Greene County Mental Health Center

905 GREENE COUNTY OFFICE BUILDING
CAIRO, NY 12413

2021 Annual Report

Prepared by: Jason Fredenberg, Psy.D.,
Director of Community Services
& Mental Health Center Staff

INTRODUCTION

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

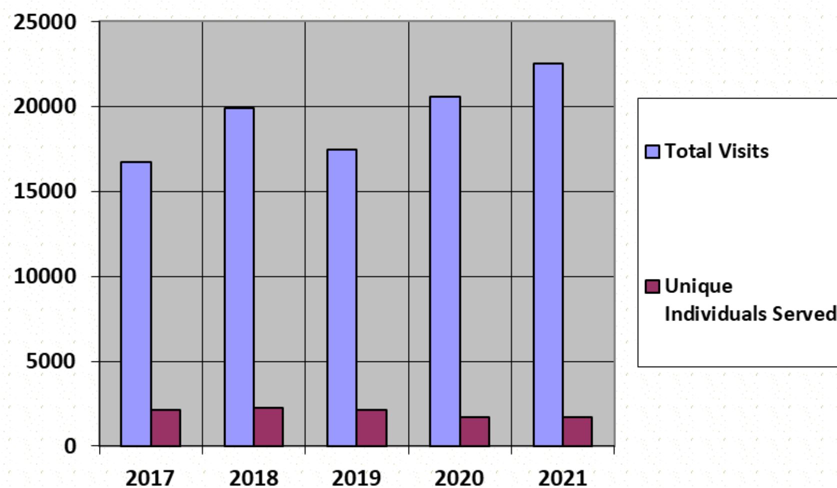
CENSUS INFORMATION

Over the course of 2021, Greene County Mental Health Center (GCMHC) served a total of 1,720 unique individual clients; 1,221 Adults and 499 Children & Adolescents. We provided 22,547 billable direct service contacts to 983 Females and 737 Males.

5 Year Census Data Comparison

2017	2018	2019	2020	2021
Total Visits - 16,713	Total Visits – 19,878	Total Visits- 17,443	Total Visits- 20,579	Total Visits- 22,547
Adults – 11,580	Adults – 14,292	Adults – 12,107	Adults – 13,655	Adults-16,548
Children – 5,133	Children – 5,586	Children – 5,336	Children – 6,924	Children-5,999
Total Unique Individuals Served 2,141	Total Unique Individuals Served 2,222	Total Unique Individuals Served 2,115	Total Unique Individuals Served 1,679	Total Unique Individuals Served 1,720
Male 41.8%	Male 46.17%	Male 46.44%	Male 44.18%	Male 42.85%
Female 58.2%	Female 53.83%	Female 53.56%	Female 55.82%	Female 57.15%
Adults 75.4%	Adults 71.24%	Adults 69.4%	Adults 75.5%	Adults 71%
Children 24.6%	Children 28.76%	Children 30.6%	Children 24.5%	Children 29%

5 Year Data Comparison Total Visits Vs Unique Individuals Served



Evaluation of 2021 Goals

1. Continue to meet the needs of the community with regards to the COVID-19 Pandemic

As we all know, the COVID-19 pandemic first hit Greene County in March 2020, but the impact has continued throughout 2021. The lessons learned by Greene County Mental Health in 2020 with regards to providing services remotely had prepared the clinic to continue to meet these challenges.

Some of the adaptations GCMH made include streamlining electronic consents for our clients by using our new reminder system's "Pre-check" function. We've also enhanced our Telemental Health Services by offering telehealth from all locations to ensure that clients could access us anywhere.

With telehealth now permanently added to our license and operating certificate by the New York State Office of Mental Health (OMH), we are able to continue to provide telehealth services indefinitely, when indicated. In accordance with guidance by OMH, Greene County Mental Health continued to provide the majority of its services via telehealth throughout 2021.

As we started to bring staff back into the clinic, we found that many clients still needed telehealth services. However, due to computer hardware and network limitations in our building, the amount of telehealth services that can be conducted from the building is limited. This forced us to maintain a hybrid schedule where clinicians continue to work remotely a few days per week, while rotating into the clinic on the other days. This allowed us to simultaneously minimize the number of clients coming through the building, while also not overwhelming the computer network with the high number of telehealth sessions still being conducted. Evidence that this arrangement works can be seen elsewhere in this report where it's noted that the number of services provided in 2021 saw an increase over the previous year.

Our school-based clinicians were able to return to the schools in September and they were well-prepared for the anticipated increased demand for services as children returned to in-person learning at the beginning of the school year. This increased need was immediately noticeable in some schools, while others saw a longer delay before the demand for services increased. Greene County Mental Health maintained all of its contracted services with each school throughout the pandemic and into the beginning of the 2021-2022 academic year.

As 2021 drew to a close, the clinic was attempting to bring more clients and staff back to meeting in person at the clinic for services. Since many clients are still not feeling safe or comfortable doing so and because of the computer network limitations, many services continue to be provided remotely. This will likely continue, to some degree, well into the future. Our intention, however, is to begin increasing in-person services to whatever extent possible as we move forward.

2. Continue to address the Opiate Epidemic and other issues with substance abuse within the County

Greene County continues to be deeply affected by the Opiate Epidemic. While the county was being ravaged by the impact of the COVID-19 pandemic, it also saw an increase in opiate overdose rates during that same time.

One significant factor in bolstering the ability to combat this in the county has been the involvement of the Healing Community Study (HCS). The HCS is a 4-year study funded by the National Institute for Drug Abuse

(NIDA) and managed by Columbia University. It is aimed at reducing the rate of overdose deaths by opiates by 40% over 4 years. The HCS has brought together numerous providers in the County in numerous ways to collaborate and share services like Greene County has never seen before. It has also funded numerous new initiatives all with established plans for sustainability once the study ends and funding comes to a close.

Greene County Mental Health plays an integral role in facilitating these initiatives and collaborations. Some of these developments in 2021 include performing much of the groundwork to begin an Opiate Treatment Court by early 2022 to engage people arrested for opiate and other drug-related offenses in treatment in a speedy and monitored fashion. Another expansion in 2021 was use of Certified Peer Recovery Advocates (CRPA's) who help meet the need of county residents and also held facilitate collaboration between agencies. 2021 also saw Greene County Mental Health expand its use of Medication Assisted Treatment (MAT) for Opiate Use Disorders. GCMH has also continued its collaboration with Greene County Family Planning to have a co-located clinician in Family Planning to help engage more shared patients.

As we move into 2022, more work is slated to occur with the aim of expanding and continuing the sustainability of existing services in the county to address this growing problem of opiates in the county.

3. Complete revisions to the Policy and Procedure Manual and the Corporate Compliance Plan

The Quality Assurance Coordinator and Agency Compliance Officer has made concerted efforts to update and revise both the Policy and Procedure Manual and the Corporate Compliance Plan. This is an ongoing goal but significant progress was made in 2021 in updating those manuals.

GOALS FOR 2022

1. Adapt to the new world of service provision after the height of the COVID-19 Pandemic

The COVID-19 Pandemic has had significant impact on the way in which mental health services are delivered across the industry. So of course, Greene County Mental Health is no different.

The provision of telehealth services was an essential adaptation during the pandemic in order to provide services that were so desperately needed. While it served an important function throughout the times of quarantine and the pandemic, it may carry other benefits with it into the post-pandemic future. Specifically, with transportation historically being one of the main barriers to accessing mental health services in our rural county, telehealth may allow some people to access services in the future who might have otherwise been unable to. The exact future for this remains to be seen but we are confident that telehealth, to some degree, will very likely be a part of our provision of services well into the future.

However, although there are demonstrated benefits of telehealth, there is still a high demand and necessity for in-person services. There are also great advantages to having a workforce that is working on site and able to collaborate in ways that only in-person interaction can afford. Greene County Mental Health recognizes this and is therefore committed to finding ways to manage the limitations we have, but to bring as many staff members back to the clinic as possible. We at GCMH strive to return to a pre-pandemic state of functioning and will be working toward that into the next year.

2. Continue to address the Opiate Epidemic

Greene County is one of the counties hit hardest in New York State by the opiate epidemic. Unfortunately, however, despite the new services and initiatives started in the county over the past few years, we have seen the overdose deaths worsening. This is most likely due to the impact of the pandemic as well as the recent increase of deadly levels of fentanyl found in the drug supply. For this and many other reasons, the opiate epidemic is likely to be an ongoing problem well into the future. Combating this will continue to be a major goal for Greene County Mental Health.

