Goals and Objectives 2024-2027
Albany County Department of Mental Health

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Goal 1

Goal 1: Title Improve outcomes for individuals experiencing behavioral health crisis by maintaining and enhancing crisis services across all disability areas.
Goal 1: Target Completion Date Jun 01, 2027
Goal 1: Description The overarching objective of this goal is to elevate the quality of care and support provided to individuals facing behavioral health crises, regardless of their disability status. This goal is driven by the need to sustain and enhance crisis services across a comprehensive spectrum of disabilities. By doing so, the goal aims to improve the mental and emotional well-being of these individuals while ensuring that their unique needs are met with sensitivity and inclusivity. Through sustained dedication to this goal, Albany County envisions a future where compassionate and effective care becomes an inherent right for all, regardless of their disability, fostering a society that values and supports every individual's journey to mental and emotional well-being.
Goal 1: OASAS? Yes Goal 1: OMH? Yes Goal 1: OPWDD? Yes
Goal 1: Need Addressed 1 Crisis Services
Goal 1: Need Addressed 2
Goal 1: Need Addressed 3

Goal 1, Objective 1: Title Consistently maintain awareness of state initiatives pertaining to Crisis Stabilization Centers and actively provide support for their implementation when applicable.
Goal 1, Objective 1, Target Completion Date Jun 01, 2025
Goal 1, Objective 1, Description

Goal 1, Objective 2: Title Host a Zero Suicide Training for all disability areas.
Goal 1, Objective 2, Target Completion Date Jun 01, 2024
Goal 1, Objective 2, Description

Goal 1, Objective 3: Title Engage in advocacy efforts to secure enhanced availability and accessibility of respite beds and programs tailored for individuals with intellectual and developmental disabilities (I/DD), regardless of their connection to CSIDD services.
Goal 1, Objective 3, Target Completion Date Jun 01, 2025
Goal 1, Objective 3, Description

Goal 1, Objective 4: Title Successfully re-establish the Capital District Stabilization and Support crisis respite program, while effectively executing the previously designed expansion of existing programming to ensure comprehensive and accessible crisis support services for the target population.
Goal 1, Objective 4, Target Completion Date Jun 01, 2025
Goal 1, Objective 4, Description

Goal 1, Objective 5: Title Strengthen and sustain effective communication channels with crisis units and local hospitals to ensure timely and coordinated discharge planning for individuals in need, fostering efficient transitions and ongoing coordination.
Goal 1, Objective 5, Target Completion Date Jun 01, 2025
Goal 1, Objective 5, Description

Goal 1, Objective 6: Title Engage in advocacy efforts aimed at securing increased respite services for children and families, with a focus on revitalizing and expanding upon the previous successful tri-county respite program model.
Goal 1, Objective 6, Target Completion Date Jun 01, 2025
Goal 1, Objective 6, Description

Goal 1, Objective 7: Title Promote the establishment of a specialized mobile crisis and behavioral health response team tailored to the needs of the developmental disabilities (DD) population, encompassing both remote and physical community interventions.
Goal 1, Objective 7, Target Completion Date Jun 01, 2025

Goal 1, Objective 7, Description

Goal 1, Objective 8: Title Conduct an exploration into the feasibility and potential of either re-opening the Albany Living Room or establishing a new similar space, with the aim of providing a supportive and accessible environment for individuals in need of mental health assistance.
Goal 1, Objective 8, Target Completion Date Jun 01, 2025
Goal 1, Objective 8, Description

Goal 2
Goal 2: Title Increase access to inpatient treatment for behavioral health stabilization with the secondary goal of reducing excessive use of emergency services
Goal 2: Target Completion Date Jun 01, 2027
Goal 2: Description The goal at hand strives to enrich the landscape of behavioral health care by expanding the availability of specialized inpatient treatment options. Simultaneously, it aims to mitigate the undue burden placed on emergency services by providing a targeted and supportive environment for individuals in crisis. Through strategic collaboration, compassionate care, and a commitment to lasting wellness, this initiative envisions a future where behavioral health stabilization is readily accessible, contributing to healthier individuals and more effective utilization of healthcare resources.
Goal 2: OASAS? Yes Goal 2: OMH? Yes Goal 2: OPWDD? Yes
Goal 2: Need Addressed 1 Inpatient Treatment
Goal 2: Need Addressed 2 Crisis Services
Goal 2: Need Addressed 3 Cross System Services

