Greene County Mental Health Center

905 GREENE COUNTY OFFICE BUILDING
CAIRO, NY 12413

2024 Annual Report

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& Mental Health Center Staff

INTRODUCTION

The Greene County Mental Health Center is an Article 31 Mental Health Outpatient Treatment and Rehabilitaive Service 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, patient-centered, comprehensive system of care.

EVALUTION OF 2024 GOALS

Workforce Retention and Development

In 2024, Workforce retention and development was listed as our highest priority. This speaks to the ongoing struggle to maintain an adequate workforce necessary to meet Greene County's demand for mental health services.

Due to the extreme shortage and the inability to keep up with the demand, Greene County Mental Health was forced to close its doors to new, non-acute clients for a 6-month period in 2024, just as we did in 2023. This is not a measure that we take lightly or enter easily into. It is done only as a last resort when our providers are unable to keep up with the persistent and increased demand for services. After approximately six months of limiting new, incoming clients to only those in crisis and/or being discharged from a hospital, we opened our doors fully once again.

It is important to note that the only reason for Greene County Mental Health to make this difficult decision to limit access in this way is strictly because of the workforce shortage. If staffing was adequate, there would be no problem in meeting the demand.

The workforce shortage experienced at Greene County Mental Health is not unique to Greene County. This is happening throughout the mental health industry across the state. There are no consistent, identifiable explanations for why various employees left the employment of the County, nor is there any explanation for the dearth of applicants.

Continue to Address the Opioid Epidemic

This is an important goal that will likely remain an ongoing goal for the foreseeable future. Greene County continues to be significantly affected by the opioid epidemic. However, there is some evidence that many of the harm reduction efforts enacted within the County have been successful. Harm reduction is an evidence-based approach to reducing overdoses and minimizing the impact of the opioid epidemic that include providing Narcan, fentanyl and xylazine test strips, as well as education about opioids and overdoses.

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

Key administrative staff of Greene County Mental Health convened to work with an engineering firm to begin preliminary plans for a new building for the clinic. This committee will continue to work with any future architectural firms as plans move forward.

Support the expansion of DWYER Programming

In February 2024, Greene County's DWYER Program initiated a new caregiver support group for veteran caregivers. The monthly meetings provided the caregivers with linkage to resources, presentations from supportive programs available to veterans and access to peers for additional support purposes. This caregiver group has created a strong bond among the veteran caregivers and has expanded the number of veteran families engaged in the program.

2025 GOALS

Workforce Development and Retention

Over the past several years, this has become one of our ongoing and highest prioritized goals. The workforce shortage in healthcare continues to affect the mental health services in Greene County and throughout the state. Unfortunately, Greene County Mental Health still struggles with being adequately staffed to meet the demand for services. Such staffing shortages result in longer waiting times to enter and engage in services at the clinic. At the time of this report, we still have numerous vacancies of both support staff and clinical staff. We continue to strive to achieve an adequate workforce while retaining the talented staff we have.

Disaster Mental Health Training

The New York State Office of Mental Health (OMH) has started an initiative to train all county mental health clinics in Disaster Mental Health Response. Through this initiative, Greene County Mental Health will be working with Greene County Emergency Management to devise a disaster response plan to enact in case of a disaster or mass casualty. OMH will provide extensive clinical training for our staff, so we are prepared to respond. OMH will also provide technical support to the County for establishing our disaster response plan.

Crisis Intervention Training (CIT) Program, a Collaboration with G.C. Sheriff's Office

Due to the rural nature of our county and the limited range of mental health services available, law enforcement and emergency services in the county often are the first responders to people having mental health crises. Because this is not an uncommon experience in rural communities OMH has offered a grant initiative to address the issue.

Greene County Mental Health applied for and was awarded a grant to provide mental health and crisis intervention training to law enforcement to better address this issue within the county. Greene County Mental Health is co-facilitating that grant with the Greene County Sheriff's Office. Through that collaboration, 10-25 law enforcement and EMS personnel will participate in this training. Other efforts to create more robust collaborations between departments (e.g., Mental Health, Sheriff's Office, 911 Center, etc.), are also part of the grant. OMH provides all the training as well as technical assistance to the County throughout this endeavor to help the County be better equipped to address the mental health crises in the community.

Expansion of Select Psychiatry Services

Greene County Mental Health is currently poised to offer two new services to its' patients. The first is a new medical (medicine) treatment for treatment-resistant depression. When some depressions do not respond to standard courses of treatment (therapy and traditional medications), there is a new type of medicine that can be used. This medicine, however, needs to be administered on sight by a physician after which the patient is monitored by a nurse for up to 2 hours. This is a cutting-edge intervention, and we are excited that Greene County Mental Health is one of the first county mental health clinics in the state to offer it.

Greene County Mental Health is also poised to offer a new assessment for people in need of neuropsychological testing. Unfortunately, there are no nearby or easily accessible resources for people who require neuropsychological testing (e.g., people who might have ADHD, traumatic brain injuries, dementia, etc.). To assess and properly treat such conditions, neuropsychological assessments are often necessary. After contracting with Creyos, Greene County Mental Health will be able to offer computer-based neuropsychological assessments, which are fully billable to insurance. This is a resource that will be invaluable to our psychiatric providers.

Changes to the DWYER Program

In 2025 the DWYER Program will transfer from being contracted by an outside agency to being run by the Greene County Human Services division under the Veteran's Service Division. The goal with this change is to build a stronger relationship between the veteran's benefits services offered by the county and those who need services and support. This transition will help fill gaps and provide a "no wrong door" approach when working with the veterans and their families. This new method will also increase efficiency with direct referrals to county services and provide more opportunities for partners to get involved.

Expansion of Online Health and Mental Health Resources for the Community

Beginning in 2025, Greene County Mental Health will work with CredibleMind to create an online informational website for behavioral health. CredibleMind is an integrated web-based platform for personalized mental wellbeing education, resources, and assessments. This online service will provide the public with local available mental health resources and online access to CredibleMind's library of evidence-based resources including podcasts, apps, online programs, books, and articles. We anticipate launching the platform in May 2025 for Mental Health Month.

Fiscal Developments

Despite staffing shortages, the clinic remained committed to providing the highest level of care. However, concerns over staff burnout led to a temporary six-month pause on accepting non-acute clients. To support our team, we continued to implement flexible scheduling options, including hybrid work arrangements and adaptable hours, ensuring staff can effectively manage their caseloads while meeting the needs of our clients.

The clinic continued to maintain permanent telehealth certification under our NYS OMH licensure, ensuring ongoing flexibility in scheduling and service delivery. This allowed us to effectively engage with clients and meet the needs of our community, whether through in-person services at multiple locations or via telehealth. In 2024, telehealth usage via telephone or video remained steady at approximately 25%, consistent with 2023 levels. We continue to monitor usage trends and evaluate telehealth's evolving role, emphasizing the need for flexibility to provide comprehensive, client-centered care.

The 2024 Mental Health Department budget combined with the Local Government Unit, which includes OMH (Mental Health), OASAS (Substance Abuse), and OPWDD (Developmental Disabilities) saw an estimated cost to the county of $619,669.22, which exceeded the $500,693.42 anticipated budget by approximately $118,975.80. Many factors attributed to the department being over budget, including increased expenses directly correlated to the new CSEA contract and MOU for the newly implemented Mental Health Specialist career ladder. New clinical and medical staff hires required time to complete orientation and manage full caseloads, leading to a delayed return on investment. Additionally, numerous billing changes implemented in 2024 are expected to generate revenue in 2025. However, issues with billing platforms and configuration challenges at the insurance payer level have disrupted the correct processing of claims.

As we continue navigating the ever-changing field of mental health and the ongoing opioid epidemic, we face daily challenges and changes. Despite these obstacles, we remain committed to delivering evidence-based, clinically relevant services while being mindful of the financial impact on Greene County taxpayers. Looking ahead to the 2025 fiscal year, anticipated cost concerns include increased salary and inflationary expenses, insurance coding and changes to the universal rate system, as well as potential changes to health home care coordination programming that may result in more restrictive eligibility thresholds.