Greene County Mental Health has already helped initiate the expansion of services and resources in the county. It has also been essential in fostering the collaboration between various provider agencies and residents and resources in the county in order to address this issue. Over the past few years, Greene County has seen the establishment of an Opioid Court, an expansion of Medication Assisted Treatment (MAT) for opioid disorders, expansion of Certified Peer Recovery Advocates (CRPA's), and various other initiatives and collaboration between agencies. As we move into 2022 and beyond, Greene County Mental Health will continue to be the lynchpin in leading and facilitating this collaborative approach to combat this epidemic.

3. Staff Retention and Development

Since the COVID-19 pandemic, agencies throughout the mental health industry have experienced significant problems with staff retention and development. There are various possible reasons for this ranging from high levels of staff burn-out, to clinicians leaving established brick and mortar agencies for telehealth-only service providers. Unfortunately, Greene County Mental Health has not been immune to these struggles.

In 2021, Greene County Mental Health had 5 fulltime employees resign from their positions, with an additional 4 staff members putting in their resignations in early 2022. Further, some of the vacancies we've had have received little interest from qualified potential applicants. Being short-staffed in this way while the demand for our services is simultaneously increasing, strains our existing resources and puts an extremely high level of stress on our staff. Therefore, our goal for 2022 is to find ways to entice qualified applicants to our agency and to help support and retain the existing staff we have.

In 2022, GCMH will offer staff additional support and training to help manage the day-to-day stress associated with being frontline workers, as well as helping them foster techniques for working directly with clients impacted by the pandemic.

In addition, our department will also be offering more long-term arrangements to create flexibility for clinicians to meet the needs of their clients, as well as to help create a healthy work environment. These arrangements may consist of 4-day workweeks with longer evening hours to benefit those of our clients who work during normal business hours. Another option would be to offer additional staff training days, as well as to consider ongoing hybrid telework options for those whose positions warrant it. Most of these options are being employed by other agencies in the field in attempts to address this industry-wide problem with staff development and retention.

4. Expansion of Peer to Peer Mental Health Services for Veterans

Greene County Mental Health and Greene County Veteran's Agency will be working in tandem to develop a dedicated peer program for Greene County Veteran's by utilizing The Dwyer Program funding through the NYS Office of Mental Health. The Dwyer Program provides non-clinical support by Veterans to other Veterans. The support by these Veteran peers helps provide resources and connections to community organizations as well as assists those in need of reintegration support. The program will help engage not only veterans but also their spouses and families.

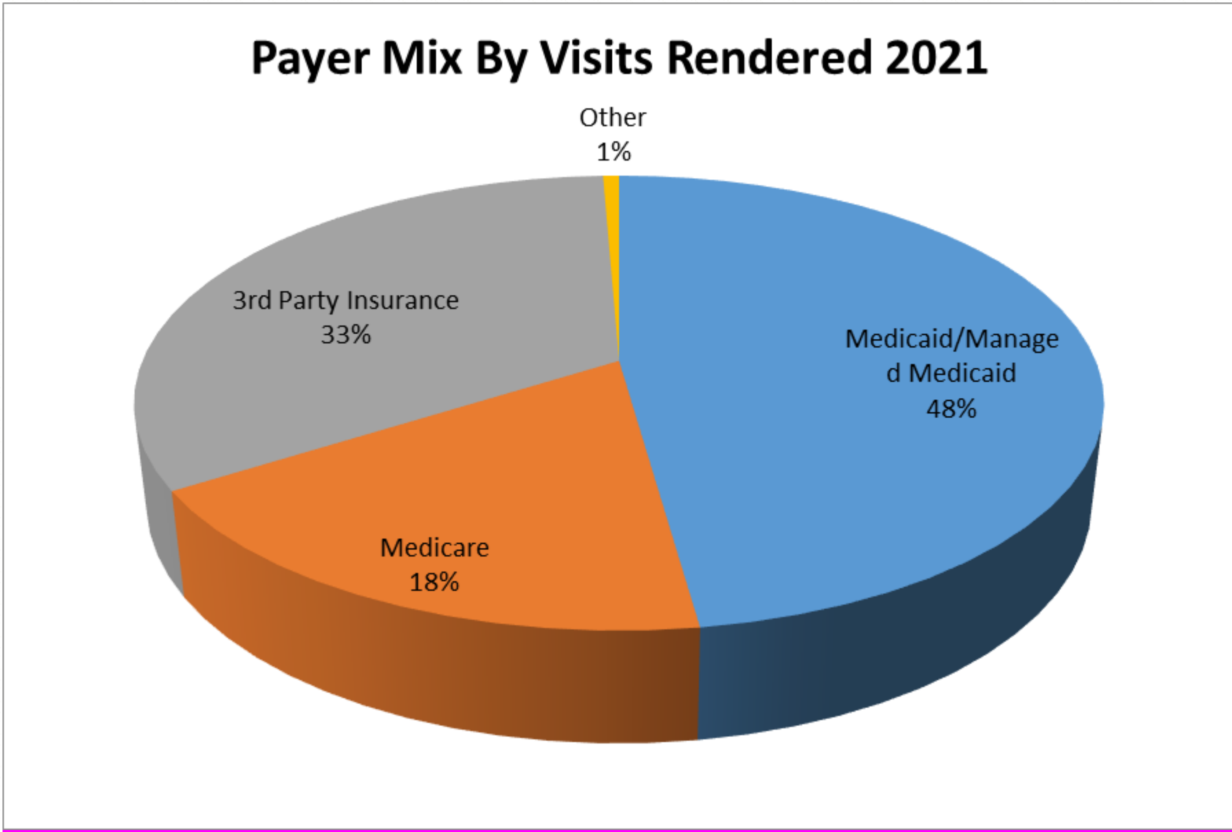
Fiscal Developments

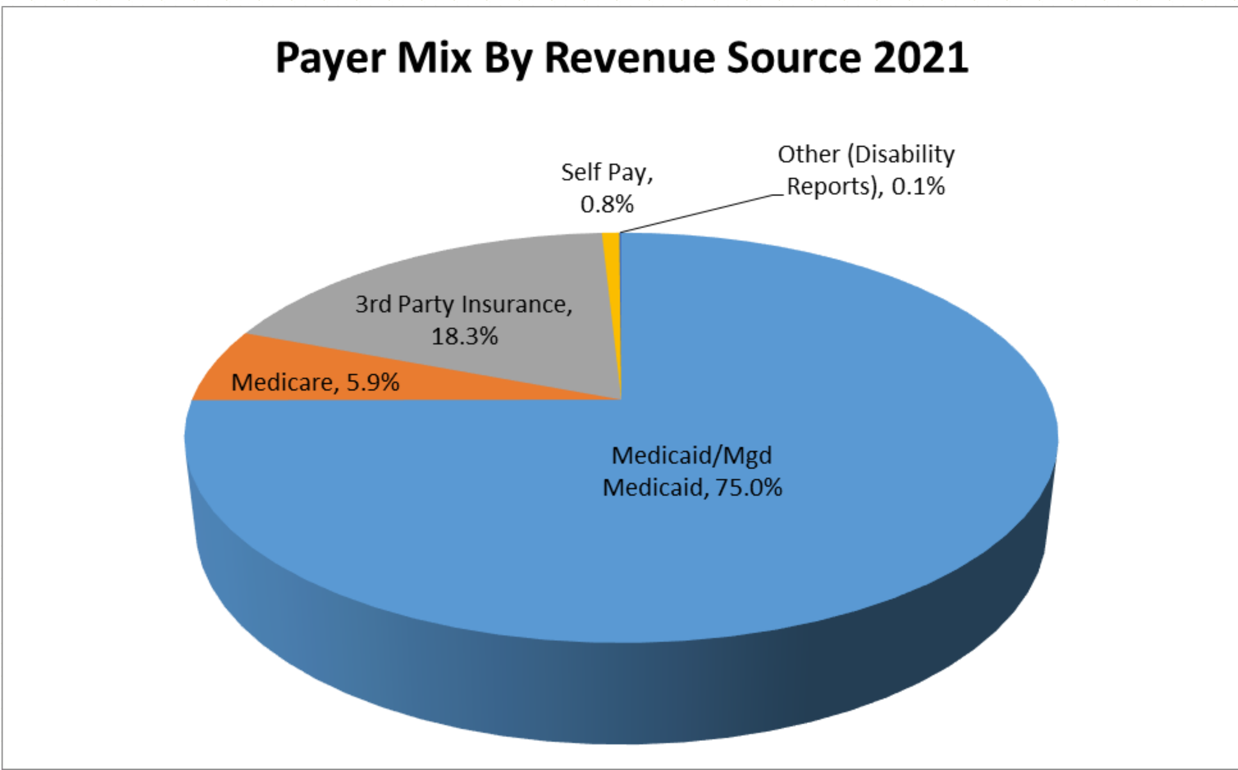
The Mental Health Department has changed in many ways over the past two years but yet still continues to balance the provision of evidence based, clinically relevant service while being mindful of the tax burden on Greene County tax payers. All staff have remained diligent in their efforts to remain efficient and productive during these trying times. In 2021, the department's estimated cost to the county was $672,315 approximately $836,710 below our anticipated budgeted cost. Many factors attributed to the department falling under budget which included, increased in direct care services rendered, decrease in staff costs due to vacancies, and a decrease in CPL730 Commitments expense.

