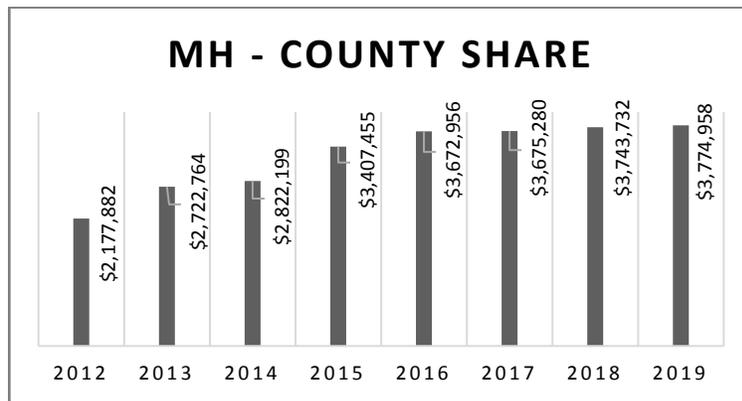


# MENTAL HEALTH

4230, 4310, 4322



## MISSION STATEMENT

The mission of the Albany County Department of Mental Health (ACDMH) is to ensure that residents of Albany County living with mental illness or emotional disturbance, alcohol and/or substance use problems, or intellectual and/or developmental disabilities can attain meaningful improvement in the quality of their lives and overall health, renewed connection to their communities, and lasting recovery so that their personal goals can be achieved.

## WHO WE SERVE

ACDMH fulfills its mission via the provision of counseling and therapy, care management, crisis and psychiatric services to adults living with behavioral health challenges (i.e., mental health and substance use disorders); and, through state-aid funding contracts with local agencies/programs providing services across the age spectrum and across three disabilities - mental health, substance use, and intellectual/developmental.

## ABOUT OUR DEPARTMENT

ACDMH operates as the Local Governmental Unit (LGU) in accord with NYS Mental Hygiene Law and, is mandated to provide an array of community services (i.e., Assisted Outpatient Treatment (AOT)/Kendra's Law for court-ordered individuals; Medication Grant Program for individuals leaving jails/prisons; forensic competency examinations for local courts/judges; and, NYS SAFE Act reporting); and is mandated to assure, as the result of ongoing local planning, that community needs are met through either the provision of direct care services or through contracting for needed services with local partners.

In order to attain departmental outcomes and accomplish its goals, ACDMH is organized into five major divisions – Clinical Operations – direct care services that includes adult integrated behavioral health outpatient clinic for mental health and/or substance use disorders; jail mental health “satellite clinic” treatment; mobile crisis services; community mental health/criminal justice services, including AOT, jail diversion and prison re-entry; Health Home care management; Assertive Community Treatment (ACT); Single Points of Access (SPOAs) for clinical, care management and community-based housing services; Central Management Unit (CMU) for substance use services; and, peer support/advocacy.

Fiscal Operations – budget management; revenue cycle management (claims and reimbursement); contract management; and, new initiative planning, development and operations.

Administrative Services – personnel management; interdepartmental/intergovernmental relations; local systems planning/community needs assessment; and, coordination of community services.

Informatics and Technology Systems – electronic medical records; regional systems interconnectivity; clinical and fiscal data management; research, outcomes and analytics.

Quality Care (internal) and System of Care Oversight (external): critical incident management; corporate compliance and accountability; outcome/performance measurement; Continuous Quality Improvement; NYSAFE Act compliance; and, consumer affairs.

## 2018 ACCOMPLISHMENTS AND CHALLENGES

- DMH, in collaboration with the County Executive's Office, hosted a panel discussion Overcoming Stigma, Bigotry and Discrimination in Mental Health in recognition of Mental Health Awareness Month 2018.