Goal 2, Objective 1: Title Through ongoing collaboration with local hospitals and treatment providers, ensure comprehensive discharge plans are developed prior to hospital discharges, facilitating seamless continuity of care for individuals undergoing transitions.
Goal 2, Objective 1, Target Completion Date Jun 01, 2025
Goal 2, Objective 1, Description

Goal 2, Objective 2: Title Persist in advocating for the allocation of additional hospital beds, with a specific focus on securing intermediate care opportunities that address the unique needs of individuals in the target population.
Goal 2, Objective 2, Target Completion Date Jun 01, 2025
Goal 2, Objective 2, Description

Goal 2, Objective 3: Title Sustain the provision of annual training sessions to law enforcement agencies, ensuring ongoing education and awareness regarding relevant topics to enhance their effectiveness in dealing with various situations.
Goal 2, Objective 3, Target Completion Date Jun 01, 2025
Goal 2, Objective 3, Description

Goal 3
Goal 3: Title Strengthen the workforce throughout the Albany County behavioral health service system.
Goal 3: Target Completion Date Jun 01, 2027
Goal 3: Description The ultimate aspiration of this goal is to establish a workforce that not only possesses the technical skills necessary for effective service delivery but also embodies empathy, resilience, and a commitment to continuous improvement. By strengthening the capabilities of the workforce, this initiative envisions a future where individuals seeking behavioral health services in Albany County receive compassionate, culturally sensitive, and proficient care that leads to improved well-being and sustained recovery. Albany County aims to empower its workforce through targeted training and professional development.
Goal 3: OASAS? Yes Goal 3: OMH? Yes Goal 3: OPWDD? Yes
Goal 3: Need Addressed 1 Workforce
Goal 3: Need Addressed 2 Cross System Services
Goal 3: Need Addressed 3

Goal 3, Objective 1: Title Elevate the quality of service delivery by actively promoting and fostering a culture where comprehensive training in all areas of disability needs is encouraged and ensured for all staff members across each agency.
Goal 3, Objective 1, Target Completion Date Jun 01, 2025
Goal 3, Objective 1, Description

Goal 3, Objective 2: Title Harness the potential of peer support professionals as integral members of the workforce and service system, maximizing their unique contributions to enhance support and outcomes for individuals within the program.
Goal 3, Objective 2, Target Completion Date Jun 01, 2025
Goal 3, Objective 2, Description

Goal 3, Objective 3: Title Establish and cultivate robust partnerships with local colleges and universities, aiming to advance internship programs and advocate for specialized internship opportunities in each distinct disability area, fostering mutually beneficial collaborations that support experiential learning and address specific needs.
Goal 3, Objective 3, Target Completion Date Jun 01, 2025

Goal 3, Objective 3, Description

Goal 3, Objective 4: Title Regularly conduct reviews of State initiatives that facilitate opportunities for heightened salary and benefits, ensuring a proactive approach to leveraging these initiatives to enhance compensation and benefits for relevant personnel.
Goal 3, Objective 4, Target Completion Date Jun 01, 2025
Goal 3, Objective 4, Description

Goal 3, Objective 5: Title Organize a comprehensive behavioral health system-wide information session focused on peer support, offering a platform for education, engagement, and dialogue to enhance understanding and utilization of peer support services within the behavioral health system.
Goal 3, Objective 5, Target Completion Date Jun 01, 2024
Goal 3, Objective 5, Description

Goal 4
Goal 4: Title Increase access to and availability of treatment services to those with co-occurring needs.
Goal 4: Target Completion Date Jun 01, 2027
Goal 4: Description The aim of this goal is to expand access to treatment services for individuals with co-occurring needs, addressing the intertwined challenges of mental health, substance use, developmental disabilities, as well as those who are aging. By fostering collaboration, raising awareness, and providing integrated care, the initiative envisions a future where individuals receive the comprehensive support they require to achieve lasting recovery and enhanced quality of life.
Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? Yes
Goal 4: Need Addressed 1 Cross System Services
Goal 4: Need Addressed 2 Outpatient treatment
Goal 4: Need Addressed 3 Residential Treatment Services

Goal 4, Objective 1: Title Engage in advocacy efforts to promote the establishment and implementation of integrated dual-licensed/dual-capable outpatient, inpatient, and residential programming tailored to individuals with co-occurring Substance Use Disorder (SUD), Mental Health (MH), and/or Developmental Disability (DD) needs, fostering comprehensive and effective care solutions.
Goal 4, Objective 1, Target Completion Date Jun 01, 2025
Goal 4, Objective 1, Description

