Greene County Mental Health Center

905 GREENE COUNTY OFFICE BUILDING
CAIRO, NY 12413

2023 Annual Report

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& Mental Health Center Staff

INTRODUCTION

The Greene County Mental Health Center is an Article 31 community mental health clinic licensed by the NYS Office of Mental Health. It employs a full contingent of professional staff, including Psychiatrists, Nurse Practitioners, Social Workers, RN's, LPN's and Case Managers. Our staff is dedicated to serving the residents of Greene County struggling with a variety of mental health disorders. Our compassionate and experienced staff members work together to provide a high level, comprehensive system of care that is patient centered.

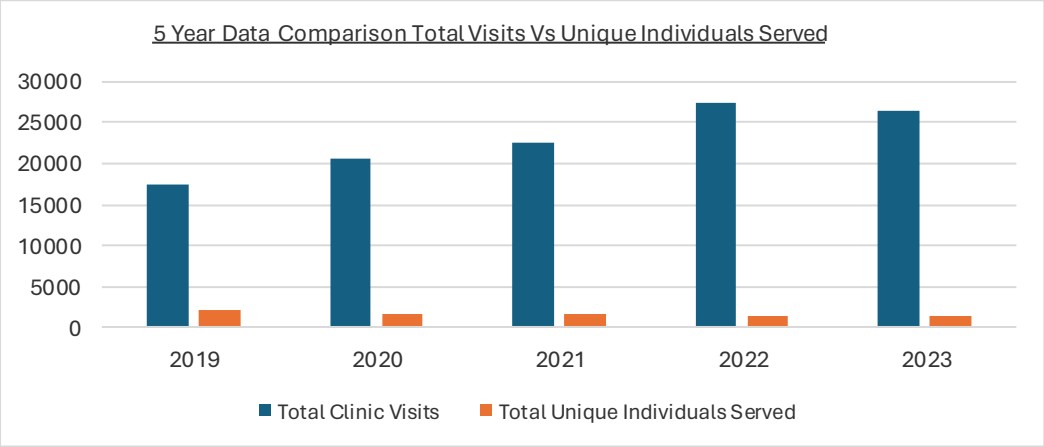
CENSUS INFORMATION

Over the course of 2023, Greene County Mental Health Center (GCMHC) Clinic served a total of 1,508 unique individual clients; 1,052 Adults and 456 Children & Adolescents. We provided 26,436 billable direct service clinical contacts to 851 Females, 655 Males and 2 identifying as Other.

5 Year Census Data Comparison

2019	2020	2021	2022	2023
Total Visits- 17,443	Total Visits- 20,579	Total Visits- 22,547	Total Visits- 27,481	Total Visits- 26,436
Adults – 12,107	Adults – 13,655	Adults-16,548	Adults-19,745	Adults-18,506
Children – 5,336	Children – 6,924	Children-5,999	Children-7,736	Children-7,930
Total Unique Individuals Served 2,115	Total Unique Individuals Served 1,679	Total Unique Individuals Served 1,720	Total Unique Individuals Served 1,536	Total Unique Individuals Served 1,508
Male 46.44%	Male 44.18%	Male 42.85%	Male 42.62%	Male 43.43%
Female 53.56%	Female 55.82%	Female 57.15%	Female 57.19%	Female 56.44%
Unrecorded	Unrecorded	Unrecorded	Other 0.20%	Other 0.13%
Adults 69.4%	Adults 75.5%	Adults 71%	Adults 74.61%	Adults 69.77%
Children 28.76%	Children 24.5%	Children 29%	Children 25.39%	Children 30.23%

5 Year Data Comparison Total Visits Vs Unique Individuals Served



EVALUTION OF 2023 GOALS

Continue to adapt to the provision of mental health services to the changing needs of our community.

The COVID-19 pandemic ushered in sweeping changes in how mental health services are rendered and specifically, the advent of Telehealth services has provided numerous advantages. Greene County Mental Health's adaptation to this has allowed our clients to have the option of Telehealth services, which allows us to, at times, overcome certain obstacles that might otherwise get in the way of treatment. This is especially true for clients who may be homebound, have transportation limitations, or have services that are affected by inclement weather. Having Telehealth as an option has helped in these instances.

The New York State Office of Mental Health and all insurance companies continue to support Telehealth as an option, though insurance companies have become more discerning with which consumers have a recognized need for Telehealth. But overall, we have continued to provide this service whenever indicated.

As time went on though, we have seen a gradual but steady decrease in the demand for Telehealth services. Roughly one-quarter to one-third of our services rendered in 2023 have been through Telehealth. So, while it remains a service that is in demand, the future demand remains uncertain. Regardless, Greene County Mental Health will continue to provide this as necessary and as indicated going forward.

Ongoing focus on workforce retention and development

2023 was a difficult year for Greene County Mental Health's workforce. While 2022 enjoyed being almost fully staffed, we incurred more vacancies throughout 2023. By the end of 2023, GCMH had multiple vacancies for both support staff and clinical staff.

Due to the staffing shortage and the high demand for our services, Greene County Mental Health was unable to meet the needs of our community, which resulted in the clinic having to temporarily pause accepting new non-urgent clients. The clinic continued to take all clients in crisis and hospital discharges, per OMH regulation, but all non-acute new clients were referred out to local providers. It is our hope and plan to return to a full level of functioning once staffing increases and/or the demand lessens to a level that is manageable.

It is important to note that despite being woefully short staffed, the existing staff at Greene County Mental Health has compensated for this in an extraordinary manner. Despite being down multiple providers for most of the year, the existing staff met the demand and provided so many services that the total number of services provided equaled as if we were down only one clinician. Because of this, revenue was also up over what was budgeted. While this is an extraordinary feat for the staff to accomplish, it is a pace and volume that cannot be sustained without risking serious staff burnout and possible staff departures and turnover. Further, ceasing to take non-acute clients results in only the admission of highly acute (i.e., clients who are more challenging and stressful to manage) into the clinic thus creating another kind of burden for the staff. Consequently, this is something which the staff should absolutely be commended for, but it is a staffing situation that desperately needs relief with the addition of new staff.

Continue to address the Opioid Epidemic

This will likely be an ongoing goal for the foreseeable future. Tragically, Greene County is one of the hardest hit Upstate counties by the opioid epidemic. Throughout 2023, Greene County Mental Health continued to join forces with Greene County Public Health, Twin County Recovery Services and the Greene County Sherriff's Office, among other local initiatives and participants, to address the epidemic on multiple fronts.

2024 GOALS

Workforce Retention and Development

As stated earlier, 2023 saw Greene County Mental Health make the difficult decision to temporarily discontinue accepting new, non-acute patients. This is not a position that we, as the County clinic, want to be in. We strive to provide our full range of services to the entire County. It is our workforce shortage, combined with the high demand for our services, that has contributed to a workload demand that is unsustainable at this time. Because of this, workforce retention and development is our highest priority.

Because of the unique nature of our work and the ongoing provision of Telehealth services, we have been able to offer our staff a hybrid work schedule, with the hopes of appealing to an ever-changing potential workforce and new generation of potential workers. It is our hope that this will be just one incentive to attract new workers and to remain competitive in the workforce market.

Incidentally, New York State has also offered numerous funding opportunities for new initiatives and expansion of various services. It is worth noting that it is primarily due to our workforce issues that we have never been able to consider any of these initiatives for Greene County. If we were fully staffed and had an ongoing flow of applications, other opportunities for expansion could be considered. This is also true for our school contracts where we have been approached by school districts in the county who would like us to expand services into their schools. But without worthy applicants and a fully staffed clinic, our attempts to assist the schools have been hindered.

Continue to address the opioid epidemic.

As stated earlier, this will likely be an important and ongoing goal for the foreseeable future. Greene County continues to be significantly affected by the opioid epidemic. While harm reduction efforts (e.g., test strips, Narcan, etc.), remains controversial in some circles, it is largely recognized in research and by professional organizations, including the Conference of Local Mental Hygiene Directors, as an invaluable tool to reduce overdose deaths and to reduce the negative impact of the opioid epidemic. Because of this, it is important that Greene County Mental Health continues to employ broader harm reduction philosophies as well as to practice and promote harm reduction interventions to address this dire concern in our community.

Likewise, GCMH will continue to work with other County Departments and private and community organizations to address this epidemic in a collaborative way and on multiple fronts.

Prepare and plan for new a building for Greene County Mental Health

Greene County Mental Health's current building was built in 1883. While it has enjoyed a long and storied history, in recent years it has required numerous improvements and upgrades and has proven extremely inefficient for the County. Consequently, the County is currently considering constructing a new building for the Department. For this reason, a team of staff members will be established within the Department to assist in the long planning and implementation process for this project.

Explore the options for expansion of children's mental health community-based resources.

We recognize that there is a significant lack of available community-based services for children and adolescents which we believe is an important attribute to the social determinants of health and wellbeing of the children in our county. We want to explore the options of expanding groups in the community to engage children in healthy relationships with their peers and deter them from isolating themselves.

Support the expansion of DWYER Programming

The Mental Health Department will look to incorporate a group specifically tailored to the needs of Veteran caregivers. The purpose of this program is to bring Veteran Caregivers (spouses, children, friends, etc.) together to share resources, provide support to one another and build a stronger more resilient community for our veteran's.

Fiscal Developments

As the Mental Health Department has rolled out of the Public Health Emergency (PHE) brought on by COVID-19 mid-year in 2023 we've now had to overcome many obstacles with ensuring our clients maintain or recertify with their insurance policies as many of these processes were on a hiatus during the PHE. In addition to addressing concerns around supporting our clients with their insurance and coverage related issues, we also had a significant reduction in staffing in 2023.

