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

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Goal 1

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

Goal 1: Target Completion Date   Jan 01, 2027

Goal 1: Description   There is an over dependence upon Emergency Department based crisis services. In the Capital Region the capacity of crisis units frequently reach max resulting in coinciding diversion status and redirecting persons in crisis to other Emergency Departments. This results in overburdening those services not on diversion status resulting in cascading effect of diversion. The ED based Crisis Units serve all persons in crisis, including all disability areas. Those persons with the longest lengths of stay in the units are children and youth in need of psychiatric inpatient admission, and persons with intellectual/developmental disabilities who have no safe community discharge resource or are in need of psychiatric inpatient admission. The LGU seeks to develop a continuum of crisis care with decreased reliance on ED based crisis units for those persons in mild to moderate crisis preserving the crisis unit for persons of high risk/acuity.

The LGU is leading a System of Care project focused on the reduction of the number of Rensselaer County children and youth accessing the crisis unit. (Note many of the children & youth are coming from outside of the county i.e. Albany County. The work group has representation from the Albany LGU.) This effort has revealed the need to: develop stronger discharge plans from the ED to the community, 24 - 48 hour community provider follow up post crisis visit; encouragement to access mobile crisis services; and crisis residence access. Trends for the C & Y Crisis Unit visits are bulleted below. (Data summary reports are attached see Crisis Unit C & Y)

• Average monthly visits are 23% higher in 2023 than 2022 (105.7 vs 87.2) - By consecutive month in 2023: 112, 99, 110 and 102 in 4/2023
• The percentage visits by children/youth 12-17 are higher in 2023; they are also overrepresented in children with a chief complaint of suicide.
• Recidivism is up slightly for 12-17 and 18-21 and down for 22-25.

Mobile Crisis Service - Attached to this document is summary data for children, youth, and adult, mobile crisis services. This service is shared with other counties and operated by Northern Rivers. The number of services provided to county residents has not yet matched the pre-pandemic quantity. One significant difference is the loss of the embedded mobile crisis worker in the children and youth outpatient services operated by the county. This staff member of the mobile team, worked to divert persons under the age of 18 from accessing the crisis unit by conducting a crisis evaluation in a community setting. This service had also assisted in developing disposition plans for persons under 18 years of age who did access the crisis unit and had a disposition of returning to the community. This intervention was working to decrease the recidivism of these persons to the crisis unit. Due to the pandemic related shut down, the staff were pulled out of the clinic and have never returned due to workforce shortages. Note: the Capital Region has been identified by NYS DOH, as having two subpopulations in "suicide clusters": adolescent females & working age males. (county suicide rates are reported as attached by the county Health Dept.)

NYS OMH and OASAS have selected providers to develop the regional Intensive and Supportive Crisis Stabilization Centers. The LGU is actively participating in the regional meetings re: the development these centers and will work to build linkages within the county to integrate the service into the care continuum. The identified provider for the Intensive Crisis Stabilization Center has already presented to some of the LGU committees.

Adult Crisis Residence - Unity House Inc. has received an OMH Capital Improvement award to develop a crisis residence. Due to the pandemic and subsequent building supply shortages and cost increase, construction was delayed. Currently the provider is working with DASNY in finalizing the plans for rehab.

The county has little to no resource for crisis respite, especially for the I/DD population. This has been an ongoing identified need. Region 3 of OPWDD does not (at this time) have a CSIDD provider within the region to assist.

The Living Room program had obtained some funding and re-established operation sin conjunction with the Mental Health Empowerment Project. This was gaining momentum and proved to be successful in reducing ED based crisis visits for

several persons. However there was no means to continue funding and the program was closed spring 2023.

Goal 1: OASAS?   Yes   Goal 1: OMH?   Yes   Goal 1: OPWDD?   Yes
Goal 1: Need Addressed 1   Crisis Services
Goal 1: Need Addressed 2   Cross System Services
Goal 1: Need Addressed 3   Respite

Goal 1, Objective 1: Title   Integrate the Supportive and Intensive Crisis Stabilization Centers into the continuum of care in Rensselaer County.
Goal 1, Objective 1, Target Completion Date   Jan 01, 2025
Goal 1, Objective 1, Description   Provide education and linkages with the in county providers to the providers of the centers. Learn workflows for referring to the centers and for response to discharges from this service.

Goal 1, Objective 2: Title   Implement a crisis residence for adults in Rensselaer County.
Goal 1, Objective 2, Target Completion Date   Sep 01, 2024
Goal 1, Objective 2, Description   Crisis residence is in process and has been delayed due to the pandemic, escalated costs of the building supplies (OMH provided increased funding to assist with this) and necessary approvals are underway for the redesign of the building. The LGU anticipates the Crisis Residence will open in 2024. Need to orient the continuum of care for the utilization of this service.

Goal 1, Objective 3: Title   Decrease recidivism of children and youth accessing the crisis unit.
Goal 1, Objective 3, Target Completion Date   Jul 01, 2025
Goal 1, Objective 3, Description   Via the monitoring of data from the Crisis Unit throughout the past 18 months, instances of recidivism have been identified. The strengthening of disposition planning, referrals to community services and interface with CSPOA have been implemented. The CSPOA will now be dispatched to the Crisis Unit, as needed, to assist families M-F 9-5.

Goal 1, Objective 4: Title   Assure utilization of the regional crisis residences for children and youth.
Goal 1, Objective 4, Target Completion Date   Jul 31, 2024
Goal 1, Objective 4, Description   The Crisis Residence is not routinely considered as an option for children and youth by all providers in the C&Y continuum of care. Education and orientation is a continued need for both providers and recipients.

Goal 1, Objective 5: Title   Continue EDPRT/CIT training for local law enforcement at a minimum of at least two trainings per year..
Goal 1, Objective 5, Target Completion Date   Jan 01, 2026
Goal 1, Objective 5, Description   Through community collaborations with local law enforcement continue commitment to EDPRT/CIT. Some local law enforcement agencies have 90-100% of officers trained at present.

Goal 1, Objective 6: Title   Embed Mobile Crisis Services in Rensselaer County.
Goal 1, Objective 6, Target Completion Date   Jan 01, 2026
Goal 1, Objective 6, Description   The Mobile Crisis Services for Rensselaer County are shared with 4 other counties for adults, and 5 other counties for children and youth, and is provided by Northern Rivers. There is no continual presence of Mobile Crisis services in the county, including no longer having embedded Mobile Crisis Services with the MHOTRS serving children and youth. The Mobile Services Capital Region hub is sited in Schenectady County, a considerable commute from the eastern most border of Rensselaer County. Law Enforcement have reported an inability to access Mobile Services in a timely manner. Data indicates a decrease in face to face mobile visits from pre-pandemic years. (see data summaries attached).

Goal 2
Goal 2: Title   Expand access to a continuum of housing for specialty populations which are affordable, culturally inclusive, and safe; in order to support persons returning to the community from inpatient psychiatric settings, state prisons, OPWDD forensic settings, local jails, and those from the community in need of housing.
Goal 2: Target Completion Date   Mar 31, 2028
Goal 2: Description   Rensselaer County has several levels of housing to serve persons experiencing mental illness. (See the 2022 Annual Report - Adult Housing SPOA and Housing data summary) The level of housing with the most openings is that of Treatment Apartments. Persons referred to this level of housing often do not want to pay the program fee, and would prefer an apartment that will be long term, and not temporary. (There is a wait list however this is not a list of persons awaiting an apartment - this is a list of persons who are being outreached or in need of a back up housing option). Additionally, there are a few persons who, due to the level of volatility they present have been unsuccessful in residing in the least demanding level of housing - Housing First. Unfortunately there are no viable housing resources for these persons, who become street homeless and then access the shelter or remain on the streets for prolonged periods of time.

Persons residing in supportive housing have times when they are in need of additional in home services to assist in assuring medication is taken properly, ADLs are maintained and house keeping chores are achieved. The county identifies a need for service enhancements to support these needs.

In August 2023, a Men's 820 residence is scheduled to open. One barrier to housing is reported by local DSS, and OASAS residential providers, re: persons graduating from OASAS certified housing having extremely limited income to rent an apartment in a community which will support recovery. A rental subsidy is desired for this population to assure less vulnerability to relapse and promote recovery.

There has been little new development in expanding residential opportunities for persons OPWDD eligible. Requests for residential services are not fulfilled quickly and the LGU has no ability to know how many persons are waiting and for how long. LGU approval is frequently sought for closing apartment sites and re-opening at another address with no notable increase in capacity.

Frequently, landlords request criminal background checks of prospective tenants, which creates a barrier for persons with criminal history rule out, convictions tend to include: arson, sexual assaults, and violence, - hence there is a need to develop housing. for the forensic population. Criminal justice reforms appear to contribute to a higher volume of individuals with legal histories living in the community with limited housing options available to them.

(See Residential Indicators summary report attached for MH specialty housing utilization - Note there are errors in the reporting for one housing provider, supported housing is filled at a higher rate than indicated.)

Goal 2: OASAS?   Yes   Goal 2: OMH?   Yes   Goal 2: OPWDD?   Yes
Goal 2: Need Addressed 1   Housing
Goal 2: Need Addressed 2   Cross System Services
Goal 2: Need Addressed 3   Forensics

Goal 2, Objective 1: Title   Develop additional Housing First settings.
Goal 2, Objective 1, Target Completion Date   Dec 31, 2027
Goal 2, Objective 1, Description   Low demand barrier free housing (a harm reduction housing option) is a significant need in the county as it is the most desired level of housing for those who are street homeless, and those who are not interested in entering recovery for addictions and/or do not maintain psychiatric medication compliance. There is one award winning Housing First model in the county, which rarely has vacancies due to the success of the program.

Goal 2, Objective 2: Title   Home based care to provide care to assure compliance with all medications, household chores, and ADLs.
Goal 2, Objective 2, Target Completion Date   Jun 30, 2026
Goal 2, Objective 2, Description   Persons who do not want to reside in CR or Treatment Apartment settings, but are in need of additional supports in order to maintain health and wellness in a community setting need dedicated in home services in order to maintain recovery and sustain community tenure. These are persons with medication compliance concerns, are aging in place, or have cognitive limitations which disrupt the ability to care for self. Enhanced supportive housing models have the potential of offering these services.

Goal 2, Objective 3: Title   Develop housing opportunities to provide treatment and support for persons with co-occurring addiction and/or Mental Illness/IDD.
Goal 2, Objective 3, Target Completion Date   Jan 01, 2027
Goal 2, Objective 3, Description   There is no housing in the county, other than HUD funded Housing First opportunities able to serve persons with high end (quadrant 4) co-occurring disorders. MH licensed housing does effectively serve persons with low to moderate level of addiction. OASAS certified housing does effectively serve persons with co-occurring low mental health needs. Note: HUD funding limits the population which can be admitted to the HUD funded options, there is little opportunity to be proactive given the narrow scope of HUD homeless definitions (prioritizing chronically homeless individuals with 360+ days of homelessness).

Goal 2, Objective 4: Title   Develop supported housing in the rural areas.
Goal 2, Objective 4, Target Completion Date   Jun 30, 2026
Goal 2, Objective 4, Description   Housing providers tend to develop residential opportunities in and around the City of Troy; this is generally due to the centrality of services located in the city limits.. However a good portion of the county residents reside in suburban or rural settings and do not want to move into the City of Troy to live. Additionally the second city in the county; City of Rensselaer, would also be a potential site for housing development.

Goal 2, Objective 5: Title   Develop Housing dedicated to persons with criminal history.
Goal 2, Objective 5, Target Completion Date   Jan 31, 2027
Goal 2, Objective 5, Description   Persons with forensic histories tend to be ruled out from existing housing opportunities due to risk behaviors i.e. violence, sexual assault and arson.

Goal 2, Objective 6: Title   Develop rental subsidy assistance for persons graduating from OASAS certified housing.
Goal 2, Objective 6, Target Completion Date   Feb 01, 2024
Goal 2, Objective 6, Description   Persons in recovery who successfully achieve recovery to graduate from OASAS licensed housing have difficulty in obtaining affordable housing in neighborhoods supportive of recovery and strong resources to positively impact social determinants of health. Public Assistance rental allowance is not sufficient for securing housing in recovery supportive areas. LGU will use Regional Abatement monies to pilot this service.

Goal 3

Goal 3: Title   Expand outpatient treatment opportunities.

Goal 3: Target Completion Date   Jan 01, 2028

Goal 3: Description   Rensselaer County has three licensed MHOTRS programs located within the county: Samaritan Hospital; and county operated for adults and children and youth. When functioning at full capacity, these treatment services are able to meet most of the needs for Mental Health outpatient services in the county. The outpatient service located at Samaritan Hospital include MHOTRS and PROS. Both programs have several vacancies for medical staff and therapists. The MHOTRS program at Samaritan has had to displace several hundred patients from care due to the temporary reduction in census. (Current wait list of displaced persons = 786.) Recruitment efforts have met with minimal success for hiring new therapists.

Note: the County Vital Signs Dashboard Data illustrates the need for ongoing strategies to improve performance for Samaritan Outpatient Services, and a some indicators for the County operated MHOTRS programs. A full complement of workforce will need to be in place to accomplish this. (see Vital Signs Dashboard report)

The county operated MHOTRS programs are nearly fully staffed. The adult outpatient services have reached capacity in efforts to meet the needs of many persons unable to be served at Samaritan, these services have accepted transfers from Samaritan and high priority referrals from forensic settings, state PCs, and 939 inpatient discharges. The county operated forensic services located at the county correctional facility is now fully staffed. The children's outpatient services have operated with a wait list for many months. This clinic is nearly fully staffed and is working through the wait list. School satellite clinics are in operation and two additional school satellite operations will open in fall 2023.

Given the changes in Juvenile Justice there is an even greater need to provide MH services for children and youth of high acuity. The county Children's System of Care would benefit from a Youth Act Team. Referrals for RTF have increased and there are several youth who are recidivistic to the Crisis Unit and are receiving High Fidelity Wrap and some additional community supports as available.

Unity House Inc. has received award from NYS OMH to establish an ACT program which will serve Rensselaer and southern Saratoga counties. Staff recruitment has been challenging. Meetings with OMH have resulted in a temporary lower capacity to operate the program with a smaller staff while continuing the staff recruitment efforts. This program at full staffing is designed to serve 48 persons, reduced capacity will serve a maximum of 30. Unity House is also considering the possibility of opening a MHOTRS program in order to assure domestic violence survivors are able to obtain outpatient care. Unity House merged two years ago with Northeast Career Planning, and now operates the PROS program of Northeast in Albany County. This PROS is regional and serves Rensselaer County residents.

The recent reduction in Samaritan outpatient capacity has revealed the need to develop an IOP in the county for persons experiencing mental illness. Samaritan Hospital behavioral health leadership is now exploring the possibility of developing this service in the context of re-booting the MHOTRS at Samaritan.

Article 32 OASAS providers in the county have also had staff retention and recruitment challenges. Hope House Inc. located in Troy has had only 1-2 clinicians on staff in recent months. Conifer Park Inc. has had periods of time when they were unable to recruit licensed clinicians. This has hindered the availability of timely care and has added implications of the inability to serve dual eligible clientele. NYS OASAS data demonstrate the limited capacity of in county outpatient treatment (see report Admissions to Programs by County). The data illustrates the number of persons obtaining treatment outside of the county much of which is due to the lack of services in county due to vacant counselor/therapist positions.

Goal 3: OASAS?   Yes   Goal 3: OMH?   Yes   Goal 3: OPWDD?   Yes

Goal 3: Need Addressed 1   Outpatient treatment

Goal 3: Need Addressed 2   Cross System Services

Goal 3: Need Addressed 3

Goal 3, Objective 1: Title   Outpatient providers will continue to work in collaboration in an effort to serve as many clients as possible when workforce shortages diminish capacity.

Goal 3, Objective 1, Target Completion Date   Jan 01, 2024

Goal 3, Objective 1, Description   Workforce recruitment and retention remains a very serious situation in the Capital Region. Providers who have greater capacity than others will need to cover treatment needs for many of the high risk clients, when other providers are not able to do so. Ongoing communication with the LGU and between providers is essential to assure care is being provided.

Goal 3, Objective 2: Title   Develop a Youth ACT team in Rensselaer County.

Goal 3, Objective 2, Target Completion Date   Jan 01, 2026

Goal 3, Objective 2, Description   Given the limited resources available in the community to support high acuity children and youth, a youth ACT team with the ability to serve a minimum of 20 children and youth with severe emotional disturbance is needed.

Goal 3, Objective 3: Title   Develop an IOP to serve persons with co-occurring SPMI & SUD.
Goal 3, Objective 3, Target Completion Date   Jun 30, 2025
Goal 3, Objective 3, Description   Since the elimination of MH Day Treatment in the county via the transition to PROS, there is gap in the continuum of care for high acuity adults, who do not or are not able to define a life goal and are not viable candidates for PROS. An IOP embedded in an outpatient (MHOTRS) setting would aid in meeting this need.

Goal 3, Objective 4: Title   Increase skill across the addiction and mental health outpatient settings in treating persons with co-occurring disorders.
Goal 3, Objective 4, Target Completion Date   Dec 31, 2026
Goal 3, Objective 4, Description   Overall there is a greater ability for MHOTRS programs to treat persons with co-occurring MI & Addiction; however this is not so for addiction treatment providers to provide care for persons with co-occurring mental illness. The LGU seeks to fund training initiatives for this workforce in evidence based practices to treat this population. Funding for this training will be from the Regional Abatement monies.

Goal 3, Objective 5: Title   Develop SUD treatment opportunities for adolescents.
Goal 3, Objective 5, Target Completion Date   Jan 01, 2026
Goal 3, Objective 5, Description   An OASAS licensed outpatient provider located in the county had workforce trained in the treatment of adolescents with SUD. This has not been the case for several years. The community coalitions in the county and the staff of the MH outpatient clinic and Prevention program have reported great difficulty in obtaining this care. The development of this care can be funded via the Regional Abatement monies.

Goal 3, Objective 6: Title   Imporve Vital Signs Dashboard indicators for all MHOTRS in Rensselaer County.
Goal 3, Objective 6, Target Completion Date   Jan 01, 2026
Goal 3, Objective 6, Description   Strategize with all providers to increase equity and inclusion efforts. Determine what services need to be in place to achieve improved outcomes/indicators.

Goal 4
Goal 4: Title   Expand the number of peer advocates in the behavioral health workforce serving county residents.
Goal 4: Target Completion Date   Feb 01, 2025
Goal 4: Description   Despite the change to MHOTRS in OMH outpatient care, no program has yet added a peer to the workforce. This is a priority for the county operated services, and will be initiated by early 2024. The county employees via OASAS state aid a Peer Engagement Specialist who serves the community a large focusing on persons in critical transitions of care. This peer, not being attached to an agency, has provided the much needed flexibility to go anywhere in the county to serve anyone at any stage of change re: addiction treatment and services. The community has long held the desire to increase the peer workforce to function in a similar manner.

Recent surveys and community meetings re: the priorities to be addressed with Regional Abatement monies is to increase peers who are able to serve anyone anywhere in the county.

Article 32 clinic providers have hired peers, however the retention is poor and the peers tend to serve only the population of the provider services - thus limiting peer access.

Project Safepoint, operated by Catholic Charities supports persons being released from the County Correctional Facility in obtaining services to support recovery.

The Rensselaer County Health Department continues to report increased numbers of heroin/fentanyl related overdose fatalities and reversals which speaks to the need for continued community education, individual support using Harm Reduction principles, and linkages to community services including substance abuse treatment/medication for opiate use disorders (MOUD). 2023 is trending to be the year of highest number of deaths due to overdose. - see report attached
Goal 4: OASAS?   Yes   Goal 4: OMH?   Yes   Goal 4: OPWDD?   Yes
Goal 4: Need Addressed 1   Other
Goal 4: Need Addressed 2
Goal 4: Need Addressed 3

Goal 4, Objective 1: Title   Establish peer advocates in the MHOTRS programs in the county.
Goal 4, Objective 1, Target Completion Date   Jul 01, 2024
Goal 4, Objective 1, Description   Peer Advocate positions have been created to be added to the workforce of the county operated MHOTRS programs. Recruitment efforts will be initiated to fill these positions. Samaritan Hospital's MHOTRS program had begun imagining tis addition to the workforce, prior to receiving many staff resignations. Efforts for adding a peer advocate will need to be included in the retooling of the program.

Goal 4, Objective 2: Title   Peer advocates to serve residents of the county regardless of disabling condition or provider involvement.
Goal 4, Objective 2, Target Completion Date   Jan 01, 2025
Goal 4, Objective 2, Description   The LGU currently has employed 1 peer advocate who is a CRPA, and serves those with addiction issues, and some persons with Co-occurring SPMI. This advocate is able to respond to anyone in the county in

need of assistance especially those in transitions of care or in the ED due to Narcan reversal. In 2022, the RCDMH peer advocate served 480 individuals, with 93 referrals being made to substance abuse treatment programs and 190 referral to other community services. The CRPA also conducted 130 community educational presentations and provided 259 Narcan trainings/kits. This position has maximum flexibility and additional peers with the same flexibility are needed to respond to community needs. Support for family members of those struggling with addiction, via Family Navigators, has also been identified as a need in Renss County. These positions could be funded via Regional Abatement monies.

Goal 4, Objective 3: Title   Increase the Parent Advocate and Youth Advocate workforce.
Goal 4, Objective 3, Target Completion Date   Jan 01, 2027
Goal 4, Objective 3, Description   There are vacancies Parent and Youth Advocate positions in the workforce of the Family Support services.

Goal 5
Goal 5: Title   Promote emotional wellness for persons of all ages through Prevention approaches.
Goal 5: Target Completion Date   Jan 01, 2028
Goal 5: Description   Prevention efforts in the county have been focused upon the utilization of OASAS funding and contracts with local school districts to provide school based evidence based educational strategies for children and youth as well as community prevention. The goal is to increase protective factors and reduce risk factors related to substance abuse for youth, families, and the community at large, based on a Needs Assessment/data from the Prevention Needs Assessment which had been conducted at regular intervals. (see excerpt from the 2022 RCDMH Annual Report submitted to NYS OASAS).

