

Greene County Mental Health Center

905 GREENE COUNTY OFFICE BUILDING

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Director's Report

January – December 2015

INTRODUCTION

Greene County Mental Health Clinic is an Office of Mental Health (OMH) Article 31 Licensed Clinic that can provide mental health treatment to individuals as young as 5 years old. Over the course of 2015, Greene County Mental Health Center (GCMHC) served a total of 1,893 unique individual clients (an increase of 27 patients from 2014): 1473 adult and 420 children; 825 male and 1,068 female. We provided 21,590 direct service contacts compared to 21,498 in 2014. Throughout the year we performed 961 intakes: 700 adult and 261 children; 406 male and 555 female. A total of 997 clients were discharged: 794 adult and 203 children.

During 2014, GCMHC typically had a waiting list of 30-40 non-emergent clients that at times were waiting up to one to two months to be assigned. Due to staffing shortages, retirements, and clinicians out on medical leave, 2015 saw our waiting list burgeoned to over 70 clients. At times, some of those clients were waiting up to two months. In September 2015, however, a new service was implemented, the Open Access Clinic. This was meant to eliminate any delays for clients seeking our services, drastically reduce a waiting list, and to better meet the needs of the community. To date, the Open Access Clinic has succeeded in achieving all of those goals.

In July 2015, an unannounced monitoring site visit was completed by OMH. The clinic's operating certificate was approved for 3 years.

Evaluation of 2015 Goals

- 1. Evaluating, diagnosing and addressing EMR issues in the satellite locations will continue in 2015. The Director of Clinical Services is in the process of scheduling a meeting that will include County IT, Columbia Memorial Hospital(CMH) IT, (majority of PCP offices are affiliates of CMH), clinicians in the satellites and Clinic Director. Addressing EMR issues and connectivity remain at the forefront so that a streamlined, efficient and fiscally prudent workflow is maintained.**

While school-based satellites work efficiently and we have added additional remote connections such as at Greene County Jail and for the After Hours On Call Services, IT problems continue at the satellite locations located at the primary care doctors' offices. Despite numerous meetings and communication between the Greene County IT and the IT reps for the doctors' offices, little progress can be made with regards to improving those problems. Consequently, this continues to impact the efficiency of our staff members' work at those locations.

- 2. Quarterly audits of clinical records to meet Corporate Compliance guidelines will undergo changes in the way the audit is conducted in 2015. These changes will incorporate utilization review criteria and quality assurance.**

In 2015, Greene County Mental Health made significant changes to its methods for compliance, quality assurance, and utilization review. At the beginning of 2015, GCMH implemented a new Quarterly Review procedure where each clinical supervisor was asked to review a series of medical records for each of their supervisees. The compliance and quality issues were scored according to a structured rubric. The purpose was to help ensure uniform quality in charting across staff members, identify problems areas and needs for additional training, and to catch any errors in billing that needed to be rectified.

Overall, the new quarterly review system seems to be working quite well. Certain patterns of errors were identified which led to additional training and closer supervision. Since feedback on each review was then provided back to each staff member, there appeared to be some corrections and improvements in those problem areas upon subsequent reviews. Further, areas that led to errors in billing were identified and the clinic is now poised to implement new procedures to help ensure they cannot happen in the future.

- 3. Develop Policy and Procedure in addressing the high "no show" appt rate at the clinic. It will include notifying clients but also charging those clients who no show.**

In 2015 we considered charging clients for missed appointments as most medical practices do, but following consultation with OMH it was not felt to be an appropriate option.

Missed appointments continue to be problematic, but we encourage our staff to reach out to those clients they suspect might be likely to no-show and to make additional efforts to engage them.

Analysis of appointment data also helped show us that missed appointment rates for clients first coming into the clinic and having intakes, were considerably higher than regular established clients. This was one factor that led us to completely overhaul the way clients enter our services by creating the Open Access Clinic.

