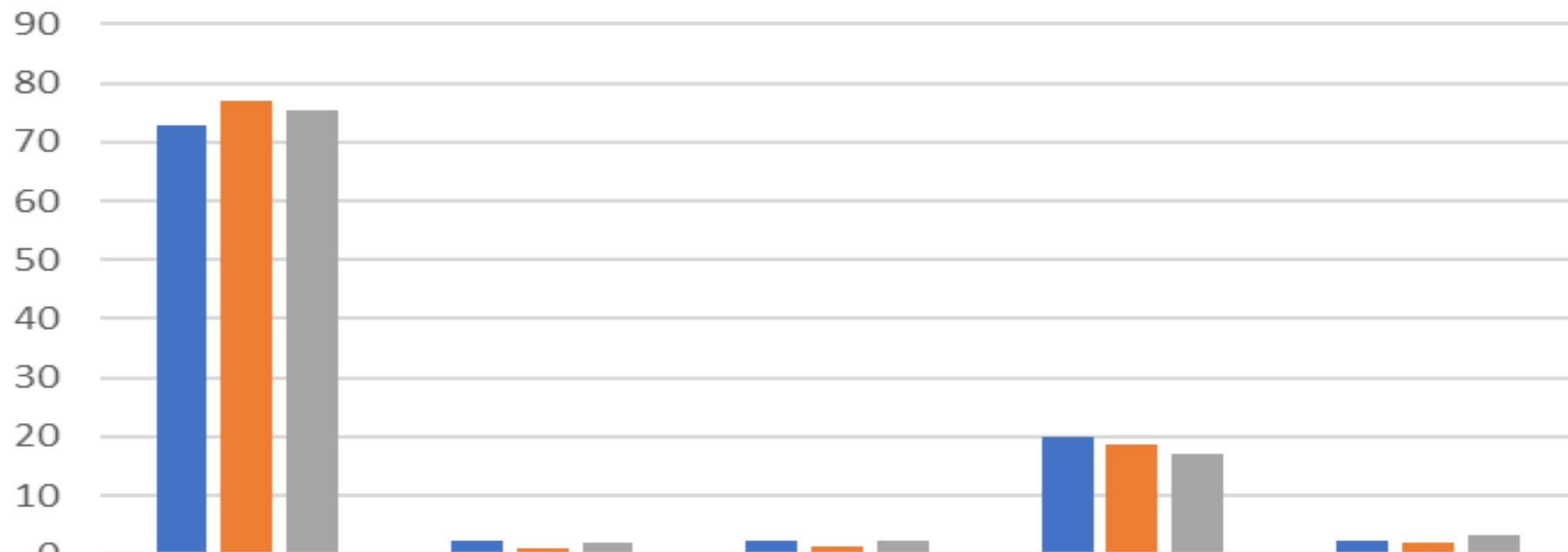
- A high level of individuals with dual disorders are being served such as 24% with co-occurring Mental Illness and Substance Use Disorder
- These percentages total more than 100% because more than one diagnosis is being counted

# Observations – Capital District PCS

- The clearest trend in living situation between 2013 and 2017 is the decline of individuals served by OMH living in non-OMH residences
- Approximately  $\frac{3}{4}$  of individuals served by OMH live in private residences
- The percentage of individuals served by OMH with no criminal justice involvement is trending upward
- The percentage of capital district residents with “education – unknown” increased between 2013 and 2017
- Over half of individuals served by OMH have a middle-high school education
- While the percentage of individuals served by OMH who are employed has increased slightly to 17.2%, 68.5% of individuals served are not in the labor force

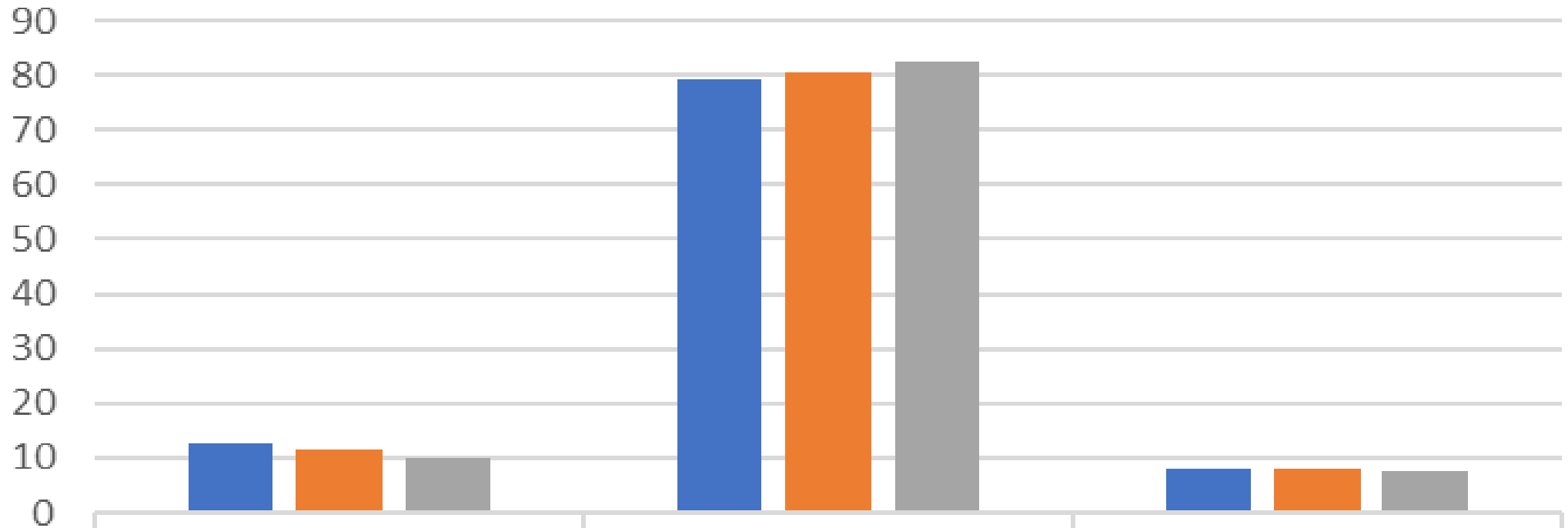


## % in Living Situation - Capital District Residents



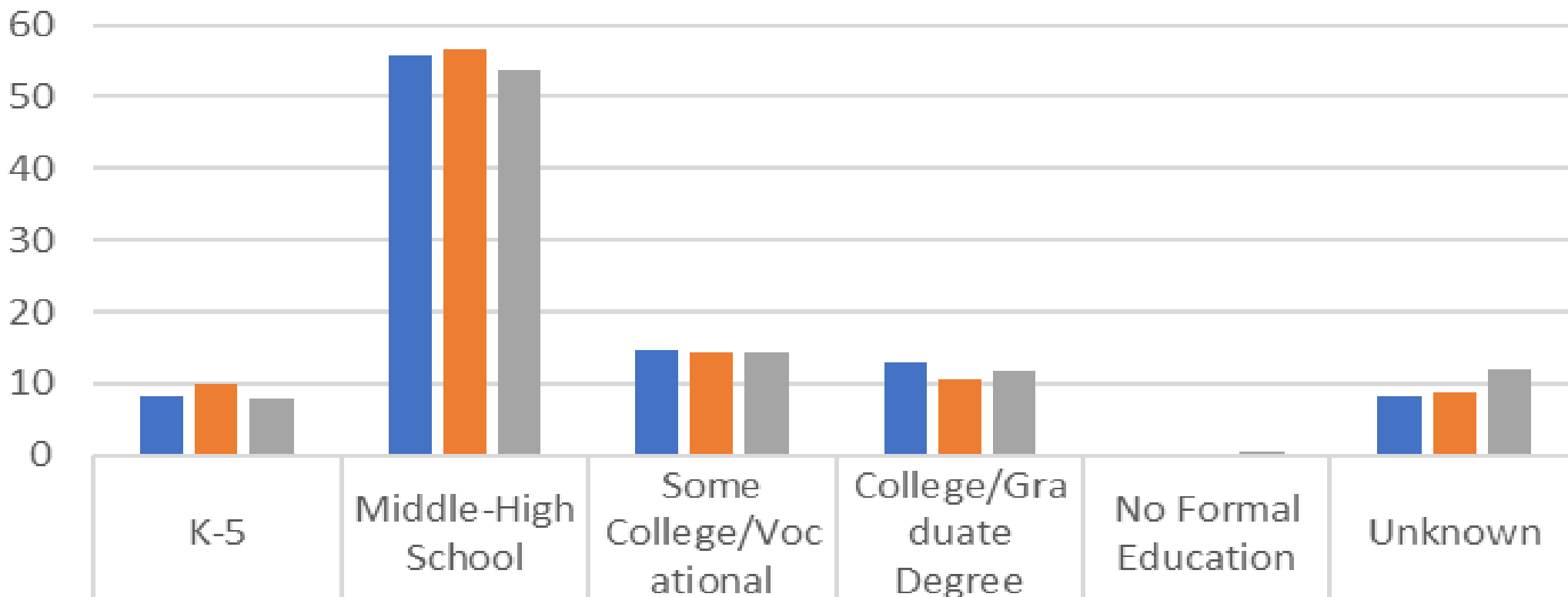
	Private Residence	Inpatient Setting	Homeless	Non-OMH Residence	Unknown
■ 2013	72.8	2.4	2.3	20	2.4
■ 2015	76.9	1	1.4	18.6	2.1
■ 2017	75.4	1.9	2.3	17	3.4

## % Criminal Justice Involvement - Capital District Residents



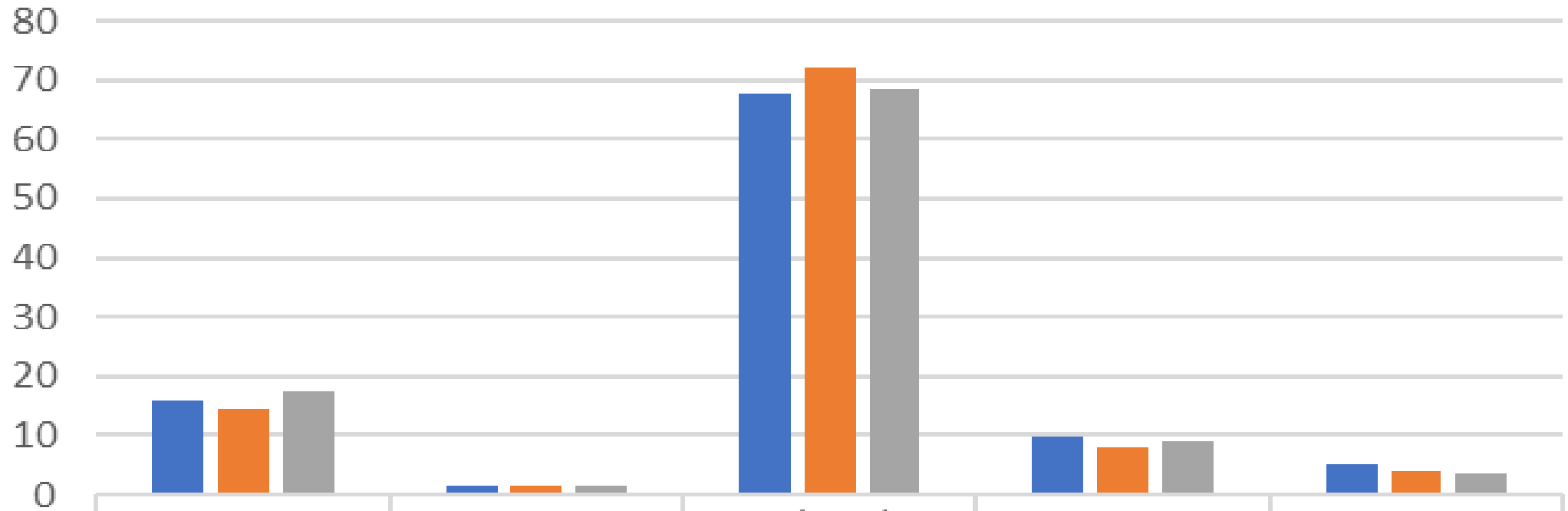
	Criminal Justice Status	No Criminal Justice Status	Unknown
■ 2013	12.8	79.3	7.9
■ 2015	11.7	80.3	8
■ 2017	9.9	82.5	7.6

## % Education - Capital District Residents



	K-5	Middle-High School	Some College/Vocational	College/Graduate Degree	No Formal Education	Unknown
■ 2013	8.2	55.8	14.7	12.8	0.3	8.2
■ 2015	9.9	56.5	14.4	10.4	0.2	8.7
■ 2017	7.8	53.8	14.4	11.7	0.4	11.9

## % Employment - Capital District Residents



	Employed	Non-paid/Volunteer	Not in Labor Force	Unemployed	Unknown
■ 2013	16.1	1.4	67.7	9.6	5.1
■ 2015	14.6	1.3	72.2	7.8	4.1
■ 2017	17.2	1.5	68.5	9.2	3.6

# 2021 Local Service Plan – PSYCKES Indicators

Rensselaer County– June, 2020

# PSYCKES Indicators

## What Does This Measure?

- These dashboards measure standardized quality indicators. County represents county of service, not residence
- These indicators are a subset of the Quality Assurance Reporting Requirements (QARR) data set, with a focus on behavioral health treatment initiation, engagement, and follow-up services
- Child/youth-focused indicators include service recipients ages 0-17; adult-focused indicators include service recipients ages 18+.
- Data are regularly extracted from the Psychiatric Services and Clinical Knowledge Enhancement System for Medicaid (PSYCKES-Medicaid) and are current through the time periods listed, though PSYCKES data are presented as a 12-month rolling window. For example, indicator data for Q1 2017 are current through April 1, 2017 and include data from the previous 12 months. The QARR data set has a six-month lag compared to other PSYCKES data, to include mature billing data.
- Trended data shows performance over time on the identified indicators. Each data point represents a 12-month look back period, captured at quarterly intervals, allowing for comparison over time.

# PSYCKES Indicators

## Why is this Important?

- The PSYCKES indicators may be used as proxies for access to and engagement of behavioral health services and can support stakeholder planning initiatives
- Monitoring trended data on each indicator over time can be used to evaluate the impact of new initiatives, and benchmark against the Regional Planning Council (RPC) Region and New York State

# Observations from % of Population with QI Flag – Children 0-17

- While Rensselaer County is close to the region for most indicators, the County exceeds the state for No ADHD Follow-up, No Engagement in Alcohol/drug Treatment and No Follow up after MH inpatient (7days)
- The County also exceeds the state for No Follow-up after SUD ER visit, No Initiation of Alcohol/drug Treatment and Readmission All Cause to All Cause.

