

2018
Local Services Plan
For Mental Hygiene Services

Albany County Dept. of Mental Health
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Planning Form	LGU/Provider/PRU	Status
Albany County Dept. of Mental Health	70520	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Albany County Dept. of Mental Health	 70520/70520	 (Provider)
 Albany County Alc and SA Clinic OP	 70520/70520/1865	 (Treatment Program)

Mental Hygiene Goals and Objectives Form
 Albany County Dept. of Mental Health (70520)
 Certified: Tyleia Harrell (7/18/17)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

Per the Conference for Local Mental Hygiene Director's (CLMHD) behavioral health portal's "estimated need" data, there were approximately 40,357 Albany County Medicaid recipients in 2014 with a potential need for behavioral health services (i.e., Mental Health (MH) and Substance Use Disorder (SUD) services specifically); of that number about 21% were youth under the age 18, close to 70% were adults 18-64, and about 9% were 65+. This data is similar to last year's prevalence data and therefore reflects a continued demand for behavioral health services.

Throughout the year the Albany County Local Government Unit (LGU) regularly surveys for MH clinic/service capacity, notes anecdotal reports from providers and consumers about the strengths/challenges within the system, as well as participates in multiple ongoing initiatives that support mental hygiene planning. Information learned throughout these planning/needs assessment activities reveals that the level of unmet mental health service needs has stayed the same over the past year. Specifically, areas that continue to have high needs, which were also identified as high/moderate last year, include Prevention Services, Crisis Services, Inpatient Services, Clinic Treatment, Other Outpatient Services, Care Coordination, HARP/HCBS for Children and Adults, Recovery Support Services, Housing, Transportation, Workforce Recruitment and Retention and System Coordination/Integration. There continues to be severe shortages of psychiatry across the system and there's been an increase in need for crisis, prevention and diagnostic testing services. Areas related to system integration with the forensic and the non-English speaking/Immigrant/Refugees population has worsened.

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

Please Explain:

As referenced above, in 2014 the CLMHD behavioral health portal estimates that 40,357 Albany County Medicaid recipients had potential need for behavioral health services (specifically MH and SUD). In addition, a summary of admissions data to OASAS Certified Chemical Dependence Treatment programs during 2015 (broken down by service type) reveals that in Albany County there were over a) 1000 admissions to varying levels medical withdrawal crisis services, b) 196 opioid treatment admissions, c) 654 inpatient rehabilitation admissions, d) 486 admissions to varying levels of residential programming, and d) 486 outpatient rehabilitation admissions. This information reflects that there continues to be a high need for substance use services in Albany County.

Throughout the year the Albany County LGU regularly met with OASAS providers, made note of anecdotal reports from providers and consumers about the strengths/challenges within the system, as well as participated in multiple ongoing initiatives that support mental hygiene planning. Most notable of the issues within the Albany County SUD system is the increase in opiate overdoses and the need for more medication assisted therapy services and medically monitored withdrawal, ambulatory detox, and community based crisis stabilization; this is further reflected in data discussed above when considering that admissions to varying levels of medical withdrawal crisis services was nearly double or more that of other services. Information learned throughout these planning/needs assessment activities reveals that the level of unmet SUD service need has stayed the same in the past year; specifically, areas that continue to have high needs, which were also identified as high/moderate last year, include Housing, Transportation Crisis Services (this area worsened, most notably because of the opiate crisis), Workforce Recruitment and Retention, Prevention, Recovery and Support Services, Heroin and Opioid Issues and System Coordination/Integration.

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

Please Explain:

According to the CLMHD behavioral health portal, in 2014 there was an estimated need of 2,585 Medicaid recipients (youth and adults) within Albany County who were in need of Developmental Disability (DD) services; of this number, close to 60% were adults (22+) and the other 40% were youth (21 and under). Furthermore, OPWDD's Tracking and Billing System data reflects an increase in the number of people enrolled in services between 2015 and 2016. The Albany County/OPWDD regional office reports that in 2016 there were 54 more individuals seeking services through the Front Door than there was in 2015.

Throughout the year Albany County LGU maintains regular contact with OPWDD Regional Office representatives, participates in the Regional Director's meetings, within the last year has increased collaboration with local OPWDD providers, and makes note of anecdotal reports from consumers and providers about the strengths/challenges within the system; in addition there have been several cross system coordination of specific cases. Information learned throughout these planning/needs assessment activities reveals that the level of unmet DD service needs has stayed the same in the past year. Specifically, areas that continue to have high needs, which were also identified as high/moderate last year, include Housing, Transportation, Crisis Services, Workforce Recruitment and Retention, Clinical Services, Adult Services, Autism Services (Worsened), and System Coordination/Integration.

2. Goals Based On Local Needs

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

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

2a. Housing - Background Information

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

Housing challenges/high level unmet needs

- Although there continues to be specialized housing opportunities for individuals who have complicated medical issues, the need outweighs the existing services; there remains a need for more.
- There has been an increase in the number of individuals being released from prison with OMH level prioritization. Sometimes the housing placement for these individuals occurs ahead of other individuals who may have already been waiting for a placement, but whose priority level falls below those being released from prison.
- There is also been an increase in Assisted Outpatient Treatment (AOT) orders among both the general community, as well as individuals being released from prison and psychiatric facilities with an AOT Order already in place. Often these individuals' AOT Orders include a need for prioritized housing. These placements sometimes occur ahead of other individuals who may have already been waiting for a placement, but whose priority level falls below those with an AOT.
- There has been an increase need for community based housing placements for adult individuals with histories of high risk behaviors (violence, sex offense, and forensic histories).
- Recently a housing program that had a contract with Parole/Department of Corrections to provide transitional housing supports to 19 recently released male parolees (Father Young's 45 South Ferry Residence) closed. In addition, the Capital District TASC has restructured; while their forensic diversion/case management services are still offered, both their male and female residential programs closed within in the last year. Both of these programs often housed individuals who had histories of high risk behaviors and crimes in a relatively safe and supported environment; the loss of these services will leave a gap in the system and there are limited alternative options available.
- The local state operated hospital, Capital District Psychiatric Center (CDPC) has been working to get individuals who have had long stay admissions out of the hospital as well as the CDPC state operated community residences; some of these individuals' County of origin is not Albany and at times they have been housed before Albany County residents who are also on wait lists, usually because of the nature of their priority level (i.e., AOT, OMH forensic level, etc.).
- Housing for children, youth, and youth in transition remains a need in Albany County; especially for those with high level needs and/or behaviors, such as youth with current or past history of violence, sex offenses, and/or forensic contact; children presenting with a need for residential therapeutic care; and children/youth with co-morbid cross system disability needs.
- As of May 2017 the Equinox Youth Shelter, the only crisis/homeless youth shelter in Albany County closed. This limits the available support to youth who are homeless and living "independently" and/or experiencing a crisis that is impacting their housing stability. According to the CLMDH data portal, there were 81 unaccompanied homeless youth in 2016; this is almost double the number that was identified in 2015. The lack of a local youth shelter negatively impacts these youth in need. It is noted that in last year's plan it was referenced that the Equinox Youth Shelter was expected to close in the Summer of 2016; this closure did not end up happening and the program continued to run throughout the year. However, the contracting agency decided to close it after all and this service is no longer available to the community. There are discussions/intentions to find a new contractual provider, however until that time the community will go without it. The only alternative options available now are in neighboring counties and are already highly utilized themselves (e.g., Safe Inc. and Captain Youth and Family Services).
- There remains a need for generic supported housing resources to help individuals seeking independent housing, but do not have the financial support to successfully obtain it.
- Adolescents and young adults with SUDs who are unable to go "home" still have little to no recovery oriented supported housing.
- There is an increasing awareness of the housing and service needs of individuals who are victims of human sex trafficking.
- For adults, Shelter Plus Care (S+C) remains available, but there is not enough capacity to meet the needs.
- There is essentially no housing for families in recovery.
- Barriers to supported housing for adults with Co-occurring SUDs remains limited due to treatment/medication and abstinence requirements.
- Housing that fully supports addiction recovery remains a high need in the Albany County community.
- According to the CLHMD data portal, there continues to be a steady rate of homelessness in Albany County. In 2016 there were 553 total homeless households/748 homeless individuals identified. Within the subpopulations of homeless persons, 13% were chronically homeless, 20% presented with a serious mental illness and/or chronic SUD and another 27% had "other" special needs (e.g., veterans, HIV/AIDs, Domestic Violence and parenting youth). Together, nearly 60% of the Albany County homeless population in 2016 had some sort of special need.

- There is an emerging need for housing options for individuals with high functioning autism
- Within OPWDD there continues to be difficulty accessing and a high need for more residential support services for DD individuals who have complex and/or dually diagnosed needs; especially children.