2016 Goals

1. **During our OMH Site Visit there were some citations around using standardized screenings and risk assessments. It is our goal to provide staff training on completion of a more in depth risk assessment and its incorporation into the overall treatment plan.**
2. **Continue to provide Open Access Hours for Mobile Crisis Assessment Team (MCAT) referrals and use MCAT to check in on those who are post hospital discharge, on a watch list, or experiencing some type of personal crisis.**
3. **Highlight the housing needs of those referred to our clinic by other providers. Stable housing is a social determinant of health. Unstable housing creates new health problems and exacerbates existing ones.**
4. **Expand school-based mental health services to an additional school in Greene County.**
5. **Work with Greene County Information Technology to replace outdated Windows XP operating systems which are no longer supported by Microsoft.**

Corporate Compliance, Quality Assurance, and Utilization Review

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

The Corporate Compliance Plan for Greene County Mental Health requires that all staff members go through annual training to refresh and update them on the plan. It also requires that we conduct self-audits, which are conducted quarterly. The purpose of the self-audits is to ensure that all medical documentation is completed, to ensure that billing practices are followed and to eliminate any chances for fraud, waste, or abuse of Medicaid or Medicare funds.

Each quarterly self-audit has resulted in some returned funds but they were always due to documentation errors. Never were they the result of intentional attempts at fraud or abuse of funds. Each return is addressed with the individual staff member who was responsible for the oversight or mistake. Additional training is provided whenever necessary.

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Open Access Clinic

In September 2015 Greene County Mental Health overhauled the way adult clients enter the clinic. The purpose of the change was multi-faceted; we wanted to reduce the amount of time it takes for a client to be seen after first contact with the clinic. We wanted to reduce the number of missed appointments for intakes. And we wanted to maximize the chance for engaging clients that might otherwise be hesitant to engage or drop out of treatment prematurely. This led to the creation of the Open Access Clinic.

The Open Access Clinic (OAC) works by having drop-in hours for all new adult patients desiring services from GCMH. They walk into the clinic any time between 9:00am-11:00am on Monday through Thursday. No appointment is necessary. They are then evaluated and the proper level of service is determined by a small treatment team of clinicians who staff the Open Access Clinic.

The OAC also allows for more efforts at engagement for clients who might be hesitant to engage. It also quickly and effectively refers out clients who are looking for services that we do not provide. The OAC also allows for clients who are truly ready and prepared for counseling to be assigned to therapists to begin their more intensive treatment. In contrast, those clients who are tentative to engage in treatment or those that require more frequent contact than what a therapist can provide can continue to be seen in the Open Access Clinic. Essentially, the OAC was created to meet the needs of our clients, rather than trying to make the clients fit a treatment model that does not entirely meet their needs.

In the six months since we implemented the OAC, we have seen steady use and a high volume of clients come through. Our waiting list has seen a drastic reduction from times in the past when there was more than a 2-month wait, to now only a 1-2 week wait for assignment to a therapist. The OAC has also completely eliminated the lost time and revenue associated with missed Intake appointments. It also allows for more comprehensive care and more chance at engagement for all clients coming through. Overall, the Open Access Clinic has been a great success for the community, our clients, and our clinic.

Fiscal Developments

The fiscal viability of any county mental health clinic across New York State is uncertain and demanding due to lower rates of reimbursement for service, growing employee costs, the uninsured and underinsured and a demand for increased services from the community. Greene County's Mental Health Clinic (GCMHC) is not immune to these issues. The clinic continues to balance the provision of evidence based, clinically relevant service while being mindful of the tax burden on Greene County tax payers. Clinical, fiscal and support staff have remained diligent in their efforts to keep costs low. In 2015 the department's cost to the county was approximately \$111,047. This figure is approximately \$106,000 below our anticipated budgeted cost.

The Greene County Mental Health fiscal department has experienced some challenges in 2015. After becoming accustomed with the changes to new Ambulatory Patient Groups (APG) rates in previous years and the transition to new Current Procedural Terminology (CPT) codes per the American Medical Association (AMA) guidelines, on October 1, 2015 ICD-10 replaced ICD-9 billing. This change presented issues around proper claim filling and updating diagnosis. Following a considerable amount of work the clinic has reduced the number of denials and corrected any outstanding claim issues. This has resulted in a reduced number of denials and rejection notices.

Despite Affordable Care Act (ACA) regulations requiring all citizens to enroll in a qualified insurance plan, the clinic notes some cannot afford the plans and would rather pay the fine, while others have experienced high deductibles

and copayments resulting in non-payment of the co-insurance/co-payment to the clinic. This continues to be an ongoing challenge for GCMHC, however a more structured discussion with clients at the commencement of treatment on payment plans and financial obligations is helping to address this issue.

GCMHC has achieved some major accomplishments in 2015 such as, continuing to engage in an open dialogue with clients who are uninsured or underinsured, assisting them to obtain insurance coverage whether public or private. Our uninsured rate in 2013 was 15%; in 2014 it was 10.1% and in 2015 dropped to 6.9%.