Goal 4, Objective 2: Title Through effective use of opiate settlement funds, further strengthen the Opiate Use Disorder (OUD) care system through the development of new and or/ 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.
Goal 4, Objective 2, Target Completion Date Jun 01, 2025
Goal 4, Objective 2, Description

Goal 4, Objective 3: Title Facilitate the expansion of partnerships aimed at bridging the existing "silos" among different disability areas through coordinated provider planning meetings and collaborative shared initiatives, fostering integrated and cohesive approaches to care and services.
Goal 4, Objective 3, Target Completion Date Jun 01, 2025
Goal 4, Objective 3, Description

Goal 4, Objective 4: Title 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.
Goal 4, Objective 4, Target Completion Date Jun 01, 2025
Goal 4, Objective 4, Description

Goal 4, Objective 5: Title Persist in advocating for the establishment of an Integrated Residential Treatment Program designed to cater to individuals with significant Substance Use Disorder (SUD) and Mental Health (MH) needs, offering a secure, therapeutic, treatment-oriented environment for durations ranging from moderate to extended periods (e.g., 6/9/12 months).
Goal 4, Objective 5, Target Completion Date Jun 01, 2025
Goal 4, Objective 5, Description

Goal 5
Goal 5: Title Improve transition outcomes for aging-out youth.
Goal 5: Target Completion Date Jun 01, 2027
Goal 5: Description The goal is to enhance the outcomes of aging-out youth by providing them with comprehensive support during the transition to adulthood. By fostering collaboration, tailoring support, and promoting proactive planning, the initiative envisions a future where these young individuals are better equipped to achieve their goals, thrive independently, and contribute positively to society.

Goal 5: OASAS? Yes Goal 5: OMH? Yes Goal 5: OPWDD? No
Goal 5: Need Addressed 1 Transition age services
Goal 5: Need Addressed 2
Goal 5: Need Addressed 3

Goal 5, Objective 1: Title Conduct an exploration into the development and implementation of youth peer support programs, aimed at fostering a supportive network and resources for young individuals, and identifying opportunities for enhancing their mental and emotional well-being.
Goal 5, Objective 1, Target Completion Date Jun 01, 2025
Goal 5, Objective 1, Description

Goal 5, Objective 2: Title Re-establish a dedicated Youth In Transition Committee, with the goal of providing a platform for collaborative planning, advocacy, and initiatives focused on supporting the successful transition of young individuals into adulthood, and addressing their specific needs and challenges.
Goal 5, Objective 2, Target Completion Date Jun 01, 2025
Goal 5, Objective 2, Description

Goal 5, Objective 3: Title Initiate an exploration of funding opportunities to either expand the existing Community Transition Team or duplicate its successful model, thereby enhancing its reach and impact in assisting individuals with smooth transitions from institutional settings to community-based living arrangements, as well as for youth transitioning out of the adolescent service system.
Goal 5, Objective 3, Target Completion Date Jun 01, 2025
Goal 5, Objective 3, Description

Goal 6
Goal 6: Title Maintain and enhance access to outpatient clinical services across all disability areas.
Goal 6: Target Completion Date Jun 01, 2027
Goal 6: Description This goal places a strong emphasis on maintaining and expanding access to outpatient clinical services, which are a critical lifeline for individuals managing mental health, substance use, and developmental disabilities. By sustaining the availability of these services, the goal is to offer consistent support that individuals can rely on to manage their health and well-being.
Goal 6: OASAS? Yes Goal 6: OMH? Yes Goal 6: OPWDD? Yes
Goal 6: Need Addressed 1 Outpatient treatment
Goal 6: Need Addressed 2
Goal 6: Need Addressed 3

Goal 6, Objective 1: Title Maintain a steadfast advocacy approach to advance the development and implementation of dual licensed/dual capable outpatient, inpatient, and residential programming, tailored to individuals with co-occurring Substance Use Disorder (SUD), Mental Health (MH), and/or Developmental Disability (DD) needs, ensuring comprehensive and holistic care solutions.
Goal 6, Objective 1, Target Completion Date Jun 01, 2025
Goal 6, Objective 1, Description