Additional information on increase revenue in 2021: Greene County Mental Health experienced a significant increase in referrals compared to 2020. Not only did we service and additional 41 unique individuals, we also furnished nearly 2,000 more services to our clients. We believe this is thanks to our staff's ongoing engagement with clients and the ability to have flexibility when scheduling appointments both on the part of the provider and the client. Our hope is that this pattern continues into the future so we can continue to engage well with our clients and meet the needs of our community where ever they may need to be served, both at the clinic, or in their homes via telehealth.

Additional information on cost savings in 2021: In April 2020, NYS OMH stopped contributing their 50% share of our state forensics contracts which lead to Greene County absorbing 100% of the expense. After frequent requests, evaluations and follow up with the state forensics unit we were able to apply for Jackson Relief and have the inmate moved to a state psychiatric hospital vs the prison ward. The benefits to this relief are we no longer had to contribute to cost of care for the one particular inmate that we had which has saved the county over $257,000 in 2021.

Payer Mix by Patient vs. Revenue Received





Delivery System Reform Incentive Payment (DSRIP)

Greene County Mental Health continued to actively participate in the DSRIP (Delivery Systems Reform Incentive Payments) Program. The program funded by New York State and managed by BHNNY (Better Health for Northeastern New York), is a community-level collaboration that focuses on reducing overall costs associated with the Medicaid program while improving population health and clinical treatment.

Data was pulled not only from the clinic's Electronic Medical Record, but also from the OMH PSYCKES database and submitted monthly to DSRIP by the MH Quality Assurance Coordinator/Agency Compliance Officer and the Deputy Director of Community Services. Metrics were paid on a pay for performance scale through June of 2020 and due to the COVID 19 pandemic were temporarily suspended through the fall when the contracts were changed to pay for submission.

Greene County Mental Health received a total of $46,408 in 2020 from DSRIP funds, with a residual balance paid in 2021 for the January 2021 submission. Participation in this program continued to helps us provide better quality of care to our clients and prepare us for value-based contracts in the future.

DSRIP programming ended in December of 2020 with final submission in January 2021, however Greene County Mental Health continues to participate in collaborative group meetings focused on reduction of hospitalizations, high utilization of Medicaid dollars, and best outcomes for clients served.

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

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

In February 2020 the clinic opted into the OUD (Opiate Use Disorder) Initiative as it tied into other programs and initiatives the clinic was focusing on surrounding opiate overdoses and opiate use disorders. Due to the COVID-19 pandemic, all initiatives were suspended and planned to resume in April 2021.

In April 2021 the initiative was again rolled out to clinics with an emphasis first on expanding telehealth capacity and securing permanent administrative approval from the NYS Office of Mental health for telehealth which Greene County Mental Health had preemptively done in July of 2020.

The Opiate Use Disorder Clinical Quality Initiative aligns with and prepares Greene County Mental Health to enhance services to those with mental health and substance use disorder as the NYS Office of Mental Health and the NYS Offices of Addiction Services and Supports move toward an integrated care model to treat the most vulnerable high risk population in Greene County.

Corporate Compliance, Quality Assurance, and Utilization Review

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

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

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. GCMH continues to conduct quarterly self-audits to ensure high quality of care is provided, documentation and billing is done properly and in accordance with applicable regulations.

In 2021 we continued to focus on, monitor, and track the 7 key areas of compliance risk (billing, payment, medical necessity and quality of care, governance, mandatory reports, credentialing and other risk areas). The staff has been trained in this and procedures for tracking and monitoring these areas have been put in place.

The GCMH fiscal office continues to employ various procedures to ensure that all billing is done properly and ethically. Further, GCMH also transitioned to new Practice Management software that is better integrated with the Electronic Medical Record. This will allow for much more accuracy as well as data collection and monitoring for all clinical documentation and billing activities.

Staffing News

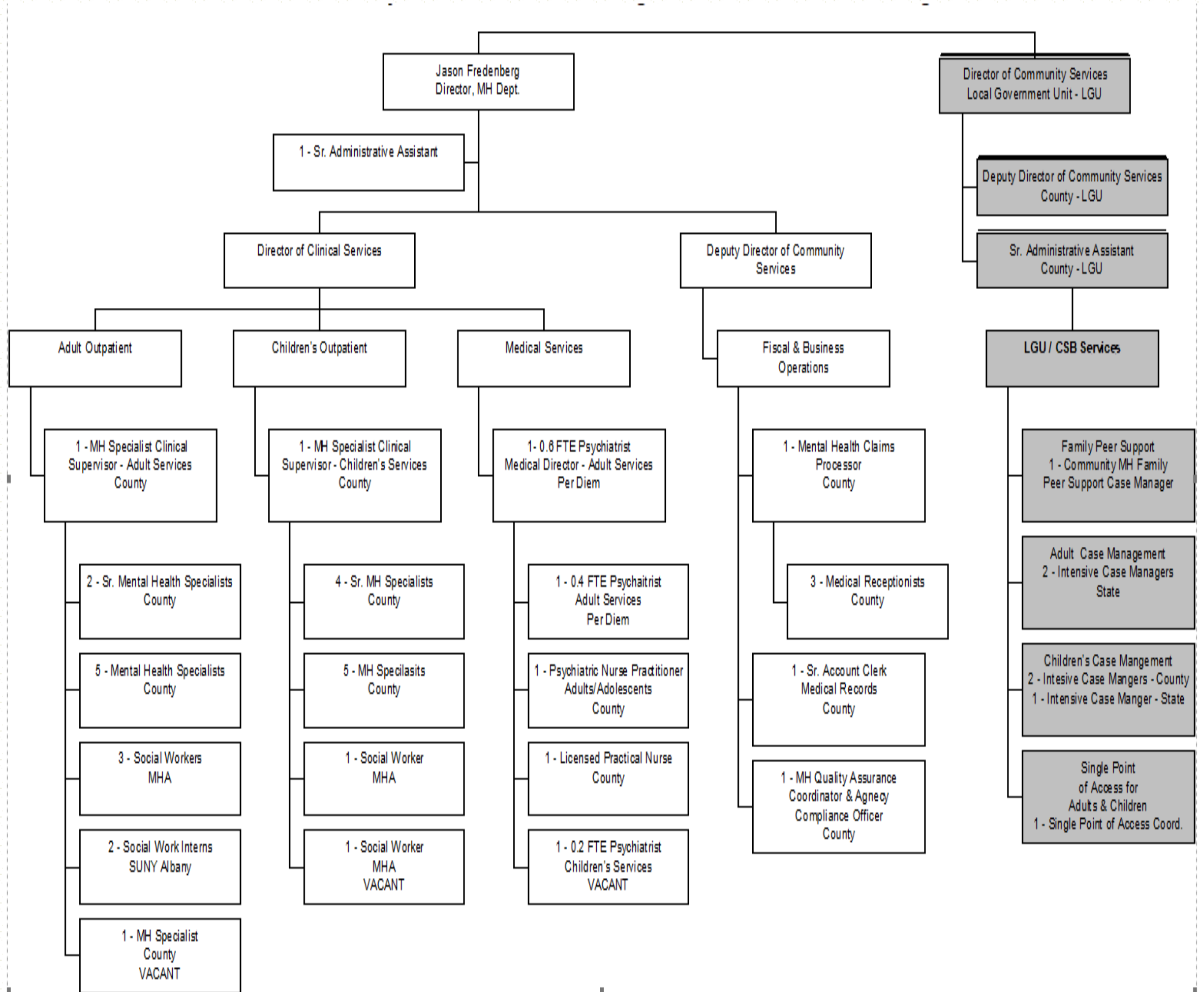
Greene County Mental Health Center experienced several staffing changes during 2021.