## MENTAL HEALTH 4230, 4310, 4322

- DMH, previously recognized for “exemplary leadership, commitment, and progress in making organizational changes that support tobacco-free living for people living with mental illness” and as a “model champion agency” combatting the disproportionate tobacco use among individuals with mental illness across the region, was appointed a seat in 2018 on the Governor’s Tobacco Use Prevention and Control Advisory Board in recognition of the statewide implications of the trend-setting work accomplished in Albany County.
- DMH continued its implementation of the Sequential Intercept Model (SIM), an evidence-based and nationally-recognized approach to identifying mentally ill individuals at crucial entry points in the criminal justice system in order to divert them, when possible, from unnecessary incarceration and in order to reduce recidivism by providing access to needed treatment and support services:
- DMH, in collaboration with the Albany Police Department and the UAlbany Police Department, led two Crisis Intervention Team (CIT) training schools for local police, corrections and probation officers. Over 200 local law enforcement officers have been trained since program inception; and,
- DMH’s CIT training program was selected by Crisis Intervention Team International and Sunovion Pharmaceuticals, in collaboration with the Epilepsy Foundation of NENY, as 1 of 4 cities nationwide to receive a day-long Advanced CIT training for graduates of the 40-hour school referenced above; and,
- DMH continued to work with local and state partners to develop the framework for a Mental Health Court.
- As part of the Governor’s Medicaid Redesign initiative and NYS’s Delivery System Reform Incentive Payment (DSRIP) program, DMH collaborated with its local DSRIP partner, Better Health for NorthEast New York (BHNNY) to expand DMH’s Mobile Crisis Team (MCT) to 24-hour operation, and to increase transitional care management and transportation supports for DMH clinic patients post-hospitalization in order to reduce unnecessary hospital readmissions and ED visits whenever possible.
- In anticipation of/preparation for upcoming Federal healthcare reform that will shift Medicaid fee-for-service to a Value Based Payment (VBP) system of reimbursement by 2020, DMH increased the use of behavioral health and physical health outcome measurements as well increased the promotion of optimal health and wellness among those served by DMH in order to insure a smooth transition and continued competitiveness in changing healthcare market.
- To further its advantage in the changing healthcare environment, DMH joined the Care Transitions Network for People with Serious Mental Illness, operated by the National Council for Behavioral Health in partnership with the NYS Office of Mental Health, in order to collaborate with national industry leaders creating new and replicable models of care for vulnerable populations and assisting providers move into value-based payment arrangements. DMH is 1 of only 7 community behavioral health organizations in NYS to take advantage of this opportunity.
- DMH participated in two community forum panel discussions hosted by the County Executive’s Office addressing School Violence along with state and local mental health, education and law enforcement experts.
- DMH, in collaboration with Albany County DOH and the County Executive’s Office, continued to co-chair the Albany County Opiate Task Force comprised of local leaders, experts and advocates in behavioral health, public health and law enforcement in order to shape a comprehensive local program to address the heroin epidemic:
- Continued to co-host, with Albany County DOH, monthly Naloxone (NARCAN) training for community members. Training provided by Catholic Charities’ Project SafePoint; and,
- Received NYS OASAS funding award to develop a 24/7 Open Access and Engagement program to enhance local addiction services across a 7-county Capital Region footprint, in partnership with the Addictions Care Center of Albany (ACCA) and Catholic Charities’ Project SafePoint; and,
- Received NYS OASAS funding award (in collaboration with the NYS Conference of Local Mental Hygiene Directors; the NYS Sheriff’s Association; and, the NYS Association of Counties) to enhance jail-based substance use disorder treatment and transitional services in partnership with the Albany County Sheriff’s Office.
- DMH’s Mobile Crisis Team (MCT), in its third decade of operation, expanded its services to 24/7 and continued its daily collaborative work with local law enforcement agencies and local hospitals, providing psychiatric emergency and diversion services to individuals experiencing mental health crises anywhere in Albany County.
- DMH continued strengthening linkages with Albany County Health & Human Service Cluster departments and related inter-departmental initiatives (e.g., NY Connects; LTCC; etc.)