During the 2022-23 school year, the RCDMH Prevention program provided 1350 evidenced based classroom presentations across 6 school districts (9 staff), from elementary aged through high school students. In addition to evidenced based programming, there were approximately 525 youth who received prevention related assessment and/or counseling, with over 2400 sessions conducted. There have also been efforts to launch community coalitions throughout the county to implement community prevention approaches, which have not been sustained. Currently the county is working to maintain existing levels of this type of service, as well as increase community prevention/environmental strategies work across the lifespan. This community prevention focus can be funded via the Regional Abatement monies. An increased focus on building prevention efforts for adults and the I/DD population are necessary.

Suicide Prevention is an additional prevention focus in the county. In 2023 the Suicide Prevention task force has focused on the reinvigoration of the Post-vention services and offered training and recruitment for the team. Additional training is scheduled for the fall of 2023 - "Traumatic Loss For the Behavioral Health Workforce". Members of the workforce are struggling with the loss of clients due to overdose or suicide, and other tragic circumstances. This is an effort to not only prevent suicide among the workforce but also aid in retaining existing workforce. There is ongoing efforts in providing Safe Talk trainings.
Goal 5: OASAS?   Yes   Goal 5: OMH?   Yes   Goal 5: OPWDD?   Yes
Goal 5: Need Addressed 1   Cross System Services
Goal 5: Need Addressed 2   Adverse Childhood Experiences
Goal 5: Need Addressed 3   Prevention

Goal 5, Objective 1: Title   Increase/solidify community coalitions in the county and expand environmental strategies for Prevention.
Goal 5, Objective 1, Target Completion Date   Jan 01, 2026
Goal 5, Objective 1, Description   There exists two county wide coalitions, Nopiates (Averill Park) and the Troy Drug Free Coalition (Troy); both coalitions are supported by RCDMH Prevention staff and much collaboration occurs. There is an increased need for community wide education around the risks of (underage) alcohol/drug use as well as fentanyl contamination in the local drug supply. PNA data indicates that Rensselaer County has higher than average risk factor scores on favorable community/parental attitudes toward drug/alcohol use. That, coupled with the legalization of adult use recreational cannabis, could lead to increased access to substances by youth and mixed messages. The number of opiate/fentanyl related deaths in Rensselaer County also continues to rise (YTD: deaths, pending toxicology). There is a need to promote overall wellness and promote healthier community norms across the lifespan.

Goal 5, Objective 2: Title   Expand evidence-based prevention programming to schools, families, communities across the county and across the lifespan.
Goal 5, Objective 2, Target Completion Date   Jul 01, 2026
Goal 5, Objective 2, Description   The OASAS funded Prevention program is exploring additional EBP's to meet the needs of students and parents through school based prevention programming. Additional EBP curriculum has been purchased and Parenting education groups will be expanded in the community. PNA data indicates that Rensselaer County has higher than average risk factor scores in Family Management areas. Data also illustrates a substantial increase in alcohol/marijuana use between 8th and 12th grade, supporting the ongoing need for universal Prevention education in schools. Schools identify that vaping (marijuana and nicotine products) continues to be a major challenge and with a younger student population.

Goal 5, Objective 3: Title   Expand prevention counseling and intervention services for at risk students and increase referrals to adultescent substance abuse treatment.

Goal 5, Objective 3, Target Completion Date   Jul 01, 2026
Goal 5, Objective 3, Description   Through increased collaborations with other community providers (i.e. Renss Co Probation, DSS), individual youth will have access to Teen Intervene (EBP), individual prevention counseling, and referral to formal substance abuse treatment. Local NYS OASAS OP treatment providers have been exploring ways to resume specialized adolescent/family treatment services which are lacking in the county at present. For the co-occurring population, cross training in areas of mental health and substance abuse will be offered so that integrated treatment is offered.

Goal 5, Objective 4: Title   Suicide Prevention strategies will be increased in Rensselaer County.
Goal 5, Objective 4, Target Completion Date   Jan 01, 2027
Goal 5, Objective 4, Description   Post pandemic reinvigoration of the Suicide Prevention Task Force is underway. There are increased opportunities for Safe Talk trainings; relaunching the Post-vention team and a desire to resume Youth MH First Aid trainings.

Goal 5, Objective 5: Title   Increase Youth MH First Aid training in the county.
Goal 5, Objective 5, Target Completion Date   Jan 01, 2027
Goal 5, Objective 5, Description   All certified YMHFA trainers have left the county workforce. Develop new trainers and resume offering this training to providers in the C & Y SOC.

2022 Annual Report-Adult Housing SPOA

The demand safe/affordable housing for individuals and families continues to outweigh the supply and remains a top priority of the Rensselaer County Local Services Plan. Of note is the increasing acuity/behavioral health needs of individuals living in the community in general.

The lack of stable housing has been identified as a social determinant that drives up Medicaid costs as well. With the focus of healthcare reform on reducing avoidable emergency room/inpatient hospitalizations, the development of a crisis residence is critical, in order to act as an ED/ hospital diversion and hospital step down resource. To this end, **in 2020 Unity House received capital funds for the development of a regional crisis residence in Troy, NY with an anticipated opening in 2023.**

As part of the NYS OMH system transformation and Medicaid reform, the focus continues to shift from highly regulated/staffed Congregate Care II settings to more integrated/ less costly Supported Housing settings. No new NYS OMH funding has been allocated to Rensselaer County since 2017, when 6 supported housing beds were awarded. It remains a challenge to fill the allocated 12 Long Stay Supported Housing beds that serve State PC discharges given the stringent criteria for admission and decreasing volume of CDPC admissions/discharges. The traditional Supported Housing model also lacks medication oversight for those transitioning from institutional settings to the community; no viable nursing services have been able to be sustained. Unity House Inc has been awarded several ESSHI projects with two projects offering dedicated units of supported housing to individuals with SMI. UH Phase 1 has been filled (15 SMI beds). The Second project, Hillside Views, filled all 26 SMI units throughout 2022.

Rensselaer County LGU continues to demonstrate commitment to resettling individuals with behavioral health conditions back to the community from the State Psychiatric Center/CDPC, hospital inpatient units, homeless shelters, adult homes, and forensic facilities. The LGU interfaces with the Rensselaer County Re-Entry Task Force to address the resettlement of individuals with serious mental illness from prison back to the community in a coordinated manner. The impact of bail reform legislation and continued community violence has led to an increased focus on (staff) safety for housing and care management providers.

In 2022, there were a total of **104 applications made to SPOA for OMH licensed/funded residential programs in Rensselaer Count**y, this includes OMH Supported Housing and ESSHI projects. This is an increase of 19 referrals as compared to 2021 data. NYS OMH continues to promote priority access to housing for adults under an AOT order and individuals being discharged from State Psychiatric Centers. The number of Rensselaer County AOT consumers continues to stay relatively static over time; currently 57 individuals are under an AOT order. Rensselaer County CDPC census as of 12/31/22 was 7 individuals (compared to 14 on 12/31/19, 6 on 12/31/21). Several State PC inpatients resettled back to Rensselaer during the pandemic and have remained integrated in the community with fairly intensive supports. The majority of the long stay individuals have other barriers to discharge such as complex medical needs warranting Nursing Home/Assisted Living placement or forensic/sex offender status which impacts community housing options (no dedicated Forensic beds awarded to Rensselaer County and CCII providers cite insurance liability exclusions for Level 2/3 offenders).

C& Y Mobile Crisis Data 2019-2022

Quarter	Total Calls	Mobile Visits	Non Mobile Visits
Q1 2023	167	61	106
Q4 2022	133	57	76
Q3 2022	93	44	49
Q2 2022	142	54	88
Q1 2022	127	66	61
Q4 2021	121	43	78
Q3 2021	107	40	67
Q2 2021	131	53	78
Q1 2021	133	70	63
Q4 2020	117	77	40
Q3 2020	61	23	38
Q2 2020	42	2	40
Q1 2020	126	95	31
Q4 2019	155	119	36
Q3 2019	114	101	13
Q2 2019	147	104	38
Q1 2019	153	110	43

Child and Youth
Mobile Crisis Outreach

While the total number of Child and Youth Mobile Crisis Outreach Visits over past four years was highest in 2019 and lowest, in 2020, the total number of visits was stable in 2021 and 2022. Within the number of total outreach visits, the number of non-mobile trended upward and the number of mobile visits trended downward. The percentage of mobile visits also trended steeply downward during the period, from 77% in 2019 to 45% in 2022.

See the following three graphs illustrating these trends.

Year	Non Mobile Visits	Mobile Visits	Total Visits	% Mobile
2019	130	434	564	77%
2020	149	197	346	57%
2021	286	206	492	42%
2022	274	221	495	45%
Grand Total	839	1058	1897	56%

	2019	2020	2021	2022
Total Visits	564	346	492	495

Mobile vs Non-Mobile Visits

% Mobile Visits

	2019	2020	2021	2022
% Mobile Visits	77%	57%	42%	45%
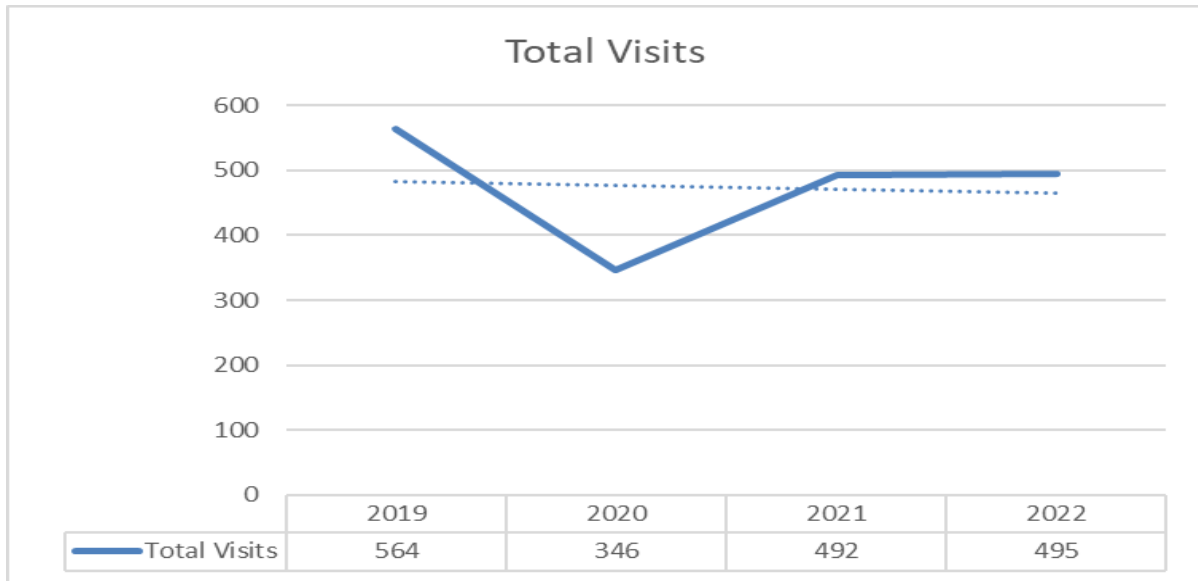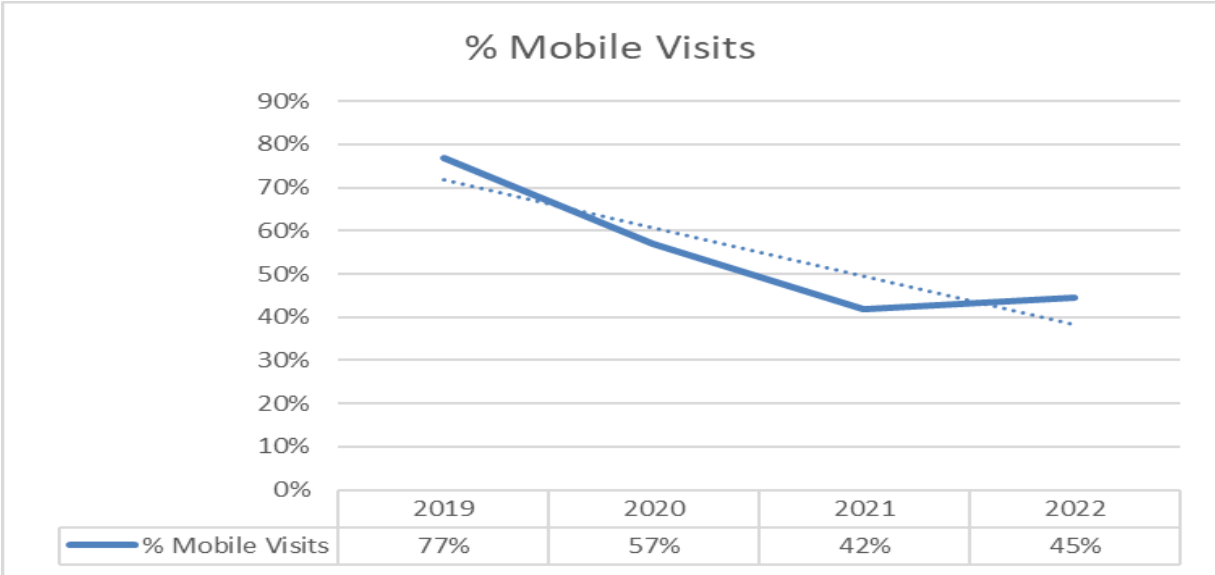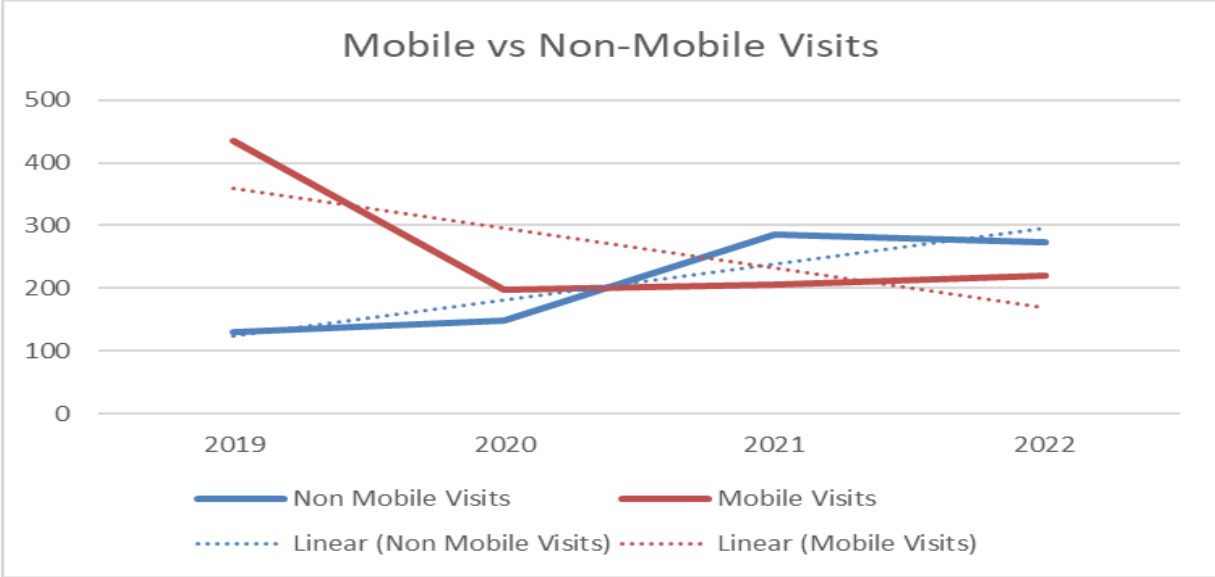
Rensselaer County SOC – 2023 April YTD vs 2022
Samaritan Hospital Crisis Unit data

- Average monthly visits are 23% higher in 2023 than 2022 (105.7 vs 87.2)
  - By consecutive month in 2023: 112, 99, 110 and 102 in 4/2023
- The percentage visits by children/youth 12-17 are higher in 2023; they are also overrepresented in children with a chief complaint of suicide.
- Recidivism is up slightly for 12-17 and 18-21 and down for 22-25.

Average	2022	2023 YTD
Avg Monthly visits	87.2	105.7
Legal Sex		
% female	55%	53%
% male	44%	46%
% "other"	1%	1%
Age		
11 & under	5%	5%
12-17	34%	41%
18-21	36%	31%
22-25	25%	23%
Ages for Chief Complaint Suicide		
11 & under	3%	3%
12-17	35%	45%
18-21	41%	30%
22-25	21%	22%
Ages for With Previous Discharge		
11 & under - (small numbers)	56%	45%
12-17	55%	58%
18-21	63%	67%
22-25	74%	64%
Arrive by		
Ambulance	35%	38%
Car	29%	24%
Police	31%	31%
Other	5%	7%
LOS		
< 1 day	85%	82%
1-< 3 days	12%	14%
3+ days	3%	4%
Total Visits	1,046	423

Death Due to Overdose

(Data from Rensselaer Co Health Dept.)

Year	Number of deaths
2023 thru 7/27/23	32 + 16 suspected
2022 Jan thru Sept	43 +1 suspected
2021	58
2020	56
2019	34
2018	19
2017	26
2016	27
2015	26

Prevention Goal

Excerpt from the RCDMH Annual Report to NYS OASAS:

Monitoring the Future data

https://nida.nih.gov/research-topics/trends-statistics/infographics/monitoring-future-2021-survey-results

Monitoring the Future is an annual survey of self-reported drug use by eighth, 10th and 12th grade students conducted by researchers at the University of Michigan, Ann Arbor, as funded by the National Institute on Drug Abuse.

From February through June 2021, 32,260 surveys from students enrolled across 319 public and private schools in the United States were collected.

Surprisingly, a positive trend emerged. "The percentage of adolescents reporting substance use decreased significantly in 2021, representing the largest one-year decrease in overall illicit drug use reported since the survey began in 1975."

Last 12 Months											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
8th Grade	14.7%	13.4%	15.2%	14.6%	14.8%	12.0%	12.9%	13.4%	14.8%	15.6%	10.2%
10th Grade	31.1%	30.1%	32.1%	29.9%	27.9%	26.8%	27.8%	29.9%	31.0%	30.4%	18.7%
12th Grade	40%	39.7%	40.1%	38.7%	38.6%	38.3%	39.9%	38.8%	38.0%	36.8%	32.0%

This statistic could support that Prevention efforts in the United States are working to reduce adolescent substance abuse and gives rationale for the continuation of strong Prevention efforts through the RCDMH Prevention program in Rensselaer County.

However, another concerning trend regarding (adult) overdose fatalities in Rensselaer County is emerging that impacts communities across the county and youth/families. Data from the Rensselaer County Health Department indicates a continued upward trend in the number of opiate related deaths due to overdose since 2020, as compared to previous years.

Losses have occurred across the county, impacting some school aged children in districts served by Prevention staff.   The level of community violence has also escalated in urban areas of Rensselaer County, with one young student and several young adult graduates of Lansingburgh fatally shot in recent years.

There are three active coalitions within the County to address the opiate epidemic and overall substance abuse challenges from a grass roots perspective:

1. Nopiates (Averill Park coalition)-resuming events and meetings in person, especially utilizing outdoor space and promoting healthy leisure time/socialization experiences, Narcan access, and education regarding fentanyl contamination in the local drug supply

2. The Troy Drug Free Community Coalition (Troy)-holding virtual meetings and resuming outdoor events/activities, targeting young adult (16-24-year-old) prevention through education and mentoring (the Dream Team)

3. The Heroin Coalition (chaired by the Rensselaer County Health Department and Sheriff's Department). Resumed face to face meetings in 2022 and continuing the successful Naloxone Now initiative (facilitating countywide contact-less delivery of Narcan and virtual Narcan training), assisted in implementation by RCDMH Peer Engagement Specialist. In 2021, the RCDMH Peer provided 208 individual Narcan trainings/kits alone.

Rensselaer County has experienced difficulty resuming comprehensive Needs Assessment data collection since the pandemic. The Bach Harrison Prevention Needs Assessment (PNA) had been given bi-annually to schools across Rensselaer County since 2000. The PNA was scheduled to be given in March 2020 but the COVID 19 State of Emergency and sudden school closures interfered with its administration. The Youth Development Survey (YDS) was postponed several times but offered to districts in Spring 2022; RCDMH encouraged all districts to participate, yet turnout was low. There seems to be competing demands for school districts and more focus on academic recovery, with less time on surveying, despite the information this would yield. The PNA does come in an online survey format which RCDMH plans to explore. RCDMH looks forward to collaborating with NYS OASAS and other Prevention providers to brainstorm future options around comprehensive and universal data collection so that the data can be compared across programs.

Therefore, data is based on the last administration of the PNA in March 2018 and 2017 Monitoring the Future Statistics. At that time, it was offered to 3,133 students in grade 6, 8, 10 and 12 in Rensselaer County. The PNA is designed to assess student involvement in a specific set of problem behaviors and exposure to risk and protective factors. The results help guide the planning of services for schools, communities, and groups to make the best use of available resources.

