2014 Local Services Plan For Mental Hygiene Services



Albany County Department of Mental Health July 1, 2013

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2014 Mental Hygiene Local Services Plan Albany County Dept. of Mental Health

2014 Local Services Plan Forms

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2013 Planning Activities Report

Albany County Dept. of Mental Health (70520) Plan Year: 2014 Certified: Debra Rhoades (6/25/13)

Part I: Collaboration on the Prevention Agenda 2013-2017

1. Describe the collaborative activities between the LGU and the local health department (LHD) related to the Prevention Agenda 2013-2017. Identify other stakeholder organizations that were also involved in these activities.

The LGU was invited to participate in the development of local priorities and will continue to participate as workgroups are developed to identify specific local goals. Multiple stakeholders have participated including, but not limited to: The Albany County Health Dept., medical services stakeholders; and behavioral health agencies.

2. Identify the specific goals and objectives related to the Prevent Mental Health and Prevent Substance Abuse priority area that are being considered for inclusion in the LHD's Community Health Improvement Plan (e.g., suicide prevention, underage drinking, and misuse of prescription drugs).

Fortunately, these were selected as local priorities along with chronic health conditions. Workgroups are forming to develop specific goals and objectives.

3. Identify any priority outcomes or strategies included in this year's local services plan that are directly related to the goals and objectives identified under the Promote Mental Health and Prevent Substance Abuse priority area of the Prevention Agenda 2013-2017.

Goals and objectives have yet to be developed/identified.

Part II: LGU Emergency Management Planning

Section A: OASAS Emergency Management Assessment

All questions regarding the following survey should be directed to Kevin Doherty, OASAS Emergency Manager, at (518) 485-1983, or at KevinDoherty@oasas.ny.gov.

- 1. Does your agency's Comprehensive Emergency Management Plan include all of the following: planning, mitigation, response, and recovery contingencies for OASAS providers that are located in your county?
 - a) Yes
 - b) No
- 2. Does your agency have an inventory of contact information (Name/address/phone/email) for OASAS certified or funded programs in your county on a site-by-site basis?
 - a) Yes
 - b) No
- 3. How often does your agency meet with OASAS certified or funded programs in your County to discuss emergency management issues?
 - a) Monthly
 - b) Quarterly
 - c) Annually
 - d) Other (specify): only if an incident occurs
 - e) never
- 4. Has your agency developed hazard-specific evacuation routes and re-location sites for OASAS certified or funded programs in your county?
 - a) Yes
 - b) No

Section B: OMH Disaster Mental Health Planning Assessment

All questions regarding the following LGU survey should be directed to Steven Moskowitz, OMH Coordinator of Emergency

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Preparedne	ss and F	Response a	at 518-408-29	967, or at steven.moskowitz@omh.ny.g	aov		
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1. Is your mental health agency/department engaged in planning with your county Emergency Management Agency?

- a) Yes
- b) No
- Does your county Comprehensive Emergency Management Plan (CEPM) include a section or annex that speaks directly to mental health concerns of survivors in an emergency?

 - b) **No**
- Are you familiar with the OMH County Disaster Mental Health Planning and Response Guide? (NOTE: The guide is currently being updated and will be available by April 1, 2013. Copies may be requested by contacting the EPR office at the email listed above.)
 - a) Yes
 - b) **No**
- Does your county sponsor or support a designated team of responders that are called upon for assistance to the public following a traumatic/disaster event?
 - a) Yes
 - b) No
- Please indicate the type(s) of DMH team utilized. (check all that apply) 5.
 - a) Red Cross DMH team
 - b) OMH curriculum-based DMH team
 - c) CISM Team
 - d) Other (please identify): N/A
- If there is an OMH psychiatric facility located in your county, are you actively engaged in reviewing and/or drilling emergency planning with that facility?
 - a) Yes
 - b) **No**

Mental Hygiene Priority Outcomes Form

Albany County Dept. of Mental Health (70520)

Plan Year: 2014

Certified: July 1, 2013

2014 Priority Outcomes:

Priority Outcome 1 Cross-System: OASAS; OMH; OPWDD

This outcome has been selected as a top priority.

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.

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 needing housing following 24/7 residential housing).

While some strategies were achieved in 2012 and 2013, 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.

