



Goals and Objectives 2024 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/acute.

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.



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 no offer this unless all other educational programing has been exhausted.

Respite Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

Transition Age Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

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

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

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

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

LGU Representative: Katherine Alonge-Coons

Submitted for: Rensselaer County Department of Mental Health

2022 Annual Report-Adult Housing SPOA

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

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

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

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

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

C& Y Mobile Crisis Data 2019-2022

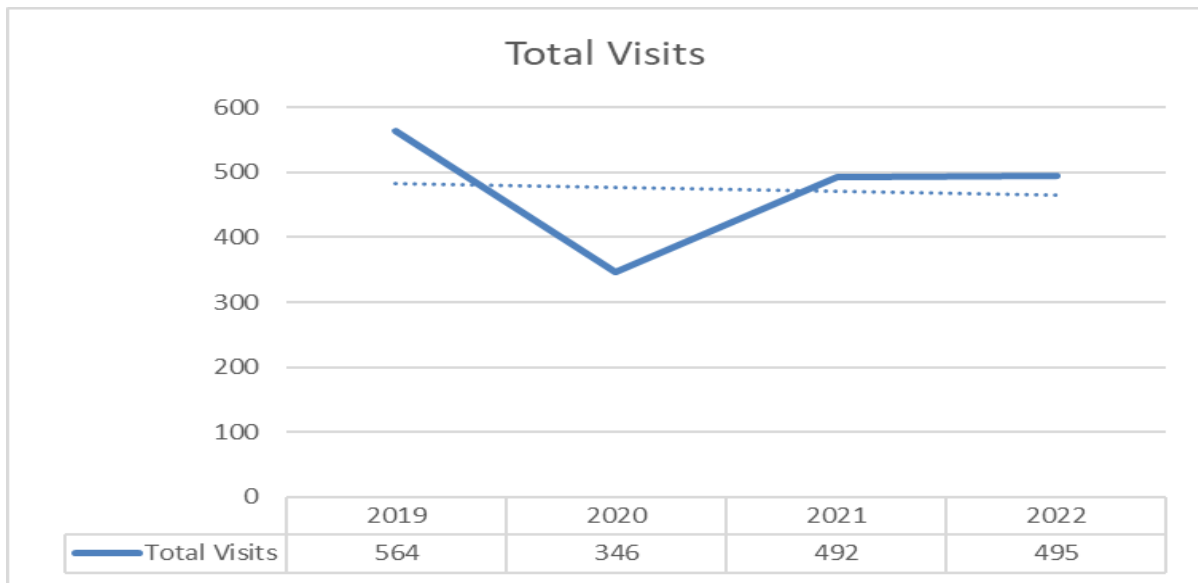
Quarter	Total Calls	Mobile Visits	Non Mobile Visits	
Q1 2023		167	61	106
Q4 2022		133	57	76
Q3 2022		93	44	49
Q2 2022		142	54	88
Q1 2022		127	66	61
Q4 2021		121	43	78
Q3 2021		107	40	67
Q2 2021		131	53	78
Q1 2021		133	70	63
Q4 2020		117	77	40
Q3 2020		61	23	38
Q2 2020		42	2	40
Q1 2020		126	95	31
Q4 2019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