A number of risk factors, characteristics of school, community, and family environments, as well as characteristics of students and their peer groups are known to predict increased likelihood of drug use. In Rensselaer County, the 2018 PNA results indicated Risk was above the Bach Harrison Norm in areas of;

- Perceived Risk of Drug Use
- Laws and Norms Favor Drug Use
- Family conflict and poor family management
- Parent attitudes favor drug use
- Academic failure/Low Commitment to School

Protective factors, or those that are a positive influence or buffer against the negative influence of risk, reduce the likelihood that youth will engage in problem behaviors. The 2018 PNA results indicated Protection to be lower than the Bach Harrison norm in:

- Rewards for pro social involvement in the community, within the family, and in peer domain
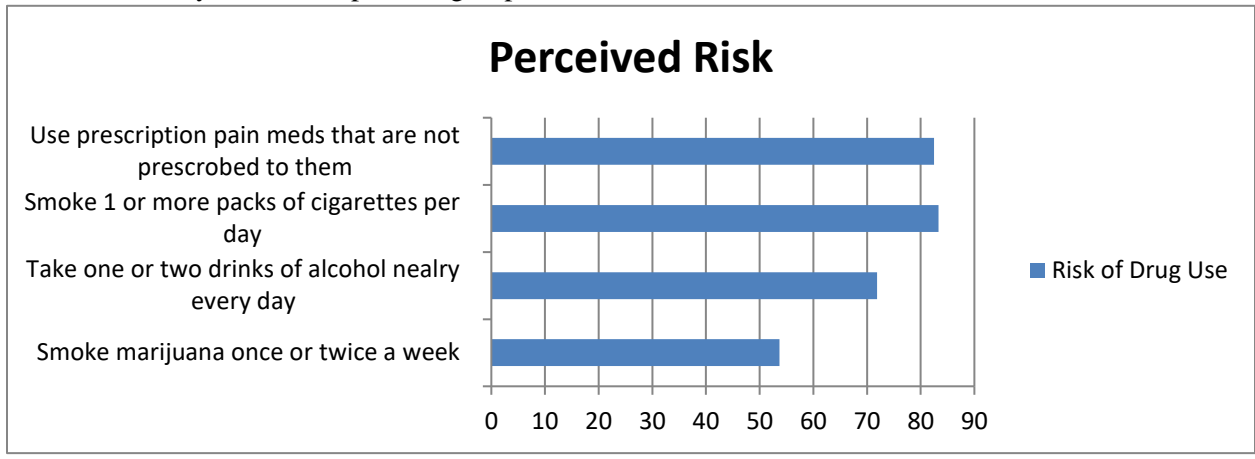- Interaction with pro-social peers

Alcohol and Marijuana still continue to be a concern among Rensselaer County youth. Consumption data shows that students report an increase in Alcohol use between 6th and 8th grade, tripling from 3.1% in 6th grade to 9% in the 8th grade. This is also higher than the Monitoring the Future survey results at 8% for 8th grade use. Marijuana use among the 8th grade increases from 3.6% to 19.6% in the 10th grade with the 10th grade being higher than the Monitoring the Future survey results of 15.7% in 2017. Total E-Cigarette use was 15.5% compared to the Monitoring the Future 2017 survey results 12%.

The perception of drug use among peers continues to demonstrate that students significantly overestimate the use of their peers. Students reported perceiving that 67% of their peers use alcohol when the actual total usage reported among all students was 18%. In addition, students perceived that 62% of their peers use marijuana when actually 11% report use. Perceived Peer drug use remains to be one of the strongest predictors of substance use. This overestimation is the basis for social media platforms such as Join the Crowd, which aims to change perceptions by focusing on the percentage of peers that do not use (i.e. 82% of Rensselaer County peers do not drink alcohol and 89% do not use marijuana).

Another factor that influences whether youth will use tobacco, alcohol, marijuana and other illicit drugs is the extent to which they believe the substance might cause them harm. The PNA results showed that Rensselaer County youth tend to underestimate the risk of harm. Per the chart below, the majority of students rated the risk of non-prescribed pain meds and smoking 1+ packs of cigarettes daily as fairly high risk. In contrast, the risks of two alcoholic drinks daily and marijuana smoking once/twice weekly was perceived as lower risk (see chart below). The theory is that the perceived risk of taking a drug is tied to usage rates, because knowledge of the potential dangers of drugs should make people less likely to try them. The findings show that fewer teens believe abusing alcohol and marijuana is bad for their health. This belief is contributing to higher rates of abuse of these drugs. This is the foundation for Evidenced Based Prevention programming in Middle/High Schools across the county as well as non EBP education around vaping, fentanyl contamination of substances, and synthetic cannabis derivatives. Providing accurate information regarding the risks associated with alcohol, marijuana, tobacco, opiates, and other drugs is a main goal of Prevention staff. Prevention goals aim to decrease risk factors that lead to ATOD use and change social norms perception around substance use and harm. An added challenge is the legalization of recreational use cannabis for adults over age 21 and misperceptions around legalization in general.

In addition, the Prevention program sought to build Protective factors through EBP education to youth in schools, community coalition work/environmental strategy implementation, and Parenting programs.

Perceived risk by students in percentages, per 2018 PNA:

Perceived Risk

Category	
Use prescription pain meds that are not prescrobed to them	
Smoke 1 or more packs of cigarettes per day	
Take one or two drinks of alcohol nealry every day	
Smoke marijuana once or twice a week	

Risk of Drug Use

0 10 20 30 40 50 60 70 80 90

Rensselaer County Housing Data 5.18.2023

The data below is from two sources:

- The HUD required homeless "Point in Time Count"
  - Nationwide, each homeless continuum of care counts the number of homeless individuals and families on the same day annually
  - Data used for trending is 2020, 2021 and 2022
  - Caresny.org/continuum-of-care/reports/#512_RCHSC
- The New York State Office of Mental Health Residential Indicators (RPI) report
  - The Residential Program Indicators (RPI) report presents data from the Child and Adult Integrated Reporting System (CAIRS).
  - The data provided in the RPI report reflects the accuracy of information provided by the agencies for each admission and discharge
  - This report only includes programs under the auspices of OMH
  - https://my.omh.ny.gov/analytics/saw.dll?dashboard#reports

Point in Time Homeless Count

- The number of homeless people with SMI and with SUD increased steadily from 2020 through 2022 but decreased sharply in 2023 to approximately the same level as in 2020.
- At the same time, the number of total homeless families decreased from 41 to 23 and the number of homeless individuals decreased from 124 to 51.
- This report demonstrates increased continued progress addressing homelessness in general and a shift in addressing homelessness for individuals with behavioral health conditions in the past year.
- Recommend monitoring the stability of the decrease in homelessness for individuals with behavioral health conditions as this decrease could represent a trend, a change in data collection or some other anomaly.

Residential Indicators Report
- While several levels of care and/or programs are operating at capacity, several are not
- The programs operating under 85% capacity, per this report, are indicated in red in the attached report.
- This report demonstrates the need to
  - correct data that is incorrectly reported and/or
  - improve access to programs that are not operating at capacity and/or
  - discuss opportunities to better use housing resources.

Reports are on the following pages.

Point in Time Reports

Point in Time Homeless Count "Subopulations" Rennselaer NY-512

	2020	2021	2022	2023
SMI	24	37	44	17
SUD	17	18	24	16

Point in Time Count "Homeless Populations" Rennselaer NY-512

	2020	2021	2022	2023
Total Households	41	34	19	23
Number of persons	124	85	56	51
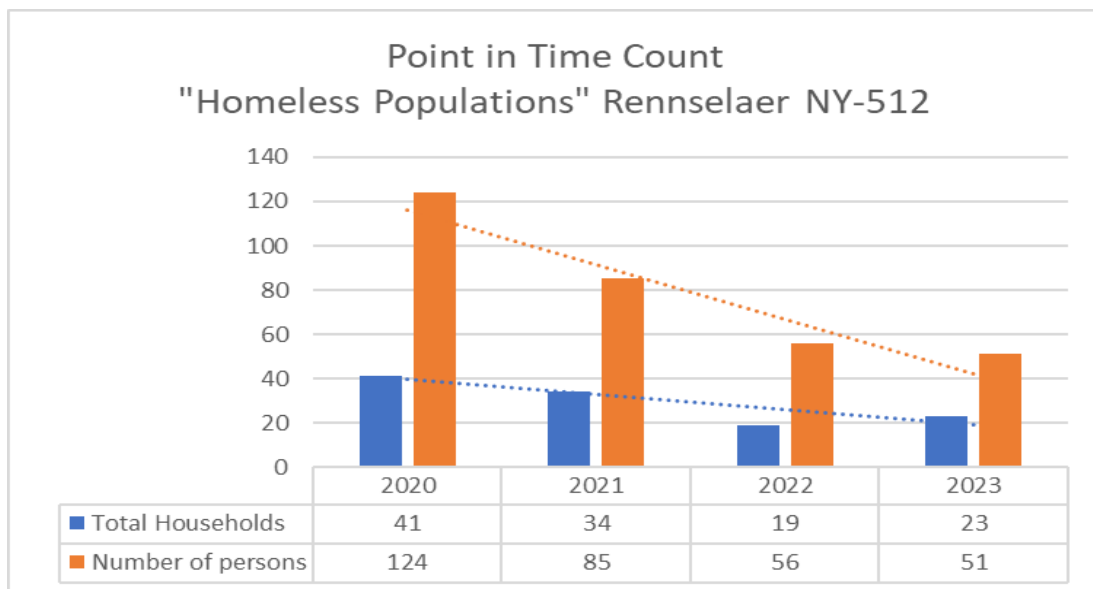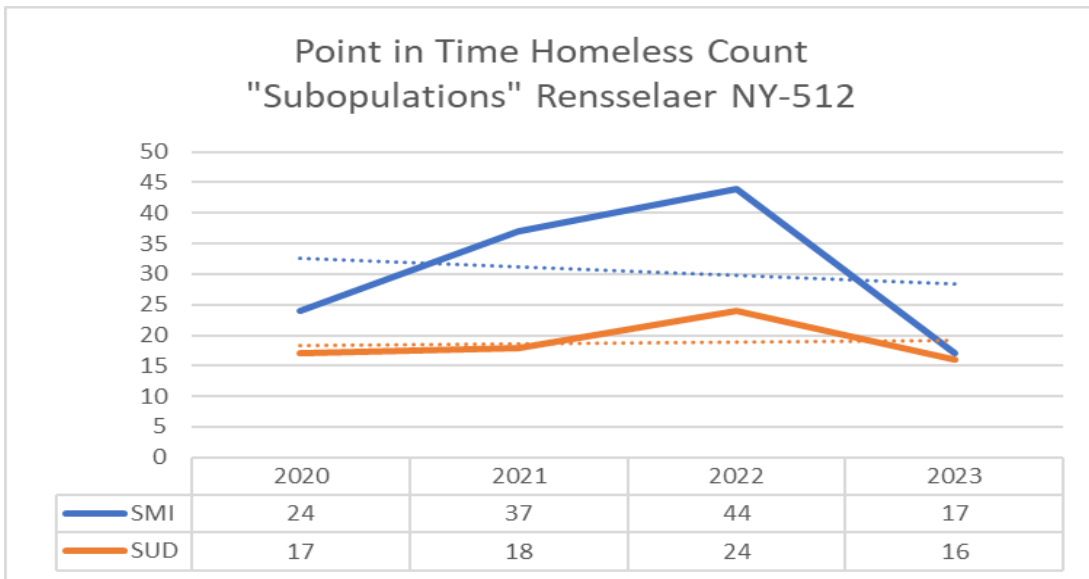
OMH Residential Indicators Report

Program Type	Program Subtype	Facility	Unit	# of Beds	Occupancy % During Timeframe	Median LOS	% LOS > 2 Years
Apartment/Treatment				**86**	**87.9%**	**1,434**	**76.3%**
Apartment/Treatment	**Voluntary Apartment**			**86**	**87.9%**	**1,434**	**76.3%**
	Voluntary Apartment	**Unity House of Troy, Inc.**		**86**	**87.9%**	**1,434**	**76.3%**
		Unity House of Troy, Inc.	Unity House Transitional Apartment Services	86	87.9%	1,434	76.3%
Congregate/Treatment				**28**	**99.1%**	**1,042**	**60.7%**
Congregate/Treatment	**Voluntary Non-Specialty Congregate**			**28**	**99.1%**	**1,042**	**60.7%**
	Voluntary Non-Specialty Congregate	**Unity House of Troy, Inc.**		**28**	**99.1%**	**1,042**	**60.7%**
		Unity House of Troy, Inc.	Sixth Avenue Residence	8	97.6%	1,028	62.5%
			Unity House Eighth Street Residence	12	99.6%	754	50.0%
			Unity House Fourteenth Street Residence	8	100.0%	1,624	75.0%
Supported Housing Community Services				**135**	**85.3%**	**2,276**	**86.2%**
Supported Housing Community Services	**Supported Housing**			**135**	**85.3%**	**2,276**	**86.2%**
	Supported Housing	**Joseph's House and Shelter, Inc.**		**34**	**76.5%**	**3,130**	**100.0%**
		Joseph's House and Shelter, Inc.	Joseph's House SH/Rensselear County PC Long Stay - Comm Svcs	1	100.0%	1,474	100.0%
			Joseph's House Supported Housing (Renss Cty) - Comm. Svcs	24	100.0%	3,130	100.0%
			Joseph's House Supported Housing/The Hill Street Inn	9	11.1%	3,246	100.0%
		Rehabilitation Support Services, Inc.		**7**	**71.6%**	**1,334**	**83.3%**
		Rehabilitation Support Services, Inc.	RSS Supp Housing/STP Rensselaer Cty - Comm Svcs	7	71.6%	1,334	83.3%
		Unity House of Troy, Inc.		**87**	**88.6%**	**2,082**	**80.5%**
		Unity House of Troy, Inc.	UH of Troy SH/Transformation SH Rensselaer - Comm Svcs	10	90.0%	1,550	88.9%
			Unity House Supported Housing/Rensselaer Cnty - Comm. Svcs	56	0.957	2902.5	0.796
			Unity House Troy SH/MRT SH Rennselaer Cty - Comm Svcs	10	0.928	2261	0.667
			Unity House Troy SH/Renn County PC Long Stay Comm. Svcs	11	47.4%	2,082	100.0%
		YWCA Greater Capital Region		**7**	**100.0%**	**1,994**	**100.0%**
		YWCA Greater Capital Region	YWCA of the Greater Capital Region Sup. Housing/Co-Comm.Svcs	7	100.0%	1,994	100.0%
Supportive Single Room Occupancy (SP-SRO)				**41**	**0.0%**	**0**	**0.0%**
Supportive Single Room Occupancy (SP-SRO)	**Supported Housing**			**41**	**0.0%**	**0**	**0.0%**
	Supported Housing	**Unity House of Troy, Inc.**		**41**	**0.0%**	**0**	**0.0%**
		Unity House of Troy, Inc.	Hillside Views	26	0.0%	0	0.0%
			Unity Phase 1	15	0.0%	0	0.0%

Admissions of <u>Rensselaer County</u> Residents to Treatment Programs
## by Program County & Program Type in Calendar Year 2021

Program County	Crisis Services	Inpatient Treatment Services	Opioid Treatment	Outpatient Services	Residential Services	Grand Total
Grand Total	330 (100.0%)	289 (100.0%)	80 (100.0%)	441 (100.0%)	113 (100.0%)	1,253 (100.0%)
Albany	225 (68.2%)	57 (19.7%)	42 (52.5%)	158 (35.8%)	37 (32.7%)	519 (41.4%)
Rensselaer		77 (26.6%)	8 (10.0%)	202 (45.8%)	38 (33.6%)	325 (25.9%)
Schenectady	83 (25.2%)	90 (31.1%)	24 (30.0%)	57 (12.9%)	12 (10.6%)	266 (21.2%)
Dutchess	8 (2.4%)	19 (6.6%)		1 (0.2%)	2 (1.8%)	30 (2.4%)
Franklin		12 (4.2%)			2 (1.8%)	14 (1.1%)
Putnam	3 (0.9%)	7 (2.4%)		3 (0.7%)		13 (1.0%)
Onondaga	1 (0.3%)	4 (1.4%)	1 (1.3%)	1 (0.2%)	2 (1.8%)	9 (0.7%)
Oneida		8 (2.8%)			1 (0.9%)	9 (0.7%)
Montgomery		2 (0.7%)	5 (6.3%)		2 (1.8%)	9 (0.7%)
Orange	4 (1.2%)	4 (1.4%)				8 (0.6%)
Warren				3 (0.7%)	3 (2.7%)	6 (0.5%)
Tompkins				5 (1.1%)	1 (0.9%)	6 (0.5%)
Columbia				5 (1.1%)	1 (0.9%)	6 (0.5%)
Ulster		1 (0.3%)			4 (3.5%)	5 (0.4%)
Westchester		2 (0.7%)		2 (0.5%)		4 (0.3%)
Saratoga				1 (0.2%)	3 (2.7%)	4 (0.3%)
New York	2 (0.6%)			2 (0.5%)		4 (0.3%)
Saint Lawrence		2 (0.7%)			1 (0.9%)	3 (0.2%)
Broome	2 (0.6%)	1 (0.3%)				3 (0.2%)
Suffolk				1 (0.2%)	1 (0.9%)	2 (0.2%)
Rockland	1 (0.3%)	1 (0.3%)				2 (0.2%)
Seneca		1 (0.3%)				1 (0.1%)
Richmond		1 (0.3%)				1 (0.1%)
Nassau					1 (0.9%)	1 (0.1%)
Fulton					1 (0.9%)	1 (0.1%)
Cattaraugus					1 (0.9%)	1 (0.1%)
Bronx	1 (0.3%)					1 (0.1%)

This report shows which counties and program types Rensselaer residents were admitted to in Calendar year 2021. Data is from the OASAS Client Data System as of September 2022.

Admissions for Residents of <u>Rensselaer County</u> in Calendar Year 2021
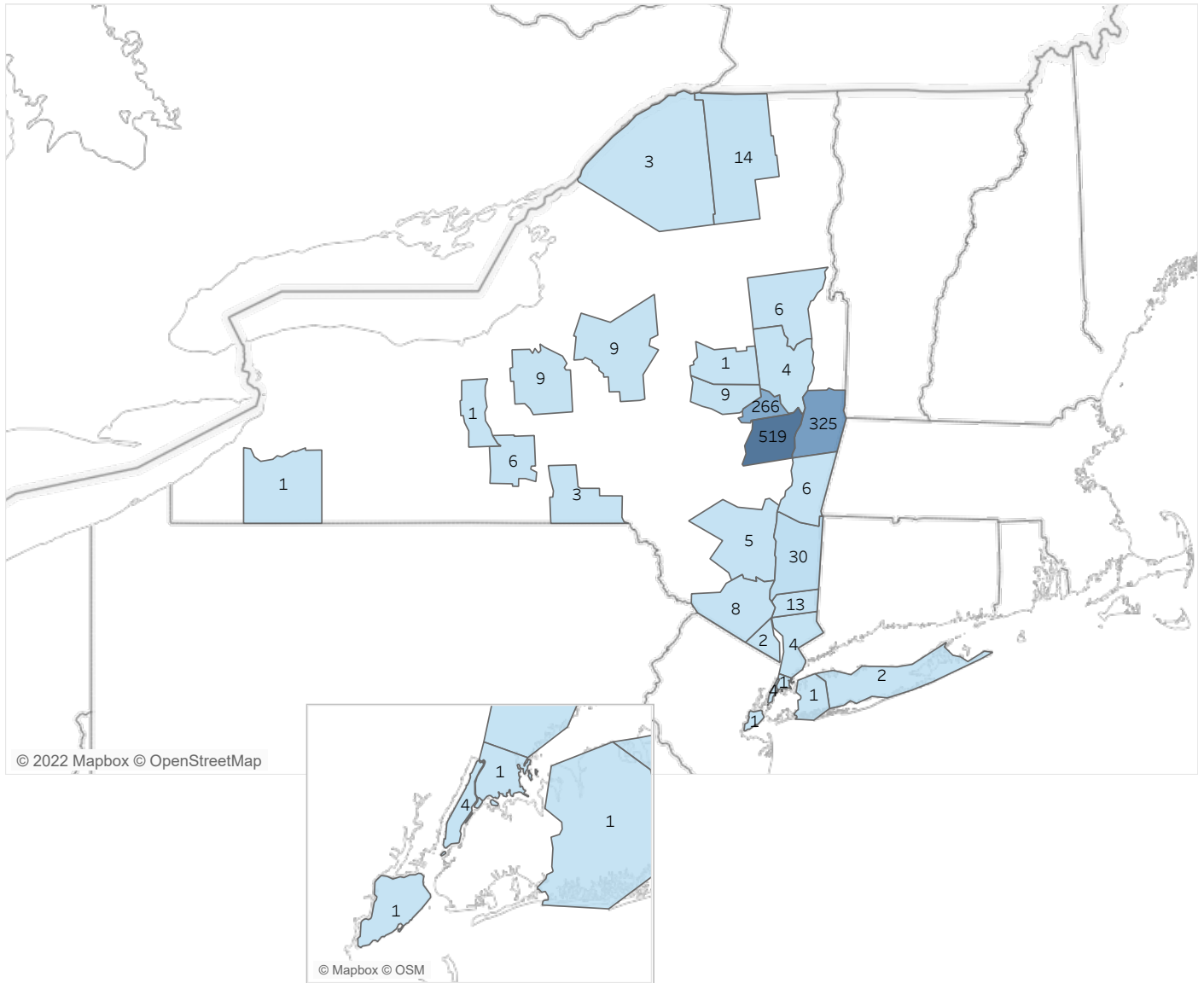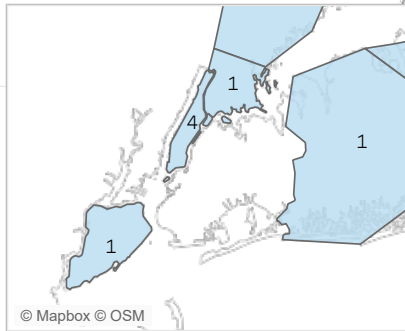
This map shows which counties Rensselaer residents were admitted to in Calendar year 2021. Data is from the OASAS Client Data System as of September 2022.

Northern Rivers
Adult Mobile Outreach

The average number of monthly calls and the average number of persons served per month by the Northern Rivers Adult Mobile program has increased between 2019 and 2023. While the average monthly calls/person trended up over the period, that could partly reflect a high number of calls per person in 2021. Note 2023 was only January and February.

