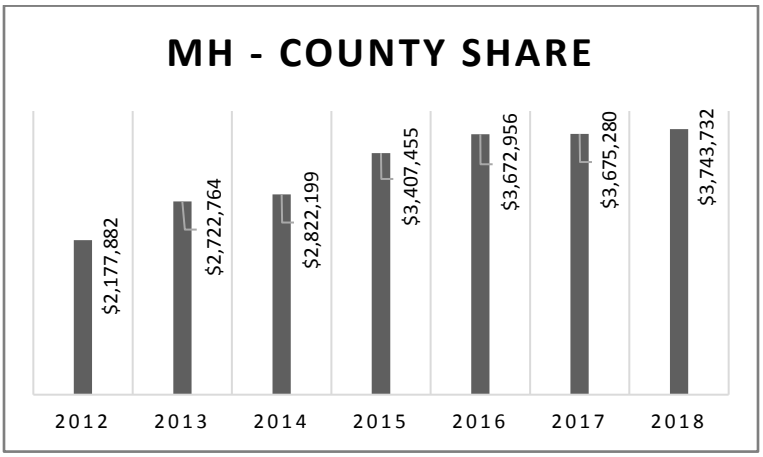
MENTAL HEALTH
4230, 4310, 4322



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 disability.

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 such services.

In order to attain departmental outcomes and accomplish its goals, ACDMH is organized into five major divisions –

- Clinical Operations – 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 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 Management – budget management; revenue cycle management (claims and reimbursement); and, contract management.
- Administrative Services – personnel management; intergovernmental/interdepartmental relations; local planning/ needs assessment; and, coordination of community services
- Informatics and Technology Systems – electronic medical records; clinical and fiscal data management; research and analytics.
- Quality Care (internal) and System of Care Oversight (external): critical incident management; corporate compliance and accountability; outcome/performance measurement; continuous quality Improvement; and, consumer affairs.

2017 ACCOMPLISHMENTS AND CHALLENGES

- 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:
    - The Suicide Prevention Task Force and the Suicide Prevention Education Committee developed a Postvention Suicide Response Team, comprised of multiple local stakeholders, to address the needs of individuals and families who have experienced the loss of a loved one.

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- DMH, in collaboration with Albany County DOH and the County Executive's Office convened an 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,
    - Developed two new programs and contracted with community partners: i) Family Navigator program (to assist families access care and treatment for loved ones) contract with the Addictions Care Center of Albany/ACCA; and, ii) Peer Engager program (to assist individuals in local emergency departments post-overdose) contract with Catholic Charities' Project SafePoint.
- DMH continued its implementation of the Sequential Intercept Model (SIM), an evidence-based and nationally-recognized model that identifies mentally ill individuals at crucial points in the criminal justice system in order to divert them, whenever possible, from unnecessary incarceration:
    - DMH, in collaboration with the Albany Police Department, the VA Hospital and UAlbany, led two Crisis Intervention Team (CIT) training schools for local police, corrections and probation officers. A total of 137 officers graduated since program inception; and,
    - DMH continued to work with local partners to develop the framework and launch a Mental Health Court.
- As part of NYS's Delivery System Reform Incentive Payment (DSRIP) program and Medicaid Redesign initiative, DMH collaborated with local partners to expand the scope of its "integrated" adult behavioral health clinic to include physical health services in order to better address the needs of those living with chronic mental illness, substance use and physical health challenges; and, developed expanded Mobile Crisis Team resources.
- DMH, working with NYS OMH and nationally recognized behavioral health organizational experts, developed and implemented clinic service delivery mechanisms/ strategies designed to maximize effectiveness and efficiency.
- DMH continued its commitment to training future human service professionals and provided internship opportunities for 23 students-in-training in the fields of social work, psychology, nursing and medicine.
- DMH, recognized in 2015 by local leaders in health care for "exemplary leadership, commitment, and progress in making organizational changes that support tobacco-free living for people living with mental illness", continued its tobacco-free initiative throughout all clinical units; and, was identified as a "model champion agency" in a multi-county initiative to combat the disproportionate tobacco use among individuals with mental illness across the region.
- DMH's mental health unit at the Albany County Correctional Facility attained National Commission on Correctional Healthcare (NCCHC) re-accreditation.
- DMH's Mobile Crisis Team (MCT), in its third decade of operation, 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.]
- DMH, in partnership with the Albany County Sherriff's Office, implemented a department-wide emergency notification system for employees.
- DMH, through its Single Point of Access (SPOA) for Housing, continued to insure that those individuals with chronic mental illness, homeless individuals with disabilities, and high-risk Medicaid recipients assigned to the local/regional Health Home living with multiple mental and physical disabilities were prioritized to receive safe and affordable housing opportunities.
- DMH sponsored its 5th annual Mental Health Wellness Fair providing health and wellness education and prevention resources to individuals living with mental illness in the community. 12 community partners/vendors participated along with over 120 attendees.
- [DMH continued its partnership with the Albany Police Department through participation in multiple community initiatives (policy and operations) designed to reduce recidivism and improve quality of life for individuals with behavioral health challenges (Law Enforcement Assisted Diversion/LEAD; Gun Involved Violence Elimination Multi-Disciplinary Team/GIVE MDT); and, through informational community presentations provided to the Albany Community Policing Advisory Committee (ACPAC) and the Civilian Police Review Board (CPRB).]