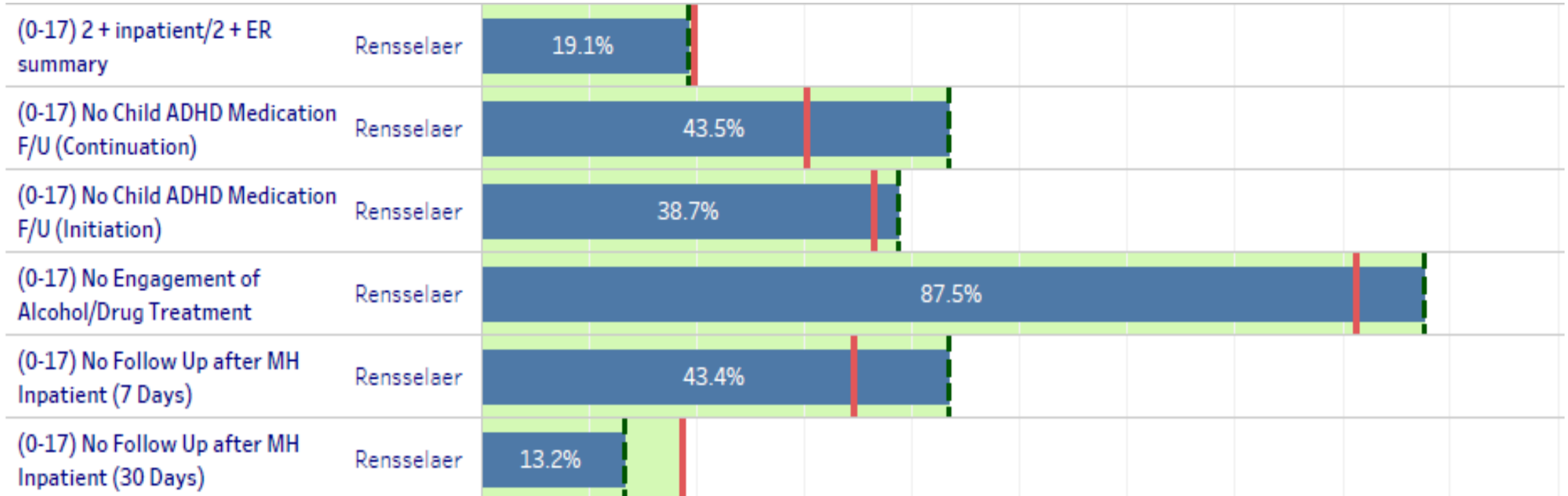


# Observations from % of Population with QI Flag – Adults 18+

- While Rensselaer County is close to the region for most adult indicators, the County exceeds the state for 2+inpatient/2+ER, and is lower than the state for No Detox Follow-up (14 days)
- The County is slightly better than the state several indicators, and much better than the state for No Follow up after SUD ER (30 days)
- The County is also much better than the state for No Rehab Follow-up within 14 days

# % of Children with QI Flag (1 of 2)

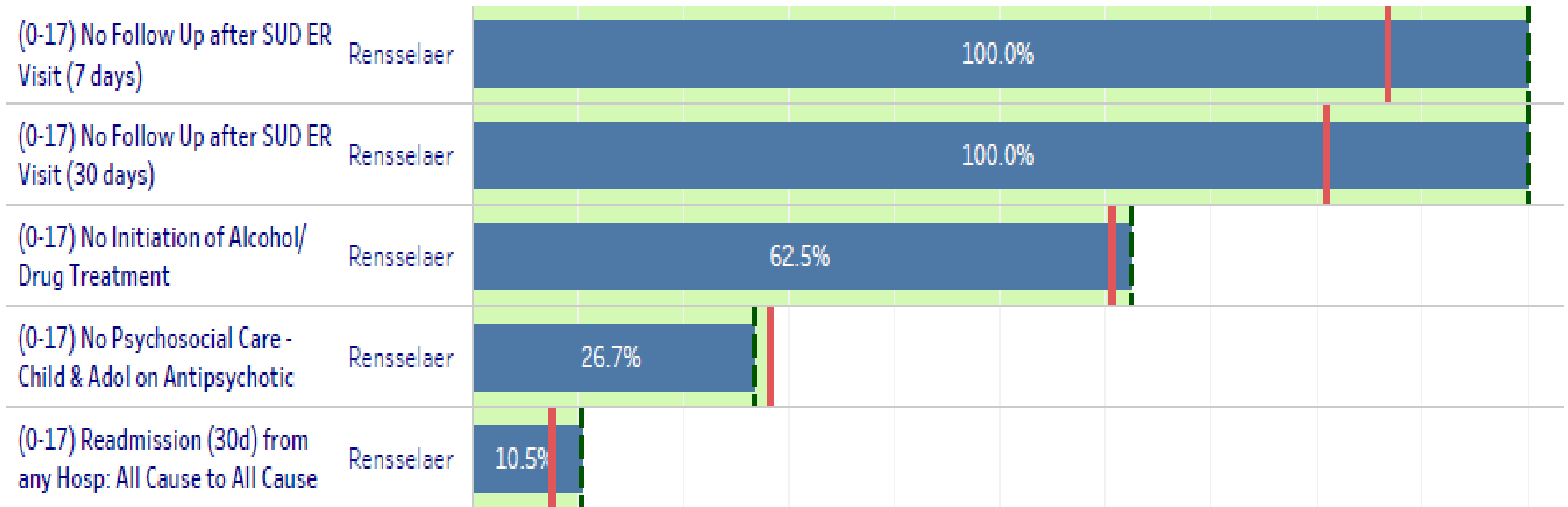
red=state, dotted line....=region



- While Rensselaer County is close to the region for most indicators 0-17, the County exceeds the state for no ADHD follow-up, no engagement in Alcohol/drug treatment and no follow up after MH inpatient (7days)

# % of Children with QI Flag (2 of 2)

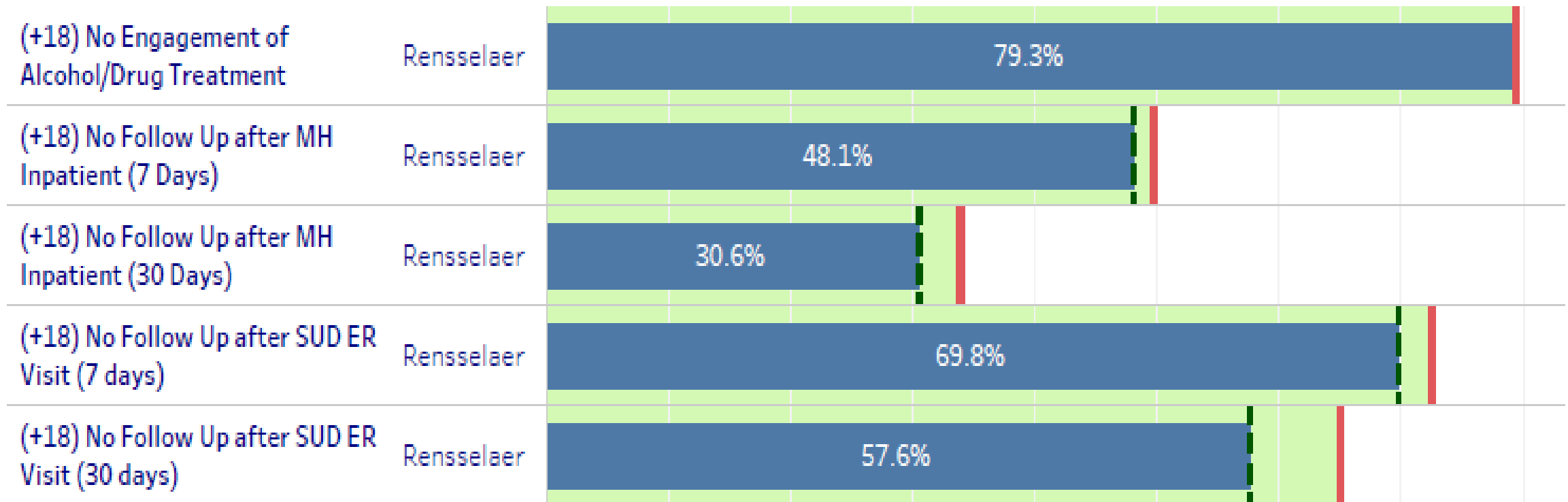
red=state, dotted line....=region



- The County also exceeds the state for follow-up after SUD ER visit, no initiation of Alcohol/drug treatment and readmission all cause to all cause.

# % of Adults with QI Flag (1 of 3)

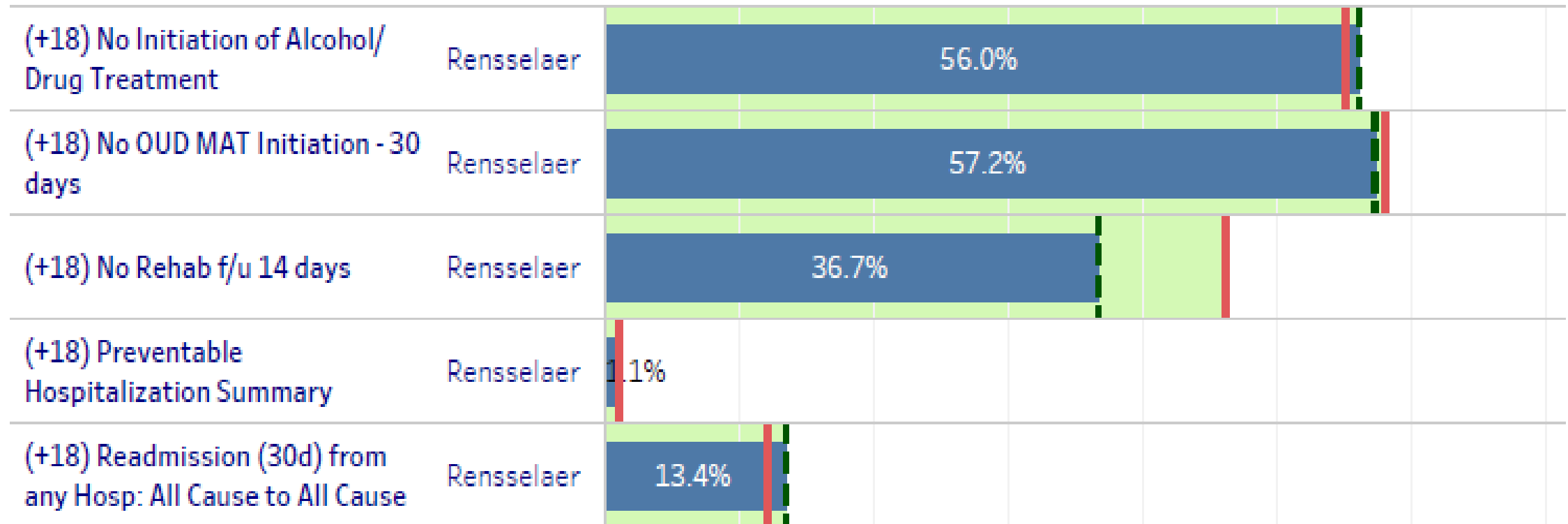
red=state, dotted line....=region



- The County is slightly better than the state several indicators, and much better than the state for no follow up after SUD ER (30 days)

# % of Adults with QI Flag (1of 3)

red=state, dotted line....=region



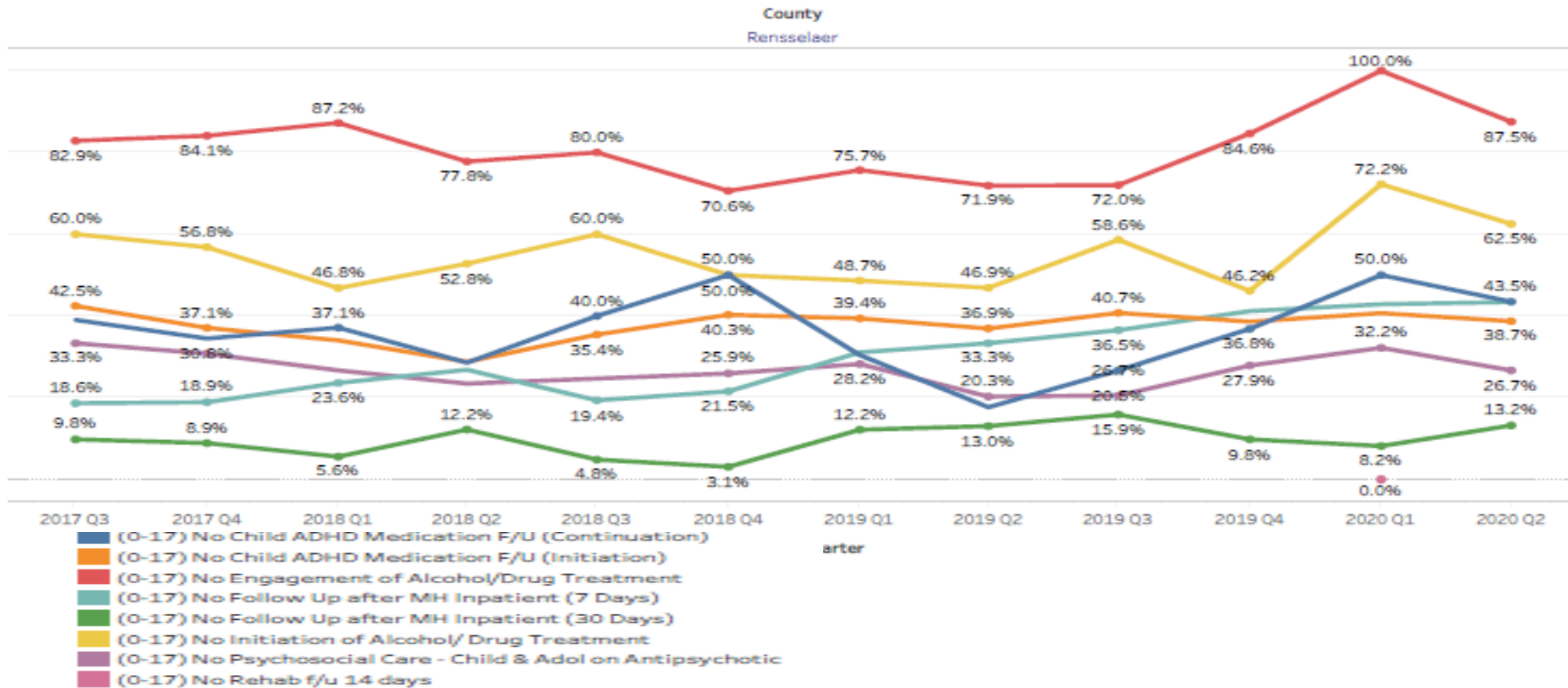
- The County is also much better than the state for no rehab follow-up within 14 days

# Observations from Child Trended Data

- While high, No Engagement in Alcohol/drug Treatment and No Initiation in Drug/Alcohol treatment improved this past quarter
- No Follow up after MH Inpatient, while still low, is increasing
- No Follow up after SUD/ER visit continues at 100% - this could be because the eligible population number is very low

# % of Eligible Population with QI Flag – Children 1 of 2 Slides

Percentage of Eligible Population with QI Flag

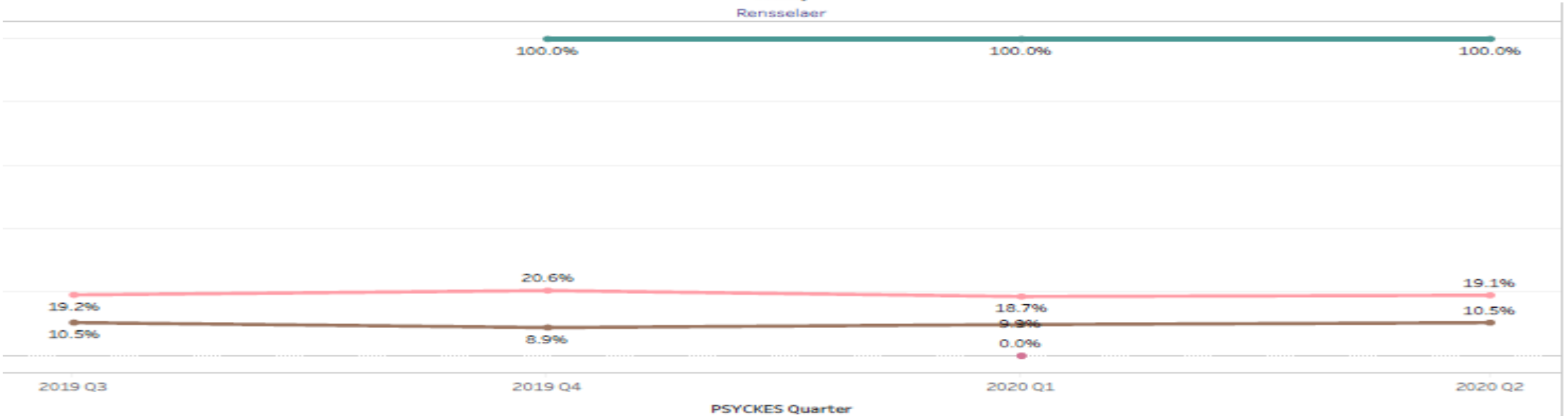


- While high, no engagement in Alcohol/drug treatment and no initiation in drug/alcohol treatment improved this past quarter
- No follow up after MH inpatient, while still low, is increasing

# % of Eligible Population with QI Flag – Children 2 of 2 Slides New indicators

Percentage of Eligible Population with QI Flag

County  
Rensselaer



- (0-17) 2+ inpatient/2+ ER summary
- (0-17) No Follow Up after SUD/ER Visit (7 days)
- (0-17) No Follow Up after SUD/ER Visit (30 days)
- (0-17) No OUD MAT Initiation - 30 days
- (0-17) No Rehab f/u 14 days
- (0-17) Readmission (30d) from any Hosp: All Cause to All C..