Year	Average Monthly Calls	Average of Monthly Individuals Served	Average of Montly Calls/person
2019	25.8	22.7	1.15
2020	40.92	31.00	1.34
2021	107.17	49.75	2.18
2022	110.00	59.08	1.87
2023	69.50	50.00	1.37
Average	85.16	46.79	1.78

Goals and Objectives Attachment, Northern Rivers Summary 4.6.2023.docx
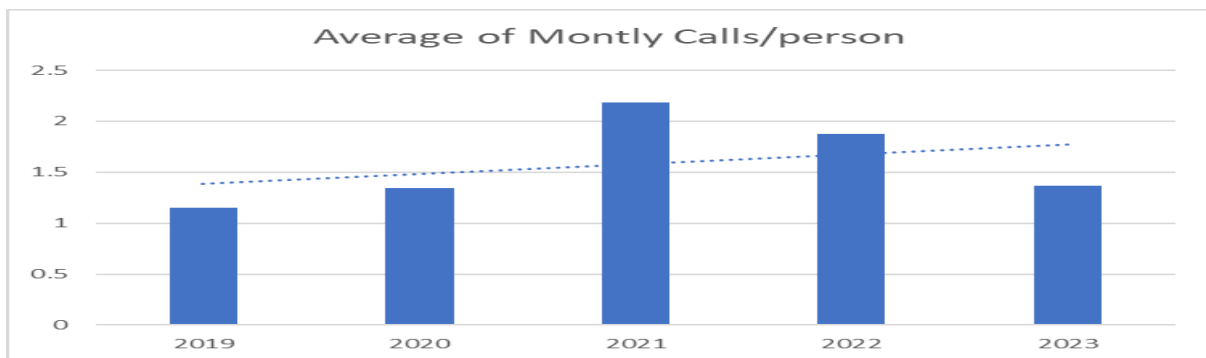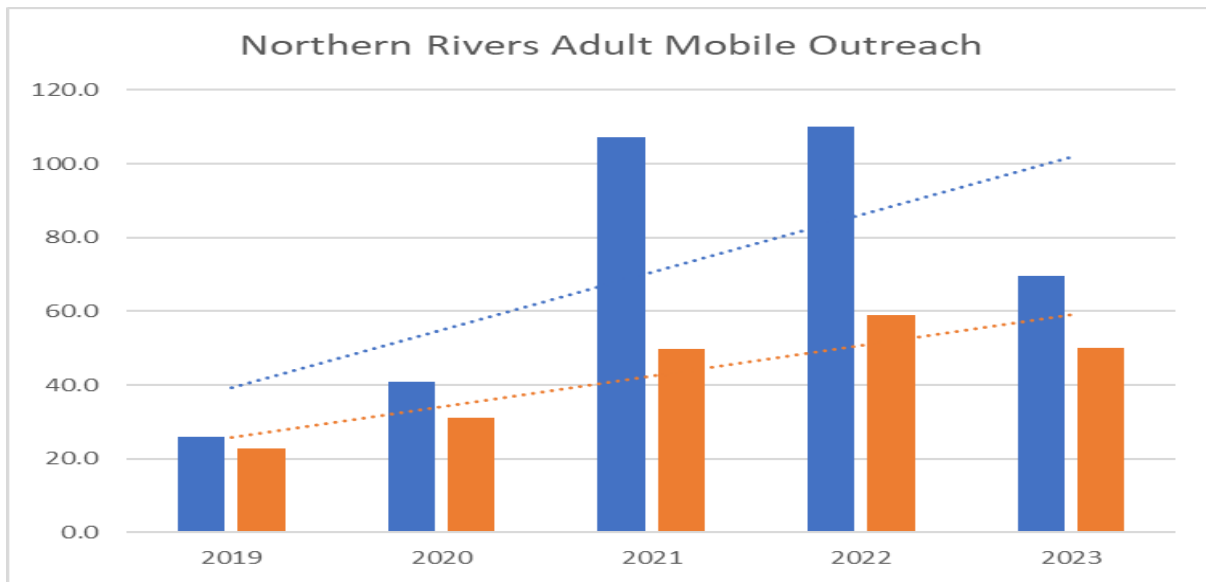
Rensselaer County
OMH Vital Signs Dashboard – April 2023

Background

The OMH Vital Signs Dashboard (VSD) uses New York State Medicaid data to present the public mental health system's performance in the domains of access, quality and treatment outcomes. All metrics are stratified by race/ethnicity: White, Black, Hispanic, Asian/Pacific Islander, Native American, Multiracial, Unknown. Race/ethnicity categories are mutually exclusive.

Data is reported for adults and for children/youth. The "Full Mental Health Population" represents the mental health population served by all providers. When there is adequate data, the following reports display data for Rensselaer County as a whole and for individual providers. For race/ethnicity data, there is not adequate data to report on individual providers and when the numerator is less than 25.

https://mypublicdashboard.ny.gov/t/OMH/views/OMHVitalSignsDashboardVSD/VSDHome-Adult?:showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link

Data and observations follow with a focus on behavioral health indicators.

Adult Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

	Statewide	Rensselaer County	Rensselaer MH	Samaritan	Unity House- Troy
Access					
Received HH+ when eligible	32%	38%	57%	41%	84%
Treatment					
Adherence to antipsychotic	63%	58%	67%	55%	82%
Antidepressant – acute	52%	46%	73%	47%	-
Antidepressant - continuation	36%	28%	54%	30%	-
30 day readmission	14%	14%	15%	20%	-
Quality					
7 day Follow up MH hosp.	55%	42%	61%	43%	63%
30 day Follow up MH hosp.	70%	60%	84%	61%	81%
7 day Follow up MH ED	73%	24%	50%	43%	
30 day Follow up MH ED	81%	31%	83%	57%	100%

Rensselaer County is:

- better than the statewide average performance in access to Health Home Plus and quality in follow up after mental health hospitalization
- worse than the statewide average in treatment measures and follow up after ER.

Samaritan Hospital is worse than the statewide average performance in all measures except access to Health Home screening.

Goals and Objectives Attachment, Rensselaer County Vital Signs 4.2023.docx

Rensselaer County Mental Health is better than the statewide average performance in all measures except for 7 day follow up to MH ER and is very close regarding readmission. Unity House of Troy is better than the statewide average for all measures that have an adequate number of participants to report.

Child Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

	Statewide	Rensselaer County	Rensselaer MH	Samaritan
Access				
Use of 1st line psychocial care for children/youth on antipsychotics	77%	35%	86%	-
Treatment				
30 day readmission MH	9%	6%	8%	-
Quality				
7 day Follow up MH hosp.	73%	71%	72%	-
30 day Follow up MH hosp.	88%	95%	98%	-
Follow up ADHD Med initiation	60%	42%	65%	36%
Follow up ADHD Medcontinue	71%	46%	67%	-
7 day Follow up MH ED	77%	32%	63%	-
30 day Follow up MH ED	88%	41%	84%	-

Rensselaer County is:

- better than the statewide average performance in 30-day readmission and 30-day follow-up to MH Hospitalization.
- worse than the statewide average the rest of the measures but is close to the statewide average in 7 day follow up to MH hospitalization.

Rensselaer County Mental Health is additionally better than the statewide average in use of 1st line psychosocial care for children/youth on antipsychotics and follow-up on ADHD medication initiation. However, the other measures are below the state average.

There was only adequate data to report on one measure for Samaritan Hospital.

Disparities

The ability to review race/ethnicity performance is limited by small number of some races/ethnicities for several performance measures. Because small numbers are suppressed, the disparity in numbers doesn't always total. This is particularly evident with the child data where, for example, the total readmission rate is 6% and the only race ethnicity displayed White with a readmission rate of 12%.

Disparities are discussed and highlighted in the tables following the narrative in comparison to measures for the county as a whole.

For adults, the measures for people identified as White are generally better than other race/ethnicities, highlighting racial disparities in service access, delivery and quality. The measures for individuals identifying as Hispanic, Native American and Asian is better in some categories. Measures for individuals identifying as Black are only better than the Rensselaer County average in 7 day follow up after Mental Health hospitalization.

For children/youth, the measures for those identified as white are better than other race/ethnicities for all measures except for follow up after hospitalization 7 day and readmission rate. Interestingly, all racial categories exceed the county average for first line psychosocial care. In contrast to adults, measures for Black children are better than the county average in categories such as follow up to hospitalization 7 day and 30 days.

Charts showing the disparity measure for adults and children are on the following pages.

Rensselaer County Adult Full Mental Health Population - Racial Disparities		
Measure	Disparity Category	Performance
Adherence to AP (Schizophrenia)	Total	**58%**
	Asian/PI	71%
	Black	56%
	Hispanic	59%
	Multiracial	44%
	White	63%
Antidepressant – Acute Phase	Total	**46%**
	Asian/PI	42%
	Black	34%
	Hispanic	39%
	Multiracial	46%
	Native American	52%
	White	51%
	Unknown	39%
Antidepressant – Continuation Phase	Total	**28%**
	Asian/PI	25%
	Black	18%
	Hispanic	22%
	Multiracial	28%
	Native American	29%
	White	32%
	Unknown	23%
Follow-up MH ED 7 Day	Total	**24%**
	Black	25%

Goals and Objectives Attachment, Rensselaer County Vital Signs 4.2023.docx

	Hispanic	19%
	Multiracial	12%
	White	35%
Follow-up MH ED 30 Day	Total	**31%**
	Black	30%
	Hispanic	32%
	Multiracial	17%
	White	44%
Follow-up MH Hospitalization 7 Day	Total	**42%**
	Black	39%
	Hispanic	41%
	Multiracial	27%
	White	50%
	Unknown	58%
Follow-up MH Hospitalization 30 Day	Total	**60%**
	Black	54%
	Hispanic	63%
	Multiracial	50%
	White	66%
	Unknown	63%
HH+ Service Received	Total	**38%**
	Asian/PI	0%
	Black	43%
	Hispanic	31%
	Multiracial	17%
	White	43%
Readmission 30 Day (Lower % is better)	Total	14%
	Asian/PI	0%
	Black	15%
	Hispanic	21%
	Multiracial	13%
	White	14%

Rensselaer County Child Full Mental Health Population - Racial Disparities		
Measure	Disparity Category	Performance
First-Line Psychosocial Care	Total	**35%**
	Black	43%
	Multiracial	37%
	White	40%

Follow-up ADHD Medication, Continuation	Total	**46%**
	Black	35%
	Hispanic	39%
	Multiracial	46%
	White	51%
Follow-up ADHD Medication, Initiation	Total	**42%**
	Asian/PI	42%
	Black	33%
	Hispanic	44%
	Multiracial	39%
	Unknown	48%
	White	45%
Follow-up MH ED 7 Day	Total	**32%**
	White	50%
Follow-up MH ED 30 Day	Total	**41%**
	Black	35%
	Multiracial	22%
	White	63%
Follow-up MH Hospitalization 7 Day	Total	**71%**
	Black	100%
	Multiracial	79%
	White	64%
Follow-up MH Hospitalization 30 Day	Total	**95%**
	Black	100%
	Multiracial	93%
	White	97%
Readmission 30 Day (Lower % is better)	Total	**6%**
	Black	0%
	Hispanic	0%
	Multiracial	0%
	White	12%

Rensselaer County
Substance Use Disorder (SUD) Treatment for Rensselaer County Residents

A total of 1,253 Rensselaer County residents received SUD treatment in 2021 and Rensselaer County providers served 712 individuals in the same year. However, there is a gap between residents receiving treatment and treatment availability in Rensselaer County.

- % residents served in-county   26%
- % residents served out-of-county   74%
- % services by in-county providers for residents   46%

While Rensselaer County residents are served out of county across all levels of care, the 2021 gap is greatest for Crisis admissions.

	Calendar Year 2021				
	Rensco Provider Admissions	Residents Served in Rensco	Rensco County of Residence	Rensco out of County	Out of county Provider Admissions
Crisis			330	330	
Inpatient	316	77	289	212	239
Opioid Treatment Program	25	8	80	72	17
Outpatient	294	202	441	239	92
Residential	77	38	113	75	39
Grand Total	712	325	1253	928	387

Note that 2021 is the most recent year available for this data.

https://data.ny.gov/Human-Services/Substance-Use-Disorder-Treatment-Program-Admission/ngbt-9rwf
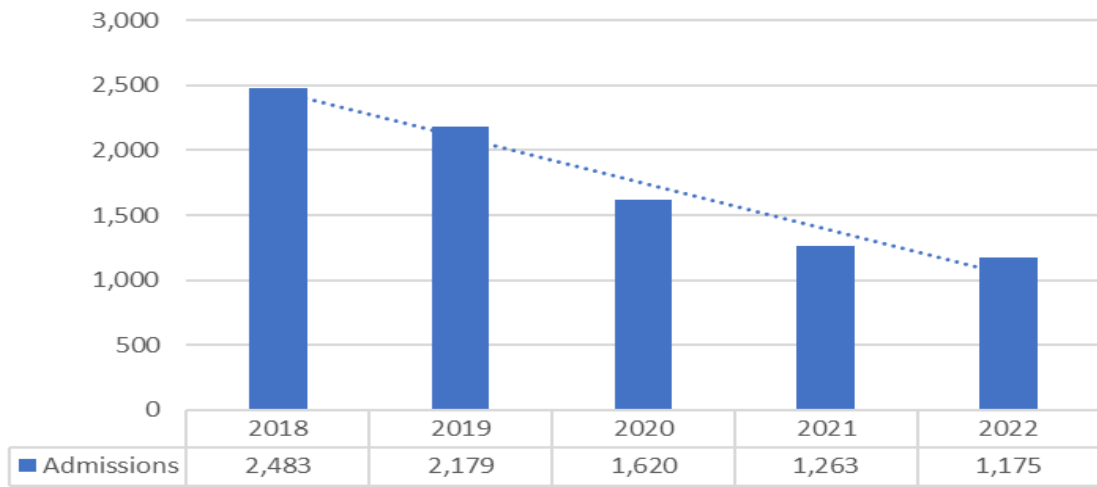
SUD Treatment County for Rensselaer County Residents

OASAS provided each county with an analysis of where county residents received treatment. This report shows the total number of admissions for 2018 – 2022, plus detail on the program type services provided in each county.
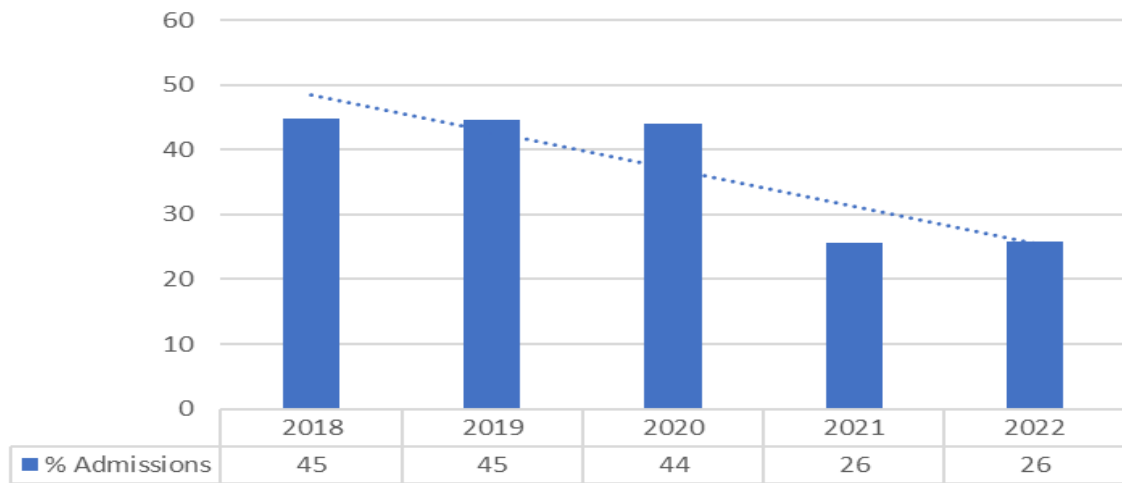
Note the following observations:

- Total SUD admissions for Rensselaer County residents decreased for each of the past five years.
- For 2018 – 2020, approximately 45% of residents were served in-county while that dropped to 26% for 2021 and 2022.
- In 2022, 43% of Rensselaer residents were served in Albany County, 26% in Rensselaer County and 16% in Schenectady County.

Graphs and the report from OASAS follow. Please note that data for counties serving small numbers of Rensselaer County residents are omitted to protect confidentiality.

Total Rensselaer SUD Admissions

	2018	2019	2020	2021	2022
■ Admissions	2,483	2,179	1,620	1,263	1,175

% In-County Rensselaer Admissions

	2018	2019	2020	2021	2022
■ % Admissions	45	45	44	26	26

2022 SUD Treatment County - Rensselaer Residents

All other 15%

Schenectady 16%

Albany 43%

Rensselaer 26%
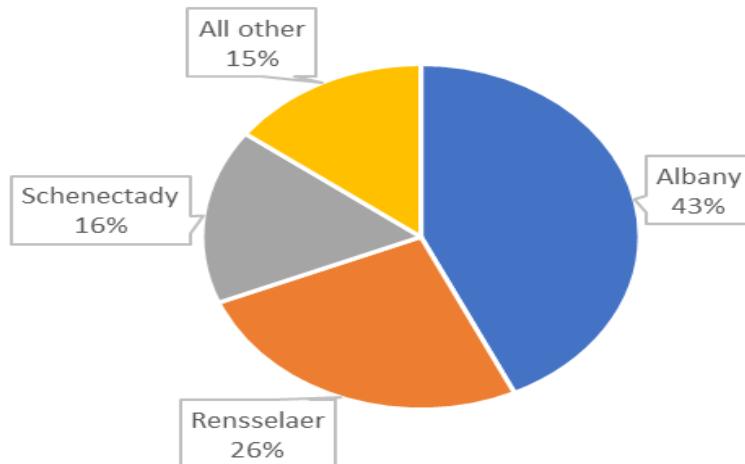
Program County	Program Type	Admissions, 2018	% of Total, 2018	Admissions, 2019	% of Total, 2019	Admissions, 2020	% of Total, 2020	Admissions, 2021	% of Total, 2021	Admissions, 2022	% of Total 2022
Grand Total		2,483	100.0%	2,179	100.0%	1,620	100.0%	1,263	100.0%		100.0%
Albany	Total	893	36.0%	762	35.0%	550	34.0%	528	41.8%	505	43.0%
	Crisis Services	293	50.8%	222	46.8%	150	50.2%	225	68.2%	232	66.7%
	Inpatient Treatment Services	65	14.5%	55	13.6%	58	17.8%	57	19.7%	69	26.0%
	Opioid Treatment	41	36.3%	46	43.4%	32	27.8%	42	52.5%	26	59.1%
	Outpatient Services	414	35.7%	397	37.6%	278	36.5%	167	37.0%	144	35.2%
	Residential Services	80	42.8%	42	30.4%	32	27.1%	37	32.7%	34	31.2%
Rensselaer	Total	1,116	44.9%	974	44.7%	713	44.0%	325	25.7%	303	25.8%
	Crisis Services	151	26.2%	128	27.0%	39	13.0%				
	Inpatient Treatment Services	145	32.4%	140	34.7%	116	35.6%	77	26.6%	52	19.6%
	Opioid Treatment	69	61.1%	53	50.0%	76	66.1%	8	10.0%	3	6.8%
	Outpatient Services	699	60.3%	609	57.6%	435	57.1%	202	44.8%	210	51.3%
	Residential Services	52	27.8%	44	31.9%	47	39.8%	38	33.6%	38	34.9%
Schenectady	Total	254	10.2%	271	12.4%	208	12.8%	267	21.1%	193	16.4%
	Crisis Services	99	17.2%	99	20.9%	87	29.1%	83	25.2%	85	24.4%
	Inpatient Treatment Services	137	30.6%	123	30.4%	85	26.1%	90	31.1%	63	23.8%
	Opioid Treatment	1	0.9%	6	5.7%	5	4.3%	24	30.0%	4	9.1%
	Outpatient Services	11	0.9%	28	2.6%	23	3.0%	58	12.9%	34	8.3%
	Residential Services	6	3.2%	15	10.9%	8	6.8%	12	10.6%	7	6.4%
	Outpatient Services					1	0.1%	2	0.4%		

Suicide Rates

2023 thru July	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011
9	20	11	16	16	26	17	15	15	24	10	18	16

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

Katherne Alonge-Coons, Commissioner
kcoons@rensco.com

Goal 1

Title	Develop a full continuum of crisis care, inclusive of all populations.
Update	The OMH selected provider for the Intensive Crisis Stabilization Center, RSS, has worked with the LGU to provide briefings to the System of Care regarding progress to date and are building linkages to the community via the LGU facilitation. Unity House, Inc., Troy, NY reports construction for rehab to the site has begun. Anticipated completion at Sept 2024; anticipated opening in fall 2024. System of Care project continues through a cross system work group to lower recidivism. Data is tracked each month for the number of persons under age 18 accessing the Crisis Unit. Data indicates a decrease in utilization. (See data attached) Data indicates Healy House Crisis Residence referrals and utilization for Rensselaer County was highest in 2022. 2024 Q1 is trending below the 2022 numbers but consistent with 2023. Northstar Crisis Residence utilization data indicates the highest utilization in 2022. 2024 Q1 data indicates utilization higher than 2022. (See data attached) The LGU continues to collaborate with Troy PD in providing the EDPRT training for all county based municipal PDs and Sheriff's Dept. The next training is scheduled for September 2024. Barriers to implementation include lack of staffing for the Mobile Team and an inability to the locate a team in Rensselaer County. (see data re: utilization for Child and Youth and Adults attached) There has been no growth on housing opportunities for the I/DD population in Rensselaer County. All CONs received from OPWDD re: housing have been for relocation and not expansion.

OBJECTIVES

Integrate the Supportive and Intensive Crisis Stabilization Centers into the continuum of care in Rensselaer County.	Ongoing
Implement a crisis residence for adults in Rensselaer County.	Ongoing
Decrease recidivism of children and youth accessing the crisis unit.	Ongoing
Assure utilization of the regional crisis residences for children and youth.	Ongoing
Continue EDPRT/CIT training for local law enforcement at a minimum of at least two trainings per year..	Ongoing
Embed Mobile Crisis Services in Rensselaer County.	Ongoing

OBJECTIVE UPDATES

Objective 7 Integrate new HCBI service into the C & Y crisis continuum of care March 2025.
Objective 8 Establish a disaster Mental Health Team in Rensselaer County by June 2025.