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- 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.
- DMH, having been designated a Vital Access Provider (VAP) for community mental health services in 2015 by NYS OMH, continued implementation of a multi-year grant in 2017 to include the upgrade and enhancement of the electronic billing system; the upgrade and enhancement of the electronic health record from a Linux-based platform to a web-based and remotely accessible system; the strategic addition of clinical staff focused on engaging and retaining patients; and, 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., fiscal and clinical dashboards; electronic reporting from labs expediting test results; electronic document signatures; etc.).
- 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., 156 individuals served at least 1 year since program inception (2005) with total cost savings of $2,105,611 to date; currently 19 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 10 non-English speaking individuals.
- DMH participated in Value Based Payment (VBP) planning and reform efforts through collaboration with local, regional and state partners preparing for statewide transformations in service delivery and reimbursement.
- Recipients served (2016 data) – 856 adult clinic cases; 286 "walk-ins" assessed at clinic; 798 individuals seeking assistance screened, triaged and referred to community partners; 186 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); 121 individuals screened for alternatives to incarceration through jail diversion program; 930 mobile crisis assessments in the community resulting in 486 successful diversions (52%) from psychiatric crisis unit and/or hospitalization and/or unnecessary incarceration; 1563 cases assessed and referred for substance use treatment by Central Management Unit; at the correctional facility mental health unit 511 cases treatment cases, 2050 "constant observation/enhanced supervision" cases, 179 court-ordered evaluations including competency examinations, and 8,620 total inmate/patient contacts from all sources; 787 mental health community housing opportunities monitored; 282 "returning citizens" assisted by the Re-Entry Task Force in their efforts to re-integrate into their communities post-incarceration; and, 85 Assisted Outpatient Treatment(AOT)/Kendra's Law cases investigated, processed and monitored.
- DMH continues to monitor and manage over $14 million in state aid funding contracts (OASAS, OMH and OPWDD) covering more than 25 community agencies and over 80 separate behavioral health programs.
- DMH responded to and processed 183 SAFE Act reports in 2016.
- 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.
- 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 roles for employees and increased caseloads associated with Health Homes; etc.).
- Increasing service levels/caseloads in order to meet fiscal targets as reimbursement streams change (i.e., reduced Health Home rates; elimination of Medicaid add-on COPS clinic funding; general reduction in reimbursement rates as the behavioral health system has shifted to managed care; multiple and increased regulatory demands; etc.).
- Increased competition among state and local human service providers for an increasingly diminished workforce.

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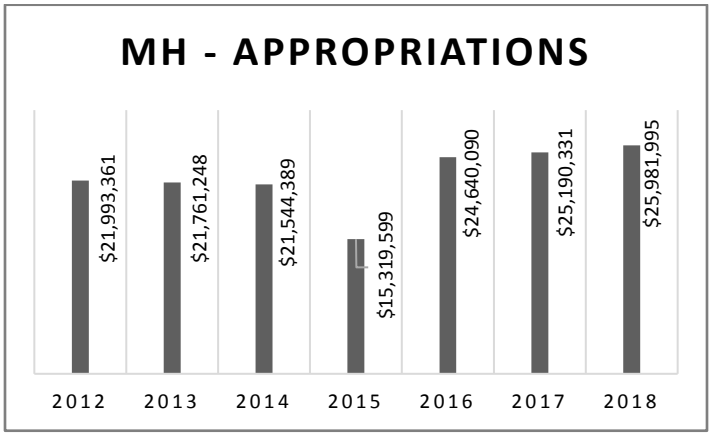