In 2016 the clinic will continue to work with those who are uninsured and refer them to the Healthcare Navigator, meet with those who are not meeting their financial obligations with the clinic and perform more internal audits to ensure the timeliness of revenue receipts and documentation compliance.

Technology Developments

Greene County Mental Health continues to use the Electronic Medical Record (EMR) system it implemented in 2013. All clients, whether they're seen at the clinic or at a satellite, have records within the EMR system.

One of our goals for 2015 was to improve IT and connectivity issues at satellite locations. While school-based satellites work efficiently and we have added additional remote connections such as at Greene County Jail and for the After Hours On Call Services, IT problems continue at the satellite locations located at the primary care doctors' offices. Despite numerous meetings and communication between the Greene County IT and the IT reps for the doctors' offices, little progress has been made with regards to improving those problems. Consequently, this continues to impact the efficiency of our staff members' work at those locations.

As indicated above, in keeping with our goals from previous years, we have extended the EMR to our forensic consultations at Greene County Jail. This has been extremely helpful in keeping a unified record for those clients who have received services at both the clinic and the jail.

Also in keeping with our goals from previous years, GCMH's After Hours On-Call services are also making use of the EMR remotely. This too provides for much more informed and comprehensive care than we were ever able to provide in the past.

Even though Greene County Mental Health transitioned to the EMR in 2013, our Medical Records Clerk is still in the process of scanning all hard copies of medical records that existed prior to the EMR transition in 2013. She does this in addition to her other substantial duties so this continues to be a gradual, steady, and time-consuming process.

Staffing News

Greene County Mental Health Center experienced several staffing changes during 2015 due to staff retirement and those leaving to pursue career advancement. This resulted in the loss of experienced clinicians, recruitment of new clinicians recently graduated from a Social Work program with limited clinical experience who require weekly clinical supervision and support as they transition to their new role. It can also effect assignments and revenue generation as Medicare and select commercial insurance companies will not reimburse for services provided by Licensed Master's Level Social Worker. This takes coordination and oversight at the front door in the assignment of clients.

ADULT SERVICES

Community Health Integration Program (CHIP)

With its roots in prevention and crisis management, CHIP continues to operate throughout the rural area and provide vital outreach services to residents in Greene County.

In 2015 CHIP maintained four of the six original established primary care physician (PCP) satellite offices in Greene County, with two offices unstaffed due to a retirement in the last quarter of 2014. One additional office was temporarily unstaffed due to staff maternity leave from July to September 2015. One location expanded to two-days per week, shared between two clinicians. CHIP clinicians provide mental health assessment and treatment services directly to clients at the satellite locations. The satellite offices (both part-time sites and located in Catskill) unstaffed in 2015 will be closed through the Office of Mental Health as the need can be met by the clinic location in Cairo.

For the past eight years, the Rural Health Network (RHN) has provided support of this program, including grants, which includes the salary for the hours spent by the coordinator on tracking screenings and referrals, a small budget for supplies, such as billboards, educational pamphlets and materials. This is the last program year of the financial support from RHN. The Coordinator role will change in that there is no longer the expectation that she track the mental wellness screens completed at the PCP location. Many of the PCP offices have screening measures built into their electronic medical record, for example the Patient Health Questionnaire 2 and 9. These measures duplicate the screening formally completed by CHIP.

Materials for each office were provided as in past years. This included new, updated copies of the screening instrument, brochures, fliers, and education materials.

With the success of the program, the coordinator has been receiving referrals from other organizations with a desire to collaborate and create similar models in their communities around New York State. These contacts occur throughout the year, some originating from the Office of Mental Health, the National Council for Community Behavioral Healthcare, others as a result of presentations made by the coordinator at local, regional and national conferences. Slideshow presentations and other materials generated as a result of CHIP are now posted on the State Office of Mental Health website and to be posted on the Greene County website. CHIP was featured in a National webinar by the Office of Mental Health and SAMHSA in 2013. The coordinator has participated in presentations to local Graduate students in 2013, 2014, and 2015.