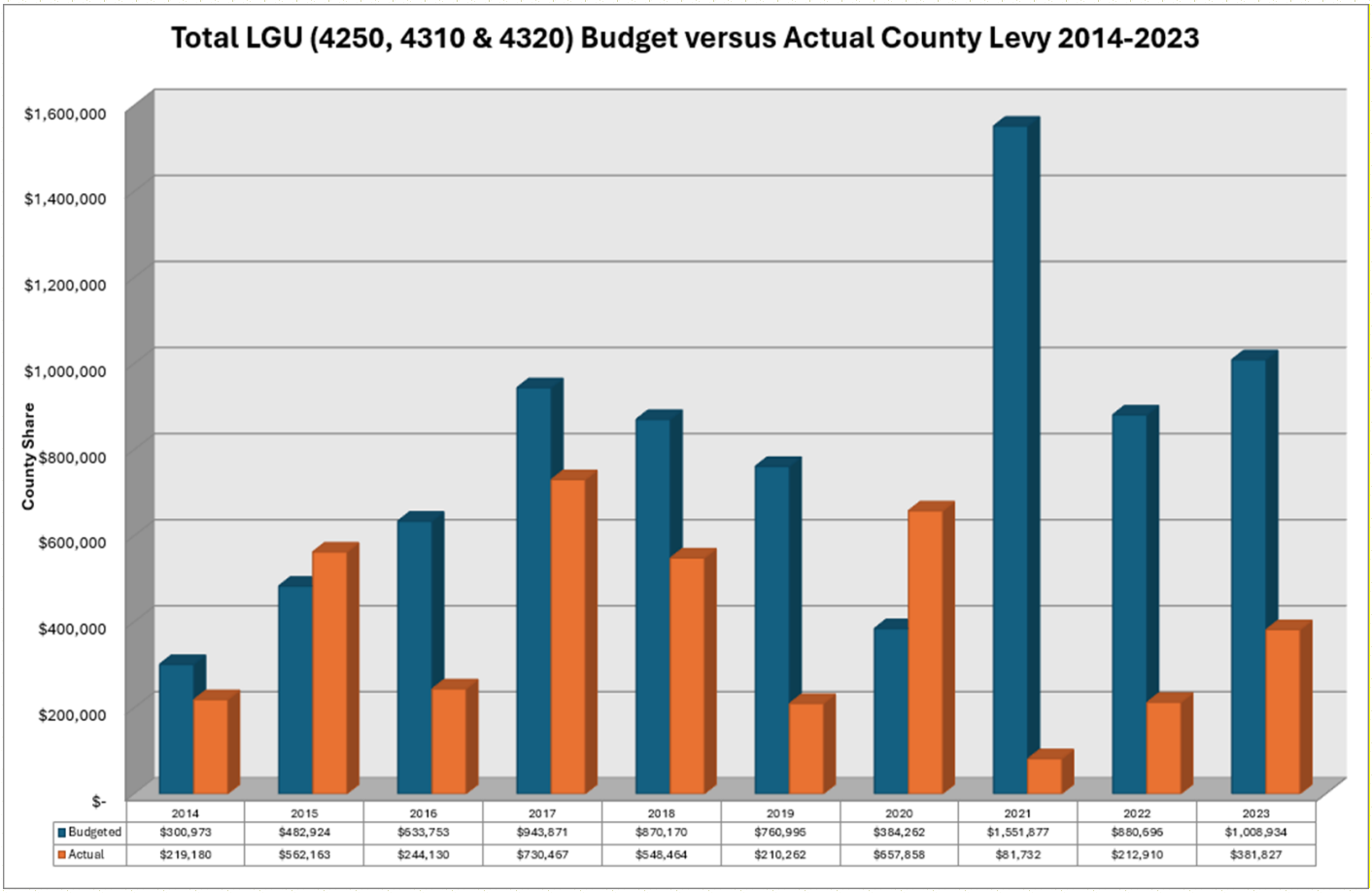
Despite the loss in staffing which resulted in us being down approximately 6 full-time providers by year end, our reduction in service delivery was only the equivalent of 1 full-time provider thanks to the hard work and dedication of our staff. While they continued to provide the maximum care, we were concerned about staff burn out and with that we did need to ensure we took all steps possible to support our staff through hybrid work schedules and flexibility with hours to allow for them to cover their visits to meet the needs of our clients.

The clinic continues to maintain the permanent certification for telehealth in our OMH licensure which provides the ability to maintain flexibility in scheduling in the future. By doing so we can continue to engage well with our clients and meet the needs of our community wherever they may need to be served either in-person at one of our multiple locations or in their homes via telehealth. We have noticed that in 2023 we seen a decrease in usage of telehealth services with only 26.2% of our services rendered via telephone or video. This is a significant change from the early months of COVID when nearly 100% of services were rendered remotely. This change has us wondering what the future of telehealth will look like down the road and why it's important to remain flexible to meet the client's needs.

In 2023, the department's estimated cost (before audited financials are complete) to the county was $189,930.03 approximately $787,328.60 below our anticipated budgeted cost. In addition, the Local Government Unit (LGU) which is comprised of mental health (OMH), substance abuse, addiction (OASAS) and the developmentally disabled (OPWDD) agencies was $627,106.19 under budget combined. Many factors attributed to the department falling under budget which included, an increase in Medicaid Rates for clinic-based services rendered, increase in productivity, and conservative spending.

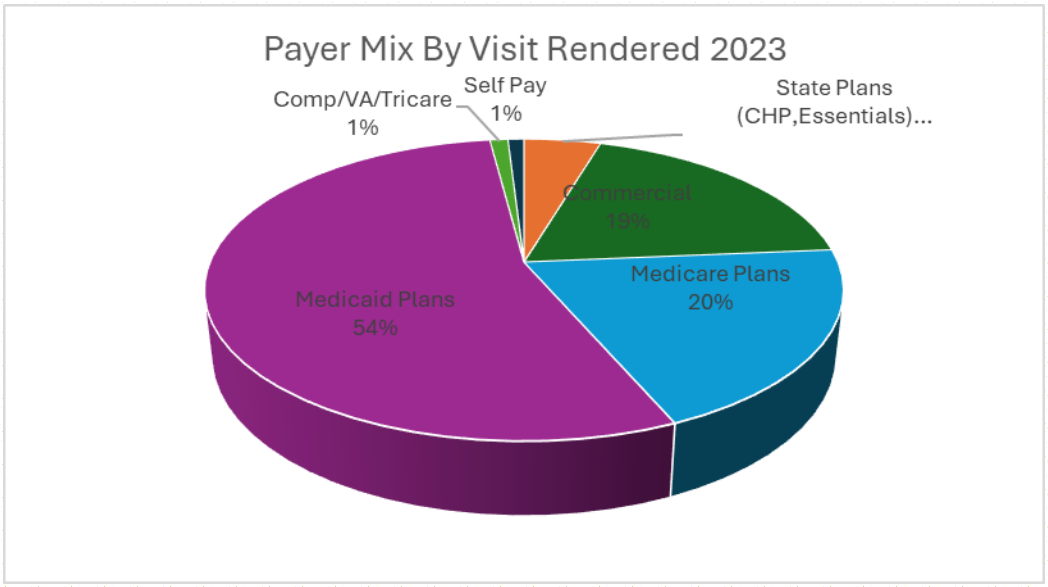
As we continue to navigate the busy field of mental health and the Opioid Epidemic there are ongoing challenges and changes, we face on a daily basis but yet we still continue to balance the provision of evidence based, clinically relevant services while being mindful of the cost burden on Greene County taxpayers. Expected cost concerns for 2024 fiscal year will include increased salary expenses based on recently settled collective bargaining agreement and potential changes to health home care coordination programming that could lead to limited eligibility thresholds.

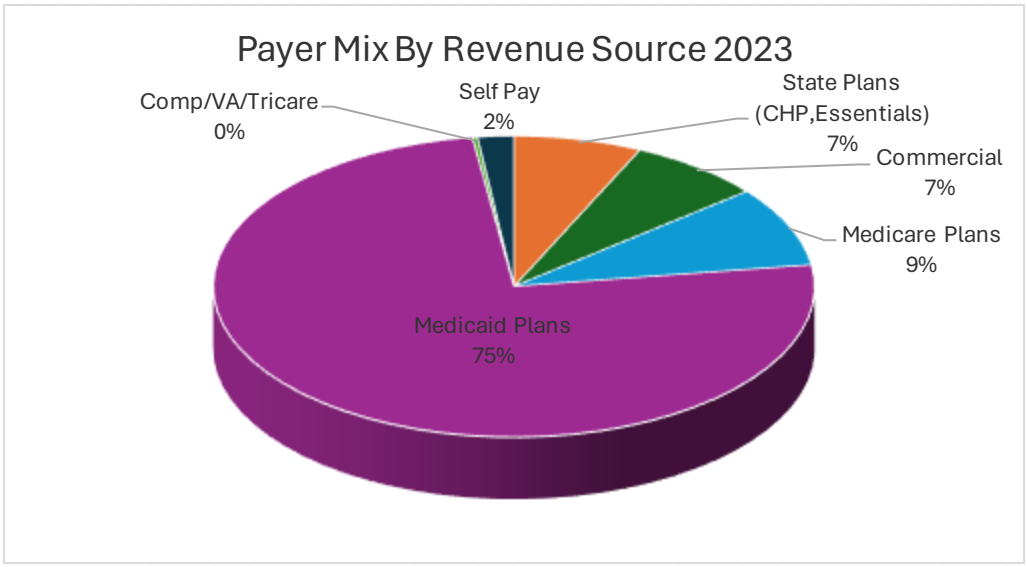
Budget vs. Actual



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Budgeted	$300,973	$482,924	$633,753	$943,871	$870,170	$760,995	$384,262	$1,551,877	$880,695	$1,008,934
Actual	$219,180	$562,163	$244,130	$730,467	$548,464	$210,262	$657,858	$81,732	$212,910	$381,827

Payer Mix by Patient vs. Revenue Received





The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

The Psychiatric Services and Clinical Knowledge Enhancement System for Medicaid (PSYCKES-Medicaid) is a Health Insurance Portability and Accountability Act (HIPAA)-compliant, web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State (NYS) Medicaid population. Providers with access to PSYCKES are able to access a portfolio of quality indicator reports at the state, region, county, agency, site, program, and client level to review performance, identify individuals who could benefit from clinical review, and inform treatment planning. Quality reports in PSYCKES are updated monthly, and clinical information is updated weekly. Developed by the New York State Office of Mental Health (OMH), PSYCKES uses administrative data from the NYS Medicaid claims database to generate quality indicators and summarize treatment histories. This administrative data is collected when providers bill Medicaid for services. All states are required by the Federal Government to monitor the quality of their Medicaid programs, and many states are using administrative data such as Medicaid claims to support quality improvement initiatives. Quality indicators were developed in consultation with a Scientific Advisory Committee of national experts in psychopharmacology and a Stakeholder Advisory Committee of providers, family members, consumers, and professionals.

Greene County Mental Health receives an enhanced Medicaid rate per visit per client for its participation in the PSYCKES programs.

GCMHC clinic opted into the OUD (Opiate Use Disorder) Initiative as it tied into other programs and initiatives the clinic was focusing on surrounding opiate overdoses and opiate use disorders. The Opiate Use Disorder Clinical Quality Initiative aligns with and prepared Greene County Mental Health to enhance services to those with mental health and substance use disorder as the NYS Office of Mental Health and the NYS Offices of Addiction Services and Supports move toward an integrated care model to treat the most vulnerable high-risk population in Greene County. As of December 2023, the Greene County Mental Health Clinic has met all of the requirements set forth for the initiative and graduated from the project. Greene County Mental Health will participate in the upcoming projects once they are available mid-2024.

Corporate Compliance, Quality Assurance, and Utilization Review

To assure that all Medicaid and Medicare Billing requirements are fully followed, the Office of the Medicaid Inspector General (OMIG) requires all clinics such as Greene County Mental Health to have a Corporate Compliance Plan. The County has adopted a Corporate Compliance Plan as it relates to both Greene County Mental Health and Greene County Public Health, but each department also has their own plan as it relates to them.

