NEW YORK STATE | Office of Addiction Services and Supports | Office of Mental Health | Office for People With Developmental Disabilities

2023 Goals and Plans Form

Albany County Department of Mental Health

Goal 1: Improve outcomes for individuals experiencing behavioral health crisis by maintaining and enhancing crisis services across all disability areas
Goal 2: Increase access to inpatient treatment for behavioral health stabilization with the secondary goal of reducing excessive use of emergency services
Goal 3: Strengthen the workforce throughout the Albany County behavioral health service system
Goal 4 (Optional): Increase access to and availability of treatment services to those with co-occurring needs
Goal 5 (Optional): Improve transition outcomes for aging-out youth
Goal 6 (Optional): Maintain and enhance access to outpatient clinical services across all disability areas

Annual and intermediate plans for <u>addiction</u> services:
Continue to advocate for an Integrated Residential Treatment Program that can service individuals with high SUD and high MH needs in a safe, therapeutic, treatment-based setting for moderate to extended periods of time (e.g. 6/9/12 months).

Maintain awareness of State initiatives related to Crisis Stabilization Centers and support implementation as relevant

Through effective use of opiate settlement funds, further strengthen the Opiate Use Disorder (OUD) care system through expansion of existing programs such as the overdose survivor response program (MOTOR) and prevention/treatment/ recovery programs; and continue to outreach to individuals struggling with OUD, but not engaging in services.

Enhance service delivery by promoting and encouraging all staff across each agency are trained in all disability areas needs

Explore opportunities to increase funding and incentives to attract and retain workforce

Leverage peer support professionals as part of the workforce/service system

Host a behavioral health system wide peer support information session

Ensure ongoing review of State initiatives that promote opportunities for increased

salary/benefits

Further develop partnerships to connect the “silos” that exist between the disability areas through provider planning meetings and other shared initiatives

Build and strengthen partnerships with local colleges and universities to promote internship programming and promote the need for specialized internship placements in each disability area

Continue to advocate for dual licensed/dual capable outpatient, inpatient and residential programming for individuals with co-occurring SUD, MH and/or DD needs

Host a Zero Suicide training in 2023 for all disability areas

Annual and intermediate plans for <u>developmental disability</u> services:
Encourage the development of a mobile crisis/behavioral health response team specific to the DD population (that will include physical community response)

Advocate for additional Article 16 Clinics throughout the Region, as well as expansion of existing Article 16 clinics

Maintain awareness of State initiatives related to Crisis Stabilization Centers and support implementation as relevant

Advocate for an increase in and improved accessibility for respite beds/programming for individuals with I/DD, independent of CSIDD involvement

Advocate for more rapid access to interim housing opportunities for OPWDD enrolled individuals who are leaving hospitals or forensic facilities and/or are identified as high need due to frequent use of emergency services where they can be safe and supported while navigating the CRO process.

Enhance service delivery by promoting and encouraging all staff across each agency are trained in all disability areas needs

Explore opportunities to increase funding and incentives to attract and retain workforce

Leverage peer support professionals as part of the workforce/service system

Host a behavioral health system wide peer support information session

Ensure ongoing review of State initiatives that promote opportunities for increased salary/benefits

Further develop partnerships to connect the “silos” that exist between the disability areas through provider planning meetings and other shared initiatives

Build and strengthen partnerships with local colleges and universities to promote internship programming and promote the need for specialized internship placements in each disability area

Continue to advocate for dual licensed/dual capable outpatient, inpatient and residential programming for individuals with co-occurring SUD, MH and/or DD needs

Host a Zero Suicide training in 2023 for all disability areas

Annual and intermediate plans for <u>mental health</u> services:
Explore the re-opening (or creation of a new) Albany Living Room

Re-open Capital District Stabilization and Support crisis respite program and implement previously planned expansion of current programming

Continue to offer annual trainings to law enforcement agencies

Enhance and maintain close communication with crisis units and local hospitals when individuals in need are presenting so that efficient discharge planning and coordination can continue to be facilitated

Continue to advocate for additional hospital beds, specifically intermediate care opportunities

Prior to hospital discharges, continue to collaborate with local hospitals and treatment providers to maximize continuity of care and develop comprehensive discharge plans

Explore youth peer support programs

Re-establish a Youth In Transition Committee

Advocate for dual licensed/dual capable programming for individuals with co-occurring MH and DD and/or SUD needs

Explore funding to expand and/or duplicate Community Transition Team

Maintain awareness of State initiatives related to Crisis Stabilization Centers

Continue to advocate for establishing an additional adult ACT Team in Albany County

Advocate for more respite services for children/families; need to re-establish and expand on previous tri-county respite program model.

