



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

Katherine Alonge-Coons, Commissioner
(kcoons@renesco.com)

Goal 1

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

Goal 1: Target Completion Date Jan 01, 2027

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

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

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

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

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

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

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

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

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

Goal 1: OASAS? Yes Goal 1: OMH? Yes Goal 1: OPWDD? Yes

Goal 1: Need Addressed 1 Crisis Services

Goal 1: Need Addressed 2 Cross System Services

Goal 1: Need Addressed 3 Respite

Goal 1, Objective 1: Title Integrate the Supportive and Intensive Crisis Stabilization Centers into the continuum of care in Rensselaer County.

Goal 1, Objective 1, Target Completion Date Jan 01, 2025

Goal 1, Objective 1, Description Provide education and linkages with the in county providers to the providers of the centers. Learn workflows for referring to the centers and for response to discharges from this service.

Goal 1, Objective 2: Title Implement a crisis residence for adults in Rensselaer County.

Goal 1, Objective 2, Target Completion Date Sep 01, 2024

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

Goal 1, Objective 3: Title Decrease recidivism of children and youth accessing the crisis unit.

Goal 1, Objective 3, Target Completion Date Jul 01, 2025

Goal 1, Objective 3, Description Via the monitoring of data from the Crisis Unit throughout the past 18 months, instances of recidivism have been identified. The strengthening of disposition planning, referrals to community services and interface with CSPOA have been implemented. The CSPOA will now be dispatched to the Crisis Unit, as needed, to assist families M-F 9-5.

Goal 1, Objective 4: Title Assure utilization of the regional crisis residences for children and youth.

Goal 1, Objective 4, Target Completion Date Jul 31, 2024

Goal 1, Objective 4, Description The Crisis Residence is not routinely considered as an option for children and youth by all providers in the C&Y continuum of care. Education and orientation is a continued need for both providers and recipients.

Goal 1, Objective 5: Title Continue EDPRT/CIT training for local law enforcement at a minimum of at least two trainings per year..

Goal 1, Objective 5, Target Completion Date Jan 01, 2026

Goal 1, Objective 5, Description Through community collaborations with local law enforcement continue commitment to EDPRT/CIT. Some local law enforcement agencies have 90-100% of officers trained at present.

Goal 1, Objective 6: Title Embed Mobile Crisis Services in Rensselaer County.

Goal 1, Objective 6, Target Completion Date Jan 01, 2026

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

Goal 2

Goal 2: Title Expand access to a continuum of housing for specialty populations which are affordable, culturally inclusive, and safe; in order to support persons returning to the community from inpatient psychiatric settings, state prisons, OPWDD forensic settings, local jails, and those from the community in need of housing.

Goal 2: Target Completion Date Mar 31, 2028

Goal 2: Description Rensselaer County has several levels of housing to serve persons experiencing mental illness. (See the 2022 Annual Report - Adult Housing SPOA and Housing data summary) The level of housing with the most openings is that of Treatment Apartments. Persons referred to this level of housing often do not want to pay the program fee, and would prefer an apartment that will be long term, and not temporary. (There is a wait list however this is not a list of persons awaiting an apartment - this is a list of persons who are being outreached or in need of a back up housing option). Additionally, there are a few persons who, due to the level of volatility they present have been unsuccessful in residing in the least demanding level of housing - Housing First. Unfortunately there are no viable housing resources for these persons, who become street homeless and then access the shelter or remain on the streets for prolonged periods of time.

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

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

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

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

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

Goal 2: OASAS? Yes Goal 2: OMH? Yes Goal 2: OPWDD? Yes

Goal 2: Need Addressed 1 Housing

Goal 2: Need Addressed 2 Cross System Services

Goal 2: Need Addressed 3 Forensics

Goal 2, Objective 1: Title Develop additional Housing First settings.

Goal 2, Objective 1, Target Completion Date Dec 31, 2027

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

Goal 2, Objective 2: Title Home based care to provide care to assure compliance with all medications, household chores, and ADLs.