The Corporate Compliance Plan for Greene County Mental Health requires that all staff members go through annual training to refresh and update them on the plan. It also requires that we conduct self-audits, which are conducted quarterly. The purpose of the self-audits is to ensure that all medical documentation is completed, to ensure that billing practices are followed and to eliminate any chance for fraud, waste, or abuse of Medicaid or Medicare funds. In 2023 there was a new policy enacted that requires that monthly, the exclusionary lists for the US Dept. of Health and Human Services and the Office of the Medicaid Inspector General are verified for licensed employees.

Each quarterly self-audit has resulted in some returned funds; however, these have greatly reduced with the addition of increased monthly Quality Assurance reviews.

Returned funds have been mainly due to time sensitive required documentation and never were they the result of intentional attempts at fraud or abuse of funds. Each return is addressed with the individual staff member who was responsible for the oversight or mistake. Additional training is provided whenever necessary. GCMHC continues to conduct quarterly self-audits to ensure high quality care is provided, and documentation and billing is done properly and in accordance with applicable regulations.

In 2023 we continued to focus on, monitor, and track the 7 key areas of compliance risk (billing, payment, medical necessity and quality of care, governance, mandatory reports, credentialing and other risk areas). The staff has been trained in this and procedures for tracking and monitoring these areas have been put in place.

The GCMHC fiscal department continues to employ various procedures to ensure that all billing is done properly and ethically.

Staffing News

Greene County Mental Health Center experienced several staffing changes during 2023. In the area of support staff, we saw the resignation of two Medical Receptionists. We were able to backfill with an employee who formerly held the position and a new hire. We also saw the resignation of a Mental Health Claims Processor and we were able to re-fill that position. Our Mental Health Quality Assurance Coordinator & Agency Compliance Officer transferred to an opportunity at Greene County Public Health.

On the clinical side we saw the resignation of a per diem Mental Health Specialist, a full time Mental Health Specialist, and the retirement of a Psychiatric Nurse. We were able to fill two Mental Health Specialist positions, the Psychiatric Nurse position, and also took on full responsibility for an Intensive Case Management position that was formerly held between the MH, Public Health, and DSS.

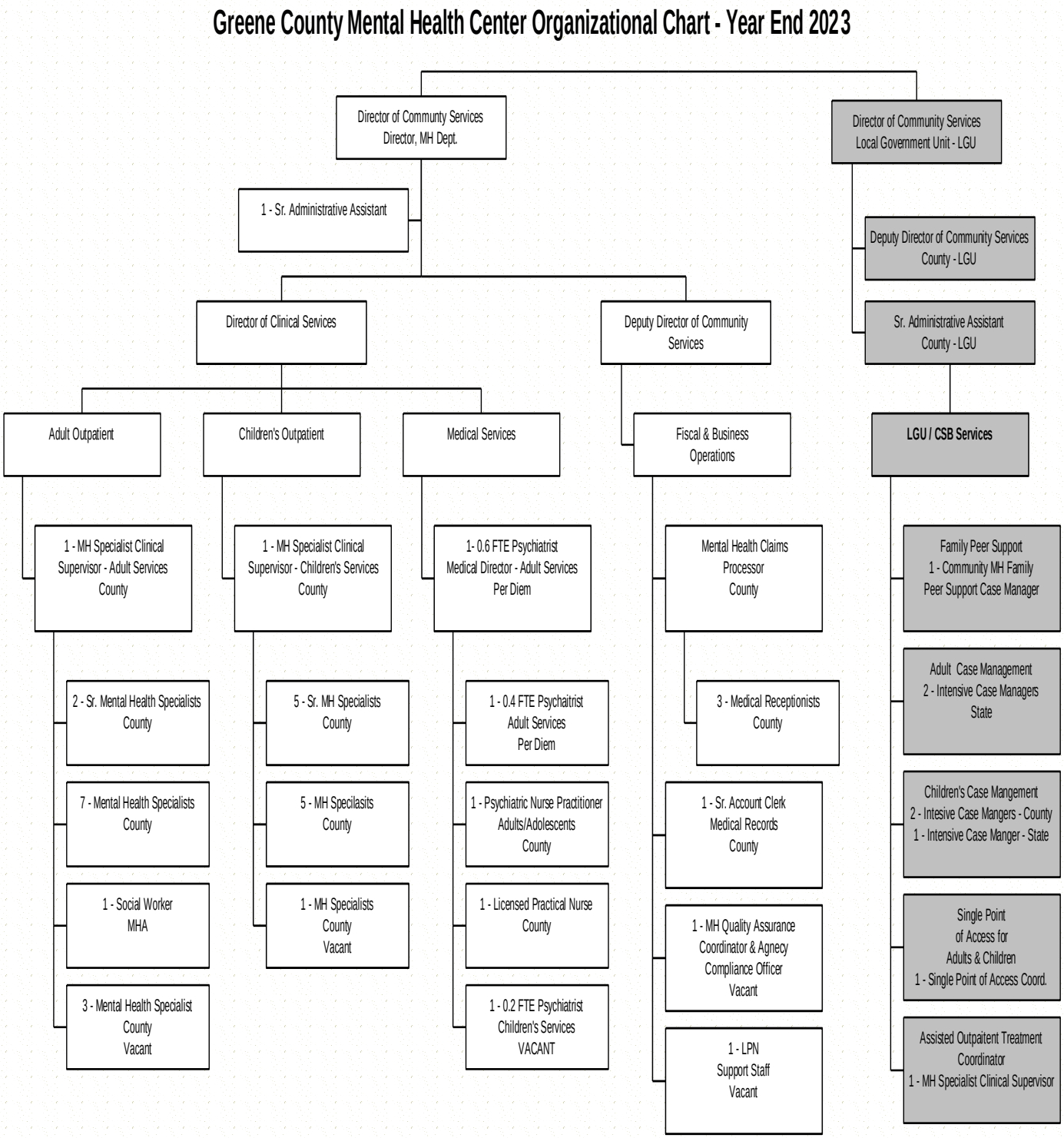
At year end we had 7 Employee Vacancies: 4 - MH Specialist HELP, 1 Licensed Practical Nurse 1, Medical Receptionist, 1 - MH Quality Assurance Coordinator & Agency Compliance Officer. We also have a vacancy for a contracted prescriber for children and adolescents.

Early in the year GCMHC hosted a nursing student from SUNY Delhi and a human services student intern from Columbia Greene Community College. Two SUNY Albany School of Social Work MSW interns completed their clinical experience in May. GCMHC also hosted several students from Columbia Greene Community College's Nursing program for their rotation through mental health services.

A staffing challenge GCMHC continues to experience is that some of our social work hires in recent years are new to the social work field, with limited clinical experience, that require weekly clinical supervision and support in transitioning to their new role. It can also affect case assignments and revenue generation as Medicare and select commercial insurance companies will not reimburse for services provided by a Licensed Master's Level Social Worker. This takes coordination and oversight at the front door in the assignment of clients. Post-pandemic we also have seen many social workers leave to start their own private practices in the community. Some have left for opportunities that allowed them to work completely remotely.

During 2023 three Mental Health Specialists with their LMSW licenses were eligible to obtain their LCSW licenses and successfully did so. This license level allows for billing for Medicare services.

Staff Organizational Chart



Staff Training & Education

During the course of 2023 we were excited to offer in-house staff development training sessions that resulted in 26 free Continuing Education Credits for licensed staff. Other trainings attended during the year were mandated Mental Health Department trainings, County mandated trainings, and outside educational opportunities.

In House Staff Development & In-Services

- Acceptance and Commitment Therapy
- High Control Groups
- Successful Engagement Practices: Enhancing Skills to Support Motivation and Engagement
- Motivational Interviewing 101: Tools for Supporting Empowerment and Transformation
- Counteracting Provider Burnout
- Safety for All: Strategies for Managing a Crisis and Verbal De-escalation
- Healing Through Mindfulness: Incorporating Mindful Strategies into Practice.
- Teaching Mindfulness: Advancing a Person's Independence and Control of their Life
- Recovery Through Person-Centered Planning and Documentation
- Recovery Through Group Process
- Understanding Loneliness & Social Isolation: Impacts on People and Society at Large in a connected World
- Integrating Person Centeredness in Day-to-Day Practices & Laughter is the Best Medicine: Healing through Humor
- American Heart Association Heartsaver Training for CPR, Choking and AED Use

Department Mandated Trainings

- Cultural Competency - Think Cultural from the Dept. of Health & Human Services
- Corporate Compliance

County Mandated Trainings

- Greene County Discrimination and Harassment Policy
- Workplace Violence Prevention Programs & Policy
- NYS Discrimination and Harassment Training
- Greene County Sexual Harassment Policy
- Bloodborne Pathogens

Outside Educational Training Opportunities

- Grief Counseling
- Drug Treatment Court Interventions
- Anxiety Treatment Certification
- Chronic Medical Illness - ACT, CBT, and MI to Improve Anxiety, Grief & Pain
- Internal Family Systems
- Food & Mood
- Oppositional, Defiant, Disruptive Behaviors in Kids
- Emotional Freedom Techniques
- Internal Family Systems
- Clinical Hypnosis and Advanced Interventions for Treatment of Trauma, Anxiety and Pain
- The ADHD Brain
- Reentry and Reducing Recidivism
- College Course – Social Work Interventions

Community Engagement Events

In 2023 Greene County Mental Health Center participated in various events in the community; raising awareness on mental health issues, and the available services that GCMHC provides.

- Columbia Greene Out of the Darkness Walk
- Coxsackie-Athens Rotary Mental Health Awareness Walk
- Greene County Youth Fair
- Cornell Hook and Ladder Community Health and Safety Outreach Day
- Veteran and Military Family Resource Fair
- EAP Resource Fair at Coxsackie Correctional
- Connect to Protect – Active Veteran, Military, and First Responder Suicide Awareness Day
- National Night Out
- Back to School BBQ at Catskill Elementary School
- SUNY Albany School of Social Work Field and Career Fair
- Windham Ashland Jewett Central School Career Fair

