



2023 Goals and Plans Form

Rensselaer County Department of Mental Health

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

Decreasing volume at ED based Crisis Units.

Goal 2: Develop housing options which are safe and affordable for all specialty populations (IDD, SPMI, addiction).

Goal 3: Increase (maintain) outpatient clinic and ambulatory care treatment capacity.

Goal 4 (Optional): Develop supports for persons residing in supportive housing in need of increased support for medical and psychiatric conditions.

Goal 5 (Optional): Expand the certified peer workforce.

Goal 6 (Optional): Develop treatment opportunities for those with co-occurring IDD, Mental Illness and/or addiction.

Goal 7 (Optional): Engage in workforce recruitment and retention initiatives.

Annual and intermediate plans for addiction services:

1. Maintain Article 32 Outpatient Clinic capacity: There are two Article 32 outpatient clinics located in the county both of which have been understaffed. In one of the two clinics, for several months, there have been only 1-2 counselors on staff – this causes concern for unmet need and the fiscal viability of the clinic operation. The second Article 32 clinic is now staffed (however has difficulty in hiring licensed social workers or counselors) most new hires are CASAC-Ts. Due to the workforce shortages it is not uncommon for residents to be referred to providers outside of the county for treatment.

2. Advance MAT in County Correctional Facility: In 2022, MAT, treatment was initiated at the County Correctional Facility. This is a phase in implementation, beginning with inmates who upon incarceration are already receiving MAT, or pregnant females who are on MAT or using IV drugs. Phase 2 will be launched upon the effective date of the statute requiring MAT be offered.

3. Housing to support recovery - 820 Housing has not yet been implemented in the county, despite this goal having been in place for over 3 years. Rehab construction has been initiated on the site for a men's 820 residence. Anticipated opening early 2023. Another concern is the lack of safe and affordable housing opportunities for discharge from OASAS housing - there are few options for persons to graduate from this care. Community members have advocated for sober living communities.

4. Expansion of peer services – The two outpatient clinic providers in the county now employ CRPAs. These CRPAs are successfully integrating into the clinic care teams

and during these times of clinical staff shortages are playing an integral role in supporting recovery. Additionally peers from Project Safe Point are assisting in supporting the MATTERS program at the Samaritan ED, and transitioning inmates released from the County Correctional Facility. The NYS OASAS funded CRPA located at the Rensselaer County DMH serves persons with addiction service needs throughout the county, with a focus on the ED, Drug Court, discharge from inpatient rehab, County Helpline etc.

Annual and intermediate plans for developmental disability services:

1. Advocacy for increased residential opportunities continues. There is limited data provided to the LGU, however, there are numerous situations reported to the LGU of persons in the community awaiting residential opportunities. PAR approvals submitted to the LGU are generally not to expand capacity but to relocate existing capacity for IRAs. Persons are being held in higher levels of care while awaiting a residential opportunity i.e. held in inpatient settings.
2. Integration of crisis response for persons with IDD into the developing Crisis Continuum of Care. Expertise in how to respond to persons with IDD experiencing crisis in the community is limited. Training is needed for the Mobile Crisis Staff and for Law Enforcement and First Responders. Rensselaer County has continued with Emotionally Distressed Persons Response Team (EDPRT) for Law Enforcement including one module for IDD, additional training for first responders, and a consultation service and training available to Mobile Crisis is essential. A resource for crisis respite and transitional services is needed; there are instances of persons with IDD who are in a crisis which warrants a temporary change in living situation to mitigate continued crisis. Also persons with IDD who are held at higher levels of care in a "warehousing" situation, awaiting residential placement, this could be mitigated with transitional housing services.
3. Treatment and other services to support persons with co-occurring addiction, mental health and/or IDD, are extremely limited. Addiction providers have great limitations to providing MH care, and MH providers present with a higher capacity to serve those with co-occurring addiction, but no providers are equipped to serve those with high acuity MI and addiction; and none are equipped to serve the IDD population who are also addicted. The county seeks to continue to advocate for OASAS and OPWDD to work together re: this population.

