2016

Local Services Plan

For Mental Hygiene Services

Albany County

Department of Mental Health

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2016 Mental Hygiene Local Services Plan
Albany County Dept. of Mental Health

2016 Local Services Plan Forms

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2016 Needs Assessment Report
Albany County Dept. of Mental Health

PART A: Local Needs Assessment

1. **Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. Provide documentation, where available.**

A review of the NYS Conference of Local Mental Hygiene Directors (CLMHD) Behavioral Health Portal's "estimated need" prevalence data for Albany County reveals that there continues to be a high number of individuals presenting with a need for mental hygiene services. Although there are many strengths in the system, whether the presenting issues are substance use, mental illness, developmental disability or the co-occurrence of any of these issues, there continues to be challenges as it relates to addressing these service needs.

Mental Health

CLMHD local prevalence data for Albany County indicates that approximately 47,078 adult individuals (18+) presented with a diagnosable mental illness in 2012; more than 9,000 were identified as having a "serious mental illness." Furthermore, in 2013 there was an estimated 8,142 youth (17 and under) with a potential need for behavioral health services (OMH and/or OASAS); this was an increase from 2012. Both locally and regionally there continues to be a number of mental health services available to those with a presenting need, such as psychiatric inpatient care, crisis intervention services, emergency rooms, residential programs, forensic mental health services, outpatient treatment (clinics/day programs/ PROS), and case management services, Assertive Community Treatment (ACT) and Home / Community Based Services. And while Albany County continues to have a rich number of behavioral health service providers in the area, the demand for services continues to strain the service system's capacity (across all service types), as further discussed in this plan. In addition, a growing challenge has been the limited capacity for services available to existing and emerging specialized populations (for example, seniors, veterans, youth in transition, Medicare, forensic). The Albany County LGU continues to work with the community, stakeholders and other treatment providers to help address all areas of need, while also preparing for the systemic changes resulting from healthcare reform.

Developmental Disabilities

According to the Office for People With Development Disabilities (OPWDD) County Demographic Profiles over 2,800 individuals (youth and adults) within Albany County were served by OPWDD in 2012. Other data reviewed in the CLMHD Behavioral Health Portal indicates there is a trend of increased need over the years. Currently there are a number of programs that offer varying service types within the community ranging from outpatient to institutional settings, however it is also important to consider the impact that will occur to the service system as a result of changes to both the OPWDD system, as well as with Medicaid Re-design and health care reform. Noted challenges experienced by the local OPWDD system includes limited treatment options for those with co-occurring IDD/MH, recent loss of multiple psychiatric providers within the local OPWDD system and staffing shortages across community based programs. Albany County LGU recognizes the importance of growing and maintaining awareness and supportive linkages with the local developmental disability services system to help address these needs.

Substance Use Disorders

A review of the CLMHD's Data Dashboard's most recent prevalence data suggests that there is a significant alcohol and substance use disorder problem in Albany County. According to the dashboard, in 2012 approximately 24, 448 individuals in Albany County had an alcohol and/or substance use disorder. More specifically, 6.38% (1,373) are 12-17 years old, 20.51% (9,617) are 18-25 years old and 6.73 % (13,458) are 26 years old or older have an Alcohol use and/or Substance use disorder. The data also suggests that in 2012, only 2,440 unique individuals (service use snapshot) received a substance use treatment where 24,448 unique individuals needed treatment. This means that approximately 90% of those needing alcohol and/or substance use disorder treatment did not receive a needed SUD treatment service. The local data is consistent with national trends; that is, according to the Substance Use and Mental Health Estimates from the *2013 National Survey on Drug Use and Health: Overview of Findings* in 2013 an estimated 22.7 million individuals aged 12 or older needed treatment for an illicit drug or alcohol use problem (8.6 percent of the population aged 12 or older). Among the 22.7 million individuals 12 or older who needed treatment for an illicit drug or alcohol use problem, an estimated 2.5 million received treatment at a specialty facility for an illicit drug or alcohol problem. This means that 20.2 million individuals

(87%) needed treatment for an illicit drug or alcohol use problem but did not receive treatment at a specialty facility in the past year.

Our local Substance Use Disorder treatment admission data demonstrates current drug/alcohol use trends. According to the OASAS Client Data Systems, LGU/County Client Admission Item Statistic Report, in 2014, 35.5% of the clients admitted to all levels of SUD treatment services in Albany County identified alcohol as their primary substance of abuse. 20.3 % identified Marijuana/hashish, 32.2% identified Heroin and other opiates, 9.8% identified Crack and Cocaine and 2.2 % identified other substances as their primary substance of abuse at admission (i.e. benzodiazepines, sedatives, hallucinogens, stimulants, inhalants, and "designer drugs"). Over the last ten years, there has been a significant shift in what substances individuals are presenting with, at admission, as their primary substance of abuse for which they are seeking treatment.

First, Alcohol, Cocaine and Crack as the primary substance of abuse at admission have steadily decreased over the last ten years. Alcohol as the primary substance of abuse at admission is down from 48.7% in 2004 to 35.5% in 2014. Crack and Cocaine have also decreased as the primary substance at admission, down from 17.3% in 2004 to 9.8% in 2014. Marijuana as the primary substance of abuse at admission has remained relatively steady over the last ten years with 20.3% as primary substance of abuse at admission in both 2004 and 2014. In the category of "other", there has been a small but steady increase in the percent of admissions as primary substance of abuse. This increase appears to be attributable to an increase in the use of designer drugs, synthetic cannabinoids and other prescription medications. Finally, the most significant increase over the last ten years is in the use of Heroin and other opiate medications. This data is consistent with the national data and supports what is being experienced nationally and locally; that we are in the midst of an Opiate/Heroin epidemic. The number of individuals admitted to our Albany County programs seeking treatment for opiates as their primary drug at admission has increased 300% over the ten year period ending in 2014.

Opioid Overdoses as the result of increased use/ misuse of prescription opiates and the increase in the incidence of Heroin addiction have been on the rise for several years. The CDC reports that drug overdose deaths increased for the 11th consecutive year in 2010. In 60% of the drug overdose deaths, pharmaceutical drugs were involved. Opioid analgesics, such as oxycodone, hydrocodone as well as other opioid pain medications were involved in 3 of every 4 pharmaceutical overdose deaths, confirming the predominant role opioid analgesics play in drug overdose deaths. In 2012 was the first time we consulted with our county coroner to obtain data regarding accidental overdoses and/or suicides where poly pharmaceuticals were involved. According to the data, in 2012, there were 27 deaths in Albany County where drugs were involved; 16 deaths were determined to be "Accidental Poly-pharmaceutical Overdoses" and 11 were determined to be "Suicides". The preliminary data indicates that "drugs involved in these cases" included: multiple types of pharmaceutical opiate analgesics, heroin, methadone, benzodiazepines/other sedative hypnotics, cocaine and Ketamine. Since 2012, our local coroner has been able to "drill down" the local data regarding opiate overdose deaths. Most recently, the coroner's office provided our department with the 2014 data. In 2014 alone, there were 19 deaths where Heroin was the contributing cause (opiate overdose). In addition, there were 10 cases of overdose deaths that involved an Opiate medication. Of the 19 Heroin overdose deaths, more than half were individuals between the ages of 20-29 years old. The deaths where other opiate analgesics were involved the individual's ages spanned the age spectrum. According to the CDC, drug overdose was the leading cause of injury death in 2013. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes.

While addiction spans all age groups, the Heroin and opiate epidemic today is impacting our youth and young adults like never before. According to some studies, the heroin user of today is 23 years old on average, and split between males and females. More than 75 percent live outside of urban areas and were introduced to heroin through prescription opioids at an earlier age. In addition, it is estimated that 4 out of every 5 Heroin users were addicted first to opiate pain medication.

The admission data from one local residential adolescent program (ages 12-21) supports this trend. Where approximately 10% of those admitted to treatment reported Heroin as their primary substance of abuse, another 32% reported that an opiate medication was their primary, secondary or tertiary drug of abuse at admission. Prescriptions drugs in general, including opiates, benzodiazepines and over the counter medication were identified as a primary, secondary or tertiary drugs of abuse for over 50% of the adolescents admitted to treatment. Finally, Marijuana was identified as a problem substance for 90% of the youth admitted to residential treatment. In addition, over 50% reported alcohol as a problem at admission as well.

Underage drinking and drug use/abuse remains a focus for our prevention providers and local law enforcement. The 2010 Youth Risk Behavior Survey for Albany County revealed that 47% of H.S. seniors drank alcohol in the past 30 days; 25% reported binge drinking in the last 2 weeks; 12% of the seniors had abused prescription pain medications and 13% of all youths in grades 7-12 reported smoking marijuana in the past 30 days.

The incidence of co-occurring SUD/MH remains high in both our mental health and Substance use disorder system. While training and some treatment has improved across the behavioral health system, fully integrated care still does not exist.

According to the National Council on Problem Gambling, the prevalence rate of problem gambling in adults in the US is 2.2%. In addition to those presenting with the disorder, millions of individuals representing spouses, children, parents, family members, employers, neighbors and the general community are negatively impacted by this disorder. 2.1% of youth are classified as past-year problem gamblers, and another 6.5% meet two to four criteria for pathological gambling and are therefore considered at-risk for a gambling problem. While it is unclear, according to some studies, that Casino proximity and problem gambling are correlated, other studies strongly suggest a close correlation. If that is the case, we can hypothesize that the residents of Albany County may be at an increased risk for problem/pathological Gambling. Albany County's close geographic location to the Saratoga Racino, the Saratoga Racetrack and now the approved Rivers Casino and Resort at Mohawk Harbor potentially puts Albany County residents who gamble at risk to develop a gambling problem.