Annual Data Summary:

Service Description	2015	2014	2013	2012	2011
Total Scheduled Appointments	731	1252	996	1130	1015
Kept Appointments (face to face contacts: brief assessment, crisis intervention, referral, etc.)	506	958	781	882	594
Screened (Mental Wellness Screen basic or enhanced)	775	2032	1004	418	940
Assessed/Intake Evaluation (billable services)	41	44	59	88	86
Home Visits	0	0	1	2	28

Two offices were unstaffed during the last quarter of 2014 and all quarters of 2015

Assisted Outpatient Treatment Program (AOT)

In 1999, New York State Enacted Legislation that provides for assisted outpatient treatment for certain people with mental illness who, in view of their treatment history are unlikely to remain safe in their community without supervision. The law is commonly referred to as "Kendra's Law" and is set forth in 9.60 of the Mental Hygiene Law. It is a civil and not a criminal law. This state wide initiative has been developed to assist clients who are non-compliant with treatment to obtain the mental health treatment they need and live safely in their community. There are clear and precise AOT eligibility requirements. Individuals under AOT receive priority access to case management, outpatient services and residential housing options. To date, seventy-one Greene County residents have been referred to the AOT program. In 2015, no new AOT orders were issued, six clients successfully completed their treatment and two were placed on enhanced status. Currently there are six clients on active AOT status and three clients on enhanced status. One AOT client was transferred to another county with his AOT and one client was incarcerated. During 2015, fifteen pickup orders were issued for AOT clients due to non-compliance or psychosis.

Assisted Outpatient Treatment Statistics	2015	2014
New AOT Orders Issued	0	5
Moved to Enhanced Status	2	1
Discharged from Enhanced	6	1
Active AOT Status	6	14
Active Enhanced Status	3	3
Pick Up Order Issued due to Non-Compliance	15	12
Inpatient Hospitalization resulting from Pick Up Order	8	5

Greene County Jail Services

Services provided by Greene County Mental Health Center (GCMHC) in the Greene County jail continue to reflect the trend of increasing need and utilization of psychiatric treatment in the jail setting.

A total of 516 interviews were conducted by the Forensic Mental Health worker; which included 169 suicide risk assessments and 347 supportive counseling and medication requests. Suicide Risk assessments 550 were completed at booking and reviewed daily on all new admissions. The Clinic's Medical Director provided an additional 49 medication related contacts. The jail did not have access to a psychiatric prescriber From September to December. We were able to have a prescriber from the clinic see 2 inmates on an emergency basis during this time.

Service Type	2015	2014
Interviews by Forensic MH Worker	516	452
Suicide Risk Assessments	550	537
Psychiatric Services	49	69

Several inmates were transferred directly from Columbia Memorial Hospital or Benedictine Hospital psychiatric floor to the Jail, requiring follow up psychiatric care.

There was one admission to Central New York Psychiatric Center (State Operated Forensic Inpatient Unit) CNYPC. Psychotic symptoms, suicidal thinking and behavior and refusal to accept medication treatment are frequently part of the determining factors that result in the request for admission to CNYPC. There are times when inmate meets

criteria for hospitalization but there are no beds available at CNYPC. Our local Article 28 hospital Columbia Memorial Hospital will not accept inmates for psychiatric care due to concern about safety and not being able to appropriately manage the inmate's psychiatric needs. Typically, we are able to stabilize these inmates with medication and/or supportive therapy before a bed becomes available at CNYPC.

Court Ordered Mental Health Evaluations continue to be conducted at the jail by the Forensic Worker. The clinic also provides 730 competency exams for the Courts on as needed basis.

The Greene County Mental Health Clinic on-call services are available as needed after hours, holidays and weekends.

The Greene County Jail has seen a trend of inmates presenting with increasingly significant psychiatric needs. Greene County Mental Health has responded to this need by improving suicide screening and prevention, providing a Licensed Clinical Social Worker daily to provide counseling services to inmates, providing 2 ½ hours per week of psychiatric medication therapy by a Psychiatrist, on-call services through the GCMH clinic on-call service for weekend and holiday needs, providing follow-up services for inmates upon release, providing case management services during incarceration, providing discharge planning when indicated and providing the staff to complete Court Ordered Evaluations. These services are provided with the intention of lowering the risks of psychiatric and behavioral emergencies, to increase the safety of inmates and staff as well as facilitate ongoing care for inmates needing Mental Health follow-up services.

The Substance Abuse problem in the County can also impact services at the jail. Those with substance use on incarceration may look to Mental Health services to provide an alternative to what they were using on the street. Those without previous Mental Health histories are evaluated and seen in an attempt to discern need for psychotropic medication vs. withdrawal and need for substance abuse treatment.