ADULT SERVICES

Adult Intakes

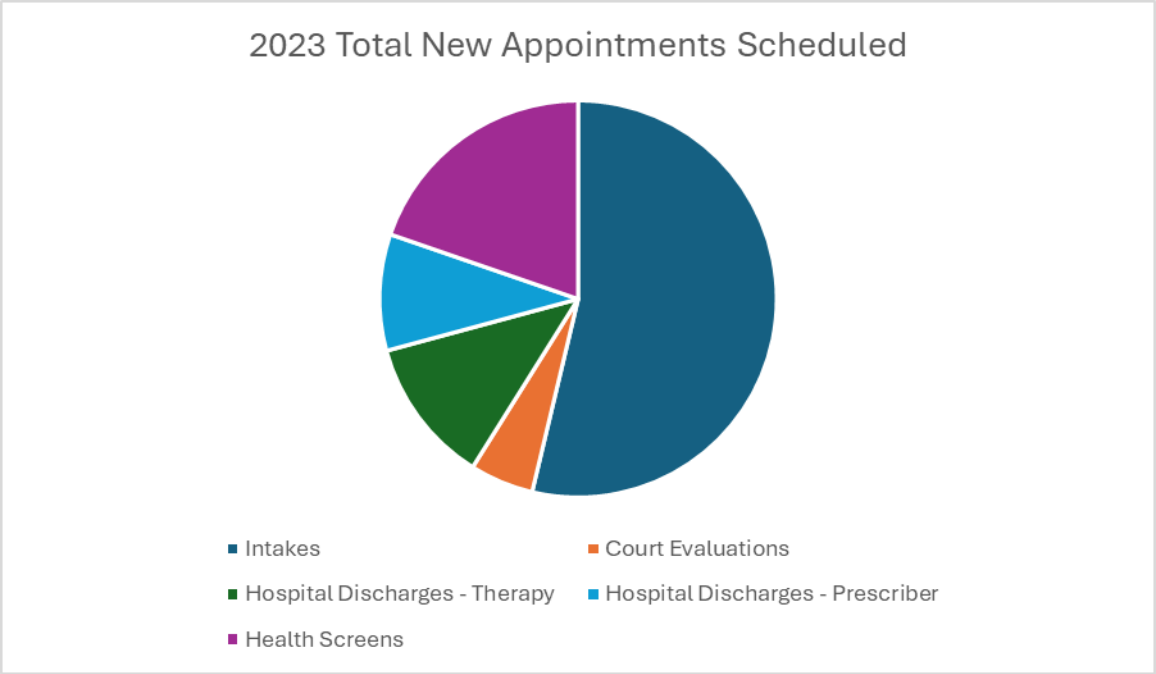
The adult intake process has evolved a few different times over the past couple of years. The clinic continued to experience a staffing shortage and a continued influx of need. Despite any challenges, the clinic continued to accept discharges from hospitals, rehabilitation facilities, jails, and prisons as well as court evaluations and acute cases even when we were unable to accommodate regular intake appointments.

For the majority of 2023, the clinic was able to regularly schedule intake appointments and assign clients to a permanent therapist in a timely manner. Unfortunately, there were some months that the clinic stopped scheduling the usual amount of intake appointments for both adults and children. During this time, new clients would call the intake line, leave a message with their information, and would be placed in a queue for a call back to schedule as appointments and availability opened up. The intake line was checked daily, and calls were screened for acuity, need and were given outside referral information when appropriate.

Once scheduled, clients were tracked through their intake appointment, an appointment to complete a treatment plan and then placed on the waitlist to be assigned to a permanent therapist. When scheduling intake appointments, they were booked no more than 2 weeks out which exponentially helped the attendance of appointments as well as long-term engagement.

In 2024, it is the clinic's goal to be able to schedule the regular number of intake appointments and have clients assigned to their permanent therapist directly upon completion of the intake process with little to no wait times. The clinic continues to work on staff retention, client engagement and appointment attendance.

Total scheduled appointments for the intake process in 2023 included: 425 first time new intake appointments, 41 court evaluations, 94 new hospital discharges scheduled with a therapist, 75 new client hospital discharges were scheduled to meet with a prescriber and 156 Health Screenings were performed. Unfortunately, there is no way in 2023 to differentiate between which type these "no-show," "rescheduled," and "canceled" appointments fall under.



Health Screenings occur on all new clients 18 and older as part of the intake process as per OMH regulations. All new clients meet with the clinic nurse who obtains a medical history, list of current health providers, performs a tobacco screening and willingness to quit question set, obtains baseline vitals, records allergy and medication lists and makes appropriate health referrals if needed to primary care services. This service is billable, bringing additional revenue to the clinic. 156 Health Screenings were able to be performed in 2023 compared to 70 in 2022.

Insight-Oriented Psychotherapy/Supportive Counseling

Adult therapists assess and treat individuals who are age 18+. Our first client contacts typically begin with an intake assessment and a follow-up appointment to complete a treatment plan. Additionally, we schedule appointments for people who need court-ordered mental health evaluations. We formulate initial diagnostic impressions and provide treatment recommendations. The Adult Treatment Team clinicians meet with their individual clients to assess their needs and build on the treatment plan established from the intake process. This treatment plan is updated annually and reviewed as needed/desired. The treatment plan may include a referral to medication management in which clients meet with our staff psychiatrist or nurse practitioner. The Adult Team also provides services for clients who are on Assisted Outpatient Treatment (AOT) status which requires additional collaboration with our AOT coordinator. We provide specialized counseling services for clients with trauma histories; 2 of our clinicians are certified Eye Movement Desensitization and Reprocessing (EMDR) therapists, specialized evidence-based trauma treatment. In 2020 we also implemented a Medication Assisted Treatment (MAT) program in collaboration with Public Health to address unique issues associated with clients who struggle with Opioid Use Disorders (OUD). The Adult Treatment Team has monthly meetings to discuss high-risk cases and clinical issues that arise. Clinical supervision is provided on a regular basis and participation in continuing education is required to maintain licensure and to ensure continued growth and training in the field of social work. In 2023, the Clinical Director collaborated with The Alliance for

Rights and Recovery to get free in-house presentations which resulted in our clinical staff earning up to 26 Continuing Education hours.

Due to the pandemic, our therapists and psychiatry staff became rapidly acquainted with using telehealth as a means of providing services for our clients. Our clinical staff utilized video and telephonic means to connect with clients for telehealth services. The clinic continues to offer telehealth clinic services for clients who are appropriate for them, but we are steadily increasing our in-person visits. Most of our intakes are conducted in-person at the clinic.

The Adult Treatment Team often refers clients to additional supportive services within and outside of our clinic. They coordinate with collateral agencies including:

- Primary Care Physicians / Public Health
- Care Managers/Care Coordinators
- Hospitals
- GCDSS/APS
- Mental Health Association- PROS, MCAT
- Twin County Recovery Services/Greener Pathways
- Greene County Drug Treatment Court
- Greene County Probation and NYS Parole
- Single Point of Access/ SPOA

At any given time, the Adult Treatment Team serves anywhere from **750-900** active clients. Full time adult therapists carry a caseload of **50-75** clients.

Adult Group Offerings

Groups have been difficult to start this year. We have been understaffed with a huge demand for individual psychotherapy. Our barriers to starting and maintaining groups are also related to transportation issues and consistency with attendance among its members. Our hope is to be able to generate more group offerings once we have more staff. It may be worthwhile to offer a virtual group, if possible, to alleviate the stress of transportation for clients.

Smoking Cessation Group – A co-ed adult psychoeducational group that focuses on assisting individuals with support in their efforts to quit using tobacco products. The curriculum includes information about nicotine dependence, options to assist in clients' efforts to quit, and promote support from others who are also trying to quit their use of tobacco products. This group is appropriate for 6-10 participants. It is held weekly for 8 weeks, and new members can join at any point in the curriculum. This group was not active in 2023 due to low rates of referral and the group facilitator retired. We are actively looking for someone new who will facilitate.

Women's Group- A psychotherapy group for adult women 18 + years. The group is designed to support women in their efforts to cope with daily stressors and build healthy relationships. It is offered weekly and remains open for those who wish to join while the group is in progress. It is facilitated by a licensed clinical social worker.

Medication Management- Psychiatry Services

In 2023, the clinic continued to serve adults and teens in need of medication management and was able to maintain these services both in person and via telehealth. Psychiatric prescriber services for children ages 5-14 continued to see an increase in demand while recruitment of this specialty remains severely understaff throughout the state. The clinic was able to partner and build community relationships with private providers in the region to ensure access to medication management for this population.

The clinic employs one full-time Psychiatric Nurse Practitioner (35 hours per week) and two part-time contracted Psychiatrists (up to 40 hours per week combined). Combined, they provide medication management services to approximately 500 clinic clients. GCMHC continues to have need for an additional child and adolescent prescriber.

There continues to be a large demand for medication evaluation and medication management across all age groups in our region with limited prescriber availability. The clinic often refers out to primary care offices and specialists if a client is less complex or unable to wait for assessment.

The clinic's psychiatric prescribers continue to prioritize the most severe and complicated cases, with the goal of transferring medication management to one's primary care provider once stabilized. Prescribers also continue to offer consultation services to area Primary Care offices.

MOUD – Medication for Opiate Use Disorder

As part of the PSYCKES Clinical Quality Improvement Initiative and in conjunction with the Columbia University "Healing Community Studies" grant, in an effort to reduce opiate overdose deaths, the clinic continued into 2023 working closely with Greene County Family Planning to treat those struggling with the disease of addiction by provide MOUD services in conjunction with psychotherapy to this highly vulnerable population. This process continues to be a well-coordinated and efficient effort with regular collaboration by both departments.

The clinic also was able to strengthen collaboration and interagency referrals community substance abuse treatment providers in the community, while reducing duplication of services in an effort to engage those individuals in treatment with both agencies and reduce the risk of disengagement from treatment by eliminating barriers to treatment with multiple providers.

In 2023, the clinic provided MOUD services to 8 unique individuals.

The clinic also operates a New York State Department of Health Opiate Overdose Prevention Program which provides Narcan kits and Fentanyl test strips to clients, families, and community members.

Community Health Integration Program

At the suggestion of the NYS OMH Hudson River Field Office, GCMHC reluctantly closed its 3 licensed satellite offices in Greene County: Jefferson Heights Family Care in Catskill, Windham Medical Care in Hensonville, and Coxsackie Medical Care in West Coxsackie. Due to the pandemic and primary care offices cutting down on unnecessary patient exposure, we were unable to continue to provide services from the primary care offices. However, we continue to service the clients who have been seen at those offices via telemedicine.

Assisted Outpatient Treatment Program (AOT)

In 1999, New York State Enacted Legislation that provides for assisted outpatient treatment for certain people with mental illness who, in view of their treatment history are unlikely to remain safe in their community without supervision. The law is commonly referred to as "Kendra's Law" and is set forth in 9.60 of the Mental Hygiene Law. It is a civil and not a criminal law. This statewide initiative has been developed to assist clients who are non-compliant with treatment to obtain the mental health treatment they need and live safely in their community.

There are clear and precise AOT eligibility requirements. One of the seven eligibility requirements are clients having two or more hospitalizations due to non-compliance within the last 36 months or clients having one or more acts of violence toward self or others within the last 48 months. These clients can be high risk in the community because of danger to oneself or others secondary to non-compliance with treatment. This year, the law was updated to include a statute that if a client is re-hospitalized within 6 months after being discharged from AOT status, they can be placed back on an AOT. In 2023, there were two Greene County residents released from prison on an AOT status. Individuals under AOT receive priority access to case management, outpatient services and residential housing options.

Enhanced AOT or Enhanced Service Program is a less restrictive program. It is used prior to getting an AOT order or used in stepping a client down from an AOT order. This program does not involve court orders but is helpful when a client is at high risk in the community and noncompliant with treatment. It allows for increased monitoring of the client and is less restrictive than the AOT order.

Significant Event reports are reports filed with OMH when a client is on an AOT order and is noncompliant with treatment, or demonstrates other high risk behaviors in the community such as criminal activity, whether it is being accused, committing a criminal act, or being a victim of crime; danger to self or others; non-compliance with mandated treatment; homelessness; psychiatric inpatient hospitalization or emergency services used; psychiatric decompensation; death; substance abuse; risk of non-delivery of mandated services; and if an AOT client is missing.