- No follow up after SUD/ER visit continues at 100% - this could be because the eligible population number is very low

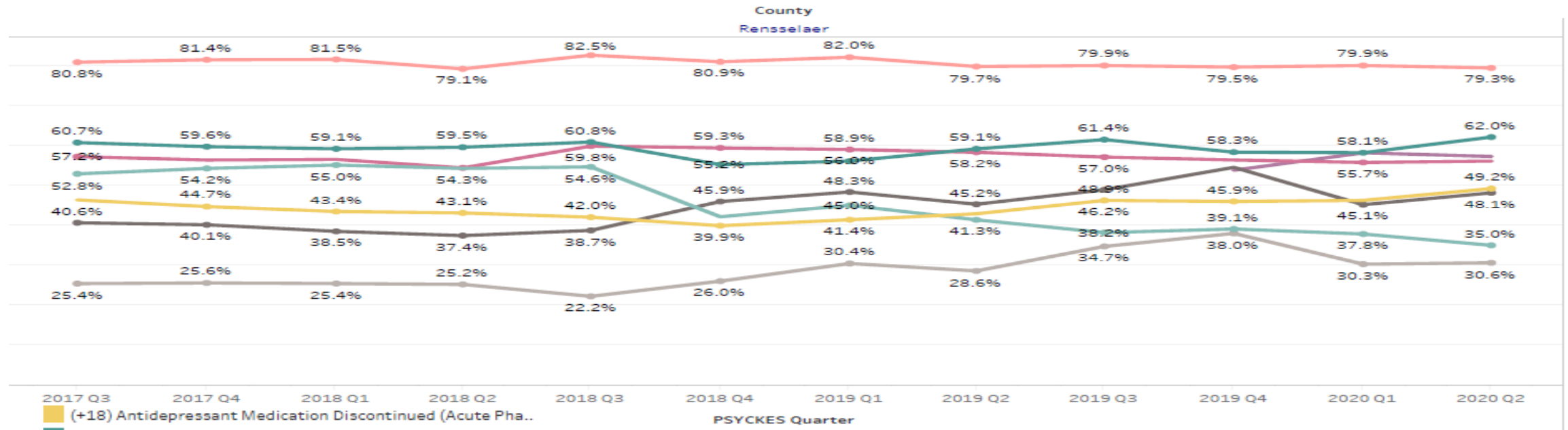


# Observations from Adult Trended Data

- No Engagement in Alcohol/Drug Treatment remains high
- Antidepressant Medication Discontinuation in acute and recovery phases is increasing
- Low Antipsychotic Medication Adherence has continued to decrease
- No Follow up after SUD ER visits and No OUD MAT Initiation have been high for the last three quarters

# % of Eligible Population with QI Flag – Adults 1 of 2 Slides

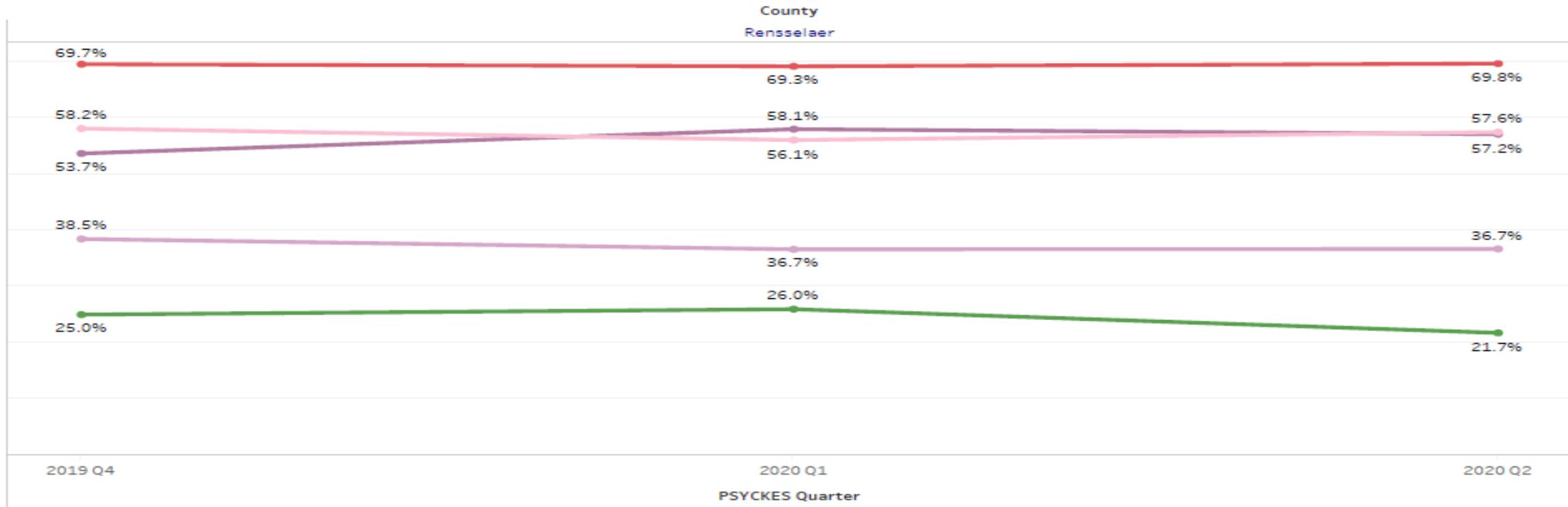
Percentage of Eligible Population with QI Flag



- No engagement in alcohol/drug treatment remains high
- Antidepressant medication discontinuation in acute and recovery phases is increasing
- Low antipsychotic medication adherence has continued to decrease

# % of Eligible Population with QI Flag – Adults 2 of 2 Slides

## Percentage of Eligible Population with QI Flag



- (+18) No Detox f/u 14 days
- (+18) No Follow Up after SUD ER Visit (7 days)
- (+18) No Follow Up after SUD ER Visit (30 days)
- (+18) No OUD MAT Initiation - 30 days
- (+18) No Rehab f/u 14 days

- No follow up after SUD ER visits and no OUD MAT initiation have been high for the last three quarters

# Data Source

- Conference of Local Mental Hygiene Directors Behavioral Health Portal – PSYCKES Quality Indicators 6/1/2020
- [https://omh.ny.gov/omhweb/psyckes\\_Medicaid/](https://omh.ny.gov/omhweb/psyckes_Medicaid/)

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Albany County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	154	94.4%	1,520	69.9%	26	34.6%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	26.9%	0.0%	25	4.0%	0.0%	
<b>Voluntary Apartment</b>	154	94.4%	1,520	69.9%	26	34.6%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	26.9%	0.0%	25	4.0%	0.0%	
<b>Equinox, Inc.</b>	36	92.9%	1,197	65.7%	7	42.9%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	28.6%	0.0%	3	0.0%	0.0%	
Equinox Apartment Program	36	92.9%	1,197	65.7%	7	42.9%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	28.6%	0.0%	3	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	118	94.9%	1,555	71.2%	19	31.6%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	26.3%	0.0%	22	4.5%	0.0%	
RSS - Albany Apartments	96	95.0%	1,563	70.7%	17	35.3%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%	29.4%	0.0%	17	5.9%	0.0%	
RSS - Housing Options Plus	12	91.8%	1,795	80.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
RSS - MICA Apartments	10	97.6%	1,360	66.7%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
<b>Congregate/Treatment</b>	151	97.2%	1,098	63.1%	41	61.0%	2.4%	24.4%	7.3%	0.0%	2.4%	7.3%	4.9%	12.2%	37	16.2%	8.1%	
<b>SOCR Non-Specialty Congregate</b>	14	93.7%	748	53.8%	3	100.0%	0.0%	66.7%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
<b>Capital District Psychiatric Center</b>	14	93.7%	748	53.8%	3	100.0%	0.0%	66.7%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
Jansen House	14	93.7%	748	53.8%	3	100.0%	0.0%	66.7%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
<b>SOCR Transitional Congregate</b>	24	97.1%	539	42.3%	14	92.9%	7.1%	50.0%	7.1%	0.0%	0.0%	0.0%	0.0%	28.6%	9	0.0%	11.1%	
<b>Capital District Psychiatric Center</b>	24	97.1%	539	42.3%	14	92.9%	7.1%	50.0%	7.1%	0.0%	0.0%	0.0%	0.0%	28.6%	9	0.0%	11.1%	
New Scotland Residence TPP	24	97.1%	539	42.3%	14	92.9%	7.1%	50.0%	7.1%	0.0%	0.0%	0.0%	0.0%	28.6%	9	0.0%	11.1%	
<b>Voluntary Geriatric Congregate</b>	26	97.8%	1,504	61.5%	7	28.6%	0.0%	14.3%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	7	57.1%	14.3%	
<b>Rehabilitation Support Services, Inc.</b>	26	97.8%	1,504	61.5%	7	28.6%	0.0%	14.3%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	7	57.1%	14.3%	
RSS - South Main Community Residence	14	99.9%	1,613	64.3%	1	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	100.0%	
Western Turnpike Community Residence	12	95.4%	1,163	58.3%	6	16.7%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	6	66.7%	0.0%	
<b>Voluntary MI/MR Congregate</b>	11	96.5%	1,927	90.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Equinox, Inc.</b>	11	96.5%	1,927	90.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
Holt House	11	96.5%	1,927	90.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Voluntary MICA Congregate</b>	20	97.8%	917	65.0%	5	40.0%	0.0%	0.0%	20.0%	0.0%	0.0%	20.0%	0.0%	0.0%	4	25.0%	25.0%	
<b>Equinox, Inc.</b>	12	98.7%	1,145	75.0%	2	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	100.0%	
Recovery Residence	12	98.7%	1,145	75.0%	2	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	100.0%	
<b>Rehabilitation Support Services, Inc.</b>	8	96.3%	635	50.0%	3	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	3	33.3%	0.0%	
RSS - McKownville Residence	8	96.3%	635	50.0%	3	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	3	33.3%	0.0%	
<b>Voluntary Non-Specialty Congregate</b>	56	97.7%	1,404	70.4%	12	41.7%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	16.7%	8.3%	13	7.7%	0.0%	
<b>Equinox, Inc.</b>	14	100.0%	2,220	92.9%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Cohoes Community Residence	14	100.0%	2,220	92.9%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Albany County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Rehabilitation Support Services, Inc.</b>	42	96.9%	1,030	62.5%	12	41.7%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	16.7%	8.3%	13	7.7%	0.0%	
RSS - Northern Boulevard Community Residence	14	97.5%	1,149	61.5%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	3	0.0%	0.0%	
RSS - South Lake Community Residence	8	92.3%	177	14.3%	7	28.6%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	14.3%	0.0%	7	0.0%	0.0%	
RSS - Vliet Street Community Residence	10	97.1%	1,885	80.0%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	2	50.0%	0.0%	
RSS - Western Avenue Residence	10	99.6%	1,030	80.0%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	1	0.0%	0.0%	
<b>Supported Housing Community Services</b>	287	90.8%	1,629	79.2%	22	50.0%	0.0%	0.0%	4.5%	0.0%	0.0%	4.5%	36.4%	4.5%	37	2.7%	0.0%	
<b>Supported Housing</b>	287	90.8%	1,629	79.2%	22	50.0%	0.0%	0.0%	4.5%	0.0%	0.0%	4.5%	36.4%	4.5%	37	2.7%	0.0%	
<b>Equinox, Inc.</b>	12	75.0%	1,674	77.8%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Clearview Supp Housing/PC Long Stay Albany County-Comm Svcs	12	75.0%	1,674	77.8%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Homeless and Travelers Aid Society</b>	26	141.9%	1,793	80.6%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	3	0.0%	0.0%	
HATAS Supp Hsing/STP Forensic Albany Cty - Comm Svcs	2	97.0%	451	0.0%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	1	0.0%	0.0%	
HATAS Supported Housing/Albany County S+C-Comm.Svcs.	24	145.6%	1,857	85.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	249	86.2%	1,586	79.0%	21	47.6%	0.0%	0.0%	4.8%	0.0%	0.0%	4.8%	38.1%	0.0%	34	2.9%	0.0%	
RSS - Albany Enhanced Supp Housing - Scattered - Comm. Svcs	21	88.4%	1,201	72.2%	3	66.7%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	33.3%	0.0%	4	0.0%	0.0%	
RSS - Supported Housing MRT SH Albany County - Comm. Svcs	10	86.4%	2,297	75.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
RSS - Supported Housing/Aging Out - Comm. Svcs	8	93.3%	1,086	71.4%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
RSS - Supported Housing/Albany - Homeless	3	100.0%	4,670	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
RSS - Supported Housing/Albany Co PC Long Stay - Comm. Svcs	42	80.0%	1,736	75.0%	3	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	4	0.0%	0.0%	
RSS - Supported Housing/Albany County - Comm. Svcs	88	87.0%	1,631	80.0%	7	85.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	85.7%	0.0%	13	7.7%	0.0%	
RSS - Supported Housing/Albany New Initiative	28	85.1%	1,704	79.2%	3	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	4	0.0%	0.0%	
RSS - Supported Housing/Albany South End - Comm. Svcs	11	79.7%	2,265	66.7%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	