Goal 2, Objective 2, Target Completion Date Jun 30, 2026

Goal 2, Objective 2, Description Persons who do not want to reside in CR or Treatment Apartment settings, but are in need of additional supports in order to maintain health and wellness in a community setting need dedicated in home services in order to maintain recovery and sustain community tenure. These are persons with medication compliance concerns, are aging in place, or have cognitive limitations which disrupt the ability to care for self. Enhanced supportive housing models have the potential of offering these services.

Goal 2, Objective 3: Title Develop housing opportunities to provide treatment and support for persons with co-occurring addiction and/or Mental Illness/IDD.

Goal 2, Objective 3, Target Completion Date Jan 01, 2027

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

Goal 2, Objective 4: Title Develop supported housing in the rural areas.

Goal 2, Objective 4, Target Completion Date Jun 30, 2026

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

Goal 2, Objective 5: Title Develop Housing dedicated to persons with criminal history.

Goal 2, Objective 5, Target Completion Date Jan 31, 2027

Goal 2, Objective 5, Description Persons with forensic histories tend to be ruled out from existing housing opportunities due to risk behaviors i.e. violence, sexual assault and arson.

Goal 2, Objective 6: Title Develop rental subsidy assistance for persons graduating from OASAS certified housing.

Goal 2, Objective 6, Target Completion Date Feb 01, 2024

Goal 2, Objective 6, Description Persons in recovery who successfully achieve recovery to graduate from OASAS licensed housing have difficulty in obtaining affordable housing in neighborhoods supportive of recovery and strong resources to positively impact social determinants of health. Public Assistance rental allowance is not sufficient for securing housing in recovery supportive areas. LGU will use Regional Abatement monies to pilot this service.

Goal 3

Goal 3: Title Expand outpatient treatment opportunities.

Goal 3: Target Completion Date Jan 01, 2028

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

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

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

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

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

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

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

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

Goal 3: Need Addressed 1 Outpatient treatment

Goal 3: Need Addressed 2 Cross System Services

Goal 3: Need Addressed 3

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

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

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

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

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

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

Goal 3, Objective 3: Title Develop an IOP to serve persons with co-occurring SPMI & SUD.

Goal 3, Objective 3, Target Completion Date Jun 30, 2025

Goal 3, Objective 3, Description Since the elimination of MH Day Treatment in the county via the transition to PROS, there is a gap in the continuum of care for high acuity adults, who do not or are not able to define a life goal and are not viable candidates for PROS. An IOP embedded in an outpatient (MHOTRS) setting would aid in meeting this need.

Goal 3, Objective 4: Title Increase skill across the addiction and mental health outpatient settings in treating persons with co-occurring disorders.

Goal 3, Objective 4, Target Completion Date Dec 31, 2026

Goal 3, Objective 4, Description Overall there is a greater ability for MHOTRS programs to treat persons with co-occurring MI & Addiction; however this is not so for addiction treatment providers to provide care for persons with co-occurring mental illness. The LGU seeks to fund training initiatives for this workforce in evidence based practices to treat this population. Funding for this training will be from the Regional Abatement monies.

Goal 3, Objective 5: Title Develop SUD treatment opportunities for adolescents.

Goal 3, Objective 5, Target Completion Date Jan 01, 2026

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

Goal 3, Objective 6: Title Improve Vital Signs Dashboard indicators for all MHOTRS in Rensselaer County.

Goal 3, Objective 6, Target Completion Date Jan 01, 2026

Goal 3, Objective 6, Description Strategize with all providers to increase equity and inclusion efforts. Determine what services need to be in place to achieve improved outcomes/indicators.

Goal 4

Goal 4: Title Expand the number of peer advocates in the behavioral health workforce serving county residents.

Goal 4: Target Completion Date Feb 01, 2025

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

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

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

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

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

Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? Yes

Goal 4: Need Addressed 1 Other

Goal 4: Need Addressed 2

Goal 4: Need Addressed 3

Goal 4, Objective 1: Title Establish peer advocates in the MHOTRS programs in the county.