Housing progress/positive gains

- Albany County LGU continues to operate a Housing Single Point of Access (SPOA) with a dedicated Housing Coordinator; the Housing SPOA coordinates the OMH housing process, referrals, provider contracts, placements and prioritizations; participates in the Coordinated Entry SPOA; and acts as a resource for all housing needs throughout the behavioral health service system. Within the last year Albany County LGU oversaw and monitored approximately 787 housing opportunities.
- Albany County’s Coordinated Entry- Homeless SPOA has actively worked towards solidifying its universal application/placement process; as a result homeless individuals (many with mental hygiene disabilities) have successfully been placed in permanent housing.
- The Rehabilitative Support Services (RSS) Capital District Stabilization and Support Program crisis respite program continues to offer supportive services to individuals in need; this 3 bed program is offered regardless of insurance and often times works with community providers to work towards long term stabilization goals of individuals. In 2016 CDSS had 66 admissions.
- Albany County continues to have two forensic beds available for eligible adult MH individuals
- The Lionheart Residence (managed by a local OPWDD provider) remains available to eligible individuals
- The Equinox, Inc.’s Holt House, which serves individuals MH and DD diagnoses, has increased in its utilization
- The CDPC state operated Transitional Living Community Residence (New Scotland Residence -aka- NSR) continues to accept individuals from state prisons and forensic psychiatric units
- Interfaith Partnership for the Homeless opened the *Sister Mavis Jewell Medical Respite* program which is specialized shelter services for homeless individuals who have significant (qualifying) medical issues and needs
- St Catherine’s Center for Children started the Project Connect program via a SAMHSA grant; this program works with homeless individuals who have a MH or SUD diagnosis. In addition the Connect case managers are SOAR trained and therefore can assist with applications to SSI/SSD when appropriate.
- St Catherine’s Center for Children’s MRT program, Project HOST, program remains active and supportive of community needs
- The CDPC-Mobile Integration Team and the RSS -Transitional Support Team, are two new programs that assist individuals who have histories of long stay and/or chronic psychiatric hospitalizations to locate stable community housing and supportive services to remain out of the hospital.
- Homeless and Traveler’s Aide Society opened a furniture bank (see attached) to help individuals with furniture needs.
- Equinox, Inc. continues to have a variety of independent living housing programs for youth in transition.

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

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

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

Objective Statement

Objective 1: Explore opportunity for a new youth shelter in Albany County

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

Objective 2: Explore resources and funding to expand or enhance existing housing programs, including community residences, single room occupancy facilities, and shelter plus care.

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

Objective 3: Explore funding options for additional generic supported beds to help individuals seeking independent housing, but do not have the financial support to successfully obtain it.

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

Objective 4: Explore and expand opportunities for safe and supportive housing programs for adults/ youth/families in SUD recovery

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

Objective 5: Continue to reallocate existing resources or develop new resources whenever possible, to increase the number of opportunities for individuals with Developmental Disabilities requesting Out-of-Home Residential placements and further support the larger transitional goals related to Developmental Center closures.

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

Change Over Past 12 Months (Optional)

Reflected above

2b. Transportation - Background Information

For individuals to access the services they need, they must be able to either go to the service provider directly who have a service that can come to them. In home services are limited and therefore it is more often that individuals are traveling to their provider. Within Albany County there continues to be a number of challenges related to transportation, which in turn then impact access to care.

Identified challenges related to transportation are as follows:

- There are continued limitations and inconsistencies with Medicaid Transportation (i.e.. Medicab) services. Examples of issues that individuals have had is the timeliness of pick up and return trips (it can often be a several hour process for one appointment); access with short notice (the 3 day advance notice requirement limits access to urgent care services and/or a sooner appointment becoming unexpectedly available); as well as the reliability of transportation in inclement weather.
- Shortages of transportation services available to non-Medicaid recipients; there are no Medicab services/payment assistance for non-Medicaid recipients, except for the half fare rate available to those with Medicare.
- Historically there is little to no transportation support for non-medical service needs (recreation, respite, seeking employment etc.). An anticipated positive opportunity is that transportation for these kinds of services/activities will be covered for individuals who qualify for HARP-HCBS services. This is a major gain for those who qualify. The HARP-HCBS implementation is relatively new and has had its own challenges; therefore any potential benefits have not yet been seen. In addition, HARP-HCBS only covers a small population of those who present with these types of transportation needs.
- Although Medicab is available, many DD individuals are unable to maintain themselves independently in the Medicab and Medicab providers are inconsistent with whether they allow others to ride with the individual during the medical transport (i.e.. family members).
- The issue of limited access to care in outlying areas (Hilltowns, Ravena etc.) is further exacerbated by transportation limitations. Transportation to/from services from the County’s rural and underserved areas communities remains a high need. In some areas there is not even a public bus route. It becomes even more challenging when any services that do exist in underserved areas end up closing (as further reflected below).

- Although the option of the STAR bus still remains, it has limitations and not everyone qualifies.
- There is anticipation/hope that there will be some alleviation of some of the challenges within the DD system when transportation becomes a covered fee for respite services after 7/1/17.
- Many Health Homes/Care Coordination providers often times do not provide transportation services to individuals, or only do so on a limited basis; especially (and understandably) when the individual has a history of high risk behaviors. Often time's transportation support is what individuals need to move forward in their recovery.

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

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

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

Change Over Past 12 Months (Optional)

- Earlier this year, the CDPC Paige Avenue Clinic in Cohoes, one of Albany County's underserved areas, closed as part of a larger clinic consolidation. Although alternative services were secured for the impacted children/families, for most it meant having to transfer to a clinical provider that is over a dozen miles away in some cases. Albany County Department for Children, Youth and Families (ACDCYF) Mental Health office is continually assessing this new issue. Efforts are being made for several other children's MH providers to potentially fill the gaps of this service, including possible expansion of services to have satellite clinics in schools, and/or offer co-located MH treatment in a pediatric office. In another rural area (Berne-Knox-Westerlo) ACDCYF currently has service hours at a local school; they are looking to expand those hours in the near future.
- Implementation of HARP-HCBS services
- Uber and LIFT were approved for Upstate New York; as of yet it is unclear if this will have a positive impact on current behavioral health transportation challenges.

2c. Crisis Services - Background Information

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

High level unmet crisis services needs include:

- The community has identified the need for a behavioral health stand-alone crisis stabilization unit, where individuals could go and receive withdrawal services, psychiatric stabilization, and recovery supports. Development of this is being explored with the Albany County LGU, local community partners, state agencies and a local Delivery System Reform Incentive Payment- Performing Provider System (DSRIP-PPS).
- As previously referenced, as of May 2017, the only crisis/homeless youth shelter in Albany County closed. This limits the available support to youth who are homeless and living "independently" and/or experiencing a crisis that is impacting their housing stability. According to the CLMDH data portal, there were 81 unaccompanied homeless youth in 2016; this is almost double the number that was identified in 2015. There are discussions/intentions to find a new contractual provider, however until that time the community will go without it. The only alternative options available now are in neighboring counties and are already highly utilized themselves (e.g. Safe Inc. and Captain Youth and Family Services).
- NYSTART has been running at full capacity (which is a strength), but it has also limited availability to accepting new cases (a challenge). The program went on a 90-day self-evaluation period in early 2017, at which time they limited the number of referrals that were assigned (both a strength and a challenge). Their services remain in high demand.
- Crisis Stabilization services for individuals with SUDs are in high need in Albany County. The Albany County LGU fully supports the OASAS Residential Re-design initiative which will create medically supervised stabilization and medically supervised rehabilitation in those settings, a gap that has been identified by local providers for years and is reflected in previous LSPs. These services will offer a medically supervised stabilization service within a treatment environment where those individuals not eligible for MMW can safely withdraw and initiate treatment and recovery. This need is of particular concern with the opioid epidemic and overdoses on the rise. The Albany County LGU will work with all of the Albany County Residential treatment providers to prepare and plan for residential redesign.