We had a change in contracted psychiatry providers with the departure of one, and the rehire of a former provider. On the social work side we saw the resignation of a Mental Health Specialist, and one contracted social worker. A Medical Receptionist resigned and an Account Clerk retired. During the year we were able to hire for a vacant LPN position, refilled the Medical Receptionist position, and were able to fill 3 vacant Mental Health Specialist positions.

In early 2021 we hosted a nurse practitioner intern from SUNY Delhi. In fall of 2021 we welcomed 3 student interns from SUNY Albany's Master in Social Work program who will be with us until May 2022. GCMHC also hosted 4 students from Columbia Greene Community College's Nursing program for their rotation through mental health services.

One staffing challenge GCMHC continues to experience is that some of our social work hires in recent years are new to the social work field, with limited clinical experience, that require weekly clinical supervision and support in transitioning to their new role. It can also affect case assignments and revenue generation as Medicare and select commercial insurance companies will not reimburse for services provided by a Licensed Master's Level Social Worker. This takes coordination and oversight at the front door in the assignment of clients.

Staff Organizational Chart



Staff Trainings

During the course of 2021 employees took part in in-house staff development trainings, mandated County trainings, outside educational opportunities. As in 2020, opportunities remained limited during 2021 due to COVID restrictions.

In House Staff Development & In-Services included the following topics: Addressing OUD in Mental Health Treatment, Implicit Bias & Diversity, Introduction to LGBTQ+ Identities & Experiences, Medical and Legal Recreational Marijuana in Treatment, Diversity in the Therapy Room

County Mandated Trainings included: Workplace Violence, Workplace Bullying & Violence Prevention, NYS Discrimination and Harassment, and Sexual Harassment

Outside Educational Training Opportunities included: the Annual Boston International Trauma Conference, Suicide Assessment and Intervention, Eating Disorder training, and Preventing Additional Trauma for Juvenile Justice Youth

ADULT SERVICES

Open Access Clinic

The Open Access Clinic was created in September 2015 when GCMHC overhauled the way adult clients are seen at the clinic for the first time. The purpose of this change was multi-faceted; we wanted to reduce the amount of time it took for a client to be seen after first contact with the clinic, reduce the number of missed appointments for intakes, and maximizing the chance to engage clients that might otherwise be hesitant to engage or drop out of treatment prematurely.

The OAC also allows for more efforts for engagement of clients who might be hesitant to engage. It 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 hesitant 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.

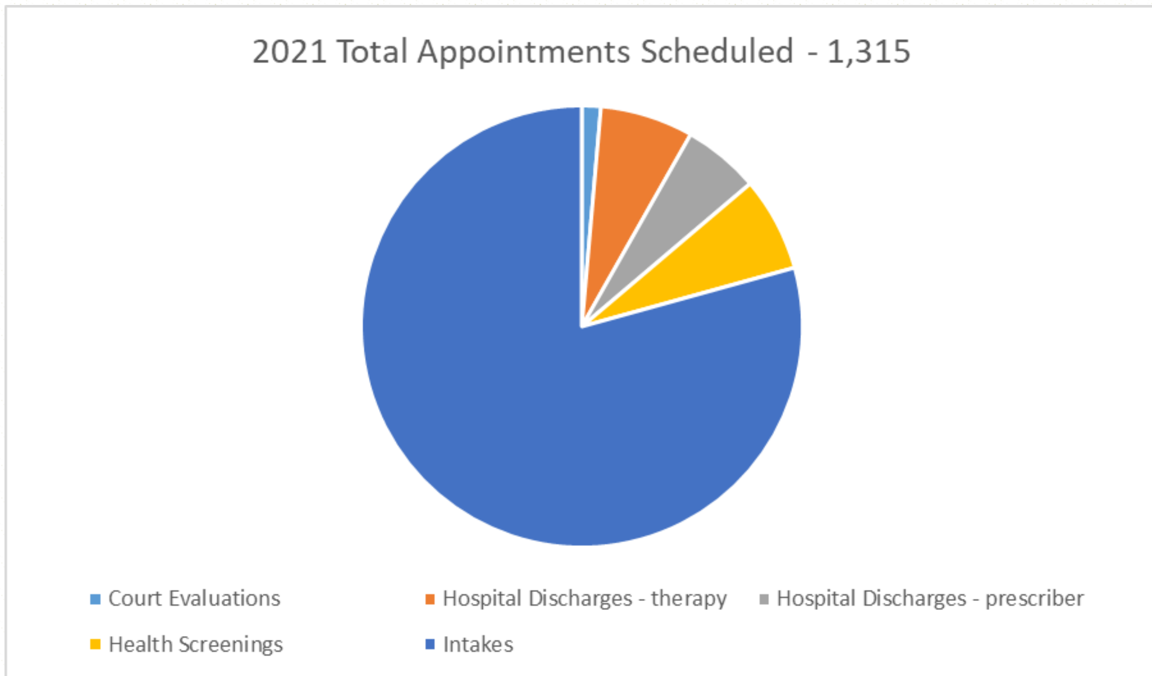
In the beginning of 2020 from January until March 16th, The Open Access Clinic (OAC) was running as usual by having drop-in hours for all new adult patients desiring services from GCMH. Clients would walk into the clinic any time between 9:00am-11:00am on Monday, Wednesday and Thursday. No appointment was necessary. The exception to this was clients who were referred from the hospital who are new to us; they received follow-up appointments to attend. Our quality assurance staff also made efforts to engage these new clients to ensure they presented for their follow-up appointments. They were then evaluated and the proper level of service was determined by a small treatment team of clinicians who staff the Open Access Clinic.

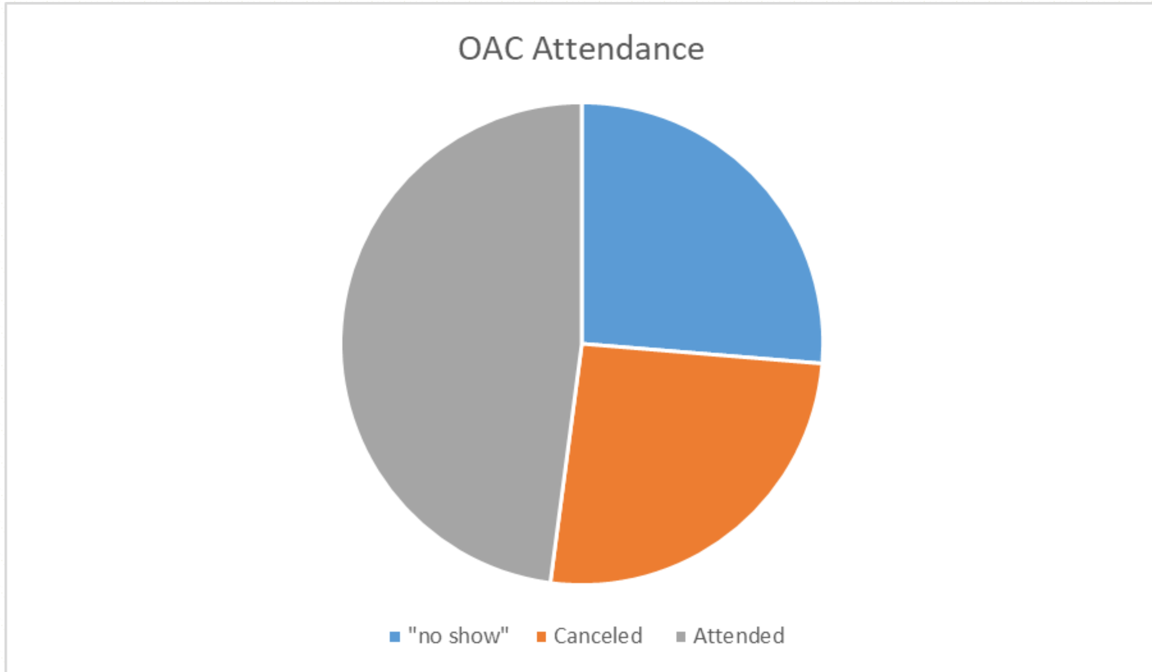
When the clinic closed to in-person clients in March 2020, The OAC had to transition quickly to a more set schedule of telehealth appointments as opposed to walk-in hours. Those referred by the hospital were still given a scheduled telehealth appointment within 5 days of discharge. The clinic served 89 clients discharging from the

hospital in 2021. New adult clients seeking services would call the clinic, give their information and be given an appointment during the same days and hours as before. The clinic experienced an influx of new and returning clients, which meant that not everyone was seen the same week as they called. Having such a high volume of clients with the amount of staff at the clinic created a lengthy waitlist for clients to be assigned a therapist after completing the open access process. Some client were given 4-6 appointments in open access before being assigned a permanent therapist. Some preferred to wait on the waitlist but were told they could call the clinic at any time in between for an appointment if they felt it was needed. These clients were still checked-in on by the open access staff every few weeks to make sure they were stable and still interested in services.