Multiple Disabled Persons

In addition to the issues noted above, there continues to be prevalence of individuals who experience co-occurring diagnoses with varying combinations across the three disabilities, as well as co-morbid medical issues. Some notable data around this issue includes:

- 20% of those served in the OPWDD system presented as having a dually diagnosed psychiatric disorder (2012, OPWDD County Demographic Profiles),

- approximately 72% of behavioral health inpatient admissions had at least 2+ chronic conditions diagnoses; 55% had 3+ chronic conditions (2012, CLMHD Behavioral Health Portal's Use of Inpatient Care),

- of those surveyed during the 2013 Albany County Patient Characteristic Surveys, more than 50% were known to have at least one chronic medication condition.

Examples like those noted above, along with the anecdotal evidence that is apparent in day to day work, only highlights how essential it is to recognize the unique needs of those with multiple disabilities and the importance of integration of service systems and coordination of care. ACDMH/LGU remains committed to supporting this service population.

2. **Analysis of Service Needs and Gaps** - In this section, describe and quantify the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify specific underserved populations or populations that require specialized services. Provide documentation, where available.

The Albany County 2016 Local Services Plan reflects a continuation of last year's priorities. However, many of the strategies utilized in this year's planning process have been modified or eliminated as strategies and metrics have been achieved. Analysis of key service areas reflects evidence of both strengths and challenges within the service system.

Prevention Services: Mental Health prevention interventions within Albany County for both youth and adults remains strongly linked to recognizing risk factors, identifying service needs and starting interventions as early as possible. Recognizing the potential need for mental health services often comes first from those closest to individuals, i.e. key people in their life like parents, family, friends, school personnel and primary doctors/medical professionals. Starting interventions sooner rather than later could potentially prevent a full on mental illness and/or limit the acuity of the illness. This is accomplished through community education and support for professionals, stakeholders, family/friends and the community in general. Notable prevention programs within Albany County include services for youth through Parsons Child and Family Center, LaSalle School and St Catherine's Center for Children. Also, in 2015, Albany County's Department of Children Youth and Family and Department of Health started the Single Point Of Entry (SPOE) community referral line where women of child bearing age and families of children birth to five years old can seek support and referral assistance to an array of community based services, including behavioral health care.

Suicide Prevention, reducing stigma and training staff to address the issue of suicide in our community remains a priority within Albany County. The larger general community, as well as service providers within the mental hygiene system, continue to have access to multiple suicide prevention and awareness initiative, trainings and events such as SAFE TALK,

ASSIST, CONNECT and "Out of the Darkness." In addition, along with continuing to maintain and strengthen crisis supports within the community, Albany County continues to offer the Help, Options, Prevention, Education (HOPE) suicide prevention mobile app, which has been active since 2014.

In relation to developmental disabilities, often evidence of a potential issue begins to manifest in an individual's earlier years, especially when it is a more severe circumstance (although it is realized this is not always the case). As a result, services to support early recognition/prevention of Developmental Disabilities primarily lies with family members, child care provider, early intervention programs, primary care physicians/medical specialists and school personnel, who can then refer for further evaluation and treatment linkages when appropriate. There a number of early intervention or evaluation agencies within Albany County which are best accessed through school district's special education offices and/or referrals to agency based evaluation programs (which can be found through the Provider Directory on the OPWDD website).

Chemical Dependency Prevention services in Albany County are limited to OASAS funded providers. Our prevention providers serve many school districts and communities, but are not represented in many schools that have requested their services. In the last few years, our providers have been getting new requests and demands from suburban schools to provide community education/forums etc. in the wake of the opiate/heroin epidemic that is now impacting those communities. Additionally, our prevention providers report that it is difficult to access young adults, ages 17-25 with prevention/early intervention strategies.

Individuals with behavioral health challenges frequently come in contact with emergency services and law enforcement personnel while presenting with an "emotional disturbance". In an effort to improve care to those individuals and to improve safety in our community there continues to be cross-system collaboration within Albany County to help educate and improve how interventions with those with mental illness or emotional disturbances occur within the emergency services system. For example, ACDMH has a Sequential Intercept Mapping (SIM) initiative which brings together various emergency/crisis/law enforcement/services agencies through a series of workgroups in order to foster improved communication, education, mutual support, help reduce unnecessary incarcerations, improve how individuals with behavioral health needs interface with these systems, and support that individuals receive the appropriate interventions throughout the legal process.

Furthermore ACDMH continues to provide trainings to law enforcement agencies and other collateral providers (like the county-wide training to the Albany County Security Guard Unit) to support the importance of early detection, appropriate responses and intervention/service linkages. Albany County also continues to have three mobile crisis teams (more details below) whose involvement can also be a source of preventative interventions when appropriate.

Crisis Services: Albany County is fortunate to have multiple crisis support services available. The Albany County Mobile Crisis Team (MCT), Capital Region Child and Adolescent Mobile Team (CAMT) and NY Systemic, Therapeutic, Assessment, Resources, and Treatment (START), together provided a combined number of 1,999 crisis triage support and intervention services to Albany County residents in 2014; the CDPC Crisis Unit and local hospital emergency rooms continue to provide 24/7/365 psychiatric emergency room services to the community. In addition several local mental health clinics offer psychiatric emergency crisis support to the community; for example in 2014 the ACDMH Adult Clinic provided 239 individuals with "walk in" crisis assessments (per ACDMH QA internal data). Also, in January 2015, three (3) RSS Crisis Stabilization beds were opened and provide support to individuals who need "respite" services for stabilization as an alternative to psychiatric admissions.

Albany County is also fortunate in that most of the local emergency rooms and law enforcement agencies have a demonstrated willingness and commitment to providing competent integrated care to the mental hygiene populations; the three major hospitals (AMC, SPHP, CDPC) in the County and multiple police departments, the aforementioned crisis programs and local peer programs regularly participate in interdisciplinary committees, initiatives and trainings in partnership with ACDMH LGU towards the larger goal of strengthening crisis support programs.

Crisis services for individuals with substance use disorders are limited in Albany County. While we have one medically managed/supervised withdrawal (MMW) service, the service has operated underutilization for several years. Insurance approvals and eligibility for MMW is limited to only those at physical/medical risk for withdrawal. The populations not able to access these services are those typically individuals withdrawing from opiates, where physical/medical risk during withdrawal is low. However, without medical stabilization, support, and treatment, these individuals remain in the community with few options to initiate recovery. Therefore, Crisis Stabilization services and Ambulatory Detoxification

services are in high need in Albany County. The LGU fully supports the OASAS Residential Re-design initiative which will create medically supervised stabilization and medically supervised rehabilitation in those settings, a gap that has been identified by Albany County for years, and in previous LSP's. These services will offer a medically supervised stabilization service within a treatment environment where those individuals not eligible for MMW can safely withdraw and initiate treatment and recovery. The LGU will work with all of our Residential treatment providers to prepare and plan for residential redesign. Finally, local providers are working on developing ambulatory/ancillary withdrawal services with both PPS's as a part of the projects being developed under DSRIP. Ancillary/ambulatory withdrawal services will provide additional options in our community.

Specialized Populations: There are a number of existing and emerging specialized populations who present with unique behavioral health needs and services within Albany County, however service linkage can at times be difficult due to some of the challenges these individuals can sometimes present with.

- Youth in Transition- Historically it has been challenging to navigate service linkage for youth ages 18-25 who are aging out of children's mental health services, detention facilities and /or foster care, but present with the need for transfer of clinical services, housing and/or case management. Often times there are unique issues that must be considered in these cases. Historically the youth in transition referral/re-entry process was challenging, however positive gains were made in the last year as a more defined process was established. ACDMH, in partnership with children's services, continues to work on improvements in this area.

- Veterans- Albany County continues to be the home of many military veterans; whether it is individuals who served in past wars or those returning from more recent conflicts, Veterans often struggle with addiction, mental health disorders and at times homelessness. ACDMH continues to work with the Albany VA and other community providers to be attentive to the distinct needs of veterans and their families.

- Medicare- Service provisions to individuals with Medicare and/or dually enrolled in Medicare/Medicaid continues across the service continuum, however there has been a significant limitation on availability of outpatient clinic treatment and case management openings to individuals with Medicare. Medicare reimbursement in outpatient treatment settings requires specific licensing for the provision of clinical services; however, the number of clinicians licensed to provide these services to Medicare recipients does not meet the need of those seeking behavioral health treatment services in our community. In addition, individuals with Medicare are not often eligible for case management services due to the lack of reimbursement.

- Non-English/Refugee/Immigrants- Albany County, for decades, has been a resettlement community for immigrants and refugee's through some of the many programs that have existed in the Capital Region (for example, US Committee for Refugees Immigrants Albany (USCRI); as a result there has been a steady population of non-English speaking individuals and/or those who have special cultural assimilation needs. Over the last 5+ years, there has been a growing number of individuals such as these (i.e. non-English/refugee/immigrants) who present with behavioral health issues. There are a number of considerations that need to be made when providing services to this population, regardless of their language proficiency. ACDMH has recognized this growing need and continues to work with other agencies, such as the USCRI, whenever needed.

- Multiple disabled persons- There continues to be individuals with co-occurring mental health and substance abuse issues with treatment needs; there are already a number of treatment programs within the community that offer some level of co-treatment options. However, under the State's new initiative for Integrated Licensing, three Albany County treatment programs (ACDMH Clinic, Equinox and LaSalle School) are applying for the OMH/OASAS integrated license in order to provide more comprehensive co- treatment. Furthermore there has been a long standing need to consider the needs of individuals with co-morbid medical/behavioral health issues, especially for (but not limited to) seniors. Albany County plans to develop an awareness of any emerging integrated license primary care/behavioral health agencies to help further explore service options in this area. Lastly, there is a growing need for treatment options for individuals with co-occurring IDD/Behavioral health issues.