Strategy 1.1 Agencies: OPWDD

Reallocate existing resources to add, or develop new resources whenever possible, to increase the number of opportunities for individuals with Developmental Disabilities requesting Out-of-Home Residential placements within the next 3 years.

Metric:

- Encourage the development of up to 32 Individual Residential Alternative Supervised and/or Supportive Housing opportunities for individuals ages 9-21 years to address unmet needs;
- Encourage the development of 132 residential opportunities for individuals ages 18-64 years;
- 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 Agencies: OASAS

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

Metric:

Add 15 Supportive housing units over the next 3 years.

Strategy 1.3 Agencies: 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:

Add 10 supportive housing units over next 3 years.

Strategy 1.4 Agencies: OASAS

Establish a "low demand" shelter for individuals, including those who are "under the influence" and not in need of withdrawal services, who are unable to access a bed at any of the traditional DSS shelters in Albany County.

Metric:

• 14 "low-demand" shelter beds will be added over the next 18-24 months.

Strategy 1.5 Agencies: OMH

Reconfigure existing MH community residence resources to develop a single site, residential program for youth -in -transition (ages 18-25 years).

Metric:

• Establish a residence with 6-8 beds/units over the next 3 years.

Strategy 1.6 Agencies: OMH

Fully Implement a Mental Health "adult home-like" program for seniors and other individuals in need of this service.

Metric:

10 Supportive Housing Units will become operational in 2013.

Strategy 1.7 Agencies: OMH

Fully Implement a MH community residence/SRO facility.

Metric:

A residence with up to 50 beds will become operational over the next 3 years.

Strategy 1.8 Agencies: OMH

Explore enhancement of transitional youth housing to include wrap-around mental health services

Metric:

Meet with local providers (1-2 meetings) to develop integrated model; and 1-2 meetings to develop action plan.

Strategy 1.9 Agencies: OMH

Add Supportive Housing beds for patients (high need/high use of services) expected to be treated and or monitored by the Capital Region Health Home.

Metrics:

- RFP will be released in 2013 and provider selected for this project.
- Establish 10 Supportive Housing beds by 2014.

Priority Outcome 2 Cross-System: OASAS; OMH; OPWDD

This outcome has been selected as a top priority.

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).

During these fiscally challenging times, it has become more and more challenging to continue to provide the range of behavioral health services to those most in need; however, Albany County is committed to being responsive to our residents with disabilities. While service capacity has remained somewhat stagnant, and in some instances has been reduced or eliminated, demand for services continues to exceed existing capacity in most all domains of local behavioral health services. As in past years, we continue to collaborate and plan with individuals with disabilities and their families, the Albany County Community Services Board and it's three Subcommittees, and our community partners to identify and provide the full range of supports and services to those most in need. The following strategies highlight either already planned capacity increases as well as those areas of need that the planning stakeholders have identified as a critical need. Finally, consistent with the mission of the state agencies, Albany County has identified strategies that explore ways to enhance community based services and supports as well as developing peer/recovery models that support recovery and wellness in the community.

2013 Update-While Strategy 2.2 reflects our strategies and metrics to increase and enhance access to treatment for Opiates in Albany County, Priority 7 reflects the use/misuse of prescription opiates, the increase in illicit use and addiction in our community as well as the high incidence of opiate overdose as an "emerging behavioral health issue" requiring additional community based interventions.

Strategy 2.1 Agencies: OPWDD

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

Metric:

• 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 Agencies: OASAS

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

Metrics:

- Establish a new 828 services (MMTP) within the next 3 years; Review and approve 1-2 new MMTP treatment service
 applications;
- Add 100 new MMTP opportunities (slots).
- Encourage 822 providers to replicate the co-location model, i.e. Establish 822 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 providers will add this service over the next 2 years.
- Five (5) CD Providers will become "Vivitrol Ready" in 2013-2014.

Strategy 2.3 Agencies: OASAS

Metric:

- Add 24 new OASAS Certified Community Residential beds for men in Albany County.
- · Add 16 new OASAS Certified Community Residential beds for women and women with children in Albany County

Strategy 2.4 Agencies: OASAS

Increase the number of OASAS Certified Residential Rehabilitation Services for Youth ages 12-21 years.

Metric:

• Add 20 OASAS Certified Residential Rehabilitation Beds for Youth over the next 3 years.