As the regulations changed and need progressed, the open access process was changed once more. Beginning in June 2021 and throughout the rest of the year there became options for both in-person and telehealth appointments. Instead of staying within the confining hours and days of open access, each adult therapist gave at least one slot across the week in which an intake could be scheduled and indicated whether they would be in person at the clinic or remote. These 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. This allowed clients to still be assessed in a timely manner and much more flexibility.

Total scheduled appointments for open access in 2021 included: 1,034 intake appointments, 18 court evaluations, 89 hospital discharges scheduled with a therapist, and 73 new client hospital discharges were scheduled to meet with a prescriber. This equates to a total of 1,214 appointment scheduled through the open access program along with 101 Health Screenings. Out of these 1,315 total appointments, 346 were marked as “no show” and 339 were marked as “canceled” leaving 630 appointments attended. Unfortunately there is no way in 2021 to differentiate between which type these “no-show” and “canceled” appointments fall under.





Health Screening 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. 101 Health Screenings were able to be performed in 2021 compared to 90 in 2020.

Since its implementation, the OAC continues to meet the needs of our clients and the clinic itself. In 2022 it is the clinic's goal to re-establish OAC as it was before the pandemic. The goal is to once again have clients able to access services without an appointment and to have the clinic no longer experiencing no-shows for intake appointments. Further, for there to no longer be an extensive waiting list for services. Even with the challenges 2021 presented, the OAC continued to be a great success for the clients, clinic and community.

Insight-Oriented Psychotherapy/Supportive Counseling

Adult therapists assess and treat individuals who are age 18+. Our first client contacts typically begin with an intake assessment and a follow-up appointment to complete a treatment plan. Additionally, we schedule appointments for people who need court-ordered mental health evaluations. We formulate initial diagnostic impressions and provide treatment recommendations. The Adult Treatment Team clinicians meet with their individual clients to assess their needs and build on the treatment plan established from the intake process. This treatment plan is updated and reviewed as needed/desired. The treatment plan may include a referral to medication management in which clients meet with our staff psychiatrist or nurse practitioner. The Adult Team also provides services for clients who are on Assisted Outpatient Treatment (AOT) status which requires additional collaboration with our AOT coordinator. We provide specialized counseling services for clients with trauma histories; 3 of our clinicians are certified Eye Movement Desensitization and Reprocessing (EMDR) therapists, a specialized evidence-based trauma treatment. In 2020 we also implemented a Medication Assisted Treatment (MAT) program in collaboration with Public Health to address unique issues associated with clients who struggle with Opioid Use Disorders (OUD). The Adult Treatment Team has regular meetings to discuss high-risk cases and clinical issues that arise. Clinical

supervision is provided on a regular basis and continuing education is required to maintain licensure and to ensure continued growth and training in the field of social work.

Due to the pandemic, our therapists and psychiatry staff became rapidly acquainted with using telehealth services as a means to provide services for our clients. Our clinical staff utilized video and telephonic means to connect with clients for telehealth services. Attempts at a telehealth video group centered on tapping were made as a response to the stress of COVID-19/isolation, but attendance was sporadic/minimal and ultimately the group disbanded. The clinic continues to offer telehealth clinic services but we are presently and steadily increasing our in-person visits.

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

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

At any given time, the Adult Treatment Team serves anywhere from **750-900** active clients. Full time adult therapists carry a caseload of **50-70** clients.

Adult Group Offerings

Due to the COVID-19 pandemic, group offerings have not been our clinical focus this year. Here are some of the groups we hope to resume in the near future:

Coping Skills Group - A co-ed adult psychoeducational group that focuses on assisting individuals develop skills for life. The curriculum includes information about mindfulness practice, how to deal with criticism, developing an assertive communication style, and being effective in social interactions. This group is appropriate for 8-10 participants. It is held weekly for 8 weeks and new members can join at any point in the curriculum. This group has been placed on hiatus until we can resume in-person group facilitation.

Men's Group- The men's group terminated this year following the departure of the therapist who facilitated it. Plans to resume the group are in place for when we can resume in-person group facilitation.

Coping Skills Group (DBT-Dialectical Behavior Therapy) – There continues to be a plan to begin a Coping Skills group centered on Dialectical Behavior Therapy Skills Training.

Medication Management- Psychiatry Services

In 2021, the clinic continued to serve adults and teens in need of medication management and was able to maintain these services both in person and via telehealth. Psychiatric prescriber services for children ages 5-14 continued to see an increase in demand while recruitment of this specialty remains severely understaff throughout the state. The clinic was able to partner and build community relationships with private providers in the region to ensure access to medication management for this population.

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

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

MOUD – Medication for Opiate Use Disorder

As part of the PSYCKES Clinical Quality Improvement Initiative and in conjunction with the Columbia University "Healing Community Studies" grant, in an effort to reduce opiate overdose deaths, the clinic continued into 2021 working closely with Greene County Family Planning to treat those struggling with the disease of addiction by provide MOUD services in conjunction with psychotherapy to this highly vulnerable population. This process continues to be a well-coordinated and efficient effort with regular collaboration by both departments.

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

In 2021 the clinic provided MOUD services to 16 unique individuals and continues to work toward increasing capacity for this service in 2022.

Community Health Integration Program

With its roots in prevention and crisis management, the Community Health Integration Program (CHIP) is a program in which clinicians provide mental health assessment and treatment services directly to clients at satellite locations located at primary care doctors' offices.

In 2021 GCMHC had 3 licensed satellite offices in Greene County; Jefferson Heights Family Care in Catskill, Windham Medical Care in Hensonville, and Coxsackie Medical Care in West Coxsackie. Due to COVID we remain unable to continue to provide services from the primary care offices, but we were able to serve the clients being seen at those offices via telemedicine.

Assisted Outpatient Treatment Program (AOT)

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

There are clear and precise AOT eligibility requirements. One of the seven eligibility requirements are clients having two or more hospitalizations due to non-compliance within the last 36 months or clients having one or more acts of violence toward self or others within the last 48 months. These clients can be high risk in the community because of danger to oneself or others secondary to non-compliance with treatment. In 2021, there were no Greene County residents released from prison on an AOT status. Individuals under AOT receive priority access to case management, outpatient services and residential housing options.

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

Significant Event reports are reports filed with OMH when a client is on an AOT order and is noncompliant with treatment, or demonstrates other high risk behaviors in the community such as criminal activity, whether it is being accused, committing a criminal act, or being a victim of crime; danger to self or others; non-compliance with mandated treatment; homelessness; psychiatric inpatient hospitalization or emergency services used; psychiatric decompensation; death; substance abuse; risk of non-delivery of mandated services; and if an AOT client is missing. In 2021, 10 significant event reports were filed with OMH and all 10 were due to noncompliance with treatment.

Many of these AOT clients have co-occurring diagnoses, severe mental illness and substance use disorder. Eight (8) of the fourteen (14) active AOT clients Greene County Mental Health is responsible for monitoring have these co-occurring diagnoses. This is a trend being seen statewide that a large percentage of the AOT population have substance use disorders. Another continuing/worsening trend noted for the upper Hudson Valley Region is the shortage of appropriate housing for AOT clients. This may be related to the acuity of the client, the need for licensed housing support, or the lack of affordable low income housing in an area.

To date one hundred seventeen (117), Greene County residents have been referred to the AOT program. In 2021, seventeen (17) new/renewed AOT orders were issued. Sixteen (16) pick-up orders were issued to AOT clients due to non-compliance with treatment and/or an increase in symptoms. Five (5) of the pick-up orders resulted in inpatient psychiatric hospitalization. Currently there are fourteen (14) clients on active AOT status.