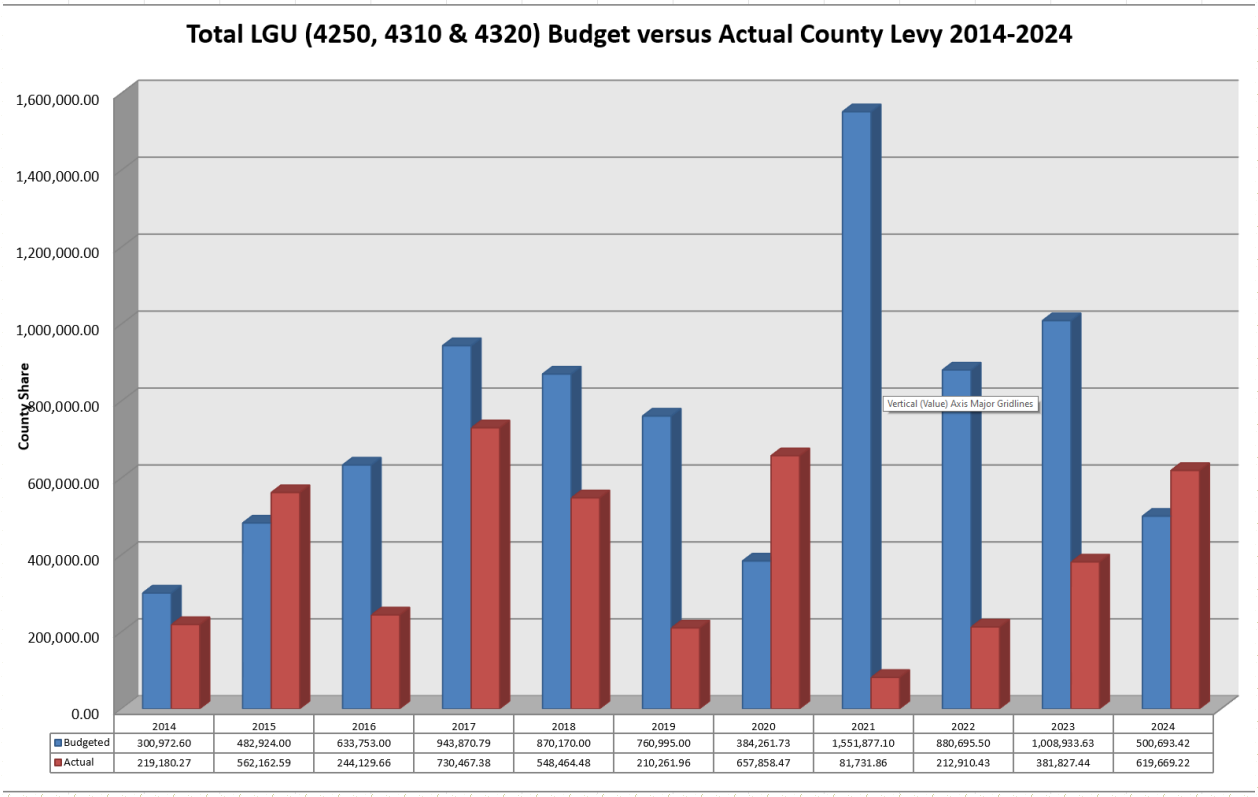
In 2024, we enhanced oversight of state aid pass-through funding for our OMH and OASAS contracted agencies by requiring monthly programmatic reports. This new reporting requirement, integrated into agency contracts, includes details such as hours of operation, program contacts, the number of individuals served, units of service, program challenges, and monthly service summaries. These reports will be shared with the Greene County Community Services Board, which is responsible for selecting agencies to continue providing state aid-funded programs in Greene County

CENSUS INFORMATION

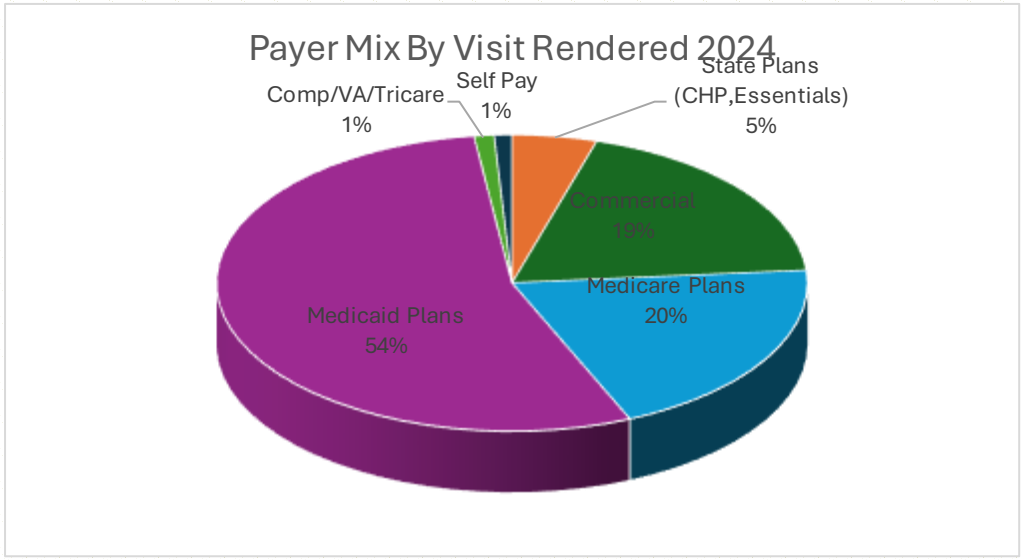
Over the course of 2024, Greene County Mental Health Center served a total of 1,409 unique individual clients; 986 Adults and 423 Children & Adolescents. We provided 25,269 billable units of service.

5 Year Census Data Comparison

2020	2021	2022	2023	2024
Total Visits – 20,579	Total Visits- 22,547	Total Visits- 27,481	Total Visits- 26,436	Total Visits – 25,269
Adults – 13,655	Adults-16,548	Adults-19,745	Adults-18,506	Adults – 17,689
Children – 6,924	Children-5,999	Children-7,736	Children-7,930	Children – 7,581
Total Unique Individuals Served 1,679	Total Unique Individuals Served 1,720	Total Unique Individuals Served 1,536	Total Unique Individuals Served 1,508	Total Unique Individuals Served 1,409
Male 44.18%	Male 42.85%	Male 42.62%	Male 43.43%	Male 42.77%
Female 55.82%	Female 57.15%	Female 57.19%	Female 56.44%	Female 57.23%
Unrecorded	Unrecorded	Other 0.20%	Other 0.13%	Other 0.16%



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 HIPAA-compliant, web-based tool designed to improve quality and clinical decision-making within New York State's Medicaid population. Providers with access to PSYCKES can view quality indicator reports at various levels (state, region, county, agency, site, program, and client) to assess performance, identify individuals for clinical review, and inform treatment planning. These reports are updated monthly, and clinical data is refreshed weekly. Developed by the New York State Office of Mental Health (OMH), PSYCKES uses Medicaid claims data to generate quality indicators and summarize treatment histories. All states are federally required to monitor Medicaid program quality, and many use administrative data like Medicaid claims to support these efforts. PSYCKES' quality indicators were developed with input from national experts and stakeholders, including providers, family members, and consumers.

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

In the fall of 2024, a new MHOTRS Quality Improvement Collaborative was announced, and GCMHC will participate in the project aimed at improving access to mental health services. The goal is to reduce client waitlists and wait times by enhancing intake and discharge processes and creating capacity through step-down approaches and group work. Expected outcomes include reducing no-show or cancelled intakes, shortening the wait time from first contact to admission and treatment initiation, increasing client participation in group treatment, and improving overall program capacity and efficiency.