Strategy 2.5 Agencies: OMH

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

Metric:

- Encourage the development of new Mental Health OPC's in Albany County and review and approve 1-2 new PAR applications
 over the next 3 years.
- Fully implement newly proposed Outpatient Clinic (100 slot capacity)

Strategy 2.6 Agencies: OMH

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:

• Provide an array of Peer Support Services that serve up to 25 individuals daily.

Strategy 2.7 Agencies: OMH

Increase Mental Health Clinic treatment capacity for youth ages 12-18 years.

Metrics:

- Add up to 40 new treatment opportunities (slots) at ACDMH's Children's Clinic.
- Review 1-2 PAR applications and further determine need and capacity for this population.
- Fully implement newly approved OMH Outpatient Clinic for adolescents.

Priority Outcome 3 Cross-System: OASAS; OMH; OPWDD

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

Workforce development, cross-systems collaboration and cross-system training provides opportunities for skill development, employment retention and positive systemic changes that can enhance treatment and improve outcomes to individuals served across multiples systems of care. The following strategies, identified by planning stakeholders, target some specific trainings/cross-system training initiatives to be delivered during this planning cycle.

Strategy 3.1 Agencies: OASAS; OMH

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

Metrics:

- The number of CD and MH clinical staff trained through the Focus on Integrated Treatment (FIT) modules will increase by 20% a year over the next 3 years.
- Encourage staff in MH and CD programs to obtain the integrated MH/Addiction Treatment training certificate (completing 31 FIT treatment modules); Identify and recognize staff who obtain this certificate.

Strategy 3.2 Agencies: OASAS; OMH

Albany County's Re-entry program will provide evidence-based treatment to high need/high risk inmates returning from prison to promote successful reintegration into the community.

Metric:

Each month, 10-15 high risk individuals will complete the "Thinking for Change" treatment program.

Strategy 3.3 Agencies: OMH/OASAS

Encourage System-wide training in trauma informed care i.e. Sanctuary Model, Seeking Safety etc.

Metric:

• 50% of the staff will receive trauma informed training over the next 3 years.

Strategy 3.4 Agencies: OASAS/OMH

Increase the use of Screening, Brief Intervention and Referral to Treatment (SBIRT), in the Albany County medical and behavioral health community.

Metrics:

• LGU will collaborate with Albany Medical College who has applied for a NIDA grant to develop a community substance abuse training curriculum, to train healthcare providers in the use of SBIRT.

Strategy 3.5 Agencies: OMH

Mental Health Case 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:

 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 3.6 Agencies: OMH

OMH Clinic staff in Albany County will receive specialized training to treat sex offenders with mental health disorders.

Metric:

• 20 staff will receive training over the next 3 years.

Priority Outcome 4 Cross-System: OASAS; OMH; OPWDD

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

This outcome has been selected as a top priority.

For many years, and reflected in past plans, Albany County stakeholders have recognized the central importance of a crisis system that is responsive to the increasing prevalence of co-occurring behavioral health conditions (i.e. mental health and chemical dependency; mental health and Developmental Disabilities). In previous years, significant gains and enhancements were made to the children's crisis system (e.g. Capital Region Child and Adolescent Mobile Team, designed to respond to children and adolescents in crisis across the disability areas). This year there Region Child and Adolescent Mobile Team, designed to respond to children and adolescents in crisis across the disability areas). This year there is renewed focus on adults due to systemic changes in the crisis service system. ACDMH's CART/Mobile Crisis Team was re-configured and the Chemical Dependence Crisis Center was defunded, resulting in its closure. Planning stakeholders continue to identify the need to more effectively address and respond to the increased prevalence of behavioral health crises as well as addressing current gaps resulting from the loss of crisis services in the county. The following strategies reflect how we intend to address this priority over the next 3 years.

Strategy 4.1 Agencies: OASAS; OMH; OPWDD

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

Metrics:

- Train 20-25 Albany Police Department Community officers in Crisis Intervention Training (CIT) annually.
- Explore providing CIT training to another law enforcement agency over the next 12 months.
- In the next 12 months, meet with Law Enforcement and E.R. personnel to explore collaborating on Overdose Prevention Initiative (see Priority 7).