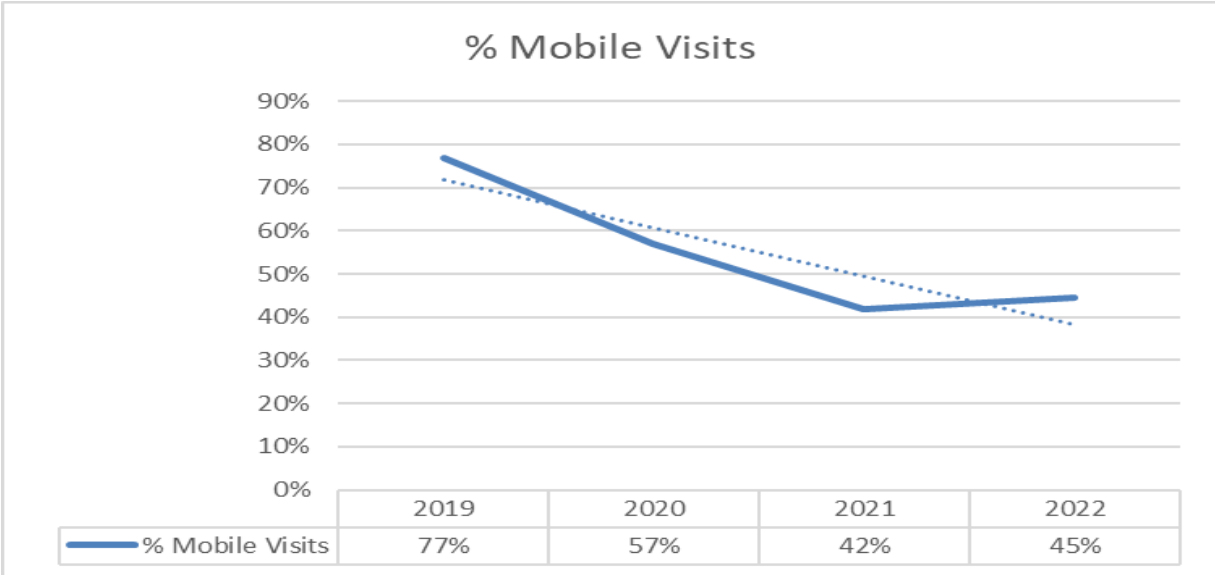
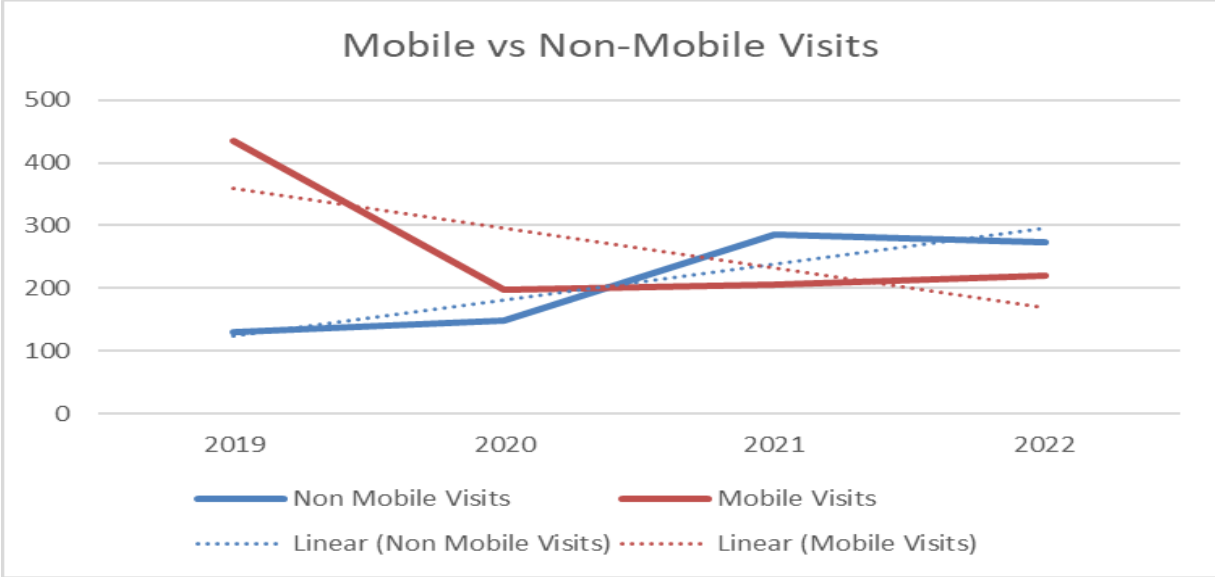
Child and Youth Mobile Crisis Outreach

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

See the following three graphs illustrating these trends.

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





Rensselaer County SOC – 2023 April YTD vs 2022

Samaritan Hospital Crisis Unit data

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

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

Death Due to Overdose

(Data from Rensselaer Co Health Dept.)

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

Prevention Goal

Excerpt from the RCDMH Annual Report to NYS OASAS:

Monitoring the Future data

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

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

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

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

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

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

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

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

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

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

2. The Troy Drug Free Community Coalition (Troy)-holding virtual meetings and resuming outdoor events/activities, targeting young adult (16-24-year-old) prevention through education and mentoring (the Dream Team)
3. The Heroin Coalition (chaired by the Rensselaer County Health Department and Sheriff's Department). Resumed face to face meetings in 2022 and continuing the successful Naloxone Now initiative (facilitating countywide contact-less delivery of Narcan and virtual Narcan training), assisted in implementation by RCDMH Peer Engagement Specialist. In 2021, the RCDMH Peer provided 208 individual Narcan trainings/kits alone.