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

- Albany County continues to offer two (2) Crisis Intervention Team (CIT) trainings each year to local law enforcement agencies. To date, since September 2012, 137 officers/staff have graduated from this training. This training covers multiple topics related to the larger behavioral service system across all three disability areas.
- In 2016 the Albany County Department of Mental Health (ACDMH) Mobile Crisis Team (MCT) provided crisis triage support and intervention services to 930 youth and adults; 52% of these individuals were diverted from further assessment at the local MH crisis unit (CDPC-Crisis Intervention Unit).
- The ACDMH MCT is exploring the opportunity to return services hours to be 24/7 through partnership with a local DSRIP-PPS network; the new model, if implemented, may include a peer specialists as part of the MCT.
- The Capital Region Child and Adolescent Mobile Team (CR-CAMT) provided crisis triage support and intervention services to 348 youth in Albany County in 2016. 82% of onsite visits resulted in safety planning and diversion from higher levels of care.
- OPWDD's NY Systemic, Therapeutic, Assessment, Resources, and Treatment (NYSTART) continued to provide support to individuals with co-occurring DD and MH conditions. NYSTART has been running at full capacity (which is a strength), but it has also limited availability to accepting new cases (a challenge). The program went on a 90-day self-evaluation period in early 2017, at which time they limited the number of referrals that were assigned (both a strength and a challenge). At the end of 2016 there were a total of 10 active NYSTART cases in Albany County. NYSTART also continues to move forward with implementation of the Resource Center with plans to open by the end of 2017. Albany County LGU, along with other local Albany County crisis providers, remains active on the Advisory Council.
- The CDPC Crisis Unit and local hospital ERs continue to provide 24/7/365 psychiatric emergency room services to the community.
- Several local MH clinics offer psychiatric emergency crisis support to the community; in 2016, specifically, the ACDMH Adult Integrated Clinic provided 286 individuals with "walk in" crisis assessments (per ACDMH QA internal data). The ACDCYF children's MH clinic also offers crisis support services to the community.
- The RSS-CDSS program continues to offer supportive services to individuals in need; this 3 bed program is offered regardless of insurance and often times works with community providers to work towards long term stabilization goals of individuals. In 2016 CDSS had 66 admissions.

- There continues to be a tri-county crisis respite service offered in partnership by ACDCYF, Rensselaer County Mental Health and Schenectady County Mental Health; to date 22 Albany County children have been served for a total of 159 overnight respite stays.
- Albany County continues to have ongoing collaborative relationships with local ERs and law enforcement, who participate in interdisciplinary committees, initiatives, cross system case coordination, and trainings toward the larger goal of strengthening crisis support.
- St. Peter's Addiction Recovery Center (SPARC) expanded its detox services to include Ambulatory Detox.
- Albany County LGU, ACDCYF and other local crisis providers continue to participate in the Albany Medical Center DSRIP- PPS Behavioral Health Community Crisis Stabilization Services subcommittee.
- Albany County continues to offer free monthly Narcan trainings to the community through a partnership between the ACDMH and the Albany County Department of Health (ACDOH)
- A local agency, Catholic Charities, started the Project Safe Point Health Hub service, which includes 24 hour Peer Recovery Advocates who will try to engage individuals who may be experiencing a related SUD crisis, especially those at risk of opiate overdose; this may include responding to local ERs and other community sites when warranted.
- Albany County started the Albany County Opiate Task Force
- The Albany County Suicide Prevention and Education Committee (SPEC) continued to strengthen the infrastructure of suicide prevention and interventions services throughout Albany County via development of public information, education resources and enhancement of additional practices
- Albany County Suicide Task Force was started in 2017; this is comprised of local community leaders across multiple disciplines.
- Transition to Managed Care has allowed for a full range of services to be eligible for reimbursement, including crisis support services.

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

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

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

Objective Statement

Objective 1: ACDMH will continue to offer twice annual CIT trainings to local law enforcement agencies.

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

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

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

Objective 3: Explore expanding hours of the local MCT to 24/7 and staffing to include a peer specialist.

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

Objective 4: Continue to work towards improving coordination between Emergency Rooms/ Departments and CDPC Crisis Unit.

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

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

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

Change Over Past 12 Months (Optional)

- The number of CIT graduates (since the trainings inception) increased to 137 in 2016
- Progress made on the NYSTART's Resource Center
- Closing of local youth and adult shelters
- Expansion of local services including SPARC's ambulatory detox and Catholic Charities Health Hub
- Transition to Managed Care has allowed for a full range of services to be eligible for reimbursement, including crisis support services.
- Albany County Opioid Task Force and the Albany County Suicide Task Force were started

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

In 2013, SAMSHA prepared a report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues. Congress has called it the "workforce crisis." The need for an educated and seasoned workforce stems not only from demand, but high turnover rates, a shortage of professionals, aging workers, and low compensation. And with the advent of the Mental Health Parity and Addiction Equity Act and the Affordable Care Act, policies that provide inclusion and insurance coverage for mental and/or substance use disorders, behavioral health services and supports must be covered just as other medical care is. At the National level, SAMSHA outlines how these laws are reshaping the workforce and delivery of services by moving the field toward improved coordination and integration of behavioral health care with other health care in primary, specialty emergency, and rehabilitative care settings, and, with that, the need to apply team approaches to address an individual's health concerns.

At the State level, there are similar initiatives being planned under Medicaid re-design and DSRIP to improve coordination and the integration of behavioral health care with other primary, specialty care settings.

Within the Albany County mental hygiene service system, recruiting and retaining good qualified staff is extremely challenging across all three disability areas. As reflected above, low salaries and the difficulty of the work, leads to high turnover and a limited workforce. There is a need for more providers across multiple disciplines (e.g. psychologists, therapists, CASAC's, psychiatrist, nurse practitioners, direct care and respite workers, primary care and dental); however the demand for medical professionals is particularly high. Furthermore there is an increasing need for providers who are able and willing to work with some of the more challenging population of individuals who are presenting with co-morbid, multi system, high need, high risk issues (such as individuals with multiple acute medical/MH/SUD/DD diagnoses, forensic histories, and sex offenders, for example). There is also a need for existing providers to receive training to enhance their skills and abilities to work with the growing population of high need individuals, for example training around how to work with those with a criminogenic history. These challenges impact service capacity and at times can cause a delay in service access.

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

- Mental Health: Psychiatric prescribers(MD/nurse practitioners), Diagnostic/Assessment specialists, and psychologists
- Developmental Disability: Psychiatric prescribers, Diagnostic/Assessment specialists, Direct care/respite workers (for both self-direction and agency based providers), and dental providers
- Substance Use Disorder and Gambling: Psychiatric prescribers, medical specialists in addiction medicine and CASACs; any providers of outpatient SUD services for those with Medicare insurance only (there are very few).
- Multiple Disabled persons: there are shortages across all professional disciplines of providers who have the capacity and skill/knowledge base to treat those with co-occurring disabilities, but especially for those with MH and/or SUD issues combined with DD.

It is noted that there has been some improvement within the Albany County OPWDD system as it relates to better access to primary care providers, anticipated changes to respite rates in July 2017, and the positive impact that self-direction can have on the direct care needs for individuals. Furthermore, the implementation of Medicaid Managed Care along with other changes as a result of Medicaid Redesign has allowed for a full range of services to be eligible for reimbursement.

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

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

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

Objective Statement

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

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

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

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

Objective 3: Albany County LGU will advocate for and promote cross system training opportunities including those offered by NYSTART and the Center for Practice Innovations (CPI)

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

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

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

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

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

Change Over Past 12 Months (Optional)

- In last year's plan it was referenced that the Center for Disability, one of the largest providers of psychiatric services to the OPWDD system, downsized their capacity significantly which put a strain on the service system; earlier this year they re-opened their doors to referrals.
- It has been indicated in past LSPs that there had been a limitation of outpatient MH clinic capacity for those with Medicare insurance; within the last year there has been improvement in this area in that the type of insurance (even Medicare) has been less of an obstacle. Individuals with Medicare (along with all other insurances), are still experiencing access to care issues, however, due to continued capacity issues across the system.
- There is anticipation of salary increases for direct care workers in the OPWDD system.
- In June 2016 OPWDD offered a Developmental Disabilities Clinical Training: *Diagnosis of Mental Illness in Intellectual Disabilities* to the behavioral health treatment community

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

The ability for OASAS consumers to be able to access gainful employment as part of the recovery process is important. Often times finding employment and sustaining employment can be challenging due to reasons such as lack of education/credentials, lack of skill/training, legal history, and/or disabilities that impact functioning, skills and abilities. Through initiatives and programs related to Medicaid Redesign, HARP-HCBS, ACCESS-VR, and local Department of Social Services employment programs, as well as others, individuals will have greater opportunities to seek employment as part of their recovery.