Corporate Compliance, Quality Assurance, and Utilization Review

To ensure full compliance with Medicaid and Medicare billing requirements, the Office of the Medicaid Inspector General (OMIG) mandates that all clinics maintain a Corporate Compliance Plan. Greene County has adopted a plan that applies to both GCMHC and Greene County Public Health, with each department having its own specific plan.

The GCMHC Corporate Compliance Plan requires all staff to undergo annual training to refresh their knowledge and understanding of the plan. It also mandates quarterly self-audits to verify that medical documentation is complete, billing practices are followed, and to eliminate any risk of fraud, waste, or abuse of Medicaid and Medicare funds. Additionally, monthly verification is performed against exclusionary lists from the U.S. Department of Health and Human Services and the OMIG for all licensed employees.

Each quarterly self-audit has resulted in some returned funds, though these instances have decreased significantly with the addition of more frequent monthly Quality Assurance reviews. The returned funds were primarily due to missed documentation deadlines and were never the result of intentional fraud or abuse. When discrepancies occur, they are addressed with the responsible staff member, and additional training is provided as needed. GCMHC will continue to conduct quarterly self-audits to ensure high-quality care, accurate documentation, and proper billing in compliance with applicable regulations.

In 2024, GCMHC continued to monitor and track seven key areas of compliance risk: billing, payment, medical necessity and quality of care, governance, mandatory reports, credentialing, and other risk factors. Staff have been trained in these areas, and procedures for tracking and monitoring have been

put in place. The GCMHC fiscal department also employs various procedures to ensure that all billing is conducted properly and ethically.

Staffing News

Like many other County departments, Greene County Mental Health Center experienced several staffing challenges and changes during 2024.

Recruiting social workers with sufficient clinical experience remains a challenge for GCMHC, as many recent hires are new to the field and require weekly clinical supervision to support their transition into professional practice. This need for supervision impacts case assignments and revenue generation, as Medicare and certain commercial insurance providers do not reimburse for services rendered by Licensed Master's Level Social Workers.

Additionally, post-pandemic workforce trends have contributed to increased turnover, with social workers opting to establish private practices or seeking fully remote opportunities. These factors further complicate efforts to maintain a stable and experienced clinical team. GCMHC continues to focus on strategic hiring, structured supervision, and proactive workforce retention efforts to address these challenges.

On the clinical side, we saw the resignation of a full-time Mental Health Specialist, the retirement of a Senior Account Typist in our Medical Records Department, and the departure of a Psychiatric Nurse.

At the end of 2024, we experienced the unanticipated loss of our Deputy Director of Community Services, who transitioned to the role of Executive Director of the Greene County Human Services and Greene County Veteran's Department. This departure was a significant loss for the department, as this individual had played a vital role in overseeing fiscal management, departmental billing, and other critical operational functions. To address this transition, we promoted existing employees with knowledge of the clinic's fiscal operations and billing to the roles of Mental Health Claims Processor, Medical Billing Clerk, and Mental Health Business Manager, while also backfilling a Medical Receptionist position. Additionally, we initiated efforts to strengthen our partnership with Coordinated Care Services, Inc., aiming to enhance fiscal support and stability throughout the upcoming year.

Throughout 2024, we strengthened our team by hiring two Mental Health Specialists and a Community Mental Health LPN, who assumed responsibility for the Medical Records Department and quality assurance documentation checks. Additionally, we were fortunate to welcome a Psychiatric Nurse Practitioner with extensive experience serving the Greene County community, working with both adults and adolescents. Lastly, a social worker transitioned from a contracted position with the Mental Health Association of Columbia-Greene Counties to a per diem role with the County, further enhancing our service capacity.

At the close of 2024, GCMHC had a total of four employee vacancies, including:

- Three (3) Mental Health Specialist HELP positions
- One (1) Medical Receptionist HELP position

Efforts to recruit and fill these critical roles remain a priority as we continue to enhance service delivery and support for our community.

Providing field placement internships for master's-level students in social work and nursing continued to prove to be a valuable asset to the clinic. In 2024, GCMHC hosted a nurse practitioner student from Pace University and two MSW interns from the SUNY Albany School of Social Work. We anticipate hiring two of these interns upon their graduation and successful licensure.

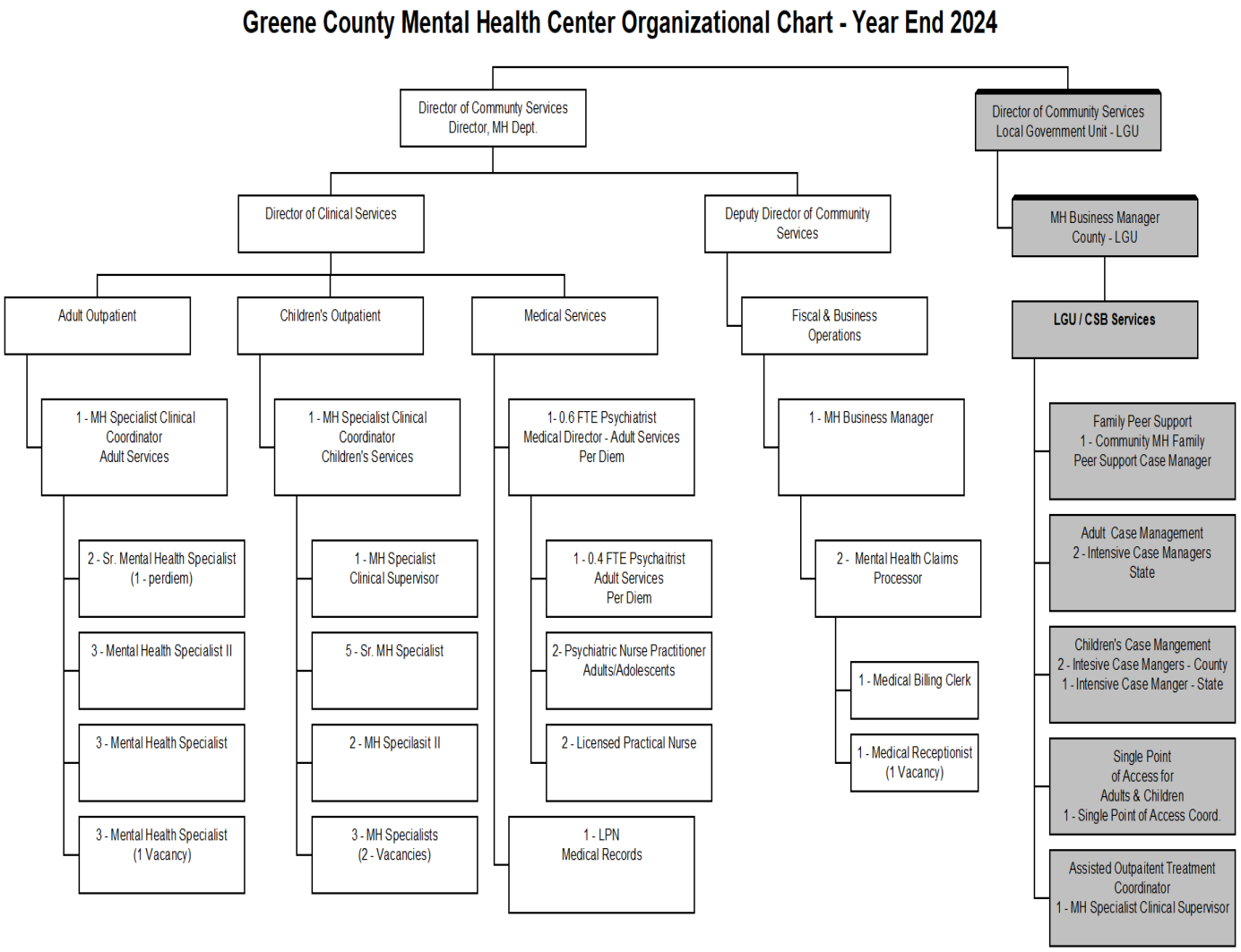
A significant achievement this year was the creation of a Mental Health Specialist Career Ladder. In collaboration with the Greene County Human Resources Department and the CSEA Union, we established a structured career progression for Mental Health Specialist employees, providing advancement opportunities aligned with licensure levels. The new career ladder includes the following positions:

- Mental Health Specialist
- Mental Health Specialist II
- Senior Mental Health Specialist
- Mental Health Specialist - Clinical Supervisor
- Clinical Coordinator

As a result, several employees were able to see their title change to a higher level, and we saw one promotional advancement to Mental Health Specialist – Clinical Supervisor.