- Forensic Population (Community based and Re-entry) - ACDMH's Community Mental Health Criminal Justice and AOT Unit (CJU) continues to provide a number of community based services to individuals who have past/current contacts with the criminal justice systems (i.e. police contacts, court cases, court evaluations, and re-entry services from the prison/jail/youth detention centers), whether they have a behavioral health history or not. It has been challenging to link

these individuals with housing and/or treatment services in the community, especially when there is a history of high risk behaviors such as sex offense, assaultive behaviors and arson.

Treatment Services: For Mental Health- As previously noted there are a number of mental health treatment programs (both private and OMH level of care) within Albany County ranging from private practioners, outpatient clinics, PROS, and ACT. There were significant gains with the new adult and youth clinic that opened in early 2014 and both remain operational to date. However capacity does at times outweigh the presenting need, especially as it relates to specialized populations (as defined above). There is definitely a need for more resources that are able to manage the unique circumstances that come with the level of need each of these populations present with. In addition, as the children's services system moves towards Managed Care the treatment service criteria will be expanded which is at risk of further straining the already limited capacity for children mental health services. There has also been a long standing issue of limitations to access to behavioral health services in the outlying communities (i.e. Hilltowns, Ravena etc.). There is consideration/ anticipation that there may be more service options available to individuals who live in the outlying areas as health care reform and integration of primary/behavioral care initiatives continue. Albany County plans to develop an awareness of any emerging integrated license primary care/behavioral health agencies to which individuals in these underserved areas can be referred to, when appropriate. For Developmental Disabilities: The service provider directory on the OPWDD website reflects a number of available services and providers; however key challenges within the local system include limited outpatient treatment options for the co-occurring IDD/MH diagnosed individuals and a significant shortage of psychiatry across the region for IDD/MH and DD populations in general. For Substance Use Disorders*:* In the last few years there have been increases and decreases in our CD Treatment provider service system. Most significant is the addition of 400 OTS slots to address the opiate addiction epidemic. Other changes reflect reductions in inpatient treatment and residential medically supervised withdrawal services. For a full detail of CD prevention and treatment services, see attached.

While Albany County has a rich CD treatment system, needs and gaps in our service system do exist. The opiate/heroin epidemic is taking its toll on our community. Our treatment community is being challenged to treat the problem of opiate/heroin addiction like never before. While some providers have implemented the use of medication assisted treatment, many others have not. Some reasons are for lack of medical expertise, some for an "abstinence bias". Science based, recovery oriented treatment, including but not limited to medication assisted treatment must become the practice in all of our treatment programs. We are fortunate to have recently opened a new Opiate Treatment Service that is now providing Methadone, Suboxone and counseling services for all patients receiving those services. They hope to add Vivitrol in the near future. The use of medication assisted treatment for opiates in both our Residential Services and our non-OTP outpatient services is tragically low. According to the OASAS Client Data System, at a point in time in June 2015, 150 patients out of 281 reported that Heroin and/or other opiates were their primary, secondary or tertiary substance at admission. However, only 21 patients or 14% were receiving medication assisted opiate therapy. Our outpatient services admission data revealed only 26% of those individuals in treatment for opiate addiction were receiving medication assisted opiate therapy.

Housing: Housing remains a priority need in Albany County. For many years, planning stakeholders in Albany County have identified the need for safe, affordable housing and the importance of developing and/or redesigning a comprehensive continuum of housing and residential opportunities for individuals across the three disability areas. OMH, OASAS and OPWDD, continue to offer counties and providers opportunities to develop new housing options and/or to redesign current housing to support emerging needs (i.e. individuals leaving psychiatric hospitals, DD facilities; individuals completing residential treatment; those leaving prison, and those needing housing following 24/7 residential housing). However, serious gaps remain. There is also a growing need of for generic supported housing resources to help individuals seeking independent housing, but do not have the financial support to successfully obtain it. Albany County's plan and subsequent strategies will continue to reflect how housing opportunities, for individuals across the mental hygiene system, can be expanded and/or redesigned to be less restrictive, support recovery, and foster independence in the community in which they reside.

Peer Support Services: There continues to be a need for Peer Supports, Recovery Coaches, and Parent Partner services. ACDMH continues to build relationships with Peer and Recovery Support Services such as a Capital Area Peer Services, Mental Health Empowerment Project, and Friends of Recovery-New York. A Recovery Community Organization and/or a Recovery Center for Albany County remains a need. These services can build upon the therapeutic process started in treatment as well as provide initial or ongoing recovery support for adults, youths, and families. Albany County will work with OASAS and the Recovery Community to explore the development of these services.

Prepare for Managed care: Finally, in 2016, New York State will be a full Managed Care system for all behavioral health services (i.e. Mental Health, Chemical Dependency and Developmental Disabilities). There is concern on the part of the providers, families and consumers on the potential impact on access to services as well as service delivery. Providers will be required to show value in the services that they provide, while demonstrating quality patient care. This performance based model will require providers to track and assess different types of data, review and carefully monitor performance outcomes and patient satisfaction. The Albany County LGU has a local role in maintaining a service delivery system that is accessible and responsive to all consumers and as the result will collaborate on all initiatives that impact local service delivery (i.e. Health Homes, HARP, DISCO's, DSRIP, ACO's/MCO's, Residential Re-design, etc.). In addition, the LGU will play an active role in providing ongoing communication, information, training and support to the provider community as system changes are implemented.

3. **Assessment of Local Issues Impacting Youth and Adults** - For each issue listed in this section, indicate the extent to which it is an area of need at the local (county) level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

	Youth (under 21years)			**Adults (over 21 years)**		
Issue Category	**CD**	**MH**	**DD**	**CD**	**MH**	**DD**
a) Access to Prevention Services	High Need	High Need	Moderate Need	High Need	Moderate Need	Low Need
b) Access to Crisis Services	Moderate Need	Moderate Need	Moderate Need	High Need	Moderate Need	Moderate Need
c) Access to Treatment Services	Moderate Need	High Need	High Need	Moderate Need	High Need	High Need
d) Access to Supported Housing	High Need	High Need	High Need	High Need	High Need	High Need
e) Access to Transportation	Moderate Need	Moderate Need	Moderate Need	Moderate Need	High Need	High Need
f) Access to Home/Community-based Services	High Need	High Need	High Need	High Need	High Need	High Need
g) Access to Other Support Services	High Need	High Need	Moderate Need	High Need	High Need	Moderate Need
h) Workforce Recruitment and Retention	High Need	High Need	High Need	High Need	High Need	High Need
i) Coordination/Integration with Other Systems	High Need	Moderate Need	Moderate Need	High Need	Moderate Need	Moderate Need

Access to Prevention Services

4a1. briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here:

Mental Health and Developmental Disabilities: There are limited prevention services for the within Albany County for youth and adults.

Chemical Dependency: Access to prevention services for youth age 21 and under has been identified as a high need in Albany County. We only have three funded Prevention providers who are not able to provide services in all of the schools (13 public school districts) that need and or request those services. In addition, there has been an increased demand for community forums/information in the wake of the opiate/heroin epidemic. Providing prevention education and awareness to the adult (over 21) population is a critical component needed to reduce addiction in our community.

4a2. Identify strategies that could potentially be pursued to address this local issue.

Mental Health and Developmental Disability: Community education for family, community and other providers to promote awareness, early recognition and subsequent referrals (for example the C.A.P.E.S. program and/or others like it). Additional potential strategies to consider are noted in Priority Outcome 2. (Strategies/Metrics 2.1) and Priority Outcome 3 (Strategies/Metrics 3.2 through 3.9).

Chemical Dependency: An increase in funding for Prevention and community education. The establishment of a local Council on Addiction to address all of the prevention and education needs in the Albany County community. The capital region has NO council where families and the community can obtain help, information and prevention education. A council could also provide additional recovery supports in the community.

Access to Crisis Services

4b1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here:

Mental Health and Developmental Disability: Albany County would benefit from the expansion of hours and services provided by the CAMT and START crisis teams when staffing and resources allow. There remains a need for expansion of crisis residential opportunities for youth and adults.

Chemical Dependency: As a result of the opiate epidemic, there is an increased need for crisis/stabilization services for youth. For adults, the need remains high. There is less access to medically managed detox and a high need for stabilization/withdrawal services for individuals who do not need a hospital level of detox. In addition, we are seeing an increased number of calls to our mobile crisis team (MCT) from families with adult children with addiction (opiates) problems who identify the situation as a crisis.

4b2. Identify strategies that could potentially be pursued to address this local issue.

Mental Health and Developmental Disability: Expansion of services relies heavily on available funding and resources; this can be further pursued if/when opportunities are presented. START is actively working on expanding their services. Additional potential strategies to consider are noted throughout Priority Outcome 4.

Chemical Dependency: Ancillary Withdrawal services; stabilization services that offer addiction medication. Explore MCT responses for individuals with SUD's.

Access to Treatment Services

4c1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Mental Health and Developmental Disability: There are capacity issues for treatment services, especially as it relates to the specialized populations noted above such as those with Medicare and the non-English/refugee/immigrant individuals. There are significant shortages of psychiatric services within the local OPWDD system. Currently the children's mental health system's capacity is "okay," but it is anticipated that there will be a potential need for more capacity with the expanding of eligibility criteria as a result of managed care changes and the implementation of Health Homes. There continues to be limited services in outlying areas such as the Hilltowns and Ravena/Cohoes area.

Chemical Dependency: While Albany County has multiple treatment programs, access to these treatment services is not always easy for individuals or families. Particularly impacted are those who have private insurance. Insurance issues remain a barrier for many families. Access to Medication assisted treatment remains a serious issue in Albany County. Many programs do not offer MAT and those who do offer MAT are at full capacity per the federal regulations. Some programs have not embraced the science/evidence and continue to operate treatment that is based solely on the abstinence model.