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

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

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

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

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

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

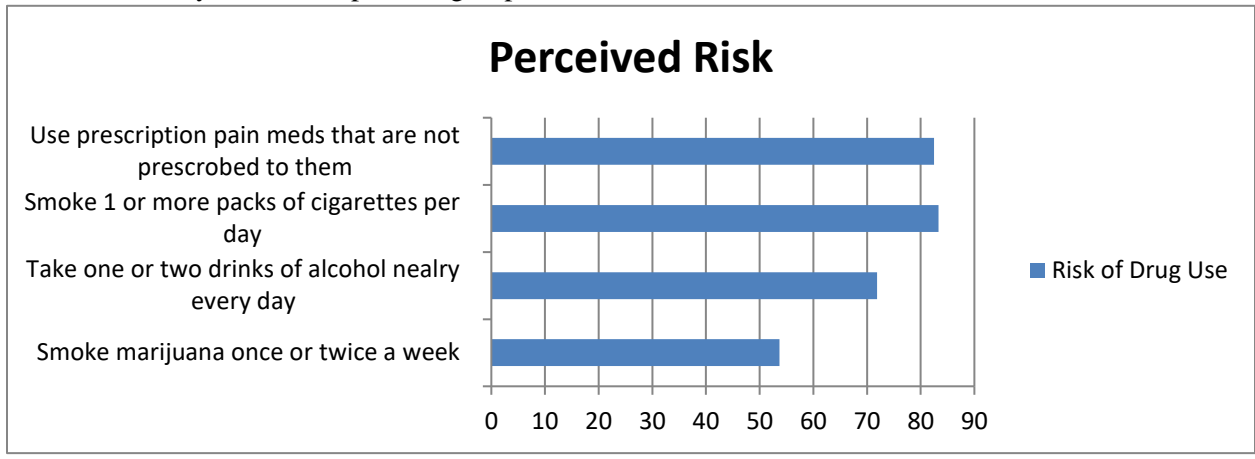
Alcohol and Marijuana still continue to be a concern among Rensselaer County youth. Consumption data shows that students report an increase in Alcohol use between 6th and 8th grade, tripling from 3.1% in 6th grade to 9% in the 8th grade. This is also higher than the Monitoring the Future survey results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

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

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

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

Perceived risk by students in percentages, per 2018 PNA:



Rensselaer County Housing Data 5.18.2023

The data below is from two sources:

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

Point in Time Homeless Count

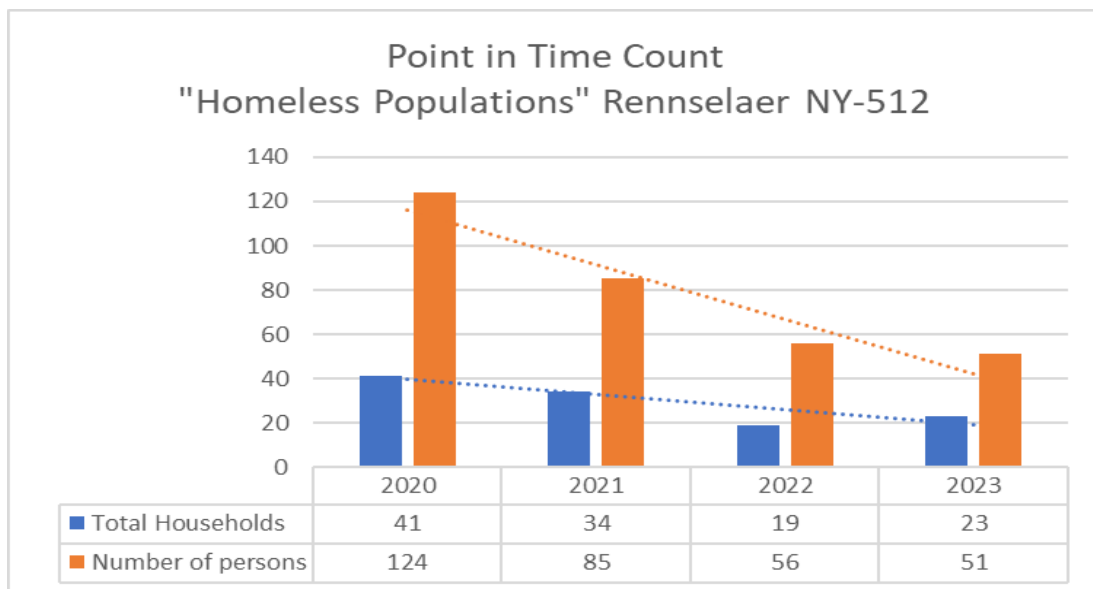
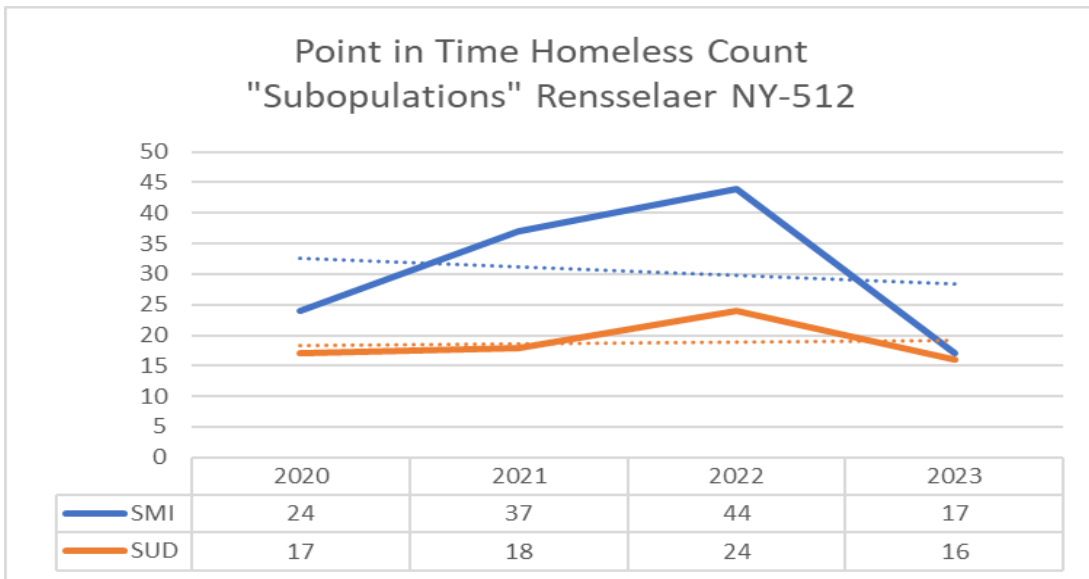
- The number of homeless people with SMI and with SUD increased steadily from 2020 through 2022 but decreased sharply in 2023 to approximately the same level as in 2020.
- At the same time, the number of total homeless families decreased from 41 to 23 and the number of homeless individuals decreased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