Many of these AOT clients have co-occurring diagnoses, severe mental illness and substance use disorder. Six (6) of the eight (8) active AOT clients Greene County Mental Health is responsible for monitoring these co-occurring diagnoses. This is a trend being seen statewide that a large percentage of the AOT population have substance use disorders. However, it is a difficult problem to address through the AOT. The AOT treatment plan can include referral to substance use treatment, however the nature of substance use treatment is that it is voluntary. Treatment providers make great efforts to get clients into substance use treatment, but the AOT itself cannot mandate substance use treatment. The hope is that if a client can achieve psychiatric stability through mental health treatment, they will be able to effectively engage in substance use treatment as well. Despite our best efforts to ensure the clients have access to quality care, tragedy still occurs. A young man who was on AOT recently died of a fatal fentanyl overdose.

Another continuing/worsening trend noted for the upper Hudson Valley Region is the shortage of appropriate housing for AOT clients. This may be related to the acuity of the client, the need for licensed housing support, or the lack of affordable low-income housing in an area. Greene County is sorely lacking housing resources for this high-risk population. Safe housing options are necessary for improving quality of life for those afflicted with severe and persistent mental illness; especially if we are working towards reducing inpatient bed utilization and the strain on the criminal justice system.

To date one hundred twenty-six (126), Greene County residents have been referred to the AOT program. In 2023, nine (9) new/renewed AOT orders were issued. Currently there are eight (8) clients on active AOT status.

Assisted Outpatient Treatment Statistics	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
New AOT Orders Issued	7	10	5	7	7	12	9
Moved to Enhanced Status	1	2	1	0	1	2	0
Discharged from Enhanced	1	1	1	0	0	1	2
Active AOT Status	11	18	15	15	14	12	8
Active Enhanced Status	2	1	0	0	2	3	0
Pick Up Order Issued due to Non-Compliance	10	14	12	9	16	12	7

Forensic and Family Court Services

GCMHC continues to provide follow-up services for inmates upon release from the Greene County Jail and New York State Department of Corrections. In 2021, in response to a growing need for increased collaboration between agencies and in attempt to reduce the risk of released individuals becoming lost in transition, Greene County Mental Health dedicated a staff member to coordinate these follow up services.

We also continue to provide Court Ordered Mental Health Evaluations for individuals incarcerated in the Greene County Jail as ordered by the courts.

Greene County Mental Health continues to provide succinct mental health evaluations to Greene County Family and Criminal Courts to assist the Judges in their decisions. These services are billable to insurances while also serving the needs of the court. It has been reported by the Judges that they find these evaluations very helpful in their deliberations in Family Court and criminal court proceedings.

In 2023 a total of forty-one (41) Criminal and Family Court Mental Health Evaluations were completed at the request of the courts.

Additionally, we continued to provide 730 Criminal Procedure Law (C.P.L) competency examinations as ordered by the courts in criminal procedures. In 2023 two (2) individuals were seen by psychiatry staff for this specific exam. This is a decrease from three (3) 730 CPL examinations in 2021, and nine (9) 730 CPL examinations in 2022.

Drug Treatment Court

Greene County Drug Treatment Court is an alternative to incarceration program to engage legal offenders who were arrested on alcohol or drug related charges, or who have a demonstrated history of substance abuse, in treatment as an alternative to incarceration. Greene County Mental Health has collaborated with Greene County Drug Treatment Court since the inception of the alternatives to incarceration program.

The NYS regulations for Drug Treatment Courts require a representative from Mental Health to participate and hold a permanent role on the Drug Treatment Court Team. The purpose of the Drug Treatment Court Team is to monitor and discuss the weekly progress of the Drug Court participants and to collectively determine treatment recommendations, sanctions and rewards for the participants. The Team also discusses and makes decisions on new referrals to the program. The representative from Greene County Mental Health fulfills an important role on the team with regards to educating the team on mental health issues and psychotropic medications that relate to the participants. The representative also serves an important role in evaluating most of the new participants to the program and providing initial and ongoing treatment recommendations. Because many of the participants also end up engaging in services through GCMHC, the representative also serves as a liaison between the treatment providers and the Drug Court Team. The Clinical Coordinator for Adult Services represents GCMHC in Drug Treatment Court.

Greene County Drug Treatment Court has expanded to include an Opioid Intervention Court. Effectively treating opioid use disorder (OUD) and preventing overdose requires a collaborative approach across systems. Opioid Courts have become an opportunity to address this public health crisis and prevent overdose deaths by rapidly linking participants to evidence-based treatment including Medication for Addiction Treatment (MAT) and other recovery support services. In Intervention Court, mental health services are offered, but not required as part of this program.

Single Point of Access for Residential and Care Management/Coordination Services

The Greene County Single Point of Access for Adult Services is a committee comprised of a coordinator from Greene County Community Service Board, as well as members of community supports and services, and the directors of residential services and community program management from Mental Health Association of Columbia and Greene Counties. When appropriate or necessary, additional community stakeholders are invited to participate, such as the Greene County Department for Social Services, Greene County Adult Protective Services, The Arc of Ulster/Greene, Catholic Charities, Capital District Psychiatric Center or WillCare agencies. In 2023, the SPOA Coordinator became a member of the Columbia Greene Housing Coalition. This group serves both Columbia and Greene counties and is comprised of local agencies working to gather resources and ideas on how to navigate the severe lack of affordable housing within the counties.

Over the past 3 years, there has been a significant decrease in the number of housing referrals that SPOA has received. This has not been because there is a lack of people needing supportive housing, but due to people needing more immediate housing options that SPOA was able to provide, as well as lack of affordable housing. The number of referrals to DSS emergency housing, Community Action of Greene and Columbia Counties, and Catholic Charities continued to increase dramatically as there continues to be little to no movement among the SPOA housing programs.

In 2023, most housing referrals continued to come from the Columbia Memorial Hospital Psychiatric Inpatient Unit as well as the Capitol District Psychiatric Center. The number of referrals from out of county agencies increased as other counties are experiencing the same issues of lack of housing and long waitlists.

Interviews by the SPOA Housing Committee to determine the eligibility of the client and tours of facilities were all held in person during 2023. Organizational and tracking measures continue to be the same, including that each client's file is scanned and available electronically for committee members;

client is added to an updated roster and progress is tracked; case summaries continued to be completed in 2023.

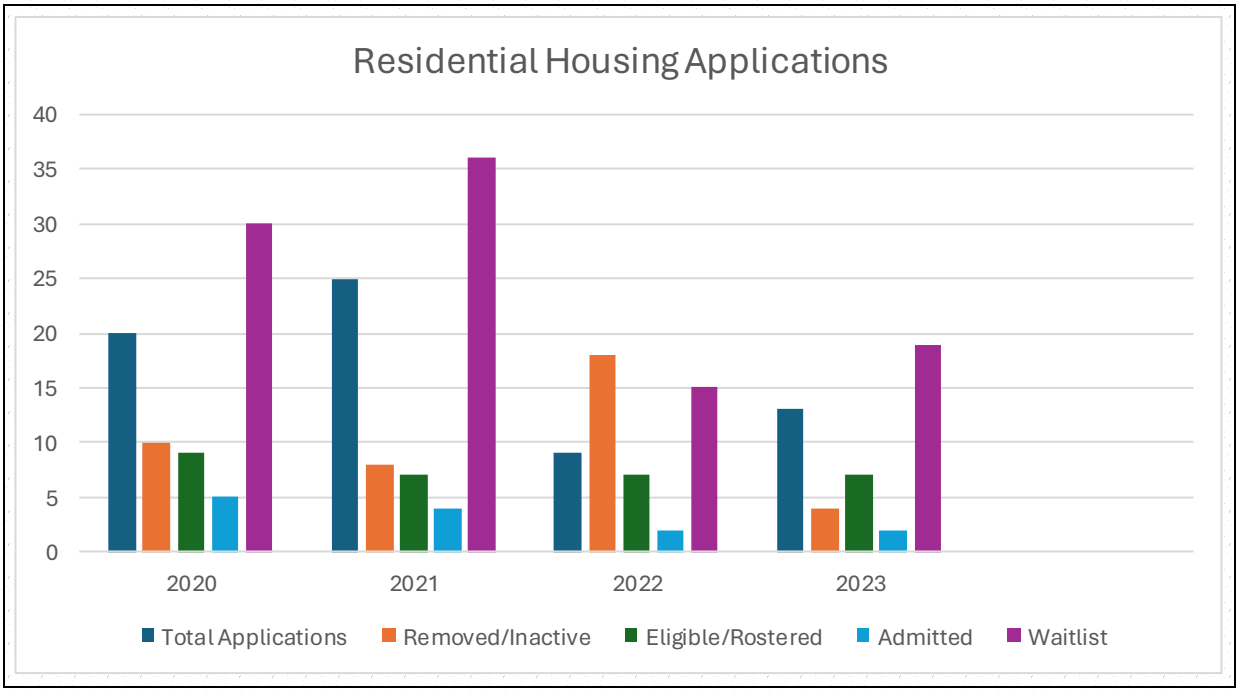
Residential Services

The Mental Health Association (MHA) of Columbia and Greene County provides housing for Greene County adult residents who have a psychiatric disability. There are three distinct levels of housing that are reflective of the distinct levels of residential need.

High Cliff Terrace, a ten (10) bed, twenty-four hour supervised community residence, provides housing to individuals with a higher level of need for monitoring and who require a supervised setting as a first step toward learning skills for a step up to more independent living arrangements.

The Comprehensive Apartment Program (CAP) provides a less intense level of supervision allowing individuals to further develop skills for an even more independent level of living in their own apartment. Residents are assigned a case manager through MHA who provides at least weekly (more when needed) contact to assist the resident with learning independent living skills. The CAP Program has a total of twenty-five (25) beds shared between Columbia and Greene Counties.

The Supportive Housing (SHUD) Apartment Program is the most independent residential setting wherein an individual receives a housing stipend similar to a Section 8 entitlement. They are assigned a case manager from MHA who is required to provide a single monthly contact in direct conjunction with housing issues: collection of rent, monitoring ongoing condition of the apartment and negotiations with landlord re: repairs, tenant concerns, etc. SHUD has forty-five (45) beds with nine (9) of them dedicated to people coming out of a hospital or prison. Due to the continuing increase of rent prices in Greene County, some of the apartments are so expensive that they take up the funding for two (2) spaces. All recipients of a SHUD grant must also demonstrate eligibility with a psychiatric disability.