Goal 4, Objective 1, Target Completion Date Jul 01, 2024

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

Goal 4, Objective 2: Title Peer advocates to serve residents of the county regardless of disabling condition or provider involvement.

Goal 4, Objective 2, Target Completion Date Jan 01, 2025

Goal 4, Objective 2, Description The LGU currently has employed 1 peer advocate who is a CRPA, and serves those with addiction issues, and some persons with Co-occurring SPMI. This advocate is able to respond to anyone in the county in

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

Goal 4, Objective 3: Title Increase the Parent Advocate and Youth Advocate workforce.

Goal 4, Objective 3, Target Completion Date Jan 01, 2027

Goal 4, Objective 3, Description There are vacancies Parent and Youth Advocate positions in the workforce of the Family Support services.

Goal 5

Goal 5: Title Promote emotional wellness for persons of all ages through Prevention approaches.

Goal 5: Target Completion Date Jan 01, 2028

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

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

Suicide Prevention is an additional prevention focus in the county. In 2023 the Suicide Prevention task force has focused on the reinvigoration of the Post-vention services and offered training and recruitment for the team. Additional training is scheduled for the fall of 2023 - "Traumatic Loss For the Behavioral Health Workforce". Members of the workforce are struggling with the loss of clients due to overdose or suicide, and other tragic circumstances. This is an effort to not only prevent suicide among the workforce but also aid in retaining existing workforce. There is ongoing efforts in providing Safe Talk trainings.

Goal 5: OASAS? Yes Goal 5: OMH? Yes Goal 5: OPWDD? Yes

Goal 5: Need Addressed 1 Cross System Services

Goal 5: Need Addressed 2 Adverse Childhood Experiences

Goal 5: Need Addressed 3 Prevention

Goal 5, Objective 1: Title Increase/solidify community coalitions in the county and expand environmental strategies for Prevention.

Goal 5, Objective 1, Target Completion Date Jan 01, 2026

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

Goal 5, Objective 2: Title Expand evidence-based prevention programming to schools, families, communities across the county and across the lifespan.

Goal 5, Objective 2, Target Completion Date Jul 01, 2026

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

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

Goal 5, Objective 3, Target Completion Date Jul 01, 2026

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

Goal 5, Objective 4: Title Suicide Prevention strategies will be increased in Rensselaer County.

Goal 5, Objective 4, Target Completion Date Jan 01, 2027

Goal 5, Objective 4, Description Post pandemic reinvigoration of the Suicide Prevention Task Force is underway. There are increased opportunities for Safe Talk trainings; relaunching the Post-vention team and a desire to resume Youth MH First Aid trainings.

Goal 5, Objective 5: Title Increase Youth MH First Aid training in the county.

Goal 5, Objective 5, Target Completion Date Jan 01, 2027

Goal 5, Objective 5, Description All certified YMHFA trainers have left the county workforce. Develop new trainers and resume offering this training to providers in the C & Y SOC.



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

Katherine Alonge-Coons, Commissioner
kcoons@renesco.com

Goal 1	
Title	Develop a full continuum of crisis care, inclusive of all populations.
Update	The OMH selected provider for the Intensive Crisis Stabilization Center, RSS, has worked with the LGU to provide briefings to the System of Care regarding progress to date and are building linkages to the community via the LGU facilitation. Unity House, Inc., Troy, NY reports construction for rehab to the site has begun. Anticipated completion at Sept 2024; anticipated opening in fall 2024. System of Care project continues through a cross system work group to lower recidivism. Data is tracked each month for the number of persons under age 18 accessing the Crisis Unit. Data indicates a decrease in utilization. (See data attached) Data indicates Healy House Crisis Residence referrals and utilization for Rensselaer County was highest in 2022. 2024 Q1 is trending below the 2022 numbers but consistent with 2023. Northstar Crisis Residence utilization data indicates the highest utilization in 2022. 2024 Q1 data indicates utilization higher than 2022. (See data attached) The LGU continues to collaborate with Troy PD in providing the EDPRT training for all county based municipal PDs and Sheriff's Dept. The next training is scheduled for September 2024. Barriers to implementation include lack of staffing for the Mobile Team and an inability to locate a team in Rensselaer County. (see data re: utilization for Child and Youth and Adults attached) There has been no growth on housing opportunities for the I/DD population in Rensselaer County. All CONs received from OPWDD re: housing have been for relocation and not expansion.
OBJECTIVES	
Integrate the Supportive and Intensive Crisis Stabilization Centers into the continuum of care in Rensselaer County.	Ongoing
Implement a crisis residence for adults in Rensselaer County.	Ongoing
Decrease recidivism of children and youth accessing the crisis unit.	Ongoing
Assure utilization of the regional crisis residences for children and youth.	Ongoing
Continue EDPRT/CIT training for local law enforcement at a minimum of at least two trainings per year..	Ongoing
Embed Mobile Crisis Services in Rensselaer County.	Ongoing
OBJECTIVE UPDATES	
Objective 7 Integrate new HCBI service into the C & Y crisis continuum of care March 2025.	
Objective 8 Establish a disaster Mental Health Team in Rensselaer County by June 2025.	