Goal 6, Objective 2: Title Engage in ongoing advocacy efforts to secure the establishment of additional Article 16 Clinics across the Region, while also advocating for the expansion of existing Article 16 clinics, aiming to enhance access to critical services and support for individuals with developmental disabilities.
Goal 6, Objective 2, Target Completion Date Jun 01, 2025
Goal 6, Objective 2, Description

Goal 6, Objective 3: Title Pursue advocacy initiatives with the goal of establishing an additional Adult Assertive Community Treatment (ACT) Team in Albany County, aiming to bolster mental health services and ensure comprehensive care for individuals in need of intensive community-based support.
Goal 6, Objective 3, Target Completion Date Jun 01, 2025
Goal 6, Objective 3, Description

Update to 2024-2027 Goals and Objectives
Albany County Department of Mental Health

Laura Isabelle, Behavioral Health Systems Manager
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Goal 1	
Title	Improve outcomes for individuals experiencing behavioral health crisis by maintaining and enhancing crisis services across all disability areas.
Update	

OBJECTIVES	
Consistently maintain awareness of state initiatives pertaining to Crisis Stabilization Centers and actively provide support for their implementation when applicable.	Ongoing
Host a Zero Suicide Training for all disability areas.	Ongoing
Engage in advocacy efforts to secure enhanced availability and accessibility of respite beds and programs tailored for individuals with intellectual and developmental disabilities (I/DD), regardless of their connection to CSIDD services.	Ongoing
Successfully re-establish the Capital District Stabilization and Support crisis respite program, while effectively executing the previously designed expansion of existing programming to ensure comprehensive and accessible crisis support services for the target population.	Complete
Strengthen and sustain effective communication channels with crisis units and local hospitals to ensure timely and coordinated discharge planning for individuals in need, fostering efficient transitions and ongoing coordination.	Ongoing
Engage in advocacy efforts aimed at securing increased respite services for children and families, with a focus on revitalizing and expanding upon the previous successful tri-county respite program model.	Ongoing
Promote the establishment of a specialized mobile crisis and behavioral health response team tailored to the needs of the developmental disabilities (DD) population, encompassing both remote and physical community interventions.	Ongoing
Conduct an exploration into the feasibility and potential of either re-opening the Albany Living Room or establishing a new similar space, with the aim of providing a supportive and accessible environment for individuals in need of mental health assistance.	Ongoing
OBJECTIVE UPDATES	

Goal 2	
Title	Increase access to inpatient treatment for behavioral health stabilization with the secondary goal of reducing excessive use of emergency services
Update	

OBJECTIVES	
Through ongoing collaboration with local hospitals and treatment providers, ensure comprehensive discharge plans are developed prior to hospital discharges, facilitating seamless continuity of care for individuals undergoing transitions.	Ongoing
Persist in advocating for the allocation of additional hospital beds, with a specific focus on securing intermediate care opportunities that address the unique needs of individuals in the target population.	Ongoing
Sustain the provision of annual training sessions to law enforcement agencies, ensuring ongoing education and awareness regarding relevant topics to enhance their effectiveness in dealing with various situations.	Ongoing
OBJECTIVE UPDATES	

Goal 3	
Title	Strengthen the workforce throughout the Albany County behavioral health service system.

Update	

OBJECTIVES	
Elevate the quality of service delivery by actively promoting and fostering a culture where comprehensive training in all areas of disability needs is encouraged and ensured for all staff members across each agency.	Ongoing
Harness the potential of peer support professionals as integral members of the workforce and service system, maximizing their unique contributions to enhance support and outcomes for individuals within the program.	Ongoing
Establish and cultivate robust partnerships with local colleges and universities, aiming to advance internship programs and advocate for specialized internship opportunities in each distinct disability area, fostering mutually beneficial collaborations that support experiential learning and address specific needs.	Ongoing
Regularly conduct reviews of State initiatives that facilitate opportunities for heightened salary and benefits, ensuring a proactive approach to leveraging these initiatives to enhance compensation and benefits for relevant personnel.	Ongoing
Organize a comprehensive behavioral health system-wide information session focused on peer support, offering a platform for education, engagement, and dialogue to enhance understanding and utilization of peer support services within the behavioral health system.	Ongoing
OBJECTIVE UPDATES	

Goal 4

Title	Increase access to and availability of treatment services to those with co-occurring needs.
Update	