Finally access to integrated treatment for SUD and MH remains challenging in Albany County.

4c2. Identify strategies that could potentially be pursued to address this local issue.

Mental Health and Developmental Disability: Potential strategies are noted in Priority Outcome 2 (Strategies/Metrics 2.1, 2.6 and 2.8) and Priority Outcome 3 (Strategy/Metric 3.2, 3.3 and 3.5)

CD: Continued advocacy regarding insurance and parity. Continue to work with providers to prepare them for a fully managed care environment.

Continued education and information to move providers to adopt the use of all available medication assisted treatment. ACDMH, Equinox and LaSalle School all plan to apply for integrated licensure.

Access to Supported Housing

4d1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Mental Health and Developmental Disability: There remains a high need for additional supportive housing services. Within the DD system there needs to be adequate options to support system changes as is relates to residential care such as the closing of Developmental Centers. For mental health there remains need for supportive housing at various levels including for the forensic population and youth in transition.

Chemical Dependency: Housing for youth and youth in transition from CD treatment has been identified as a need in Albany County. Adolescents and young adults who are unable to go "home" have little to no recovery oriented supported housing. For adults, S+C is available, but there is not enough capacity to meet the needs. Barriers to supported housing for individuals with COD due to treatment/medication and abstinence requirements.

4d2. Identify strategies that could potentially be pursued to address this local issue.

Mental Health and Developmental Disability: Potential strategies to consider are noted throughout Priority Outcome 1

CD: Funding for Recovery oriented housing for youth and adults. Work with MH and SUD providers to utilize a harm reduction philosophy for individuals with COD; Increase MRT housing opportunities.

Access to Transportation

4e1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Transportation challenges across all disability areas (for youth and adults) continue to be limitations of Medicab services and shortages of transportation services available to non-Medicaid recipients. In addition, as previously noted, issue of limited access to care for outlying areas (Hilltowns, Ravena etc.) is further exacerbated by transportation limitations/challenges.

4e2. Identify strategies that could potentially be pursued to address this local issue.

Communication with Medicab services to assist with addressing issues/limitations can occur. Promote Consumer/community education about “half-fare” CDTA bus passes’ when appropriate. Develop an awareness of emerging integrated primary care/behavioral health agencies that may be in underserved areas, and when appropriate refer to them

Home and Community Based Services (HCBS)

4f1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Mental Health and Developmental Disability: With current health care/Medicaid reform there are anticipated potential changes to existing HCBS programs (for example within the children’s and DD system) and there are new HCBS programs coming to Albany County once the applications/deadlines are determined. There needs to be an awareness of these changes and the preparation for the impact this will have on service provision

There are very few HCBS for youth/adults with SUD's. Self-help limited to 12-step programs, limited recovery support activities are available in AC.

4f2. Identify strategies that could potentially be pursued to address this local issue.

Mental Health and Developmental Disability: Potential strategies to consider are noted throughout Priority Outcome 9. Maintain awareness of when the HCBS application deadline will be for the rest of New York state (as NYC deadlines were in 12/2014), as well, to whatever extent is possible, be aware of which local agencies may apply to be HCBS providers.

The LGU is working with providers to consider providing HCBS under the HARP implementation. Support recovery community center /youth center initiatives, Recovery and peer supports.

Access to Other Support Services

4g1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Mental Health and Developmental Disability: There is a limitations/shortage of case management services available to non-Medicaid/non health home eligible individuals. There are some programs in Albany County but the need outweighs current capacity. Children's MH system is currently implementing Health Homes

Support services for families is lacking; especially in the wake of the opiate/heroin epidemic. Non 12-step recovery supports are not available in the community.

4g2. Identify strategies that could potentially be pursued to address this local issue.

Mental Health and Developmental Disability: Permission to fill currently vacant State Health Home Care Management positions at ACDMH, utilization of peer/recovery support services whenever possible, pursue other case management options/models if/when opportunities are presented, maintain necessary partnerships related to supporting Health Home implementation

Work with Recovery community to increase recovery coach supports both in our treatment programs and in the community. Work with community providers/FOR NY to initiate additional self-help supports in the community i.e. SMART Recovery, SMART Recovery for Families, etc.

Workforce Recruitment and Retention

4h1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Recruiting and retaining good qualified staff in in service programs is extremely challenging across all three disability areas. Salaries are low and the work is hard. These challenges significantly impact program capacity. Medical professionals are in high demand. There are shortages of psychiatrists, nurse practitioners. therapists and paraprofessional staff across the service system in all three disability areas.

4h2. Identify strategies that could potentially be pursued to address this local issue.

Continue to advocate for training for medical community. Consider integration of BH treatment with physical health where possible. Continue to explore expansion of workforce when appropriate.

Coordinated/Integration of Other Systems

4d1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

All 3 systems are in the midst of systemic changes, especially in relation to integration of care. In order to maintain quality of care, while also enhancing with integration services there remains a need for continued awareness, assessment and collaboration between the 3 systems. The population of individuals with co-occurring service needs continues to grow. Co-morbid medical issues also remains and remarkable area of need across all three disability areas. Coordination of care for Behavioral Health and physical health is minimal at best.

4d2. Identify strategies that could potentially be pursued to address this local issue.

Potential strategies to consider are noted in Priority Outcome/Strategy/Metric 2.1, 2.6, 3.1, 3.2, 3.3 and throughout Priority Outcome 9. Support integrated license opportunities including "Licensure Threshold" projects under DSRIP.

5. Please indicate how useful each of the following data resources is for your planning, needs assessment, and system management work.

Data Resource	Very Useful	Somewhat Useful	Not Very Useful	Never Used
a) CLMHD Data Dashboard	x			
b) OASAS Client Data Inquiry Reports	x			
c) OMH County Mental Health Profiles	x			
d) OMH PSYCKES Medicaid Portal		x		
e) BHO Performance Metrics Portal (on OMH Website)	x			
f) New York Employment Services System (NYESS)				x
g) DSRIP Dashboard (on DOH Website)		x		
h) Health Data NY (DOH Health Data Portal)				x
i) Open NY (New York's Open Data Portal)			x	

6. In addition to the data resources listed in #5 above, identify other data resources that you found helpful in your planning and needs assessment work and why they were helpful

Collaborative discussions with local/partnering service providers. Ongoing involvement in behavioral health/service provisions initiatives. Obtaining of data from local service providers on the numbers/types of services they provided.

PART B: Regional Needs Assessment

The 2016 Local Services Plan Guidelines describe planning regions of the Public Health and Health Planning Council (PHHPC) that the Population Health Improvement Program (PHIP) and Regional Planning Consortiums (RPC's) will operate in. Unless otherwise indicated, responses to these questions should be made based on the PHHPC planning regions.

7. Collaborative Planning Activities - Counties are strongly encouraged to work with other counties in their region to identify the major issues that have a regional impact. In this section, describe the planning and needs assessment activities that your agency participated in during the past year with other counties within your PHHPC region. Identify the other counties that were involved in the collaborative planning activities.

ACDMH regional planning and needs assessment activities included involvement in multiple cross county/interagency initiatives such as CLMHD Committees, local DSRIP PPS planning committees, Health Home Care Management Steering Committee, The START Advisory Council, Underage Drinking and Drug Use Prevention Coalition, and Tri-County Behavioral Health for Tobacco Free Living.

8. Assessment of Regional Issues Impacting Youth and Adults - For each issue listed in this section, indicate the extent to which it is an area of need at the regional level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

	Youth			Adults		
Issue Category	**CD**	**MH**	**DD**	**CD**	**MH**	**DD**
a) Access to Prevention Services	Moderate Need	Moderate Need	Moderate Need	High Need	High Need	Low Need
b) Access to Crisis Services	Moderate Need	Moderate Need	Moderate Need	Moderate Need	Moderate Need	Moderate Need
c) Access to Treatment Services	Moderate Need	High Need	High Need	Moderate Need	High Need	High Need
d) Access to Supported Housing	High Need	High Need	High Need	High Need	High Need	High Need
e) Access to Transportation	High Need	High Need	High Need	High Need	High Need	High Need

f) Access to Home/Community-based Services	High Need	High Need	High Need	High Need	High Need	High Need
g) Access to Other Support Services	High Need	High Need	High Need	High Need	High Need	High Need
h) Workforce Recruitment and Retention	High Need	High Need	High Need	High Need	High Need	High Need
i)Coordination/Integration with Other Systems	High Need	High Need	High Need	Moderate Need	High Need	High Need

Access to Prevention Services

9a1. Briefly describe the issue and why addressing it at the regional level is needed.
There appears to be similar challenges in this area regionally as is noted above for Albany County. Some of the outlying areas that have limited access to services lay on the border of other neighboring counties and at times consumers seek services from agencies in those other counties.

9a2. Identify strategies that could potentially be pursued to address this regional issue.

Suggested strategies remain the same/similar as those noted above for Albany County.

Access to Crisis Services

9b1. Briefly describe the issue and why addressing it at the regional level is needed.
There appears to be similar challenges in this area regionally as is noted above for Albany County. It is noted that other counties in the Region are exploring or implementing their own mobile crisis services.

9b2. Identify strategies that could potentially be pursued to address this regional issue.

Suggested strategies remain the same/similar as those noted above for Albany County. In addition ACDMH remains available to support/assist any new mobile crisis teams as the ACDMH MCT team has been active for 25+ years.

Access to Treatment Services

9c1. Briefly describe the issue and why addressing it at the regional level is needed.
There appears to be similar challenges in this area regionally as is noted above for Albany County. Some of the outlying areas that have limited access to services lay on the border of other neighboring counties and at times consumers seek services from agencies in those other counties.