Goal 2

Title	Expand access to a continuum of housing for specialty populations which are affordable, culturally inclusive, and safe; in order to support persons returning to the community from inpatient psychiatric settings, state prisons, OPWDD forensic settings, local jails, and those from the community in need of housing.
Update	Note: NYS OMH Residential Indicators Report for Rensselaer County illustrates the following trends in the county which are substantiated by the Housing SPOA; A. Treatment Apartment Program has low census due to necessity for CR placements. B. Long term PC discharge beds are not utilized due to low PC census, and inability to graduate from CRs to these beds. C. High attrition at Unity House TAS and Joseph House Supportive apartments due to high acuity and violence. D. Individuals frequently prefer supported apartment over treatment apartment due to the program fees and fiscal model. E. Difficulty housing adults with sex offender status and arson history. F. CDPC census 12/31/23 = 9; 7/1/24 = 10. There have been no funding opportunities for housing providers to pursue housing first models. Housing providers have attempted to provide additional supports for medication compliance, household chores etc. but these supports are not sufficient. Housing for persons with co-occurring addiction and MH disorders remains extremely limited. Fusion Recovery will open an 820 residential program in the fall of 2024, and reports an ability to serve this population. There is no advancement in developing housing for co-occurring I/DD and MH and/or addiction. The LGU has worked with a coalition of local housing providers and advocated for rural housing development. No opportunity to date, There has been no development in housing for those with criminal history. An RFP was issued by the LGU and funding was awarded to ACCA to implement a rental assistance program for persons successfully graduating from OASAS licensed housing.. A workgroup of community stakeholders has worked with ACCA to design the program, and develop referral process to be launched July 2024. Funding is via the Regional Abatement monies. In December 2023 and January 2024, Rensselaer County had the highest number of homeless families supported by DSS. This homeless status

	increases the ACEs or children and places the children and youth in high risk settings. - See needs assessment data. This is an issue being addressed by the C & Y System of Care.

OBJECTIVES

Develop additional Housing First settings.	Ongoing
Home based care to provide care to assure compliance with all medications, household chores, and ADLs.	Ongoing
Develop housing opportunities to provide treatment and support for persons with co-occurring addiction and/or Mental Illness/IDD.	Ongoing
Develop supported housing in the rural areas.	Ongoing
Develop Housing dedicated to persons with criminal history.	Ongoing
Develop rental subsidy assistance for persons graduating from OASAS certified housing.	Ongoing

OBJECTIVE UPDATES

Objective 7 Develop 10 supported housing opportunities for families with SED child by 2027
Objective 8 Develop a minimum of one recovery (sober living community) housing opportunities by 2027.

Goal 3

Title	Expand outpatient treatment opportunities.
Update	Samaritan Hospital Outpatient Clinic lost through attrition more than 50% of clinical staff in 2023. The county operated clinics assisted in providing care for many residents of the county who wee displaced from care in that setting, or were new referrals for treatment. Staffing is gradually improving but not yet at full capacity. Hope House Inc., Troy, had multiple vacancies in outpatient treatment programs, for several months in 2023/2024 with only 1 clinician. There had been difficulty in accessing care until Fusion Recovery opened outpatient services in Albany County. Capacity remains an issue for outpatient care due to workforce attrition. Northern Rivers Inc. was awarded by OMH the funding and opportunity to implement Youth ACT services in Rensselaer County. Northern Rivers anticipates opening the program in Fall 2024. Samaritan Hospital has explored the possibility of creating an IOP within the hospital's MHOTRS program. Due to the high attrition of staff this is on hold. Via the NYS OASAS Regional Abatement Funds the county issued a RFP for outpatient treatment providers licensed by OMH or OASAS for $25,000 to support costs of training clinical staff in the treatment of co-occurring MH and addiction disorders. Awards have been given to ACCA, Albany and Samaritan Hospital. The county operated MHOTRS staff will be trained in fall 2024. Hope House, Troy, reports an ability to serve adolescents now that a few vacant clinical positions have been filled. Rensselaer Co DMH is scheduling training for clinical staff providing care for children and adolescents, for the treatment of co-occurring addiction and emotional disturbance in fall 2024. Vital Sign Dashboard data for Rensselaer County (see data summary attached) illustrates the need for much improvement for the county programs overall, and Samaritan Hospital. The county operated MHOTRS programs have made progress in improving in most areas. The Center for Disability Services closed a satellite clinic which was located at Rensselaer ARC. This clinic closure has created barriers in access for those who were served at this site.

OBJECTIVES

Outpatient providers will continue to work in collaboration in an effort to serve as many clients as possible when workforce shortages diminish capacity.	Ongoing
Develop a Youth ACT team in Rensselaer County.	Ongoing
Develop an IOP to serve persons with co-occurring SPMI & SUD.	Ongoing
Increase skill across the addiction and mental health outpatient settings in treating persons with co-occurring disorders.	Ongoing
Develop SUD treatment opportunities for adolescents.	Ongoing
Imporve Vital Signs Dashboard indicators for all MHOTRS in Rensselaer County.	Ongoing

OBJECTIVE UPDATES

Goal 4

Title	Expand the number of peer advocates in the behavioral health workforce serving county residents.

Update	The county operated MHOTRS programs have developed two peer positions to incorporate into the workforce. One position has been filled by a Family Peer Advocate in the children's MHOTRS. Interviews are underway for the second position to be located in adult MHOTRS. Additional peer services are needed in Drug Treatment Court and the County Correctional Facility capable of serving persons with co-occurring mental illness and addiction. The LGU will utilize Regional Abatement monies to establish a peer position to support the Drug Treatment Court and outpatient clinic. Employed in the System of Care serving children and youth in Rensselaer County is one youth advocate and three Family Peer Advocates. With the exception of the FPA employed b the county, all other advocates provide services regionally and are not dedicated to Rensselaer Co families and youth.

OBJECTIVES

Establish peer advocates in the MHOTRS programs in the county.	Ongoing
Peer advocates to serve residents of the county regardless of disabling condition or provider involvement.	Ongoing
Increase the Parent Advocate and Youth Advocate workforce.	Ongoing

OBJECTIVE UPDATES

Goal 5

Title	Promote emotional wellness for persons of all ages through Prevention approaches.
Update	Update from RCDMH Prevention Program: During the 2023-2024 school year, 1,416 evidence-based classroom presentations across 11 schools in 6 school districts (10 staff), from elementary aged through high school students. In addition to evidence-based programming, there were approximately 365 youth who received prevention related assessment and/or counseling, with over 1,692 sessions conducted. The prevention program is integral in sustaining, supporting, and collaborating with local coalitions that have been maintained. This is a part of program efforts to increase community prevention approaches and environmental strategies work across the lifespan. In Fall 2023 a part time community-based prevention position (funded via Regional Abatement monies) allowed for increased access to SBIRT/Teen Intervene (EBP) to be implemented throughout the county. An increased focus on building prevention efforts for adults and the I/DD population are necessary. RCDMH prevention staff participate in and collaborate with, the Rensselaer County Heroin Coalition. Two regional coalitions exist within the county: NoPiates (Averill Park) and Troy Drug Free Coalition (Troy/Lansingburgh); both coalitions are supported by RCDMH Prevention staff. There is an increased need for community wide education regarding the risks of (underage) alcohol/drug use, and fentanyl contamination in the local drug supply. The 2023 PNA (see attached) data indicates that Rensselaer County has a higher than average risk factor on community availability of alcohol & Other Drugs; Parental Attitudes Favoring AOD use; and lower perception of risk based on substance. The county has low protective score for Community rewards for prosocial involvement. That, coupled with the legalization and commercialization of retail marijuana, minimal regulation and enforcement, media messaging, and substance related social media content, could lead to increased access to substance by youth and mixed messages. (see attached data for Death due to Overdose) Expanded Evidence-based programming: The utilization of Boys Council and Girls Circle were utilized as a Tier II Intervention this year with 6 group offerings held. This is planned to be continued to utilized for the 2024-2025 academic year. The Prevention Program was expanded in the elementary school setting through Lansingburgh Central School District. Parent education group offerings were expanded during the 2023-2024 academic year. 11 Parent groups were offered with 46 caregivers participating. Most programming was offered county wide and with varying facilitation methods (In person/virtual), childcare was offered when possible, bus passes, gas cards, light refreshments etc. 2023 PNA data indicates increased risk factors in the area of familial conflict and parental attitudes favoring antisocial behavior. A reduced protective factor lower than the Bach Harrison Norm was perceived family reward for prosocial involvement. 19.3% of young people said they used marijuana at home with parental permission. 36.4% of kids said they drank alcohol at home with parental permission. Nearly half (49.6%) of kids say they haven't talked to their parents about the dangers of drug abuse in the last year. There is also increased access and means to substances at home and decreased adult perception of harm and increased normalization. Expansion of Prevention Counseling: The program was also able to have a part time community-based prevention staff for the 2023-2024 academic year. This position and staff member allowed for increased access to SBIRT/Teen Intervene (EBP) to be implemented throughout the county. Referrals occurred through increased collaborations with community providers such as Renss Co Probation, DSS, etc. Community-based prevention has bridged some gaps and has allowed for increased ability to reach rural populations., have less services in their area. This has been beneficial in providing intervention while youth are on a waiting list for Substance Assessment/Treatment. The Rensselaer co Suicide prevention Task Force has been working to reinvigorate efforts. Utilizing real time data from the County Health Dept., the Task Force has set goals to promote the use of gun locks, lock boxes for medications and widely disseminating information re: 988. Gatekeeper trainings are continuing. (see data below re: suicides in county) In 2023 Rensselaer County had 18 total deaths by suicide. In the first 6 months of 2024 there have been 9 deaths by suicide in the county. In 2023 the Suicide Prevention task force has focused on the reinvigoration of the Post-vention services, offered trainings, and recruitment for the team. The task force held a training on 10/2/2023 "Suicide, Opioid Overdose, & Other Traumatic Loss in Behavioral Health" and "Pillars of Postvention" on 4/21/23. The Prevention Needs Assessment (PNA) administered in December of 2023 in Rensselaer County schools indicated that 13.3% of students seriously considered attempting suicide; 10.2% of students "made a plan" about how they would attempt suicide; 7.3% of students "made an attempt". RCDMH Prevention Program staff facilitated higher rates of Suicide Prevention Curriculum pre-pandemic. Prevention staff has had updated training in additional suicide prevention curriculum "It's Real: Teen Mental Health" through the American Foundation for Suicide Prevention. It is the goal of school and community prevention to continue to increase utilization of such programs as "More Than Sad," "It's Real: Teen Mental Health" etc. The Suicide Prevention Center of NY is funding the Capital Connect program to reduce suicidal ideation in two targeted populations: adolescent females and working age males. Two services have been made available: ASSIP - Attempted Suicide Short Intervention Program, and Youth Nominated Support Team (YST); the LGU is actively encouraging referrals to these programs. Two RCDMH staff members were trained as YMHFA trainers in November of 2023. RCDMH and trainers will explore requirements of Mental Health First Aid Connect digital system and financial requirements in order resume offering this training for certification to providers in the C & Y SOC. The majority of RCDMH Prevention staff are trained as Youth Mental Health First Aiders via MHANYS. Prevention staff share resource of these trainings throughout the school communities and coalitions they are involved in. The RCDMH Prevention program also consulted with Project

	Aware Grant Staff for universal MHFA training for certification with Lansingburgh Central School District and Rensselaer City School District staff that occurred in May 2024.

OBJECTIVES

Increase/solidify community coalitions in the county and expand environmental strategies for Prevention.	Ongoing
Expand evidence-based prevention programming to schools, families, communities across the county and across the lifespan.	Ongoing
Expand prevention counseling and intervention services for at risk students and increase referrals to adultescent substance abuse treatment.	Ongoing
Suicide Prevention strategies will be increased in Rensselaer County.	Ongoing
Increase Youth MH First Aid training in the county.	Ongoing

OBJECTIVE UPDATES

Data Packet for 2025 LSP

Data for Goal 1 Objective 3:   **Observations regarding Rensselaer County SOC Crisis Unit Return Visit Data**
                                                     2022, 2023, and 2024 through April for age 25 & under

Introduction
Samaritan Hospital has been extremely cooperative, sharing its Crisis Unit data with the Rensselaer County Children's System of Care. However, because of limitations in their ability to export EHR data, recidivism analysis is limited to the most recent visit occurring within hours, days, weeks, months, or years. This number does not reflect information such as the number of repeat visits per youth. The resulting analysis is meant to encourage conversation with stakeholders including suggested follow-up.

Overall Recidivism
Because we are only four months into 2024, the number of visits is low, and any apparent trends could be reversed as the year progresses. So far, the decrease in youth returning within hours is stable and less than in 2022, and youth returning within months continues to increase. **The percentage with no previous discharge has decreased. If this trend continues, it appears that children/youth have continued to return but not as quickly.**

	2022 Full Year	2023 Full Year	2024 YTD Apr
hours	14%	9%	8%
days	7%	6%	5%
weeks	11%	9%	12%
months	27%	31%	36%
years	3%	7%	10%
no prev.	37%	36%	29%
Grand Total	100%	100%	100%

Age and Legal Sex
While the numbers are small, when drilling into the data, there are differences and similarities in experience by gender. For example, in the first three months of 2024:

- 26% of both females and males returned within **hours, days, or weeks**
- 36% of both females and males returned within **months**
- Almost the same percentage of females had a **previous discharge** (73%) as males (71%).
- Almost the same number of females had **no previous discharges** (27%) as males (29%).
- For females, the highest numbers of those returning within hours are 18-21 (6)
- For males, the highest numbers of those returning within hours are 18-21 (8)
- **While 39% of females served were 12-17, 32% of males served were 12-17 but 59% of these females had a previous discharge compared to 70% of these males.**
- **While 37% of females served were 18-21, 32% of males served were 18-21 but 79% of these females had a previous discharge compared to 66% of these males.**
- **While 19% of females served were 22-25, 30% of males served were 22-25 but 85% of these females had a previous discharge compared to 81% of these males.**

Data Is on the Following Page

2024 January - April

All youth

	11 and under	12-17	18-21	22-25	Grand Total	
hours	1	3	14	6	24	8%
days	1	2	4	7	14	5%
weeks	1	8	13	13	35	12%
months	4	44	29	25	102	36%
years	2	7	11	7	27	10%
no prev.	6	37	26	12	81	29%
Grand Tot	15	101	97	70	283	100%
no prev.	40%	37%	27%	17%	29%	29%
With prev	60%	63%	73%	83%	71%	71%

Female

	11 and under	12-17	18-21	22-25	Grand Total	
hours	1	2	6	1	10	7%
days			3	3	6	4%
weeks	1	5	8	7	21	15%
months	2	22	18	9	51	36%
years	1	4	7	3	15	11%
no prev.	1	23	11	4	39	27%
Grand Tot	6	56	53	27	142	100%
no prev.	17%	41%	21%	15%	27%	27%
With prev	83%	59%	79%	85%	73%	73%

Male

	11 and under	12-17	18-21	22-25	Grand Total	
hours		1	8	5	14	10%
days	1	2	1	4	8	6%
weeks		3	5	6	14	10%
months	2	22	11	15	50	36%
years	1	3	4	4	12	9%
no prev.	5	13	15	8	41	29%
Grand Tot	9	44	44	42	139	100%
With no p	56%	30%	34%	19%	29%	29%
With prev	44%	70%	66%	81%	71%	71%

Goal 1 Obj 4

Rensselaer County Referrals - Northern Rivers Crisis Residences

Healy House		*North Star*	
2022		*2022*	
Referred	50	Referred	35
Admitted	29	Admitted	11
Non-admit	21	Non-admit	24
Client/family withdrew	17	Client/family withdrew	22
Needs a higher level of care	4	Needs a higher level of care	1
Private insurance			1

2023

Referred	32		Referred	31
Admitted	17		Admitted	6
Non-admit	15		Non-admit	25
Client/family withdrew	10		Client/family withdrew	20
Needs a higher level of care	5		Needs a higher level of care	5

2023 (second column header)

1st Quarter 2024

|				
Referred	8		Referred	15
Admitted	3		Admitted	7
Non-admit	5		Non-admit	8
Client/family withdrew	4		Client/family withdrew	8
Needs a higher level of care	1			

Goal 1 Obj 6

Child and Youth

Mobile Crisis Outreach

Quarterly mobile visits were highest in 2019, trending downward through 2024. Non-mobile visits were highest in 2021 and 2022 with an upward trend from 2019 through 2024. Except for 2019, mobile visits were approximately 50% of total visits

Because 2024 only includes the first quarter, the observed trend may change over the year.

Year	Non Mobile Visits	Mobile Visits	Total calls	% Mobile
2019	32.5	108.5	141.0	78%
2020	37.3	49.3	86.5	46%
2021	71.5	51.5	123.0	42%
2022	68.5	55.3	123.8	45%
2023	36.3	45.3	102.3	44%
2024	49.0	60.0	121.0	50%

The following graphs illustrate this data.
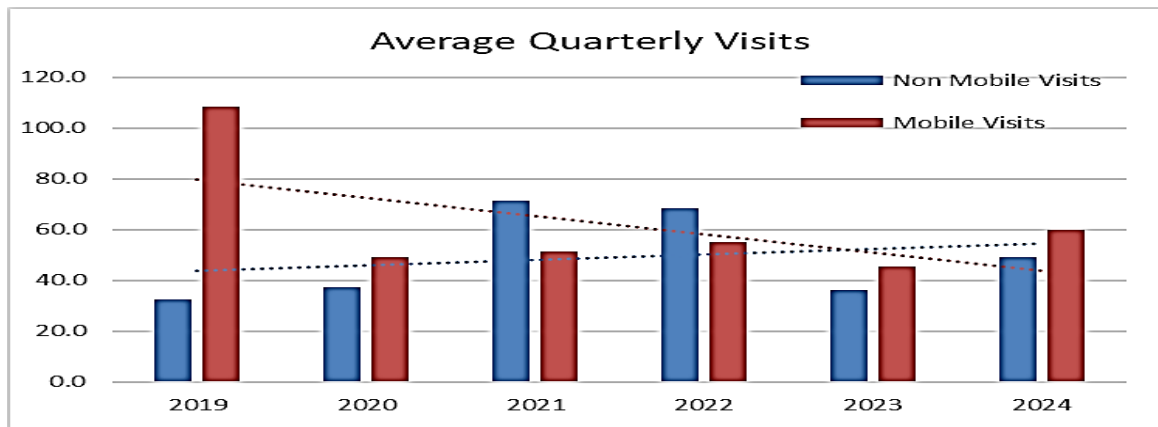
Average Total Quarterly Visits and % Mobile

Northern Rivers
Adult Mobile Outreach

The average number of monthly calls and the average number of persons monthly by the Northern Rivers Adult Mobile program has trended upwards between 2019 and 2024.
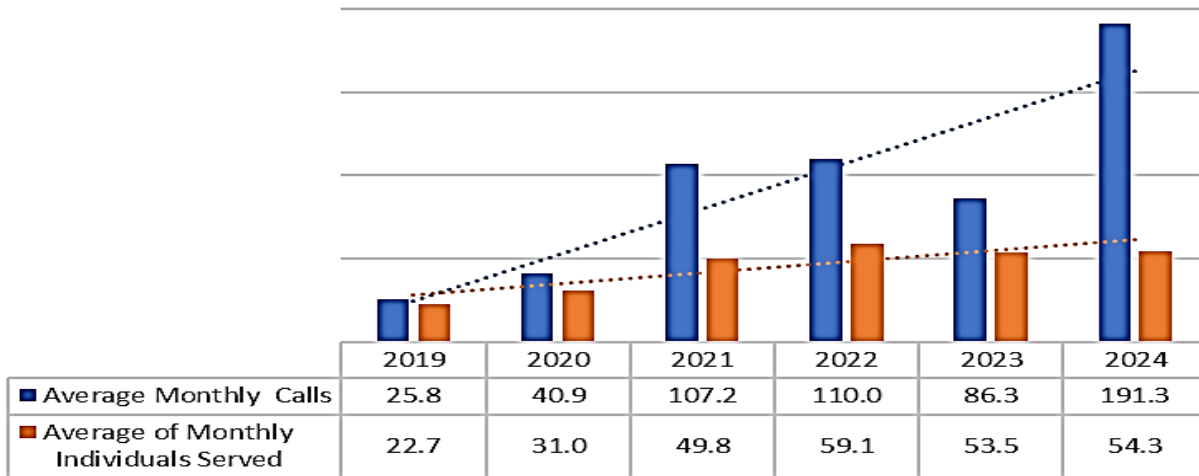
- While the average monthly calls trended up over the period with a slight decrease in 2023.
- The upward trend in average monthly persons served increased less steeply than average monthly calls.

The average monthly calls per person are also trending upward due to the increase in the first four months of 2024.
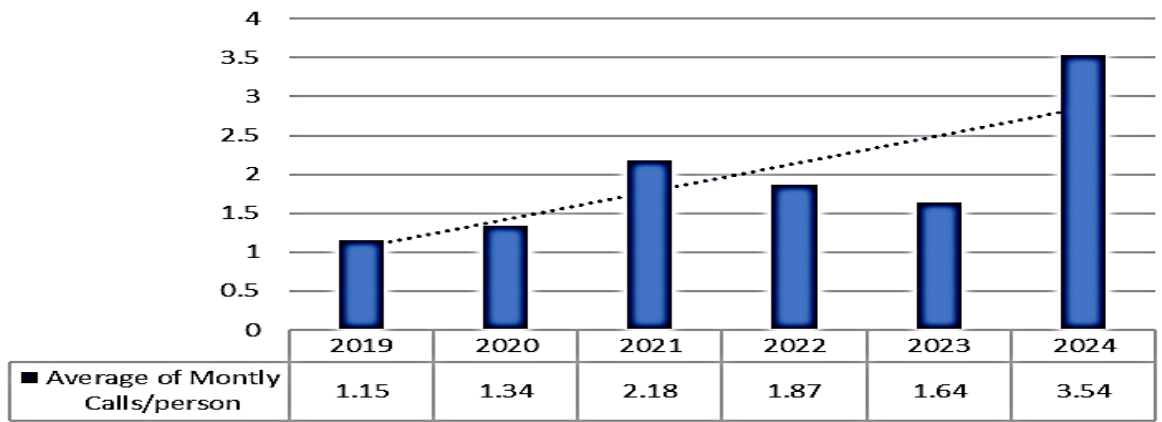
The number of new recipients was only reported in 2023 and 2024. The average number of new recipients/month was essentially the same i.e. 26.3 in 2023 and 26.5 in 2024.

Note that 2024 was only reported for January through April so the observed trends could change with additional data.