Assisted Outpatient Treatment Statistics	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
New AOT Orders Issued	0	10	7	10	5	7	7
Moved to Enhanced Status	2	0	1	2	1	0	1
Discharged from Enhanced	6	1	1	1	1	0	0
Active AOT Status	6	14	11	18	15	15	14
Active Enhanced Status	3	2	2	1	0	0	2
Pick Up Order Issued due to Non-Compliance	15	10	10	14	12	9	16

Forensic and Family Court Services

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

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

Greene County Mental Health continues to provide succinct mental health evaluations to Greene County Family 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.

In 2021 a total of 17 Family Court Mental Health Evaluations were completed at the request of the courts.

Additionally we continued to provide 730 Criminal Procedure Law (C.P.L) competency examinations as ordered. In 2021 three individuals were seen by psychiatry staff for this specific exam.

By the end of 2020, one inmate continued to remain at Central New York Psychiatric Center (admitted 2016). This individual was deemed "not competent to stand trial" so in accordance with the law and state regulations, this person was remanded to Central New York Psychiatric Center (a forensic facility) for restoration. As recently as December 2020, he was still deemed not restored and therefore remains there for treatment. It is important to note that up until 2019, Counties in New York State were responsible for 50% of the cost to house and treat the inmate at that facility. In 2020, however, the State shifted the cost to the counties to then pay 100% cost to house and treat them. This announcement was made in early 2020 and took effect in April. Therefore, the counties had to absorb this cost even though it had not been budgeted for. As of the end of May 2021 Greene County was granted "Jackson Relief" (1972 U.S. Supreme Court decision Jackson v. Indiana) for this individual and is no longer responsible for the cost of care. As of December 31, 2021 there were no individuals remanded for restoration.

Drug Treatment Court

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

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

Prior to 2019, the clinic's Director of Clinical Services represented GCMH on the Drug Court team. However, when the Director of Clinical Services took the position of Director of Community Services, he could no longer fulfill that commitment. At that point, the Clinical Coordinator for Adult Services was asked to represent GCMH in Drug Court.

In 2021, the Drug Court Team resumed holding in-person court sessions. Due to the pandemic, there were a backlog of cases in the courts and there were only a few participants. Now that the courts are more active again, Greene County Drug Court is receiving a steady flow of referrals once more.

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

The Greene County Single Point of Access for Adult Services is a Committee comprised of a coordinator from Greene County Community Service Board, as well as members of community supports and services, and the directors of residential services and community program management from Mental Health Association of Columbia and Greene Counties. When appropriate or necessary, additional community stakeholders are invited to participate, such as the Greene County Department for Social Services, Greene County Adult Protective Services, The Arc of Ulster/Greene, Catholic Charities, Capital District Psychiatric Center or WillCare agencies. In 2021 no additional representative supports were requested from other community agencies or entities other than those listed above.

With COVID-19 and the lack of movement in housing due to funding and a scarcity of affordable apartments, 2020 saw a decrease in housing referrals. This was not because there is a lack of people needing supportive housing but due to people needing more immediate housing options than SPOA was able to provide. The amount of referrals

to DSS emergency housing and Community Action of Greene County increased dramatically in 2020 and 2021 when there was no movement among the SPOA housing programs.

2021 saw a minimal increase in housing referrals in which the overwhelming majority came from the Columbia Memorial Hospital Psychiatric Inpatient Unit.
Interviews by the SPOA Housing Committee to determine the eligibility of the client and tours of facilities also became challenging due to the restrictions and safety measures put in place due to COVID-19. Almost all interviews in 2020 took place virtually and there were only a few tours were given. In 2021, most of the interviews were done in person again when location and restrictions allowed. Organizational and tracking measures continued for both years, 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 2021.

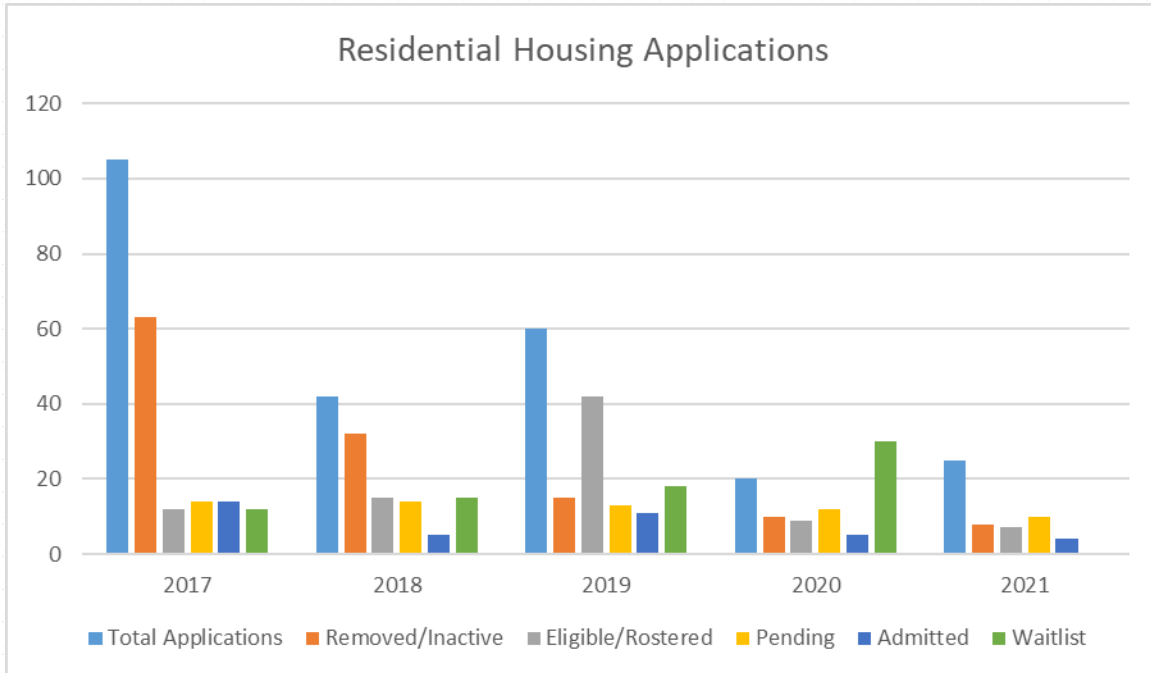
Residential Services

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 of independent living skills. The CAP Program has a total of twenty-five (25) beds shared between Columbia and Greene Counties.

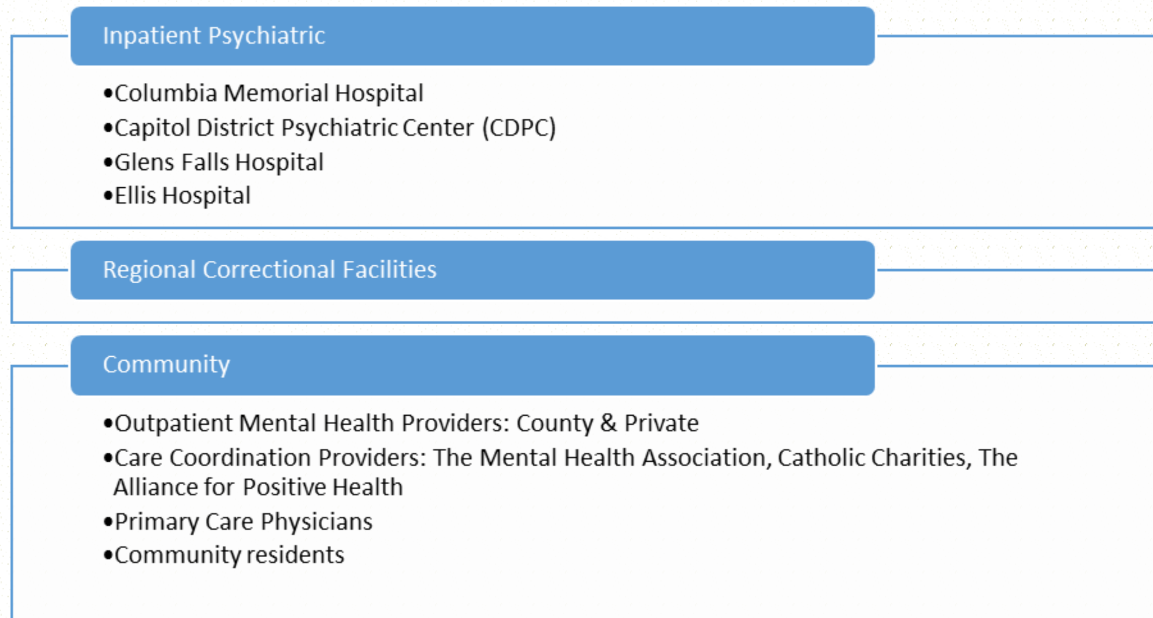
The Supportive Housing (SHUD) Apartment Program is the most independent residential setting wherein an individual receives a housing stipend similar to a Section 8 entitlement. They are assigned a case manager from MHA who is required to provide a single monthly contact in direct conjunction with housing issues: collection of rent, monitoring ongoing condition of the apartment and negotiations with landlord re: repairs, tenant concerns, etc. SHUD has forty-five (45) beds with nine (9) of them dedicated to people coming out of a hospital or prison. Due to the increase of rent prices in Greene County in 2021, 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	**2017**	**2018**	**2019**	**2020**	**2021**
Total applications	105	42	60	20	25
Removed/Inactive	63	32	15	10	8
Eligible/rostered	12	15	42	9	7
Pending	14	14	13	12	10
Admitted	14	5	11	5	4
Wait List	12	15	18	30	36