Goal 2	
Title	Expand access to a continuum of housing for specialty populations which are affordable, culturally inclusive, and safe; in order to support persons returning to the community from inpatient psychiatric settings, state prisons, OPWDD forensic settings, local jails, and those from the community in need of housing.
Update	Note: NYS OMH Residential Indicators Report for Rensselaer County illustrates the following trends in the county which are substantiated by the Housing SPOA; A. Treatment Apartment Program has low census due to necessity for CR placements. B. Long term PC discharge beds are not utilized due to low PC census, and inability to graduate from CRs to these beds. C. High attrition at Unity House TAS and Joseph House Supportive apartments due to high acuity and violence. D. Individuals frequently prefer supported apartment over treatment apartment due to the program fees and fiscal model. E. Difficulty housing adults with sex offender status and arson history. F. CDPC census 12/31/23 = 9; 7/1/24 = 10. There have been no funding opportunities for housing providers to pursue housing first models. Housing providers have attempted to provide additional supports for medication compliance, household chores etc. but these supports are not sufficient. Housing for persons with co-occurring addiction and MH disorders remains extremely limited. Fusion Recovery will open an 820 residential program in the fall of 2024, and reports an ability to serve this population. There is no advancement in developing housing for co-occurring I/DD and MH and/or addiction. The LGU has worked with a coalition of local housing providers and advocated for rural housing development. No opportunity to date, There has been no development in housing for those with criminal history. An RFP was issued by the LGU and funding was awarded to ACCA to implement a rental assistance program for persons successfully graduating from OASAS licensed housing.. A workgroup of community stakeholders has worked with ACCA to design the program, and develop referral process to be launched July 2024. Funding is via the Regional Abatement monies. In December 2023 and January 2024, Rensselaer County had the highest number of homeless families supported by DSS. This homeless status