Family Court Services

Greene County Mental Health currently provides succinct mental health evaluations to Greene County Family Court to assist the Judges in their decisions. These services are billable to insurances while also serving the needs of the court. It has been reported by the Judge's that they find these evaluations very helpful in their deliberations in Family Court.

Sex Offender Treatment Program

The Sex Offender Treatment Program is coordinated by Greene County Mental Health Center's Associate Psychologist and a Senior Probation Officer from Greene County Probation. 2015 began with 9 active members attending the program in 1 group that operated Wednesdays from 4:30 pm until 6:00 pm, located in the Probation Department. In May of 2015, a new member was incorporated, making 10 active members. During the year, 1 member was arrested and briefly incarcerated for an alcohol-related offense, however this member was returned to the program a few months later and is currently attending regularly. Of these members, 6 members are registered at Level 1, one is registered at level 2, and one is registered at level 3. There are 2 members who are not on the Sex Offender Registry but are mandated to attend Sex Offender Treatment. During 2015 there has been no known sexual re-offending from existing program members.

At the end of 2015, the Program saw an influx of 4 new referrals. Of these referrals, 3 are registered at level 1 and one member is not on the Registry. This influx of referrals brought the total number of members to 14. The plan for 2016 will be to split into 2 separate groups, both on Wednesday afternoons. Currently attending members are all supervised in the community by the Senior Probation Officer. The groups run for 90 minutes weekly. The Senior Probation Officer attends and completes probation monitoring functions for the first 30 minutes, and the remaining 60 minutes are utilized for Sex Offender Treatment.

The Sex Offender Treatment Program serves 3 primary functions. The Program provides ongoing community supervision of members, groups provide a support network for members, and all members are expected to take responsibility for their individual offenses and openly discuss the changes they need to make in their lives in order to prevent further offenses. Victim Impact, trust, honesty, emotional maturity, and sobriety issues are often at the forefront of the focus in the groups.

The overall goal of the program is to improve community safety through preventing re-offending behaviors.

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 Mental Health, as well as members of community supports and services, such as the Greene County Department for Social Services, Greene County Adult Protective 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 ARC, Catholic Charities, or Will-Care agencies. In 2015 no additional supports were requested from other community agencies or entities other than those listed above.

2015 saw an increase in the use of the unified referral form as well as an increase in the number of referrals reviewed by the committee. Additional organizational and tracking measures were put in place, including that each client's file is now scanned and available electronically for committee members; each file is assigned a date of receipt (for tracking); and in late 2015, hyperlinks were uploaded into the roster to allow ease of navigation in that document.

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. High Cliff Terrace also has one (1) bed designated as Respite for any psychiatrically disabled adult of Greene County who is in need of respite due to escalation of psychiatric symptoms; family/significant other's need for respite; temporary homelessness.

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 of 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. There are a total of thirty (35) SHUD apartments. Five (5) of these beds are designated specifically for homeless families / individuals. 5 additional beds were added in 2015. All recipients of a SHUD grant must also demonstrate eligibility with a psychiatric disability.

The following reflects applicants in 2015 VS. 2014:

Residential	2015	2014
Submitted applications	77	42
Removed/Inactive	20	27
Determined eligible/rostered	45	12
Pending	12	5
Admitted	23	12
Wait List	20	13

There may appear to be a discrepancy between 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 2014 were placed in housing in 2015; individuals are carried over from other years.

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.

There is an increasing number of psychiatrically impaired individuals finding their way into the judicial system. Many of these individuals are severely psychiatrically impaired, and as a result of their illness become involved with the legal system.

Many recently released inmates, psychiatrically impaired or not, have limited, if any, family or social supports. Upon incarceration, many individuals lose their housing, as well as their belongings, and find it necessary to start over upon release. With limited funds, this becomes difficult, many resorting to whatever services they may be able to acquire through DSS. These individuals have a difficult time finding safe, permanent, affordable housing after release from jail.

There has been an increasing number of referrals from jail and prison systems this service year. Typically these systems do not recognize the limitations of the settings available in Greene County, and applicants are often ineligible due to a lack of structured settings. Referrals from the justice system are usually directed elsewhere.

Likewise, local psychiatric inpatient providers forward referrals to Greene County for applicants that are waitlisted in other counties that also may be inappropriate for the level of care available within the County. As such, many of these referrals are redirected to more appropriate service settings.

There are an increasing number of AOT (Assisted Outpatient Treatment) than ever before, placing a strain on already strained resources in the community. AOT clients are typically placed at the top of the housing list. Many of the clients on the list have been consistently bumped in favor of an AOT client, leaving them waiting for housing for two or more years.