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

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

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

Change Over Past 12 Months (Optional)

- Implementation of HARP-HCBS
- Implementation of Residential Redesign

2f. Prevention - Background Information

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

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

Notable MH prevention programs within Albany County include services for youth through Parsons Child and Family Center, LaSalle School and St Catherine's Center for Children. In addition the ACDCYF and ACDOH continues to offer the Single Point Of Entry (SPOE) community referral line (started in 2015) where women of child bearing age and families of children birth to five years old can seek support and referral assistance to an array of community based services, including behavioral health care. Also notable is that the Parsons OnTrack NY program (started in late 2015) in the Capital Region (including Albany County) provides early intervention services and treatment to youth and adults who are newly experiencing symptoms of psychosis. It should also be noted that both ACDMH and ACDCYF is involved with the Albany Medical Center Hospital (AMCH) DSRIP PPS project for Integration of Primary and Behavioral Health Care

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

Suicide Prevention and Education: Reducing stigma and training staff to address the issue of suicide in the Albany County community remains a priority within Albany County. The larger general community, as well as service providers within the mental hygiene system, continue to have access to multiple suicide prevention and awareness initiative, trainings and events such as SAFE TALK, ASSIST, CONNECT and "Out of the Darkness." Albany County state licensed agencies also continue to have access to the Center for Practice Innovations (CPI) training programs, one of which is specific to suicide. Albany County LGU is working with local providers and stakeholders to explore and implement standardized evidence based screening tools for suicide prevention across the system of care. In addition, along with continuing to maintain and strengthen crisis supports within the community, Albany County continues to offer the Help, Options, Prevention, Education (HOPE) suicide prevention mobile app, which has been active since 2014. The Albany County SPEC remains active in addressing suicide issues within Albany County. In addition, the Albany County Suicide Task Force was started in 2017.

Gambling: There remains an ongoing need to maintain and enhance gambling prevention and intervention services. There is increased concern and awareness with this issue due to the opening of the Rivers Casino & Resort which opened in a neighboring county this year. Albany County continues to have gambling prevention and intervention programs with local providers.

Cross Systems: Prevention, early identification and appropriate interventions individuals with co-occurring behavioral health issues is also an important area of need. Also, individuals with behavioral health challenges frequently come in contact with emergency services and law enforcement personnel while presenting with an "emotional disturbance". In an effort to improve care to those individuals and to improve safety in the Albany County community there continues to be cross system collaboration within the Albany County service system to help educate and improve how interventions with those with mental illness or emotional disturbances occur within the emergency services system. For example the ACDMH continues with the Sequential Intercept Model (SIM) initiative which brings together various emergency/crisis/law enforcement/services agencies together throughout the year across various forums in order to foster improved communication, education, mutual support, help reduce unnecessary incarcerations, improve how individuals with behavioral health needs interface with these systems, and support that individuals receive the appropriate interventions throughout the legal process. Furthermore, ACDMH continues to provide trainings to local law enforcement agencies and other collateral providers to support the importance of early detection, appropriate responses and intervention/service linkages. Since September 2012, 137 officers and staff from local law enforcement agencies have been training in CIT. Lastly, Albany County continues to operate the Program Services Coordinating Committee (PSCC) which is a multi-disciplinary, cross system planning meeting that works to assist individuals who have high needs and/or are high utilizers of emergency services in order to attempt to decrease dependence and use of emergency services and help improve their quality of life in the community. In addition, youth in transition referrals can be facilitated via the PSCC as well.

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

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

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

Objective Statement

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

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

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

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

Objective 3: ACDMH will continue to offer twice annual CIT trainings to local law enforcement agencies.

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

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

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

Objective 5: Continue to work in collaboration with OMH and the Suicide Prevention Center of NY to advance local actions to reduce suicide attempts and suicide (across the age continuum) in Albany County and promote the recovery of persons affected by suicide; including the exploration and implementation of standardized evidence based screening tools for suicide prevention across the system of care.

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

Change Over Past 12 Months (Optional)

- Albany County SPEC received another grant to help enhance suicide prevention and intervention practices.
- Albany County Suicide Task Force was started in 2017.
- The number of CIT graduates (since the trainings inception) increased to 137 in 2016

2g. Inpatient Treatment Services - Background Information

Albany County continues to experience a shortage of adult and children acute inpatient services. Inpatient admissions are costly and there continues to be some individuals who either have a history of chronically seeking, needing and/or having multiple psychiatric admissions and/or individuals are having long lengths of admission stay. The push to reduce state operated psychiatric beds is occurring at a faster rate than the outpatient services system can handle. As a result, there

continues to be challenges related to discharge planning for individuals who are inpatient and/or in crisis units/ERs, especially those who have special and/or challenging circumstances (i.e. sex offenders, history of aggression/violence, co-morbid medical/behavioral health issues, chronic homelessness etc.). Furthermore, the local state operated hospital, CDPC, has been working to get individuals who have had long stay admissions out of the hospital; some of these individuals' County of origin is not Albany; however they are discharged to the Albany County community with local services (i.e. clinical, care management, housing etc.) for a variety of reasons. This puts additional strain on already limited service resources.

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

If "No". Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Any goals/objectives that are specifically related to addressing high level unmet needs for MH inpatient treatment services are synonymous with the existing goals/objectives reflected throughout this plan (for example addressing issues related to housing, transportation, treatment access etc.).

Change Over Past 12 Months (Optional)

None

2h. Recovery and Support Services - Background Information

Peer Support Services: There continues to be a need for Peer Support, Recovery Coaches, and Parent Partner services. ACDMH continues to build relationships with peer and recovery support services such as a Capital Area Peer Services, Mental Health Empowerment Project and the New York State National Alliance on Mental Illness for individuals with MH; there have recently been peer specialists certification trainings available. Within the SUD system ACDMH continues to partner with Friends of Recovery-New York to increase recovery supports in the Albany County community. There remains a need for a local Recovery Community Organization (RCO) and/or a Recovery Community Center (RCC) for Albany County. These services can build upon the therapeutic process started in treatment as well as provide initial or ongoing recovery support for adults, youths, and families. The Albany County LGU continues to support local recovery organizations' interest in developing RCOs and RCCs. Finally, as of last year, Certified Peer Recovery Advocates (CRPA's) will be able to work in an OASAS 822 Outpatient Clinics and these services will be billable. Albany County LGU will continue to work with OASAS and local providers to implement these services across the Albany County outpatient services. Also, utilizing peers in multiple settings is being explored across the services systems, including having peers on mobile crisis teams. In addition, within the last year Catholic Charities started the Project Safe Point Health Hub service, which includes 24 hour Peer Recovery Advocates who will try to engage individuals who may be experiencing a related SUD crisis, especially those at risk of opiate overdose; this may include responding to local ERs and other community sites when warranted.

Family Support: Within the SUD system, there is virtually no Addiction and Recovery Family support in Albany County aside from 12-Step programs like Alanon and Naranon. There have been a growing number of families desperately reaching out to find help for their loved ones addicted to opiates. Some are becoming involved in Statewide and local advocacy efforts. However, guidance and support for family members alone remains a gap. In an attempt to provide guidance and treatment navigation, within the last year OASAS funded a Family Support Navigator position for Albany County; this service is now offered by ACCA. Any new Recovery Organizations/Centers will need a family component. Albany County LGU will work with any new RCO's/RCC's to ensure this need begins to be addressed in our county. The children and youth system continues to have a solid parent partner and family support services. The OPWDD system also continues to have a strong peer and family support network. Two local agencies, CDPC and Equinox, Inc. also provide family support services for the adult MH population.

Health Home Care Management (HHCM): Albany County continues to have a Health Home Care Management network via the lead Health Home, Capital Region Health Connections along with ten downstream care management organizations. HHCM is a resource to individuals who have chronic medical, MH and/or SUD diagnoses. There continues to be a demand for case management services for non-Medicaid/non health home eligible individuals.

Health and Recovery Plans (HARP)/Home and Community Based Services (HCBS): Within the last year HARP/HCBS began to be implemented for those that qualify. There have been challenges to this transition as it relates to need/eligibility assessments, as well as the demand for HCBS services occurring faster than the services are available.

Children/Youth Recovery Resources: As the anticipated HCBS waiver services changes are implemented with the children's system, there needs to be an awareness and preparation for the impact this will have on service provision. There have been a number of notable challenges as it relates to the transition towards Children's Health Homes.

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

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

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

Objective Statement

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

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

Objective 2: Continue to provide peer support groups at Albany County Probation Department

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

Objective 3: Continue to explore the opportunity to offer peer groups at the Albany County Jail through the ACDMH's Jail Mental Health Unit

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

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

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

Objective 5: HARP implementation will continue and consumers will begin to receive additional recovery support services.

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

Change Over Past 12 Months (Optional)

- Children's HHCM implementation
- Catholic Charities Project Safe Point Health Hub service, which includes 24 hour Peer Recovery Advocates was implemented
- Albany County now has a Family Support Navigator position via ACCA

- ACDMH and Albany County Probation Department co-facilitates a peer group throughout the year

2i. Reducing Stigma - Background Information

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

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

The Albany County SPEC remains active in addressing suicide issues within Albany County. In addition, the Albany County Suicide Task Force was started in 2017.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
See related goals/objectives as referenced above under the Prevention and other initiatives reflected throughout this LSP.