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

OBJECTIVES

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

OBJECTIVE UPDATES

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

Goal 3

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

OBJECTIVES

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

OBJECTIVE UPDATES

Goal 4

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

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

Goal 5	
Title	Promote emotional wellness for persons of all ages through Prevention approaches.
Update	<p>Update from RCDMH Prevention Program: During the 2023-2024 school year, 1,416 evidence-based classroom presentations across 11 schools in 6 school districts (10 staff), from elementary aged through high school students. In addition to evidence-based programming, there were approximately 365 youth who received prevention related assessment and/or counseling, with over 1,692 sessions conducted. The prevention program is integral in sustaining, supporting, and collaborating with local coalitions that have been maintained. This is a part of program efforts to increase community prevention approaches and environmental strategies work across the lifespan. In Fall 2023 a part time community-based prevention position (funded via Regional Abatement monies) allowed for increased access to SBIRT/Teen Intervene (EBP) to be implemented throughout the county. An increased focus on building prevention efforts for adults and the I/DD population are necessary. RCDMH prevention staff participate in and collaborate with, the Rensselaer County Heroin Coalition. Two regional coalitions exist within the county: NoPlates (Averill Park) and Troy Drug Free Coalition (Troy/Lansingburgh); both coalitions are supported by RCDMH Prevention staff. There is an increased need for community wide education regarding the risks of (underage) alcohol/drug use, and fentanyl contamination in the local drug supply.</p> <p>The 2023 PNA (see attached) data indicates that Rensselaer County has a higher than average risk factor on community availability of alcohol & Other Drugs; Parental Attitudes Favoring AOD use; and lower perception of risk based on substance. The county has low protective score for Community rewards for prosocial involvement. That, coupled with the legalization and commercialization of retail marijuana, minimal regulation and enforcement, media messaging, and substance related social media content, could lead to increased access to substance by youth and mixed messages. (see attached data for Death due to Overdose)</p> <p>Expanded Evidence-based programming: The utilization of Boys Council and Girls Circle were utilized as a Tier II Intervention this year with 6 group offerings held. This is planned to be continued to be utilized for the 2024-2025 academic year. The Prevention Program was expanded in the elementary school setting through Lansingburgh Central School District.</p> <p>Parent education group offerings were expanded during the 2023-2024 academic year. 11 Parent groups were offered with 46 caregivers participating. Most programming was offered county wide and with varying facilitation methods (In person/virtual), childcare was offered when possible, bus passes, gas cards, light refreshments etc. 2023 PNA data indicates increased risk factors in the area of familial conflict and parental attitudes favoring antisocial behavior. A reduced protective factor lower than the Bach Harrison Norm was perceived family reward for prosocial involvement. 19.3% of young people said they used marijuana at home with parental permission. 36.4% of kids said they drank alcohol at home with parental permission. Nearly half (49.6%) of kids say they haven't talked to their parents about the dangers of drug abuse in the last year. There is also increased access and means to substances at home and decreased adult perception of harm and increased normalization.</p> <p>Expansion of Prevention Counseling: The program was also able to have a part time community-based prevention staff for the 2023-2024 academic year. This position and staff member allowed for increased access to SBIRT/Teen Intervene (EBP) to be implemented throughout the county. Referrals occurred through increased collaborations with community providers such as Renss Co Probation, DSS, etc. Community-based prevention has bridged some gaps and has allowed for increased ability to reach rural populations., have less services in their area. This has been beneficial in providing intervention while youth are on a waiting list for Substance Assessment/Treatment.</p> <p>The Rensselaer co Suicide prevention Task Force has been working to reinvigorate efforts. Utilizing real time data from the County Health Dept., the Task Force has set goals to promote the use of gun locks, lock boxes for medications and widely disseminating information re: 988.</p> <p>Gatekeeper trainings are continuing. (see data below re: suicides in county)</p> <p>In 2023 Rensselaer County had 18 total deaths by suicide. In the first 6 months of 2024 there have been 9 deaths by suicide in the county. In 2023 the Suicide Prevention task force has focused on the reinvigoration of the Post-vention services, offered trainings, and recruitment for the team. The task force held a training on 10/2/2023 "Suicide, Opioid Overdose, & Other Traumatic Loss in Behavioral Health" and "Pillars of Postvention" on 4/21/23.</p> <p>The Prevention Needs Assessment (PNA) administered in December of 2023 in Rensselaer County schools indicated that 13.3% of students seriously considered attempting suicide; 10.2% of students "made a plan" about how they would attempt suicide; 7.3% of students "made an attempt". RCDMH Prevention Program staff facilitated higher rates of Suicide Prevention Curriculum pre-pandemic. Prevention staff has had updated training in additional suicide prevention curriculum "It's Real: Teen Mental Health" through the American Foundation for Suicide Prevention. It is the goal of school and community prevention to continue to increase utilization of such programs as "More Than Sad," "It's Real: Teen Mental Health" etc.</p> <p>The Suicide Prevention Center of NY is funding the Capital Connect program to reduce suicidal ideation in two targeted populations: adolescent females and working age males. Two services have been made available: ASSIP - Attempted Suicide Short Intervention Program, and Youth Nominated Support Team (YST); the LGU is actively encouraging referrals to these programs.</p> <p>Two RCDMH staff members were trained as YMHA trainers in November of 2023. RCDMH and trainers will explore requirements of Mental Health First Aid Connect digital system and financial requirements in order resume offering this training for certification to providers in the C & Y SOC. The majority of RCDMH Prevention staff are trained as Youth Mental Health First Aiders via MHANYS. Prevention staff share resource of these trainings throughout the school communities and coalitions they are involved in. The RCDMH Prevention program also consulted with Project</p>