Additionally, we implemented a service commitment for LMSW-licensed employees receiving supervision toward their LCSW licensure, ensuring professional growth while supporting workforce retention.

Staff Organizational Chart



Staff Training & Education

During 2024 we were excited to offer in-house staff development training sessions that resulted in free Continuing Education Credits for licensed staff. Other training courses attended during the year were mandated Mental Health Department trainings, County mandated trainings, or outside educational opportunities.

In House Staff Development & In-Services

- Trauma & Resiliency Informed Practice I: Creating Environments that Heal (2 CEU's)
- Trauma & Resiliency Informed Practice II: Program Implementation (2 CEU's)
- Developing Effective Staff Through Team building and Collaboration (2 CEU's)
- Playing Our Part: Shared Decision Making in the Era of Recovery (2 CEU's)
- Trauma & Resiliency Informed Practice III Connecting the Dots and Putting it all Together (2 CEU's)
- Spirituality and Mental Health (2 CEU's)
- American Heart Association Heartsaver Training for CPR, Choking and AED Use

Mental Health Department Mandated Trainings

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

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

- DBT – 15 Core Techniques
- Drug Treatment Court Interventions
- Biofield Tuning
- Medical Trauma
- Mastering DSM IV
- MAP Training
- Annual Case Management Conference
- Scalable Psychotherapy Intervention
- Deception and Detection
- Breakthrough Results with Difficult Men
- Ethics with Minors
- Internal Family System
- Experimental Introduction to Trauma Treatment Modalities
- Resilience in Practice
- IFS Strategies for Working with Complex Trauma
- Evidence-Based Treatment of Depression
- College Course Work – Social Work Interventions Field Placement

Community Engagement Events

In 2024 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
- Interagency Connection Day at CGCC
- National Night Out
- Family Fun Day hosted by Together for Youth
- 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
- Greene County Human Resources Benefits Fair
- Senior Day at the Point
- Catskill Elementary School Open House
- Catskill Middle/High School Open House
- Greene County Transition Night at Cairo-Durham Middle/High School

ADULT SERVICES

Adult Intakes

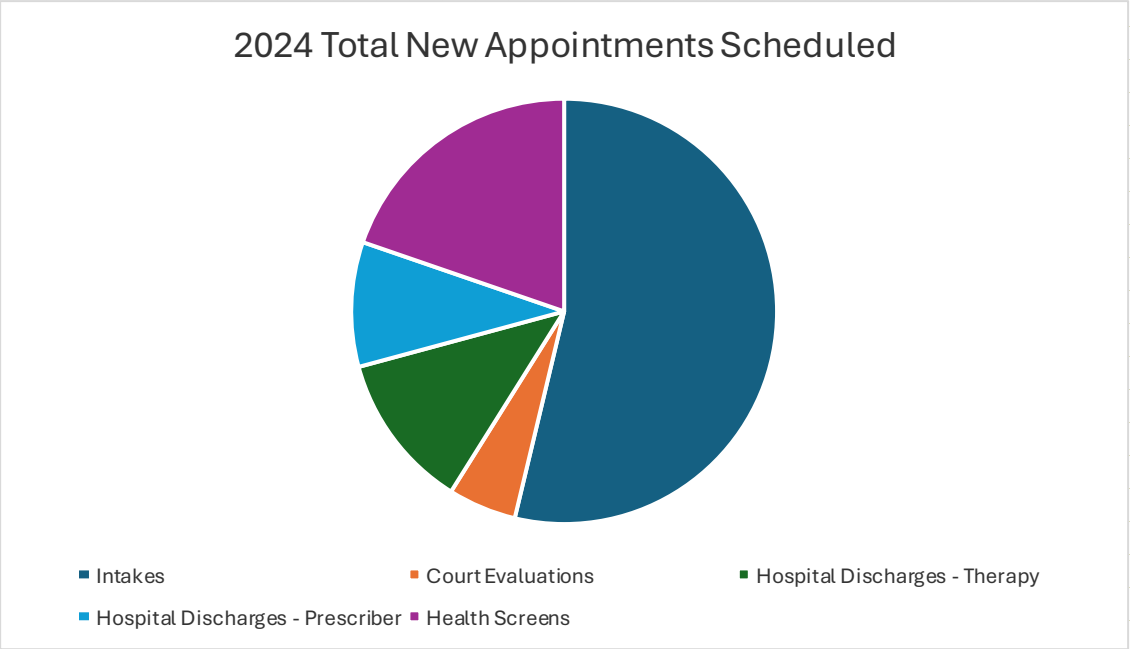
The adult intake process has evolved a few different times over the past couple of years. The clinic continued to experience a staffing shortage and a continued influx of need. Despite any challenges, the clinic continued to accept discharges from hospitals, rehabilitation facilities, jails, and prisons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

For the majority of 2024, 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 became available. 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 2025, 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 waiting times. The clinic continues to work on staff retention, client engagement and appointment attendance.

Total scheduled appointments for the intake process in 2024 included: 347 new intake appointments, 25 court evaluations, 94 new hospital discharges scheduled with a therapist, 80 new client hospital discharges were scheduled to meet with a prescriber and 164 Health Screenings were performed. Unfortunately, there is no way in 2024 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. In 2024, due to staffing, these screenings were put on pause for some time but have since resumed. 164 Health Screenings were performed in 2024.

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 that includes a biopsychosocial approach. Clinicians also administer symptom screening tools that assist with diagnosing: the PHQ-9 screen for depression, the GAD-7 screen for anxiety, the CAGE-AID screen for lifetime alcohol and substance abuse, the RODS screen for opioid dependency, and the Fagerstrom screen for nicotine dependence. Our screening tools are evidence-based and have been shown to have good reliability and validity. Screenings are administered at a minimum on a yearly basis to track changes and improvements in clients' symptoms. Once a client is assigned to their therapist, a Comprehensive Treatment Plan is created and completed. Treatment planning is a collaborative process in which the client identifies their goals for treatment. Objectives (or how the client will work toward those goals) are listed. Often, the therapist will make suggestions and referrals for services that could assist the client with goal completion. The treatment plan is reviewed annually, or updated sooner if there are changes in the treatment. For example, if the client identifies a need for medication, the assigned therapist will make a medication management referral so that the client can meet with our staff psychiatrist or nurse practitioner. At this time, the treatment plan would then be updated to reflect the change in services.

In addition to our normally scheduled intakes, we conduct assessments for clients who require court-ordered mental health evaluations. Our agency requires an order from the court prior to scheduling these appointments. We have provided these evaluations for Family Court, Criminal Court, and Greene County Drug Treatment Court. These assessments are like our typical intakes where we gather the client's biopsychosocial history and formulate initial diagnostic impressions. At the end of the assessment, the clinician provides treatment recommendations to the courts. This year, clinical staff met with Family Court to discuss how we can improve service delivery and work collaboratively with the courts in the best interest of the client. It was suggested that in addition to a court order, our agency would also receive a copy of the petition which led to the court proceedings. This information would likely assist us with writing a more thorough evaluation.