There remains a significant need for **permanent supervised housing** for the segment of the psychiatric population in Greene County that is aging and/or has multiple health issues and/or personality disorders which seriously

compromise their ability to live independently, even with the assistance of an Intensive Case Manager. This subset of clients requires permanent and safe housing accommodations that provide medication oversight and assistance with 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 age 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 increase need for **permanent housing** for the growing segment of the population released from County Jail or other incarceration.

Adult Care 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 their involvement with the aforementioned systems results from non-compliance with recommended outpatient services and lack of community supports to monitor functioning and needs. Additionally, as a result of Kendra's Law, passed by the NYS Legislature in 1999, Adult Intensive Case Managers 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 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. The Adult SCM visits clients bi-weekly (2x) mo. In the newly formed Hudson River Health Home, Care Managers provide linkage between the individual and health care providers. Greene County now has both Case Managers and Care Coordinators, both of whom meet with their clients in the community, on psychiatric inpatient units, at mental health centers and in their homes to provide support, advocacy, linkage, coordination of care; monitoring compliance with treatment and diverting crisis by seeking to resolve identifiable stressors/triggers as they arise. Precipitants to crisis may include non-compliance with medication, onset of symptoms due to housing, financial, family and social stressors.

The Adult Case Managers maintain ongoing communication with all providers who are mutually working with the individual in order 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 (formerly VESID); 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) and tenure in the community of Greene County.

The Mental Health Association of Columbia/Greene Counties employs three (3) Adult Care Coordinators (formerly Supportive Case Managers (SCM) and one (1) Adult Intensive Case Manager (ICM), both of which are now providing services through the newly implemented Hudson River Health Home. Capital District Psychiatric Center employs two (2) Adult ICM's for Greene County that are embedded within MHA. They operate and bill Medicaid and Medicare in the traditional model. In this new role as Care Managers, both are providing traditional services through the use of legacy slots while also enrolling new applicants in the Health Home Services, a lower intensity service, for Medicaid recipients. Caseloads have expanded to approximately 30 to 40 individuals per care manager. Individuals who were not found to be eligible for ICM level of care were referred to Care Coordination (less intensive) level of care.

For purposes of clarity, Care Manager data and Care Coordinator data have been separated, and are listed below.

The following reflects applicants in 2015 vs. 2014:

Care Management (trad. ICM and SCM srvs.)	2015	2014
Submitted applications	7	5
Removed/Inactive	0	0
Determined eligible/referred	4	8
Pending	0	0
Admitted	4	8
Wait List	0	0

Care Coordination

In 2015 there was increase in the use of Care Coordination Services, 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. The Mental Health Association employs four (4) Care Coordinators, two full time and two part time workers, with full time caseloads averaging 40 clients each. In 2015 Care Coordinators saw an increase in case load of nearly 50%, reflective of community need and payer expectations.

Over the course of this service year, applications for this less-intensive program were forwarded directly to MHA, by-passing the SPOA 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, while some data is available through the SPOA for this program, the figures here represent a small fraction of the numbers of individuals served.

With the introduction of this new service, every applicant requesting Care Coordination was referred; individuals requesting Care Management that did not meet that eligibility criteria were also referred to CC. Wait time was eliminated as caseloads were expanded this year. There were no waitlists for Care Management or Coordination. Applications referred for this higher level of care are typically individuals who are admitted under a court order (AOT).

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**. The reduced numbers in individuals applying for a single service is demonstrated below.

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.

Care Coordination	2015	2014
Submitted applications	19	30
Removed/Inactive/deferred to ICM	0	5
Determined eligible/referred	19	23
Pending	0	0
Admitted	19	23
Wait List	0	0

CHILDREN'S SERVICES

Clinic Based Mental Health Services

The clinic has 4 clinic-based children's therapists on staff. There are also 3 therapists who have blended (adult and child) caseloads and provide counseling to a number of youth and families. The clinic has a children's RN who triages initial calls for services and assigns intake appointments. She also manages crisis calls from schools, parents, and other agencies throughout the week. This nurse is also the SPOA coordinator for Greene County Children's Services, so she is aware of which families are at risk, assists in connecting them with available services, and monitors appropriate levels of supports.