Strategy 4.2 Agencies: OMH, OASAS

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

Metrics:

- Inventory all existing peer and recovery coach resources in Albany County- by 12/14
- Inventory existing hospital (crisis/detox) diversion opportunities in Albany County, their utilization and the degree of peer and recovery coach involvement by 12/14.
- 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 Agencies: OMH

Encourage the development of a Mental Health Crisis Residence for adults across the age continuum.

Metric:

ACDMH will meet with CDPC, leaders in peer supports and other community stakeholders 1-2 times over the next 12 months
to begin exploration and planning.

Strategy 4.4 Agencies: OMH

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

Metric:

• During 2013-2014 ACDMH will convene a meeting/workgroup of local hospital ER/ED representatives, including OMH representatives to develop improved model of coordinated crisis care.

Strategy 4.5 Agencies: OMH

Cultivate an array of respite across the age continuum to complement existing crisis services.

Metric.

Fully implement newly developed planned respite for SED youth ages 5-18 years.

Priority Outcome 5 Cross-System: OASAS; OMH; OPWDD

Peer Services, Advocacy Councils and Recovery Coaches will be more fully integrated into a continuum of mental hygiene services in order to better promote wellness and recovery.

Peer, family/individual and recovery supports are all themes that can be found as core values across all three of NYS's Mental Hygiene Strategic Plans. According to SAMSHA, recovery support is "partnering with people in recovery from mental health and substance use disorders to guide the behavioral health system and promote individual, program and system level approaches that foster health and resilience; increase permanent housing, employment, education and other necessary supports; and reduce barriers to social isolation". For people with developmental disabilities, person-centered care, personal choice, increased family and individual supports as well as meaningful relationships are all values and services highlighted in OPWDD's People First Waiver. These support services will be delivered based on the unique identified needs of each individual, regardless of their setting, resulting in better personal outcomes. ACDMH recognizes the value of these "natural supports" to people served in our system and will assume a leadership role in planning and supporting for greater integration of these services across the mental hygiene system (see Priority 4- Peers and crisis services).

Strategy 5.1 Agencies: OASAS: OMH: OPWDD

Engage leaders in the local peer and recovery communities in a focused planning effort to detail available resources, identify evidence-based practices and explore regional collaboration opportunities.

Metrics:

- Convene four (4) planning meetings annually to develop a network of local peer and recovery services that is better integrated into the Albany County continuum of mental hygiene Services.
- Invite and encourage recovery coaches/advocates to participate in local planning efforts.

Priority Outcome 6 Cross-System: OASAS/OMH/OPWDD

Develop Community-wide interventions that include education, prevention and treatment efforts to address emerging behavioral health conditions – New -6/13

This year several "emerging" behavioral health conditions as well as circumstances that impact youth and adults receiving and/ or in need of behavioral health services, have been identified as significant concerns in our community requiring strategies at the local level. Opioid Overdoses and the 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.

This year we consulted with our county coroner for the first time to obtain data regarding accidental overdoses and 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. We are currently working with the county coroner to "drill down" the data in these cases. While the number of deaths related to opiates and other drugs is alarming, the treatment admissions to our Albany County CD programs where heroin and other opiate analgesics were the primary drug reported at admission has been increasing at epidemic rates in the last decade. In 2003, **5.6%** of the CD treatment program admissions in Albany County reported heroin and other opiates as the primary drug at admission. For patients in treatment in our Albany County CD programs as of **April 2013**, **35.6** %, or a reported heroin and other opiate analgesics as their primary drug at admission (a 700% increase since 2003; see attached report). Alcohol remains the primary substance of abuse reported at admission, with heroin and other opiates now second.

More specifically, we are seeing a rise to in prescription drug misuse/abuse in our youth. In our county's residential adolescent program, over 50% of the youth ages 12-21 reported opiates as their primary, secondary or tertiary drug at admission. Marijuana remains the primary drug at admission at 80% and 70% reported alcohol as their primary secondary substance at admission.

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. According to the Department of Health and Human Services, about 10% of 12 year olds say they have tried alcohol, but by age 15, that number jumps to 50%.

Almost half of the cigarettes smoked in the United States are smoked by people with serious mental illness and substance use disorders. People in these groups are dying earlier than the general population, often as a result of tobacco use. There is no doubt that reducing and quitting smoking results in tremendous improvements in overall health. Mental health providers can and should provide these services to people who need it.

Preventing Suicide, reducing stigma and training staff to address the issue of suicide in our community continues to be an area where local actions are required.