Change Over Past 12 Months (Optional)

None

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

The opiate/heroin epidemic is taking its toll on the Albany County community. Our treatment community is being challenged to treat the problem of opiate/heroin addiction like never before. While some providers have implemented the use of medication assisted treatment (MAT), many others have not; those who do offer MAT are close to or at full capacity, per the federal regulations. Some reasons are for lack of medical expertise and some for an "abstinence bias." Albany County is fortunate to have a growing number of providers who do provide Methadone, Suboxone, Vivitrol and counseling services for all patients receiving those services. The use of MAT for opiates in both the Albany County Residential Services and non-OTP outpatient services is low. The need for withdrawal services for individuals addicted to opiates was addressed in the crisis services section of this document. While Albany County has multiple treatment programs, as well as two OTP's, access to these treatment services is not always available. In response to this epidemic, Albany County has started an Opiate Task Force, co-chaired by the Albany County Director of Community Services and the Albany County Health Commissioner. This Task Force is comprised of public health, behavioral health, and law enforcement leaders. Instances of opiate overdoses continue to be on the rise.

ACDMH and ACDOH continue to sponsor/host monthly trainings for Opiate Overdose Prevention. Additional opportunities are offered throughout the year.

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

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

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

Objective Statement

Objective 1: Reduce the non-medical use of Prescription Opiates: Disseminate the CDC Opiate Prescribing Guidelines, Encourage local prescribers to attend existing educational events, and continue to disseminate new laws related to this, e.g. new mandated provider education requirements and new first prescription opiate dispensing limitations.

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

Objective 2: The Albany County LGU will continue to deliver presentations and/or participate (partner) in community events designed to educate and provide resources to the community regarding the Heroin and Opiate crisis; this includes continuing to disseminate additional Harm reduction strategies/resources (for example needle exchange) to the community.

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

Objective 3: Continue to maintain awareness of Drug Take Back Events and other safe drug disposal options; and explore new opportunities when available.

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

Objective 4: The Albany County Executive, ACDMH, ACDOH, Catholic Charities Overdose Prevention Program, Albany Medical Center Hospital, the Regional Underage Drinking and Drug Use Prevention Coalition, local SUD providers, law enforcement and medical personnel will work collaboratively to increase the number of individuals trained in Opioid Overdose Prevention (NARCAN) to reduce/reverse opioid overdoses in Albany County. Albany County LGU will continue to disseminate additional Harm reduction strategies/resources (needle exchange) to the community. This includes continuing to offer monthly Overdose Prevention/Narcan trainings via a partnership with ACDMH and ACDOH.

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

Objective 5: The LGU will continue to collect, assess and monitor the number of fatal and non-fatal opiate overdoses in Albany County; meetings with County coroner to be conducted; Data reports from Peer Advocate (s) in ED's will be collected and reported to LGU.

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

Change Over Past 12 Months (Optional)

- Opiate Task Force was started in 2017
- There is a growing number of providers who do provide Methadone, Suboxone, Vivitrol and counseling services for all patients receiving those services
- The Albany County LGU is working with local private providers (behavioral health and medical) to offer integrated medical care services.

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

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

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

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

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

Change Over Past 12 Months (Optional)

N/A

2n. Mental Health Clinic - Background Information

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

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

- The MH clinics have had capacity issues specifically related to shortage of psychiatric services
- MH clinics having difficulty managing the increase of individuals with "special needs," such as those with co-morbid complicated medical conditions, histories of high risk safety behaviors, non-English speaking/Immigrant/Refugee individuals and those with forensic histories (including sex offenders)
- The longstanding issue of limitations to access to behavioral health services in the outlying communities (i.e. Hilltowns, Ravena etc.) remains. There is consideration/ anticipation that there may be more service options available to individuals who live in the outlying areas as health care reform and integration of primary/behavioral care initiatives continue.
- Earlier this year, the CDPC Paige Avenue Clinic in Cohoes, one of Albany County's underserved areas, closed as part of a larger clinic consolidation. Although alternative services were secured for the impacted children/families, for most it meant having to transfer to a clinical provider that is over a dozen miles away in some cases.
- The local state operated hospital, CDPC has been working to get individuals who have had long stay admissions out of the hospital; some of these individuals' County of origin is not Albany, however they are discharged to the Albany County community with local services (i.e. clinical, care management, housing etc.) for a variety of reasons. This puts additional strain on already limited service resources.
- NE Career Planning was approved to be a PROS with clinic, but as of yet has not been able to find psychiatric staff to do so.
- There is a growing need for diagnostic/assessment specialists who can offer diagnostic testing to children, youth and adults
- There is an increasing request for MH clinic and care management services for non-English speaking/Immigrant/Refugee individuals, however resources to adequately service this populations are limited (see below under "Other" for more details).

Positive gains with MH clinics include:

- ACDMH continues to offer an Adult Integrated Clinic which provides services to individuals with MH and/or SUD needs.
- ACDMH also continues to move forward with initiatives related to developing evidenced based protocols and practices to ensure the viability of clinical services moving forward as a Vital Access Provider (VAP).
- One other adult MH clinic and one other children's MH clinic intends to apply for Integrated Clinic licenses
- Parson's OnTrack NY continues to offer treatment services to individuals 16-21 who are experiencing their first onset of psychosis
- Parson's Behavioral Health Center continues to transition towards being able to treat adults past the age of 21
- Albany County LGU continues to work towards engaging non-OMH licensed clinical/private providers (behavioral health and medical) in order to expand the service network available to consumers, to include integrated services.
- There is exploration for possible expansion of services to have satellite clinics in schools in underserved/rural areas, and/or offer co-located MH treatment in pediatric offices. In one of those rural areas (Berne-Knox-Westerlo) ACDCYF currently has service hours at a local school; they are looking to expand those hours in the near future.
- Albany County LGU continues to operate a Clinical Single Point of Access (SPOA) with a dedicated Clinical SPOA Coordinator
- ACDCYF continues to operate a Children's SPOA with a dedicated Coordinator as it relates to navigation and management of children's mental health services.

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

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

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

Objective Statement

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

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

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

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

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

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

Objective 4: Increase and enhance outpatient treatment capacity across the age continuum and disciplines; this includes exploring the development of services to rural/underserved areas of Albany County to address emerging needs (e.g. Hill towns; Ravena/Coeymans; Cohoes, etc.)

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

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

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

Change Over Past 12 Months (Optional)

- The Albany County LGU is working with local private providers (behavioral health and medical) to offer integrated medical care services
- Paige Avenue Clinic in Cohoes closed

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

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

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

Albany County does not have any IOPs at this time, although there will be opportunities in the near future for mental health providers to exploring offering this service. There is also no partial hospitalization program locally; the closest one is at least one hour away in another County, although Albany County residences have utilized this service.

In addition, the CDPC-Mobile Integration Team and the RSS -Transitional Support Team, are two new programs that assist individuals who have histories of long stay and/or chronic psychiatric hospitalizations to locate stable community housing and supportive services to remain out of the hospital.

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

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

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

Change Over Past 12 Months (Optional)

N/A

2p. Mental Health Care Coordination - Background Information

Care coordination services in Albany County continue to be provided via Health Home Care Management, Non-Medicaid Care Management, Community Transitions Team Aging Out Adolescents (CTT-AOA) and Assertive Community Treatment (ACT) services. At this time there continues to be availability for all of these services, but the demand is rising and it is anticipated that there will be a strain on care management services in the near future, especially for Health Homes. Workforce/Retention shortages and regulations further contribute to capacity issues. Albany County Care Management providers continue to be active with the Capital Region Health Connections Steering Committee (the Albany/Rensselaer County lead health home), which manages all Health Home referrals. Albany County also continues to operate a Case Management SPOA with a designated Case Management SPOA Coordinator which manages all "specialty" case management referrals (CTT-AOA, ACT, non-Medicaid care management, AOT and OMH Prison releases). It is also notable that implementation of Children's Health Homes has been challenging for both families and community providers to navigate. Furthermore, ACDCYF operates a Children's SPOA with a dedicated Coordinator as it relates to navigation and management of children's mental health services.

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

- Shortage of care managers that have the skill and/or capacity to work with special needs populations, such as sex offenders; Health Home Plus individuals (e.g. AOT/OMH Prison releases/state psychiatric facility long term stay releases); those with history of high risk safety behaviors; and those who cannot/do not consistently maintain their Medicaid.
- MH Care Coordination system continues to work through the process and challenges related to HARP/HCBS services.
- Many Health Homes/Care Coordination providers often times do not provide transportation services to individuals, or only do so on a limited basis; especially (and understandably) when there is a history of high risk behaviors. Often time's transportation support is what individuals need to move forward in their recovery.
- The local state operated hospital, CDPC has been working to get individuals who have had long stay admissions out of the hospital; some of these individuals' County of origin is not Albany, however they are discharged to the Albany County community with local (i.e. clinical, care management, housing etc.) for a variety of reasons. This puts additional strain on already limited service resources.
- There is an increasing request for MH clinic and care management services for non-English speaking/Immigrant/Refugee individuals; however resources to adequately service this population are limited.