Enhance service delivery by promoting and encouraging all staff across each agency are trained in all disability areas needs

Explore opportunities to increase funding and incentives to attract and retain workforce

Leverage peer support professionals as part of the workforce/service system

Host a behavioral health system wide peer support information session

Ensure ongoing review of State initiatives that promote opportunities for increased salary/benefits

Further develop partnerships to connect the “silos” that exist between the disability areas through provider planning meetings and other shared initiatives

Build and strengthen partnerships with local colleges and universities to promote internship programming and promote the need for specialized internship placements in each disability area

Continue to advocate for dual licensed/dual capable outpatient, inpatient and residential programming for individuals with co-occurring SUD, MH and/or DD needs

Host a Zero Suicide training in 2023 for all disability areas

LGU Representative Name: Laura Isabelle
LGU Representative Title: Behavioral Health Systems Manager
Submitted for: Albany County Department of Mental Health

2023 Needs Assessment Form

Albany 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: Adults Only
Need description (Optional): Currently in the adult DOH/OMH/OASAS health home system there are wait lists. In addition Albany County LGU has identified the need for another adult ACT Team. Lastly, capacity for non-Medicaid care management services is severely limited. There continues to be little to no options for care management access for those without Medicaid (e.g. individuals with Medicare only, commercial insurance, etc.) Workforce challenges are a significant contributor to these issues.

In regards to OPWDD CCO services, it is challenging for families when the start of CCO services is delayed by the requirement that CCO services "start" on the first on the month following OPWDD enrollment, even if OPWDD enrollment and paperwork are completed during the prior month (e.g. a family could have all approvals in place by the 5th of the month, but services don't start until the 1st of the following month). This process further delays access to the rest of OPWDD services.

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): Much of the current high level unmet needs issues in the crisis service system have been long standing for many years, but are further exacerbated by the current state of workforce challenges.

The Albany County behavioral health services system could benefit from a crisis stabilization center that supports all disability areas. This would include ability to have a safe, supportive place to "stay" (for less than 23 hours) while awaiting transition to the next level of care. As this service level continues to be explored for the system, there are concerns about the challenges a "regional" based program could cause. For example issues to consider include: how would individuals who live in communities with a far distance access the Stabilization Center, especially with transportation issues; how much coordination will be done with providers in communities further away; and what would capacity be considering the larger catchment area.

The Albany County OPWDD system needs mobile crisis services for the DD population, regardless of OPWDD enrollment and includes physical community response (not just consultation for families and providers). In addition, there is a need for an increase in the number of respite beds (like what CSIDD offers), the beds to be more local to Region 3, and lastly more accessible to families, providers and individuals independent of CSIDD affiliation.

In regards to the OASAS system, people unfortunately continue to die from overdoses. Although there is

a robust service system in Albany County available to individuals to help address opiate use disorders/substance use, there continues to be a high level need for interventions, especially outreach efforts to individuals who are not engaging, despite efforts. In addition, the Albany County SUD system could benefit from the above referenced crisis stabilization center.

The adult OMH system is in need of more crisis residence/respite beds, in addition to the 3 beds that RSS has historically offered. It should be noted, however, workforce shortages have prevented RSS from re-opening their crisis residence which has been closed for the last year.

Albany County could benefit from the return of an adult Living Room and needs a youth Living Room.

Hospital/ER diversions remain a significant ongoing challenge. This situation has grown to critical proportions and almost daily puts the residents of Albany County at risk.

Lack of inpatient psychiatric beds have led individuals to frequently “cycle” through the “crisis” system (i.e. ERs, shelters, police contacts, jail, crisis unit etc.) and/or be discharged from inpatient psychiatric admissions before gaining meaningful stability. Furthermore, individuals sit in ERs/crisis units for so long waiting for a “bed” that they “stabilize enough” to no longer meet criteria for inpatient admission, but they are not necessarily “stable.” Changes in criteria for inpatient psychiatric admission (as referenced below under “inpatient treatment”) further contributes to individuals cycling the crisis system. Unfortunately, workforce shortages and additional impacts of the COVID pandemic further amplified what was already a high need issue.

