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NYSOMH Community Mental Health Grant – Jail Diversion Proposal

Challenge and Local Context

The mission of the Albany County Department of Mental Health (ACDMH) is to ensure that adult residents of Albany County living with mental illness, substance use disorders (SUD), or intellectual and/or developmental disability (as well as their families) 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. ACDMH accomplishes its mission through the direct provision of counseling services, care management services, mobile crisis services and psychiatric services; through contracts with local partners who provide a wide spectrum of behavioral health services; and, through strong community partnerships and collaborative efforts. **Furthermore, ACDMH and her partners' collective efforts are all designed to limit the disproportionate penetration of individuals with serious and persistent mental illness (SPMI) into the criminal justice system.**

In developing this proposal, ACDMH reviewed the continuum of diversion services/opportunities within Albany County – which are fairly extensive and forward-thinking – and sought to identify gaps. The ACDMH and Albany County Department of Probation identified the following jail diversion programs/initiatives, with a nexus to SPMI persons, already in place (not necessarily exhaustive):

- *LEAD (Law Enforcement Assisted Diversion)* - Albany LEAD is a Type I intercept, multi-stakeholder (case managers, community organizations, criminal justice system, treatment providers and social services, etc.) harm reduction-based public health and safety intervention that aims to reorient Albany's approach to SUD, mental health, and poverty-driven contact with law enforcement. LEAD currently operates in a pre-arrest diversion capacity (i.e. at the time of arrest/charge), for individuals with SUD, mental illness, or experiencing poverty who committed an eligible offense, law enforcement will divert them to a case manager and the charge will be dropped. Albany LEAD has recently received a number of grant awards and other funding commitments to substantially boost

case management and program management capacity. The initiative is also exploring Type II intercept referrals and expansion into new jurisdictions within Albany County.

- *Mobile Crisis Team (MCT) /ACCORD (Albany County Crisis Officials Responding and Diverting)* – MCT and ACCORD are Type I intercepts. While MCT relies on referrals from law enforcement (oftentimes after law enforcement has already made contact), residents, or community partners (ERs, Probation, etc.), the ACCORD pilot program (soft launched in the second half of 2021) pairs social workers from the MCT with paramedics from the Sheriff’s EMS Division to respond to situations (e.g., non-violent mental illness and substance use disorder calls, among others) where a law enforcement presence is not paramount and the situation may be more appropriately handled by mental health professionals and/or EMTs. ACCORD also facilitates linkages to continued care. ACCORD has recently received grant funds to continue to expand its geographic footprint within the County, and is undergoing an evaluation by SUNY Albany.
- *Mental Health Court* – The local Alternative Treatment Court is a Type III intercept launched in March 2021. ACDMH, in partnership with Albany City Court and multiple County departments and offices (i.e., Public Defender’s Office, Probation Department, and the District Attorney’s Office), helped stand up the Albany Mental Health Court “pilot” in the 3rd Judicial District. This specialty court was designed to reduce unnecessary incarceration and recidivism for individuals living with chronic mental health conditions and avoid unnecessary incarceration whenever possible.
- *Jail Diversion (City Court)* – A type III intercept housed in Albany City Court, the Jail Diversion Program averages over 80 active cases annually.
- *Specialized mental health caseloads for the Probation Department* – A type II/V intercept, this program has capacity for approximately 100 probationers or pre-trial clients. Officers are trained and have the ability to link clients with mental illness to resources and services. Pre-sentence investigations could lead to referrals to this program i.e., pre-trial evaluation can determine whether clients are eligible for bail or assignment to the pre-trial release program.
- *Specialized mental health peer support groups for Probation Department clients* – A type II/V intercept, and an extension of the aforementioned mental health programming offered by the Probation Department in conjunction with ACDMH.
- *Mental Health Unit at the Albany County Correctional Facility (ACCF; jail)* – A type III intercept, ACDMH’s Jail Mental Health Unit provides screening and assessment services for medical, mental health and suicide prevention services. They engage in limited discharge planning involving basic services that may be put in place as it relates to observed needs of individuals while incarcerated, although post-release follow-up capacity is non-existent.
- *Re-entry Task Force (for Prison Release)* – A type IV/V intercept, Albany County’s Re-entry Task Force was established to increase public safety and reduce recidivism by

developing connections to continued care and community supports that emphasize evidence-based principles and approaches to addressing the needs of qualifying individuals (non OMH) released from State prison.