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

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

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

Objective Statement

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

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

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

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

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

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

Objective 4: Continuing to maintain awareness of and when warranted participate in the implementation of children's HHCM

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

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

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

Change Over Past 12 Months (Optional)

- Implementation of HARP-HCBS services
- Implementation of children's health homes

2q. Developmental Disability Clinical Services - Background Information

Throughout Albany County there are number of clinical providers who serve the DD population, however there continues to be unmet needs for psychiatry, diagnostic/assessment specialist, OT, PT, and dental with sedation. The system has seen some improvement as it relates to available primary care physicians who will work with this population. As it relates to behavioral health (psychiatric) providers, there are limited prescribers for both youth and adults throughout the system, including DD. Another positive improvement is that in the last years LSP it was referenced that the Center for Disability, one of the largest providers of psychiatric services to the OPWDD system, downsized their capacity significantly; causing a gap in the system, access to care issues and putting a strain on the service system; earlier this year they re-opened their doors to referrals. Cross systems trainings can assist with building the skill base of providers who don't traditionally serve the DD system, to be able to begin doing so. For example, in June 2016 OPWDD offered a Developmental Disabilities Clinical Training: *Diagnosis of Mental Illness in Intellectual Disabilities* to the behavioral health treatment 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

Albany County LGU will continue to work with local behavioral health providers and OPWDD to maintain current DD services and better equip providers to service individuals with DD issues and/or co-morbid DD/MH/SUD issues by working towards enhancing service opportunities whenever possible; continuing cross system case coordination; and explore/promote/advocate for training opportunities to help enrich the knowledge and skill base of providers across all 3 disability systems.

Objective Statement

Objective 1: Encourage/facilitate providers to offer and participate in cross training opportunities, including those which are offered by NYSTART

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

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

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

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

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

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

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

Change Over Past 12 Months (Optional)

- Center for Disability Services re-opened their doors to referrals
- The Albany County LGU is working with local private providers (behavioral health and medical) to offer integrated medical care services
- In June 2016 OPWDD offered a Developmental Disabilities Clinical Training: *Diagnosis of Mental Illness in Intellectual Disabilities* to the behavioral health treatment community

2r. Developmental Disability Children Services - Background Information

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

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

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
The goal/objectives for DD Children Services align with the DD Clinical Services, noted above.

Change Over Past 12 Months (Optional)

Same as DD Clinical Services above

2s. Developmental Disability Adult Services - Background Information

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

Additional challenges within the Adult DD service system includes:

- DD individuals who have comorbid SUD and/or MH issues; there are limited providers who have the skill base and/or capacity to support these issues across all three disability service systems.
- DD individuals who are “aging out” from children/youth services to adult services with cross system issues (forensic, MH/SUD etc.); there are limited resources available to support the multitude of unique needs these individuals present with.
- There remains a steady number of adult individuals who are presenting with DD symptoms/history, however they are not enrolled in OPWDD services; either these individuals’ level of acuity and impairment does not qualify them for OPWDD services, or they never applied/enrolled before the age of 21 for some reasons and the documentation/information needed to reflect potential eligibility is unavailable/inaccessible. The non-OPWDD service system is limited in the number of providers who have the skill base and/or capacity to support these individuals
- There is a lack of specialists who can provide diagnostic, functional and/or behavioral assessments that are necessary to determining level of service need and/or eligibility.
- As referenced below, as an immigration/refugee resettlement community, Albany County continues to see an increase in the number of non-English speaking/Immigrant/Refugee individuals who present with behavioral health needs, including DD. Two of the biggest challenges in this area relate to a) lack of documentation of disability/impairment before age 21 because of the nature of the individuals’ emigration (often times they are coming from under-developed and/or war torn countries), and b) the already existing issue of workforce limitations for diagnostic/assessment specialists is further exacerbated by a need for diagnostic/assessment specialists who can take cultural factors and the need for translation into consideration.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
The goal/objectives for DD Adult Services align with the DD Clinical Services, noted above.

Change Over Past 12 Months (Optional)

See DD Clinical Services above

2u. Developmental Disability Respite Services - Background Information

As previously mentioned, there are limited respite providers and a limited workforce of respite workers. This has been a strain on the service system and often time’s families have to wait for services. Furthermore there has been an overlap of respite services into family support services infrastructure. This adds strain to resources in both areas. There are new respite rates going into effect on July 1, 2017 which may have a positive impact on DD respite challenges.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Albany County LGU will continue to work with local OPWDD providers and the OPWDD state agency as needed to maintain the current respite services structure, work towards enhancing service opportunities whenever possible and support implementation of system changes as it relates to respites services. Service providers will await changes expected for July 1, 2017 and support implementation of system changes as needed. LGU will facilitate opportunities for local DD providers to meet and collaborate with each other throughout the year.

Change Over Past 12 Months (Optional)

- None; this remains a high level unmet need

2v. Developmental Disability Family Supports - Background Information

As discussed above, the limitations related to workforce issues and shortage of respite providers has led to strains on the DD Family Support services. Families have to wait for services because of limited capacity. Furthermore, the limitations of the DD respite services is overlapping with the family support services infrastructure, as both service systems and are often pulling from the same resources. There are new respite rates going into effect on July 1, 2017 which may have a positive impact on DD Family Support challenges.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Albany County LGU will work with local OPWDD providers and the OPWDD state agency as needed to maintain the current family support services structure, work towards enhancing service opportunities whenever possible and support implementation of system changes as it relates to family support services. Service providers will await changes expected for July 1, 2017 and support implementation of system changes as needed. LGU will facilitate opportunities for local DD providers to meet and collaborate with each other throughout the year.

Change Over Past 12 Months (Optional)

- None; this remains a high level unmet need

2x. Autism Services - Background Information

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

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

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

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

Change Over Past 12 Months (Optional)

N/A

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

System Coordination/Integration

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

Highlighted areas of presenting issues are reflected below:

- *Non-English speaking/Immigrant/Refugee System:* For over ten years Albany County has been a resettlement community for immigrants and refugee's through some of the many programs that have existed in the Capital Region (for example, US Committee for Refugees Immigrants Albany (USCRI)); as a result there has been a steady population of non-English speaking individuals and/or those who have special cultural assimilation needs. The number of individuals who are "re-settling" in the Albany County area has been increasing over the last few years and it is anticipated this trajectory may continue. According to the United States Committee for Refugees and Immigrants-Albany (USCRI-Albany), their office assisted and facilitated the resettlement needs of approximately 400+/- individuals each year between 2013-2015; it was 580 individuals in 2016. Over the last 5+ years, there have been a growing number of individuals in this population who are requesting behavioral health services. There are a number of considerations that need to be made when providing services to this population, regardless of their language proficiency, although language proficiency and access to translation services is one of the biggest barriers to treatment for these individuals. Translation services are costly (with little to no reimbursement); and translation services have been particularly challenging when a non-English speaking individuals needs include housing, care management and/or group treatment services.

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

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

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

- Participation in the Albany Refugee Roundtable and collaborating with USCRI when needed
- Participation in the Albany County LTCC and the Albany County Balanced Incentive Payment/No Wrong Door (BIP-NWD) Implementation Committees,
- ACDMH continues to have the SIM initiative which brings together various emergency/crisis/law enforcement/services agencies together throughout the year to across various forums in order to foster improved communication, education, mutual support, help reduce unnecessary incarcerations, improve how individuals with behavioral health needs interface with these systems, and support that individuals receive the appropriate interventions throughout the legal process.
- ACDMH continues to have an Adult Integrated Mental Health Clinic and there are at least two other providers in the community who intend to seek an integrated license. ACDMH plans to develop an awareness of any emerging integrated license primary care/behavioral health agencies to help further explore service options in this area. Albany County LGU also continues to advocate and try to engage private providers and medical practices to further support cross system collaboration with integration of services.
- Albany County LGU and providers continue to explore opportunities to expand services; for example, recently a local OASAS provider that specializes in working with Seniors/older adults changed their age of acceptance from 50+ to 40+.
- Albany County continues to have a Community Mental Health and Criminal Justice Unit which operates the Forensic SPOA to facilitate community re-integration and services for OMH prison releases; the DCJS funded Re-entry Forensic to facilitate community re-integration and services for qualifying individuals (non OMH) prison releases (there were 282 individuals served in 2016); the Albany City court based Jail Diversion Program (121 individuals screened in 2016); and AOT services.
- Albany County LGU continues to work with local partners to develop the framework and launch a Mental Health court.
- Albany County continues to participate in Juvenile, Family, County, and Regional Drug Courts, the Albany City Police's Gun Involved Violence

Elimination (GIVE) and Law Enforcement Assisted Diversion (LEAD) initiatives.