Annual and intermediate plans for mental health services:

Please reference attached data: High Need Adult, Child, 1. The Capital Region (including Rensselaer County) is experiencing extreme workforce shortages in the Emergency Departments of local 9.39 hospitals. Hospitals in the region frequently go on "diversion" status which has a cascading effect upon all hospitals in the region, triggering additional states of diversion. This has completely disrupted the crisis services and admissions to inpatient psychiatric services in other locales. A need to divert unnecessary ED visits remains a top priority and is only possible with the development of an array of crisis services for the region. NOTE: PCS data indicates

more than 60% of the psychiatric inpatient census of persons residing outside of Rensselaer County (primarily Albany Co). Mobile Crisis Utilization has been strong but there are no embedded Mobile staff in the county. No Crisis Stabilization Center is located in the region and no provider to date has been approved to provide this level of care. Crisis Residence for Adults is under development thanks to an increased Capital Improvement funding from NYS OMH. Anticipate opening in 2023. Note: Rensselaer County is among the counties identified through syndromic surveillance of high suicide rates/suicidal threats/ ideation.

2. Housing is a growing need. Despite tremendous efforts in developing ESSHI housing opportunities, the admission criteria is increasingly stringent, thus limiting the population for admission. The homeless population in Rensselaer county has increased including those with mental health issues - the homeless shelter is always full. The Transitional Apt program has vacancies often not occupied to capacity. This is due to recipients choosing not to reside in this level of care despite their needs. Barriers to accepting this level of care: need for payeeship (Social Security can decide not to grant payeeship to the provider); program fees which reduce available funds for the recipient; and loss of independence. Supported Housing is desired and is increasingly difficult to acquire units which are affordable due to high rents in the county and any outstanding balances the recipient may have with utility providers which thwarts the ability to activate heat and electricity.

3. Shortage of CFTSS and HCBS for children and youth. throughout the region. Providers report wait lists for all services due to workforce shortages. The CSPOA is engaged in outreach to these providers re: capacity and wait lists. NYS SOC Expansion Grant project, focused on the reduction of children and youth accessing the ED Crisis Unit reveals need to expand Mobile Crisis Services, and to assure adequate service delivery in the community to decrease need for Crisis Services.

4. Grow or maintain outpatient and ambulatory care capacity. Outpatient clinics have had unprecedented turnover of the clinical and prescribing workforce. For some time periods intakes were limited and wait lists created. This has stabilized for a brief time period but is very sporadic. Through NYS OMH RFP process an ACT provider has been selected. This provider has submitted PAR and responding to inquiries, while also recruiting staff. Two PROS programs serve county residents - neither are at full capacity. Many in the PROS population would prefer telehealth and program needs redesign.

5. Support for law enforcement in addressing the needs of the mentally ill who are chronically homeless, spending time in the streets, disrupting businesses and committing misdemeanor crimes. Continue the EDPRT training, build strong linkages with law enforcement for referrals to MH and addiction services, build linkages for law enforcement to new crisis services, and continue to work toward embedding a mobile crisis presence in the county to included working with law enforcement in addressing needs.

LGU Representative Name: Katherine Alonge-Coons

LGU Representative Title: Commissioner of Mental Health - Rensselaer County

Submitted for: Rensselaer County Department of Mental Health

Rensselaer County Local Needs Survey

On September 16, the Rensselaer County Department of Mental Health distributed a survey to stakeholders asking them to prioritize their top five needs categories, choosing from the list provided in the 2023 Local Service Plan guidelines.

As of 10/9/2022, there were 124 responses.

- 1 Family member
- 95 Providers
- 30 “Other” including 3 Medical providers, 7 affiliated with schools and 11 affiliated with courts/law enforcement.

Each need received points based on the priority designated by each person responding. The needs with the most total priority points were:

- 90 – Crisis Services
- 86 – Housing
- 86 – Outpatient Treatment
- 63 – Care Management/Care Coordination
- 60 – Inpatient Treatment

The needs that received the most designations as the highest priority were:

- 33 – Housing
- 28 – Crisis Services
- 14 – Workforce
- 12 – Outpatient Treatment
- 11 – Care Management/Care Coordination

There was a consensus that these needs in general cross all three “O” systems although some individuals identified OMH only, OMH and DOH, OMH and OASAS, or OMH and OPWDD.