9c2. Identify strategies that could potentially be pursued to address this regional issue.

Suggested strategies remain the same/similar as those noted above for Albany County.

Access to Supported Housing

9d1. Briefly describe the issue and why addressing it at the regional level is needed.
There appears to be similar challenges in this area regionally as is noted above for Albany County. Individuals who present with homelessness and/or limited housing opportunities are often transient within the regional counties.

9d2. Identify strategies that could potentially be pursued to address this regional issue.

Suggested strategies remain the same/similar as those noted above for Albany County. Continue to use the new St. Catherine's HOST program which services both Albany and Rensselaer.

Access to Transportation

9e1. Briefly describe the issue and why addressing it at the regional level is needed.
There appears to be similar challenges in this area regionally as is noted above for Albany County.

9e2. Identify strategies that could potentially be pursued to address this regional issue.

Suggested strategies remain the same/similar as those noted above for Albany County.

Access to Home/Community-based Services

9f1. Briefly describe the issue and why addressing it at the regional level is needed.

There appears to be similar challenges in this area regionally as is noted above for Albany County.

9f2. Identify strategies that could potentially be pursued to address this regional issue.

Suggested strategies remain the same/similar as those noted above for Albany County.

Access to Other Support Services

9g1. Briefly describe the issue and why addressing it at the regional level is needed.

There appears to be similar challenges in this area regionally as is noted above for Albany County especially as it relates to limitations with the non-Medicaid/non HHCM eligible individuals.

9g2. Identify strategies that could potentially be pursued to address this regional issue.

Suggested strategies remain the same/similar as those noted above for Albany County. The HHCM lead agency, Capital Region Health Connections/St Peters Health Partners regularly explores strategies to address gaps/concerns in this area during Steering Committee Meetings.

Workforce Recruitment and Retention

9h1. Briefly describe the issue and why addressing it at the regional level is needed.

There appears to be similar challenges in this area regionally as is noted above for Albany County.

9h2. Identify strategies that could potentially be pursued to address this regional issue.

Suggested strategies remain the same/similar as those noted above for Albany County

Coordination/Integration with Other Systems

9i1. Briefly describe the issue and why addressing it at the regional level is needed.

There appears to be similar challenges in this area regionally as is noted above for Albany County.

9i2. Identify strategies that could potentially be pursued to address this regional issue.

10. In addition to collaborating with other counties in your PHHPC region, has your agency collaborated with counties outside your PHHPC region on any planning and needs assessment activities in the past year?

a. Yes **x**
b. No

If "Yes", identify the counties that you collaborated with and briefly describe the collaborative activity.

OPWDD NY START Capital District, Taconic & Hudson Valley team services following 18 counties: Albany, Columbia, Dutchess, Fulton, Greene, Montgomery, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, and Westchester. Involvement with the NY START Advisory Council involves collaboration with these counties.

Mental Hygiene Priority Outcomes Form
Albany County Dept. of Mental Health (70520)
Plan Year: 2016

Priority Outcome 1: Maximize and or develop safe and affordable housing opportunities across the Mental Hygiene System (Mental Health, Chemical Dependency and Developmental Disabilities) to address unmet need across the age continuum.

OASAS; OMH; OPWDD
Priority Rank: 2
OASAS Priority Focus Area: Service Capacity Expansion; Sub-Focus Area: Housing
OMH Priority Focus Area: Service Capacity Expansion/Add New Service
OPWDD Priority Focus Area: Housing; Sub-Focus Area: Supported Housing.

Strategy 1.1: OPWDD

Within the next 3 years reallocate existing resources or develop new resources whenever possible, to increase the number of opportunities for individuals with Developmental Disabilities requesting Out-of-Home Residential placements and further support the larger transitional goals related to Developmental Center closures.

Metric 1.1:

- Encourage the development of additional Individual Residential Alternative Supervised and/or Supportive Housing opportunities for both youth and adults
- Convene two (2) DD stakeholder planning meetings to explore the development of a fuller spectrum of residential support options for individuals with DD to fill the gap between 24/7 residential support and complete independence.

Strategy 1.2: OASAS

Develop Permanent Supportive housing units for “high need- high risk” individuals leaving and/or completing Chemical Dependency treatment.

Metric 1.2:

- Add 10 Supportive housing units over the next 3 years.

Strategy 1.3: OASAS

Establish a Supportive Housing Program for Youth-in-transition (18-25 years) who require housing and support following their completion of intensive residential CD treatment.

Metric 1.3:

- Add 10 supportive housing units over next 3 years.

Strategy 1.4 OASAS

Work with community providers to develop permanent supportive housing for men and women that is safe, affordable and is operated utilizing recovery oriented system of care concepts (i.e. Oxford House model)

Strategy 1.5: OMH

Explore the development of a single site, residential program for youth –in –transition (ages 18-25 years), to include wrap around Mental Health (MH) services when relevant.

Strategy 1.6: OMH

Fully Implement a MH community residence/SRO facility.

Metric 1.6:

- A residence with up to 100 beds will become operational over the next 3 years.

Strategy 1.7 OMH New

Advocate for additional forensic beds for individuals who have an identified MH diagnosis and are being released from prison.

Metric 1.7:

- 10 additional forensic beds will be obtained.

Strategy 1.8 OMH New

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

Metric 1.8

- 10 generic supported beds will be obtained.

Priority Outcome 2: Albany County will maintain current services and enhance/increase treatment access/capacity where gaps have been identified across the Mental Hygiene System (Mental Health, Chemical Dependency and Developmental Disabilities).

OASAS; OMH; OPWDD
Priority Rank: 4
OASAS Priority Focus Area: Service Capacity Expansion; Sub-Focus Areas: Opioid Treatment; Community Residential Treatment; Other (specify): RRSY; Outpatient Services to rural parts of Albany County.
OMH Priority Focus Area: Service Capacity Expansion/Add New Service
OPWDD Priority Focus Area: Relationship Development and Community Supports; Sub-Focus Areas: Family Support Services; Community Habilitation; Clinical Workforce.

Strategy 2.1: OPWDD

Enhance Developmental Disability (DD) community based services/supports for persons with DD and their families.

Metric 2.1:

- Convene two (2) Developmental Disability stakeholder planning meetings to assess the local need for the development and or expansion of habilitative (respite, supported employment, recreational, etc.) clinical and behavioral supports for persons with Developmental Disabilities.

Strategy 2.2: OASAS

Continue to increase and enhance access, capacity and treatment options for individuals addicted to Opiates over the next 3 years.

Metric 2.2:

- The department will work with the County Executive's office and local stakeholders to develop strategies to address prescription opiate misuse/abuse, the increased incidence of illicit opiate use/addiction and high rates of death as the result of opiates overdoses;
- Encourage 822.4 OPC providers to replicate the co-location/integration model i.e. Establish 822.4 OPC satellites within a physical health care provider setting that utilize addiction medicine (Suboxone and/or Vivitrol; Encourage the development of ancillary outpatient withdrawal services; 1-2 822.4 OPC providers will add this service over the next 3 years;
- The LGU will promote the use of medication such as Suboxone, Methadone and Vivitrol, to treat opiate addiction. 90% of all Albany County Outpatient providers will offer recovery oriented medication assisted treatment (i.e. Suboxone, Vivitrol etc.) by 2016-2017 -Increase the number of individuals referred to non-substance abuse treatment services and low-threshold services (such as syringe exchange, treatment readiness, and harm reduction counseling) by substance abuse treatment providers by 25%;
- The LGU will utilize the publicity campaign developed by NYS OASAS to widely disseminate public health information regarding Heroin & Opiate addiction.

2.3 Strategy: OASAS

The Albany County Executive, Albany County Dept. of Mental Health, Albany County Health Department, Catholic Charities Overdose Prevention Program, Albany Medical Center Hospital, the Regional Underage Drinking and Drug Use Prevention Coalition, local CD providers, law enforcement and medical personnel will work collaboratively to increase the number of individuals trained in Opioid Overdose Prevention (NARCAN) to reduce/reverse opioid overdoses in Albany County.

Metric 2.3:

- The Albany County Executive's office will continue to partner with Project Safe Point to offer Opiate Overdose (NARCAN) prevention trainings to all staff employed by the county, including all staff at the Dept. of Mental Health. Community Overdose Prevention Trainings will also be offered throughout Albany County;
- The LGU will work with County Coroner to obtain accurate and timely information regarding opiate related deaths annually;
- The LGU will work with Project Safe Point to offer Treatment/Services companion information at all Opiate Overdose Prevention (Narcan) trainings that strongly encourage treatment engagement immediately following the use of Narcan in an overdose situation.

Strategy 2.4: OASAS

Albany County LGU will work with all residential providers and all stakeholders to plan for the redesign of residential services. The LGU will work to ensure that all three phases of treatment (i.e. stabilization, rehabilitation and reintegration) are available in Albany County.

Metric 2.4:

- The LGU will facilitate multiple meetings with provider community.
- The LGU will encourage and support provider collaboration in order to deliver the three levels of residential treatment.

Strategy: OASAS 2.5

The LGU will work with OASAS, Prevention and Treatment Providers to develop/increase access to evidence based treatment for families impacted by addiction.

Metric 2.5:

- The LGU will facilitate 1-3 family focus groups to determine needs of families.
- The LGU will work with OASAS to explore training and implementation of CRAFT (Community Reinforcement and Family Treatment) in 1-2 of our outpatient treatment programs.

Strategy 2.6: OMH

Increase Mental Health Outpatient Clinic treatment capacity across the age continuum.