- Albany County LGU restructured staffing to have a Behavioral Health Systems Manager and a Behavioral Health Systems Specialist, who together, will work with community providers across all systems of care to facilitate coordination, advocacy, collaboration between providers, assist with issues of access to care and continue to assist with oversight of contractual programs and state operated programs.
- Albany County continues to operate the Program Services Coordinating Committee (PSCC) which is a multi-disciplinary, cross system planning meeting that works to assist individuals who have high needs and/or are high utilizers of emergency services in order to decrease dependence and use of emergency services and help improve their quality of life in the community. In addition, youth in transition referrals can be facilitated via the PSCC as well.
- ACDMH continues to collaborate with the Albany VA and other community providers to be attentive to the distinct needs of veterans and their families.
- Albany County joined the State Epidemiological Workgroup (SEW).
- Albany County state licensed agencies also continue to have access to the Center for Practice Innovations (CPI) training programs, many of which address cross systems treatment issues.

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

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

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

Objective Statement

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

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

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

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

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

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

Objective 4: Albany County LGU and local providers will continue to participate in the multiple initiatives that support strengthening cross system collaboration and partnerships that in turn enhance the services available to consumers, including SIM, GIVE, LEAD, BIP-NWD Implementation committees, LTCC, Refugee Roundtable, OPWDD Regional Directors Meetings, NYSTART Advisory Council, Veteran’s services, ACDCYF initiatives, WILLOW and Youth in Transition coordination

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

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

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

Change Over Past 12 Months (Optional)

- Loss of forensic housing and youth in transition crisis support programs (as referenced above)
- Center for Disability Services re-opened their doors to referrals.
- Implementation of the NWD
- An OASAS provider that specializes in Seniors, Senior Hope, lowered its age to 40+ (from 50+)

3. Goals Based On State Initiatives

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

3a. Medicaid Redesign - Background Information

Reflected throughout this and past year’s LSPs, Albany County LGU’s continued need to work with behavioral healthcare providers and the community to navigate current, and prepare for future systemic changes as a result of Medicaid Redesign, DSRIP, OPWDD System Transformation and System Integration across all disability areas. Examples of challenges related to this include:

- New York State Medicaid is moving towards a full Managed Care system for all behavioral health services (i.e. MH, SUD and DD). There is concern on the part of the providers, families and consumers on the potential impact on access to services as well as service delivery. Providers will be required to show value in the services that they provide, while demonstrating quality patient care. This performance based model will require providers to track and assess different types of data, review and carefully monitor performance outcomes and patient satisfaction.
- OPWDD system continues to navigate system changes related to conflict free case management
- Local children’s system continues to navigate challenges of children’s health home and managed care implementation
- Local OMH/OASAS/DOH providers continue to participate in adult health home implementation

- Although many crisis services are now reimbursable under Managed Medicaid, there remains a lack of clarity of how this can/will be implemented, especially related to mobile crisis services
- Local OASAS providers continue to navigate the opportunities and changes that come with Residential Re-design
- In 2016 Albany County NY Connects was one of the first counties in NYS to go “live” with the implementation of the BIP-NWD process; this included the development of both local and regional BIP-NWD implementation committees.

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

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

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

Objective Statement

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

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

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

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

Objective 3: Albany County LGU and local providers will continue ongoing preparation and participation in HARP/HCBS, Children’s Health Home, Children’s Medicaid BH Managed Care, OASAS Residential Redesign and OPWDD conflict free case management

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

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

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

Change Over Past 12 Months (Optional)

- Continued Implementation of Medicaid Redesign
- Albany County NY Connects went “live” with the implementation of the BIP-NWD process

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

Albany County LGU and local providers continue to participate with local DSRIP-PPSs around improving and enhancing Crisis Stabilization Support services and Integration of Primary and Behavioral Health Care across all three disability areas. Albany County has two local PPSs: Better Health for Northeast New York and Alliance for Better Health Care

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

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

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

Objective Statement

Objective 1: Albany County Providers will work with the LGU and DSRIP-PPSs to develop new crisis stabilization/withdrawal services, in addition to residential redesign and ancillary/ambulatory withdrawal services. This could include the potential development of a stand-alone crisis stabilization program in Albany County with local community partners, state agencies and a local PPS.

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

Objective 2: Explore via DSRIP expanding hours of the local MCT to 24/7 and potentially include a peer specialist as part of the MCT.

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

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

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

Change Over Past 12 Months (Optional)

None

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

RPC implementation has started with in the last year. Albany County LGU and local providers are active participants.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Albany County LGU and local providers will continue to participate in the Regional Planning Consortium

Change Over Past 12 Months (Optional)

Implementation of RPC began

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

Albany County LGU and local behavioral health providers offer services and participate in a number of initiatives that align with the Prevention Agenda’s *Promote Mental Health and Prevent Substance Abuse* priority through existing early intervention, prevention and treatment services, including the Opiate crisis initiatives and suicide prevention activities; LGU and local providers participation in Integration of Care efforts and DSRIP; as well participation in the Tri-County Behavioral Health Initiative for Tobacco Free Living and related tobacco cessation education activities.

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

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

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

Objective Statement

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

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

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

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

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

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

Objective 4: Continue to participate in initiatives that align with the Prevention Agenda including the Albany County SPEC, Albany County Strategic Alliance for Health (ACSAH), involvement with DSRIP-PPSs, the Albany County LTCC, the Tri-County Tobacco Behavioral Health Initiative for Tobacco Free Living, ACDCYF’s Know How We Grow, Women & Infants, Linking Lifetime Opportunities for Wellness (WILLOW), and initiatives related to the Heroin and Opiate Epidemic and Opiate Overdoses.

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

Change Over Past 12 Months (Optional)

See previously identified goals above for related changes in this area

4. Other Goals (Optional)

Other Goals - Background Information

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

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

Change Over Past 12 Months (Optional)

Attachments
<ul style="list-style-type: none"> Albany County Department of Mental Health-70520---2018 LSP Office of Mental Health Agency Planning Survey.docx - Albany County 2018 LSP MH Planning Survey (730/AOT) HATAS Furniture Bank.pdf - HATAS Furniture Bank

Office of Mental Health Agency Planning Survey
Albany County Dept. of Mental Health (70520)
Certified: Tyleia Harrell (7/6/17)

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

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.

See attachment under the "**Mental Hygiene Goals and Objectives Form**"

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

See attachment under the "**Mental Hygiene Goals and Objectives Form**"

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

See attachment under the "**Mental Hygiene Goals and Objectives Form**"

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online
County Planning System,
please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

Community Service Board Roster
 Albany County Dept. of Mental Health (70520)
 Certified: Tyleia Harrell (7/6/17)

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

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

Chairperson		Member	
Name	James L. Stone, LCSW	Name	William B. Barr, LCSW, CASAC
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Public Representative	Represents	Public Representative
Term Expires	12/31/2017	Term Expires	12/31/2014
eMail	jimstone1@verizon.net	eMail	brainwb09@aol.com
Member		Member	
Name	Doris Bedell	Name	Margaret Capozzola
Physician	No	Physician	No
Psychologist	No	Psychologist	Yes
Represents	Mental Health	Represents	Developmental Disabilities/Public
Term Expires	12/31/2014	Term Expires	12/31/2017
eMail	krbdeb23@aol.com	eMail	jrmac10@hotmail.com
Member		Member	
Name	Allen C. Israel, PHD	Name	Alan C. Kott
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Represents	Mental Health/Public Representative	Represents	Addiction and Recovery/Public
Term Expires	12/31/2014	Term Expires	
eMail	aisrael@albany.edu	eMail	akott@nycap.rr.com
Member		Member	
Name	Mame Lyttle	Name	Robert J. Paeglow, M.D.
Physician	No	Physician	Yes
Psychologist	No	Psychologist	No
Represents	Mental Health-Family Advocate	Represents	Community
Term Expires	12/31/2017	Term Expires	12/31/2017
eMail	mlyttle@nycap.rr.com	eMail	rpaeglow@koinoniahc.org
Member		Member	
Name	William J. Serafin, LCSW	Name	William Flack
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Public Representative	Represents	Albany City Police Department
Term Expires	12/31/2016	Term Expires	
eMail	bserafin6@nycap.rr.com	eMail	Wflack@albany-ny.org

Alcoholism and Substance Abuse Subcommittee Roster

Albany County Dept. of Mental Health (70520)

Certified: Tyleia Harrell (7/18/17)

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

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

Mental Health Subcommittee Roster
Albany County Dept. of Mental Health (70520)
Certified: Tyleia Harrell (7/18/17)

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

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

Developmental Disabilities Subcommittee Roster
Albany County Dept. of Mental Health (70520)
Certified: Tyleia Harrell (7/18/17)

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

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

2017 Mental Hygiene Local Planning Assurance
Albany County Dept. of Mental Health (70520)
Certified: Tyleia Harrell (7/18/17)

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

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2018 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2018 Local Services planning process.