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

OBJECTIVES

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

OBJECTIVE UPDATES



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2024 Needs Assessment Form Rensselaer County Department of Mental Health

Case Management/Care Coordination Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

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

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

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Employment/volunteer (client) Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

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

data received from NYS OMH in 2021:

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

These observations are based on individuals ages 21-64

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

Just under 40% had a HS diploma or GED

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

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

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

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

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

There is no known improvement in these percentages.

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): Inpatient services for children and adolescents can be extremely challenging to obtain, especially if the child/youth is displaying any aggressive/violent behaviors. Children and youth with co-occurring MH & IDD concerns are also difficult to admit to inpatient.

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

Non-Clinical Supports Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Non-clinical supports such as: HCBS, CFTSS, CORE are very limited and only serve the Medicaid population. Most programs advise the LGU there are wait lists for the services. OPWDD providers report limited access to com hab, and respite.

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

Outpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

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

Need description (Optional): The CSPOA reports an escalating number of referrals for RTF care each year. (In 2022 =4; in 2023 thru July = 6) Much of this is attributed to the limited avenues to residential services via other child caring systems i.e. juvenile justice and DSS. Children and youth with IDD are not able to access residential care in the OPWDD system. Families in need of this service approach the Mental Health system for assistance, and MH cannot meet the individual's needs. Residential schools are often recommended for this population, however the school districts will not offer this unless all other educational programming has been exhausted.

Respite Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): Community members seeking respite services for the OPWDD population have difficulty in obtaining respite services.

Transition Age Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

Youth transitioning into adulthood experience great difficulty in accessing residential opportunities in the OPWDD system.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

LGU Representative: Katherine Alonge-Coons

Submitted for: Rensselaer County Department of Mental Health



2025 Needs Assessment Form Rensselaer County Department of Mental Health

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

Case Management/Care Coordination Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

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

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Employment/volunteer (client) Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

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

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

Forensics Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? No
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Youth Only
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): Given nursing shortages some inpatient beds on the county were temporarily taken off line. Then due to physical plant improvements other inpatient beds were temporarily taken off line. Consequently, psych inpatient capacity has fluctuated throughout the year with an overall goal for all beds to be online. Inpatient psych capacity for children and youth remains a challenge. Bed searches can take considerable time resulting in children and youth being held at the crisis unit for extended lengths of stay.

Non-Clinical Supports Yes

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

Outpatient Treatment Yes

Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? Yes
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Prevention Yes

Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? Yes
Need description (Optional):

Problem Gambling Yes

Applies to OASAS? Yes
Applies to OMH? Yes
Applies to OPWDD? No
Need Applies to: Both Youth and Adults
Do any of the Goals on the Goals and Objectives Form address this need? No
Need description (Optional): The LGU has assured participation from the Center for Problem Gambling in the committee structure. In 2024/2025 the LGU will again provide some orientation and awareness presentations for the workforce in how to assess for problem gambling. The Rensselaer County Dept. of MH Prevention Program continues to receive training and offers education to the community annually.

Residential Treatment Services Yes

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

Respite Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

Transition Age Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

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

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

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

Need description (Optional): The C & Y System of Care is working with the Capital Region Workforce Development program to determine means of recruiting persons into the human service and behavioral health professions and are exploring the development of career pathways for retention of workforce.

All services throughout the continuum of care are experiencing staff attrition creating a negative impact for service availability.

Disaster MH Team Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

LGU Representative: Katherine Alonge-Coons

Submitted for: Rensselaer County Department of Mental Health

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

*** indicates licensed by OMH