## MENTAL HEALTH 4230, 4310, 4322

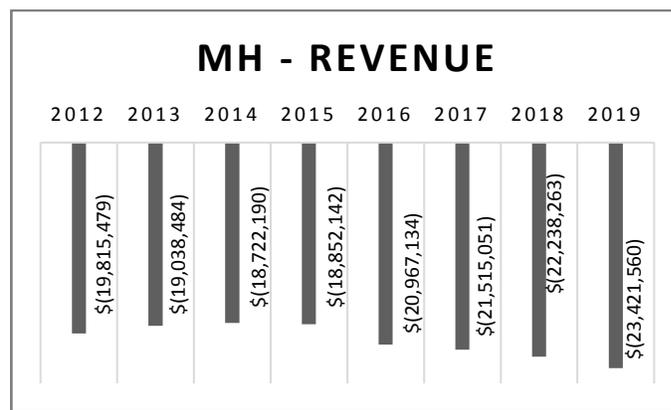
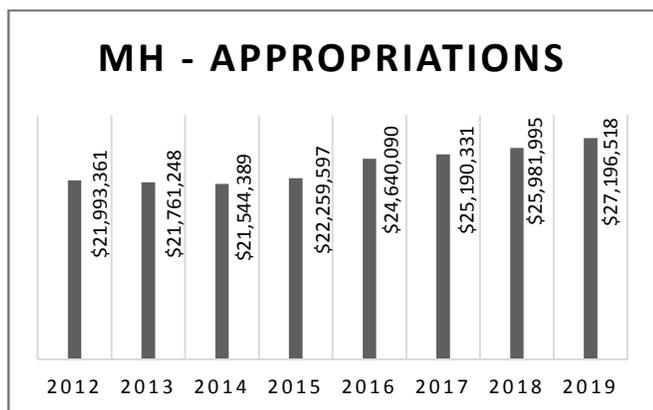
- DMH began partnership with the Joint Terrorism Task Force (JTTF) of the FBI's Albany Field Office providing mental health consultation and liaison services.
- DMH continued its commitment to training future human service professionals and provided internship opportunities for 26 students-in-training in the fields of social work, psychology, nursing and medicine.
- DMH continued its partnership with the Albany Police Department (APD) through participation in multiple community initiatives (policy and operations) designed to reduce recidivism and improve quality of life for individuals with behavioral health challenges (i.e., Law Enforcement Assisted Diversion/LEAD; Gun Involved Violence Elimination Multi-Disciplinary Team/GIVE MDT); and, contributed to local efforts to improve relationships between law enforcement and the community by providing mental health consultation and liaison services to the Albany Law Enforcement Resolution Team (ALERT).
- DMH's Quality Care unit continued multi-pronged efforts to assure quality services, fiscal responsibility and compliance with all regulatory requirements – i.e., incident management, corporate compliance, Continuous Quality Improvement (CQI), internal audits, contract agency site visits, staff training and technical assistance, consumer advocacy, satisfaction surveys, and complaint resolution.
- The Patient Services Coordinating Committee (PSCC), a collaboration of community stakeholders led by DMH serving high-need/high-risk individuals living with behavioral health challenges, continued to successfully decrease dependence upon emergency services, improve quality of life, and reduce costs – i.e., 185 individuals served since program inception (2005) with total cost savings of \$2,201,711 to date; currently 18 active cases.
- DMH continued its participation in the "Refugee Roundtable", a local collaboration assisting the U.S. Committee for Refugees & Immigrants (USCRI) committed to serving immigrants and refugees resettling in the Capital Region. DMH provides mental health services to approximately 12 non-English speaking individuals.
- DMH, through its Single Points of Access (SPOAs) for Housing, for Case Management and for Clinic Services continued to insure that those individuals most in need were prioritized to receive safe and affordable housing opportunities as well as necessary and timely case management and clinical services.
- DMH, having been designated a Vital Access Provider (VAP) for community mental health clinic services in 2015 by NYS OMH, completed implementation of a multi-year grant in 2018 that included upgrading and enhancing DMH's electronic billing system; upgrading and enhancing DMH's electronic health record; strategically adding clinic staff focused on engaging and retaining patients; as well as initiating organizational efficiencies and enhancements designed to strengthen infrastructure, assure fiscal stability and sustainability, improve access for patients and enhance the overall quality of services (e.g., Same Day Access; Just-In-Time Prescribing; improved call center management; fiscal and clinical dashboards; electronic reporting from labs expediting test results; electronic document signatures; outcome measurement; etc.).
- Introduce evidence-based clinical screening tools (e.g., DLA-20) that further standardize clinical assessment and treatment as well as allow for improved capture of patient data and analysis of performance metrics.
- DMH, in collaboration with Albany County DOH, DCYF and the County Executive's Office, continued to work with state and local partners to address suicide in our community.
- Clinical and community services provided (2017 data) – 881 adult clinic cases; 303 "walk-ins" assessed at clinic; 260 individuals seeking assistance screened, triaged and referred to community partners; 182 individuals living with chronic mental illness and multiple disabling conditions served by community treatment and care management teams (Assertive Community Treatment/ACT; and, Health Home Care Management); 188 individuals screened for alternatives to incarceration through jail diversion programs; 938 mobile crisis assessments in the community resulting in 497 successful diversions (53%) from psychiatric crisis unit and/or inpatient psychiatric hospitalization and/or incarceration; 1463 cases assessed and referred for substance use treatment by Central Management Unit; at the correctional facility mental health unit 591 treatment cases (+16%), 2540 "constant observation/enhanced supervision" cases (+24%), and 9518 total inmate/patient contacts from all sources (+10%); 171 court-ordered evaluations including competency examinations; and, 807 mental health community housing opportunities monitored; 274 "returning citizens" successfully assisted by the Re-Entry Task Force in their efforts to re-integrate into their communities post-state prison release; 115 Assisted Outpatient Treatment(AOT)/Kendra's Law cases investigated, processed and monitored; provided Crisis Intervention Team (CIT) training to 61 local law enforcement officers; and, 198 SAFE Act reports responded to and processed.