Residential Indicators Report

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

Reports are on the following pages.

Point in Time Reports



OMH Residential Indicators Report

Residential Program Indicators - County Reports

County: Rensselaer, for the period from 05/01/2022 to 04/30/2023 for All Units

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

Admissions of Rensselaer County Residents to Treatment Programs by Program County & Program Type in Calendar Year 2021

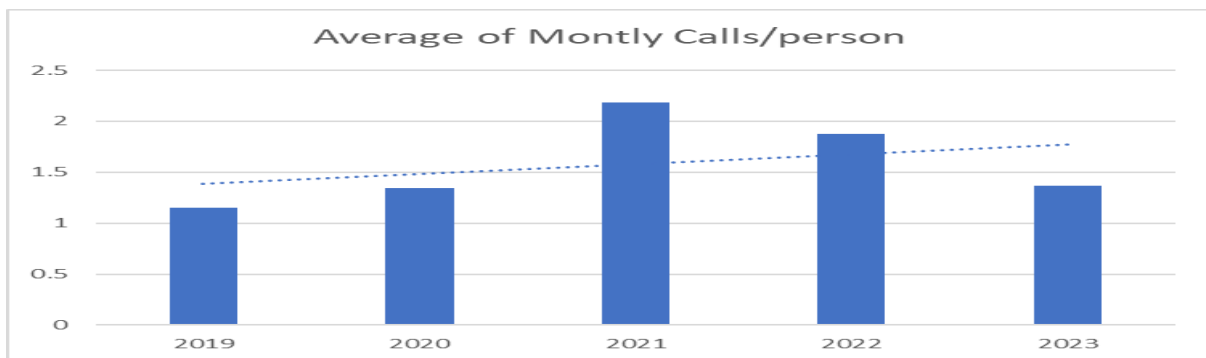
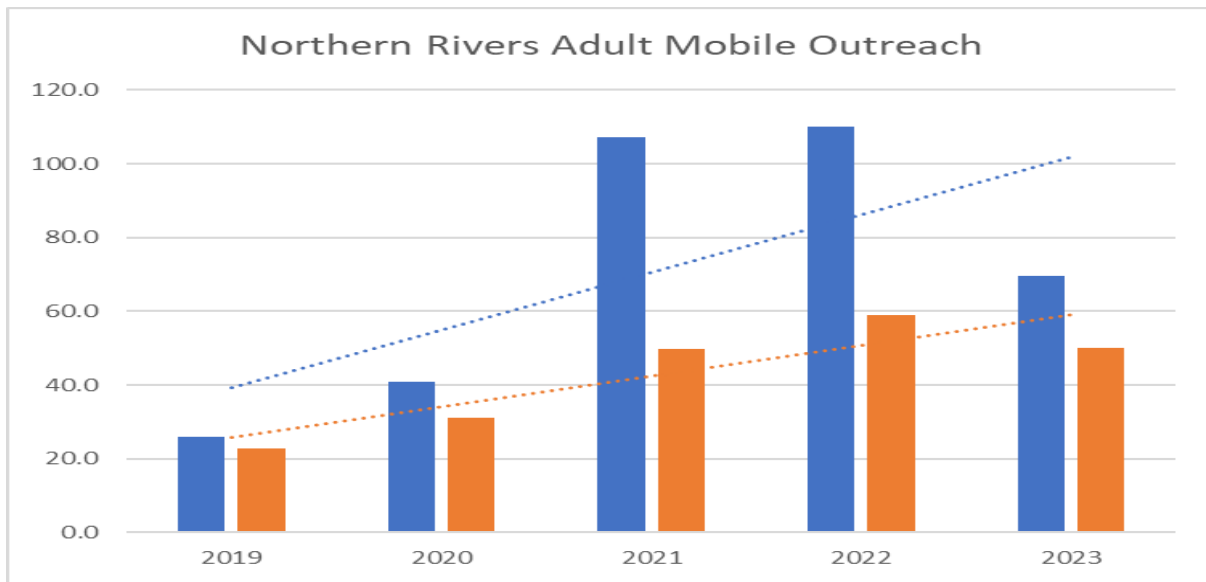
Program County	Crisis Services	Inpatient Treatment Services	Opioid Treatment	Outpatient Services	Residential Services	Grand Total
Grand Total	330 (100.0%)	289 (100.0%)	80 (100.0%)	441 (100.0%)	113 (100.0%)	1,253 (100.0%)
Albany	225 (68.2%)	57 (19.7%)	42 (52.5%)	158 (35.8%)	37 (32.7%)	519 (41.4%)
Rensselaer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