Individuals are increasingly presenting at higher risk to themselves or others, both chronically on a day to day basis, as well as acute crises; this makes it more challenging for outpatient providers to serve them safely. Many are ending up with legal issues as a result of their behaviors, however forensic reform causes these individuals to remain in the community despite ongoing safety concerns.

Much of what is reflected above and throughout this needs assessment also impacts the children’s crisis system; children and families are faced with increasing crisis situations, but decreasing access/existence to the supportive services that could help stabilize their situation. Examples include, but not limited to: ER/crisis units are not a therapeutic environments for children/families and are often co-located with adults; lack of psychiatric inpatient hospital beds for children/youth lead to a cycling of the crisis system as reflected above and further reflected below; children/youth are presenting with higher risks/higher needs/higher safety issues that are more difficult to stabilize; there is a continued need for children’s respite (further reflected below); the negative impact of workforce shortages on the entire children/youth/family service system; and children/youth are also being impacted by the hospital/ER diversion issues.

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 continues to be “silos” between the different behavioral health disability areas (MH/SUD/DD), making it further challenging for individuals with co-occurring needs to get the full spectrum of care. There is a presented lack of cross disability knowledge and skills making cross system/integrated treatment difficult. These “silos” have left individuals underserved or unserved at times.

In addition to high level unmet needs for cross system services between the three behavioral health disabilities, there also remains challenges for individuals who have other co-occurring long term care needs in addition to their primary MH/SUD/DD need to be able to access the necessary specialty care (e.g. TBI, assisted living, nursing home, chronic medical conditions, residential services for children with I/DD etc.).

There is a lack of a universal standard of care and/or types of services between the varying service

systems (across many disability areas- not just MH/DD/SUD); often times leading to conflicting criteria, access issues, referral processes etc. This poses obstacles to individuals with cross systems needs getting adequate care. Examples include, but are not limited to:

1. Individuals who “dis-enroll” from TBI or OPWDD waiver programming end up with a total loss of services if/until they are re-enrolled (which often times requires an entire new referral process); however these individuals still have presenting needs and seek support from other services systems that are not fully equipped.

2. Many long term care facilities have “age” requirements (60+), therefore preventing access to this level of care (e.g. assisted living) for individuals with behavioral health disabilities who are considered “too young,” but still need the long term care level of need; in addition many of these facilities present as not being equipped to handle individuals with behavioral health needs regardless of age.

3. Individuals with co-occurring and/or specialized needs are staying in hospitals for longer lengths of stay due to lack of access to appropriate community supports at discharge readiness (e.g., housing, residential, co-treatment, personal care aids etc., DD supports); it’s been shared there is an individual currently in the hospital for over 100 days due to not having access to the needed step down service.

4. Limited housing options for individuals who are high need, have co-occurring issues and/or chronic medical/handicap issues make it difficult to move individuals into alternative step-down agencies/programs. This results in long lengths of stay in State operated beds, further impacting the flow of inpatient hospital bed access.

Forensics Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): State wide, and more locally CDPC, is getting an increase in forensic designations; this impacts ability to consider other referrals (like from acute hospitals) and impacts intermediate care stays, and takes up limited inpatient psychiatric beds.

Many individuals who are chronically cycling through the crisis system and not being psychiatrically hospitalized or have shorter psychiatric admissions are escalating in criminogenic behaviors (including harm to others); this results in these individuals landing in the forensic system and many times incarcerated, receiving 730 evaluations and then hospitalized and/or released. The number of example cases that are in the MH crisis/forensic “cycle” is becoming prominent.

As noted above, individuals are increasingly presenting at higher risk to themselves or others in their level of risk/presenting needs both chronically and during a crisis; this makes it more challenging for outpatient providers to serve them safely. Many are ending up with legal issues but forensic reform results in individuals remaining in the community despite ongoing safety concerns.

OPWDD forensic facilities have had significant limitations in accessibility; individuals are left in the community and/or in incarceration facilities without appropriate supports and services.

The children/youth/family system also faces significant challenges; for example the impact of crisis cycling (as referenced above) leading to forensic charges for youth. In addition the unfunded mandates of “raise the age” has left to increase in referrals to an already taxed service system.

Housing Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults

Need description (Optional): Affordable housing remains a high-level unmet need regardless of disability area or level of need; housing costs are not affordable/accessible (some places requiring 3x rent for income). These issues have been longstanding but were further exacerbated by COVID.