Average Monthly Calls & Individuals Served

	2019	2020	2021	2022	2023	2024
■ Average Monthly Calls	25.8	40.9	107.2	110.0	86.3	191.3
■ Average of Monthly Individuals Served	22.7	31.0	49.8	59.1	53.5	54.3

Average of Montly Calls/person

	2019	2020	2021	2022	2023	2024
■ Average of Montly Calls/person	1.15	1.34	2.18	1.87	1.64	3.54

Goal 2 Housing Data

Rensselaer County Housing Data 6.4.2024

The data below is from two sources:

- The HUD required homeless "Point in Time Count"
  - Nationwide, each homeless continuum of care counts the number of homeless individuals and families on the same day annually
  - Data used for trending is 2020 through 2024
  - Caresny.org/continuum-of-care/reports/#512_RCHSC
- The New York State Office of Mental Health Residential Indicators (RPI) report
  - The Residential Program Indicators (RPI) report presents data from the Child and Adult Integrated Reporting System (CAIRS).
  - The data provided in the RPI report reflects the accuracy of information provided by the agencies for each admission and discharge
  - This report only includes programs under the auspices of OMH
  - https://my.omh.ny.gov/analytics/saw.dll?dashboard#reports

Point in Time Homeless Count

- The number of homeless people with SMI or SUD decreased from 2020 through 2022, decreased sharply in 2023, and then increased sharply in 2024.
- After trending downward, the number of homeless households and homeless persons increased sharply in 2024, exceeding the numbers in 2020.
- In 2024, there were 73 persons with SMI or SUD out of a total of 270 persons, representing 26% of the homeless population.
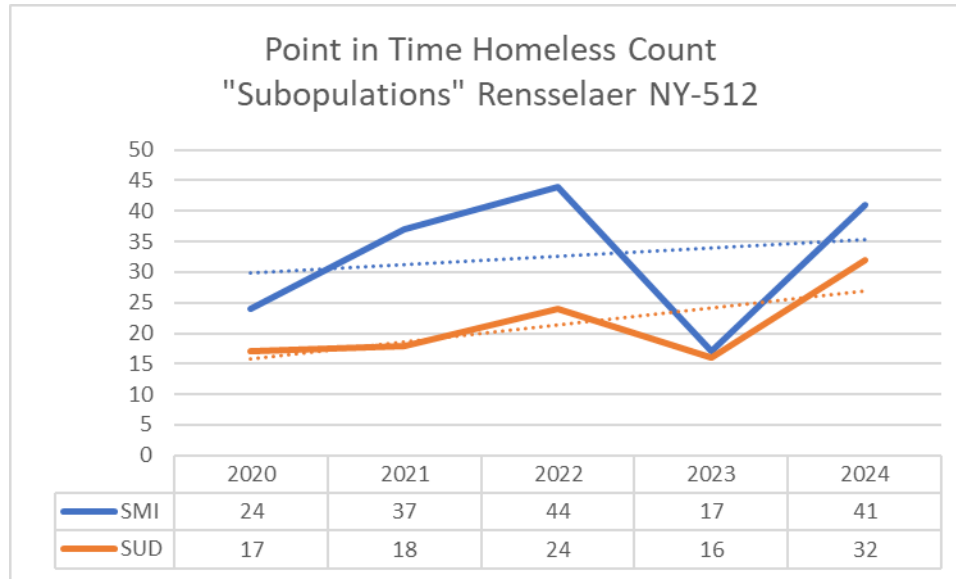
Residential Indicators Report
- While several levels of care and/or programs are operating at capacity, several are not
- The programs operating under 85% capacity, per this report, are indicated in red in the attached report.
- This report demonstrates the need to
  - correct data that is incorrectly reported and/or
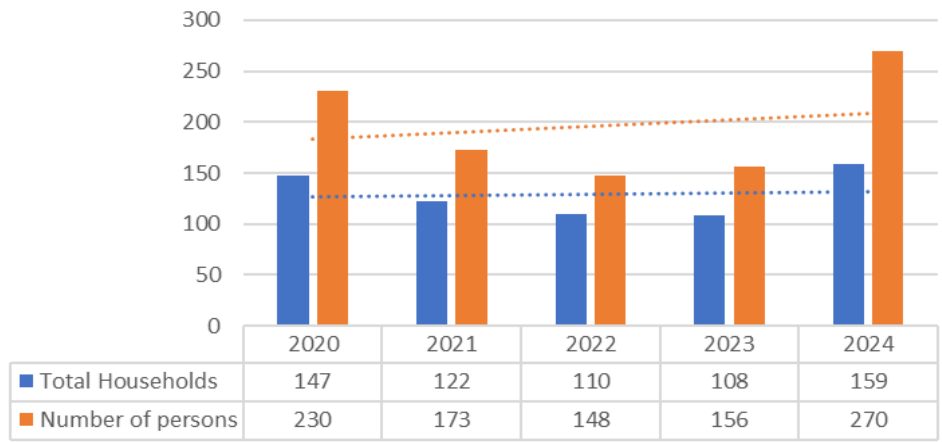 - improve access to programs that are not operating at capacity and/or

- o   discuss opportunities to better use housing resources.

Reports are on the following pages.

Point in Time Reports

Point in Time Homeless Count
"Subopulations" Rensselaer NY-512

	2020	2021	2022	2023	2024
SMI	24	37	44	17	41
SUD	17	18	24	16	32

Point in Time Count
"Homeless Populations" Rennselaer NY-512

	2020	2021	2022	2023	2024
Total Households	147	122	110	108	159
Number of persons	230	173	148	156	270

OMH Residential Indicators Report:

Program Type	Program Subtype	Facility	Unit	# of Beds	Occupancy % During Timeframe	Median LOS
Apartment/Treatment				**86**	**88.4%**	**1,831**
Apartment/Treatment	**Voluntary Apartment**			**86**	**88.4%**	**1,831**
	Voluntary Apartment	**Unity House of Troy, Inc.**		**86**	**88.4%**	**1,831**
		Unity House of Troy, Inc.	Unity House Transitional Apartment Services	86	88.4%	1,831
Congregate/Treatment				**28**	**100.0%**	**1,439**
Congregate/Treatment	**Voluntary Non-Specialty Congregate**			**28**	**100.0%**	**1,439**
	Voluntary Non-Specialty Congregate	**Unity House of Troy, Inc.**		**28**	**100.0%**	**1,439**
		Unity House of Troy, Inc.	Sixth Avenue Residence	8	100.0%	1,425
			Unity House Eighth Street Residence	12	100.0%	1,151
			Unity House Fourteenth Street Residence	8	100.0%	2,021
Supported Housing Community Services				**48**	**210.1%**	**2,478**
Supported Housing Community Services	**Supported Housing**			**48**	**210.1%**	**2,478**
	Supported Housing	**Joseph's House and Shelter, Inc.**		**34**	**76.5%**	**3,527**
		Joseph's House and Shelter, Inc.	Joseph's House SH/Rensselear County PC Long Stay - Comm Svcs	1	100.0%	1,871
			Joseph's House Supported Housing (Renss Cty) - Comm. Svcs	24	100.0%	3,527
			Joseph's House Supported Housing/The Hill Street Inn	9	11.1%	3,643
		Rehabilitation Support Services, Inc.		**7**	**93.8%**	**1,515**
		Rehabilitation Support Services, Inc.	RSS Supp Housing/STP Rensselaer Cty - Comm Svcs	7	93.8%	1,515
		Unity House of Troy, Inc.			**0.0%**	**2,316**
		Unity House of Troy, Inc.	UH of Troy SH/Transformation SH Rensselaer - Comm Svcs		0.0%	2,070
			Unity House Supported Housing/Rensselaer Cnty - Comm. Svcs		0.0%	2,376
			Unity House Troy SH/MRT SH Rennselaer Cty - Comm Svcs		0.0%	2,759
			Unity House Troy SH/Renn County PC Long Stay Comm. Svcs		0.0%	1,551
		YWCA Greater Capital Region		**7**	**100.0%**	**2,391**
		YWCA Greater Capital Region	YWCA of the Greater Capital Region Sup. Housing/Co-Comm.Svcs	7	100.0%	2,391
Supportive Housing				**87**	**13.8%**	**9,145**
Supportive Housing	**Supported Housing**			**87**	**13.8%**	**9,145**
	Supported Housing	**Unity House of Troy, Inc.**		**87**	**13.8%**	**9,145**
		Unity House of Troy, Inc.	UH of Troy SH/Transformation SH Rensselaer - Comm Svcs	10	0.0%	0
			Unity House Supported Housing/Rensselaer Cnty - Comm. Svcs	56	17.9%	9,496
			Unity House Troy SH/MRT SH Rensselaer Cty - Comm Svcs	10	0.0%	0
			Unity House Troy SH/Renn County PC Long	11	18.2%	5,919

Adult SPOA Data
12/2023

A comparison of Adult Housing SPOA data with the NYS OMH Residential Indicators Report indicates a number of discrepancies, likely due to reporting errors by housing providers. Unity House Transformation SH: 90% occupancy rate., Joseph House Supported Housing Hill St = 100% occupancy rate; Unity House Supported Housing should be 90% occupancy rate and Long stay PC beds = 45% occupancy rate.

Significant data differential between September 2023 and May 2024 from CAIRS suggests reporting errors by the housing providers.

Goal 3 Obj 6

Rensselaer County
OMH Vital Signs Dashboard – May 2024

Background

The OMH Vital Signs Dashboard (VSD) uses New York State Medicaid data to present the public mental health system's performance in the domains of access, quality and treatment outcomes. All metrics are stratified by race/ethnicity: White, Black, Hispanic, Asian/Pacific Islander, Native American, Multiracial, Unknown. Race/ethnicity categories are mutually exclusive. Data is reported for the period 10/1/22 – 9/30/2023.

Data is reported for adults and for children/youth. The "Full Mental Health Population" represents the mental health population served by all providers. When there is adequate data, the following reports display data for Rensselaer County as a whole and for individual providers. For race/ethnicity data, there is not adequate data to report on individual providers and when the numerator is less than 25.

https://mypublicdashboard.ny.gov/t/OMH/views/OMHVitalSignsDashboardVSD/VSDHome-Adult?:showAppBanner=false&:display_count=n&:showVizHome=n&:origin=viz_share_link

Data and observations follow with a focus on behavioral health indicators.

Adult Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

	Statewide	Rensselaer County	Rensselaer MH	Samaritan	Unity House-Troy
Access					
Received HH+ when eligible	36%	43%	-	39%	84%
Treatment					
Adherence to antipsychotic	62%	52%	76%	53%	82%
Antidepressant – acute	53%	44%	64%	48%	-
Antidepressant - continuation	37%	26%	52%	31%	-
30 day readmission	13%	14%	-	18%	-
Quality					
7 day Follow up MH hosp.	52%	45%	85%	47%	-
30 day Follow up MH hosp.	68%	58%	93%	61%	73%
7 day Follow up MH ED	73%	30%	65%	42%	
30 day Follow up MH ED	81%	33%	85%	51%	-

Rensselaer County is:

- better than the statewide average performance in access to Health Home Plus
- worse than the statewide average in treatment and quality measures

Samaritan Hospital is worse than the statewide average performance in all measures except access to Health Home screening.

Rensselaer County Mental Health is better than the statewide average performance in all measures for which there is adequate data to report except for 7-day follow-up to MH ER.

Unity House of Troy is better than the statewide average for all measures for which there is adequate data to report.

Child Data

Percentages are in red when the percentage is better than the statewide average performance, and green when the performance is better.

	Statewide	Rensselaer County	Rensselaer MH	Samaritan
Access				
Use of 1st line psychocial care for children/youth on antipsychotics	76%	31%	88%	-
Treatment				
30 day readmission MH	9%	9%	-	-
Quality				
7 day Follow up MH hosp.	68%	60%	83%	36%
30 day Follow up MH hosp.	83%	72%	93%	55%
Follow up ADHD Med initiation	61%	43%	79%	-
Follow up ADHD Medcontinue	71%	45%	-	-
7 day Follow up MH ED	77%	29%	65%	-
30 day Follow up MH ED	86%	35%	85%	-

Rensselaer County is:

- worse than the statewide average for most measures but is at the state average for 30 day readmission.

Rensselaer County Mental Health is additionally better than the statewide average in the use of 1st line psychosocial care for children/youth on antipsychotics and follow-up on ADHD medication initiation. However, the follow-up after MH ED is lower than the statewide average.

There was only adequate data to report on two measures for Samaritan Hospital. Both are worse than the statewide average.

Disparities

The ability to review race/ethnicity performance is limited by small number of some races/ethnicities for several performance measures. Because small numbers are suppressed, the disparity in numbers doesn't always total. This is particularly evident with the child data where, for example, the total readmission rate is 6% and the only race ethnicity displayed White with a readmission rate of 12%.

Disparities are discussed and highlighted in the tables following the narrative in comparison to measures for the county as a whole. When there is not enough data to report, those categories are left blank.

For adults, the measures for people identified as White are generally better than other races/ethnicities, highlighting racial disparities in service access, delivery, and quality with some exceptions such as 30-day ED and hospitalization follow-up for Black individuals.

For children, the measures for people identified as White are also generally better than other races/ethnicities, highlighting racial disparities in service access, delivery, and quality with some exceptions such as follow-up ADHD medication continuation and initiation for Hispanic and Multiracial children.

Charts showing the disparity measure for adults and children are on the following pages.

Measure	Disparity Cateogory	Performance
Adherence to AP (Schizophrenia)	Total	**52%**
	Asian/PI	
	Black	45%
	Hispanic	53%
	Multiracial	
	White	60%
Antidepressant – Acute Phase	Total	**44%**
	Asian/PI	41%
	Black	35%
	Hispanic	39%
	Multiracial	42%
	Native American	
	White	49%
	Unknown	
Antidepressant – Continuation Phase	Total	**26%**
	Asian/PI	21%
	Black	21%
	Hispanic	21%
	Multiracial	24%
	Native American	
	White	32%
	Unknown	
Follow-up MH ED 7 Day	Total	**30%**
	Black	29%
	Hispanic	19%
	Multiracial	
	White	37%
Follow-up MH ED 30 Day	Total	**33%**
	Black	34%
	Hispanic	21%
	Multiracial	34%
	White	42%
Follow-up MH Hospitalization 7 Day	Total	**45%**
	Black	43%
	Hispanic	43%
	Multiracial	47%
	White	48%
	Unknown	
Follow-up MH Hospitalization 30 Day	Total	**58%**
	Black	60%
	Hispanic	48%
	Multiracial	58%
	White	61%
	Unknown	
HH+ Service Received	Total	**43%**

Measure	Disparity Cateogory	Performance
First-Line Psychosocial Care	Total	**31%**
	Black	30%
	Multiracial	31%
	White	34%
Follow-up ADHD Medication, Continuation	Total	**45%**
	Black	
	Hispanic	56%
	Multiracial	46%
	White	45%
Follow-up ADHD Medication, Initiation	Total	**43%**
	Asian/PI	41%
	Black	33%
	Hispanic	49%
	Multiracial	43%
	Unknown	30%
	White	45%
Follow-up MH ED 7 Day	Total	**29%**
	Black	28%
	Hispanic	15%
	Multiracial	24%
	White	49%
Follow-up MH ED 30 Day	Total	**35%**
	Black	32%
	Hispanic	28%
	Multiracial	28%
	White	67%
Follow-up MH Hospitalization 7 Day	Total	**60%**
	Black	
	Multiracial	
	White	78%
Follow-up MH Hospitalization 30 Day	Total	**72%**
	Black	
	Multiracial	71%
	White	88%
Readmission 30 Day (Lower % is	Total	**9%**

Goals 3 & 4 **Rensselaer County Overdose Rates**

Data is a valuable tool in understanding the scope of the drug overdose crisis in our state and allows us to better target interventions to those who are most at risk and prevent needless deaths. The OASAS interactive dashboard includes data on drug overdose deaths in New York State. The view of counties provides information on the rate of overdose and substance type.

The rate of overdose in Rensselaer County was 28.8 per 100,000 people in 2022, the most recent year available. The rate for the years 2018 – 2022 was 22.5 so the overdose rate has increased.

The rates by substance (using the OASAS classifications) in 2022 were:

- **10.6 cocaine**
- **20.6 fentanyl/synthetics**
- **23.8 opioids**

2022

Drug Overdose Deaths in NYS Counties
(Crude Death Rate Per 100,000 People)
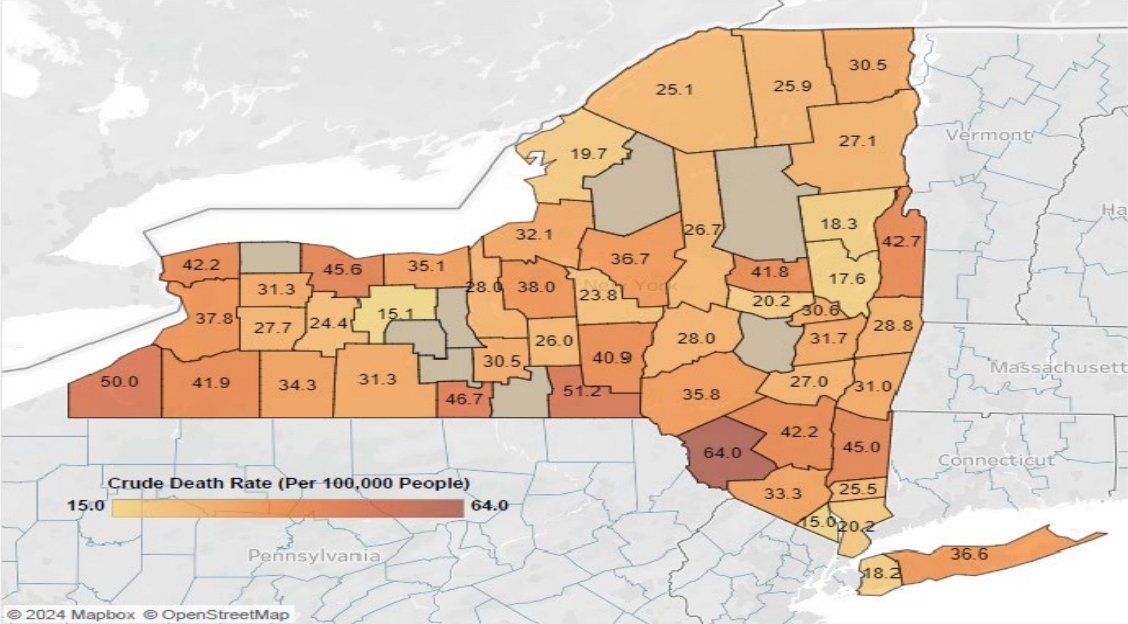
Source: CDC Wonder Provisional Mortality Statistics
Data as of 4/10/2024

2018-2022

Drug Overdose Deaths in NYS Counties
(Crude Death Rate Per 100,000 People)

Crude Death Rate (Per 100,000 People)
0.0 — 55.9

© 2024 Mapbox © OpenStreetMap

Source: CDC Wonder Provisional Mortality Statistics
Data as of 4/10/2024
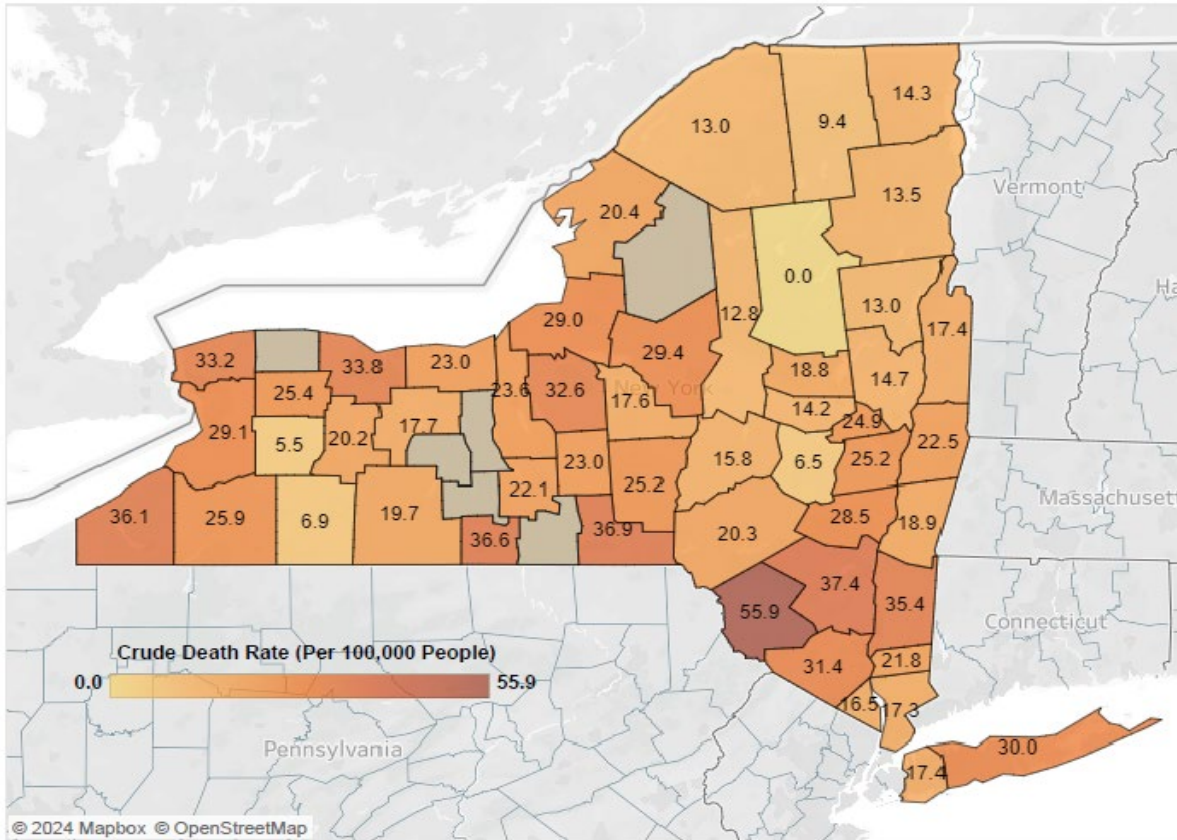
https://oasas.ny.gov/overdose-death-dashboard 5.13.2023

Death due to Overdose (Rensselaer Co Health Dept. Medical Examiner)

The number of opiate/fentanyl related deaths in Rensselaer County also continues to rise YTD.