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

Northern Rivers Adult Mobile Outreach

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

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



Rensselaer County
OMH Vital Signs Dashboard – April 2023

Background

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

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

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

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

Adult Data

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

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

Rensselaer County is:

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

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

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

Child Data

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

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

Rensselaer County is:

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

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

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

Disparities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<https://data.ny.gov/Human-Services/Substance-Use-Disorder-Treatment-Program-Admission/nqbt-9rwf>

SUD Treatment County for Rensselaer County Residents

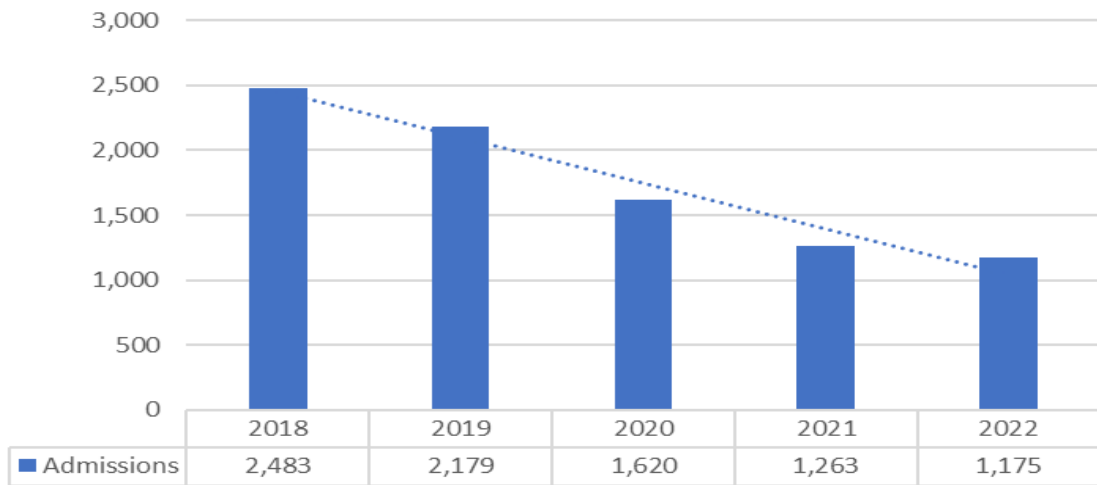
OASAS provided each county with an analysis of where county residents received treatment. This report shows the total number of admissions for 2018 – 2022, plus detail on the program type services provided in each county.

