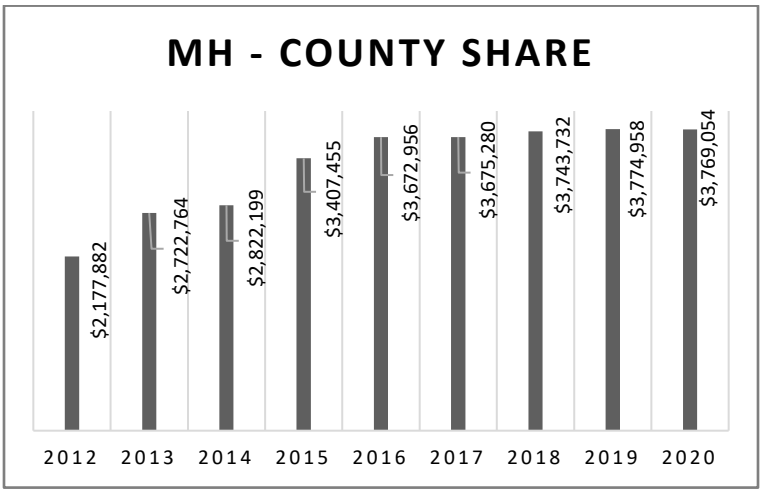
ALBANY COUNTY OFFICE OF MENTAL HEALTH
4230, 4310, 4322



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 direct provision of counseling and therapy, care management, crisis and psychiatric services to adults living with behavioral health challenges (i.e., mental health and/or substance use disorders); and, through state-aid funding contracts with local agencies/programs providing direct 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 and/or oversee an array of community services (i.e., the Assisted Outpatient Treatment (AOT) program for court-ordered individuals as a provision of Kendra's Law; the 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 either through 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 include the adult integrated behavioral health outpatient clinic for mental health and/or substance use disorders; the jail mental health "satellite clinic" treatment; mobile crisis services; community mental health/criminal justice services, including AOT, jail diversion and prison re-entry; the Health Home care management program; the Assertive Community Treatment (ACT) program; Single Points of Access (SPOAs) for clinical, care management and community-based housing services; the Central Management Unit (CMU) for substance use services; and, peer support and advocacy.

Fiscal Operations – budget management; revenue cycle management (claims and reimbursement); state-aid funding contract management; and, new initiative planning, development and operations as they relate to fiscal matters.

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

Informatics and Technology Systems – clinical and fiscal data management; electronic health/medical record systems development and maintenance; regional systems interconnectivity; research, outcomes and analytics.

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

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2019 ACCOMPLISHMENTS AND CHALLENGES

- DMH launched an Emergency/Disaster Mental Health Team (EDMHT) to respond to the mental health needs of Albany County residents who have experienced trauma as a result of a serious emergency and/or disaster. A collaboration with the local NENY Red Cross Disaster Management Team was also developed.
- DMH expanded the scope of its Mobile Crisis Team (MCT) to include mobile response and outreach to assist opioid overdose survivors.
- Completed initial phases of planning and development for embedded pharmacy to be co-located with the adult integrated behavioral health clinic designed in order to improve overall patient care and medication adherence.
- Completed initial phases of connection to the Health Information Exchange of New York (HIXNY) allowing for secure access and sharing of vital patient data/information, with patient consent, in order to better manage patient care.
- Completed initial phases of integrating of DMH's electronic medical record with the newly developed medical information management system at the Albany County Correctional Facility (ACCF) in order to facilitate collaborative and improved care of inmate patients.
- Implementation of "auto-attendant" telephone system to improve call-center management, streamline front-office functionality, and enhance overall DMH/patient interface and implementation of automated reminder ("robo-call") system alerting patients of upcoming appointments and increasing the number of kept appointments.
- DMH integrated three previously separate and distinct Single Point of Access (SPOA) interface points with the community into an Integrated SPOA that addresses the Clinical, Case Management and Housing needs of individuals seeking services in a more efficient, holistic and clinically responsive manner.
- DMH continues to identify new, safe and affordable housing opportunities for patients living with mental health challenges and entered into an informal partnership with DePaul allowing for access to 40 new project-based apartments for homeless individuals with serious and persistent mental illness.
- 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).
- 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 award to develop a rural nexus of operations co-located at the Albany County Center for Essential Supportive Services, ACCESS Hilltowns, to provide addiction information and education, confidential assessment and counseling, as well as to serve as the rural base for mobile outreach; and,
    - -Received NYS OASAS award to sponsor 10 individuals seeking to become Certified Recovery Peer Advocates in order to enhance the workforce fighting the opioid epidemic; and,
    - -Joined the Hearst Corporation's Prescription for Progress initiative addressing the opioid epidemic.
- Introduced evidence-based clinical screening tools (e.g., DLA-20) to assist clinical staff and further standardize clinical assessment and treatment allowing for improved patient data collection, enhanced analysis of performance metrics and improved overall quality of patient care.
- DMH, in collaboration with Albany County DOH, DCYF and the County Executive's Office, continued to work with state partners and local stakeholders to address suicide in our local community.
- DMH established a Wellness Committee, in collaboration with CSEA, which encourages on-site and off-site wellness activities designed to improve the health and morale of the workforce.
- 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., 196 individuals served since program inception (2005) with total cost savings of $2,658,476 to date; currently 28 active cases.