OBJECTIVES	
Engage in advocacy efforts to promote the establishment and implementation of integrated dual-licensed/dual-capable outpatient, inpatient, and residential programming tailored to individuals with co-occurring Substance Use Disorder (SUD), Mental Health (MH), and/or Developmental Disability (DD) needs, fostering comprehensive and effective care solutions.	Ongoing
Through effective use of opiate settlement funds, further strengthen the Opiate Use Disorder (OUD) care system through the development of new and or/ 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.	Ongoing
Facilitate the expansion of partnerships aimed at bridging the existing "silos" among different disability areas through coordinated provider planning meetings and collaborative shared initiatives, fostering integrated and cohesive approaches to care and services.	Ongoing
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.	Ongoing
Persist in advocating for the establishment of an Integrated Residential Treatment Program designed to cater to individuals with significant Substance Use Disorder (SUD) and Mental Health (MH) needs, offering a secure, therapeutic, treatment-oriented environment for durations ranging from moderate to extended periods (e.g., 6/9/12 months).	Ongoing
OBJECTIVE UPDATES	

Goal #5

Title	Improve transition outcomes for aging-out youth.
Update	

OBJECTIVES	
Conduct an exploration into the development and implementation of youth peer support programs, aimed at fostering a supportive network and resources for young individuals, and identifying opportunities for enhancing their mental and emotional well-being.	Ongoing
Re-establish a dedicated Youth In Transition Committee, with the goal of providing a platform for collaborative planning, advocacy, and initiatives focused on supporting the successful transition of young individuals into adulthood, and addressing their specific needs and challenges.	Ongoing
Initiate an exploration of funding opportunities to either expand the existing Community Transition Team or duplicate its successful model, thereby enhancing its reach and impact in assisting individuals with smooth transitions from institutional settings to community-based living arrangements, as well as for youth transitioning out of the adolescent service system.	Ongoing

OBJECTIVE UPDATES

Goal #6

Title	Maintain and enhance access to outpatient clinical services across all disability areas.
Update	

OBJECTIVES	
Maintain a steadfast advocacy approach to advance the development and implementation of dual licensed/dual capable outpatient, inpatient, and residential programming, tailored to individuals with co-occurring Substance Use Disorder (SUD), Mental Health (MH), and/or Developmental Disability (DD) needs, ensuring comprehensive and holistic care solutions.	Ongoing
Engage in ongoing advocacy efforts to secure the establishment of additional Article 16 Clinics across the Region, while also advocating for the expansion of existing Article 16 clinics, aiming to enhance access to critical services and support for individuals with developmental disabilities.	Ongoing
Pursue advocacy initiatives with the goal of establishing an additional Adult Assertive Community Treatment (ACT) Team in Albany County, aiming to bolster mental health services and ensure comprehensive care for individuals in need of intensive community-based support.	Ongoing
OBJECTIVE UPDATES	

2024 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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): 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. The Living Room model needs opportunities for sustainability.

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
Do any of the Goals on the Goals and Objectives Form address this need? No
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

and/or those not already accessing services with 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
Do any of the Goals on the Goals and Objectives Form address this need? No
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

Do any of the Goals on the Goals and Objectives Form address this need? No
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.

There is a high level of unmet need to assist individuals in maintaining safe and hygienic living environments. Individuals who have historically been served in an institutional setting have gained supportive housing and maintained psychiatric stability and remained in the community. However, services offered by institutions that are not easily replicated or affordable in the community are personal care or intensive housekeeping supports. These individuals struggle to initiate and maintain sanitary living conditions or practice activities of daily living including laundry, housekeeping, garbage removal and safe food handling. Private housekeeping agencies have provided a minimal service, the observed frequency of need is not affordable for low or fixed incomes. Eviction procedures or building code violations have resulted because of this gap and disrupted housing stability for individuals who have otherwise achieved psychiatric recovery.

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 need for specialized housing for individuals with behavioral health issues that provide the same as or similar to nursing home and/or assisted living level of care.

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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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.

Consideration should be made for a social day program model rather than/in addition to PROS, for individuals who for various reasons have not succeeded in a PROS program but still require daily activities/interventions.

Access to PROS needs to be me made available to individuals who have insurances other than Medicaid.

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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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/mental health providers that specialize in this population.

Service Coordination Agencies have limited capacity to accept patients, partially due to the workforce shortage, which stalls the enrollment in TBI Waiver Services.

LGU Representative: Laura Isabelle

Submitted for: Albany County Department of Mental Health

2025 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
Do any of the Goals on the Goals and Objectives Form address this need? No
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.

Unfortunately Albany County experienced the closure of a low-barrier case management program (Pathways to Health) which only further impacts those without Medicaid.