Note the following observations:

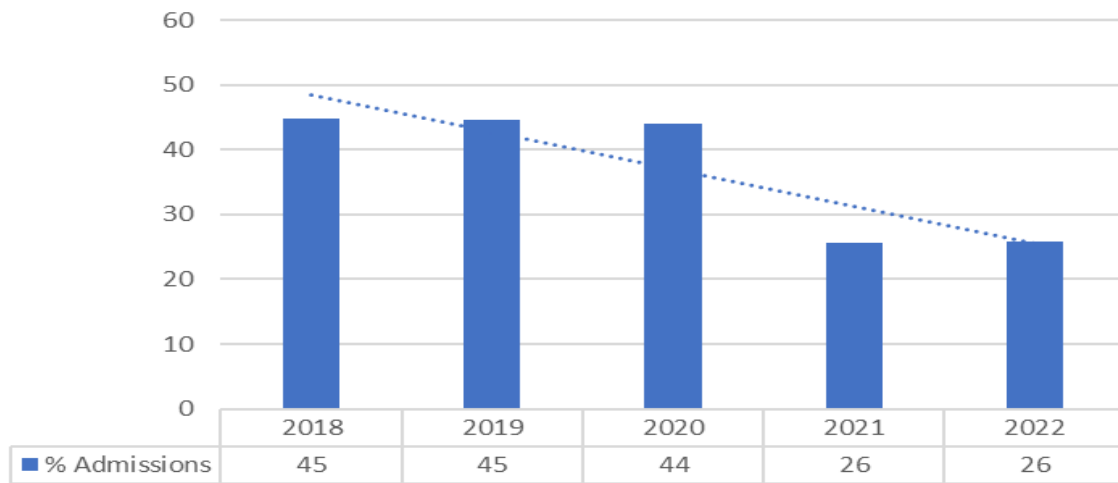
- Total SUD admissions for Rensselaer County residents decreased for each of the past five years.
- For 2018 – 2020, approximately 45% of residents were served in-county while that dropped to 26% for 2021 and 2022.
- In 2022, 43% of Rensselaer residents were served in Albany County, 26% in Rensselaer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

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

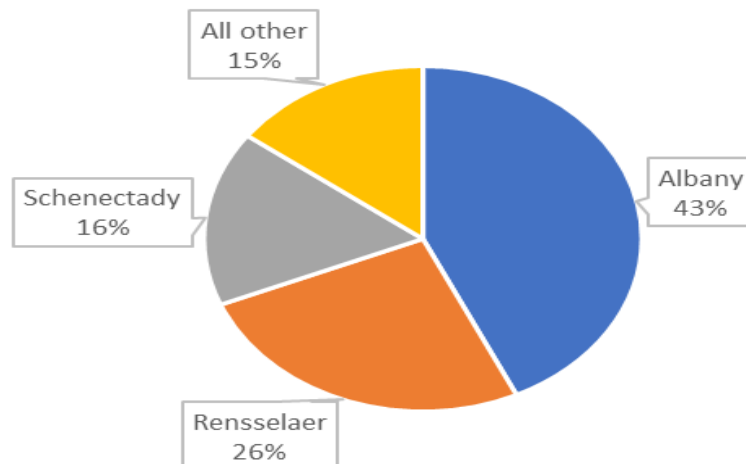
Total Rensselaer SUD Admissions



% In-County Rensselaer Admissions



2022 SUD Treatment County - Rensselaer Residents



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

Suicide Rates

2023

thru

July

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

Rensselaer County
OMH Vital Signs Dashboard – April 2023

Background

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

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

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

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

Adult Data

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

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

Rensselaer County is:

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

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

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

Child Data

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

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

Rensselaer County is:

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

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

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

Disparities

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

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

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

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

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

Rensselaer County Adult Full Mental Health Population - Racial Disparities		
Measure	Disparity Category	Performance
Adherence to AP (Schizophrenia)	Total	58%
	Asian/PI	71%
	Black	56%
	Hispanic	59%
	Multiracial	44%
	White	63%
Antidepressant – Acute Phase	Total	46%
	Asian/PI	42%
	Black	34%
	Hispanic	39%
	Multiracial	46%
	Native American	52%
	White	51%
	Unknown	39%
Antidepressant – Continuation Phase	Total	28%
	Asian/PI	25%
	Black	18%
	Hispanic	22%
	Multiracial	28%
	Native American	29%
	White	32%
	Unknown	23%
	Follow-up MH ED 7 Day	Total
Black		25%
Hispanic		19%
Multiracial		12%
White		35%

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

Rensselaer County Child Full Mental Health Population - Racial Disparities		
Measure	Disparity Category	Performance
First-Line Psychosocial Care	Total	35%
	Black	43%
	Multiracial	37%
	White	40%
Follow-up ADHD Medication, Continuation	Total	46%
	Black	35%
	Hispanic	39%
	Multiracial	46%

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

Rensselaer Co Care Management Impact to Loss of NYS staff:

Children and Youth:

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

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

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

2018 = 14.6

2019 = 16.75

2020 (thru Oct) = 13.4

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

Nov – Dec 2020 = 8.5

2021 = 8.3

2022 = 6.3

2023 thru May = 7.2

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

2018 = 16.1

2019 = 20.3

2020 = 21.2

2021 = 16

2022 = 16

2023 thru May = 9.4

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

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

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

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

Adult Care Management:

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

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

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

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

2 High risk clients \$363 per month = \$726

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

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

Rensselaer County Samaritan Hospital Adult Readmissions

Background

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

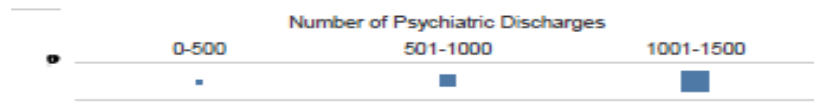
Observations

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

Data

2021

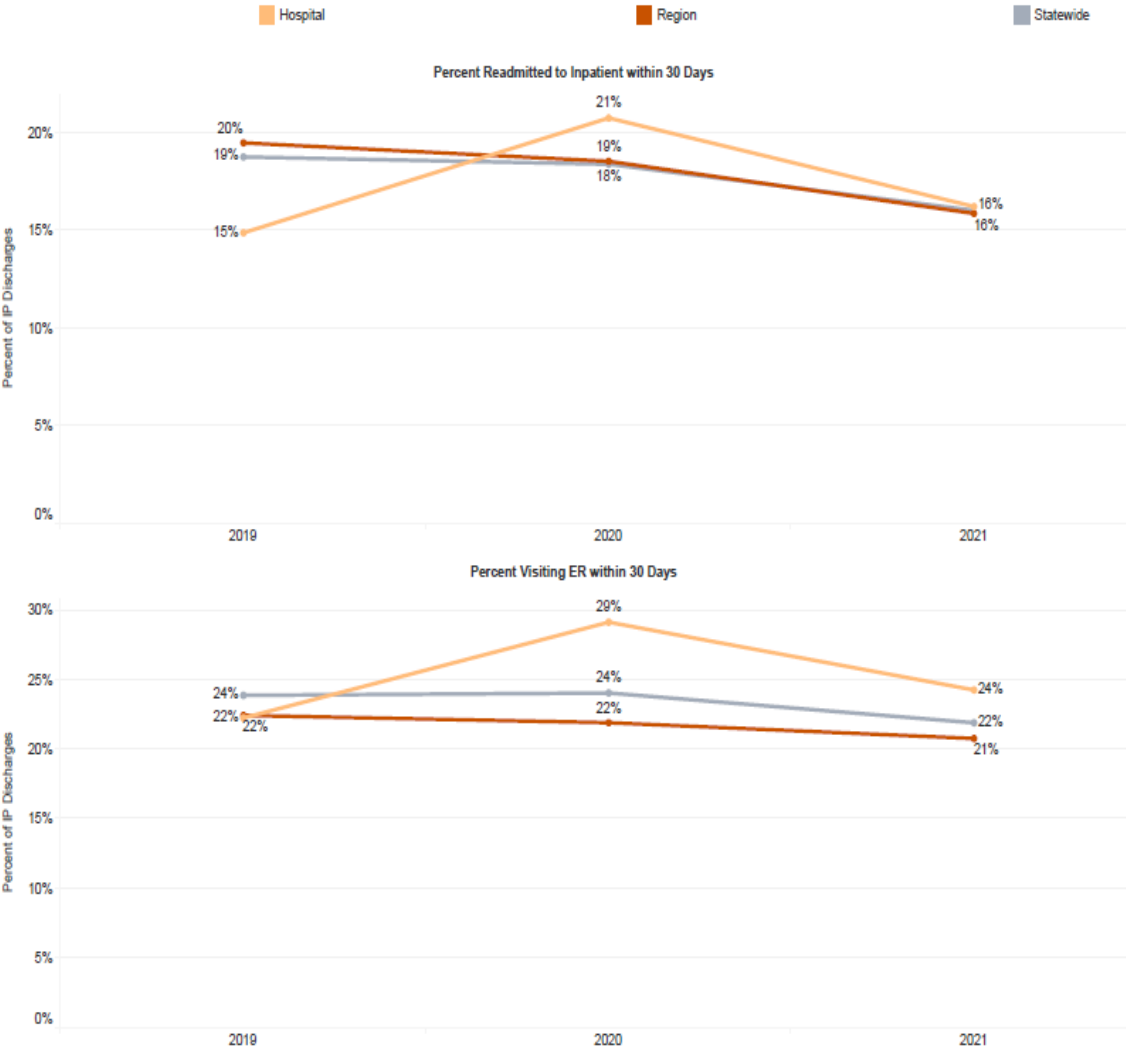
Psychiatric Inpatient (IP) Readmission and Emergency Room (ER) Visit Rates