Finally, this year we witnessed the devastating effect that natural disasters can have on our service delivery systems. The State and counties have been charged with developing emergency management and disaster response plans in the event behavioral health services are impacted by natural disasters or traumatic events. Local planning is occurring consistent with these initiatives.

The following strategies reflect how we intend to address all of these identified "emerging" issues over the next 2-3 years.

Strategy 6.1 Agencies: OASAS

Explore the development of a local task force and or other 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.

Metric:

- Facilitate meetings /forum with key stakeholders (LGU, AC Health Dept., AC CD treatment providers, community law enforcement, Overdose prevention trainers, OASAS, Prevention providers, recovery advocates, medical practitioners, including emergency department personnel, local pharmacies, and health insurers over the next year to:
 - Establish Task Force and Mission
 - Identify goals, strategies and initiatives (prevention, treatment and community education efforts).

Strategy 6.2 Agencies: OASAS

Collaborate with the Albany County Health Department, Catholic Charities Overdose Prevention Program, the Regional Underage Drinking and Drug Use Prevention Coalition, local CD providers and medical personnel to increase the number of individuals trained in Opioid Overdose Prevention to reduce/reverse opioid overdoses in Albany County.

Metrics:

- 25 Health Care Providers will be trained in the NYS Opioid Overdose Prevention program annually.
- 20-25 Emergency Responders will be trained in the NYS Opioid Overdose Prevention program annually.
- 25 individuals from the general public will be trained in the NYS Opioid Overdose Prevention program by 12/14.
- A NYS Opioid Overdose Prevention program will attend 1-2 meetings of the Underage Drinking and Drug Use Prevention Coalition to explore school based /other training opportunities.

Strategy 6.3 Agencies: OASAS

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

Metrics:

- The Regional Underage Drinking and Drug Use Prevention Coalition will educate the community about underage drinking, illicit drug use and medication misuse by delivering up to ten (10) Evidence-based Environmental Strategies annually (i.e. Prom/sticker shock, media, billboards, etc.)
- Albany County CD Prevention and treatment providers will collaborate with Albany County STOP DWI to educate the community about underage drinking, illicit drug use and prescription misuse by delivering two (2) Town Hall Meetings annually.

Strategy 6.4 Agencies: OMH/OASAS/OPWDD

Improve Emergency Preparedness and Disaster Mental Health Planning across the Mental Hygiene System.

Metrics:

- In collaboration with the OASAS, OMH and OPWDD the LGU will require all providers to develop emergency management plans by 12/13. Providers with residential programs will need to include the NYS Evacuation of Facilities in Disasters System (NYS e-FINDS) emergency patient tracking system in their plan by the 2013 Hurricane season.
- ACDMH will work with the County's Emergency Management Unit to identify and train a designated team of county Disaster Mental Health responders that could be called on to assist the public following a disaster or traumatic event- by 12/13.

Strategy 6.5 Agencies: OMH

The LGU will 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.

Metrics:

 Convene 1-2 Mental Health Planning meetings to explore current strategies/interventions/tools (i.e. Fagerstorm assessment tool; OMH tobacco treatment recommendations, etc.) available and develop plan to implement across Albany County Mental Health programs. By- 12/14

Strategy 6.6 Agencies: OMH/OASAS

The LGU will 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.

Metrics:

 Convene 1-2 joint MH/CD Planning meetings to explore expanding the role of the Suicide Prevention and Education Committee (SPEC) to provide community education, encourage training for all behavioral health providers and to consider developing an Albany County postvention response team. By-12/14

Priority Outcome 7 Cross-System: OASAS; OMH

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

Albany County has and continues to recognize the unique needs of special populations across disability areas. Historically, the development of CD and MH treatment services for special populations has been encouraged resulting in specialized CD treatment services for seniors, women, women with children, as well as enhanced crisis services for children and adolescents who are experiencing severe mental hygiene related crises. This year planning stakeholders have identified youth-in-transition, Hispanics/Latinos and Veterans as those populations also needing specialized Mental Health/Chemical Dependency services.

Our systems do not allow for easy or successful transitions for youth who are aging out of the adolescent MH or CD treatment systems. Many Veterans from past wars as well as those returning from more recent conflicts often struggle with addiction, mental health disorders and at times homelessness. Hispanics and Latinos in our community are unable to receive treatment that is culturally competent and according to the 2010 Census data, this population has and continues to increase in Albany County.