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 2020 were placed in housing in 2021; (3) individuals are carried over from other years; (4) internal moves occur within each residential program that are not tracked here.

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



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

The Future of Residential Services

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

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

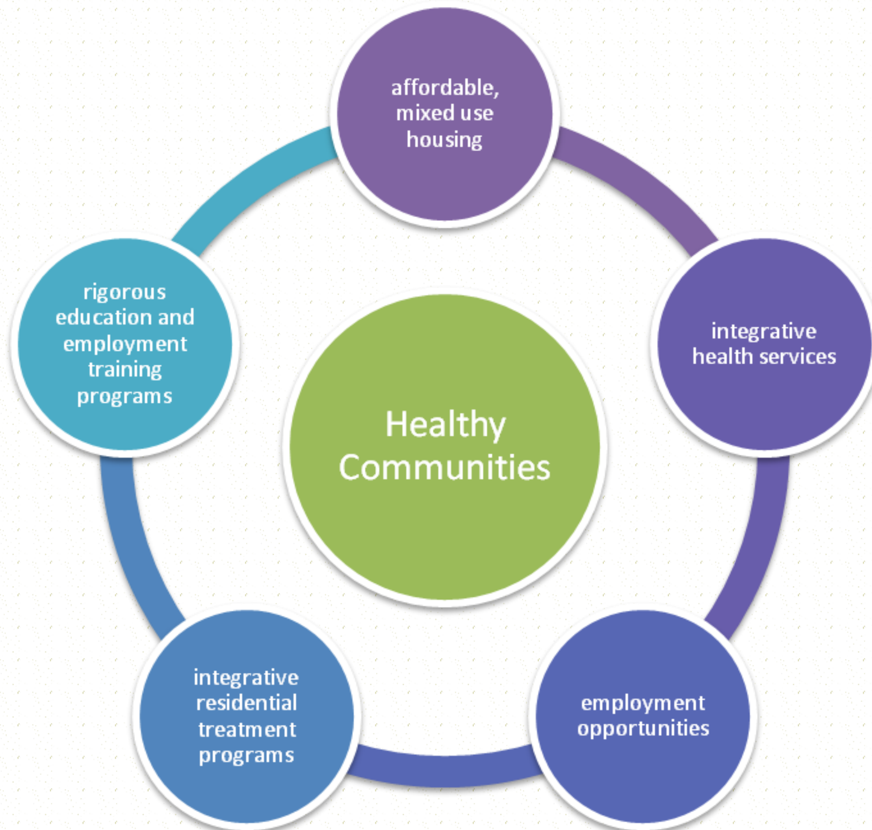
Many recently released inmates, psychiatrically impaired or not, have limited, if any, family or social supports. Upon incarceration, many individuals lose their housing, as well as their belongings, and find it necessary to start over upon release.

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

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

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

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



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

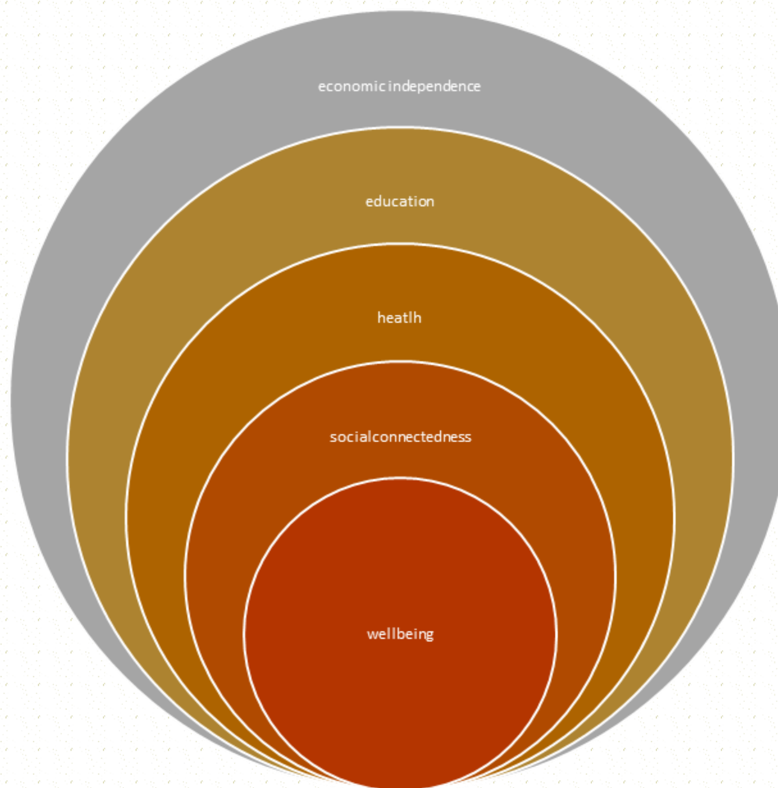
There remains a growing need for **permanent supervised housing** that transitions to permanent independent housing for individuals age 18 – 24 years old transitioning from residential or foster placements, or are no longer able to reside with family. This subset of clients requires permanent safe housing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

There has been an 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 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 focus on:



Case Management staff members assist individuals in developing and maintaining viable living, working and social situations in the community by helping them to identify their needs and formulate realistic and attainable goals for self- sufficiency, support and economic independence. The Adult ICM's visit their clients minimally once (1x) per week. In the newly formed Hudson River Health Home, Case 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.

Greene County Mental Health Center supervises two (2) Adult ICM's for Greene County, and they operate and bill Medicaid and Medicare in the traditional model. In this 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.

A procedure was developed to link the referral process for Care Coordination and Case Management. When an individual requires a higher level of care, multiple reviews are requested by clinical teams representing individuals in the community who are at risk for hospitalization. High utilizers of services can be eligible for the Health Home Plus services, which allows for a care coordinator to have billable increased contact with a client to provide the higher level of needed services.

Data management for Care Coordination has now fully transitioned to Sunriver Health (formerly known as Hudson River Health), the Health Home who is also responsible for reporting to the State of New York. The documentation platform transitioned from GSI to Relevant and all data/charts were migrated to Relevant. A total of 22 Active Enrolled clients (13 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. In 2021, The Mental Health Association of Columbia-Greene Counties employed a team of 15, which included their Director, Assistant Director, one Enrollment Care Coordinator, and twelve Care Coordinators. The average caseloads for Care Coordinators are 32-42 people depending on need. The Director, Assistant Director and Enrollment Care Coordinator carry 10-12 clients as well. In 2021, the total amount of Greene County clients served was 374 with 25 being Health Homes Plus and/or AOT and 6 Non-Medicaid clients.

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, by-passing the SPOA process in many instances, to facilitate enrollment into this program. The Care Coordination program works within the Hudson River Health Home, who assists with tracking and reporting to New York State, as well as monitoring outcomes. Therefore, while some data is available through the SPOA for this program, the figures here represent a small fraction of the numbers of individuals served.

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.

Data management for Care Coordination has now fully transitioned to SunRiver Health (formerly known as 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 21 Active Enrolled clients are in the Foothold system for Greene County CMA.