New York State Office of Mental Health  
 Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
 UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Albany County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
RSS - Supported Housing/Community Living - Comm. Svcs	10	86.1%	2,236	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
RSS - Supported Housing/Homeless MICA - Comm. Svcs	7	100.0%	1,491	71.4%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
RSS - Supported Housing/Medically Enhanced Albany - CommSvcs	10	87.0%	1,339	77.8%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
RSS Supp Housing/Transformation SH Albany - Comm Svcs	11	91.1%	843	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
<b>Supported/Single Room Occupancy (SRO)</b>	12	120.9%	320	0.0%	13	69.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	61.5%	7.7%	3	0.0%	0.0%	
<b>Supported Housing</b>	12	120.9%	320	0.0%	13	69.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	61.5%	7.7%	3	0.0%	0.0%	
<b>DePaul Community Services, Inc.</b>	12	120.9%	320	0.0%	13	69.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	61.5%	7.7%	3	0.0%	0.0%	
Clinton Avenue Apartments	12	120.9%	320	0.0%	13	69.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	61.5%	7.7%	3	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Columbia County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	42	93.3%	600	44.4%	6	50.0%	16.7%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	9	0.0%	0.0%	
<b>Voluntary Apartment</b>	42	93.3%	600	44.4%	6	50.0%	16.7%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	9	0.0%	0.0%	
<b>Mental Health Assoc/Columbia-Greene Cos., Inc</b>	42	93.3%	600	44.4%	6	50.0%	16.7%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	9	0.0%	0.0%	
Columbia Street Apartments	9	97.3%	568	44.4%	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
MHA of Columbia-Greene Comprehensive Apartment Program	25	90.2%	855	57.9%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7	0.0%	0.0%	
MHACGC Hudson Community Apartments	8	98.1%	477	12.5%	2	100.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Congregate/Treatment</b>	14	87.8%	376	33.3%	8	62.5%	0.0%	0.0%	62.5%	0.0%	0.0%	0.0%	0.0%	0.0%	8	12.5%	0.0%	
<b>Voluntary Non-Specialty Congregate</b>	14	87.8%	376	33.3%	8	62.5%	0.0%	0.0%	62.5%	0.0%	0.0%	0.0%	0.0%	0.0%	8	12.5%	0.0%	
<b>The Philmont Hearth, Inc.</b>	14	87.8%	376	33.3%	8	62.5%	0.0%	0.0%	62.5%	0.0%	0.0%	0.0%	0.0%	0.0%	8	12.5%	0.0%	
The Philmont Hearth	14	87.8%	376	33.3%	8	62.5%	0.0%	0.0%	62.5%	0.0%	0.0%	0.0%	0.0%	0.0%	8	12.5%	0.0%	
<b>Supported Housing Community Services</b>	47	84.1%	2,441	86.8%	1	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	
<b>Supported Housing</b>	47	84.1%	2,441	86.8%	1	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	
<b>Mental Health Assoc/Columbia-Greene Cos., Inc</b>	47	84.1%	2,441	86.8%	1	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	
MHA Columbia-Greene SH/Columbia County PC Long Stay-Comm Svc	7	42.7%	3,645	100.0%	1	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
MHA Columbia-Greene SH/Transformation Columbia - Comm Svcs	8	89.7%	915	71.4%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
MHA of Columbia-Greene / SH-Columbia County-Comm.Svcs.	32	91.8%	2,922	89.7%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Supported/Single Room Occupancy (SRO)</b>	25	98.7%	646	8.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Supported Housing</b>	25	98.7%	646	8.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Mental Health Assoc/Columbia-Greene Cos., Inc</b>	25	98.7%	646	8.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
Greenport Garden SP/SRO	25	98.7%	646	8.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	



New York State Office of Mental Health  
 Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
 UserID: ecoffie

Program type: All  
 Bed Location: By Region: Hudson River: Dutchess County  
 Unit Open Timeframe: All Units  
 Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	36	81.8%	674	48.1%	13	23.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	23.1%	0.0%	18	5.6%	0.0%	
<b>Voluntary Apartment</b>	36	81.8%	674	48.1%	13	23.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	23.1%	0.0%	18	5.6%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	36	81.8%	674	48.1%	13	23.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	23.1%	0.0%	18	5.6%	0.0%	
RSS - Dutchess Apartments	36	81.8%	674	48.1%	13	23.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	23.1%	0.0%	18	5.6%	0.0%	
<b>Congregate/Treatment</b>	62	92.8%	762	52.6%	15	60.0%	0.0%	20.0%	6.7%	0.0%	6.7%	13.3%	13.3%	0.0%	19	0.0%	10.5%	
<b>SOCR Non-Specialty Congregate</b>	24	95.6%	918	70.8%	4	75.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	25.0%	0.0%	4	0.0%	25.0%	
<b>Rockland Psychiatric Center</b>	24	95.6%	918	70.8%	4	75.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	25.0%	0.0%	4	0.0%	25.0%	
Highview Community Residence	24	95.6%	918	70.8%	4	75.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	25.0%	0.0%	4	0.0%	25.0%	
<b>Voluntary Non-Specialty Congregate</b>	38	91.1%	665	39.4%	11	54.5%	0.0%	27.3%	9.1%	0.0%	9.1%	0.0%	9.1%	0.0%	15	0.0%	6.7%	
<b>Gateway Community Industries, Inc.</b>	12	84.2%	467	20.0%	3	66.7%	0.0%	33.3%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%	
Beacon Community Residence	12	84.2%	467	20.0%	3	66.7%	0.0%	33.3%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	26	94.3%	693	47.8%	8	50.0%	0.0%	25.0%	0.0%	0.0%	12.5%	0.0%	12.5%	0.0%	10	0.0%	10.0%	
Osborne Road Community Residence	12	94.3%	736	50.0%	2	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	
RSS - South Randolph Community Residence	14	94.2%	693	46.2%	6	50.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	6	0.0%	16.7%	
<b>SRO Community Residence</b>	50	96.0%	1,400	80.9%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	3	0.0%	0.0%	
<b>Voluntary Operated Congregate</b>	50	96.0%	1,400	80.9%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	3	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	50	96.0%	1,400	80.9%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	3	0.0%	0.0%	
Highridge Gardens CR-SRO	50	96.0%	1,400	80.9%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	3	0.0%	0.0%	
<b>Supported Housing Community Services</b>	291	89.7%	1,149	68.7%	38	44.7%	0.0%	2.6%	2.6%	5.3%	0.0%	5.3%	28.9%	0.0%	32	3.1%	3.1%	
<b>Supported Housing</b>	291	89.7%	1,149	68.7%	38	44.7%	0.0%	2.6%	2.6%	5.3%	0.0%	5.3%	28.9%	0.0%	32	3.1%	3.1%	
<b>Gateway Community Industries, Inc.</b>	42	102.5%	1,318	76.7%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
Gateway - Supported Housing - Dutchess County - Comm. Svcs	34	106.0%	1,205	75.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
Gateway SH/Dutchess County PC Long Stay - Comm. Svcs	8	87.5%	1,666	85.7%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Hudson River Housing, Inc.</b>	42	88.4%	885	55.3%	6	83.3%	0.0%	16.7%	16.7%	16.7%	0.0%	0.0%	33.3%	0.0%	5	0.0%	20.0%	
HR Housing - SH /Dutchess Co. PC Long Stay - Comm. Svcs	7	95.6%	1,700	57.1%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
HR Housing - SH/SPMI Enhanced (Hillcrest House) - Comm. Svcs	16	99.6%	730	43.8%	2	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	1	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Dutchess County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
HR Housing - Supported Housing S+C/Dutchess Co-Comm.Svcs.	12	74.6%	1,862	88.9%	1	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%
HR Housing Supp Housing/RCE SH Dutchess-Comm Svcs	7	79.1%	594	33.3%	2	100.0%	0.0%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	100.0%
<b>Mental Health America of Dutchess County, Inc</b>	24	90.9%	700	45.5%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
MHA Dutchess Co. Supported Housing - Comm. Svcs	12	90.3%	1,827	72.7%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
MHA Dutchess County SH/PC Long Stay Dutchess - Comm Svcs	4	75.0%	3,165	66.7%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
MHA Dutchess/Transformation Supp Housing - Comm Svcs	8	99.7%	648	0.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
<b>Projects to Empower and Organize the Psychiat</b>	39	94.5%	608	46.3%	20	50.0%	0.0%	0.0%	0.0%	5.0%	0.0%	5.0%	40.0%	0.0%	8	0.0%	0.0%	
PEOPLE SH/PC Long Stay -Dutchess County - Comm Svcs	4	84.1%	337	25.0%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0	0.0%	0.0%	
PEOPLE SH/SPTtoPctoSH Forensic Dutchess Cty - Comm Svcs	2	100.0%	827	50.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
PEOPLE Supp Housing/Transformation SH Dutchess - Comm Svcs	11	73.5%	300	10.0%	9	55.6%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	44.4%	0.0%	2	0.0%	0.0%	
PEOPLE-Supported Housing-Dutchess County-Comm.Svcs.	22	106.4%	1,185	64.0%	9	44.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	0.0%	6	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	144	84.8%	1,283	82.2%	7	28.6%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	14.3%	0.0%	16	6.3%	0.0%	
RSS - Supported Housing/Dutchess County - Comm. Svcs	114	87.9%	1,397	88.5%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12	8.3%	0.0%	
RSS - Supported Housing/Dutchess PC Long Stay - Comm. Svcs	12	56.8%	1,439	62.5%	2	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0	0.0%	0.0%	
RSS Supp Housing/Transformation SH Dutchess Cty - Comm Svcs	18	83.8%	779	50.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	

New York State Office of Mental Health  
 Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
 UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Greene County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Congregate/Treatment</b>	9	97.5%	986	75.0%	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>Voluntary Non-Specialty Congregate</b>	9	97.5%	986	75.0%	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>Mental Health Assoc/Columbia-Greene Cos., Inc</b>	9	97.5%	986	75.0%	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
MHA of Columbia-Greene/High Cliff Terrace	9	97.5%	986	75.0%	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>Supported Housing Community Services</b>	44	93.6%	1,901	80.0%	5	60.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	40.0%	0.0%	6	0.0%	0.0%	
<b>Supported Housing</b>	44	93.6%	1,901	80.0%	5	60.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	40.0%	0.0%	6	0.0%	0.0%	
<b>Mental Health Assoc/Columbia-Greene Cos., Inc</b>	44	93.6%	1,901	80.0%	5	60.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	40.0%	0.0%	6	0.0%	0.0%	
MHA Columbia-Greene SH/Greene Cty PC Long Stay-Comm Svcs	8	89.9%	3,140	83.3%	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
MHA Columbia-Greene/Transformation SH Greene - Comm Svcs	14	95.6%	952	69.2%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	2	0.0%	0.0%	
MHA of Columbia-Greene / SH-Greene County-Comm.Svcs.	22	93.7%	2,687	85.7%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	2	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Orange County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	82	94.4%	695	44.9%	25	12.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	8.0%	0.0%	26	3.8%	0.0%	
<b>Voluntary Apartment</b>	82	94.4%	695	44.9%	25	12.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	8.0%	0.0%	26	3.8%	0.0%	
<b>Access: Supports for Living, Inc.</b>	51	92.7%	729	50.0%	10	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11	0.0%	0.0%	
Partners in Recovery Project	18	95.2%	591	38.9%	6	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	0.0%	0.0%	
Transitional Living Services	33	91.4%	858	56.7%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	31	97.1%	397	36.7%	15	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%	13.3%	0.0%	15	6.7%	0.0%	
RSS - Orange Apartments	31	97.1%	397	36.7%	15	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%	13.3%	0.0%	15	6.7%	0.0%	
<b>Congregate/Support</b>	26	91.7%	284	34.6%	18	55.6%	16.7%	5.6%	16.7%	0.0%	0.0%	11.1%	0.0%	5.6%	14	0.0%	14.3%	
<b>State Operated Congregate</b>	26	91.7%	284	34.6%	18	55.6%	16.7%	5.6%	16.7%	0.0%	0.0%	11.1%	0.0%	5.6%	14	0.0%	14.3%	
<b>Rockland Psychiatric Center</b>	26	91.7%	284	34.6%	18	55.6%	16.7%	5.6%	16.7%	0.0%	0.0%	11.1%	0.0%	5.6%	14	0.0%	14.3%	
Middletown Transitional Program	26	91.7%	284	34.6%	18	55.6%	16.7%	5.6%	16.7%	0.0%	0.0%	11.1%	0.0%	5.6%	14	0.0%	14.3%	
<b>Congregate/Treatment</b>	49	98.6%	637	46.9%	20	15.0%	0.0%	5.0%	0.0%	0.0%	0.0%	5.0%	5.0%	0.0%	19	5.3%	0.0%	
<b>Voluntary Geriatric Congregate</b>	14	98.5%	1,197	71.4%	5	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	4	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	14	98.5%	1,197	71.4%	5	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	4	0.0%	0.0%	
RSS - Monhagen Avenue Geriatric Residence	14	98.5%	1,197	71.4%	5	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	4	0.0%	0.0%	
<b>Voluntary Non-Specialty Congregate</b>	35	98.7%	490	37.1%	15	13.3%	0.0%	6.7%	0.0%	0.0%	0.0%	0.0%	6.7%	0.0%	15	6.7%	0.0%	
<b>Access: Supports for Living, Inc.</b>	9	97.6%	805	55.6%	4	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	4	0.0%	0.0%	
Brooks Avenue Community Residence	9	97.6%	805	55.6%	4	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	4	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	26	99.1%	473	30.8%	11	9.1%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11	9.1%	0.0%	
RSS - Middletown Community Residence	14	99.2%	477	35.7%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	20.0%	0.0%	
RSS - Washingtonville Residence	12	99.0%	417	25.0%	6	16.7%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	0.0%	0.0%	
<b>Supported Housing Community Services</b>	344	96.6%	1,731	75.8%	41	36.6%	9.8%	0.0%	2.4%	0.0%	0.0%	0.0%	22.0%	2.4%	39	2.6%	2.6%	
<b>Supported Housing</b>	344	96.6%	1,731	75.8%	41	36.6%	9.8%	0.0%	2.4%	0.0%	0.0%	0.0%	22.0%	2.4%	39	2.6%	2.6%	
<b>Access: Supports for Living, Inc.</b>	56	104.7%	2,152	91.7%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
AccessSfl. SH/Transformation SH Orange Cty - Comm Svcs	12	121.9%	853	75.0%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Supported Housing Community Services-Comm.Svcs	28	100.0%	2,953	96.4%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
Supported Housing/Forensic Orange Cty-Community Se-Comm.Svcs	2	100.0%	3,792	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Orange County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
Supported Housing/PC Long Stay Community Services-Comm.Svcs	14	100.0%	2,152	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Independent Living, Inc.</b>	61	96.4%	1,062	66.1%	12	75.0%	16.7%	0.0%	8.3%	0.0%	0.0%	0.0%	50.0%	0.0%	15	0.0%	0.0%	
Indep Living SH/Transformation SH Orange Cty - Comm Svcs	8	139.4%	442	25.0%	6	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	2	0.0%	0.0%	
Independent Living SH/Forensic SH Orange County - Comm. Svcs	2	79.5%	1,366	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
Independent Living SH/PC Long Stay Orange County - Comm Svcs	6	84.7%	1,003	60.0%	2	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
Independent Living SH/Safe Harbors - Comm. Svcs	42	90.7%	1,583	80.0%	3	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	10	0.0%	0.0%	
Independent Living Supp Hsing/RCE SH Orange Cty - Comm Svcs	3	95.2%	1,491	66.7%	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Mental Health Association in Orange County</b>	52	95.0%	1,873	76.0%	5	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	0.0%	3	0.0%	0.0%	
MHA Orange Co. Supported Housing - Comm.Svcs.	23	98.6%	2,380	81.8%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
MHA Orange Co. Supported Housing/HDH-Comm.Svcs.	10	58.7%	1,456	66.7%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
MHA Orange Cty SH/Forensic SH Org Cty - Comm Svcs	2	100.0%	2,038	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
MHA Orange Cty/PC Long Stay SH - Comm Svcs	7	100.0%	2,342	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
MHA Orange Supp Hsing/RCE SH Orange Cty - Comm Svcs	2	100.0%	1,461	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
MHA Orange Supp Hsing/Transformation SH - Comm Svcs	8	123.0%	722	45.5%	4	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0	0.0%	0.0%	
<b>Projects to Empower and Organize the Psychiat</b>	23	93.4%	1,552	65.2%	4	75.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	2	0.0%	0.0%	
PEOPLE Supp Housing/Orange County PC Long Stay - Comm Svcs	8	100.0%	1,712	87.5%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
PEOPLE Supp Housing/STP SH Orange Cty - Comm Svcs	6	91.0%	702	50.0%	1	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
PEOPLE Supp Hsing/RCE SH Orange County - Comm Svcs	3	92.3%	615	33.3%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Orange County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
PEOPLE-Supported Housing-Orange County-Comm.Svcs.	6	87.4%	1,917	66.7%	2	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>Rehabilitation Support Services, Inc.</b>	152	94.8%	2,244	74.6%	15	6.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%	18	5.6%	5.6%
RSS - Supported Housing MRT Orange County SH - Comm. Svcs	10	93.0%	1,167	62.5%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
RSS - Supported Housing/Forensic Orange County - Comm. Svcs	2	85.1%	2,058	50.0%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	1	0.0%	0.0%
RSS - Supported Housing/Orange Co. PC Long Stay - Comm. Svcs	29	96.4%	2,365	77.8%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%
RSS - Supported Housing/Orange County - Comm. Svcs	83	97.8%	2,800	79.5%	7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10	10.0%	10.0%
RSS Supp Housing/Orange County Family SH-Comm Svcs	10	20.0%	2,058	50.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
RSS Supp Housing/RCE SH Orange County - Comm Svcs	4	100.0%	2,023	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
RSS Supp Housing/Transformation SH Orange Cty - Comm Svcs	14	128.1%	798	52.9%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>Supported/Single Room Occupancy (SRO)</b>	40	97.5%	881	92.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
<b>Supported Housing</b>	40	97.5%	881	92.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
<b>Access: Supports for Living, Inc.</b>	40	97.5%	881	92.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
Access Bellavista II SP/SRO	14	92.9%	761	92.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
Access SFL Orange County SP/SRO	26	100.0%	1,100	92.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%