Children's therapists provide both individual and family therapy to a case load of children and transitional age youth (18-21.) They coordinate with collateral agencies including schools, case managers, medical professionals, law guardians, hospitals, and probation to best meet the often complex needs of high risk youth in the community. Children's therapists also provide individual parenting support and training to adult clients upon request. Several therapists have provided in-service training and support in the community upon request as well as providing crisis intervention and support in and outside of the clinic.

The Children's Psychiatrist on staff is in the clinic 5 days per month for assessment, consultation, and ongoing medication management. The children's therapists also work hard to collaborate and consult with primary care physicians in the community who provide medication management for their clients.

School-Based Mental Health Services

GCMHC continues to have school-based satellite programs in several school districts. These include Windham/Ashland/Jewett school district 3 days per week, Cairo/Durham Middle/High School 4 days per week, Cairo Elementary 3 days per week, and Catskill Elementary staffed four days per week. School districts support these collaborations with approximately 25% funding (adjusted based on the number of days the clinician is at the school). As we do every year, the Director of Community Services meets with school superintendents each spring to discuss satellite programs and has received positive feedback about this service. School based services are overseen by the Clinical Supervisor 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 trainings when requested.

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 committee meets every Thursday morning at Greene County Mental Health with one meeting per month dedicated to a census update and utilization review. The working committee is made up of representatives from Greene County DSS, Greene County Youth Bureau, Parsons Waiver program, Greene County Mental Health, Mental Health Association of Columbia and Greene Counties, and the SPOA Parent Peer Partner. Greene County Probation, Ulster/Greene ARC, the Reach Center, and Catholic Charities continue 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. The Tier I/II quarterly meetings bring together management personnel from all of the above mentioned agencies and local schools to discuss county-wide issues and initiatives involving children and families in need.

The 6 Home and Community Based Waiver (HCBW) slots for severely emotionally disturbed children continue to be utilized to full capacity. Currently there are 6 children on the wait list for these services which is reviewed upon openings to prioritize families with the highest need. The New York State Office of Mental Health continues to fund these slots which are contracted through Parson's Child and Family Center. The goal of this intensive program is to provide children, at the highest risk of placement and/or hospitalization, and their families, an enriched service plan while remaining at home in their communities.

SPOA continues to be the conduit for all case management referrals. Greene County currently has approximately 62 slots for case management services: There are 20 Supportive Case Management Slots and 18 Intensive Case Management slots through Greene County Mental Health (including 3 for transitional age clients) and 24 Supportive Case Management slots through the Mental Health Association.

SPOA has also served as a referral mechanism for other services and support programs including Pre-PINS, Respite, IAPP (Intensive Aftercare Prevention Program), mediation, kinship care support, Twin Counties Substance Abuse services, Peer/Parent support, Autism Connection, and the Reach Center. SPOA is the referral source for two resources in case children need to be placed out of their homes: Community Residences and Residential Treatment Facilities, both administered by the Office of Mental Health.

In 2015 the committee received 60 new SPOA referrals and 19 SPOA reviews to follow-up on previous SPOA meetings. These referrals came from many different sources including Mental Health, schools, Greene County Youth Bureau, and Psychiatric Hospitals. Case management continues to be the most utilized resource in the county for children and families. There were 49 new referrals made to case management services (combined ICM, SCM and MHA). Other top referrals include Greene County Mental Health (13), the OMH Waiver program (7) for the most intense cases, Parent Peer Advocate Services (38), and Mental Health Association Respite (20). There are currently 11 children on the wait list for Respite Services.

Early Recognition and Screening Program

The Early Recognition and Screening Program concluded the 2015 - 2016 school year with 763 screens with each of the six schools in Greene County participating. 266 screens were designated High Risk; of the 266 High Risk youth at least 76 or 28% have completed an intake at Greene County Mental Health. We cannot track youth who seek treatment outside the clinic. Since Greene County Mental Health cannot serve children under five years of age, screening begins at 4.6 years of age.

The ERS maintains relationships with Head Start, Early Intervention, Infant Mental Health in addition to other service providers in Columbia and Greene County in order to be connected to a full range of services. The ERS also works closely with GCMH Case Managers to facilitate a youth support group called Future's Promise which is part of the larger NYS Families Together and Youth Power organization. The goal is to teach youth to advocate for themselves and increase coping skills through recreational activities. The meetings average about 10 youth per meeting. Activities have included painting, blanket making, learning board games, and other craft activities that could be done at home.

This Grant Funded Program will end in December of 2016. The Office of Mental Health will no longer provide funding for this initiative.