Metric 2.6

- Continue to collaborate with existing clinic treatment providers (both youth and adults) to explore ways to increase capacity overall and/or increase capacity for specialized populations, e.g. seniors, veterans, youth in transition, Medicare, forensic
- Continue to have meetings for triaging and monitoring clinic's treatment capacities, i.e. SPOA, MH Collaboration and others as needed
- Develop awareness of emerging integrated license primary care/behavioral health agencies; and when appropriate refer to these agencies
- Continue to expand membership of pediatricians in the Child and Adolescent Psychiatry Education and Support Program (C.A.P.E.S.)

Strategy 2.7: OMH

Continue to build upon existing peer support services that address the needs of individuals who may not benefit from PRO's and /or need additional supports in the community.

Metric 2.7

- Peer support programs will continue to be encouraged to participate in ongoing stakeholder initiatives;
- Community providers will continue to refer to peer support services as appropriate.

Strategy 2.8 OMH; OASAS

Develop services in rural parts of Albany County to address emerging needs (e.g. Hill towns; Ravena/Coeymans).

Metric 2.8:

- Meet with community leaders and perform quantitative/qualitative needs assessment;
- Develop awareness of emerging integrated license primary care/behavioral health agencies; and when appropriate refer to these agencies;
- Continue to utilize the St. Catherine's Connections and Berkshire Farm Center' Home Run Programs which target youth in the southern rural areas.

Priority Outcome 3: Enhance the quality of screening, treatment and care to persons across the Mental Hygiene System (Mental Health, Chemical Dependency and Developmental Disabilities)

OASAS; OMH; OPWDD
Priority Rank: Unranked
OASAS Priority Focus Area: Service Improvement/Enhancement; Sub-Focus Areas: Implement/Expand Best/Promising Practices; Implement/Expand Recovery Supports; Train Workforce.
OMH Priority Focus Area: Service Improvement/Enhancement
OPWDD Priority Focus: Infrastructure. Sub-focus Area(s): Cross-system Collaboration , Education and Training

Strategy 3.1 OASAS

Encourage and support providers to integrate SUD treatment models that embrace "all pathways to recovery" and recovery oriented systems of care.

Metric 3.1:

- The LGU will encourage and support Recovery to Practice trainings for all CD providers in Albany County to increase awareness, acceptance, and adoption of recovery-based practices in the delivery of addiction-related services;
- Providers will be encouraged to utilize professional associations that have received Recovery to Practice Initiative awards (e.g. NAADAC: has developed a national recovery-oriented training curriculum that is intended to educate addiction professionals about a recovery-oriented model of care; educate addiction professionals about addiction recovery and teaches competencies needed to integrate addiction recovery concepts into practice).

Strategy: 3.2 OASAS; OMH

Encourage and support providers to develop integrated care models.

Metric 3.2:

- 1-3 providers will apply for and obtain an Integrated License (DOH, OASAS, and OMH);
- 1-3 providers will apply for an integrated license threshold per the DSRIP Project 3 a.i. Licensure Threshold.

Strategy 3.3 OASAS; OMH

Increase the number of clinical staff who have been trained in integrated treatment for co-occurring Mental Health and Chemical Dependency Disorders.

Metric 3.3:

- The number of CD and MH staff trained through the Focus on Integrated Treatment (FIT) modules will increase over the next 3 years.

Strategy 3.4: OASAS; OMH; OPWDD

Build upon Albany County's commitment to train all employees in trauma informed care (e.g. ACES Training) and encourage community providers to do so as well.

Metric: 3.4:

- Continue to take advantage of community trainings
- Explore Jail Mental Health training opportunities.

Strategy 3.5: OASAS, OMH

Encourage the use of Screening, Brief Intervention and Referral to Treatment (SBIRT).

Metric 3.5:

- 1-2 providers who obtain new integrated licenses will implement SBIRT as a part of their treatment milieu.

Strategy 3.6: OASAS; OMH

Health Home Care Managers will receive specialized, evidence-based training, including the treatment of COD, to enhance their expertise to deliver care coordination services through the Health Home model.

Metric 3.6

- ACDMH will collaborate with the Health Home lead agency and other impacted community providers to re-tool and re-train 100% of Albany County OMH case managers over the next 3 years.

Strategy 3.7 OMH

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

Metric 3.7

- Explore the utilization of evidenced based suicide screening tools;
- Develop recovery/peer based clinical support services;
- Develop Health Home Care Management/Jail data matching to facilitate Health Home linkage;
- Provide addiction training to jail and forensic staff.

Strategy 3.8 OMH; OASAS

Will continue with Sequential Intercept Mapping (SIM) initiative in order to help reduce unnecessary incarcerations, improve how individuals with behavioral health needs interface with criminal justice system, and support that individuals receive the appropriate interventions throughout the legal process.

Metric 3.8

- Continue SIM workgroup meetings for all 5 intercept points (Law Enforcement and Emergency Services, Initial Detention/ Initial Court Hearings, Jails and Courts, Community Re-entry, and Community Corrections/Community Support);
- Explore the development of a Mental Health Court;
- Increase mental health supports in courts;
- Continue with multiple stakeholder involvement in the Law Enforcement Assisted Diversion (LEAD) initiative.

Strategy 3.9 OPWDD

Encourage interagency collaboration between OMH/OPWDD system to support the Systemic, Therapeutic Assessment, Resources and Treatment (START) Program.

Priority Outcome 4: Enhance Crisis Services across the Mental Hygiene System (Mental Health, Chemical Dependency and Developmental Disabilities)

OASAS; OMH; OPWDD
Priority Rank: 3
OASAS Priority Focus Area: Service Improvement/Enhancement; Sub-Focus Areas: Implement/Expand Best/Promising Practices; Implement/Expand Recovery Supports; Train Workforce.
OMH Priority Focus Area: Service Improvement/Enhancement
OPWDD Priority Focus Area: Health; Sub-Focus Area: Crisis Intervention.

Strategy 4.1: OASAS; OMH; OPWDD

Improve coordination and collaboration among law enforcement and crisis/emergency services; improve linkages to appropriate treatment services from crisis/emergency services.

Metric 4.1:

- Train up to 50 local law enforcement officers (police and corrections) in Emotionally Disturbed Persons Response Team (EDPRT);
- Continue to encourage Law Enforcement and ER personnel to collaborate on the Opiate Overdose Prevention Initiative;
- Provide behavioral health training to local emergency service dispatchers.

Strategy 4.2: OASAS; OMH

Develop an innovative/alternative peer recovery support model that compliments existing crisis services.

Metric 4.2:

- Inventory all existing peer and recovery coach resources in Albany County including hospital diversion opportunities;
- Encourage local hospitals and ERs/EDs/detox units to add and/or broaden the roles of peers and recovery coaches in their facilities;
- Explore innovative peer/recovery support models elsewhere across the State;
- Explore training opportunities for enhancing existing, and developing new, peer and recovery resources locally;
- Explore grant opportunities for training, innovative initiatives and partnerships.

Strategy 4.3: OMH

Encourage the development of crisis residential opportunities for individuals of all ages.

Metric: 4.3:

- ACDMH will continue to meet with CDPC, leaders in peer support and other community stakeholders to further assess community need for a Crisis Residence;
- Encourage the use of the new adult crisis beds that opened in Jan 2015;
- Continue to utilize Miriam House, Healy House and the Tri-County respite/crisis beds for youth, as appropriate.

Strategy 4.4: OMH

Improve coordination between Emergency Rooms/ Departments and CDPC Crisis Unit.

Metric 4.4:

- ACDMH will continue to convene workgroup meetings through SIM at which the interface between local ER/EDs and CDPC is an ongoing topic;
- ACDMH will continue to encourage local hospitals and crisis services to meet independently.

Strategy 4.5 OASAS

Albany County Providers will work with the LGU to develop new crisis stabilization/withdrawal services.

Metric 4.5:

- Two (2) Residential Providers will develop and implement stabilization services per the OASAS Residential Re-design initiative.
- 1-2 providers will develop/add ancillary OP withdrawal services.

Strategy 4.6 OPWDD

Collaborate with the Capital District DDRO to implement START (Systemic, Therapeutic, Assessment, Respite and Treatment) services and fully integrate those services with other community crisis service providers in Albany County.

Priority Outcome 5: Peer Services, Advocacy Councils, Recovery Community Organizations (RCO's) and Recovery Coaches will be more fully integrated into a continuum of mental hygiene services in order to better promote wellness and recovery.

OASAS; OMH; OPWDD
Priority Rank: Unranked

OASAS Priority Focus Area: Service Coordination/Integration; Sub-Focus Areas: Coordinate Care with Recovery Support Services; Coordinate Care with Other Service Systems; Integrate Care with Recovery; Support Services; Integrate Care with Other Service Systems; Other (specify): Recovery to Practice Training
OMH Priority Focus Area: Workforce Development
OPWDD Priority Focus Area: Relationship Development and Community Supports; Sub-Focus Areas: Family Support Services; Other (specify): Advocacy/peers

Strategy 5.1: OASAS; OMH; OPWDD

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

Metric 5.1:

- Explore the development of a peer support forum to educate the community and stakeholders on peer support services;
- ACDMH will promote peer and recovery support initiatives and training opportunities;
- The LGU will work with Friends of Recovery-NY and local stakeholders to develop a Recovery Community Organization and/or Recovery Community Center over the next 3 years;
- Children, Youth and family providers will continue to utilize Parent Partner services.

Strategy 5.2: OASAS/OMH

Encourage the development of peer support services for individuals with behavioral health problems who are involved in the criminal justice system.

Metric 5.2:

- Develop collaboration between SUD, mental health, probation and recovery/peer support services;
- Develop collaboration between jail SUD, mental health services and recovery/peer support services.

Priority Outcome 6: Develop and/or enhance access to treatment services for special populations across the Mental Hygiene system.