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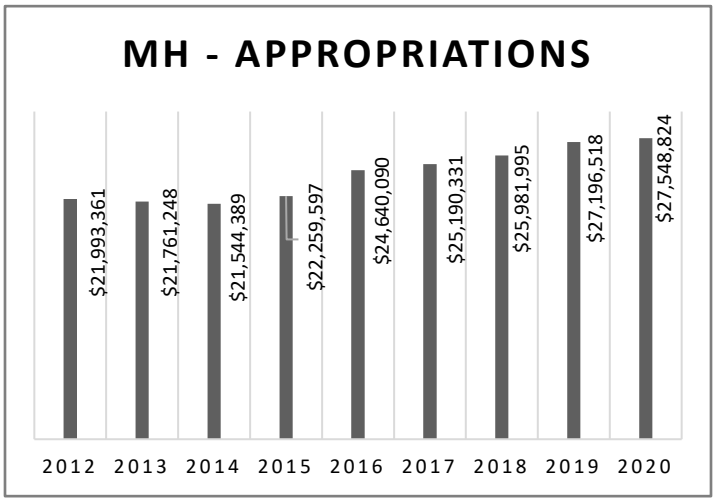
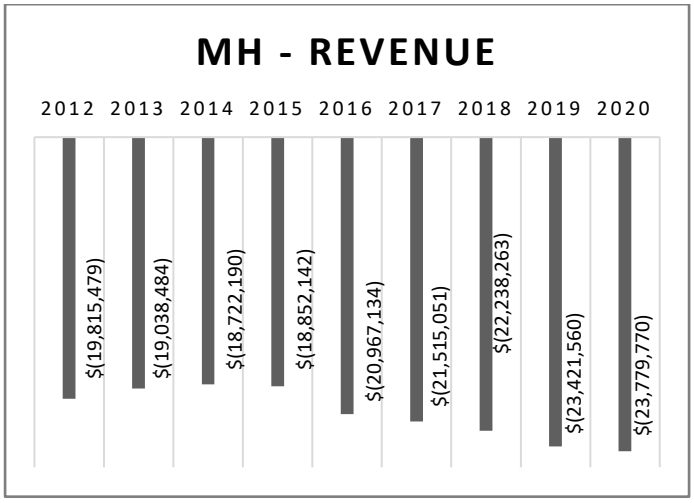
CHALLENGES

The challenges facing ACDMH on a local level have remained relatively static in recent years and reflect similar challenges faced across the state and, in many instances, across the nation:

- Increased demand for services strains resources across all DMH units as a consequence of institutional changes and continued downsizing in psychiatric centers and prisons across the state.
- Inadequate federal/state funding for human services overall and for behavioral health services in particular.
- Increased emphasis on the interface between mental illness, violence and criminal justice involvement.
- Limited availability of psychiatric prescribers throughout the local system of care, particularly for youth.
- Consequences of the ongoing opioid epidemic strain all community health and mental health resources.
- Increased competition among state/ local human service providers for an increasingly shrinking workforce.
- A myriad of unfunded state mandates continue to strain clinical, programmatic, technological and operational resources in order to meet 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.).





2020 GOALS AND PERFORMANCE TARGETS

- DMH will finalize implementation of embedded pharmacy to be co-located with the adult integrated behavioral health clinic designed to improve patient care and medication adherence.
- DMH will implement final phase of connection to the Health Information Exchange of New York (HIXNY) allowing for secure access and sharing of vital patient data/information, with patient consent, in order to better manage patient care and will implement final phase of connection to ACCF's medical record system to insure both regional and local interoperability.
- DMH will continue strategic collaboration with DOH to address emerging behavioral 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 and will collaborate in the development of innovative program services (e.g., clinical, housing, etc.) in order to attain quality of care improvements, increase readiness for value based payment reform and address system of care gaps.
- 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.
- 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 capitalize on the successful organizational restructuring of the adult integrated outpatient clinic 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. New initiatives will include creation of a patient portal, development of a "real-time" fiscal dashboard", and eLab reporting.

SUMMARY OF BUDGET CHANGES

- County share remains flat.
- County share has decreased by almost $2 million since 2014.
- Salaries increased about $126,422 due to union step increases and negotiated raises.
- Total appropriations increased minimally – (+ 1%).
- Revenue increased by $183,031 (+2.5%). Innovative partnerships have been developed to offset stagnant State Aid and stagnant billing rates.

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 and sometimes they prove life-saving. Please find below two brief accounts of such encounters. Names are withheld and circumstances are slightly changed to protect the privacy of those involved:

"I am writing this note to let you know how much help your program has been in taking great interest in my (adult) daughter. Since your program has been involved my daughter's case manager has always been there for her concerns and needs. The case manager always returns my calls and gives me help with matters dealing with my daughter. She has made great progress with her coping skills since she has been in the program. I am very pleased with the job the case manager does with my daughter. I am grateful for this help."

CR, a 32-year old female, received counseling and therapy services at DMH's adult mental health clinic for almost three years and recently completed treatment. When she first came seeking assistance she was drinking to excess, using sex as a coping strategy and had a string of unhealthy and unsatisfying relationships. She was an uncertain and insecure parent of a very young child. She had no real friends, no job and no marketable skills. Understandably, she was anxious and depressed, living with family members and unable to express her own needs. By the time she recently completed her counseling and therapy she had completed professional training in a medical tech field and was successfully holding down a job in her chosen trade. She was confident as a parent, living independently, involved in a healthy relationship in which she was able to express her needs and communicate effectively, and was able to set healthy boundaries with friends and family. Importantly, her symptoms markedly diminished as she developed more effective coping skills. She has used the word "happy" to describe herself for the first time in a long time.