The Adult Team also provides services for clients who are on Assisted Outpatient Treatment (AOT) status which requires additional collaboration with our AOT coordinator and psychiatry staff. We provide specialized counseling services for clients with trauma histories; 2 of our clinicians are certified Eye Movement Desensitization and Reprocessing (EMDR) therapists who specialize in 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. Sometimes we use these meetings to invite other community agencies to present to our staff. It helpful to us to stay updated on programs in the community that could assist our clients. Individual and group clinical supervision is provided on a regular basis to clinical staff. This year, we added a new member to our supervisory team to assist with clinical supervision and to oversee staff professional development. Participation in continuing education is required to maintain licensure and to ensure continued growth and training in the field of social work. In 2024, 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. As a staff group, we also completed two required trainings: the Mandated Reporter Training and Cultural Competency Training.

We also assume the role of educators. It is of the utmost importance to invest in the future of our profession and ensure that the next generation of social workers have proper training in the foundations of community mental health treatment. In 2024, the Adult Team welcomed two MSW students- one from the University at Albany and one from the University at Buffalo. Relationships with these academic institutions are beneficial for networking, especially when seeking new hires. Many of the clinicians we have today are former MSW students who have interned at Greene County Mental Health Center.

As a result of the 2020 COVID-19 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 psychotherapy services for clients who are appropriate for them, but there is a trend towards requests for more in-person visits. Telehealth is a very useful option for clients who have limited access to transportation or have a chronic health condition that impairs them from visiting the clinic in-person. It is also a convenient option for those with busy work schedules or those who struggle to obtain childcare. Our intake appointments are primarily 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
- Family Peer Advocates
- 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. Caseloads are determined by acuity- the severity of the client's symptoms. For example, a client newly diagnosed with Bipolar I Disorder who recently discharged from the hospital would require more intervention than a client whose symptoms are stable and are seen for supportive counseling once per month.

Adult Group Offerings

In 2024, we were able to offer 3 psychotherapy groups. Group sizes have been small, but a little more consistent than last year. Our barriers to starting and maintaining groups are still related to transportation issues and consistency with attendance among its members. Our hope is to be able to generate more groups that are relevant to the needs of our clientele. It may be worthwhile offering a virtual group, if possible, to alleviate the stress of transportation for clients.

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.

Coping Skills Group- This was a bi-weekly coed psychotherapy group for adults 18+ that focused on addressing life stressors and how to effectively cope with them. Members were supportive of each other and the facilitator provided psychoeducation about different ways to cope. Some of the topics included building boundaries, healthy relationships, and developing assertive communication styles. It was facilitated by a licensed master's social worker. Unfortunately for us, the facilitator retired this year, and the group disbanded.

Dialectical Behavioral Therapy (DBT) Skills Training Group- A weekly psychotherapy group for 6-8 adult members 18+. This group is based on Dialectical Behavioral Therapy; a therapeutic approach that combines aspects of Cognitive Behavioral Therapy (CBT) and Mindfulness Meditation. The four modules of the group are Core Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness. It takes 14 weeks to complete all four modules. This group is closed once the program begins a new cycle. Because it is a group that is more intensive in nature, the group is led by two facilitators. The co-facilitators are both licensed clinical and master's social workers.

Medication Management- Psychiatry Services

In 2024, the clinic continued providing medication management services for adults and teens, maintaining access both in person and via telehealth. Demand for psychiatric prescriber services for children ages 5–14 continued to rise, while recruitment for this specialty remains critically understaffed across the state. To address this gap, the clinic partnered with private providers in the region to help 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 (with a combined total of up to 40 hours per week). Together, they provide medication management services to approximately 500 Greene County residents. Despite these efforts, there remains a pressing need for an additional child and adolescent prescriber.

The demand for medication evaluation and management remains high across all age groups, while prescriber availability is limited. When appropriate, the clinic refers less complex cases to primary care providers or specialists if clients are unable to wait for an assessment.

Psychiatric prescribers at the clinic continue to prioritize the most severe and complex cases, aiming to transition stable patients to primary care providers for ongoing medication management. Additionally, they offer consultation services to area primary care offices.

MOUD – Medication for Opiate Use Disorder

As part of the PSYCKES Clinical Quality Improvement Initiative, the clinic continued its efforts in 2024 to reduce opioid overdose deaths. Working closely with Greene County Family Planning, the clinic provided Medication for Opioid Use Disorder (MOUD) services alongside psychotherapy to support individuals struggling with addiction. This initiative remains a well-coordinated and efficient effort, with both departments maintaining regular collaboration.

The clinic also strengthened partnerships with community substance use treatment providers, improving interagency referrals while reducing service duplication. By streamlining access to care, these efforts aim to enhance engagement in treatment and minimize the risk of individuals disengaging due to barriers associated with multiple providers.

In 2024, the clinic provided MOUD services to 4 unique individuals, and 2 additional individuals are scheduled for upcoming appointments to begin in 2025.

Additionally, the GCMH operates a New York State Department of Health Opioid Overdose Prevention Program, which supplies Narcan kits and fentanyl test strips to clients, families, and community members.

Assisted Outpatient Treatment Program (AOT)

In 1999, New York State enacted legislation providing for assisted outpatient treatment (AOT) for individuals with mental illness who, based on their treatment history, are unlikely to remain safe in the community without supervision. Commonly known as *Kendra's Law*, this legislation is outlined in Section 9.60 of the Mental Hygiene Law. It is a civil, not criminal, statute designed to ensure that individuals who struggle with treatment compliance receive the necessary mental health care to live safely in their communities.

There are clear and specific eligibility criteria for Assisted Outpatient Treatment (AOT). One of the seven eligibility requirements states that individuals must have had two or more hospitalizations due to non-compliance within the past 36 months or at least one act of violence toward themselves or others within the past 48 months. These individuals are considered high-risk in the community due to the potential danger posed by their non-compliance with treatment.

In 2023, the law was amended to include a provision that allows for reinstatement of AOT status if a client is re-hospitalized within six months of being discharged from AOT. Individuals under AOT receive priority access to case management, outpatient services, and residential housing options.

The *Enhanced AOT* or *Enhanced Service Program* is a less restrictive alternative to AOT. It may be used before obtaining an AOT order or as a step-down option when transitioning a client off AOT. Unlike AOT, this program does not require a court order, but it provides increased monitoring for individuals at high risk due to treatment non-compliance.

Significant Event Reports must be filed with the Office of Mental Health (OMH) when an AOT client demonstrates high-risk behaviors, including non-compliance with treatment, criminal activity (whether accused, involved, or a victim), danger to self or others, homelessness, psychiatric hospitalization, use of emergency services, psychiatric decompensation, death, substance abuse, failure to receive mandated services, or if the client is missing.

Many AOT clients have co-occurring diagnoses, including both severe mental illness and substance use disorders. Of the seven active AOT clients monitored by Greene County Mental Health, four have co-occurring diagnoses, reflecting a statewide trend where a significant portion of the AOT population struggles with substance use disorders. However, addressing substance use within the AOT framework is challenging since substance use treatment remains voluntary. While AOT treatment plans can include referrals for substance use treatment, they cannot mandate participation. The goal is that achieving psychiatric stability through mental health treatment will enable clients to engage more effectively in substance use treatment.

A persistent and worsening issue in the Upper Hudson Valley region is the severe shortage of appropriate housing for AOT clients. This shortage may stem from the complexity of clients' needs, the lack of licensed housing support, or the general scarcity of affordable low-income housing. Greene County, in particular, lacks sufficient housing resources for this high-risk population. Safe and stable housing is essential for improving the quality of life for individuals with severe and persistent mental illness, particularly as efforts continue to reduce inpatient hospitalizations and lessen the strain on the criminal justice system.

To date, 126 Greene County residents have been referred to the AOT program. In 2024, 7 new or renewed AOT orders were issued. Currently, there are 7 clients on active AOT status.