Crisis Services Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): 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). This past year CSIDD expanded in being able to offer physical crisis response, though this change is not quite beneficial to the need we are experiencing. CSIDD only offers support for the family and providers, and they would still need to work in collaboration with the local Mobile Crisis Team. The DD population needs a Mobile Crisis team that specializes in developmental diagnosis, and provides the in-the-moment response for the individual. 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. The Living Room model needs opportunities for sustainability.

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
Do any of the Goals on the Goals and Objectives Form address this need? No
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 and/or those not already accessing services with 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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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.

There is a high level of unmet need to assist individuals in maintaining safe and hygienic living environments. Individuals who have historically been served in an institutional setting have gained supportive housing and maintained psychiatric stability and remained in the community. However, services offered by institutions that are not easily replicated or affordable in the community are personal care or intensive housekeeping supports. These individuals struggle to initiate and maintain sanitary living conditions or practice activities of daily living including laundry, housekeeping, garbage removal and safe food handling. Private housekeeping agencies have provided a minimal service, the observed frequency of need is not affordable for low or fixed incomes. Eviction procedures or building code violations have resulted because of this gap and disrupted housing stability for individuals who have otherwise achieved psychiatric recovery.

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 need for specialized housing for individuals with behavioral health issues that provide the same as or similar to nursing home and/or assisted living level of care.

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
Do any of the Goals on the Goals and Objectives Form address this need? No
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, MH/SUD/TBI, 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: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
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.

It is being identified the need/desire for Social Clubs and/or improved Peer Support Programs/Drop in Centers.

Outpatient Treatment Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
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.

Consideration should be made for a social day program model rather than/in addition to PROS, for individuals who for various reasons have not succeeded in a PROS program but still require daily activities/interventions.

Access to PROS needs to be me made available to individuals who have insurances other than Medicaid.

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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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 high need for residential services and/or general housing for individuals who have co-morbidities, specifically individuals who are diagnosed with MH/SUD/TBI.

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
Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
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

Do any of the Goals on the Goals and Objectives Form address this need? No
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
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Though workforce issues has been a longstanding high level unmet need in Albany County for many years, the workforce shortage continues to be problematic. 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. The workforce shortages exist across multiple positions (clinicians, psychiatry, nurses, direct care etc.). We continue to advocate that the following areas be addressed: recruitment, retention, salary compensation, workplace safety, and staff wellness.

TBI Waiver Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
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/mental health providers that specialize in this population.

Service Coordination Agencies have limited capacity to accept patients, partially due to the workforce shortage, which stalls the enrollment in TBI Waiver Services.

LGU Representative: Laura Isabelle

Submitted for: Albany County Department of Mental Health

OASAS
OMH
OPWDD
Albany County Department of Mental Health- MHOTR Clinic
Albany County Department of Mental Health- Health Home Care Management
Albany County Department for Children Youth and Family- Children's MHOTR Clinic
Albany Medical Center Hospital- MHOTR Clinic
Albany Medical Center Hospital- Inpatient Psychiatric Unit
Alliance for Positive Health- Health Home Care Management
Bethesda House – Health Home Care Management
Capital Area Peer Services
Care Design- Care Coordination Organization
Catholic Charities- Health Home Care Management
Catholic Charities- LEAD Care Coordination
Capital District Psychiatric Center – Crisis Intervention Unit
Capital District Psychiatric Center Inpatient Psychiatric Units
Capital District Psychiatric Center - OMH Residential Program(s)
Albany County Support Center/CDPC MHOTR Clinic
Capital District Psychiatric Center MHOTR Children's Clinic
Children's Health Home of Upstate New York
DePaul- OMH Residential Program
Equinox MHOTR Clinic
Equinox- OMH Residential Program(s)
Lasalle Schools MHOTR Clinic
Life Plan Care Coordination Organization

Mental Health Empowerment Project
Monroe Plan Health Home Care Management
Northern Rivers/Parsons MHOTR Clinic
Prime Care- Care Coordination Organization
Rehabilitation Support Services- MHOTR Clinic
Rehabilitation Support Services- Health Home Care Management
Rehabilitation Support Services OMH Residential Program(s)
St. Peter's Health Partners Community Health Connections/Regional Lead Health Home
Tri-County Care- Care Coordination Organization
Whitney Young Health Center – Behavioral Health Services
Whitney Young Health Center – Health Home Care Management