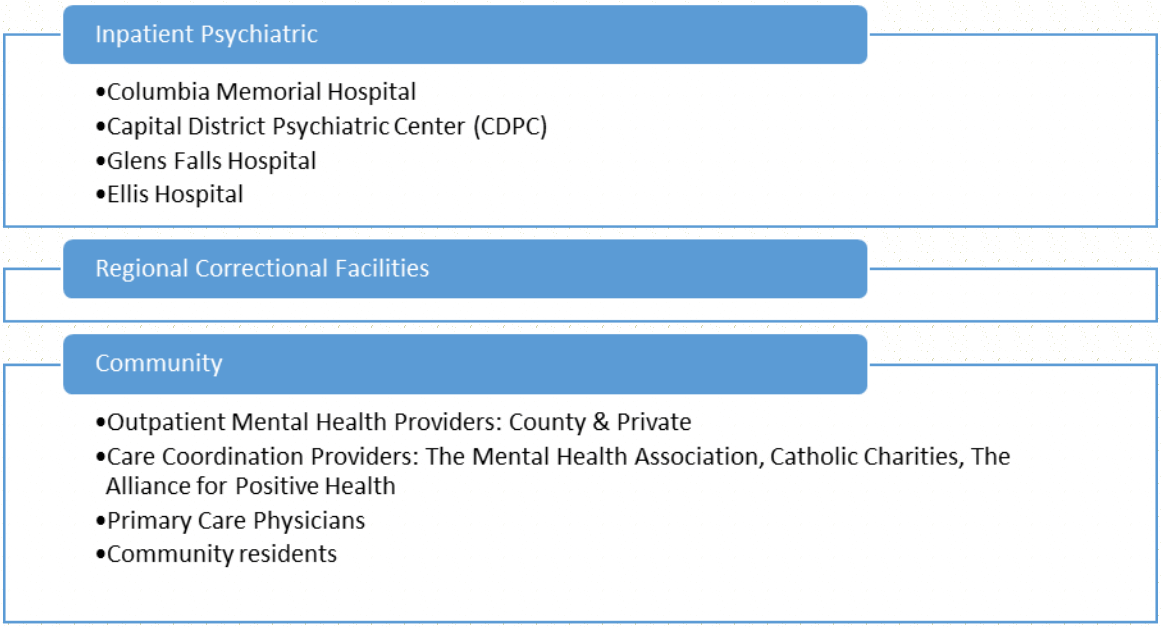


Residential Applications	**2019**	**2020**	**2021**	**2022**	**2023**
Total applications	60	20	25	9	13
Removed/Inactive	15	10	8	18	4
Eligible/rostered	42	9	7	4	7
Admitted	11	5	4	2	2
Wait List	18	30	36	15	19

There may appear to be a discrepancy between the number of applications eligible, the number admitted and the number remaining rostered to the waitlist. This is due to (1) while an individual may be deemed eligible for the service, while awaiting an available placement the life circumstances and residential needs may have changed. Clients were removed from the Wait List as a result of moving out of the county, incarceration, moving in with a significant other or other family member, death; (2) some individuals on the wait list from 2022 were placed in housing in 2023; (3) individuals are carried over from other years; (4) internal moves occur within each residential program that are not tracked here.

In 2023, the removed/inactive referrals increased quite a bit due to the number of referrals made for individuals who, when contacted, were not interested in the housing programs or no longer eligible.

Applications are received primarily, but not limited to, following sources:



Applications or referrals that were submitted but found to be incomplete are returned to the referral source and placed on a pending waitlist for 90 days. If, following this three-month period, there was no contact with the referral source or applicant, or if there was no response to the requested documentation, the application would be made inactive and removed from the pending list. Applicants that are determined inappropriate for housing resources above by the committee will be referred, if possible, to more appropriate placements, at which time the application would be returned to the applicant and referral source.

The Future of Residential Services

Appropriate, stable residential environments are a social determinant of health. Housing instability remains one of the strongest predictors for poor quality of life, recidivism, unemployment, incarceration, illicit drug use and high use of emergency supports, such as emergency placement funds, shelters, and emergency medical service; frequent use of law enforcement and first responder services, including mental health mobile crisis. Housing instability often results in an increase in involvement

from Adult Protective Services and Child Protective Services, and trickles down into the judicial system as well.

There are an increasing number of psychiatrically impaired individuals finding their way into the judicial system. Many of these individuals are severely psychiatrically impaired, and as a result of their illness become involved with the legal system. It is routine for referrals to be received from facilities seeking placement for individuals upon release. However, applicants are often ineligible due to a lack of structured settings in this area. Referrals from the justice system are usually directed out of county for residential services.

Many recently released inmates, psychiatrically impaired or not, have limited, if any, family or social support. Upon incarceration, many individuals lose their housing, as well as their belongings, and find it necessary to start over upon release.

Post-release incarcerated and AOT clients are typically placed at the top of the housing list. Clients on the list have been bumped in favor of an AOT client, leaving them waiting for housing for two or more years.

The U.S. Department of Housing and Urban Development (HUD) estimates that over 50 percent of the individuals living in supportive housing programs had either a substance use disorder, a psychiatric disorder, or both. Drug overdose is becoming the most common cause of death among the homeless population, surpassing HIV/AIDS.

Challenges that community members face when seeking housing include low housing stock; lack of affordable housing; housing located in inaccessible areas or in areas without public transportation; lack of structured, skill building and restorative programs.

Greene County could benefit from the addition of new development and increased services in the following areas:

There remains a significant need for **permanent supervised housing** for the segment of the psychiatric population in Greene County that is aging and/or has multiple health issues and/or personality disorders which seriously compromise their ability to live independently, even with the assistance of an Intensive Case Manager. This subset of clients requires permanent and safe housing accommodations that provide medication oversight and assistance with their Activities of Daily Living (ADL's) beyond the scope of the current apartment programs.

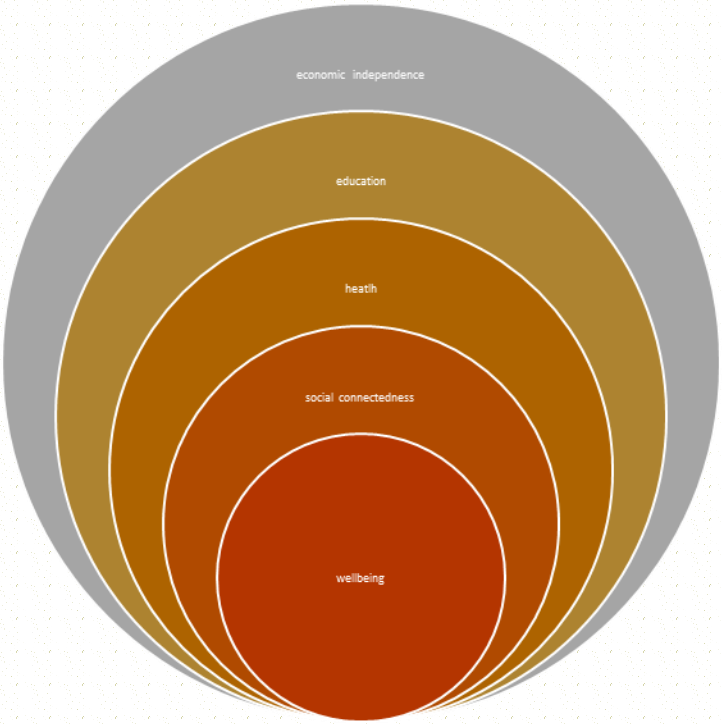
There remains a growing need for **permanent supervised housing** that transitions to permanent independent housing for individuals ages 18 – 24 years old transitioning from residential or foster placements, or are no longer able to reside with family. This subset of clients requires permanent safe housing accommodations that provide oversight and assistance with learning independent living skills beyond the scope of the current apartment programs.

There has been an increased need for **permanent housing** for the growing segment of the population released from County Jail or other incarceration.

Adult Case Management Services

Adult Case Management is targeted to seriously mentally ill individuals in hope of increasing community tenure by decreasing the necessity for psychiatric inpatient admissions and ER visits. Generally, the targeted population consists of individuals who are at high risk of re-hospitalization, homelessness and at times involvement with the criminal justice system. Often clients' involvement with these systems results from non-compliance with recommended outpatient services and lack of community support to monitor functioning and needs. As a result of Kendra's Law passed by the NYS Legislature in 1999, Adult Intensive Case Managers (ICMs) are required by law to give priority to individuals who are court mandated to receive outpatient mental health treatment: Assisted Outpatient Treatment (AOT). These are individuals who have been assessed to be at risk in the community for danger to themselves or others, resulting from non-compliance with prescribed treatment.

Case Managers Focus On:



Case Management staff members assist individuals in developing and maintaining viable living, working and social situations in the community by helping them to identify their needs and formulate realistic and attainable goals for self- sufficiency, support and economic independence. The Adult ICM's visit their clients minimally once (1x) per week. Greene County has both Intensive Case Managers and Care Coordinators (through Mental Health Association of Columbia-Greene Counties), both of whom meet with their clients in the community, on psychiatric inpatient units, at mental health centers and in their homes to provide support, advocacy, linkage, coordination of care; monitoring compliance with treatment and diverting crisis by seeking to resolve identifiable stressors/triggers as they arise. Precipitants to crisis may include non-compliance with medication, onset of symptoms due to housing, financial, family and social stressors.

The Adult Intensive Case Managers maintain ongoing communication with all providers who are mutually working with the individual to assure adequacy, access and continuity of care; as well as to coordinate/negotiate and refer to assure provision of services. This process of collaboration includes, but is not limited to: DSS, Mental Health, Adult Protective Services, Probation/Parole, ACCESS-VR, MHA PROS and Supported Employment, medical providers, family, significant others, landlords, etc. The overall intent of all case management is to enhance the individual's quality of life (recovery) in the community and prevent psychiatric hospitalization.

Greene County Mental Health Center supervises three (3) Adult Intensive Case Managers (ICMs). Two of the ICMs/Care Managers are designated to Greene County through Capital District Psychiatric Services (CDPC). They serve clients with both Medicaid and Medicare. Both are providing traditional services using legacy slots while also enrolling new applicants in the Health Home Services for Medicaid recipients. We partner with Health Home, Skyward Health, for Medicaid billing.
Our third ICM is employed through Greene County. This ICM collaborates with the Department of Social Services, Public Health, and Mental Health to get referrals for clients who may need assistance with service linkage in the community.

Data management for Care Coordination (Mental Health Association of Columbia-Greene Counties) and Care Management (Greene County) has now fully transitioned to Skyward Health (formerly known as SunRiver Health aka Hudson River Health), the Health Home who is also responsible for reporting to the State of New York. In August 2020, the documentation platform transitioned from GSI to Relevant aka Foothold and all data/charts were migrated to Relevant aka Foothold. A total of 20 Active Enrolled clients (7 are AOT) are in the Relevant system for Greene County CMA.

Care Coordination

Care Coordination Services are a less intensive form of Care Management. For this service, individuals need to have a mental health or medical diagnosis and higher-than-average contacts with service systems, such as the ER, psychiatric inpatient and outpatient, and primary care.

Health Home Plus (HH+) is a more intensive Health Home Care Management service that was established for defined populations with Serious Mental Illness who are enrolled in a Health Home. To ensure the intensive needs of these clients are met, HH+ individuals receive more face-to-face contact and more interventions specific to their needs.