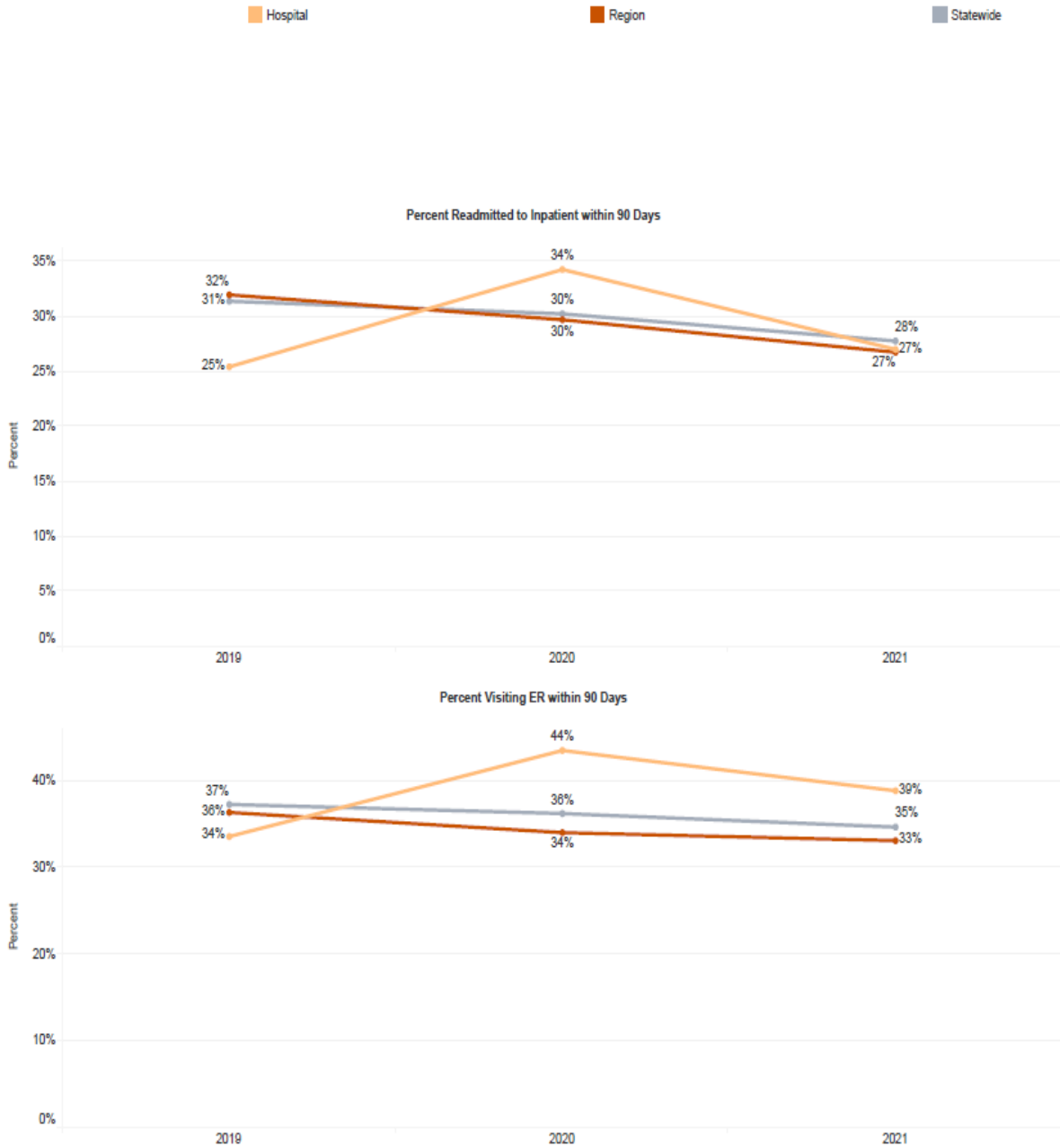
Inpatient Type	Region	County	Hospital	Number of Psych...	% Readmitted / % Vistl..			
					IP - 30 D	IP - 90 D	ER - 30 D	ER - 90 D
General Hospital	Hudson River	Albany	Albany Medical Center	■	19%	30%	26%	36%
		Columbia	Columbia Memorial Hospital	-	13%	18%	13%	22%
		Dutchess	Westchester Medical Center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

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

30-Day Readmissions – Inpatient and ER



90-Day Readmissions – Inpatient and ER



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