OASAS; OMH; OPWDD
Priority Rank: Unranked
OASAS Priority Focus Area: Service Capacity Expansion; Sub-Focus Area: Services for a Target Population (specify population):
OMH Priority Focus Area: Service Improvement/Enhancement
OPWDD Priority Focus Area: Health; Sub-focus Area(s): Crisis Intervention , Clinical Services

Strategy 6.1: OASAS, OMH

Continue to develop and build local partnerships with veteran/military groups (e.g. Army National Guard, Albany VA Hospital) to assess and be responsive to behavioral health needs. The LGU and community providers, as well as other stakeholders, will continue to assess if additional specialty services are needed for veterans in Albany County.

Metric 6.1

- CD providers will develop a referral relationship with the NY Army National Guard Substance Abuse Program. The Substance Abuse Coordinator for the Army National Guard has been invited and will attend the monthly CD Provider/Planning meeting hosted by ACDMH.
- ACDMH will continue to ensure close collaboration with VA services

Strategy 6.2 OASAS

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

6.2 Metric:

- The LGU will continue to work with the Underage Drinking and Drug Use Coalition to deliver prevention strategies in the Albany County community. Ongoing opportunities for funding will be explored.

Strategy 6.3: OMH

ACMDH in partnership with DCYF will educate and provide ongoing support to community providers, stakeholders and referral sources on the "re-entry" process for youth being discharged from OCFS facilities and foster care facilities who need to establish behavioral health services in the community

Metric 6:3:

- The Albany County Program Services Coordinating Committee (PSCC), which merged with the Albany County Youth in Transitions Committee, will continue to meet monthly;
- Youth in transition cases can continue to be referred to the forensic mental health re-entry, Single Point of Access (SPOA) and PSCC committees for assistance with triage and service linkage, whenever appropriate.

Strategy 6.4: OMH

Continue to develop partnerships with local providers of behavioral health who serve seniors, as well as the development of new service opportunities.

Metric 6.4

- Develop awareness of emerging integrated license primary care/behavioral health agencies; and when appropriate refer to these agencies;
- Explore dedicated senior track treatment options;
- Continue to coordinate with the Albany County Long Term Care Council.

Strategy 6.5: OPWDD

Assess the level of need for those with co-occurring Developmental Disability/Behavioral Health diagnoses across the system and assist with linkages as needed

Metrics 6.5

- promote utilization of the Front Door for identifying and linking available services;
- continue to use START for crisis support for those with IDD/DD;
- Convene two (2) Developmental Disability stakeholder planning meetings to assess the local need for services for this population.

Priority Outcome 7: Develop Community-wide interventions that include education, prevention and treatment efforts to address emerging behavioral health conditions.

OASAS; OMH; OPWDD
Priority Rank: 5
OASAS Priority Focus Area: Service Improvement/Enhancement; Sub-Focus Areas: Implement/Expand Best/Promising Practices; Train Workforce.
OMH Priority Focus Area: Service Improvement/Enhancement
OPWDD Priority Focus Area: Infrastructure; Sub-Focus Areas: Communications; Other (specify): Planning

Strategy 7.1: OMH

The LGU will continue to collaborate with Albany County Dept. of Health, OMH and Mental Health providers to explore and implement evidence based interventions to reduce tobacco use in persons with Mental Illness.

Metric 7.1

- All new patients at the ACDMH Clinic will be assessed for tobacco use and where indicated, will be linked to a clinical intervention;
- Department of Mental Health in partnership with the children's clinic and providers will continue to focus attention on prevention measure for adolescents discouraging smoking and resources to assist youth and their parents to quit smoking;
- ACDMH will explore expanding tobacco cessation initiatives to other units.

Strategy 7.2: OASAS; OMH

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

Metric 7.2:

- Continue to promote suicide prevention trainings such as SAFE TALK and ASSIST, continue to provide/promote CONNECT trainings and continue to promote awareness events such as "Out of the Darkness".

Strategy 7.3

The LGU will monitor the need for increased prevention and treatment services for problem gambling.

Metric 7.3:

- The LGU will participate in NY's Responsible Play Partnership (RPP) events locally;
- The LGU will collaborate with OASAS and the NYS Council on Problem Gambling to educate the community about problem and compulsive gambling.

Priority Outcome 8: Establish a county-level "System of Care" Developmental Disabilities Provider and Planning Committee.

OPWDD
Priority Rank: Unranked
OPWDD Priority Focus Area: Infrastructure; Sub-Focus Areas: Communications; Other (specify): Planning

Strategy 8.1: OPWDD

Engage DD Providers, consumers/families, and OPWDD/DDSO staff in collaboration with ACDMH and the DD Subcommittee in an expanded local planning process to 1) detail the full continuum of existing DD services, across all ages in Albany County; 2) document existing capacity of the services offered and track enrollment rates provided by OPWDD's county data; 3) assess for unmet service/support needs within Albany County for the DD population based on this data, 4) prepare the community for systemic changes (i.e., *DISCOs, 1115 Waiver, START, The Front Door, etc.) by being informed and proactive in our approach to these changes.

Metric 8.1:

- Convene 2 planning meetings annually;
- Produce an Albany County Developmental Disabilities "Service Needs Profile" by utilizing available county data;
- The DD Subcommittee in collaboration with ACDMH and the OPWDD/DDRO will host 1-2 Town Hall community meetings annually for people with DD, their families, DD providers and all interested stakeholders;
- Maximize collaboration and explore training opportunities with the local DDRO.

Priority Outcome 9:

To prepare behavioral healthcare providers and the community, across all disability areas, for systemic changes that result from Health Care Reform and Medicaid Redesign and DSRIP.

OASAS; OMH; OPWDD
Priority Rank: 1
OASAS Priority Focus: Service System Planning/Management; Sub-focus Area(s): Improve System Management/Oversight, Collaborate with BHO/Health Home/Others on Care Management/Oversight
OMH Priority Focus: Service System Planning/Management.
OPWDD Priority Focus: Putting People First; Sub-focus Area(s): Managed Care Transition

Strategy 9.1 OMH; OASAS; OPWDD

ACDMH will provide ongoing updates and information on strategies to assist local providers in readiness to change to a fully managed care environment. This will include ongoing in-services/meetings specifically targeted towards managed care readiness and implementation.

Metric 9.1

- Participate in Managed Care Technical Assistance Center (MCTAC) webinars/trainings.

Strategy 9.2 OMH; OASAS; OPWDD

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

Strategy 9.3 OMH/OASAS/OPWDD

ACDMH will actively engage in dialogue with providers, Health Homes, Managed Care Organizations, DISCO's and the State agencies to participate in the planning and implementation of a fully managed behavioral health benefit for Albany County consumers. Through this involvement and participation, ACDMH will demonstrate the value of a locally driven system of care by easing the transitions and assisting our local provider networks to quickly and proactively adapt to changing requirements.

Strategy 9.4: OASAS

ACDMH will train and provide ongoing technical assistance to the Albany County behavioral health community in the use of LOCADTR 3.0.

Metric 9.4:

- 2-4 trainings will be delivered in 2015-2016.

Strategy 9.5 OASAS; OMH; OPWDD

ACDMH will participate to the extent possible in the development of local PPS networks.

2016 Multiple Disabilities Considerations Form

Albany County Dept. of Mental Health (70520)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services.
Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

Yes **x**
No

If yes, briefly describe the mechanism used to identify such persons:

Every component of the Local Government Unit (LGU) recognizes the importance of assessing for multiple disabilities and the value of coordinated care. Timely referral and linkage to appropriate services remains a priority for all individuals seeking assistance. Albany County Department of Mental Health (ACDMH) routinely works with providers, state representatives, consumers, and family members, to respond to the needs of individuals in Albany County with multiple disabilities. There are several programs (as noted below) that allow for the identification of multi-disabled persons and consideration for the unique needs of this population.

* Mobile Crisis Team (MCT)- provides crisis support via telephone and in person emergency assessments within Albany County to individuals presenting with an emotional disturbance and possibly unsafe behaviors, which may warrant further psychiatric evaluation in an emergency room and/or need for assistance with linkage to ongoing services. If an individual is identified as having multiple disabilities during MCT contact, appropriate linkage and referrals will be made.

* Central Management Unit (CMU)- performs Chemical Dependence assessments and makes referrals for CD treatment, but also screens for other co-occurring disabilities and makes necessary referrals when indicated.

* Single Point of Access (SPOA) Committees- assists with triage of available resources and service linkage of individuals seeking clinical treatment, housing and/or case management services. There is comprehensive consideration of individuals needs when service options are being considered, which includes the needs of those with co-occurring disabilities.

* Program Services Coordinating Committee (PSCC)- is a cross-system interdepartmental forum for adults and adolescents where "high risk/high need" individuals, most of whom have multiple disabilities, are identified and community interventions are developed.

*Jail Diversion- is a court based program that provides mental health consultation and evaluations to City Police Courts within Albany County; the needs of those with multiple disabilities are considered during interventions.

* Crisis Intervention Training (CIT) – the LGU continue to facilitate this training to local law enforcement agencies to help enhance and support officers' ability to interact with individuals experiencing emotional disturbances; part of the training curriculum discusses the identification and unique needs of individuals with multiple disabilities.

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

Yes **x**
No

If yes, briefly describe the mechanism used in the planning process:

As the LGU, Albany County Department of Mental Health remains responsible for the planning services across all three mental hygiene areas, including the needs of persons with multiple disabilities. ACDMH maintains an awareness of existing community resources and existing gaps, as well as provides support for service linkages and the triaging of challenging cases.