New York State Office of Mental Health  
 Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
 UserID: ecoffie

Program type: All  
 Bed Location: By Region: Hudson River: Putnam County  
 Unit Open Timeframe: All Units  
 Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	53	74.8%	558	32.5%	18	16.7%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	20	0.0%	0.0%
<b>Voluntary Apartment</b>	53	74.8%	558	32.5%	18	16.7%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	20	0.0%	0.0%
<b>Mental Health Association of Westchester Coun</b>	23	81.1%	693	36.8%	8	37.5%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	9	0.0%	0.0%	
MHA Westchester/Rutherford House	23	81.1%	693	36.8%	8	37.5%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	9	0.0%	0.0%	
<b>Search For Change, Inc.</b>	30	70.1%	527	28.6%	10	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11	0.0%	0.0%	
SFC Putnam Apartment Program	30	70.1%	527	28.6%	10	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11	0.0%	0.0%	
<b>Congregate/Treatment</b>	14	63.8%	224	22.2%	10	30.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	20.0%	0.0%	10	0.0%	0.0%	
<b>Voluntary Non-Specialty Congregate</b>	14	63.8%	224	22.2%	10	30.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	20.0%	0.0%	10	0.0%	0.0%	
<b>Search For Change, Inc.</b>	14	63.8%	224	22.2%	10	30.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	20.0%	0.0%	10	0.0%	0.0%	
SFC Townhouse	14	63.8%	224	22.2%	10	30.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	20.0%	0.0%	10	0.0%	0.0%	
<b>Supported Housing Community Services</b>	78	88.7%	3,088	87.0%	4	50.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	25.0%	0.0%	6	0.0%	0.0%	
<b>Supported Housing</b>	78	88.7%	3,088	87.0%	4	50.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	25.0%	0.0%	6	0.0%	0.0%	
<b>Mental Health Association of Westchester Coun</b>	1	100.0%	1,187	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
MHA Westchester SH/Transformation SH Putnam Cty - Comm Svcs	1	100.0%	1,187	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Projects to Empower and Organize the Psychiat</b>	3	78.0%	488	33.3%	3	66.7%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	33.3%	0.0%	2	0.0%	0.0%	
PEOPLE Supp Housing/Transformation SH Putnam Cty - Comm Svcs	1	14.5%	50	0.0%	2	100.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	50.0%	0.0%	1	0.0%	0.0%	
PEOPLE Supp Hsing/RCE SH Putnam County - Comm Svcs	2	109.7%	1,168	50.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Search For Change, Inc.</b>	74	89.0%	3,226	89.2%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	
SFC SH/Putnam County PC Long Stay - Comm Svcs	4	50.0%	2,062	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
SFC Supported Housing / Putnam County-Comm.Svcs.	70	91.3%	3,226	88.9%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Rensselaer County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	86	95.7%	1,034	60.2%	15	40.0%	0.0%	6.7%	6.7%	0.0%	0.0%	0.0%	26.7%	0.0%	13	0.0%	0.0%	
<b>Voluntary Apartment</b>	86	95.7%	1,034	60.2%	15	40.0%	0.0%	6.7%	6.7%	0.0%	0.0%	0.0%	26.7%	0.0%	13	0.0%	0.0%	
<b>Unity House of Troy, Inc.</b>	86	95.7%	1,034	60.2%	15	40.0%	0.0%	6.7%	6.7%	0.0%	0.0%	0.0%	26.7%	0.0%	13	0.0%	0.0%	
Unity House Transitional Apartment Services	86	95.7%	1,034	60.2%	15	40.0%	0.0%	6.7%	6.7%	0.0%	0.0%	0.0%	26.7%	0.0%	13	0.0%	0.0%	
<b>Congregate/Treatment</b>	42	66.5%	992	64.3%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	33.3%	0.0%	
<b>Voluntary Non-Specialty Congregate</b>	42	66.5%	992	64.3%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	33.3%	0.0%	
<b>Unity House of Troy, Inc.</b>	42	66.5%	992	64.3%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	33.3%	0.0%	
Sixth Avenue Residence	8	99.7%	1,423	50.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
Unity House Eighth Street Residence	12	99.4%	918	66.7%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	100.0%	0.0%	
Unity House Fourteenth Street Residence	8	100.0%	1,183	75.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Unity House Second Avenue Residence	14	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Supported Housing Community Services</b>	135	93.7%	2,404	86.6%	3	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	4	0.0%	25.0%	
<b>Supported Housing</b>	135	93.7%	2,404	86.6%	3	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	4	0.0%	25.0%	
<b>Joseph's House and Shelter, Inc.</b>	34	100.0%	2,769	91.2%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Joseph's House SH/Rensselaer County PC Long Stay - Comm Svcs	1	100.0%	440	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Joseph's House Supported Housing (Renss Cty) - Comm. Svcs	24	100.0%	2,096	91.7%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Joseph's House Supported Housing/The Hill Street Inn	9	100.0%	3,949	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	7	78.0%	516	42.9%	3	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	1	0.0%	0.0%	
RSS Supp Housing/STP Rensselaer Cty - Comm Svcs	7	78.0%	516	42.9%	3	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	1	0.0%	0.0%	
<b>Unity House of Troy, Inc.</b>	87	92.0%	2,658	91.1%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	33.3%	
UH of Troy SH/Transformation SH Rensselaer - Comm Svcs	10	90.0%	912	88.9%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Unity House Supported Housing/Rensselaer Cnty - Comm. Svcs	56	98.2%	3,925	89.1%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Unity House Troy SH/MRT SH Rensselaer Cty - Comm Svcs	10	90.0%	2,332	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	



New York State Office of Mental Health  
 Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
 UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Rensselaer County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
Unity House Troy SH/Renn County PC Long Stay Comm. Svcs	11	64.3%	3,834	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	33.3%
<b>YWCA Greater Capital Region</b>	7	100.0%	960	57.1%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
YWCA of the Greater Capital Region Sup. Housing/Co-Comm.Svcs	7	100.0%	960	57.1%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Rockland County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	94	91.8%	746	52.4%	23	13.0%	0.0%	0.0%	8.7%	0.0%	4.3%	0.0%	0.0%	0.0%	26	7.7%	0.0%	
<b>Voluntary Apartment</b>	94	91.8%	746	52.4%	23	13.0%	0.0%	0.0%	8.7%	0.0%	4.3%	0.0%	0.0%	0.0%	26	7.7%	0.0%	
<b>Loeb House, Inc.</b>	30	91.1%	863	59.3%	9	11.1%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	9	11.1%	0.0%		
Loeb House - MJC Treatment Apartments	30	91.1%	863	59.3%	9	11.1%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	9	11.1%	0.0%		
<b>Mental Health Association of Rockland County,</b>	34	88.6%	792	55.2%	7	28.6%	0.0%	0.0%	14.3%	0.0%	14.3%	0.0%	0.0%	8	0.0%	0.0%		
Jeannette Bernstein Apartments	34	88.6%	792	55.2%	7	28.6%	0.0%	0.0%	14.3%	0.0%	14.3%	0.0%	0.0%	8	0.0%	0.0%		
<b>Rockland Hospital Guild, Inc.</b>	16	95.7%	544	40.0%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	16.7%	0.0%		
Rockland Hospital Guild / C.L.U.E. II	16	95.7%	544	40.0%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	16.7%	0.0%		
<b>Saint Dominic's Family Services</b>	14	96.7%	700	46.2%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%		
Lakewood Drive Apartments	14	96.7%	700	46.2%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%		
<b>Congregate/Support</b>	46	99.2%	2,614	68.2%	9	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	15	6.7%	26.7%		
<b>State Operated Congregate</b>	46	99.2%	2,614	68.2%	9	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	15	6.7%	26.7%		
<b>Rockland Psychiatric Center</b>	46	99.2%	2,614	68.2%	9	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	15	6.7%	26.7%		
Orangeburg Transitional Residence	24	100.3%	701	48.0%	7	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	6	16.7%	50.0%		
The Residence at Rockland	22	97.9%	6,547	94.7%	2	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	9	0.0%	11.1%		
<b>Congregate/Treatment</b>	203	71.8%	928	55.6%	49	49.0%	2.0%	10.2%	16.3%	0.0%	2.0%	10.2%	8.2%	52	5.8%	7.7%		
<b>SOCR Non-Specialty Congregate</b>	59	40.7%	1,056	64.0%	6	100.0%	0.0%	16.7%	0.0%	0.0%	0.0%	83.3%	0.0%	5	0.0%	40.0%		
<b>Rockland Psychiatric Center</b>	59	40.7%	1,056	64.0%	6	100.0%	0.0%	16.7%	0.0%	0.0%	0.0%	83.3%	0.0%	5	0.0%	40.0%		
Rockland P.C. Transitional Placement Program	24	100.1%	1,056	64.0%	6	100.0%	0.0%	16.7%	0.0%	0.0%	0.0%	83.3%	0.0%	5	0.0%	40.0%		
Transitional Unit 510 (Surge-Res)	35	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%		
<b>Voluntary MI/MR Congregate</b>	8	90.5%	1,115	71.4%	3	66.7%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	33.3%	3	0.0%	33.3%		
<b>Saint Dominic's Family Services</b>	8	90.5%	1,115	71.4%	3	66.7%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	33.3%	3	0.0%	33.3%		
Bluefields Residence (MI/MR)	8	90.5%	1,115	71.4%	3	66.7%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	33.3%	3	0.0%	33.3%		
<b>Voluntary Non-Specialty Congregate</b>	136	84.1%	887	52.7%	40	40.0%	2.5%	10.0%	17.5%	0.0%	2.5%	0.0%	7.5%	44	6.8%	2.3%		
<b>Betsy Siegel Little House, Inc.</b>	9	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%		
Betsy Siegel Little House	9	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%		
<b>Loeb House, Inc.</b>	38	85.3%	358	22.6%	20	40.0%	0.0%	5.0%	25.0%	0.0%	0.0%	0.0%	10.0%	26	3.8%	3.8%		
Loeb House - Charles G. Davis House	14	90.5%	548	25.0%	5	60.0%	0.0%	20.0%	40.0%	0.0%	0.0%	0.0%	0.0%	7	14.3%	14.3%		