Assisted Outpatient Treatment Statistics	2018	2019	2020	2021	2022	2023	2024
New AOT Orders Issued	10	5	7	7	12	9	7
Moved to Enhanced Status	2	1	0	1	2	0	0
Discharged from Enhanced	1	1	0	0	1	2	0
Active AOT Status	18	15	15	14	12	8	7
Active Enhanced Status	1	0	0	2	3	0	0
Pick Up Order Issued due to Non-Compliance	14	12	9	16	12	7	4

Forensic and Family Court Services

Greene County Mental Health Center (GCMHC) continues to provide follow-up services for individuals released from the Greene County Jail and the New York State Department of Corrections. To reduce the risk of individuals falling through the cracks post-release, GCMHC has a dedicated Intensive Case Manager who coordinates follow-up services.

We also continue to conduct court-ordered mental health evaluations for individuals incarcerated in the Greene County Jail, as directed by the courts.

Additionally, GCMHC provides comprehensive mental health evaluations for Greene County Family and Criminal Courts to assist judges in their decision-making. These evaluations, which are billable to insurance, serve both the court's needs and the individuals involved. Judges have reported that these assessments are highly valuable in their deliberations for both family and criminal court proceedings.
In 2024, a total of 25 Criminal and Family Court mental health evaluations were completed at the court's request.

Furthermore, GCMHC continues to conduct 730 Criminal Procedure Law (CPL) competency examinations as ordered by the courts in criminal proceedings. In 2024, 4 individuals underwent these psychiatric evaluations with some being seen by multiple psychiatrists for a combined total of 8 evaluations completed.

Drug Treatment Court

Greene County Drug Treatment Court is an alternative-to-incarceration program designed to engage individuals arrested for alcohol- or drug-related offenses, or those with a history of substance use, in treatment instead of jail. Greene County Mental Health (GCMHC) has collaborated with the Drug Treatment Court since the program's inception.

New York State regulations require a mental health representative to hold a permanent role on the Drug Treatment Court Team. This team monitors participants' progress, determines treatment recommendations, and applies sanctions or rewards. It also reviews and decides on new program referrals. The GCMHC representative plays a key role in educating the team on mental health issues and psychotropic medications. Additionally, they assess most new participants, provide treatment recommendations, and serve as a liaison between GCMHC providers and the Drug Court Team. This

year, the representative role transitioned from the Clinical Coordinator to a Licensed Clinical Social Worker with extensive experience navigating Drug Treatment Court dynamics.

Greene County Drug Treatment Court has expanded to include an Opioid Intervention Court. Addressing opioid use disorder (OUD) and preventing overdoses requires a coordinated, multi-system approach. Opioid Courts focus on rapid linkage to evidence-based treatment, including Medication for Addiction Treatment (MAT) and other recovery supports. While mental health services are available in the Intervention Court, participation is not mandatory.

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. The SPOA Coordinator continues participation and membership in 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 4 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 2024, 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 2024. 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 2024.

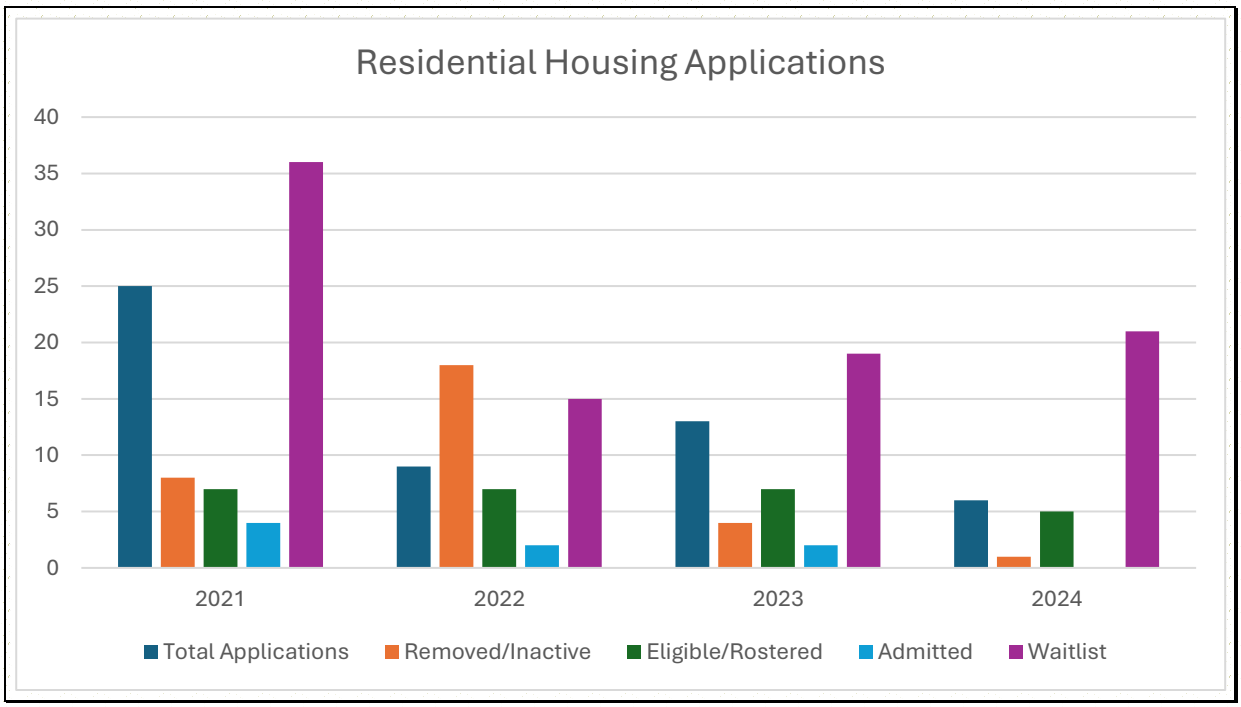
Residential Services

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.

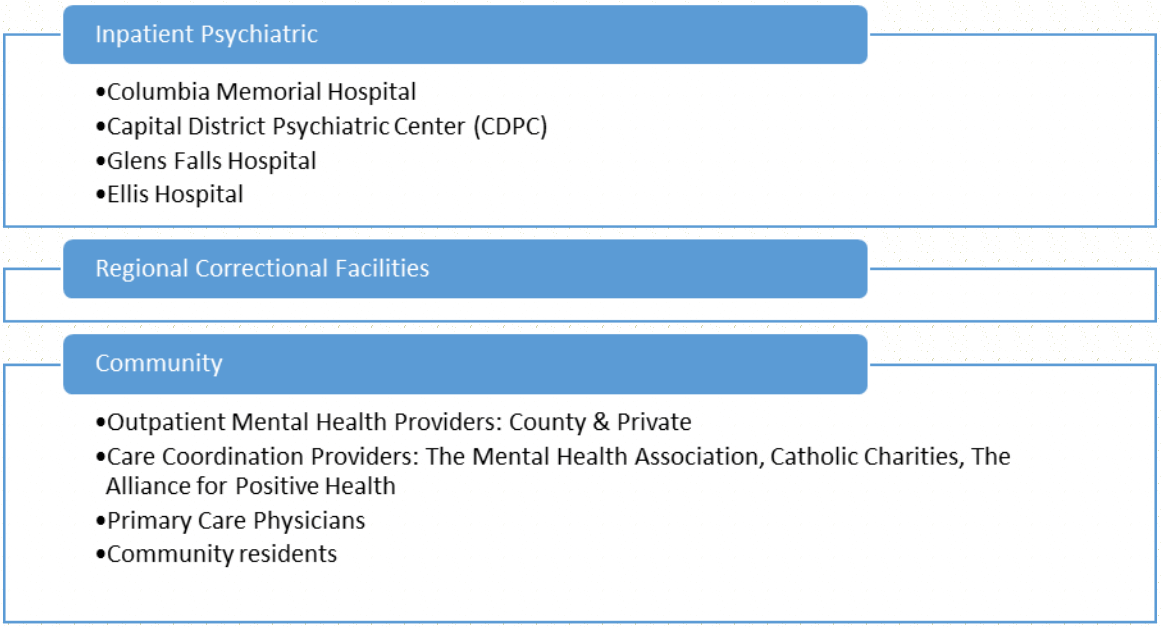


Residential Applications	**2020**	**2021**	**2022**	**2023**	**2024**
Total applications	20	25	9	13	6
Removed/Inactive	10	8	18	4	1
Eligible/rostered	9	7	4	7	5
Admitted	5	4	2	2	0
Wait List	30	36	15	19	21

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 2023 were placed in housing in 2024; (3) individuals are carried over from other years; (4) internal moves occur within each residential program that are not tracked here.