Year	Fatal ODs	Non-fatal ODs	Total ODs
2022	45	367	412
2023	85	411	496
2024 (Jan-April)	19	89	108

Goal 5 Obj 4

Suicides in Rensselaer County - Summary Data from Rensselaer County Health Dept. Medical Examiner

Rensselaer County Suicide Stats 2023

- **18** total Suicides in Rensselaer County (2023)

- **22** total Suicides in Rensselaer County (2022)

- **18 %** decrease in Suicides from 2022 to 2023

- **3099** ER visits related to Suicide at Samaritan Hospital (2023)

- **3027** ER visits related to Suicide at Samaritan Hospital (2022)

- **2.3%** increase in Suicide related ER visits from 2022 to 2023

- In **2023** the **(21-29)** & **(50-59)** age groups had the highest **%** of Rensselaer Counties Suicides with **22%** each

- In **2023** Troy has the highest **%** of Rensselaer Counties Suicides by location with **33%**

- In **2023** gunshot wound & intentional OD were the most common methods of Suicide with 28% of Rensselaer Counties Suicides for each, 56% combined between the 2 methods

- **77.8%** of Rensselaer Counties Suicides were Males and **22.2%** Female

- In the past 5 years combined **77.5%** of Rensselaer Counties Suicides have been Males compared to just **22.5%** Females

- **(20 & under)** age groups had the biggest discrepancy for Suicide related ER visits between genders with **62.1%** Female and **37.9%** Male

Slide 1

2023
Prevention Needs Assessment Survey

Rensselaer County Mental Health

PREVENTION

Alyssa Evans, LMHC
Supervisor

RENSSELAER COUNTY · NEW YORK · 1791

PREVENTION IS OUR SUPERPOWER!

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Slide 2

01

PNA Timeline

2023 — Re-established administration of PNA Rensselaer County (Some schools elect to not administered in certain grades). Move to electronic administration

2020 — COVID pandemic (disruption of PNA administration)

2018 — PNA Administered Rensselaer County (6th,8th, 10th & 12th Gr). 1st time E-Cigarette data collected

2016 — PNA Administered Rensselaer County (6th,8th, 10th & 12th Gr)

2014 — PNA Administered Rensselaer County (6th,8th, 10th & 12th Gr)

PNA Administered bi-annually consistently in Rensselaer County from 2004 to 2018

Slide 3

Characteristics of Participants: 3,285

Table 1. Characteristics of Participants						
Student Totals						
Total Students	Rensselaer County					
	2016		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
	4093	100	3133	100	3285	100
Grade						
6	1108	27.1	840	26.8	782	23.8
8	1150	28.1	886	28.3	931	28.3
10	1122	27.4	848	27.1	876	26.7
12	713	17.4	559	17.8	696	21.2
Gender						
Male	1972	48.5	1514	48.7	1631	49.9
Female	2092	51.5	1598	51.3	1562	47.8
Other	n/a	n/a	n/a	n/a	77	2.4
Ethnicity						
Native American	50	1.2	30	1.0	36	1.1
Asian	91	2.2	91	2.9	107	3.3
African American	251	6.2	231	7.4	345	10.6
Pacific Islander	16	0.4	10	0.3	5	0.2
Hispanic	144	3.6	131	4.2	171	5.3
White	3119	76.9	2298	74.1	2180	67.2
Multi-racial	385	9.5	311	10.0	399	12.3

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Slide 4

02

PNA Data Highlights

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ATOD

High Prevalence/Early Initiation Drugs

- most common are:
  - alcoholic beverages (22.4% of all students in this survey indicating lifetime use)
  - marijuana or hashish (14.6 % indicating lifetime use)
  - electronic cigarettes, (13.8% indicating lifetime use)
  - cigarettes (5.7% indicating lifetime use)

Prescription Medications

- In recent years, the non-medical use of prescription drugs has emerged as a major public health issue.
- According to the recent Monitoring the Future study, prescription drugs are the most abused category of drugs after alcohol, tobacco, and marijuana.
- Anecdotal reports and focus group would indicate a trend of youth use of Percocets.

Quick Facts

Good News:

- Rensco avg for lifetime and 30 day use is well below MTF study for all drug categories.
- Overall use continues to decline over time.
- 94.6 % of youth say they have never been drunk or high at school
- Youth not selling substance (significant reduction, and below MTF)

Bad News:

- Energy Drink Use is high and has increased significantly over time (access and use; normalization)
- 19.3 % of kids said they used marijuana at home with parental permission.
- 36.4 % of kids said they drank alcohol at home with their parents permission
- HALF (49.6%) of kids say they **haven't** talked to their parents about the dangers of drug abuse in the last year.
- Concern regarding lacing and high potency marijuana

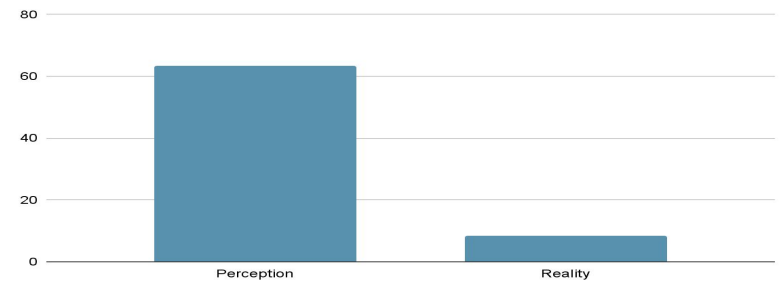## Peer Perception vs. Actual Use in the Past 30 Days

Alcohol

Alcohol %

Marijuana

Marijauna Use %
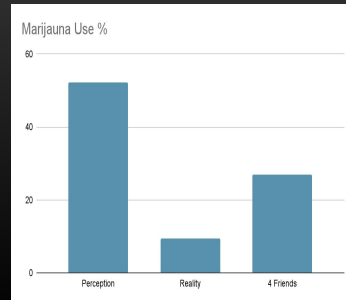
Peer Perception vs. Actual Use in the Past 30 Days

Vape

Vape Use %

Antisocial Behavior

The most frequently reported antisocial behaviors in this survey are

- having "been suspended from school?" (11.9% of students)
- having "attacked someone with the idea of seriously hurting them?" (6.7% of students)
- having "been drunk or high at school?" (5.4% of students)

Risk Factors

(Increasing over time and above MTF)

- Low Commitment to School
- Depressive Symptoms
- Attitudes Favorable to Antisocial behavior
- Parenting attitudes favor Antisocial behavior
- Family conflict has stayed steady but over MTF

Low and Decreasing

- Early initiation of drug use has declined over time
- Friend's Use of drugs

Protective Factors

Higher than BH Norm

- **Family**
  - Family attachment
  - Opportunity for Prosocial Involvement

Increase in Students Perception of (2018 to 2023)

- **School**
  - Opportunities and Rewards for Prosocial Involvement

Lower than BH Norm

- Rewards for Prosocial Involvement (For **Community, School, Family, and Peer**)
- **Peer/Individual**
  - Interaction with Prosocial Peers

Significant Drop in (2018 to 2023)

- Belief in Moral Order, Interaction with Prosocial Peers, and Prosocial involvement

Suicidality

During the past 12 months

- 13.3% of students seriously considered attempting suicide
- 10.2% of students made a plan about how they would attempt suicide
- 7.3% of students made an attempt

Where do we go from here?

Interventions & Services

- Continue to address perception vs. reality
- Continue to address concerns regarding lacing and high potency marijuana
- Address use of energy drinks
- Address use at parks
- Address commitment to school
- Increasing Interactions with Prosocial Peers

Family

- Address youth use with parental permission (either at their home or peers)
- Address access and means at home
- Address adults perception of harm and normalization
- Increase parental conversations regarding the potential harms of substance use

03

Rensselaer County Mental Health & Prevention Services

Prevention Needs Assessment

Facility
Primary Rensselaer (90063)

Contract
PPY24-25

Authorization Period
PPY24-25

Finish

Administrative Actions

Review Plan

Consequences

Component	Source of Data	Name	Month	Year	Summary of Findings	Actions
Riding in Vehicle while Driver Under the Influence	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Overall, 12.6% of Students in RenssCo report riding with a drinking driver. The rates of this reporting is disproportionately higher for 6th (13.1%) and 8th graders (16.3%) in Rensselaer County compared to upper grade levels. 6th grade report was higher than than the BH Norm of 12.4%	⋮
Substance-related School Disiplinary Actions	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	School suspensions increased overall (11.9% up from 8.7% in 2018). Upswings of at least 2.0 percentage points in every grade surveyed. Largest increases were in 12th (10.3%, up 4.3 points), & 8th (15.1%, up 3.8 points) grades. These are all higher since 2018 & higher than nationwide averages.	⋮
Overdose - Fatal (opioid)	Archival	Other (Rensselaer County Medical Examiner and Public Safety)	April	2024	RensCo Health Dept./Heroin Coalition Data 2022- 45 Fatal ODs & 367 non-fatal ODs (412 total fatal & non-fatal) 2023 – 85 Fatal ODs & 411 non-fatal ODs (496 total fatal & non-fatal) 2024- 19 Fatal ODs & 89 non-fatal ODs (108 total fatal & non-fatal) Sources. 1. Medical Examiner's 2. Public Safety	⋮

Consumption

Component	Source of Data	Name	Month	Year	Summary of Findings	Actions

Component	Source of Data	Name	Month	Year	Summary of Findings	Actions
Alcohol	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Alcohol indicated most common early initiation/higher prevalence substance used (22.4% lifetime use). Experimentation w/ alcohol increases as students get older (5.6% 6th grade, to 14.5% 8th gr, 27.1% 10th gr, to 47.9% of 12th graders reporting having tried alcohol at least once in their lives).	⋮
Cannabis	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Cannabis 2nd most common substance used (14.6 % lifetime use).12th gr highest lifetime use rate (38.6%). 8th grade had increase in regular use from previous PNA w/ 30-day score of 5.0% (back to 2016 levels). Of the students who try marijuana, more than half continue to use regularly.	⋮
Inhalants	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	In top 3 most popular ATODs for 6th grade (both experimental & regular use). 8th gr scored the highest for lifetime inhalant use (4.0%) & for 30-day use (2.1%). The 6th grade saw a 1.1-point increase in 30-day use, and the 12th grade had a similar 1.1-point gain in lifetime use for these chemicals.	⋮

Risk Factors

Component	Source of Data	Name	Month	Year	Summary of Findings	Actions
School - Low Commitment to School	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Exceeded nationwide in "Low Commitment to School" at 61.2% (13.7 points above BH Norm). 8th gr had highest score for "Low Commitment to School" (69.2%), 20.1 pts higher than their peers nationwide. All other grades surpassed the BH Norm as well, w/ each grade showing a majority of students at risk.	⋮
Community - Availability of AOD	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Scores for "Perceived Availability of Drugs" for 6th grade's 36.3% of kids showing as at risk – the highest mark for any grade. 34.9% of students said it would be "Sort of easy" or "Very easy" for them to get alcohol and 31.1% said the same for marijuana.	⋮
Family - Family Conflict	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Family Conflict 2nd highest risk factor (41.0% Overall). 42.5% said they had serious arguments among family members, (41.8%) said those arguments happened repeatedly over the same issues. 32.8% reported these arguments often devolved to yelling & insulting each other. 12th gr highest in this domain.	⋮
Individual/Peer - Depressive Symptoms	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	All grades scale scores showed nearly a majority of students were affected by a variety of negative thoughts, with the highest scores in the 12th (53.6%) and 8th (49.8%) grades. Significant 11.1-point jump from rates in 2018, & RensCo's overall score of 49.1% outpaced the national avg by 10.4 pts.	⋮

Component	Source of Data	Name	Month	Year	Summary of Findings	Actions
Family - Parental Attitudes that Favor AOD Use	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	30% reporting parental attitudes favoring substance use. Higher than BH Norm of 28%. 19.3% said they used MJ at home w/ parental permission. 36.45% said they drank alcohol at home w/ parental permission. HALF (49.6%) of kids say they haven't talked to their parents about the danger of substances.	⋮
Family - Parental Attitudes Favorable Towards Other Problem Behavior	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	The scale that scored the highest overall and was in the top two for most grades was "Parent Attitudes Favor Antisocial Behavior" (54.8%). Students' perceptions of their parents' permissiveness toward three problem activities are measured in this scale, namely: stealing, vandalism, and violence.	⋮
Individual/Peer - Perceived Risk of Drug Use	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	"Perceived Risk of Drug Use" (62.4%). (57.3%) at risk in the 8th grade; 6th (60.1%), 12th (66.1%), & (67.4%) in 10th grade. All grades surpass BH Norm. However, Perception of risk different based on substance. Lower perception of risk for MJ (36.5%) and alcohol (36.1%) than other substances.	⋮

Protective Factors

Component	Source of Data	Name	Month	Year	Summary of Findings	Actions
Individual/Peer - Prosocial Involvement	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	"Rewards for Prosocial Involvement" in Peer-Individual Domain (40.2%, 16.0 pts below BH Norm). Large gap. Asks students to reflect on whether they'll improve their social standing by engaging the positive activities. Although engaging in activities, low perception that it will make them look cool.	⋮
Individual/Peer - Social Skills	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Largest gaps from BH Norm being "Interaction with Prosocial Peers" in the Peer-Individual Domain (34.7%, 15.3 points below BH Norm).	⋮
Individual/Peer - Belief in the Moral Order	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Rensselaer County came in below the national average in "Belief in the Moral Order" (48.7%, 14.8 points below BH Norm).	⋮
Community - Rewards for Prosocial Involvement	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Overall, RensCo's protection rate was 31.7%. All scores fell below national avg compared to other students. 6th grade had the highest score at 35.2% and the lowest score belonged to the 10th grade at 26.8%. 12th grade's score (29.3%) increase from 2018, but it was the only grade that did so.	⋮

Component	Source of Data	Name	Month	Year	Summary of Findings	Actions
Family - Rewards for Prosocial Involvement	Population Survey	Bach-Harrison/Prevention Needs Assessment/Communities That Care Survey	December	2023	Scale had the lowest scores in each grade & the lowest score for the Family Domain overall was "Rewards for Prosocial Involvement" at 52.7%. Looks at positive reinforcement from parents when they do something well. Only 27.4% said that their parents let them know "All the time" when they're proud.	⋮

Target Populations

Name	Description	Actions
High School Students	Students in grades 9 to 12 in Rensselaer County. 2023 PNA data shows increase in use as students age and a reduction in perception of harm. As well data shows a need in skill building in our young people, the effects of peer influence, and continued reinforcement of refusal strategies. Experimentation with alcohol increases steadily as students get older from 5.6% in the 6th grade, to 14.5% in the 8th grade, 27.1% in the 10th grade, to 47.9% of 12th graders reporting having tried alcohol at least once in their lives. With marijuana the12th grade had the highest lifetime use rate with 38.6% of students in that grade having tried marijuana at least once. Of the students who try marijuana, more than half continue to use regularly. Overall, 64.3% of students who said they had used marijuana in their lifetime also admitted to using it in the past month. Higher rates of marijuana use may be due in part to students' friends' behaviors and attitudes. When asked how many of their four best friends used marijuana, 34.3% of 10th graders and 56.2% of 12th graders had at least one close friend who did. High schoolers also had much higher percentages of students than those of younger grades surveyed that believed there was at least some chance that they would "be seen as cool" if they used the drug (29.3% 10th grade, 42.5% 12th grade). 12th graders also has the highest rate of use in most "other" substances. Hallucinogens squarely at 5th place for drug of choice among high school seniors. Overall, the county's lifetime use rate was 2.2%, about half the national rate, but 12th grade students were only 0.8 points below MTF. Perception vs. Reality: the rate of 12th grade alcohol use in the past month was 26.6%, but 37.4% of students in that grade thought the majority of their peers drank. While 11.3% of 10th graders had used marijuana regularly, 27.6% thought it must more common than not among their classmates. The 12th grade had the highest percentage of students admit to being drunk or high while attending class at 10.0%. "Depressive symptoms" were reported highest in 12th grade (53.6%). School Suspensions: Some of the largest increases were in the 12th (10.3%, up 4.3 points) grade. Each grade's scores were the highest they have been since 2018, and all grades, as well as Rensselaer County overall, surpassed other students nationwide. "Laws and Norms Favor Drug Use" scored highest among 12th graders (50.9%). The 12th grade had the most struggles with students at risk in the Family Domain with the highest percentage of students scoring as at-risk in two thirds of the scales listed. For "Low Commitment to School" All other grades surpassed the BH Norm as well, with each grade showing a majority of students at risk. The 12th grade's score of 36.6% for "Academic Failure" put it as the grade most at risk in this scale and 3.2 points over the BH Norm. Overall, the region's score of 32.8% represented a 3.6-point drop from 2018.	⋮

Name ⌄	Description ⌄	Actions
Middle School Students	Students in grades 6 to 8 in Rensselaer County. 2023 PNA data shows increase in use as students age and a reduction in perception of harm. As well data shows a need in skill building in our young people and continued reinforcement of refusal strategies. Experimentation with alcohol increases steadily as students get older from 5.6% in the 6th grade, to 14.5% in the 8th grade reporting having tried alcohol at least once in their lives. Only the 8th grade showed an increase in regular marijuana use from the previous survey with its 30-day score of 5.0% bringing that age group back to 2016 levels. Of the students who try marijuana, more than half continue to use regularly. Overall, 64.3% of students who said they had used marijuana in their lifetime also admitted to using it in the past month; the 8th grade's 30-day use rate of 5.0% represented 71.4% of those students who admitted to trying marijuana. When other illicit substances are hard to come by, students look for easier ways to get high. This is especially apparent with inhalant use, as items may be readily available in the garage or kitchen cabinets. The 8th grade scored the highest for lifetime inhalant use (4.0%) and for 30-day use (2.1%). The 6th grade saw a 1.1-point increase in 30-day use. Typically, younger grades are more prone to using inhalants since they have more difficulty accessing stronger illegal substances; in Rensselaer County they were among the top three most popular ATODs for the 6th grade in both experimental and regular use. Overall, the rate of inhalant use was 1.1%, roughly the same as in previous years. In Rensselaer County, the 12th grade experienced the greatest number of top scores in lifetime use of other substances with higher rates of use for all other substances not previously discussed except Sedatives (8th grade, 2.1%). Seniors led other grades for the highest 30-day use of all other drugs except Amphetamines (8th grade, 0.6%) and Ecstasy (6th grade, 0.2%). School Suspensions: Some of the largest increases were in the 8th (15.1%, up 3.8 points) grade. Each grade's scores were the highest they have been since 2018, and all grades, as well as Rensselaer County overall, surpassed other students nationwide. Attacking Others: Violence scores for this population were below the national average, but the rate of 8.6% in the 6th grade represented a 24.4% jump from 2018 in Attacked Someone with the Idea of Seriously Hurting Them and put that grade just 0.1 points shy of the BH Norm. When asked, 7.3% of Rensselaer County 8th grade students said it was only "A Little Bit Wrong" or "Not Wrong at All" to attack someone else, and a majority (51.3%) agreed that is alright to beat up people if they start the fight. Changing attitudes with groups of students who don't feel fighting is wrong may play a part in lessening violent incidents in schools and in neighborhoods. The scores for "Perceived Availability of Drugs" were the lower of the two scales among Rensselaer County students, with the exception being the 6th grade's 36.3% of kids showing as at risk – the highest mark for any grade. It was also the only age group to have shown increased risk in this domain. The 8th grade had the highest score for "Low Commitment to School" (69.2%), 20.1 points higher than their peers nationwide. All other grades surpassed the BH Norm as well, with each grade showing a majority of students at risk. "Perceived Risk of Drug Use," scores for this scale start at just over half of all students (57.3%) at risk in the 8th grade and continue to rise in the other grades – 6th (60.1%). All grades were at or surpassing the BH Norm, the largest excess being the 8th grade at 9.6 points higher than the national average. "Depressive Symptoms" scale. Scale scores for all grades showed nearly a majority of students were affected by a variety of negative thoughts, with the second highest scores in the 8th (49.8%) grades. Overall, it represented a significant 11.1-point jump from rates in 2018, and Rensselaer County's overall score of 49.1% outpaced the national average by 10.4 points.	⋮
Elementary School Students	Students grades K to 5 in Rensselaer County. Servicing elementary school students will allow us to preventively address risk and protective factors that either increase or decrease the probability of substance use or problematic use. We hope to intervene early in the lives of elementary students to teach them foundational copings skills, emotional management, communication skills, decision making skills, social skills, ability to stand up to peers etc. that will promote avoidance of early initiation into substance use. 2023 6th grade PNA data would illuminate the need for this as these students were just elementary age students months prior. As well, many risk and protective factors are not impacted by age necessary. Community, family, school, and peer/individual risk and protective factors has a foundation for young people long before they reach middle school. Something like "Commitment to School" has a historical foundational build that begins in elementary school. Early school experiences are very important. Students also get messaging that effects the perception of harm of substance use long before they enter middle school (bill boards, commercial, movies/tv, songs, adult messaging, adult modeling). Students in elementary school are also impacted by familial attachment, family conflict, family management, poverty, being in a family with a substance abusing person etc. just as their older youth counterparts are. Early prevention and intervention is prudent in trying to effect outcomes.	⋮
Parents/Caregivers/Families in Rensselaer County	2023 PNA Data indicates that young people are using at their home or someone else's with parental permission (19.3 % of kids said they used marijuana at home with parental permission; 36.4 % of kids said they drank alcohol at home with their parents permission). Less than HALF (49.6%) of kids say they haven't talked to their parents about the dangers of drug abuse in the last year. Family conflict, parental attitudes favorable towards antisocial behavior, and parental attitudes favoring AOD use were identified areas of need within the measured risk factors. Students also identified positive enforcement and rewards for prosocial involvement to be a protective factor that was an area of need. Familial messaging and modeling surrounding substance use is important in delaying early initiation of substance use or problematic use. Families also help to build students identity surrounding school, peer interaction, social skills, and a belief in a moral order.	⋮

2024 Needs Assessment Form
Rensselaer County Department of Mental Health

Case Management/Care Coordination Yes
Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? 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): Rensselaer County had benefited from embedded state employed Care Managers in the county operated Care Management programs. These positions were legacy items from the days of TCM. The county often assigned non-Medicaid referrals to the caseloads of the state employed staff in order to assure care for this population. The county receives state aid to serve the on-Medicaid population as well, but this has never been enough to meet the need. (See the attached impact summary re: loss of NYS Care Management staff)

Health Homes advise the LGU that there are more referrals than can be served by the existing Care Management Programs due to workforce shortages. The number of Rensselaer Co Care Management services is unknown by the LGU.