There remains a need for an Integrated Residential Treatment Program that can service individuals with high SUD and high MH needs in a safe, therapeutic, treatment-based setting for moderate to extended periods of time (e.g. 6/9/12 months).

Albany County is in need of a low barrier, highly supportive Single Room Occupancy (SRO) program to meet the needs of individuals with complex needs related to numerous co-morbidities and challenges related to their stability which could disrupt the therapeutic environment of a traditional behavioral health housing program. This kind of program would allow for patient centered services (such as food preparation, cleaning etc.) to be provided to individuals who lack the skills to live fully independent in an apartment settings, but who may also struggle in a traditional congregate setting.

Limited housing options for individuals who are high need, have co-occurring issues and/or chronic medical/handicap issues make it difficult to move individuals into alternative step-down agencies/programs. This results in long lengths of stay in State operated beds, further impacting the flow of inpatient hospital bed access.

More SUD sober/recovery housing is needed.

There is a high-level unmet need for housing for families with specialized needs (adults with behavioral health issues who have children and could care for them with stability and support).

The shelter system is finding increased demand in both the number of individual seeking shelter, but also with individuals presenting with higher level of needs. In addition there has been a significant increase in families presenting with need for shelter services, and again families with higher level unmet needs. Children have had to go into foster care solely because their families are too large to fit in the available shelter system programs. There is a need for more shelter services and those who are equipped for those with special needs.

Inpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): At present the inpatient psychiatric treatment system in Albany County is failing its residents.

Admission practices and criteria for inpatient hospitalization continues to shift from past practices, with fewer individuals admitted, or individuals being admitted for shorter stays. Individuals with chronic challenging mental health and/or co-occurring issues are being labeled as “behavioral” and less as mental health symptoms. Individuals are not being afforded the opportunity to truly stabilize before being expected to navigate their stressors, symptoms and needs in the community. They are returning to the community symptomatic and often times unsafe.

More psychiatric hospital beds are needed, specifically intermediate care opportunities; the decrease of beds in the system over the last few years has not supported the level of presenting needs.

There is a need for inpatient programs that offer specialized care/interventions for individuals with co-occurring high needs such as MH/DD, MH/SUD and those with personality disorder diagnoses that have presented with history of severe high risk behaviors.

Many of the high level unmet needs reflected throughout this needs assessments (for example, forensic system, cross systems, housing, outpatient treatment, care management etc.) further impact inpatient

treatment access when discharge planning for those who do get hospitalized is impeded by lack of appropriate community resources.

There is a need for dual capable residential programming in Albany County/Region 3 for individuals with co-occurring MH/DD, similar to the St Dominic's program in Rockland County.

Non-Clinical Supports Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Youth Only
Need description (Optional): Much of the high level unmet needs issues in the non-clinical supports system is highly attributed to workforce challenges.

Children and Family Treatment and Support Services (CFTSS) are the primary mechanism for non-clinical supports for families and children with mental health challenges. Since the time of its inception, there has been a severe lack of agencies and providers to perform these needed supports (i.e., Other Licensed Practitioner, Crisis Intervention, Community Psychiatric Supports and Treatment, Psychosocial Rehabilitation, Family Peer Support Services, Youth Peer Support). Additionally, the eligibility criteria for CFTSS was greatly expanded. This has resulted in hundreds of children and families on waiting lists with few operating programs.

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): The outpatient mental health service system for adults and children/youth is experiencing an unprecedented capacity shortage due to decreased staffing and increased demand at both the OMH and private level; there needs to be an increase in the workforce of this service to meet the needs of the community. It is noted that even when fully staffed there was not enough treatment "slots" for individuals, which makes the current state of capacity issues even more severe. We need existing clinics to be able to accept patients at full capacity, as well as expand their capacity. In addition, we need for more OMH licensed clinics to open. There is currently a great risk for some outpatient programs to close in both the adult and children's system.

There is a need for increase in capacity of existing Article 16 clinics and for more Article 16 clinics to open in order to better geographically support the County/Region. Individuals are leaving psychiatric admissions with 3+ month waits to access Article 16 services and/or having to access services 45 minutes away.

Outpatient SUD programs are experiencing capacity issues due to workforce issues, impacting access.

There is little to no SUD treatment options in Albany County for adolescents/youth (dependent on level of care).

There is a high level unmet need of SUD treatment services for individuals with Medicare.