The following strategies reflect how we intend to strengthen our services by supporting treatment initiatives that are comprehensive, integrated, and culturally competent that is focused on the needs of these special populations.

Strategy 7.1 Agencies: OASAS

Increase Chemical Dependency treatment opportunities for Veterans.

Metric:

· Add 25 Chemical Dependence Intensive Residential Rehabilitation beds for treating Veterans over the next 3 years.

Strategy 7.2 Agencies: OASAS

Work with existing and/or new providers and stakeholders to develop specialized, culturally competent CD treatment services for the Hispanic/Latino community in Albany County.

Metric:

One (1) new 822 Outpatient treatment service, designed to meet the needs of Hispanics/Latinos, will become operational
within the next 12-24months.

Strategy 7.3 Agencies: OMH

Develop "Re-entry" Memorandum of Understanding for youth being discharged from OCFS facilities that identifies appropriate timeframes for linking and establishing Mental Health Services in the Community.

Metric:

 ACDMH's Youth-in-Transition Task Force will continue to meet monthly with OCFS and OMH stakeholders to complete of MOU in 2013-2014.

Strategy 7.4 Agencies: OMH

Enhance mental health treatment services for seniors.

Metric:

• Convene meetings with the State Office of the Aging, County Department of the Aging, and local providers of behavioral health to plan for adding mental health services for seniors in Albany County.

Priority Outcome 8 OPWDD

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

While system transformation is occurring across all of the behavioral health disability areas, the Developmental Disabilities (DD) system of care is undergoing significant reform initiatives (i.e. People First Waiver), designed to improve OPWDD's delivery of services to meet the needs of persons with developmental disabilities. This system reform will impact all individuals served by DD system of care, which is by far the largest, and most expensive of the three behavioral health service delivery systems in Albany County. According to the 2012 County Demographic Profile (County Planning System, OPWDD County Data), there are over 2700 persons with Developmental Disabilities, receiving DD services, that reside in Albany County. While the County is responsible for the local planning of DD services for these individuals, ACDMH and the DD Subcommittee agree that a more formal forum for ongoing dialogue with OPWDD/DDSO, and the community providers, will allow for greater collaboration, improved service delivery and a more unified and comprehensive planning process. ACDMH and the DD Subcommittee are committed to assuming a leadership role to promote public understanding in these times of change, and to facilitate interagency collaboration to meet the needs of people with DD.

Strategy 8.1 Agencies: 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 3)Collaborate to roll out "PROMOTE" (Positive

Relationships Offer More Opportunities to Everyone), a new training curriculum developed by OPWDD to train the DD workforce to address challenging behaviors positively, and, 4) prepare the community for systemic changes (i.e., *DISCOs, People First Waiver) by being informed and proactive in our approach to these changes.

Metrics:

- · Convene 4 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/DDSO will host 1-2 Town Hall community meetings annually for people with DD, their families, DD providers and all interested stakeholders.

2014 Multiple Disabilities Considerations Form

Albany County Dept. of Mental Health (70520) Certified: Debra Rhoades (5/24/13)

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 No

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

The identification of multi-disabled persons, as well as the timely referral and linkage to appropriate services when necessary, remains one of the department's highest priorities. The department has a well established "single point of access" for MH housing, MH case management, and MH clinical services where identification, assessment and referral of multi-disabled individuals takes place. The SPOA allows for a triage system in which the highest priority, highest need individuals are given priority consideration. In addition, the Central Management Unit (CMU) performs Chemical Dependence assessments and makes referrals for CD treatment as well as screens for other disabilities and makes necessary referrals when indicated.

Albany County Department of Mental Health (ACDMH) also facilitates cross-system; interdepartmental forums for adults and adolescents where "high risk/high need" individuals, most of whom have multiple disabilities, are identified and community interventions are developed.

ACDMH routinely works with providers, state representatives, consumers, and family members, to respond to the needs of individuals in Albany County with multiple disabilities.

ACDMH operates a Mobile Crisis Team (MCT) where crisis workers are available to respond to crisis situations in the community. Lastly, ACDMH continues to work on a joint project with Albany Police Department to plan for the continued training and implementation of a Crisis Intervention Team (CIT) for Albany City Police. 19 Albany Police Officers were CIT certified this year, trained by ACDMH/APD staff with a plan to train more officers in the coming year.