# MENTAL HEALTH 4230, 4310, 4322

- DMH continued to monitor and manage over \$16 million in state aid funding contracts (OASAS, OMH and OPWDD) covering 26 community agencies and 77 separate behavioral health programs.

## CHALLENGES

- Increased demand for services continues to strain resources across all DMH units as a consequence of institutional changes and downsizing across the state in prisons and psychiatric centers; inadequate federal and state funding for human services in general and behavioral health services in particular; increased emphasis on the relationship between mental illness, violence and criminal justice involvement; a general decrease in the availability of psychiatric prescribers throughout the local system of care; and, increased demand for services as a result of the ongoing heroin/opiate epidemic.
- Increased competition among state and local human service providers for an increasingly diminished workforce.
- Increasing service levels/caseloads in order to meet fiscal targets as reimbursement and funding streams change and diminish overall.
- Numerous unfunded state mandates continue to require significant clinical, programmatic, technological and operational resources in order to meet associated requirements (i.e., NYS SAFE Act; Assisted Outpatient Treatment (AOT)/Kendra's Law; Justice Center regulations governing incident management and hiring; changing/evolving roles for DMH employees and increased caseloads associated with Health Homes; etc.).



## 2019 GOALS AND PERFORMANCE TARGETS

- DMH will continue to work with local behavioral health partners and community providers to increase recovery supports for individuals living with chronic behavioral health conditions so that they can attain meaningful improvement in quality of life and overall health, renewed connection to the community, and lasting recovery so that personal goals can be achieved.
- DMH will continue to provide two annual Crisis Intervention Team (CIT) trainings for local law enforcement agencies.
- DMH will integrate the functions of the Single Points of Access (SPOAs) for Housing, for Case Management and for Clinical Services in order to better and more seamlessly insure that those individuals most in need are prioritized for these services and receive timely access.
- DMH will continue collaboration with local DSRIP networks.
- DMH will continue strategic collaboration with DOH to address emerging mental health/public health concerns (e.g., heroin/opiate epidemic; tobacco cessation; suicide prevention; etc.); and, continue to work with community stakeholders to reduce use/misuse of prescription and illicit opiates; reduce tobacco use among the mentally ill; and, reduce suicide.
- DMH will continue participation in Capital District Physician's Health Plan (CDPHP) "incentive payment" pilot projects in order to attain quality of care improvements as well as increase readiness for value based payment reform.
- DMH will continue to work with and encourage community partners and providers to increase availability of proven treatment strategies for individuals struggling with substance use disorders to include increased Medication Assisted Treatment (MAT) options.
- DMH will continue to develop innovative alternatives to incarceration for individuals living with mental illness (e.g., mental health court) in order to avoid unnecessary involvement with the criminal justice system whenever possible.