- *Patient Services Coordinating Committee (PSCC)* – A cross-systems partnership among the local mental health system, human services, and public safety agencies/actors that endeavors to engage individuals with SPMI and complex needs, who are inadvertently also high utilizers of emergency services. To decrease dependence and use of emergency services, the PSCC works to connect clients to wraparound support services. ACDMH recently secured one-time grant funding to pilot the hiring of a dedicated, full-time social worker and peer for the PSCC to begin building more personalized and impactful relationships with clients.

This careful review of Albany County’s local context – underscored by recent investments, new partnerships and pilot programs – has elucidated that there are a variety of diversion opportunities already in effect that run the spectrum of the Sequential Intercept Model (SIM). However, gaps do exist and a comprehensive review of the local system is due.

For example, while the overall ACCF census is declining – due to Bail Reform and a variety of the other diversion efforts in place – the number (as well as proportion relative to the jail census) of individuals served by the ACCF Mental Health Unit has increased in recent years. In 2021 alone, monthly caseload for the Jail Mental Health Unit has averaged nearly 200 individuals. Unfortunately, the individuals remanded to jail – for whom pre-sentence, community-based diversion (as detailed above) is deemed by criminal justice system actors to be inadvisable – are truly those with the most complex needs (i.e., co-occurring health conditions, like SPMI and SUD). Likewise, they are the most at risk for re-offending. Nonetheless they are deserving and in need of the compassionate care that’s provided by the ACDMH Jail Mental Health Unit. While the staff of the ACCF Mental Health Unit are incredibly dedicated to their clients and to building a foundation for success post-release (thereby eliminating future contact with the criminal justice system), they need additional resources to produce better outcomes for clients and minimize the “revolving door” of the justice system that’s occurring in America’s jails, including at the ACCF. A look at ACCF Mental Health Unit admissions data over the past five (5) years, reveals that since January 2017, out of over 2,500 admissions into treatment, nearly 40% were repeat admissions. **Accordingly, the efficacy of the ACCF Mental Health Unit’s services is limited by the reality that they do not have the staffing capacity to engage in comprehensive discharge planning and relationship building with clients pre and post-release.** This is exacerbated by the complexity of their work, high caseloads, and staff burnout/turnover (which is a byproduct of the intensity of their work and caseloads).

To that end, this application/proposal will focus on two components to bolster and guide the development of jail diversion initiatives in Albany County, and bookend efforts already in play:

1. **Develop a robust “jail re-entry” case management model for SPMI individuals**, to include hiring a case manager and peer, in order to reduce recidivism and meet criminogenic needs through relationship building and better connection to community services and supports post-release; and
2. **Undertake a SIM mapping effort with all local partners** having a nexus to the justice system, including formerly incarcerated individuals, to update Albany County’s SIM report (last reviewed in 2014) as many new initiatives are underway and the development of a “behavioral health forensic white paper” will guide continued development and reimagining of how the local criminal justice system interacts with the behavioral health system.

Proposed Solution

The importance of continuing care for individuals released from jail cannot be overstated. The first days and weeks following release from incarceration are when individuals are most vulnerable to fatal overdoses or when they may return to former patterns of unhealthy (or even criminal) behaviors. Re-entry and aftercare are necessary to continue services in a community setting in order to reduce rates of re-incarceration and to save lives. Establishing positive relationships and rapport with clients prior to discharge, serving as a resource for them in the immediate to mid-term (or even long-term on an ad-hoc basis) post-release, and working to better integrate their continued care with community-based providers, probation officers, peer recovery centers, healthcare, and other supportive partners will be the foundation of the Jail Re-entry program ACDMH will develop.