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

✓ Yes No

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

The Albany County Department of Mental Health's Quality Assurance Unit is responsible for planning for services for person's with multiple disabilities. Albany County's Planning process continues to evolve and remains consistent with the State's integrated local services plan introduced in 2009. This process allows for multiple cross system planning platforms as well as many opportunities to discuss and resolve cases. One planning initiative, now in its fourth year, is the Albany County Co-occurring Disorders (COD) initiative. Consistent with the State direction, Albany County continues to work to transform its Mental Health and Chemical Dependency system to become "Co-occurring Capable". The ACDMH's QA unit has planned and provided trainings in the area of COD, facilitates annual planning forums regarding COD services and routinely works with providers, state representatives, consumers and families, to better respond to the needs of individuals with co-occurring mental health and substance use disorders. Finally, ACDMH worked closely with the Center for Excellence and Integrated Care (CEIC) to have most of our local OP programs evaluated for COD capability establishing a baseline and recommendations for improvement.

Currently, follow up and re-evaluation of progress towards COD capability is planned across our MH and SA programs.

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 No.

If yes, describe the process, 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:

A county-wide grievance procedure is in place for providers and consumers of MH services. ACDMH continues to operate a department-wide grievance procedure for consumers receiving Mental Health and/or Chemical Dependence services. The department provides an Ombudsman service for its internal services to receive and investigate complaints, reports, findings and helps to achieve equitable settlements. Lastly, the LGU works whenever possible to facilitate the resolution of disputes informally. With increased opportunity for cross system discussions, there is more willingness and increased opportunity to work with local and state representatives to determine the most appropriate treatment setting for individuals with multiple disabilities.

2014 Community Service Board Roster

Albany County Dept. of Mental Health (70520) Certified: Debra Rhoades (6/18/13)

Note: There must be 15 board members (counties under 100,000 populations 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 12/31/2007
eMail

Member
Name Allen C. Israel, Ph.D.
Physician No
Psychologist Yes
Represents Mental Health/Public Representative
Term Expires 12/31/2010
email aisrael@albany.edu

Member
Name Renee Samelson, M.D.
Physician Yes
Psychologist No
Represents Mental Health/Public Representative
Term Expires 12/31/2007
email reneesamelson@yahoo.com

Member
Name Bonita Marie Sanchez, LCSW
Physician No
Psychologist No
Represents Developmental Disabilities Chair
Term Expires 12/31/2010
eMail sanchez@albany.edu;
bms@nycap.rr.com

Member
Name Henrietta Messier (Emeritus)
Physician No
Psychologist No
Represents Developmental Disabilities/Family
Term Expires 12/31/2010
eMail emessier@nycap.rr.com

Member
Name Kenneth J. Comfort, Ph.D.
Physician No
Psychologist No
Represents Mental Health/Family
Term Expires 12/31/2008
email cdmhkc@omh.state.ny.us

Member
Name William Barnette, LMSW
Physician No
Psychologist No
Represents Developmental Disabilities/Public
Representative
Term Expires 10/31/2008
email bbarnet1@nycap.rr.com

Member
Name Barry Walston, LMSW
Physician No
Psychologist No
Represents Alcohol and Substance Abuse/Public
Representative
Term Expires 12/31/2008
email bdw07@health.state.ny.us

Member
Name Lewis Krupka,MA,
CASAC,NYCGTC
Physician No
Psychologist No
Represents Alcohol and Substance Abuse Chair
Term Expires 12/31/2010
email gamblenomore@talktherapy.com

Member
Name Margaret Capozzola
Physician No
Psychologist Yes
Represents Developmental Disabilities
Term Expires 12/31/2009
email jrmac10@hotmail.com

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 Doris Bedell Physician No Psychologist No Represents Mental Health Term Expires 12/31/10 email

Member
Name Eleanor Billmyer (Emeritus)
Physician No
Psychologist No
Represents Mental Health/public representative
Term Expires 12/31/2009
eMail

Member
Name William Serafin, LCSW
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2014
email bserafin6@nycap.rr.com

Member Dennis Morrissey
Name No
Physician No
Psychologist No
Represents Mental Health/Consumer
Term Expires 12/31/2009
Email amorrissey@nycap.rr.com

2014 ASA Subcommittee Membership Form

Albany County Dept. of Mental Health (70520) Certified: Debra Rhoades (7/31/13)

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

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

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

2014 Mental Health Subcommittee Membership Form

Albany County Dept. of Mental Health (70520) Certified: Debra Rhoades (6/18/13)

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.