In 2024, 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 and stable residential environments are a critical social determinant of health. Housing instability remains one of the strongest predictors of poor quality of life, including higher rates of recidivism, unemployment, incarceration, illicit drug use, and frequent use of emergency services such as shelters, emergency placement funds, and medical services. It also leads to increased involvement from law enforcement, first responders, and mental health mobile crisis teams. Housing instability often results in higher rates of involvement from Adult Protective Services (APS) and Child Protective Services (CPS) and can even extend into the judicial system.

An increasing number of psychiatrically impaired individuals are becoming involved with the judicial system. Many of these individuals are severely impaired by mental illness, which contributes to their involvement in legal matters. It is common to receive referrals from facilities seeking placements for individuals upon release, but applicants are often ineligible due to a lack of available structured settings in the area. As a result, referrals from the justice system are frequently directed out of the county for residential services.

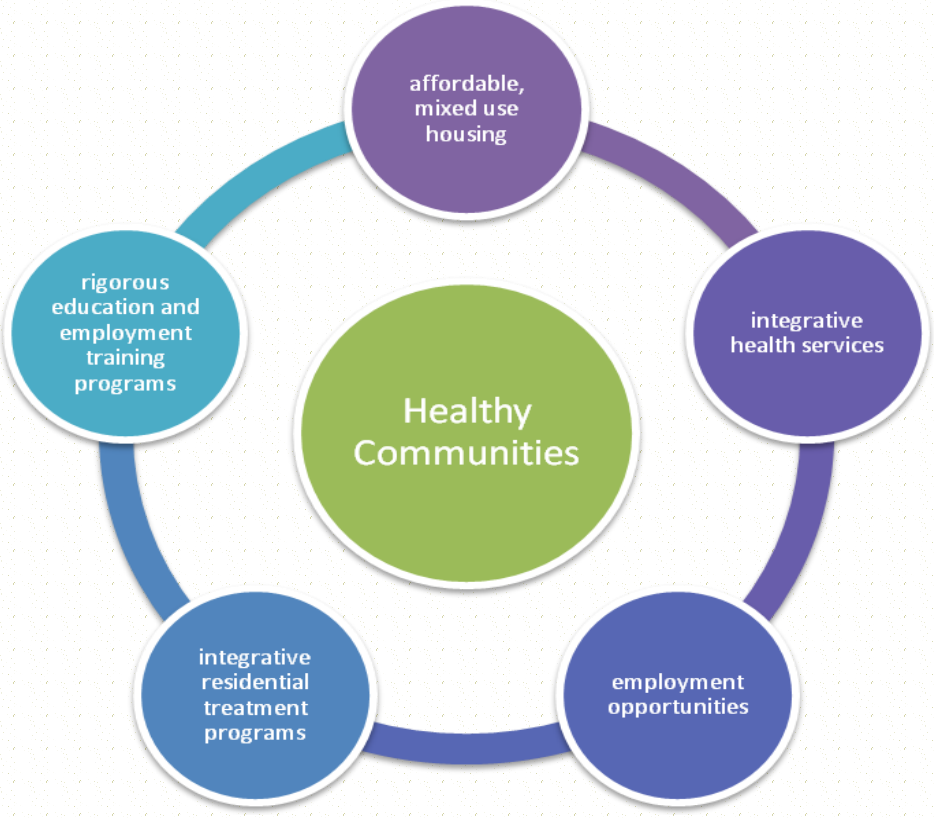
Many recently released inmates, whether psychiatrically impaired or not, have limited or no family or social support. Upon incarceration, individuals often lose their housing and belongings, making it necessary for them to start over upon release.

Post-release inmates and clients under Assisted Outpatient Treatment (AOT) are typically placed at the top of the housing list. However, when AOT clients are prioritized, other clients may be bumped down, leaving them waiting for housing for two or more years.

The U.S. Department of Housing and Urban Development (HUD) estimates that more than 50% of individuals living in supportive housing programs have either a substance use disorder, a psychiatric disorder, or both. Tragically, drug overdose has become the leading cause of death among the homeless population, surpassing HIV/AIDS.

Community members seeking housing face significant challenges, including low housing stock, a lack of affordable options, and housing located in inaccessible areas with limited or no public transportation. Additionally, there is a lack of structured, skill-building, and restorative programs.

Greene County could greatly benefit from the development of new housing and the expansion of 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 accommodation that provide medication oversight and assistance with their Activities of Daily Living (ADL's) beyond the scope of the current apartment programs.

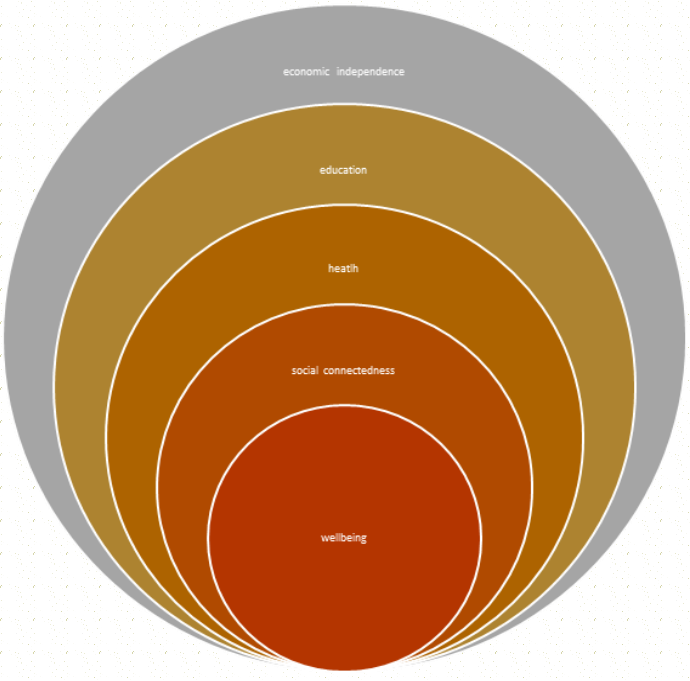
There remains a growing need for **permanent supervised housing** that transitions to permanent independent housing for individuals ages 18 – 24 years old transitioning from residential or foster placements or are no longer able to reside with family. This subset of clients requires permanent safe housing 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 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 of 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 provide 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) is 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 25 Active Enrolled clients (6 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, bypassing 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 2024, The Mental Health Association of Columbia-Greene Counties employed a team of 6, which included their Director, Assistant Director, and four Care Coordinators. They experienced higher turnover than the past year with nine staff leaving and only five new hires throughout 2024. The average caseloads for Care Coordinators are 40-50 people depending on need. The Director and Assistant Director have been carrying 30-40 now as well, due to the lack of staff. In 2024, the total number of Greene County clients served was 243 with 23 being Health Homes Plus and/or AOT and 3 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

In 2024, the Children's Team at GCMHC continued to provide responsive and comprehensive treatment to children and families in Greene County. Our team of experienced therapists, case managers, and family support workers offer families a collaborative network of services and support. The services are accessible, family-driven, and available in multiple settings, including the clinic, via telehealth, in homes, and in school district satellite offices.