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Rockland County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
Loeb House - Harold V. Keahon Comm. Residence	12	72.9%	139	11.1%	9	33.3%	0.0%	0.0%	22.2%	0.0%	0.0%	0.0%	11.1%	0.0%	11	0.0%	0.0%	
Loeb House - The Luken's Family Community Residence	12	91.6%	287	30.0%	6	33.3%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	16.7%	0.0%	8	0.0%	0.0%	
<b>Mental Health Association of Rockland County,</b>	38	89.8%	1,325	61.8%	7	57.1%	14.3%	0.0%	28.6%	0.0%	14.3%	0.0%	0.0%	0.0%	7	14.3%	0.0%	
Bernstein House	18	89.0%	846	53.3%	5	60.0%	20.0%	0.0%	20.0%	0.0%	20.0%	0.0%	0.0%	0.0%	7	14.3%	0.0%	
Cornell Residence	12	96.1%	1,598	66.7%	1	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Nanuet House	8	82.2%	3,258	71.4%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Rockland Hospital Guild, Inc.</b>	37	97.0%	2,321	72.2%	6	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	16.7%	0.0%	
C.L.U.E. IV	12	93.5%	2,885	75.0%	1	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	100.0%	0.0%	
Marty Langer Home	9	97.0%	4,244	87.5%	1	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
Rockland Hospital Guild / C.L.U.E. I	16	99.6%	959	62.5%	4	25.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	
<b>Saint Dominic's Family Services</b>	14	85.6%	475	45.5%	7	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	5	0.0%	0.0%	
Addeo Residence	14	85.6%	475	45.5%	7	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	5	0.0%	0.0%	
<b>Supported Housing Community Services</b>	212	96.0%	2,055	84.3%	14	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	24	4.2%	0.0%	
<b>Supported Housing</b>	212	96.0%	2,055	84.3%	14	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	24	4.2%	0.0%	
<b>Loeb House, Inc.</b>	63	97.5%	2,630	90.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	
Loeb House - Supported Housing/Rockland Co. - Comm. Svcs	38	105.2%	3,638	90.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Loeb House SH/Transformation SH - Rockland Cty - Comm Svcs	9	94.6%	1,010	88.9%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
Loeb House Supp Housing/RCE SH Rockland Cty - Comm Svcs	2	100.0%	1,769	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Loeb House Supp Housing/Rockland Co PC Long Stay - Comm Svcs	11	78.3%	3,396	85.7%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
Loeb House/MRT Supp Housing Rockland Co. - Comm. Svcs	3	77.6%	2,461	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Mental Health Association of Rockland County,</b>	53	92.8%	1,915	75.0%	7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10	0.0%	0.0%	
MHA Rockland SH/Rockland Cty PC Long Stay - Comm Svcs	13	84.8%	2,587	81.8%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
MHA Rockland SH/Transformation SH Rockland Cty - Comm Svcs	8	92.1%	881	85.7%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Rockland County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
MHA Rockland Supp Housing/RCE SH Rockland Cty - Comm Svcs	1	82.5%	230	0.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
MHA Rockland/MRT Supp Housing Rockland Cty - Comm Svcs	2	100.0%	1,048	50.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
MHA of Rockland County - Supported Housing - Comm. Svcs	29	96.4%	2,618	74.1%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%
<b>Rockland Hospital Guild, Inc.</b>	46	94.8%	1,850	81.8%	4	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	5	20.0%	0.0%
RHG Supp Housing/RCE SH Rockland Cty - Comm Svcs	1	100.0%	2,069	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
RHG Supp Housing/Transformation SH Rockland Cty - Comm Svcs	7	100.0%	929	71.4%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
Rockland Hospital Guild SH / C.L.U.E. III-Comm.Svcs.	25	93.3%	1,994	82.6%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	3	33.3%	0.0%
Rockland Hospital Guild SH/Rockland Co PC Long Stay Comm Svc	11	93.4%	1,994	81.8%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
Rockland Hospital Guild/MRT Supp Hsing Rockland Cty-Comm Svc	2	100.0%	2,408	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
<b>Saint Dominic's Family Services</b>	50	98.8%	1,840	89.1%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%
St. Dominic's SH/Rockland Co PC Long Stay - Comm. Svcs	11	97.6%	2,161	80.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
St. Dominic's SH/Transformation SH Rockland Cty - Comm Svcs	9	100.0%	944	88.9%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
St. Dominic's Supp Housing/RCE SH Rockland Cty - Comm Svcs	2	92.9%	1,949	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
St. Dominic's Supported Housing\Rockland - Comm. Svcs	25	99.1%	2,417	91.7%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
St. Dominic's/MRT Supp Housing Rockland Cty - Comm Svcs	3	100.0%	1,743	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Saratoga County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	34	91.1%	552	33.3%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	10.0%	9	0.0%	0.0%
<b>Voluntary Apartment</b>	34	91.1%	552	33.3%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	10.0%	9	0.0%	0.0%
<b>Transitional Services Association, Inc.</b>	34	91.1%	552	33.3%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	10.0%	9	0.0%	0.0%
TSA- PSAP	34	91.1%	552	33.3%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	10.0%	9	0.0%	0.0%
<b>Congregate/Treatment</b>	34	86.7%	328	25.8%	25	20.0%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.0%	0.0%	22	0.0%	0.0%
<b>Voluntary MICA Congregate</b>	11	75.6%	168	0.0%	14	35.7%	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%	0.0%	12	0.0%	0.0%
<b>Transitional Services Association, Inc.</b>	11	75.6%	168	0.0%	14	35.7%	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%	0.0%	12	0.0%	0.0%
TSA- Hammond House	11	75.6%	168	0.0%	14	35.7%	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%	0.0%	12	0.0%	0.0%
<b>Voluntary Non-Specialty Congregate</b>	23	91.9%	539	36.4%	11	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10	0.0%	0.0%
<b>Transitional Services Association, Inc.</b>	23	91.9%	539	36.4%	11	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10	0.0%	0.0%
TSA- Edgewood House	12	90.7%	636	36.4%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%
TSA- Rain House	11	93.2%	441	36.4%	6	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%
<b>Supported Housing Community Services</b>	57	99.5%	2,363	82.1%	4	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	4	0.0%	0.0%
<b>Supported Housing</b>	57	99.5%	2,363	82.1%	4	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	4	0.0%	0.0%
<b>Rehabilitation Support Services, Inc.</b>	6	99.0%	656	40.0%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	1	0.0%	0.0%
RSS Supp Housing/Transformation SH Saratoga Cty - Comm Svcs	6	99.0%	656	40.0%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	1	0.0%	0.0%
<b>Transitional Services Association, Inc.</b>	51	99.6%	3,373	86.3%	3	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	3	0.0%	0.0%
SH Community Services-Comm.Svcs	49	101.0%	3,378	86.0%	3	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	2	0.0%	0.0%
SH Long Stay Community Services-Comm.Svcs	2	64.6%	2,045	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Schenectady County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	52	97.2%	929	57.1%	12	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%	25.0%	0.0%	15	0.0%	0.0%	
<b>Voluntary Apartment</b>	52	97.2%	929	57.1%	12	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%	25.0%	0.0%	15	0.0%	0.0%	
<b>Mohawk Opportunities, Inc.</b>	40	97.4%	944	55.3%	10	30.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	20.0%	0.0%	12	0.0%	0.0%	
Mohawk Opportunities - The Apartment Program	40	97.4%	944	55.3%	10	30.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	20.0%	0.0%	12	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	12	96.7%	929	63.6%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	3	0.0%	0.0%	
RSS - River Street Apartments	12	96.7%	929	63.6%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	3	0.0%	0.0%	
<b>Congregate/Treatment</b>	56	91.1%	420	34.7%	41	34.1%	0.0%	9.8%	7.3%	0.0%	0.0%	0.0%	12.2%	4.9%	46	2.2%	0.0%	
<b>SOCR Non-Specialty Congregate</b>	13	95.6%	465	25.0%	6	100.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	6	0.0%	0.0%	
<b>Capital District Psychiatric Center</b>	13	95.6%	465	25.0%	6	100.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	6	0.0%	0.0%	
Union Street Residence	13	95.6%	465	25.0%	6	100.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	6	0.0%	0.0%	
<b>Voluntary Non-Specialty Congregate</b>	43	89.7%	370	37.8%	35	22.9%	0.0%	0.0%	8.6%	0.0%	0.0%	0.0%	8.6%	5.7%	40	2.5%	0.0%	
<b>Mohawk Opportunities, Inc.</b>	43	89.7%	370	37.8%	35	22.9%	0.0%	0.0%	8.6%	0.0%	0.0%	0.0%	8.6%	5.7%	40	2.5%	0.0%	
Mohawk Opportunities - Curry House	12	86.6%	1,360	66.7%	5	40.0%	0.0%	0.0%	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8	0.0%	0.0%	
Mohawk Opportunities - Dominion House	12	82.1%	118	0.0%	20	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	10.0%	23	0.0%	0.0%	
Mohawk Opportunities - Emmanuel House	10	97.4%	877	50.0%	5	20.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	20.0%	0.0%	
Mohawk Opportunities - Jones Home	9	95.5%	370	33.3%	5	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	4	0.0%	0.0%	
<b>Supported Housing Community Services</b>	156	88.2%	2,149	83.6%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	28	7.1%	7.1%	
<b>Supported Housing</b>	156	88.2%	2,149	83.6%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	28	7.1%	7.1%	
<b>Capital District YMCA</b>	25	100.0%	4,426	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Capital District YMCA SH/Schenectady Co.-Comm.Svcs.	25	100.0%	4,426	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Mohawk Opportunities, Inc.</b>	50	84.1%	1,157	64.1%	7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14	0.0%	0.0%	
Mohawk Oppor SH/PC Long Stay Schenectady Co. - Comm. Svcs	12	48.5%	1,233	60.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7	0.0%	0.0%	
Mohawk Opportunities SH/Schenectady Co. - Comm. Svcs	33	96.2%	1,174	69.0%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	0.0%	0.0%	
Mohawk Opportunities/MRT Supp Hsing Schen Co. - Comm. Svcs	5	90.0%	427	40.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	81	87.1%	2,113	89.1%	3	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	14	14.3%	14.3%	
RSS - Supported Housing MRT Schenectady - Comm. Svcs	5	75.4%	787	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	33.3%	

New York State Office of Mental Health  
 Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
 UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Schenectady County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
RSS - Supported Housing/PC Long Stay Schenectady - Comm Svcs	8	30.7%	2,190	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	33.3%	33.3%
RSS - Supported Housing/Schenectady County - Comm. Svcs	58	94.6%	2,816	90.4%	3	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	0.0%	7	0.0%	0.0%	
RSS Supp Housing/STP Schenectady Cty - Comm Svcs	10	95.1%	1,244	77.8%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	100.0%	0.0%	
<b>Supported/Single Room Occupancy (SRO)</b>	25	101.1%	978	73.9%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	4	0.0%	0.0%	
<b>Supported Housing</b>	25	101.1%	978	73.9%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	4	0.0%	0.0%	
<b>DePaul Community Services, Inc.</b>	25	101.1%	978	73.9%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	4	0.0%	0.0%	
Joseph L. Allen SP/SRO	25	101.1%	978	73.9%	1	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	4	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Schoharie County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe											For Persons Discharged During Timeframe		
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	14	94.3%	404	14.3%	9	44.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	0.0%	7	0.0%	0.0%
<b>Voluntary Apartment</b>	14	94.3%	404	14.3%	9	44.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	0.0%	7	0.0%	0.0%
<b>Rehabilitation Support Services, Inc.</b>	14	94.3%	404	14.3%	9	44.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	0.0%	7	0.0%	0.0%
RSS - Schoharie Apartments	14	94.3%	404	14.3%	9	44.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	0.0%	7	0.0%	0.0%
<b>Congregate/Treatment</b>	12	85.6%	414	27.3%	8	25.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7	0.0%	0.0%
<b>Voluntary Non-Specialty Congregate</b>	12	85.6%	414	27.3%	8	25.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7	0.0%	0.0%
<b>Rehabilitation Support Services, Inc.</b>	12	85.6%	414	27.3%	8	25.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7	0.0%	0.0%
RSS - Prospect House Community Residence	12	85.6%	414	27.3%	8	25.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7	0.0%	0.0%
<b>Supported Housing Community Services</b>	39	95.2%	663	44.7%	12	41.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	41.7%	0.0%	9	0.0%	0.0%
<b>Supported Housing</b>	39	95.2%	663	44.7%	12	41.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	41.7%	0.0%	9	0.0%	0.0%
<b>Rehabilitation Support Services, Inc.</b>	39	95.2%	663	44.7%	12	41.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	41.7%	0.0%	9	0.0%	0.0%
RSS - Supported Housing/Schoharie County - Comm. Svcs	28	93.8%	663	44.4%	10	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	0.0%	8	0.0%	0.0%
RSS - Supported Housing/Schoharie PC Long Stay - Comm. Svcs	3	100.0%	943	66.7%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
RSS Supp Housing/Transformation SH Schoharie - Comm Svcs	8	98.6%	637	37.5%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	1	0.0%	0.0%



New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Sullivan County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	28	94.9%	966	61.5%	7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	16.7%	0.0%
<b>Voluntary Apartment</b>	28	94.9%	966	61.5%	7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	16.7%	0.0%
<b>Rehabilitation Support Services, Inc.</b>	28	94.9%	966	61.5%	7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	16.7%	0.0%
RSS - Sullivan Apartments	28	94.9%	966	61.5%	7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	16.7%	0.0%
<b>Congregate/Treatment</b>	24	94.4%	579	40.9%	14	21.4%	0.0%	7.1%	7.1%	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	14	0.0%	0.0%
<b>Voluntary MICA Congregate</b>	12	91.9%	327	18.2%	11	18.2%	0.0%	9.1%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10	0.0%	0.0%
<b>Rehabilitation Support Services, Inc.</b>	12	91.9%	327	18.2%	11	18.2%	0.0%	9.1%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10	0.0%	0.0%
RSS - Revonah Hill Residence	12	91.9%	327	18.2%	11	18.2%	0.0%	9.1%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10	0.0%	0.0%
<b>Voluntary Non-Specialty Congregate</b>	12	96.9%	933	63.6%	3	33.3%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%
<b>Rehabilitation Support Services, Inc.</b>	12	96.9%	933	63.6%	3	33.3%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%
RSS - Pleasant Street Residence	12	96.9%	933	63.6%	3	33.3%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%
<b>Supported Housing Community Services</b>	71	86.9%	2,491	86.4%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9	11.1%	0.0%	
<b>Supported Housing</b>	71	86.9%	2,491	86.4%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9	11.1%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	71	86.9%	2,491	86.4%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9	11.1%	0.0%	
RSS - Supported Housing/Sullivan Co PC Long Stay - Comm Svcs	16	87.4%	2,157	83.3%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	25.0%	0.0%	
RSS - Supported Housing/Sullivan County - Comm. Svcs	45	86.3%	2,940	89.2%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	
RSS Supp Housing/RCE SH Sullivan Cty - Comm Svcs	5	100.0%	1,885	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
RSS Supp Housing/Transformation Sullivan Cty - Comm Svcs	5	77.5%	758	60.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Supported/Single Room Occupancy (SRO)</b>	45	43.5%	877	50.0%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
<b>Supported Housing</b>	45	43.5%	877	50.0%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
<b>Access: Supports for Living, Inc.</b>	45	43.5%	877	50.0%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
Access Golden Ridge II SP/SRO	25	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Access Sullivan SP/SRO	20	97.9%	877	50.0%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Ulster County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	99	82.4%	827	55.3%	18	38.9%	0.0%	0.0%	5.6%	0.0%	5.6%	0.0%	22.2%	5.6%	30	3.3%	3.3%	
<b>Voluntary Apartment</b>	99	82.4%	827	55.3%	18	38.9%	0.0%	0.0%	5.6%	0.0%	5.6%	0.0%	22.2%	5.6%	30	3.3%	3.3%	
<b>Gateway Community Industries, Inc.</b>	39	94.3%	1,367	81.8%	4	75.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	50.0%	0.0%	8	0.0%	12.5%	
Newkirk Project Apartments	12	93.1%	1,009	70.0%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	3	0.0%	33.3%	
Rivertown Apartments	27	94.8%	1,367	87.0%	2	100.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%	5	0.0%	0.0%	
<b>Mental Health Association in Ulster County</b>	39	72.2%	595	38.5%	6	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	13	0.0%	0.0%	
MHA Treatment Apartment Program	12	81.5%	483	22.2%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%	
The Locust Street Apartment Program	14	74.9%	652	40.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
Tuytenbridge Road Training Apartments	13	60.8%	790	57.1%	3	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	5	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	21	79.1%	427	29.4%	8	37.5%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	25.0%	0.0%	9	11.1%	0.0%	
RSS - Ulster Apartments	21	79.1%	427	29.4%	8	37.5%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	25.0%	0.0%	9	11.1%	0.0%	
<b>Congregate/Treatment</b>	14	96.4%	1,203	76.9%	2	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
<b>Voluntary Non-Specialty Congregate</b>	14	96.4%	1,203	76.9%	2	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
<b>Gateway Community Industries, Inc.</b>	14	96.4%	1,203	76.9%	2	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
Gateway Manor	14	96.4%	1,203	76.9%	2	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%	
<b>Supported Housing Community Services</b>	172	88.5%	1,279	68.5%	18	22.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	22.2%	0.0%	27	0.0%	0.0%	
<b>Supported Housing</b>	172	88.5%	1,279	68.5%	18	22.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	22.2%	0.0%	27	0.0%	0.0%	
<b>Gateway Community Industries, Inc.</b>	93	91.3%	1,065	66.3%	11	18.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	18.2%	0.0%	16	0.0%	0.0%	
Gateway - Supported Housing - Ulster County - Comm. Svcs	69	91.4%	983	59.7%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	14	0.0%	0.0%	
Gateway SH/Ulster Co. PC Long Stay - Comm. Svcs	3	33.3%	2,311	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
Gateway SH/Ulster Gardens II SH - Comm Svcs	21	99.4%	1,377	85.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
<b>Mental Health Association in Ulster County</b>	39	81.4%	1,805	65.6%	5	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	7	0.0%	0.0%	
MHA of Ulster Co. - Supported Housing - Comm. Svcs	39	81.4%	1,805	65.6%	5	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	7	0.0%	0.0%	
<b>Projects to Empower and Organize the Psychiat</b>	16	93.8%	1,524	78.6%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
PEOPLE SH/Ulster County PC Long Stay-Comm Svcs	3	66.7%	3,642	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	