Over the course of this service year, applications for this less-intensive program were forwarded directly to MHA and The Alliance for Positive Health, by-passing the SPOA process in many instances, to facilitate enrollment into this program. The Care Coordination program works within the Hudson River Health Home, who assists with tracking and reporting to New York State, as well as monitoring outcomes. Therefore, for more complete data, SPOA refers to MHA and the Alliance for Positive Health directly.

It should be noted that applicants for Care Coordination do not go through the typical SPOA review and are instead referred directly to Care Coordination under the presumption of eligibility. The SPOA committee continues to review a small number of applications for this service when the request is for multiple service areas within the same application.

Enrollment and engagement in this service is not tracked by the SPOA for several reasons. It is at the time of intake for MHA Care Coordination program that some applicants are found to have relocated or refuse the service, or ineligible due to primary payer.

In 2023, The Mental Health Association of Columbia-Greene Counties employed a team of 13, which included their Director, Assistant Director, one Enrollment Care Coordinator, and ten Care Coordinators. The average caseloads for Care Coordinators are 30-40 people depending on need. The Director, Assistant Director and Enrollment Care Coordinator have been carrying 10-20 now as well, due to staff turnover. In 2023, the total amount of Greene County clients served was 282 with 20 being Health Homes Plus and/or AOT and 5 Non-Medicaid clients. The Mental Health Association reports a decline in census due to a pause in enrollments from a staffing shortage and high turnover rate.

As time continues, more and more hospitals and inpatient facilities have begun referring directly to the health home and bypassing the SPOA process. This has led to our tracking numbers decreasing, but the numbers in the prior paragraphs to be more accurately representative of the care coordination program.

CHILDREN'S SERVICES

Child and Family Services

This past year, the Children's Team at GCMHC has continued to provide responsive and comprehensive treatment to the children and families of Greene County. Our team of experienced children's therapists, case managers, and family support workers offer families a collaborative network of services and support. Children's services are accessible, and family driven. Services are provided in the clinic, via telehealth, in the home, and in school district satellite offices.

In 2023, providers continued to address a consistently high demand for youth mental health services. This need was paired with a continued widespread staffing shortage in the field. Despite limited resources, the children's team continued to provide services to high-risk clients and those returning from a higher level of care throughout the year. A pause on incoming intakes for non-acute cases in the fall/winter of 2023 allowed the team to manage established caseloads, while still absorbing hospital follow ups and high-risk referrals from the community. The school-based team continued to accept referrals in satellite offices during this time as well.

The clinic has maintained a hybrid model of service delivery which has allowed for continued remote services through video and phone to accommodate the needs of clients. While many children and families have opted to return to clinic-based therapy, others have responded well to the option for virtual sessions. In a rural county with limited transportation and economic struggle, the clinic has found that flexibility in this area has improved engagement and productivity. Our school-based workers are available in the school setting throughout the academic year, often including summer months, which provides access to a much-needed service for many Greene County students.

Initiating Children's Clinical Services at GCMHC

Parents may start the intake process by calling the clinic, completing required intake paperwork, and then completing a triage with the intake coordinator. This is consistent with both clinic-based and school-based services. The coordinator will then schedule an initial assessment with a therapist depending on acuity, school district, and staff availability. Children's intake assessments are scheduled in advance and a legal guardian is required to participate and provide active consent for services. If a family is in crisis or an urgent assessment is needed, the coordinator will determine if they need an expedited intake or may refer to emergency services including the Mobile Crisis Assessment Team (MCAT) or the ER.

At intake, our children's therapists complete a thorough bio-psychosocial assessment including clinical diagnosis and treatment recommendations. In many instances, the children's team will complete an intake assessment in 2 appointments, addressing risk and presenting issues at first meeting, and then gathering history and treatment planning as a follow up. This allows more time to engage a family and to gather necessary information to determine service needs. Our clinic does its best to minimize wait times for intake and assignment, especially for youth and families. When staffing allows, the wait time for an intake appointment with a children's therapist is a month or less, with a wait for assignment 1-3 weeks depending on acuity. This is well below industry standard.

Referral sources may include:

- Parents
- ER/Inpatient Programs
- Primary Care Offices
- School Staff
- Pre-PINS or Probation
- Department of Social Services
- MCAT

It is expected that the parent/guardian will contact the clinic to initiate services regardless of referral source.

Referral reasons - In 2023 the majority of new referrals presented with the following issues:

- Anxiety
- Depression
- Behavioral Difficulties
- Attention Issues
- Adjustment/Family Disruption
- School avoidance

High risk referrals often present with self-harm/cutting, suicidal thoughts, and aggression or threats. Younger children have been referred to address issues with significant family loss/change including witnessing violence, family disruption, and parental separation. The opioid epidemic continues to prompt many referrals related to foster care placement, parenting/safety concerns, and adjustment to parent death by overdose.

While the COVID-19 pandemic has greatly improved, many children and families are still struggling to engage in school routine and community activities. Many clients have exhibited anxiety and other behaviors related to a period of isolation, remote schooling, and lack of access to normal outlets and social support. Our children's therapists continue to be mindful of the challenges of the last several years. While remote sessions are challenging with certain age groups and clinical presentations, therapists have been meeting clients where they are at, prioritizing in person appointments for those who need them, and linking families with additional resources.

Verbal Therapy/Supportive Counseling

Children’s therapists provide both individual and family therapy to a case load of children and transitional age youth (18-21.) Clinicians engage clients and families, assess immediate and long-term needs, and develop a treatment plan that is family driven and youth guided. Our clinicians are trauma informed, trained in evidence-based practices, and regularly seek continuing education to enhance their skill set. The clinic provides ongoing clinical supervision, professional development opportunities, and clinical case discussion to support our seasoned therapists in the challenging work they do.

The children's team often refers clients to additional supportive services within and outside of our clinic. They coordinate with collateral agencies including:

- School Staff
- Case Managers
- Medical Professionals
- Law Guardians
- Child Protective Services
- Prevention/PINS Diversion
- Pre-PINS/Youth Bureau
- In-Patient/Partial Hospital Programs
- Probation
- Respite Services
- Family Support Worker

At any given time, the children's team serves anywhere from **350-400** active clients. Several children's team therapists also see adult clients, primarily transitional age youth. This blend is reflected in the number above. Full time children's therapists carry a caseload of **45-50** clients depending on acuity.

School-Based Mental Health Services

GCMHC continues to provide school-based satellite programs in several Greene County school districts. School-based services increase access to services that many families would not be able to easily utilize. School based workers are an integral part of their host school Pupil Personnel team, collaborating with staff members, and providing behavioral/crisis support to students. Participating districts for the 2020-2021 school year include:

- Windham/Ashland/Jewett school district 2 days per week
- Cairo/Durham Middle/High School 4 days per week
- Cairo Elementary 3 days per week
- Hunter Tannersville Central Schools 3 days per week
- Coxsackie Athens High School (grades 9-12) 4 days per week
- Coxsackie Athens Middle School (grades 5-8th) 4 days per week
- Coxsackie Elementary School (grades K-4) 3 days per week

School districts support these collaborations with approximately 20% funding (adjusted based on the number of days the clinician is at the school). Our Director of Community Services meets with school superintendents each spring to discuss satellite programs and has received consistent positive feedback about this service. School-based services are overseen by the Clinical Coordinator of Children's Services. The clinic continues to collaborate with school staff in districts not participating in the school-based program to accommodate referrals, manage crisis, communicate about high-risk students, and provide training when requested.

Child and Adolescent Medication Management

In 2023, the Children's Team continued to work closely with our Psychiatric Nurse Practitioner who sees clients ages 5 and up. This prescriber oversees medication management for many of the higher need youth seen at the clinic. There continues to be a large demand for medication evaluation and medication management in our region with limited prescriber availability. The clinic often refers out to primary care offices and specialists if a client is less complex or unable to wait for assessment. The children's psychiatric prescribers continue to prioritize the most severe and complicated cases, with the goal of transferring medication management to one's primary care provider once stabilized.

Children's Health Home Care Management

Greene County Mental Health employs 2 full-time Health Home Care Managers. The county contracts with CHHUNY (Children's Health Home of Upstate New York) for documentation and billing of these services. The clinic also has a half time state item care manager shared between Greene and Schoharie County who carries a smaller caseload of Greene County youth. She tends to serve non-Medicaid referrals when possible.

Health Home services are available to any Medicaid eligible children who meet certain criteria including a significant mental health diagnosis, two qualifying health conditions, HIV, or complex trauma. Once deemed eligible, the care manager determines a child's acuity by completing regular assessments, which drive the number of contacts per month as well as the problems and goals in the plan of care. Most referrals for care management come from SPOA, but can also be expedited after a hospitalization, parent referral, or other outside source. Care Management includes assessment of needs and progress towards goals, ongoing service coordination, individual and family support, and referrals/linkage to community resources.

Under the Health Home model, care managers serve a blended acuity caseload of 14-18 (average) clients each. This acuity level is determined by administering the Children & Adolescents Needs & Strengths (CANS) assessment bi-annually. Care managers provide at least 1-2 face-to-face contacts per month in addition to assessment and care planning. While the role of care manager has become less hands-on and more data driven over time, our care managers strive to engage families and meet their needs under the new health home guidelines. They continue to be creative and supportive in their ability to connect families with available services in an area with limited resources.

This past year, Single Point of Access (SPOA), has received a steady flow of children's case management referrals and clinic case managers have had full caseloads much of the year, often referring overflow to outside agencies. Case managers have reported a continued high incidence of family crisis, lack of resources, referral to higher level of care (hospitalization, placement, etc.), and need for specialized evaluation (psychological, Autism Spectrum, etc.) Case Managers continue to work hard to fill gaps in access to programming, services, basic needs for the families they support.

Family Support

GCMHC employs one full-time family support worker. Family Peer Advocates have "lived-experience" as the parent (biological, foster, adoptive) or primary caregiver of a child/youth with a social, emotional, behavioral, mental health, or developmental disability). They receive training to develop skills and strategies to empower and support other families. They foster effective parent-professional partnerships and promote the practice of family-driven and youth-guided approaches.

The family support workers receive referrals through Children's SPOA and directly from clinic therapists. Clients are provided both formal and informal services which may include:

- Outreach and Information
- Engagement, Bridging and Transition Support
- Self-Advocacy, Self-Efficacy and Empowerment
- Community Connections and Natural Supports
- Parent Skill Development, and Promoting Effective Family-Driven Practice

Our family support worker continues to bill Medicaid for services under CFTSS (Child and Family Treatment and Support Services) as part of the Children's Medicaid redesign. She also carries a small caseload of non-Medicaid clients. This year, our family support worker has continued to engage the community by offering training and outreach as needed to schools, at events, and collateral agencies.