Aspects of the ACDMH planning process that uniquely supports the needs of persons with multiple disabilities includes participation in multiple initiatives that focus on integration of care and the cross system needs of individuals, including but not limited to Health Home Care Management, NYS Integrated Licensing, PSCC, and SPOA.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

Yes **x**
No

If yes, describe the process (es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

The LGU continues to address any disputes related to behavioral health care linkages within Albany County both informally and formally, as warranted. This includes addressing any concerns related to serving persons with multiple disabilities. Most notably the SPOA and PSCC committees work to resolve disputes as it relates to service linkage for challenging cases, including individuals with multiple disabilities. These cross system forums allow for the opportunity to work with local and state representatives to determine the most appropriate treatment setting for individuals and help facilitate service linkage. In addition, ACDMH continues to operate a department-wide grievance procedure/Ombudsman service for consumers receiving direct Mental Health and/or Chemical Dependence services from the department.

2016 Community Service Board Roster

Albany County Dept. of Mental Health (70520)

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

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

Chairperson
Name E. Nancy Wiley
Physician No
Psychologist No
Represents Mental Health Chair/Family
Term Expires 12/31/2015
eMail: None

Member
Name William Barnette, LMSW
Physician No
Psychologist No
Represents Developmental Disabilities/Public Representative
Term Expires 12/31/2016
eMail bbarnet1@nycap.rr.com

Member
Name Lewis Krupka,MA, CASAC,NYCGTC
Physician No
Psychologist No
Represents Alcohol and Substance Abuse Chair
Term Expires 12/31/2014
eMail gamblenomore@talktherapy.com

Member
Name Doris Bedell
Physician No
Psychologist No
Represents Mental Health
Term Expires 12/31/2014
eMail

Member
Name Allen C. Israel, Ph.D.
Physician No
Psychologist Yes
Represents Mental Health/Public Representative
Term Expires 12/31/2014
eMail aisrael@albany.edu

Member
Name Bonita Marie Sanchez, LCSW
Physician No
Psychologist No
Represents Developmental Disabilities Chair
Term Expires 12/31/2014
eMail sanchez@albany.edu; bms@nycap.rr.com

Member
Name Eleanor Billmyer (Emeritus)
Physician No
Psychologist No
Represents Mental Health/Public Representative
Term Expires 12/31/2017
eMail

Member
Name Margaret Capozzola
Physician No
Psychologist Yes
Represents Developmental Disabilities
Term Expires 12/31/2017
eMail jrmac10@hotmail.com

Member
Name Mame Lyttle
Physician No
Psychologist No
Represents Family Advocate
Term Expires 12/31/2017
eMail mlyttle@nycap.rr.com

Member
Name James L. Stone, LCSW
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2017
eMail jimstone1@verizon.net

Member
Name William B. Barr, LCSW, CASAC
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2014
eMail brianwb09@aol.com

Member
Name William Serafin, LCSW
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2016
eMail bserafin6@nycap.rr.com

Member
Name Robert J. Pagelow
Physician Yes
Psychologist No
Represents Community
Term Expires
eMail

2016 ASA Subcommittee Membership Form

Albany County Dept. of Mental Health (70520)

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

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

Chairperson
Name Lewis Krupka, MA, CASAC, NYCGTC
Represents Public Representative
eMail gamblenomore@talktherapy.com
Is CSB Member Yes

Member
Name Barry D. Walston, LMSW
Represents Public Representative-DOH
eMail bdw07@health.state.ny.us
Is CSB Member Yes

Member
Name Kimberly Aichner, LCSW
Represents Provider Community
eMail Kimberly.Aichner@sphp.com
Is CSB Member No

Member
Name Michelle Heroux, RN
Represents Consumer
eMail MichelleRN0504@gmail.com
Is CSB Member No

Member
Name Marsha Nadell Penrose, LMSW
Represents Provider- The Next Step, Inc.
eMail MarshaNP@aol.com
Is CSB Member No

Member
Name Alan Kott
Represents Public Representative
eMail akott@nycap.rr.com
Is CSB Member No

Member
Name Jennifer Vitkus
Represents CD Prevention Services
eMail jvitkus@theacca.net
Is CSB Member No

2016 Mental Health Subcommittee Membership Form

Albany County Dept. of Mental Health (70520)

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

Co-chairperson
Name E. Nancy Wiley
Represents Family
eMail
Is CSB Member Yes

Co-chairperson
Name William J. Serafin, LCSW
Represents Public Representative
eMail bserafin6@nycap.rr.com
Is CSB Member Yes

Member
Name Allen C. Israel, Ph.D.
Represents Psychologist/Public Representative
eMail aisrael@albany.edu
Is CSB Member Yes

Member
Name Sally Jo Smith
Represents Consumer
eMail
Is CSB Member No

Member
Name James Stone,MSW, LCSW
Represents Public Representative
eMail jimstone1@verizon.net
Is CSB Member No

Member
Name Mame Lyttle
Represents Family
eMail
Is CSB Member No

Member
Name Joan Ruecker
Represents Children/Parent Advocate
eMail
Is CSB Member No

2016 Developmental Disabilities Subcommittee Membership Form

Albany County Dept. of Mental Health (70520)

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

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

Chairperson
Name Bonita Marie Sanchez, LCSW
Represents Public Representative
eMail sanchez@albany.edu; bms@nycap.rr.com
Is CSB Member Yes

Member
Name Frederick Erlich
Represents Provider-Living Resources
eMail elicf@livingresources.org
Is CSB Member No

Member
Name William Barnette, LMSW
Represents Public Representative
eMail bbarnet1@nycap.rr.com
Is CSB Member Yes

Member
Name Fern Pivar
Represents Family
eMail pondview@nycap.rr.com
Is CSB Member No

2016 Mental Hygiene Local Planning Assurance

Albany County Dept. of Mental Health (70520)
(Certified)

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

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2016 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2016 Local Services planning process.

Warm Line and Mobile Crisis Capacity Survey

Albany County Dept. of Mental Health (70520)

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

The questions below were developed out of OMH regional planning discussions in which areas of need were identified across the State. Existing data do not provide a clear picture of current capacity for the two program areas referenced below. Therefore LGUs are being asked to provide some basic information. All questions related to this survey should be directed to Jeremy Darman at Jeremy.Darman@omh.ny.gov or at (518) 474-4403.

1. Does your county have access to a local or regional mental health warm line?

a) Yes **x**
b) No

2. What is the phone number for the mental health warm line?

#1- Capital Area Peer Services CARELine - (518)427-5056 extension 2,
#2- United Way "211" – 211,
#3-Veteran's Crisis Line- 1800- 273-8255, press 1.
Also the Veteran's confidential online chat at VeteransCrisisLine.net and the Veteran's text line #838255. Individuals who are deaf or hard of hearing can connect with VA Crisis lines through online chat, line and/or TTY service 1-800-799-4889.

3. What are the days and hours of operation of the mental health warm line?

#1- CARELine days/hours are Monday - Sunday (every day), 365 days a year, 5 PM to 1 AM,
#2- United Way days/hours are: Monday – Sunday, (every day), 365 days a year, 9am - 7pm, * United Way 211 website available 24 hours a day,
#3 VA Crisis Line services are available every day, 24 hours a day, 365 days a year.

4. Is the warm line operated/staffed by peers (current and/or former recipients of mental health services)

a) Yes **x**
b) No
b) Don't Know

5. Additional Comments?

#1- The Capital Area Peer Services CARELine is operated by peers,
#2- The United Way 211 line is operated by "information and referral specialists" who are not peers,
#3- The VA Crisis Line is not operated by peers, although sometimes there is the potential the operator may be another veteran. The VA Crisis Line provides both hotline (i.e. for acute crises) and as a warm line (i.e. referral source and support for those experiencing mental health issues/distress)

6. Does your county have access to a mobile crisis intervention program or mobile crisis team?

a) Yes **x**
b) No

7. What is the phone number for the mobile crisis intervention program/team?

There are three mobile crisis intervention programs.

#1/#2- The phone number for both the Albany County Mobile Crisis Team (MCT) and the Children and Adolescent Mobile Crisis Team (518) 549-6500

#3 the phone number for the Systemic, Therapeutic Assessment, Resources and Treatment (START) Program is 1-844-782-7880, press 3 for Capital District.
*additional details are referenced below.

8. What is the name of the operator/provider of the mobile crisis intervention program/team?

#1 - MCT serves children and adults within Albany County
#2- CAMT serves children up to age 17 (and 18yo if they are still in school) in Albany, Schenectady and Rensselaer Counties.
#3 - START Program serves individuals six (6) years old and up who have a dually Intellectual/Developmental Disability and Mental Health diagnoses and linked with the OPWDD system.

9. What are the days and hours of operation of the mobile crisis intervention program/team?

#1 MCT days/hours are 8 am - 12 midnight, Monday – Friday; 11am-930pm, Saturday and Sunday
#2 CAMT days/hours are 11am-930pm, Monday - Friday
#3 START days/hours are Monday – Friday with emergency mobile response available from 7am to 11pm and telephonic response only from 11pm to 7am

10. Additional Comments?

All three programs are independent programs, but work in collaboration with each other and with the NYS Capital District Psychiatric Center (CDPC) Crisis Intervention Unit (CIU) to triage cases accordingly. CIU staff particular assists with triaging referrals to MCT and CAMT at the (518) 549-6500 number; especially if/when both teams are unavailable when responding to crisis calls. START is a new/developing program so at present their mobile crisis response is limited to those individuals established with START, but phone support/referrals remains available to all and will be triaged accordingly.

OASAS Provider Survey's/Forms

- Health Coordination Survey (Treatment Providers)
- Health Information Technology Survey (Treatment Providers)
- Implementation of Evidence Based Programs & Practices Survey (Prevention Programs)
- Drug Use Trends Survey (Prevention and Treatment Programs)
- Qualified Health Professional Survey (Treatment Programs)
- Capital Funding Request Form - Schedule C

Provider survey's available upon request