New York State Office of Mental Health  
 Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
 UserID: ecoffie

Program type: All  
 Bed Location: By Region: Hudson River: Ulster County  
 Unit Open Timeframe: All Units  
 Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
PEOPLE Supp Housing/Transformation SH Ulster Cty - Comm Svcs	2	100.0%	757	50.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
PEOPLE Supp Housing/Ulster County Comm Svcs	11	100.0%	1,524	80.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	24	85.7%	1,232	75.0%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	3	0.0%	0.0%	
RSS/ULSTER COUNTY RCE SUPPORTED HOUSING C/M-Comm.Svcs	8	64.9%	1,491	60.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
RSS/ULSTER COUNTY SUPPORTED HOUSING C/M-Comm.Svcs	16	96.1%	1,218	80.0%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	2	0.0%	0.0%	

New York State Office of Mental Health  
 Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
 UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Warren County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Congregate/Treatment</b>	12	95.3%	329	45.5%	8	25.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	7	0.0%	0.0%
<b>Voluntary Non-Specialty Congregate</b>	12	95.3%	329	45.5%	8	25.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	7	0.0%	0.0%
<b>Warren-Washington Association for Mental Heal</b>	12	95.3%	329	45.5%	8	25.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	7	0.0%	0.0%
WWAMH/Genesis Community Residence	12	95.3%	329	45.5%	8	25.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	7	0.0%	0.0%
<b>Supported Housing Community Services</b>	57	95.6%	794	57.4%	15	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	16	0.0%	0.0%	
<b>Supported Housing</b>	57	95.6%	794	57.4%	15	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	16	0.0%	0.0%	
<b>Warren-Washington Association for Mental Heal</b>	57	95.6%	794	57.4%	15	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	16	0.0%	0.0%	
WWAMH SH/Transformation Supp Housing - Comm Svcs	8	99.0%	481	37.5%	4	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	4	0.0%	0.0%	
WWAMH SH/Warren Washington County PC Long Stay - Comm Svcs	5	96.2%	1,743	60.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
Warren-Washington AMH / Supported Housing - Comm. Svcs	44	94.9%	999	61.0%	9	44.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	0.0%	10	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Washington County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	33	89.1%	546	41.4%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	12	0.0%	0.0%
<b>Voluntary Apartment</b>	33	89.1%	546	41.4%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	12	0.0%	0.0%
<b>Warren-Washington Association for Mental Heal</b>	33	89.1%	546	41.4%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	12	0.0%	0.0%
WWAMH/Community Living Apartments	33	89.1%	546	41.4%	10	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	12	0.0%	0.0%
<b>Congregate/Treatment</b>	13	98.4%	518	33.3%	4	50.0%	25.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%
<b>Voluntary Non-Specialty Congregate</b>	13	98.4%	518	33.3%	4	50.0%	25.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%
<b>Warren-Washington Association for Mental Heal</b>	13	98.4%	518	33.3%	4	50.0%	25.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%
WWAMH/Pearl Street Residence	13	98.4%	518	33.3%	4	50.0%	25.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%
<b>Supported Housing Community Services</b>	5	99.9%	457	20.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>Supported Housing</b>	5	99.9%	457	20.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>Warren-Washington Association for Mental Heal</b>	5	99.9%	457	20.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
WWAMH/MRT SH Warren-Wash Counties - Comm Svcs	5	99.9%	457	20.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Westchester County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
<b>Apartment/Treatment</b>	139	80.8%	947	63.2%	28	21.4%	7.1%	0.0%	7.1%	0.0%	0.0%	0.0%	7.1%	0.0%	38	0.0%	0.0%	
<b>Voluntary Apartment</b>	139	80.8%	947	63.2%	28	21.4%	7.1%	0.0%	7.1%	0.0%	0.0%	0.0%	7.1%	0.0%	38	0.0%	0.0%	
<b>Cluster, Inc.</b>	17	85.9%	1,181	66.7%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
Cluster Treatment Apartments	17	85.9%	1,181	66.7%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
<b>Human Development Svcs. of Westchester, Inc.</b>	42	74.2%	776	53.6%	13	38.5%	15.4%	0.0%	15.4%	0.0%	0.0%	0.0%	7.7%	0.0%	17	0.0%	0.0%	
HDS - Apartment Program	12	85.6%	823	60.0%	6	50.0%	33.3%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%	
HDS - Futura House Apartments	30	69.7%	690	50.0%	7	28.6%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	14.3%	0.0%	12	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	28	78.6%	1,218	71.4%	5	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	7	0.0%	0.0%	
RSS - Westchester Apartments	28	78.6%	1,218	71.4%	5	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	7	0.0%	0.0%	
<b>Search For Change, Inc.</b>	52	85.7%	1,079	64.3%	9	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12	0.0%	0.0%	
SFC Westchester Apartment Program	52	85.7%	1,079	64.3%	9	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12	0.0%	0.0%	
<b>Congregate/Treatment</b>	130	90.6%	967	59.1%	35	37.1%	20.0%	0.0%	5.7%	0.0%	0.0%	0.0%	11.4%	0.0%	43	4.7%	0.0%	
<b>Voluntary MICA Congregate</b>	27	89.4%	841	54.2%	9	55.6%	11.1%	0.0%	11.1%	0.0%	0.0%	0.0%	33.3%	0.0%	9	11.1%	0.0%	
<b>Cluster, Inc.</b>	15	87.0%	316	38.5%	7	57.1%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	42.9%	0.0%	7	14.3%	0.0%	
CLUSTER - Goodbody House	15	87.0%	316	38.5%	7	57.1%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	42.9%	0.0%	7	14.3%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	12	92.5%	1,150	72.7%	2	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
RSS - Pleasant Manor Community Residence	12	92.5%	1,150	72.7%	2	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
<b>Voluntary Non-Specialty Congregate</b>	103	90.9%	1,064	60.4%	26	30.8%	23.1%	0.0%	3.8%	0.0%	0.0%	0.0%	3.8%	0.0%	34	2.9%	0.0%	
<b>Cluster, Inc.</b>	12	94.7%	700	36.4%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	33.3%	0.0%	
The Leanna Goerlich Residence of Cluster	12	94.7%	700	36.4%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	33.3%	0.0%	
<b>Human Development Svcs. of Westchester, Inc.</b>	24	89.2%	907	55.0%	9	44.4%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	13	0.0%	0.0%	
HDS - Edgemont House	10	95.5%	1,436	88.9%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
HDS - Human Development House	14	84.7%	169	27.3%	8	50.0%	37.5%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	11	0.0%	0.0%	
<b>Rehabilitation Support Services, Inc.</b>	32	89.6%	2,424	85.7%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7	0.0%	0.0%	
RSS - Strawberry Road Residence	10	86.9%	2,424	75.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%	
Sleepy Hollow Community Residence	10	86.5%	1,966	88.9%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
Thornwood Community Residence	12	94.3%	2,491	90.9%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%	
<b>Search For Change, Inc.</b>	35	92.1%	754	50.0%	11	36.4%	27.3%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	11	0.0%	0.0%	

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Westchester County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe		
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type									# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison		Art.28	PC
SFC Larchmont House	9	99.0%	682	37.5%	3	66.7%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4	0.0%	0.0%
SFC Mamaroneck House	9	92.7%	975	62.5%	3	33.3%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0%	0.0%
SFC Scarsdale House	9	82.1%	889	50.0%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
SFC Wyndover House	8	94.8%	783	50.0%	2	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>Supported Housing Community Services</b>	957	91.3%	2,707	89.6%	47	34.0%	10.6%	2.1%	2.1%	0.0%	0.0%	0.0%	19.1%	0.0%	45	4.4%	0.0%
<b>Supported Housing</b>	957	91.3%	2,707	89.6%	47	34.0%	10.6%	2.1%	2.1%	0.0%	0.0%	0.0%	19.1%	0.0%	45	4.4%	0.0%
<b>Apropos Housing Opportunities and Management</b>	17	135.3%	6,413	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
A-Home - Scattered Supported Housing Westchester - Comm Svcs	12	150.0%	7,113	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
Supported Housing - Grove Street Mt. Kisco - Comm. Svcs	5	100.0%	6,087	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
<b>Cluster, Inc.</b>	98	88.5%	3,227	85.2%	8	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	16.7%	0.0%
Cluster Supp Housing - PC Long Stay Westchester - Comm Svcs	5	100.0%	2,126	80.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
Cluster Supported Housing - Westchester County - Comm. Svcs	93	87.9%	3,622	85.5%	8	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	16.7%	0.0%
<b>Human Development Svcs. of Westchester, Inc.</b>	257	90.6%	2,911	86.0%	19	26.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	26.3%	0.0%	14	0.0%	0.0%
HDS - Supp Housing/North Broadway White Plains-Comm.Svcs.	2	100.0%	8,454	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
HDS - Supported Housing/Aging Out Youth-Comm.Svcs.	2	100.0%	6,568	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
HDS - Supported Housing/Boston Post Road-Comm.Svcs.	6	83.3%	4,712	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
HDS - Supported Housing/Education Demo-Comm.Svcs.	2	100.0%	2,824	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
HDS - Supported Housing/MICA/Homeless-Comm.Svc s.	21	90.5%	5,051	89.5%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
HDS - Supported Housing/S+C-Comm.Svcs.	88	90.6%	3,243	88.9%	4	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	4	0.0%	0.0%
HDS - Supported Housing/Supported Family-Comm.Svcs.	8	95.9%	3,591	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%

New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All

Bed Location: By Region: Hudson River: Westchester County

Unit Open Timeframe: All Units

Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
HDS - Supported Housing/Westchester County-Comm.Svcs.	80	101.1%	2,283	84.1%	7	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	6	0.0%	0.0%
HDS Supp Housing/Transformation SH Westchester - Comm Svcs	18	82.8%	1,118	80.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
HDS Supported Housing/Westchester Cty PC Long Stay-Comm Svcs	30	65.8%	2,756	71.4%	6	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>Lifting Up Westchester, Inc.</b>	35	80.0%	3,793	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
LUW Housing Services Office - SH/S+C - Comm. Svcs-Comm.Svcs	35	80.0%	3,793	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
<b>Mental Health Association of Westchester Coun</b>	133	73.0%	2,707	97.9%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0%	0.0%
MHA Westchester - Scattered SH - Comm. Svcs	67	82.8%	3,074	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
MHA Westchester SH - Westchester Co PC Long Stay Comm. Svcs	10	51.7%	4,168	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
MHA Westchester SH/Forensic SPPCSH - Comm Svcs	4	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
MHA Westchester SH/SOCR Reduction Supp Hsing - Comm Svcs	16	56.3%	796	77.8%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
MHA Westchester SH/Supported Housing-Comm Svcs	26	96.8%	2,707	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
MHA Westchester Supp Housing/RCE SH Westchester - Comm Svcs	10	22.0%	1,253	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
<b>Search For Change, Inc.</b>	129	84.4%	3,191	92.7%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
SFC SH/Westchester Cty PC Long Stay-Comm Svcs	12	91.7%	2,412	100.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
SFC Supp Housing/SOCR Reduction SH - Comm Svcs	16	58.9%	661	40.0%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%
SFC Supported Housing / Westchester County-Comm.Svcs.	95	87.8%	3,951	98.8%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
SFC Supported Housing/Forensic Westchester - Comm Svcs	6	83.3%	1,020	80.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
<b>St. Joseph's Medical Center</b>	67	95.0%	3,504	87.5%	7	57.1%	28.6%	0.0%	14.3%	0.0%	0.0%	0.0%	14.3%	0.0%	8	0.0%	0.0%	
St. Joseph's Med Ctr SH/Westchester Cty - Comm Svcs	57	95.3%	3,504	88.9%	5	40.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	20.0%	0.0%	6	0.0%	0.0%	



New York State Office of Mental Health  
Child & Adult Integrated Reporting System  
**Residential Program Indicators Report**

Date: 08/18/2020  
UserID: ecoffie

Program type: All  
Bed Location: By Region: Hudson River: Westchester County  
Unit Open Timeframe: All Units  
Timeframe: 07/01/2019 - 06/30/2020

Program Type	Program Characteristics in Timeframe		For Persons in Residence at Close of Timeframe		For Persons Admitted During Timeframe										For Persons Discharged During Timeframe			
	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years	# Total Admits	Percentage of Priority Admissions by Type										# Discharges During Timeframe	% Discharged to:	
						Total % Priority Admits	PC Long Stay	PC non-Long Stay	Art. 28 Hosp.	RTFs	Adult Homes	State Oper. Res.	Street or Shelter Homeless	State Prison	Art.28		PC	
St. Joseph's Med Ctr SH/Westchester PC Long Stay-Comm Svcs	10	93.3%	2,648	80.0%	2	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	0.0%
<b>The Guidance Center of Westchester, Inc.</b>	134	94.7%	1,674	84.0%	8	87.5%	37.5%	12.5%	0.0%	0.0%	0.0%	0.0%	37.5%	0.0%	9	11.1%	0.0%	
The Guidance Center SH/PC LS Westchester - Comm Svcs	12	84.6%	582	45.5%	4	100.0%	75.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
The Guidance Center SH/S+C III - Comm. Svcs	32	94.5%	2,823	90.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
The Guidance Center SH/Westchester - Comm. Svcs	70	97.9%	1,674	90.9%	2	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	6	16.7%	0.0%	
The Guidance Center/MRT Supp Hsing Westchester - Comm. Svcs	20	90.0%	1,171	72.2%	2	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	1	0.0%	0.0%	
<b>Westchester Residential Opportunities</b>	24	166.7%	2,315	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
WRO - Supported Housing/S+C - Comm. Svcs	24	166.7%	2,315	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Westhab, Inc.</b>	63	105.0%	1,579	89.4%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
Westhab Supported Housing/Ash - Comm. Svcs	8	76.9%	941	83.3%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	0.0%	
Westhab Supported Housing/S+C - Comm. Svcs	55	109.1%	1,613	90.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Supported/Single Room Occupancy (SRO)</b>	31	99.7%	1,126	87.1%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Supported Housing</b>	31	99.7%	1,126	87.1%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Community Housing Innovations, Inc.</b>	22	99.5%	1,018	81.8%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
CHI SP/SRO	22	99.5%	1,018	81.8%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
<b>Westchester Residential Opportunities</b>	9	100.0%	2,272	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	
WRO - Single Room Occupancy	9	100.0%	2,272	100.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	