To implement the “jail re-entry” case management model, ACDMH proposes hiring a case manager and a peer to bolster the efforts and impact of the ACCF Mental Health Unit, as well as provide ancillary supports (e.g., bus passes, ride-sharing passes/credits, move-in kits, identification, clothing, etc.) to recently released individuals to minimize barriers to continued treatment. In addition to developing the program in conjunction with ACDMH leadership, the newly hired staff would:

- i. assist the Jail Mental Health Unit successfully implement discharge plans upon inmate re-entry back into the community;
- ii. liaison with (Prison) Re-entry Task Force community stakeholders to maximize inmate success upon jail release;
- iii. assist probationers on specialized mental health caseloads as they re-integrate into community upon jail release;

- iv. assist probationers not remanded to jail (due to bail reform), who otherwise would be placed on specialized mental health caseloads, as they seek community stability; and
- v. liaison with Mental Health Court to assist those individuals moving between jail and court due to court sanctions.

The second part of this proposal is to hire a consultant to guide Albany County and her partners through a comprehensive SIM mapping effort that results in a “behavioral health forensic white paper.” A review of ACDMH documents reveals that Albany County has had three Sequential Intercept Model mapping efforts over the last decade...the first SIM prior to 2010; a second SIM in 2012; and an update to the 2012 Report in 2014. Since 2014, numerous criminal justice initiatives with a nexus to behavioral health have been undertaken locally. **Getting all local system actors together to discuss the current state of affairs, and better understand needs, gaps, and cross-systems interaction through facilitated planning workshops – ultimately culminating in a report with recommendations – will position the entire Albany County community to implement this strategic action plan and guide reform efforts locally.**

Project Goals

Individuals seen by the Mental Health Unit at ACCF receive some form of discharge planning involving basic services that may be put in place as it relates to observed needs while incarcerated. Dependent on an individual’s level of insight and ability to follow through with these referrals will determine if they become linked to community services at the time of discharge. However, due to the high census at the jail combined with an inability to remain connected with these individuals upon release, the degree of supports they receive upon release is limited. Post-release is a crucial time for individuals to receive supports and ensure that services are wrapped around them to decrease the likelihood that symptoms of their illness, including patterns of criminogenic behaviors, may return. Additionally, if they do not follow through with services at that time due to capacity issues or lack of insight, it is likely that they may end up re-incarcerated at some point.

Through the development of a Jail Re-entry program – and having a case manager and a peer dedicated solely to this effort – outcomes would be significantly improved for Mental Health Unit clients leaving jail. **A case manager could provide both “in -reach” while an individual was incarcerated, as well as outreach at the point of release. Linkage to community supports and assistance with follow through would lessen these individuals’ barriers around social determinants of health** including access to housing, treatment, food security, transportation, health insurance (Medicaid) and longer term case management. **A peer – through their lived experience – would offer other much needed support navigating system challenges.** Additionally, collaboration with other County and community supports including the Department of Social Services and Probation would assure additional success through

identification of individuals most in need of these services, as well as access to other resources including cognitive behavioral groups such as Ready Set Work (an evidence based group known to be effective with individuals released back into the community post incarceration). If successful, costs incurred to the system of care would also likely be decreased through reduced incarcerations, use of emergency services, shelters and unnecessary Emergency Room visits.

In short, this project hopes to reduce recidivism (and future criminal justice system contact as a whole) among SPMI populations and the revolving door at the ACCF by engaging in comprehensive discharge planning and building relationships to ensure continuity of care (including primary health care). This effort will complement other diversion initiatives, and it's anticipated that approximately 200 individuals treated by the ACDMH Jail Mental Health Unit will benefit from the re-entry program, and hopefully reduce future contact with the criminal justice system, during the grant's period of performance.

The secondary focus on **SIM planning will help Albany County and her partners identify resources, gaps in services, and inefficiencies/unrealized partnerships at each intercept point and develop a local strategic action plan to guide program design and resource investment.**

Intercept Points

The Jail Re-entry program will touch both Type III and IV intercept points, since the goal is to provide both "in-reach" while an individual is incarcerated to develop connections (as well as working directly with ACCF Mental Health Unit psychologists, psychiatrists, social workers, and CASACs), as well as outreach at the point of release. Further, when working with probationers not remanded to jail (due to Bail Reform), that could be categorized as a Type II intercept.