ALBANY COUNTY ASSISTED OUTPATIENT TREATMENT (AOT) PROCESS

- I. Referrals for AOT are received from providers or family members. Provider or family member is to fill out the AOT Referral Form and have the patient sign the AOT Release of Information (ROI) form and Fax both to Albany County AOT Investigator at Fax# (518) 447-5913.

*** It is VERY important to list all hospitalization dates and facilities in past 36 months on both forms.

AOT Investigator then reviews the AOT Referral form to preliminarily determine that the patient meets initial AOT criteria:

- a) over age 18yo;
- b) diagnosed with a serious mental illness;
- c) has a history of lack of compliance with treatment which has led to two or more psychiatric admissions in the preceding 36 months OR;
- d) one or more acts of SERIOUS violent behavior toward self or others; OR threats of/attempts at SERIOUS physical harm to self or others within the last 48 months.

AOT Unit staff may call the referent to review what other measures have been attempted with the patient to increase community supports that enhance treatment engagement. Such measures might include referrals to care coordination services; referrals to supervised housing programs; and/or mandates to attend treatment from involved community supervision programs such as probation/parole/courts. Patient's history of mental health treatment, periods of past stability and review of co-occurring factors such as substance abuse may be discussed to determine if factors other than non-compliance are primary reasons for the current episode of instability, and therefore whether AOT is the most appropriate response.

- II. Once the AOT referral is deemed appropriate for the next step, AOT Unit staff sends record requests for admission summaries to the Medical Records Departments of the hospitals listed on the AOT referral form and ROI. AOT Investigator tracks records received in IMA and in chart.
- III. When all hospital records requested have been received, AOT Unit staff review them for proof that admission was related to non-compliance with medications and/or treatment prior to admission.

At this point other AOT criteria are now also considered in deciding if a court order is the least restrictive option and should be pursued. These other criteria include:

- a) Patient is not likely to VOLUNTARILY participate in outpatient treatment unless court ordered to do so;
- b) Patient is unlikely to survive safely in the community without supervision based on AOT Physician's evaluation;
- c) Patient is in need of AOT in order to avoid a relapse/deterioration which would be likely to result in serious harm to others; AND
- d) is likely to benefit from AOT.

- IV. An AOT Investigation Report summarizing the dates and reasons of psychiatric admissions is written by AOT Investigator to assist the evaluating Physician during the evaluation process. This report is sent to the AOT evaluating Physician; the County Attorney preparing the Order to Show Cause to submit to the Judge; and the Mental Hygiene Legal Service (MHLS) Attorney representing the patient during the AOT evaluation and the court proceeding. Recommendations from the AOT Committee and/or treatment providers for mental health and substance abuse treatment, medications, and housing levels of care are included in the AOT Investigation Report.
- V. An AOT Evaluation is scheduled in collaboration with evaluating Physician and MHLS Attorney. A letter stating date of scheduled evaluation is sent to the patient.

The AOT evaluation lasts between forty five minutes for renewals to an hour/hour and half for new AOT referrals. Present during that evaluation is the Patient, the Physician, the MHLS Attorney; and either an AOT Team staff and/or involved Care Coordinator familiar with community resources. During that evaluation, the physician is reviewing the patients history of treatment and services; asking about reported episodes of non-compliance or violence; discussing the services being recommended to be mandated in the AOT order to determine if the patient will agree to such services OR if the patient will contest the order being submitted. By the end of the evaluation, the plan of services to be included in the order has been discussed/negotiated between the patient, Attorney and Physician. It will be known if the patient agrees to the plan of mandated services OR if they will contest the recommended plan when it goes to court.

- VI. The “Order to Show Cause” is then developed by the County Attorney with the following information provided by the AOT Unit:
 - a) Physician’s AOT evaluation report and recommendations;
 - b) AOT treatment plan (created by the AOT Unit staff);
 - c) the AOT investigation report (which was developed before the evaluation).
- VII. The AOT court date is scheduled for Albany County as the petitioner (represented by Albany County Attorney and testimony provided by the AOT evaluating physician) to submit our request for an AOT court order with said treatment recommendations.

If the patient has said he/she is contesting the order, he/she must appear in court to say this. Then the Physician may be called on the stand to testify as to why they believe this individual meets AOT criteria and cannot be safely maintained in the community without a court order mandating compliance with medication and treatment. MHLS and the Albany County Attorney will also be present.

If the patient is not contesting, the patient may or may not attend the court hearing; however MHLS and the Albany County Attorney will be present.

- VIII. The Judge either decides to issue an AOT court order or to deny the request.

If the Judge denies the request for an AOT court order, the process ends; a new referral can be made at a future date if/when warranted.

If they agree that a court order is necessary, the County Attorney sends a signed (by the Judge) Final Order to Albany County Department of Mental Health /AOT unit. The date the order is signed by the Judge is the start date of the active AOT order with the expiration date set for the length of the order. The Final Order is sent to all treatment providers (i.e., Clinic, PROS, Housing, HHCM, etc.) and saved in AOT Unit’s files as well.

- IX.** Albany County monitors the compliance of the individual throughout the time frame of the court order. By law, the person is assigned to a Care Coordinator whom they meet with once a week or frequency indicated in the treatment plan.

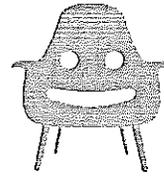
Albany County AOT Care Coordination referrals are made to the Albany County Case Management Single Point of Access (CM SPOA); referrals are reviewed at the bi-monthly CM SPOA meetings and assignments are made accordingly to one of the two Health Home Plus (HH+) Care Management agencies; at this time the HH+ agencies within Albany County are Albany County Department of Mental Health and Equinox, Inc.

Albany County AOT Program holds a weekly meeting to hear compliance reports from treatment and housing providers. If a report indicates the patient missed medication doses; missed medication review appointments; missed clinical appointments; did not return to the supervised housing program; and/or presents with increased symptoms; the AOT committee may decide to issue an AOT pickup order to have the patient brought to Crisis Unit at CDPC for evaluation of need for admission OR it may recommended that a provider meeting be held to discuss other strategies to enhance the patients' compliance and stability in the community. If a report includes a psychiatric admission, arrest or harm to self or others; a significant event is submitted by the AOT Care Coordinator to the AOT Coordinator and OMH within 24 hrs. It should be noted, an AOT pick up order could be issued at any point there is a concern of noncompliance with the AOT treatment plan, when deemed appropriate, independent of the weekly compliance meetings.

- X.** The length of an AOT court order is determined by the Judge. Albany County as the petitioner will generally request either a 6 month or 12 month order. One month before expiration of the order, a Renewal Evaluation is scheduled with the patient, Physician, MHLS and Care Coordinator to review any episodes of non-compliance during course of the order. It is determined whether the patient can still benefit from a continued AOT court order to comply with treatment or if he/she will be stepped down to an Enhanced Service Package (ESP).

An ESP is a letter from ACDMH outlining the services with which the patient agrees to continue to participate in for a period of 6 months and is signed as a voluntary contract. The patient who agrees to an ESP continues to be monitored via an AOT Care Coordinator and compliance is reported at the weekly AOT meetings. Reports of non-compliance are recorded and provider meetings may be suggested, but AOT pickup orders cannot be issued. If an episode of decompensation and admission occurs due to non-compliance with treatment during the course of the ESP, the AOT Committee may consider petitioning the court for a new AOT order. In this case, an evaluation is scheduled and a new order to show cause is presented to the court to request a new AOT order.

capital region furniture bank



The **Capital Region Furniture Bank** aims for all individuals and families to have the furniture necessary to create a safe and secure environment that contributes to their health and well being.

Our mission is to recycle gently-used furniture by collecting it from the community and giving it to individuals and families moving out of homelessness and fleeing domestic violence, as well as countless others struggling to make ends meet.

The Furniture Bank is currently a unique partnership between 3 agencies who refer individuals and families they have determined to be in need of furnishings. An appointment is made for the referred consumer to come to the warehouse and shop for items they need.

We are always in need of furniture and monetary donations as well as volunteer support. Our warehouse team travels around the capital district to pick up and deliver our donated furniture. Interested volunteers should contact our warehouse staff at **(518)612-BANK**.