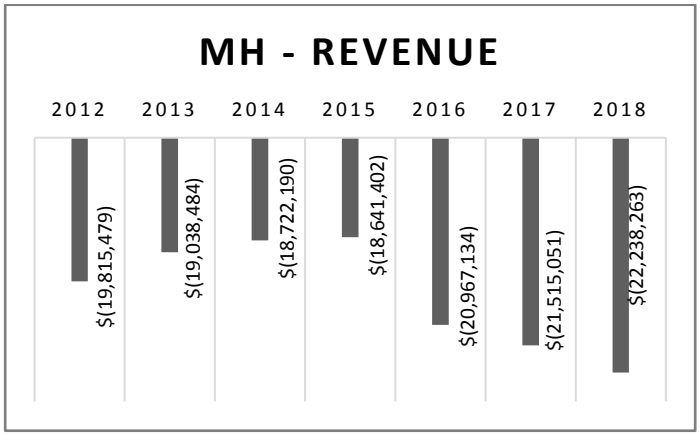

2018 GOALS AND PERFORMANCE TARGETS

- Continue to work with community partners and 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.
- Further enhancement of DMH's Electronic Health Record (EHR) capabilities to include integration with commercial insurance services to monitor patient coverage daily; networking with the local Regional Health Information Organization (RHIO), the Health Information Exchange of NY (HIXNY), to promote rapid patient information exchange; development of a "patient portal" for messaging and scheduling; and, creation of "e-lab" reporting to insure rapid sharing of lab results.
- Continue to provide two Crisis Intervention Team (CIT) trainings for police, corrections and probation officers.
- Introduction of a "real-time" fiscal dashboard to optimize revenue-cycle management practices.
- Continue collaboration with local DSRIP networks.
- 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.
- Collaborate with Capital District Physician's Health Plan (CDPHP) in an "incentive payment" pilot project in an effort to attain quality of care improvements and also increase readiness for Value Based Payment environment.
- Continue to work with community partners and providers to increase availability of proven treatment strategies for individuals struggling with substance use disorders to include increased Medication Assisted Treatment options.
- Continue to develop alternatives to incarceration for individuals living with mental illness in order to avoid unnecessary involvement with the criminal justice system whenever possible.
- Introduce evidence-based screening tools and performance metrics that further standardize assessment and better capture patient improvement data.
- DMH's Housing Unit will continue to establish additional housing resources for persons with multiple disabilities in collaboration with local community partners.
- 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 patient functioning and increased days (>90%) spent successfully in the community (i.e., not hospitalized; not incarcerated).
- 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.

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- DMH will continue to prioritize highest need and highest risk individuals, through DMH's Single Points of Access (SPOA) for Clinical Services, Care Management and for Housing, to assure timely access to services.
- 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 services.
- DMH will continue to employ administrative monitoring practices designed to address and lessen the high costs associated with inmate/patient psychiatric hospitalizations.
- Expand DMH involvement with providers of intellectual and/or developmental disability services.
- Collaborate with community partners in pilot initiative to assist individuals who struggling with hoarding.

SUMMARY OF BUDGET CHANGES

- In early 2018, VAP grant funding from NYS OMH will end resulting in a reduction in revenue and a corresponding reduction in Fees for Service.
- NYS OASAS will cut $89,582 in 2018 funding previously utilized for CMU/Drug Court programs.
- Overall "county share" increased approximately 2.5% from $3,675,280 to $3,770,295. The overall increase of $89,582 can be largely attributed to the aforementioned loss of OASAS funding.

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 a brief account of one such encounter. Names are withheld and circumstances are slightly changed to protect the privacy of those involved:

R. receives counseling and pharmacotherapy at ACDMH's Integrated Behavioral Health Clinic where he has been treated for Post-Traumatic Stress Disorder (PTSD) since 2014. Initially from Iraq, he is a combat veteran who witnessed war-related atrocities and experienced considerable trauma, helplessness and horror. Living in constant fear of persecution, R. moved to the U.S. with his wife and family in 2014 via the Refugee Resettlement Program. Initially, he described experiencing intrusive memories, nightmares and flash backs related to the trauma which resulted in disturbances in overall functioning taking the form of anxiety, depression and social withdrawal. At times, his symptoms were debilitating and caused him to feel unsafe and too afraid to leave his home for days at a time. R. was receptive to mental health treatment, interpreter services were provided (as his primary language is Arabic), he was prescribed medication to address his symptoms, and a safe counseling environment was provided for him to share his traumatic memories and associated feelings. Counseling helped him become mindful of his fearful reactions and learn to calm himself when panicked. Over time, periods of social withdrawal decreased and R. became more competent at managing those situations that triggered his symptoms. Today, R. no longer lives in perpetual fear and he is able to connect with others much better. He is physically and emotionally present in his family's lives and even describes helping new refugees in the Capital District who are in need. His concentration has improved, he has become more proficient at speaking and understanding English and he is now looking for work. On multiple occasions, R. has expressed gratitude for the mental health services he has received from ACDMH.