2015 -2016 School Year		2014 – 2015 School Year	
Total Screens	763	Total Screens	573
High Risk Screens	266	High Risk Screens	185
% High Risk	34.8	% High Risk	32

High Risk Screens & Ages

Age	Number
4	2
5	25
6	15
7	18
8	13
9	21
10	22
11	18
12	17
13	20
14	28
15	22
16	18
17	25
18	2
Total	266

Tabling Events:

Tabling events offer an opportunity for the ERS (Early Recognition Specialist) to display informational brochures, screens, and other information for public use. Promotional items with Mental Health Clinic information are also provided.

Events:

- National Night Out - Dutchmen’s Landing
- Parents, Partners, Pancakes - Catskill High School
- Senior Health Fair - Washington Irving Senior Center
- Greene County Youth Fair - Angelo Canna Park, Cairo, NY
- Out of the Darkness Walk to Prevent Suicide - Dutchmen’s Landing, Catskill
- Rural Health Network Health & Screening Fair - Columbia Memorial Medical Arts Building
- Open House - Catskill Middle School
- Open House - Cairo Elementary School
- Recovery Month showing of the movie Anonymous People
- Community Forum - Coxsackie, Athens, Greenville

ERS Committee Participation:

- Greene County Mental Health Sub Committee - Chair
- Greene County Community Services Board - Secretary
- Greene County OPWDD Sub Committee
- Greene County OASAS Sub Committee
- AFSP Out of the Darkness Walk
- Columbia - Greene Suicide Prevention Task Force
- PAS It On
- Local Early Intervention Committee
- MAPP Public Health Committee
- New York Success Systems of Care
- Infant Mental Health

COMMUNITY SERVICES BOARD & NAMI

Greene County Community Service Board

The Greene County Community Service Board (CSB) and its Sub-committees continued their active role in overseeing the Mental Health, Substance Abuse, and Developmental Disabilities programs in Greene County. The CSB is comprised of members from the following sub-committees; Mental Health, the Office of People with Developmental Disabilities (OPWDD) and the Office of Alcohol and Substance Abuse Services (OASAS). 2015 continued to be a year of challenges with all of the changes in healthcare, services, and organizational structure of many NYS governing and service organizations. Areas of focus include the transition to managed Medicaid; Delivery System Reform Incentive Payment Program (DSRIP) part of Medicaid Redesign that focuses on the avoidable use of the ER and avoidable hospitalizations over a 5 year period; transition of Children's Case Management into Health Home and enrollment of children into health home. DSRIP will begin its second year in April 2015, Albany Medical Center being the DSRIP lead for Greene County. The Director of Community Services has been involved in multiple meetings around the Integration of Primary Care and Behavioral Health Services and Behavioral Health Community Crisis Stabilization. The client experience of care including quality and satisfaction, improving health of populations and reducing the per capita cost of healthcare remain at the forefront.

As in the past, the Subcommittees reviewed the programs and agencies in their particular oversight area in order to gain a greater understanding of the programs and service gaps in the county for each disability, prioritized recommendations, and evaluated potential funding streams. Mental Hygiene laws require that OMH, OASAS, & OPWDD formulate local service plans that are maintained by the OASAS Bureau of Information Technology. Local services plans are central to State long-range planning and budgeting. The Local Services Plan for 2016 completed by the Director of Community Services following collaboration with the Community Services Board included focus on housing availability and stability; transportation; using a Systems of Care Approach to improve service outcomes for children, youth and families in Greene County; enhancing and integrating local OPWDD services within Greene County; providing community education that highlights addiction as a chronic disease that can respond to treatment and having a more dedicated and coordinated public health focus on mental health and addiction as chronic diseases.

In July 2015 The Mobile Crisis Assessment Team (MCAT) provided by Mental Health Association of Col/Greene County became operational. Reinvestment dollars from the closure of article 28/31 inpatient psychiatric beds supported this much needed service in the county and in response to a proposal written by the Director of Community Services. From July through December 2015, 189 unduplicated individuals were served by MCAT. MCAT is referring and linking many of these individuals to clinic based services.

Greene County NAMI (National Alliance of the Mentally Ill)

Greene County NAMI is in the process of being under the umbrella of NAMI New York State with the plan to re-establish support groups locally and to staff some dedicated hours on a weekly basis in the Mental Health Clinic to provide information to parents and loved ones of those with a mental illness in addition to resuming a Family to family Class in late spring.