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? Yes
Need description (Optional):

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? Yes
Need description (Optional):

Employment/volunteer (client) 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): Employment services to support specialty populations are limited in the county. The primary employment program support is via PROs and this does not meet the needs of all people. Supported employment is needed. The Samaritan PROS program reported to the LGU in April '23, vacancy in the Employment Specialist position and was hoping to fill this item soon.

The county operated MHOTRS does have a vocational rehab counselor available to meet with clients to link to education and employment resources. The county operated services interface with the County's Employment and Training services to aid in linking clients to education and employment opportunities. Currently the Commissioner is working to strengthen the linkage between this service and the Forensic operations at the County Correctional Facility.

data received from NYS OMH in 2021:

Rensselaer County's 2015, 2017 and 2019 education and employment reports

These observations are based on individuals ages 21-64

Between 7% and 13% were "unknown" for education

Just under 40% had a HS diploma or GED

The number of persons with less than a HS degree decreased from 21% in 2015 to 17% in 2019

unknown employment status increased from 3% in 2015 to 13% in 2019

The number of persons in competitive and integrated employment was 18% in 2017 and 2015, and 19% in 2019, an insignificant change

The percentage of people volunteering was 2% or less for all three surveys

The number not in the labor force was 57% in 2019, down from 65% in 2015; note that the number unknown was 13% in 2019 and 3% in 2015

There is no known improvement in these percentages.

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? Yes
Need description (Optional):

Inpatient Treatment Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Youth Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Inpatient services for children and adolescents can be extremely challenging to obtain, especially if the child/youth is displaying any aggressive/violent behaviors. Children and youth with co-occurring MH & IDD concerns are also difficult to admit to inpatient.

Note the readmission data (Rensco Readmission - attached) indicates a higher than the state average for readmission to ED/Crisis Unit and Psych Inpatient at the local hospital. This data is not reflective of the time period of the temporary reduction in outpatient clinic services in the county as likely to significantly worsen in 2023 due to the lack of community resources which prevent readmissions.

Non-Clinical Supports Yes

Applies to OASAS? No
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): Non-clinical supports such as: HCBS, CFTSS, CORE are very limited and only serve the Medicaid population. Most programs advise the LGU there are wait lists for the services. OPWDD providers report limited access to com hab, and respite.

A canvass of CFTSS providers conducted in July 2023, confirms 382 children and youth residing in the county and receiving these services. The providers who reported this information serve a large proportion of Rensselaer Co clients. The remaining providers have not yet reported data. There is no indication how many children and youth are awaiting this service. HCBS providers report 3 SED children and youth enrolled who reside in the county (note, only 1 provider reported).

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? Yes
Need description (Optional):

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? Yes
Need description (Optional):

Residential Treatment Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Youth Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The CSPOA reports an escalating number of referrals for RTF care each year. (In 2022 =4; in 2023 thru July = 6) Much of this is attributed to the limited avenues to residential services via other child caring systems i.e. juvenile justice and DSS. Children and youth with IDD are not able to access residential care in the OPWDD system. Families in need of this service approach the Mental Health system for assistance, and MH cannot meet the individual's needs. Residential schools are often recommended for this population, however the school districts will no offer this unless all other educational programing has been exhausted.

Respite Yes
Applies to OASAS? No
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): Community members seeking respite services for the OPWDD population have difficulty in obtaining respite services.

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): Transition to MH & SUD outpatient treatment from the youth services to the adult services is extremely difficult at this time due to the shortage of adult outpatient services. Young adults tend to triage low for admission to this resource due to the priority given to the highest acuity adults. Outpatient services which prioritize transition age young adults for integrated SUD & MH treatment is a need.

Youth transitioning into adulthood experience great difficulty in accessing residential opportunities in the OPWDD 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): Rensselaer County has a large rural area with very limited public transportation which is an ongoing barrier in connecting persons to the services offered in the urban areas which are not eligible for Medicaid funded transport. In recent years, the Healthy Alliance has funded limited non-Medicaid transportation. The funding for this service is extremely limited and the county operated services have expended all allotted funds due to high need. This service has been extremely helpful in connecting persons to non-treatment but essential services i.e. Social Services, Court appearances; Probation appointments; food pantries etc. Additionally, the local MAT OTP has reported Medicaid transportation fraud, which is significantly contributing to setbacks in recovery for those receiving the agency's service and being transported for dispensing each day via Medicaid funded transport.

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): This is not addressed in the Goals and Objectives Form, as on a local level it presents as an issue pervasive across NYS. Every program in the behavioral health continuum of care in Rensselaer Co, (& across the Capital Region) report workforce shortages. Some programs have such great shortage that the financial viability of the program becomes questionable. Currently in Rensselaer County the programs experiencing the greatest impact are: outpatient Article 28, 31, & 32 clinics; Adult ACT; non-clinical services - CFTSS; HCBS, CORE; housing; Care Management.

LGU Representative: Katherine Alonge-Coons

Submitted for: Rensselaer County Department of Mental Health

Rensselaer Co Care Management Impact to Loss of NYS staff:

Children and Youth:

Information presented herein is gleaned from caseload data 2018-May 2023.

1. From 2018 thru October 2020 - 2 NYS Case Managers served the county and were co-located with the county operated C & Y Care Management program.

The monthly average of non-Medicaid client served by the two staff was: 11.6

> 2018 = 14.6
>
> 2019 = 16.75
>
> 2020 (thru Oct) = 13.4

2. The monthly average of non-Medicaid Care Management served by the remaining NYS staff November 2020 – May 2023 is: 7.5

Nov – Dec 2020 = 8.5

2021 = 8.3

2022 = 6.3

2023 thru May = 7.2

3. The county care management team also serves non-Medicaid clients. The monthly average 2018 thru May 2023 = 16

2018 = 16.1

2019 = 20.3

2020 = 21.2

2021 = 16

2022 = 16

2023 thru May = 9.4

The capacity to serve both Medicaid and non-Medicaid clients shifts downward due to staffing vacancies and medical leaves. The county program is now fully staffed as of May 2023.

4. The NYS staff due to the high credentials serve predominantly high acuity clients reimbursed by Medicaid at the rate of $750/month. The county operated program have several staff who are equipped to serve high acuity clients including those receiving High Fidelity Wrap.

Each non-Medicaid client absorbed by the county operated program, will reduce the capacity to serve Medicaid clients at a cost of $750/month (ie: revenue loss). Applying this monthly reimbursement rate to the average monthly non-Medicaid client caseload = $5625 per month or $67,500 per year of Medicaid revenue loss to the county operated program.

Note: Transferring clients from the state to the county program is not a simple process. The Health Home requires initiating service as a brand new referral – repeating all assessments, consents, and developing a new plan of care. Any clients awaiting the service will need to have an extended wait as transfers will be prioritized.

Adult Care Management:

This program had 1 NYS staff (originally the Director, and 3 other care managers were NYS staff). The county has increased its care management positions for the program over the years, and developed a Director position to oversee the program.   The remaining NYS Care Manager served the non-Medicaid population with predominantly high acuity and/or AOT orders. This employee left the program in October 2022.

The data presented is gleaned from the time period of: 1/1/20 thru 10/1/22.

The caseload of this NYS employee was quite constant and served 14 non-Medicaid clients each month. The acuity breakdown is as follows with corresponding Medicaid reimbursement values.

10 AOT/HH+ clients $790 per month = $7900

2 High risk clients $363 per month = $726

2 HH level clients at $202 per month = $404

The total monthly Medicaid reimbursement for this non-Medicaid caseload = $9030. This constitutes the monthly revenue loss to the county operated program which has absorbed this caseload. This loss is annualized at $108,360. This suppression of revenue is impacting the 2023 revenue for the program.

Rensselaer County
Samaritan Hospital Adult Readmissions

Background

The New York State Office of Mental Health reports 30-day and 90-day rates of psychiatric admissions to Inpatient and ER settings for eligible psychiatric discharges. This data is reported by hospital type, geographic area, and population (child, adult). Data is not available by the County of Residence. For Rensselaer County, data is only available for adults served in Samaritan Hospital.
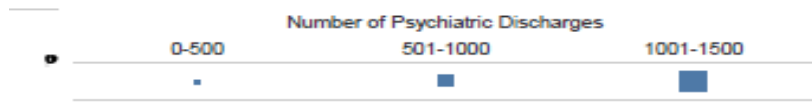
Observations

- In 2021, Samaritan Hospital had a high 90-day ER readmission rate in comparison to the other Hospitals in the region; the other hospitals with similar readmission rates had a much lower rate of psychiatric discharges.
- 30-day and 90-day readmission trends
  - The percentage readmitted to Inpatient and ER exceeded both the regional and statewide levels in 2020.
  - The percentage readmitted to Inpatient decreased to the regional and statewide levels in 2021.
  - The percentage readmitted to ER remained above the regional and statewide level in 2021.

Data

2021

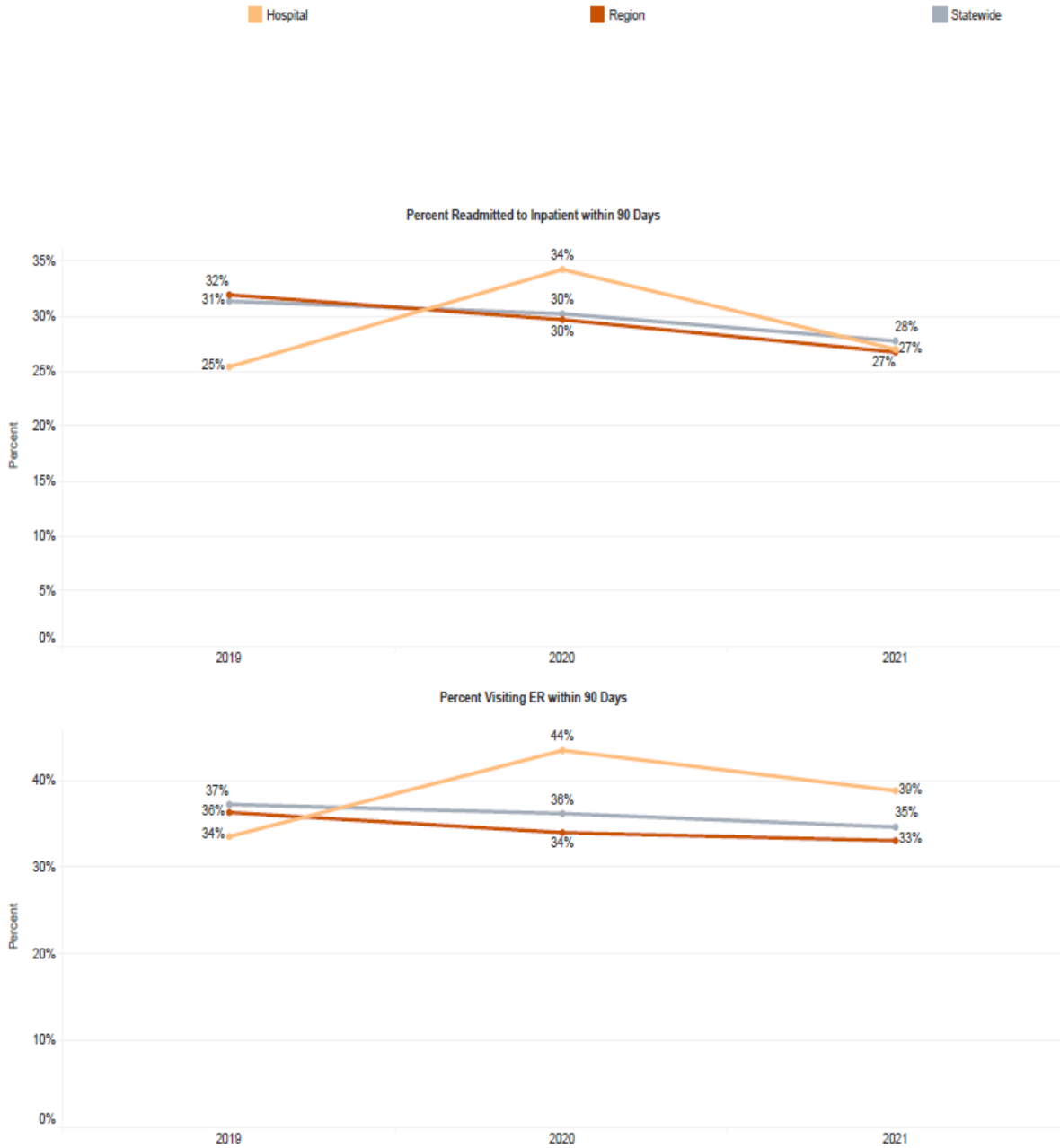## Psychiatric Inpatient (IP) Readmission and Emergency Room (ER) Visit Rates

Number of Psychiatric Discharges

	0-500	501-1000	1001-1500

Inpatient Type	Region	County	Hospital	Number of Psyc..	IP - 30 Days	IP - 90 Days	ER - 30 Days	ER - 90 Days
General Hospital	Hudson River	Albany	Albany Medical Center	■	19%	30%	26%	36%
		Columbia	Columbia Memorial Hospital	▪	13%	18%	13%	22%
		Dutchess	Westchester Medical Center - MidHud Valley	■	16%	29%	21%	32%
		Orange	Bon Secours Community Hospital	▪	15%	31%	22%	39%
			Garnet Health Medical Center - ORMC	▪	10%	20%	16%	27%
		Putnam	Putnam Hospital Center	▪	22%	31%	23%	35%
		Rensselaer	Samaritan Hospital	■	16%	27%	24%	39%
		Rockland	Nyack Hospital	▪	16%	28%	24%	33%
		Saratoga	The Saratoga Hospital	▪	14%	22%	17%	29%
		Schenecta..	Ellis Hospital	▪	10%	13%	21%	33%
		Sullivan	Garnet Health Medical Center - Catskills Me..	▪	15%	27%	26%	38%
		Warren	Glens Falls Hospital	■	16%	30%	21%	34%
		Westchester	Montefiore Mount Vernon Hospital	▪	12%	23%	15%	27%
			New York Presbyterian - Westchester Divisi..	■	15%	28%	20%	33%
			Northern Westchester Hospital Center	▪	17%	31%	26%	41%
			Phelps Memorial Hospital Center	▪	10%	22%	21%	32%
			St Joseph's Medical Center - St Vincent's D..	■	17%	29%	18%	31%
			St Joseph's Medical Center - Yonkers	▪	20%	29%	27%	37%
			Westchester Medical Center - Valhalla	■	17%	27%	20%	33%

County	Hospital	Year	Age Group	ER-30 days	ER-90 Days	IP Hospital 30 Days	IP Hospital 90 days
Rensselaer	Samaritan Hospital	1/1/2021	Adult	24%	39%	16%	27%
Rensselaer	Samaritan Hospital	1/1/2020	Adult	29%	44%	21%	34%
Rensselaer	Samaritan Hospital	1/1/2019	Adult	22%	34%	15%	25%
Rensselaer	Northeast Health - Samaritan Hospital	1/1/2018	Adult	21%	33%	16%	28%
Rensselaer	Northeast Health - Samaritan Hospital	1/1/2017	Adult	24%	37%	21%	34%

30-Day Readmissions – Inpatient and ER

90-Day Readmissions – Inpatient and ER

Legend: Hospital · Region · Statewide

Percent Readmitted to Inpatient within 90 Days

	2019	2020	2021
Hospital	25%	34%	28%
Region	32%	30%	27%
Statewide	31%	30%	27%

Percent Visiting ER within 90 Days

	2019	2020	2021
Hospital	34%	44%	39%
Region	36%	34%	33%
Statewide	37%	36%	35%

https://omh.ny.gov/omhweb/tableau/county-profiles.html

2025 Needs Assessment Form
Rensselaer County Department of Mental Health

Adverse Childhood Experiences 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 Rensselaer County System of Care for children, youth and families has begun to address the increased level of homelessness for families in the county. In December 2023 and January 2024 a total of 102 homeless families were served by RCDSS. Contained with these families were 151 children and youth. The number of homeless families in May decreased to 85. Reports from agencies in the community have indicated the numerous risks posed to these vulnerable minors i.e. sex trafficking. See data attached.

Case Management/Care Coordination 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): Given the workforce challenges due to attrition, at present, few Child and Youth Health Home Care Management programs serving Rensselaer County are receiving referrals. This is causing a backlog of referrals for this service. Children, youth, and adults without Medicaid coverage have limited opportunities for Care Management services. The county operates, via state aid, Non-Medicaid Care Management Services, however there is less capacity due to the loss of state employees who had provided this care, transferring the full burden to the county workforce. See data attached.

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? Yes
Need description (Optional):

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? Yes
Need description (Optional):

Employment/volunteer (client) 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): PCS data via OMH has shown a low employment and volunteer rate for residents in the county with mental health issues. OISE state aid is now in place and is the only new initiative to address this need

Forensics 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? Yes
Need description (Optional):

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? Yes
Need description (Optional):

Inpatient Treatment 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): Given nursing shortages some inpatient beds on the county were temporarily taken off line. Then due to physical plant improvements other inpatient beds were temporarily taken off line. Consequently, psych inpatient capacity has fluctuated throughout the year with an overall goal for all beds to be online.
Inpatient psych capacity for children and youth remains a challenge. Bed searches can take considerable time resulting in children and youth being held at the crisis unit for extended lengths of stay.

Non-Clinical Supports Yes
Applies to OASAS? No
Applies to OMH? No
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 System of Care in the county serving persons with I/DD, reports the most highly sought-after service is Community Hab. The actual need is not known as there is no data available to quantify the unmet need. – Com Hab is number one and Respite second. ARC has about 70 people on the list for Com Hab. for which they are not able to offer services due to staffing levels. The times services are needed by families are very specific. Vanderhyden –reports 25-30 people are waiting for Com Hab services. Unable to meet the need due to workforce shortages.
Lack the staff to transition clients from OPWDD-eligible status to extended services. ACCES-VR has to identify another provider to provide services.

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? Yes
Need description (Optional):

Prevention Yes
Applies to OASAS? Yes
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? Yes
Need description (Optional):

Problem Gambling Yes
Applies to OASAS? Yes
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): The LGU has assured participation from the Center for Problem Gambling in the committee structure. In 2024/2025 the LGU will again provide some orientation and awareness presentations for the workforce in how to assess for problem gambling. The Rensselaer County Dept. of MH Prevention Program continues to receive training and offers education to the community annually.

Residential Treatment Services Yes
Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Youth Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): CSPOA reports an increase in referrals for RTF. Limited ability to access residential services via DSS.

Respite Yes
Applies to OASAS? No

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): Respite services remains an ongoing challenge. There is limited availability of respite in the OPWDD network. Additionally, OMH state aid funded respite for children and youth has bene placed on hold due to the previous vendor discontinuing the contract. The LGU has negotiated with another provider, is executing a contract, and will soon offer this service again. This service is relied upon to support children, youth and families who are impacted by Severe Emotional Disturbance and do not have Medicaid coverage.

Transition Age Services 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): Housing for young adults has been identified in the System of Care for children, youth and adults as a significant need, especially for youth aging out of foster care. This need is currently being reviewed and discussed in the System of Care housing work group. Independent living skill development is needed for young adults to sustain housing and prevent repeated homelessness. New ESSHI programs are able to accept young adults aged 19-25.

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): Non-medical transportation remains a high need. Pilot initiatives have been put in place by the Healthy Alliance and the Capital Behavioral Health Network. These transportation services are utilized for linkage to service such as: court appearances, probation reporting, self help groups. There is no universal service for non-Medical transport which is an ongoing need.

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): The C & Y System of Care is working with the Capital Region Workforce Development program to determine means of recruiting persons into the human service and behavioral health professions and are exploring the development of career pathways for retention of workforce.
All services throughout the continuum of care are experiencing staff attrition creating a negative impact for service availability.

Disaster MH Team 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): Disaster MH team development. The LGU is working in collaboration with OMH and the County Public Safety and Health Depts to develop and implement a team of volunteers for this service. Training is anticipated to be scheduled in the fall.

LGU Representative: Katherine Alonge-Coons

Submitted for: Rensselaer County Department of Mental Health

Provider	Administrative Address	Phone #	Executive director	OMH programs
Unity House Inc. & NE	2431 6th Ave, Troy, Ny	(518)274-2607	David Bach	Specialty Housing, OISE,
Joseph House Inc ***	202 4th St, Troy, NY 12180	(518)874-1247	Amy LaFountain	Specialty Housing, Street
Samaritan Hospital - St. Peter's Health Partners ***	2215 Burdett Ave, Troy, NY	(518)271-3554	Kerry Strnad	Psych Inpatient, Outpatient Clinic, PROS, Crisis Unit
Vanderheyden Inc.	614 Cooper Hill,	(518)283-6500	Karen Carpenter	Family Support Services &
Rehabilitative Support	306 Central Ave, Albany,	(518)462-1094	Lauren Tegnander	Supported Housing
Northern Rivers - Parsons	60 Academy Road, Abany,	(518)426-2600	Bill Gettman	Mobile Crisis, Youth ACT,
MHEP - Mental Health	2136 Burdett Ave., Troy,	(518)235-2173	Rob Rodgers	Peer Advocacy & Support
St. Anne's Institute Inc.	160 N. Main Ave, Albany, NY 12206	(518)437-6500	Richard Hucke	Specialty Treatment Program Sexually Acting
YWCA ***	21 1st St., Troy, NY 12180	(518)274-7100	Starletta Renee	Supported Housing
Dwyer Peer to Peer	80 Vandenburgh Ave, Troy,	(518)288-5837	Stephen Onley	Veteran's Peer Support

*** indicates licensed by OMH