Sustainability

Albany County has undertaken extensive searches and applications (both successful and unsuccessful) for funding diversion initiatives at various SIM intercept points (as detailed in the "Challenge and Local Context" section of this application). Examples include: Community Development Block Grant-CARES (CDBG-CV); Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP); Federal Community Project funding; State Opioid Response grant; lobbying Albany County's State and Federal delegations; and even exploring increases to County appropriations for these initiatives (albeit this is challenging due to NYS' 2% tax cap and political challenges associated with passage through the County Legislature and budgetary process). **However, there continues to unaddressed needs and gaps in services related to jail diversion and reducing recidivism along the totality of SIM intercept points – i.e., jail re-entry – that continue to be under-funded and under-resourced (contrary to prison re-entry).**

It's entirely possible that there may be State or Federal funding in the future for continued development or furtherance of the initiatives in this proposal. However, the immediate need in Albany County (in some instances, even a matter of life or death) outweighs the opportunity cost of waiting for sustainable funding from the Federal or State governments. Albany County intends to use these funds as a stopgap and to seed expansion of a jail re-entry program while it continues to pursue measures to ensure their viability after 12 months.

ACDMH recognizes that the greatest need that exists within the local behavioral health system is capacity. If there were more caregivers within Albany County's behavioral health ecosystem, embedded within the appropriate agencies, more people could access or be connected to the services they need. Continued funding for salaries of the jail re-entry program staff beyond the grant, whether through County appropriation or otherwise, will be explored pending a review of the efficacy of these initiatives. Albany County will continue to work with NYS and the Federal government to identify and earmark funds for programs of this nature, but there currently exists an opportunity to demonstrate through a proof of concept the impact of investing in case management and wraparound supports for individuals post-release from jail, which could reduce overall system costs.

There are no pending applications for projects of a similar nature at this time.

Partners: While not necessarily exhaustive, as others may be invited to participate in SIM planning/mapping efforts, this proposal seeks to work with as many governmental, service provider, and community partners as possible, including (in no particular order): Albany County Probation Department; Trinity Alliance; Albany Medical Center; Consumer Advocacy Board; Capital District Psychiatric Center; Homeless & Travelers Aid Society; Albany Police Department; Albany County Department for Children, Youth and Families; St. Peter's Health Partners; Albany VA Medical Center; Albany County Department of Social Services; Albany County Sheriff; Albany LEAD; Albany County District Attorney; and Albany County Public Defender.

Assigned Project Coordinator: The Albany County Department of Mental Health Director Stephen Giordano, Ph.D (email: Stephen.Giordano@albanycountyny.gov) and Deputy Director Cindy Hoffman, LCSW-R (email: Cindy.Hoffman@albanycountyny.gov) will be the project leads. Additional support for contracting, planning, and evaluation will be provided as needed/requested by Senior Policy Analyst Patrick Alderson (email: Patrick.Alderson@albanycountyny.gov) from the Office of the Albany County Executive.

Detailed Budget

Part 1: Jail Re-entry Program	
	Proposed
Personnel (Including Fringe)	
Staff Social Worker - New Hire	\$ 73,226.00
Peer Advocate/Consumer Affairs Specialist - New Hire	\$ 57,454.00
Total Personnel Services	\$ 130,680.00
Equipment	
Laptop (2)	\$ 2,200.00
MiFi (2)	\$ 1,200.00
Cell Phone/Data Plan (2)	\$ 1,000.00
Total Equipment	\$ 4,400.00
Travel	
Client Bus Passes, Transportation	\$ 5,000.00
Staff Mileage	\$ 2,000.00
Total Travel	\$ 7,000.00
Direct Client Services (also see: Travel)	
Move in Kits	\$ 5,000.00
IDS, Clothing, Misc.	\$ 2,000.00
Total Direct Client Services	\$ 7,000.00
Part 1: Jail Re-entry Program Total	\$ 149,080.00
Part 2: SIM Planning	
Consultant to Faciliate SIM and Develop Report	\$ 20,000.00
Workshop Logistics (Catering, Facility, A/V, Parking, etc.)	\$ 5,000.00
Part 2: SIM Planning Total	\$ 25,000.00
Grand Total	\$ 174,080.00