# MENTAL HEALTH 4230, 4310, 4322

- DMH's Housing Unit will continue to establish additional housing resources and opportunities for persons with multiple disabilities in collaboration with local community partners.
- DMH will continue strategic collaboration and coordination of mental health services with DCYF.
- DMH programs serving individuals who have historically been unsuccessful engaging traditional modalities of mental health treatment (e.g., ACT team; Health Home Care Management) will continue to attain patient outcomes reflecting improved overall functioning in the community.
- DMH's Quality Care team will continue to conduct bi-annual internal audits of DMH services to include corporate compliance reviews, utilization reviews, and critical incident reviews; will continue to integrate findings into ongoing Continuous Quality Improvement (CQI) efforts; and, will continue routine external reviews of contract agencies as needed.
- DMH will capitalize on the successful organizational restructuring of the adult integrated outpatient clinic made possible by the completion of the aforementioned VAP grant and will continue efforts to maximize productivity and revenue, strengthen organizational infrastructure, assure fiscal stability and sustainability, improve access for patients and enhance the overall quality of clinic services.
- DMH will continue to employ administrative monitoring practices designed to address and lessen the costs associated with inmate/patient psychiatric hospitalizations.
- DMH will insure maximum benefit to the community of OASAS grant funding opportunities awarded in 2018 for 24/7 open access and engagement services as well as for jail-based substance use disorder treatment and transition services through collaboration with local partners addressing the opiate epidemic.
- DMH will finalize electronic health record interconnectivity with regional health information systems (e.g., HIXNY) and interoperability with critical partner networks (e.g., Albany County Correctional Facility).

## SUMMARY OF BUDGET CHANGES

- County Share remained the same at \$3,743,732.
- Salaries increased about \$61,000 due to raises for union employees.
- In early 2018, VAP grant funding from NYS OMH ended resulting in a reduction in Revenue and a corresponding reduction in Fees for Service.
- Non-individual personnel, equipment and contractual expenses decreased by \$127,000 due to decreases in inpatient costs, computer fees and fees for services (VAP consultant)
- Revenue decreased by \$66,000 due to a decrease in VAP State and federal aid totaling almost \$300,000 and reduced Health Home billing. Increased Federal Salary Sharing revenue offset most of the reductions in revenue.

DMH services touch the lives of many hundreds of individuals each year who are living with a variety of acute and chronic behavioral health challenges. Often, these services are life-changing; sometimes they prove life-saving. Please find below two brief accounts of such encounters in the words of individuals served by DMH. Names are withheld and circumstances are slightly changed to protect the privacy of those involved:

"I used to come to your facility for mental health treatment back when I was not a U.S. citizen. Albany County Department of Mental Health helped in ensuring I was on the right track. I am writing to keep in contact with the facility and to inform that I finally became a U.S. citizen. It is one of the best things that happened to me. It was a concern back then because I could not get my meds for my treatment and Albany County Department of Mental Health was there for me when it was necessary and made sure that I did not go without it. Now I have health insurance and my life is on a smooth recovery path. So, thanks to Albany County Department of Mental Health."

"I am schizophrenic and have been working with DMH since 2016. My case manager is awesome ... there isn't anything he wouldn't do to help ... and he's just a phone call away. I was incarcerated since age 16 ... and was paroled at 49 years old. I had no idea how society had changed and it was a frustrating, scary re-adjustment but the DMH staff were there for me in so many ways. I could not enumerate all the assistance I needed but here's a few: learning how to ride a bus, learning how to work on a computer, how to use a cell phone (they did not exist in my day), navigating social services, housing (I was in the city mission), how to shop (I got confused and lost as soon as I walked in a store), job hunting, etc. Small things that meant so much. Without DMH I'd be lost right now but the staff taught me to persevere and keep trying until I got it right, to set small goals and things would eventually keep moving for the better. Not as easy as it sounds. I've hit many roadblocks but DMH was there for me. They taught me how to survive out in society, to organize so as not to become overwhelmed. Sometimes it worked and sometimes it didn't but DMH and my awesome case manager were there guiding me and they still do, even when I felt they put me back on track, put the pieces together for me, and pulled me up from my disappointment and frustrations. When I lost every job I tried my DMH team was there prodding me to keep trying until I found that niche which was mine. If they can't give up then how can I? Nothing but accolades. I could never thank you enough, forever in your debt. God bless you as you have blessed me."