COMPLETE

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### Q1

#### Contact Information

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**Q2** Rensselaer Co. Dept of Mental Health

LGU:

### Q3

a. Indicate how your local mental hygiene service system (i.e., mental health, substance use disorder and problem gambling, and developmental disability populations), overall, has been affected by the COVID-19 pandemic: Please specifically note, Any cross-system issues that affect more than one population; Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

1. community based service availability for persons with Co-occurring mental health, addictions and/or IDD - remains a challenge just as prior to the CV 19 State of emergency.
  2. Workforce shortages in local Article 32 outpatient clinic has resulted in delay of several weeks in obtaining intake appointments; coinciding with provider holding strict to the triage populations identified by OASAS.
  3. Exponential increase in deaths due to Opiate overdose in the county. Naloxone Now curbside delivery Narcan has been implemented as a public health harm reduction approach.
  4. Across all systems and extremely stressed workforce - impacted by own family needs and stresses; as well as increased hours for coverage, difficulty in recruiting, vacancies through attrition not filled, concerns re: funding reductions and impact on service delivery, fears and anxiety of the workforce re: infection etc.
  5. Some services in the continuum have gone on hiatus status and some are at risk of potential closure.
  6. Families in need of service are under much stress desiring respite services,.
  7. Very positive experience reported by providers and recipients re: telemental health/medicine service delivery approach. Overcomes the following barriers: transportation, child care, and exposure to CV 19 for both workforce and recipients. Barrier exist for telemental health i.e. lack of internet access and lack of privacy for the recipient if no private space available to talk.
-

#### Q4

b. Indicate how your mental health service needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

1. In the initial months of the State of Emergency - visits to the ED and Crisis Unit decreased. This resulted in lower referrals to psychiatric inpatient services and the hospital placing on hiatus status the MICA inpatient unit. Staff were consolidated to work in the General Psych inpatient unit. Many staff who had been working on a per diem basis have decided not to return and hospital reports difficulty recruiting RNs. Consequently, despite demand for inpatient admissions now returning to pre CV19 levels, there is not the workforce to support re-opening the MICA inpatient unit - thus creating a shortage of psych inpatient beds negatively impacting the county and region.
  2. the local hospital's outpatient clinic, in the early weeks of the CV19 SOE, the Art. 28 outpatient clinic did not have clients come into the hospital setting - hybrid model of face to face and telemental health is being utilized with high reliance on phone calls. There have been staff furloughed from the outpatient programs of the hospital and it has taken some time to rebuild the workforce. Additional workforce challenges for the hospital include staffing for the crisis unit. There have multiple resignations of staff from all MH programs in the hospital.
  3. Mobile Crisis Services have provided limited face to face evaluations and have relied on telephonic evaluations. For a period of several months the team faced workforce shortages due to state embedded staff being pulled back to the PC to assist in staffing a transitional residential service.
  4. One PROS program operated by Unity House is planfully closing (not due to CV 19 impact).
  5. Transportation has been "impossible" in some situations due to infection control measures. This results in difficulty for recipients to reach services, and is working to have transport to job sites.
  6. Children and youth MH outpatient services have been impacted by school closures. School satellite clinic operations have had suspend face to face appointments in these settings. The county has offered opportunities for face to face appointments at the main clinic site in Troy - however transportation and child care are a barrier. Telemental health has been employed as the primary service delivery. Zoom for Healthcare has been the video platform utilized. A positive impact has been increased parental involvement in the MH treatment of children and youth (parents are at home more often and more available to participate in telemental health based services).
  7. Due to workforce limitations and infection control procedures planned respite services and overnight respite have bene rarely available.
  8. Specialty housing has maintained occupancy and has had little attrition.
  9. Due to anxiety re: funding, many service providers are not filling workforce vacancies, creating limitations to service delivery and increased stress on eth remaining workforce.
-

## Q5

c. Indicate how your substance use disorder (SUD) and problem gambling needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

1. Exponential increase in deaths due to Opiate overdose in the county throughout the CV 19 SOE. As of 8/19/20 - 51 confirmed and suspected OD deaths. (2019 total was 34). Public Health approach taken with Naloxone Now curbside Narcan delivery.
  2. Placed on hiatus by St Peters Health Partners - Ambulatory Detox program in Troy. This due to low referrals in early stages of CV 19 SOE; and remains so due to financial stresses. Referring out of county for induction; and not in county to providers outside of the SPHP system.
  3. Vacancies in workforce at one outpatient clinic is resulting in extended wait periods of 6 weeks for intake appointments.
  4. Changes in leadership at the two outpatient addiction agencies due to CV 19 limitations in networking new leadership.
  5. Increase in persons using in isolation.
  6. SPHP's inpatient rehab reports relapses of man post discharge.
  7. Addiction treatment services at the County Correctional Facility are on hold due to CV 19 infection control prohibiting outside providers from entering the facility. Facility is not yet proceeding with telemedicine approaches to resume this treatment.
  8. Need to increase education and awareness of problem gambling especially re: increase in online gambling, scratch offs, and high anxiety.
  9. Twelve step programs - not all are comfortable with virtual groups.
  10. Persons in need of inpatient rehab are hesitant due to possible CV 19 exposure.
  11. A few months ago there was a decrease in the number of persons having ODeD and experiencing Narcan reversal in agreeing to go to ED out of fear of CV 19 exposure.
  12. Students home from school are hesitant about reaching out to prevention staff for prevention counseling despite the virtual office hours offered.
  13. Court system closures combined with bail reform has limited access to Drug Court.
  14. Fewer arrests have been during the CV19 SOE - shifting access points and accountability.
- 

## Q6

d. Indicate how the needs of the developmentally disabled population, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

1. Families and natural supports under stress due to program hiatus and limited day programming.
  2. Decreased opportunities for overnight respite, especially due to decreasing census to achieve infection control requirements.
  3. Decrease in funding due to state budget reductions on top of 20% reduction in Q3.
  4. Reduction in hours to achieve billing requirements has given some relief to providers.
  5. Provider in the county has re-opened day hab but is limiting the population able to attend due to infection control protocols.
  6. Minimal community based work which can support recipients and families.
  7. Transportation from IRAs is a challenge due to infection control protocols.
  8. The programs have been creative with telehealth service delivery but have limitations in IT equipment.
  9. Need to find ways to safely increase interaction for recipients with peers.
  10. Expenses related to CV 19 for PPE, air filtration systems...
  11. Extreme challenge pre CV 19 and throughout, inadequate treatment services for persons with co-occurring IDD and Mental illness and/or addictions.
  12. Many services are being delivered outdoors - concern on the part of all providers about how services will be delivered in the colder weather. (results in long costly length of stay in psych inpatient).
  13. Agency and program funding losses when services cannot be delivered.
-

**Q7**

a. Mental Health providers

1. Guidance for indoor service delivery when outdoor activities will be limited. (i.e. care management, home visits)
  2. Workforce recruitment and acknowledgement.
  3. Amending telemental health regulations to include phone calls especially due to recipient lack of IT equipment or limitations to internet access.
  4. Maintaining the reduced durations for services in Article 31 clinic settings.
- 

**Q8**

b. SUD and problem gambling service providers:

1. Workforce recruitment strategies.
  2. Acknowledgement of this workforce as essential workers from the top down in government - commending them for the continued commitment to care delivery.
  3. Public awareness efforts re: problem gambling in this difficult time.
  4. Prevention opportunities in a virtual learning environment. Training for Prevention staff in schools re: virtual EBP delivery.
- 

**Q9**

c. Developmental disability service providers:

1. workforce recruitment strategies and acknowledgment of workforce deduction from top down in government.
  2. PPE utilization training to assure proper usage.
  3. Support for families in obtaining Zoom or other accounts to maintain peer connections and services.
  4. Systematic efforts to develop peer supports which are virtual.
  5. Orientation for staff re: Problem Gambling as this is an activity which some recipients are accessing on line. How to identify Problem Gambling in this population.
  6. Crisis response services especially to support families with recipients home for more hours each day.
  7. Increased respite services even if it is just a few hours in a day.
-

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan  
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**Q10**

a. Since March 1, 2020, how would you describe DEMAND for mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	<b>Increased</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>No Change</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>No Change</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Increased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Decreased</b>

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**Q11**

If you would like to add any detail about your responses above, please do so in the space below:

The demand has varied throughout the CV 19 SOE. Initially demand decreased which in some programs resulted in workforce reductions. As the months have progressed demand has increased now with workforce shortages for several programs and diminished funding and service capacity to meet the increasing need.

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**Q12**

b. Since March 1, 2020, how would you describe ACCESS to mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	<b>Decreased</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>Decreased</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>No Change</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Decreased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>No Change</b>

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**Q13**

If you would like to add any detail about your responses above, please do so in the space below:

Increasing demand for inpatient admission but a lower number of beds on line. Increasing referrals to outpatient clinic services (especially for adults). Children and youth outpatient services referrals have decreased due to extended school closures - this will likely increase with school re-opening; however workforce size has decreased. Higher volume demand for crisis services with decreased workforce.

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**Q14**

a. Since March 1, 2020, what number of mental health program sites in your county closed or limited operations due to COVID-19, apart from transition to telehealth?

1

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**Q15**

If you would like to add any detail about your responses above, please do so in the space below:

As noted above MICA inpatient placed on hiatus, now unable to re-open due to workforce shortages.

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**Q16**

b. What number of mental health program sites in your county remain closed or are offering limited services now, apart from transition to telehealth?

7

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**Q17**

If you would like to add any detail about your responses above, please do so in the space below:

school satellite clinic operations are not yet open for face to face services. meetings are occurring with each host school district to determine suitable blend of telemental health services and face to face.

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**Q18**

**Yes**

c. If your county operates services, did you maintain any level of in-person mental health treatment

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**Q19**

If you would like to add any detail about your responses above, please do so in the space below:

All persons receiving injectable medications were seen face to face throughout the CV 19 SOE. Face to face visits have been increasing since mid June.

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**Q20**

**No**

d. As a result of COVID-19, are any mental health programs in your county closing operations permanently? If yes, list program name(s) and type(s).

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**Q21**

If you would like to add any detail about your responses above, please do so in the space below:

At this time no program has articulated closure due to CV 19 SOE; one PROS program is closing which was planned prior to the SOE. Other programs/services may close due to funding limitations.

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COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan  
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**Q22**

**No**

e. Did any mental health programs in your county close due to workforce issues (e.g. staff infections, recruitment/retention issues)?

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**Q23**

If you would like to add any detail about your responses above, please do so in the space below:

Programs have continued to operate despite CV 19 infection of staff and/or recipients. reduced inpatient capacity has been a consequence of this with two recent CV 19 positive patients.

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**Q24**

**No**

a. Apart from telehealth, during COVID-19, did your county or mental health providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

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**Q25**

**No**

b. During COVID-19, did any mental health providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

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**Q26**

a. During COVID-19, how many mental health providers within your county implemented existing continuity of operations plans?

5

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**Q27**

If you would like to add any detail about your responses above, please do so in the space below:

COOPs were activated by all providers but were challenging to do so, as modifications were frequently made as circumstances and knowledge re: CV 19 evolved.

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**Q28**

b. During COVID-19, how many mental health providers within your county did not implement existing continuity of operations plans?

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**Q29**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

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**Q30**

**Both**

c. During COVID-19, did your county LGU or Office of Emergency Management (OEM) assist any mental health providers in the development or revision of continuity of operations plans?

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**Q31**

If you would like to add any detail about your responses above, please do so in the space below:

Primary involvement was in obtaining PPE and sanitizing supplies.

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**Q32**

During COVID-19, what OMH guidance documents were beneficial to your disaster management process?

**Telemental Health Guidance,**

**Infection Control Guidance,**

Please provide any feedback on OMH's guidance resources::

Infection control guidance was late incoming. Would have bene helpful to have initial guidance and then updates as more information became available.

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Page 3

**Q33**

1. Please indicate any needs for or issues with SUD and problem gambling prevention, treatment, and recovery providers acquiring Personal Protective Equipment (PPE), face masks, cleaning or disinfectant supplies, or similar materials related to the COVID-19 pandemic:

providers report having enough PPE, but cleaning and sanitizing supplies remain a need.

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**Q34**

a. How has COVID-19 affected the delivery of and demand for SUD and problem gambling prevention services in your county?

Prevention services are delivered primarily via the school districts. with the transition to virtual learning environments, Prevention staff became very creative in how to deliver EBPs via the school district learning platforms. Prevention Counseling was offered virtually as well with virtual office hours but was not readily accessed by students.

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**Q35**

b. How has COVID-19 affected the delivery of and demand for SUD and problem gambling recovery services in your county?

High demand for recovery services especially CRPA. Transitioned to a virtual All Recovery group.

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**Q36**

c. How has COVID-19 affected the delivery of and demand for problem gambling treatment services in your county?

In the midst of the extremely high increase in deaths due to overdose, efforts have been focused on addressing this crisis and not on problem gambling.

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**Q37**

d. Since March 1, 2020, how would you describe DEMAND for SUD Treatment services in each of the following program categories?

INPATIENT	No Change
OUTPATIENT	Increased
OTP	Increased
RESIDENTIAL	No Change
CRISIS	Increased

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**Q38**

If you would like to add any detail about your responses above, please do so in the space below:

The demand for services has increase over the months of the CV 19 SOE. Increased demand combined with workforce shortage and suppressed funding has created a significant challenge in access.

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**Q39**

e. Since March 1, 2020, how would you describe ACCESS to SUD Treatment services in each of the following program categories?

INPATIENT	No Change
OUTPATIENT	Increased
OTP	Increased
RESIDENTIAL	No Change
CRISIS	Increased

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**Q40**

If you would like to add any detail about your responses above, please do so in the space below:

Ambulatory Detox on hiatus; workforce shortages in outpatient clinic operations; hiatus of the MICA inpatient unit; no addiction treatment services in the County Correctional Facility.

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**Q41**

a. Apart from telehealth, during COVID-19, did your county or SUD and problem gambling service providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

Yes (please describe):

Via the County Health Dept. the Naloxone Now initiative with curbside Narcan delivery is a significant service in harm reduction, and resulting in persons entering treatment.

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**Q42**

b. During COVID-19, did SUD and problem gambling service providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

No

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**Q43**

1. Has your county conducted analysis on the impact of COVID related to IDD services/OPWDD service system? If yes, please explain.

Yes (please explain):

The LGU has maintained subcommittee meetings (virtually) and has done telephonic outreach to agency leadership to check in.

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**Q44**

2. What are the greatest challenges your county will be facing over the next 12 months related to IDD services?

Funding reductions combined with workforce shortages and very necessary infection control creates an impossible situation in maintaining the needed levels of service delivery.

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**Q45**

3. Is there data that would be helpful for OPWDD to provide to better information the local planning process? Please list by order of priority/importance.

Level of unmet need cannot be determined by the LGU as we are blind to wait lists, lengths of wait for services; and what services are in greatest demand.

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**Q46**

Please use the optional space below to describe anything else related to the effects of COVID-19 on Mental Hygiene service delivery that you were not able to address in the previous questions:

All three "O" agencies need to be coordinating with each other; as the funding implications of the pandemic unfold, each agency truly needs to know the impact to their respective funding, services, and providers. Decreases in funding do not only impact providers, services, and recipients in the respective "silo" but have rippling impacts in the community at ground level.

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