For reference, the full list of needs used was:

- | | |
|-------------------------------------|---------------------------|
| • Adverse Childhood Experiences | • Non-Clinical Support |
| • Care Management/Care Coordination | • Outpatient Treatment |
| • Crisis Services | • Problem Gambling |
| • Cross System Services | • Refugees and Immigrants |
| • Employment/Volunteer | • Residential Treatment |
| • Forensics | • Respite |
| • Housing | • Transition Age Services |
| • Outpatient Treatment | • Transportation |
| • Inpatient Treatment | • Workforce |



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2023 Needs Assessment Form

Rensselaer County Department of Mental Health

Case Management/Care Coordination Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Capacity issues with Care Management services for both Health Homes Serving Children and Adult Health Homes. Some Care Management agencies have reported wait lists, low staffing, and often when on higher caseloads due to workforce vacancies, minimal level of contact is provided. County operated C & Y HFW has had workforce vacancies now being filled and will be able to enroll to full capacity. Those children and youth without Medicaid are also in need of Care Management, county operated service is filling workforce vacancies to fulfill need.

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): In the Needs Assessment survey conducted by the LGU, Crisis Services was the top need identified for all populations and age groups. Existing ED based Crisis Services in the Capital Region are overwhelmed, often going on diversion status resulting in increased demands to redeploy individual's in need to other areas. Additionally the Mobile Crisis service reports at least 7 vacant FTEs, and is not a 24/7 operation. There is no provider selected for Intensive or Supportive Crisis Stabilization Center; there is not yet an operating Crisis Residence for Adults (continues in progress); the Living Room Project has been re-opened 7/22; and Crisis Residences for Children and Youth are accessed, but this can be improved. There is no crisis respite opportunity for the OPWDD population.;

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): There is an increasing community need to provide care for young adults with IDD who are abusing substances.

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): OMH specialty housing remains filled near capacity. The transitional apartment program has barriers to admission: program fees which recipients do not want to pay; need for payeeship which the recipient does not want or Social Security Administration will not approve; less independence. Supportive Housing is the preferred housing opportunity agreed to by most recipients.

However, with ever increasing rents, and crime it is very challenging to locate safe and affordable apartment settings. Additionally if individuals have outstanding balances with utility companies this can be a barrier in activating these services. There is not yet a 820 housing program located in the county - one is under construction and should open for males in early 2023; Supportive Living apartments are available in the county, however locating viable safe and affordable housing for discharge from this program is a challenge. There are limited Housing First opportunities and no sober living communities. there has been no expansion of residential opportunities for the OPWDD population. ESSHI housing opportunities are opening in the county, however there are barriers based upon eligibility criteria for acquisition of this housing resource.

Inpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional): The local hospital has had to downsize capacity for infection control and renovations re: ligature risk improvements. This hospital has become a more regional resource and recent PCS data shows a high percentage of admissions are from out of county. There is limited access to State PC intermediate care inpatient beds. There are less child and adolescent psych inpatient resources with the temporary closure of the Ellis Hospital Psych inpatient unit. Frequently there are longer lengths of stay for children and youth in the crisis unit awaiting inpatient admission.

Non-Clinical Supports Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Youth Only

Need description (Optional): Limited capacity of CFTSS and HCBS.

Outpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Given workforce shortages there have been vacancies for clinical practitioners, and prescribers in Article 31, 32 & 28 outpatient clinic operations. this results in wait lists and delays in service access. Priority in OMH clinics given to inpatient discharges and high risk clients. Article 32 prioritizing inpatient discharges pregnant IV drug users.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional): This was not identified by the community as a high need, however, Medicaid transportation is stretched as a resource, and many recipients are not able to access transport for the nonmedical needs they have.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): The LGU conducted a survey f providers in the community. There is nearly 1/3 of positions at all levels which are vacant.

Support to First Responders Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Support for local law enforcement in responding to persons in the community with mental health, and addiction service needs. Some of these individuals also have IDD.

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