School Avoidance Task Force/At Risk Youth Task Force

In 2023 the clinic continued facilitation of the At-Risk Youth Task Force, a multidisciplinary team which started in 2017 to address school avoidance in Greene County as well as other presenting issues. This task force has shifted over time to address a broader range of at-risk youth and community concerns. This meeting is attended by representatives from Greene County School districts and community providers. It is a forum to discuss a range of topics and trends affecting youth in our community. These include mental health issues, trauma, interface with the justice system, substance use issues, and improving communication and collaboration between agencies, schools, and families. This year the Task Force has met quarterly during the school year and focused on new and changing community resources.

Children's Team Staffing

- In 2023, the clinic employed 2 clinic-based therapists and 7 school-based therapists. The children's team was pleased to have no significant staffing changes this past year, and no changes in school contracts or staff placements.

- The clinic Psychiatric NP continues to treat many high-risk youth ages 5+. This is an ongoing need the clinic is seeking to meet in the community.

- The clinic employs 2 full time Health Home Care Managers and hosts 1 part time, State employed Health Home Case Manager shared with Schoharie County.

- The clinic has 1 full time Family Support Worker who provides family support, advocacy, skill building, and community outreach.

- The Clinical Coordinator for Children's Services supervises a majority of the children's therapists, the children's Care Managers, and clinical supervision for the Family Support Worker. She acts as a liaison with other child serving agencies in the county and sits on various committees related to children's services. She acts as team leader and carries a personal caseload of children and transitional age youth.

- In 2023 the children's team hosted one SUNY Albany MSW intern through the spring. There were no interns in the fall semester of 2023.

In-services/Trainings

Representatives from the Greene County Children's team have offered formal and informal support to the community in a variety of settings. School based workers have provided training/education on mental health needs to their host school districts on topics such as trauma informed care in schools, emotional wellbeing, and accessing resources in the community.

Our family support worker is available to provide trainings in the community including mental health first aide, hosting the OPWDD front door training, and representing our clinic and mental health awareness at various open houses, fairs, and community events.

These services are currently available remotely as well as in person.

High Risk Clients/Crisis Response

The clinic responds to calls from parents, schools, and community providers to help triage and problem solve the needs of high-risk youth. The clinic works with families to provide:

- Expedited intake or safety assessment, often within the same week of first contact.
- 5 day follow up appointments to children coming out of an inpatient hospitalization.
- Health Home Care Management for hospital and residential discharges
- SPOA involvement for service assignment and tracking

The children's team maintains a **watch list** of high-risk children, reviewed regularly in supervision and in children's team meetings. There is ongoing discussion on how to improve safety plans and meet the needs of these children and family systems to help prevent future hospitalization and placement. The children's team maintains positive working relationships with the Mobile Crisis team, area hospitals, and all child serving agencies so that response and collaboration is smooth in the event of a crisis.

Greene County Mental Health will continue its endeavors to provide children in our community with meaningful and individualized mental health services that promote emotional wellbeing. Our goal is to help children become successful in their home environments and communities, and to prevent higher levels of care. We have maintained a strong reputation among our clients and collateral agencies as a knowledgeable, reliable, and responsive team of mental health professionals who provide quality and comprehensive care.

Child & Family Single Point of Access (SPOA)

The Greene County SPOA Committee continues to work diligently to identify and provide supportive services to high-risk children and their families so that they can successfully meet goals and avoid hospitalization and placement.

The SPOA committee continues to host most meetings virtually the first Thursday of every month that are dedicated to a census update and utilization review. At the end of 2023, four in person meetings were held and going forward, the committee plans to meet in person once per quarter. The working committee continued to include representatives from the Greene County Mental Health Clinic as well as their Health Home Care Management Agency, Capitol District Psychiatric Center, Greene County Youth Bureau, Northern Rivers Case Management Agency, Mental Health Association of Columbia and Greene Counties, and a Family Peer Advocate. Area school districts, Greene County Probation, Ulster/Greene

ARC, the Reach Center, and Catholic Charities continued to work with the committee on an “as needed” basis as well as other collateral agencies that may be invited depending on need and family involvement.

SPOA is encouraged to be the conduit for all care management referrals. Health Home services are available to any Medicaid eligible children who meet certain criteria including a significant mental health diagnosis, two qualifying health conditions, HIV, or Complex Trauma. This service may include ongoing assessment, care planning, care coordination and health monitoring, linkage and referrals, and family support. In 2022, 31 out of 41 case management referrals qualified. For the year 2023, 33 out of 55 case management referrals qualified for Health Home Case management. The other 22 referrals either opted out of services or were enrolled with non-health home case management through the Mental Health Association.

The SPOA committee has been a referral source and tracking entity for both planned overnight and day respite services. Greene County has access to 10-day respite slots which are assigned to children and families needing time/healthy connections outside of the home on a weekly basis. This service is provided through the Mental Health Association and lasts an average of 6 months at a time, with assignments monitored at monthly SPOA census meetings.

Overnight respite is provided through Northeast Parent and Child Society, coordinating with local therapeutic foster homes. In 2023, 11 out of the allotted 100 nights were used to provide overnight respite to 8 children. For comparison, in 2022, 27 out of the 100 nights were used for 7 different children. During these past few years, children and their families desperately needed this service but lacked appropriate foster homes to take them in, leading to these children staying on the referral/waitlist for months with no movement.

Greene County Mental Health Center employs a full time Family Peer Advocate who has a caseload of parents and families identified through SPOA and the mental health clinic. This service is provided by phone, in the office, and in the home and community to meet families where they are at, and to promote healthy linkage and engagement in services. At the end of 2022, the Family Peer Advocate had a caseload of 30. Through 2023, caseload numbers stayed around that number as referrals were steady and ready to replace any closed cases. 20 Family Peer Advocate Referrals were received in 2022 which increased to 31 referrals received in 2023.

SPOA has also served as a referral mechanism for other services and support programs including Pre-PINS, Prevention, IAPP (Intensive Aftercare Prevention Program), mediation through Common Grounds, Twin County Substance Abuse Services, Parent Support, Autism Connection, Children and Family Treatment and Support Services (CFTSS), and the Reach Center. SPOA is the referral source for two out of home placement options: Community Residences CRs) and Residential Treatment Facilities (RTFs), both administered by the Office of Mental Health.

In 2022, we had multiple children “step-down” from an RTF level of care to a CR. 1 new referral was made to a Community Residence and none to Residential Treatment Facilities. Comparatively in 2023, we had 1 child transition from an RTF to a CR, submitted 3 new CR referrals and 2 new RTF referrals.

In 2023, the SPOA Coordinator continued to participate in regular treatment team meetings for individuals from Greene County who were placed in CRs or an RTF. In the past, SPOA was mostly included in these meetings once the facility was looking to discharge in individual back to the community. These meetings were held virtually throughout the year and gave SPOA a better idea of how to support these individuals upon discharge.

A Greene County SPOA representative continued to participate monthly in virtual statewide Children and Families Committee Meetings, quarterly in the Hudson River Children's SPOA collaboration with representatives from the Office of Mental Health and attend periodic Systems of Care webinars.

In 2023, family meetings were held virtually in an as needed basis that included in attendance members from the Children's SPOA Committee, parents/guardians of the child, service providers from the child's school, representatives from the Department of Social Services, members of the Intensive Aftercare Prevention Program through Northern Rivers, and discharge planners from several Community Residences.

Referrals for case management and family peer support came from many different sources including Mental Health Clinics, parents self-referring, local school districts, Greene County Youth Bureau, Greene County Department of Social Services and Psychiatric Hospitals. Case management continues to be the most utilized resource in the county for children and families. There were 55 new referrals made to case management services (combined Health Home Care Management Agencies and Mental Health Association). Other top referrals include Family Peer Advocate Services (31), and Mental Health Association Respite (13). Respite had a waitlist of 8 at the end of 2023.

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Children's SPOA	**2020**	**2021**	**2022**	**2023**
Initial SPOA meetings	12	12	12	12
Referrals to Case Management	57	45	41	55
Referrals to Family Peer Advocate	30	17	17	31
Referrals to Respite	18	21	12	13

GREENE COUNTY COMMUNITY SERVICES BOARD

Greene County Community Service Board & Sub Committees

The Greene County Community Service Board (CSB) and its Sub-committees have continued their active role in overseeing the Mental Health, Substance Abuse, and Developmental Disabilities programs in Greene County. The CSB is comprised of members from the following sub-committees; Mental Health, the Office of People with Developmental Disabilities (OPWDD) and the Office of Addiction Services and Supports (OASAS) in addition to other stakeholders within the county.

The Greene County Community Services Board's Nominating Committee continued its efforts to recruit and attract a diverse board population as membership had declined in recent years and is comprised mainly of service providers. As a result, three new members from the community were appointed to the CSB.

The CSB and Subcommittees continue to review the programs and agencies in their particular oversight area in order to gain a greater understanding of the programs and service gaps in the county for each disability, prioritized recommendations, and evaluated potential funding streams.

Mental Hygiene laws require that OMH, OASAS, & OPWDD formulate a Local Services Plan that is maintained by the OASAS Bureau of Information Technology. Local Services Plans are essential to NYS long-range planning and budgeting. After a Needs Assessment was conducted, the Local Services Plan for 2024 - 2027 was submitted by the MH Quality Assurance Coordinator & Agency Compliance Officer in June 2023. The following priority areas were identified in the plan: Housing, Transportation, and Workforce.

Overview of Greene County Local Services Plan 2024 – 2027

Goal 1 - Increase access to safe, affordable, supportive, and workforce housing across all populations.

- The Greene County CSB and Local Government Unit (LGU) will continue to advocate at the local and state level for safe, affordable, supportive, and workforce housing. Additionally, the CSB and LGU will work with the Greene County Department of Social Services Commissioner and local government to ensure our homeless population struggling with mental health, SUD, and/or developmental delays are provided with in county, safe, and supervised temporary housing.

- Advocate and collaborate with the Greene County Department of Social Services Commissioner and community agencies at the local government level in support of homeless shelter within the county that will provide a safe and supervised environment.

- Explore and engage with representatives from alternative residential options for those with SUD such sober living, faith based, and recovery residences in addition to continuing to advocate for and support the local OASAS certified women's residence expansion.

- Work with local nonprofit agencies and developers to expand mixed housing units that will provide additional levels of support for those individuals with mental health, SUD, or developmental delays while also providing affordable rents for working individuals.

Goal 2 - Expand Transportation Services

- The Greene County CSB and LGU will work with the Greene County Mobility Manager and other municipal agencies to improve and expand access to transportation across the county that will allow for individuals and families to access services within the county.

- Compile a complete and comprehensive listing of all available transportation provided by various agencies and municipalities within the county.

- Survey and poll service recipients and community to identify gaps in transportation services based on age, need, and geographic location.

- Increase community knowledge of available transportation options through social media, radio, and other forms of communication.

Goal 3 - Workforce Recruitment and Retention

- The Greene County CSB and LGU will work with local governmental, non-profit, and for-profit agencies to advocate for competitive wages across all systems, create flexibility, and hybrid work options when appropriate in order to attract and retain qualified staff.

- Continue to advocate at the local, state and federal level for increased wages for all direct care staff.

- Explore the expansion of internship opportunities in an effort to introduce individuals to various direct care careers across all systems.