Individuals who have their parents insurance (up to 26 y/o) who present with need for more intensive level of care (e.g. OMH clinic, PROS, IOP etc.), cannot always access this because the commercial insurance does not participate. In addition, there are individuals with commercial insurance or a Medicare Part C plan that has inadequate network of providers who can support individuals with an SMI level of need.

There remains a shortage of medical care providers (PCP, dentists, etc.) who service individuals with specialty needs (MH/SUD/DD), as well as a shortage of those who accept Medicaid and/or Medicare.

There is a need for medical providers who will do community based services for individuals whose reason for being “home bound”/unable to attend office based visits are not just medical in nature (i.e. homeless individuals, individuals with psychiatric impairments etc.).

Prevention Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): People continue to die from both suicide and opiate overdoses, despite the presence of outreach, support and ongoing services in the behavioral health system. Any death above “zero” is too many. Not everyone who presents with MH and/or SUD needs seeks services, and with the varying issues throughout the system, it can be challenging to access even if they do. Albany County recognizes there remains a high level unmet need as it relates to services and interventions to support the prevention of suicide and opiate overdose deaths.

Refugees and Immigrants Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): Refugees and immigrants are equally impacted by the various high level unmet needs reflected throughout this needs assessment. Although they can present with their own unique needs, they also seek behavioral health services just as everyone else does and therefore face further access challenges.

In addition there continues to be challenges related to access to translation services (e.g. lack of specific dialect, pros/cons of phone vs in person translation, cost burden to providers, not all community providers offer translation services).

There is a barrier for refugees/immigrants to access the OPWDD system because they don't have necessary “documentation” to reflect qualifying impairments/diagnoses before age 22, however some of these individuals come from countries or situations where “evaluations” and “documentation” do not exist, and in some situations the country itself no longer exists.

Residential Treatment Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): The need for Residential Treatment Facility (RTF) options for children has grown over time. Historically, there has been a shortage of available beds, which has been exacerbated by the closures of many facilities throughout New York State. The lack of community level clinical and non-clinical supports has increased this need for higher-level services, such as residential.

There remains a need for residential programming for children who have I/DD needs.

There remains a need for an Integrated Residential Treatment Program that can service individuals with high SUD and high MH needs in a safe, therapeutic, treatment-based setting for moderate to extended periods of time (e.g. 6/9/12 months).

There is a need for dual capable residential programming in Albany County/Region 3 for individuals with co-occurring MH/DD, similar to the St Dominic’s program in Rockland County.

Respite 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 a need for more crisis residence beds, in addition to the 3 beds that RSS has historically offered. It should be noted, however, workforce shortages have prevented RSS from re-opening their crisis residence that has been closed for the last year.

There is a need to re-establish and expand on previous tri-county respite program model as well as address existing respite capacity issues (i.e. wait lists) as it relates to CFTSS/Respite services.

Respite services across the behavioral health system are negatively impacted by workforce shortages.

Transition Age Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): Aging out Youth/Youth in transition are equally impacted by the various high level unmet needs reflected throughout this needs assessment. While they do present with their own unique needs, they also seek behavioral health services just as everyone else does and therefore face further access challenges. The shelter system at times has caused transition age youth's stability to decline, there are insurance challenges (as referenced above), and many end up in the forensic system.

Transportation Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): There are continued limitations and inconsistencies with Medicaid Transportation (i.e. Medicab) services, as well as there continues to be a lack of medical transportation services for individuals with Medicare care and commercial insurance.

Workforce Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): Workforce issues has been a longstanding high level unmet need in Albany County for many years. The COVID pandemic has only made things worse. Current workforce challenges have reached a dire level across the services system and there is significant concern of the impact it is having on the service system and the consumers; some programs are at risk of closing. Recruitment, retention, salary compensation, and workforce safety remain example areas that need to be addressed. The workforce shortages exist across multiple positions (clinicians, psychiatry, nurses, direct care etc.).

TBI Waiver Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Need description (Optional): This is a newly identified area of high level unmet need for Albany County. It has been noted that when individuals "dis-enroll" from TBI waiver programming they end up with a total loss of services if/until they are re-enrolled (which often times requires an entire new referral process); however these individuals still have presenting needs and seek support from other services systems that are not fully equipped.

There is also a noted lack of psychiatric providers that specialize in this population.

LGU Representative: Laura Isabelle

Submitted for: Albany County Department of Mental Health