Throughout the year, providers have addressed a consistently high demand for youth mental health services amidst an ongoing staffing shortage in the field. Despite limited resources, the Children's Team was able to continue serving high-risk clients and those transitioning from higher levels of care. A temporary pause in incoming intakes for non-acute cases allowed the team to manage established caseloads while still prioritizing hospital follow-ups and high-risk community referrals. During this period, the school-based team continued to accept referrals and provide services at satellite offices.

The clinic has maintained a hybrid delivery model, offering remote services via video and phone to meet client's needs. While many children and families have chosen to return to in-person therapy, others have found virtual sessions to be beneficial. In a rural county with limited transportation and economic challenges, this flexibility has significantly improved client engagement and productivity. Clinic-based staff have observed a rising demand for in-person services over the past year and have worked to accommodate this need. Additionally, our school-based workers are available in schools throughout the academic year, including summer months, providing much-needed services to 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 2024 many 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. 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
- Health Home and other supportive 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 2023-2024 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
- 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
- Edward J. Arthur Elementary School (grades K-4) 1 day 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

The clinic is fortunate to have a Psychiatric Nurse Practitioner with experience serving children and adolescents. The Children's Team works closely with this provider, who sees clients aged five and older and oversees medication management for many high-need youth at the clinic.

There remains a significant demand for psychiatric medication evaluations and ongoing management in the region, while prescriber availability remains limited. When appropriate, the clinic refers less complex cases to primary care providers or specialists, particularly if wait times for assessment are too long. The clinic's child psychiatric prescribers continue to prioritize the most severe and complex cases, with the ultimate goal of transitioning stabilized clients to their primary care providers for ongoing medication management.

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 care plan. 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 12-14 (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 with 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

This past year, our family support worker began to bill for expanded services under the MHOTRS program, now able to serve clients with private insurance if seen at the clinic. She has also begun to serve some adult clients, involving supportive family members and providing much needed advocacy and skill building. Our family support worker continues to bill Medicaid for services under CFTSS (Child and Family Treatment and Support Services) for a select few clients not actively in clinical treatment. 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 2024 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 as well as providing a forum for collaboration.

Children's Team Staffing

In 2024, the clinic employed 2 clinic-based therapists and 6 school-based therapists. Due to high demand for services, the children's team is actively seeking to hire an additional clinic-based therapist. Our Psychiatric Nurse Practitioner continues to treat many high-risk youth ages 5 and older, addressing an ongoing need in the community.

Additionally, 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 also 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 most of the children's therapists, the children's Care Managers, and provides clinical supervision for the Family Support Worker. She also serves as a liaison with other child-serving agencies in the county, sits on various committees related to children's services, and acts as a team leader while managing her personal caseload of children and transitional age youth.

Additionally, the clinic promoted a therapist to the role of Mental Health Specialist Clinical Supervisor, where they supervise several new clinicians, oversee staff development, manage on-call and crisis services, and participate in multiple new initiatives.

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 and 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 training 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 2024, 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.

In 2024, SPOA began utilizing care management services through Vanderheyden as well as Home Based Crisis Intervention Services through Astor. Being able to refer to more agencies assisted in lowering the time it takes from the date of referral to the families receiving their in-home services. The Home-Based Crisis Intervention Program (HBCI) is an intensive, short-term family therapy program designed to prevent out of home placement, including psychiatric hospitalization, emergency department visits, or residential placement. Supporting families in crisis, services are held in the home, school, or community multiple times a week. HBCI is staffed with licensed clinicians who support the family in learning and practicing skills and strategies to safely manage emotions, thoughts, and behaviors.

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. For 2024, 22 out of 43 case management referrals qualified for Health Home Case management. The other 21 referrals were enrolled with non-health home case management through the Mental Health Association either due to acuity or type of health insurance.

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 2024, out of the allotted 100 nights, 13 children were able to be served with a total of 29 visits. 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 2024, the Family Peer Advocate had a caseload of 33. Through 2024, caseload numbers stayed around that number as referrals were steady and ready to replace any closed cases.

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.

5 new referrals were made to a Community Residence and 3 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 2024, 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 an 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 2024, 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 43 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 (24), and Mental Health Association Respite (13). Respite had a waitlist of 16 at the end of 2024.

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Children's SPOA	**2021**	**2022**	**2023**	**2024**
Initial SPOA meetings	12	12	12	12
Referrals to Case Management	45	41	55	43
Referrals to Family Peer Advocate	17	17	31	24
Referrals to Respite	21	12	13	14

GREENE COUNTY COMMUNITY SERVICES BOARD

Greene County Community Service Board & Sub Committees

The Greene County Community Services Board (CSB) and its sub-committees have continued to play an active role in overseeing the Mental Health, Substance Abuse, and Developmental Disabilities programs in the county. The CSB is made up of members from several sub-committees, including those focused on Mental Health, the Office of People with Developmental Disabilities (OPWDD), and the Office of Addiction Services and Supports (OASAS), in addition to other local stakeholders.

In response to a decline in membership in recent years, the CSB's Nominating Committee has worked to recruit a more diverse board. As a result, three new community members were appointed to the board. The CSB and its sub-committees continue to review programs and agencies within their oversight areas to better understand service gaps and needs in the county. They have prioritized recommendations and evaluated potential funding streams for addressing these needs.

In accordance with Mental Hygiene laws, OMH, OASAS, and OPWDD are required to develop a Local Services Plan, which is maintained by the OASAS Bureau of Information Technology. These plans are vital for New York State's long-term planning and budgeting. Following a Needs Assessment, updates to the Local Services Plan for 2024-2027 were submitted by the Mental Health Business Manager in June 2024. The plan continues to prioritize three key areas: 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.

2024 Update Goal 1

Progress in Residential Expansion has advanced with the Greene County Legislature signing a contract with Oxford House, a non-profit organization offering democratically run sober living options for individuals with substance use disorder (SUD). Looking ahead, the focus for the coming year includes hiring a case manager and acquiring a suitable home within Greene County.

Gateway Hudson Valley, a non-profit social services agency based in neighboring Ulster County, has recently secured two Requests for Proposals (RFPs) totaling 13 supportive housing beds in Greene County. Among these, 5 beds are Certified Treatment Apartments providing short-term housing as a transitional step towards unlicensed supportive apartments, while 8 are Unlicensed Supportive Apartments, scattered site and single occupancy, designated for SMI Adults, with occupants contributing 30% of the rent cost.
Additionally, Gateway has expressed interest in exploring the potential establishment of a mixed housing unit within Greene County.

As efforts continue towards addressing the ongoing need for a Homeless Shelter, all viable opportunities will be actively pursued and advocated for.

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 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.

2024 Update Goal 2

Greene County Transit, managed by The Arc Mid-Hudson, has expanded certain routes, streamlined others, and introduced call-to-ride services. However, the Greene County Mobility Manager position is currently vacant.

The Greener Pathways program, operated by Twin County Recovery Services, is now able to provide some non-medical transportation for individuals enrolled in or seeking prevention, treatment, harm reduction, or recovery services for substance use disorder (SUD). Information regarding new or

enhanced transportation options is disseminated through social media channels and inter-agency communications.

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.

2024 Update Goal 3

Greene County employees represented by the CSEA Union recently began a new contract featuring raises over the next 4 years, expected to bolster recruitment and retention within Greene County's Social Services, Mental Health, Public Health, and Human Services departments. The Greene County Mental Health Center, in collaboration with the County and CSEA Union, has implemented a career ladder for Mental Health Specialist employees, facilitating advancement opportunities commensurate with licensure levels. Additionally, the Mental Health Center has introduced flexible and hybrid work schedules where appropriate.

Local OPWDD-funded agencies participated in legislative days at the state capital to advocate for improved wages under the "Be Fair to Direct Care" initiative. Direct Support Professional recruitment campaigns are ongoing.

Furthermore, Greene County Mental Health Center and local non-profit agencies continue to seek internship opportunities through the SUNY Albany School of Social Welfare and other higher education institutions. Local agencies remain proactive in seeking partnerships for internships in human services, social work, nursing, and nurse practitioner fields.