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

Member Name Phyllis Goldstein Represents Public Rep eMail pgoldste@gmail.com Is CSB Member No

Member Name Kenneth J. Comfort, Ph.D. Represents Family email cdfmhkc@omh.state.ny.us Is CSB Member Yes

Member Name Sally Jo Smith Represents Consumer eMail Is CSB Member No Co-chairperson
Name William J. Serafin, LCSW
Represents Public Representative
email bserafin6@nycap.rr.com
Is CSB Member Yes

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

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

Member
Name Renee Samelson, M.D.
Represents Public Representative
email reneesamelson@yahoo.com
Is CSB Member Yes

2014 Developmental Disabilities Subcommittee Membership Form

Albany County Dept. of Mental Health (70520) Certified: Debra Rhoades (7/22/13)

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 Wanda Masick
Represents Provider- Center for Disability
Services
email masick@cfdsny.org
Is CSB Member No

Member
Name Henrietta Messier (inactive)
Represents Public Representative
email emessier@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

2014 Mental Hygiene Local Planning Assurance

Albany County Dept. of Mental Health (70520) (Certified: 7/12/13)

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 2014 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 2014 Local Services planning process.

E. Nancy Wiley, Chairperson
Community Services Board; Co-Chair,
Mental Health Subcommittee

William Serafin, LCSW; Co-Chairperson Mental Health Subcommittee

Lewis Krupka, MA, CASAC, NYCGTC; Chairperson Alcohol and Substance Abuse Subcommittee Bonita Marie Sanchez, LCSW; Chairperson Developmental Disabilities Subcommittee

2013 County Outcomes Management Survey

Albany County Dept. of Mental Health (70520) Certified: Debra Rhoades (3/29/13)

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

The use of Outcomes Management is becoming increasingly important as behavioral health care is integrated into the larger health care system where performance measures are utilized to assess treatment outcomes and, in turn, provider performance. In using outcomes management (also referred to as performance management) as a tool to improve client level outcomes and overall program performance programs are able to communicate their strengths in a language shared by other providers within the healthcare system. OASAS encourages providers' use of outcomes management to both improve individual, patient level outcomes, as well as overall program and system level outcomes that are relevant in the larger arena of healthcare. We are administering this annual survey to continue to encourage and measure the use of outcomes management within the field of substance abuse treatment.

Questions regarding this survey should be directed to Ms. Constance Burke at 518-485-0501 or at constanceburke@oasas.state.ny.us.

- 1. Does your county agency have an active outcomes management program in place?
 - ✓ Yes No
- 2. How long has your county agency been involved with outcomes management?
 - ✓ At least five years
 At least three, but less than five years
 At least one, but less than three years
 - Less than one year
- 3. Does your county agency set outcomes/performance targets based on client and/or program level data?
 - ✓ Yes No
- 4. How often does your county agency review progress towards the performance targets?
 - At Least Monthly
 - ✓ Quarterly

Semi-Annually

Annually

Less than Annually

- **5.** Which of the following data sources does your county agency use to track the progress of your contracted programs toward performance targets? (Check all that apply)
 - √ Scorecard
 - ✓ IPMES
 - ✓ Other Data Source (please specify): New LGU reports in CDS None
- 5a. Does your county agency collect, maintain and analyze data using an electronic database system?
 - Yes
 - √ No
- 6. With whom does your county agency regularly discuss the performance and progress toward achieving outcomes of your contracted programs? (Check all that apply)
 - √ Community Services Board
 - ✓ Program Administrators
 - OASAS Field Office
 Other (please specify):

7. Which methods does your county agency use to disseminate data and/or summary information about the performance of your contracted programs? (Check all that apply)

> County-level Dashboard or Report Card Annual report County Agency Website Grant applications

- ✓ Other (please specify): Create yearly reports of programs flagged/not flagged etc.
- 8. In which areas of program management does your county agency use performance information to support decision making? (Check all that apply)

 - ✓ Planning✓ Program services✓ Policy development✓ Budget development Other (please specify): None