Below are figures provided by the Mental Health Association for care coordination referrals received in 2021 compared to the ones in 2020:

	2020				**2021**		
Month	**# of referrals**	**Enrolled**	**Inactive**		**# of referrals**	**Enrolled**	**Inactive**
Jan	2	2			3	3	
Feb	1		1		2	2	
March	2	1	1				
April	1		1		2	1	1
May	2	2			2	1	1
June	2	2					
July	2	1	1		4	3	1
Aug	1	1					
Sept	2	2			2	2	
Oct	3	3			3	2	1
Nov	1	1			1	1	
Dec	2	2			1	1	
Total:	21	17	4		20	16	4

CHILDREN'S SERVICES

Child and Family Services

At GCMHC we pride ourselves on providing responsive and comprehensive treatment to the children and families of Greene County. Our team of experienced children's therapists, case managers, and family support worker offer families a collaborative network of services and support. Children's services are accessible and family driven, provided in the clinic, via telehealth, in the home, and in school satellite offices.

This year our team continued to show flexibility and creativity in addressing the mental health impact of the pandemic on our county's families. Children's therapists, case managers, and our family support worker have resumed clinic based services. The clinic has maintained a hybrid model of service delivery which has allowed for continued remote services through video and phone to accommodate the needs of clients. This has improved safety as well as accessibility for many families who may struggle with scheduling and transportation constraints. Our school based workers returned to the schools full time this year and have been seeing students in person, collaborating with school staff and connecting with difficult to engage student and families.

Initiating children's clinical services at GCMH:

Children's intake assessments are scheduled in advance and a legal guardian is required to participate and provide active consent for services. Parents may start the intake process by calling the clinic, completing required intake paperwork, and then completing a triage with the intake coordinator. The coordinator will then schedule an in initial assessment with a clinic or school based therapists depending on acuity, school district, and staff availability. 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 the Mobile Crisis Assessment Team (MCAT) or the ER if the child is in imminent danger of hurting themselves or others. Our children's therapists complete a thorough bio-psychosocial assessment including clinical diagnosis and treatment recommendations. Our clinic does it's best to minimize wait times for intake and assignment.

Referral sources may include:

- parents
- hospitals
- schools
- probation
- social services
- MCAT

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

Referral reasons: in 2021 the majority of new referrals concerned the following issues:

- anxiety
- behavioral difficulties
- ADHD
- adjustment issues
- school avoidance

Many high risk referrals indicated concerns about 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.

This past year continues to be challenging for local children and families given the continued COVID-19 pandemic. We have received numerous referrals to address symptoms/stressors triggered by the disruptions of the past 2 years, particularly changes to school routine, anxiety, and family loss. Children have struggled with isolation, remote schooling, and lack of access to normal outlets and social supports.

Our children's therapists have attended trainings and participated in numerous clinical discussions about the needs of these times, and creative ways to both engage and support children through this difficult time. 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 trained in evidence based practices, and regularly seek continuing education to enhance their skill set. The clinic provides ongoing clinical supervision, professional development opportunities, and clinical case discussion to support our seasoned therapists in the challenging work they do.

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

- school staff
- case managers
- medical professionals
- law guardians
- CPS
- prevention/pre-PINS
- hospitals
- probation
- family support workers

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 supports to students. Participating districts for the 2020-2021 school year include:

- Windham/Ashland/Jewett school district 3 days per week
- Cairo/Durham Middle/High School 4 days per week
- Cairo Elementary 4 days per week
- Hunter Tannersville Central Schools 2 days per week
- Coxsackie Athens Middle School/High School (grades 7-12) 4 days per week
- Coxsackie Elementary/Middle School (grades K-6) 4 days per week

School districts support these collaborations with approximately 20% funding (adjusted based on the number of days the clinician is at the school). Our Director of Community Services meets with school superintendents each spring to discuss satellite programs and has received consistent positive feedback about this service. School-based services are overseen by the Clinical Coordinator of Children's Services. The clinic continues to collaborate with

school staff in districts not participating in the school-based program to accommodate referrals, manage crisis, communicate about high risk students, and provide trainings when requested.

Child and Adolescent Medication Management

In 2021, minimal medication management was available for children through the clinic with most clients requiring medication services accessing coverage through outside providers. Some adolescent clients received medication management through the clinic's full time Psychiatric Nurse Practitioner. There continues to be a large demand for medication evaluation and medication management in our region with limited prescriber availability. The clinic often refers out to primary care offices and specialists if a client is less complex or unable to wait for assessment. The children's psychiatric prescribers continue to prioritize the most severe and complicated cases, with the goal of transferring medication management to one's primary care provider once stabilized.

Children's Health Home Care Management

Community Services Board/Mental Health has a Health Home Care Management agency within GCMHC. We employ 2 full time Health Home Care Managers. 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.

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

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

Family Support

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

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

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

This year, our family support workers have started to bill Medicaid for their services under the new Child and Family Treatment and Support Services as part of the Children's Medicaid redesign.

School Avoidance Task Force/At Risk Youth Task Force

In 2022 the clinic resumed 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.

Children's Team Staffing

- In 2021, the clinic currently employed 4 clinic-based therapists and 6 school-based therapists. There has been some small changes to satellite staffing this past year due to changing clinic/district needs, as well as pandemic related issues. School based therapists are meeting the need of students on site and improving access to much needed services.

- In 2021 there was no children's psychiatric coverage at the clinic though some medication management needs were met for adolescents by the clinic Psychiatric NP. This is an ongoing need the clinic is seeking to meet in the community.

- The clinic employs 2 full time Health Home Care Managers and has 1 part time state item Health Home case manager shared with Schoharie County.

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

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

- In 2021 the children's team has hosted 3 SUNY Albany MSW interns across two academic years.

In-services/Trainings

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

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

These services are currently available remotely.

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 clients, reviewed regularly in supervision and in children's team meetings. There is ongoing discussion of how to best safety plan 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 developed a 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. On March 17th, 2020, the clinic was instructed by county administration to begin working remotely due to the COVID-19 pandemic. Guidance from the NYS Office of Mental Health ended all face-to-face meetings for the time being including respite outings, SPOA meetings, and in person meetings with case managers and Family Peer Advocates. As the state and county continued to monitor the pandemic throughout 2021, respite outings and family sessions with case managers and Family Peer Advocates were able to begin in person again with the proper safety precautions. Throughout 2021, most of the services SPOA provides were able to work in a hybrid model in order to serve the families properly around these challenges.

The SPOA committee continues to host meetings virtually the first Thursday of every month dedicated to a census update and utilization review. The working committee continued to include representatives from the Greene County Mental Health Clinic as well as their Health Home Care Management Agency, 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 the Beginning of 2019, Home and Community Based Waiver joined the Health Home arena. This continued throughout 2020 and 2021. The transition allowed any eligible Health Home clients to access the Children and Family Treatment and Support Services (CFTSS) that were previously reserved for waiver. Parson's Child and Family Center merged with Northeast Parent and Child Society to form Northern Rivers. These programs are still Medicaid based. If a child is without Medicaid and is in need of these services, referrals are made to Children and Youth Evaluation Service (C-YES).

SPOA is encouraged to be the conduit for all care management referrals. Starting in December of 2016, the New York State care management model changed from targeted case management, to Health Homes Serving Children. Health Home services are now 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 the year 2020, 48 out of 54 case management referrals qualified for Health Home Case management. In 2021, 36 out of 45 case management referrals qualified.

The SPOA committee has been a referral source and tracking entity for both planned overnight and day respite, and Parent Advocacy 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. Respite services looked a little different in 2020 and 2021 due to not always being able to safely take children out of the homes and restrictions on face-to-face meetings. Respite workers became very creative during that time, using different virtual platforms to check-in with the children, play games, and still provide a source of social interaction. The majority of respite outings in 2021 were able to be held safely outside comparatively to very few face to face ones in 2020.

Overnight respite is provided through Northeast Parent and Child Society, coordinating with local therapeutic foster homes. Out of the allotted 100 nights we had in 2020, we used 93 of them to serve 10 different children. We believe that 100% of them would have been used, as they were in 2019, if COVID-19 had not affected the number of available homes and people's comfortability with opening their homes during a pandemic. In 2021, only 39 out of the allotted 100 nights were used to provide overnight respite to 6 different children. The ongoing pandemic made it increasingly harder to find foster homes willing to take in these children. During this year, children and their families desperately needed this service but without homes to take them in, these kids stayed on the referral/waitlist for months with no movement.

Greene County Mental Health through MHA employed 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. On 9/30/2019, the Family Peer Advocate moved from employment by MHA to a county position. At the end of 2020, the Family Peer Advocate had a caseload of 30. Comparatively in 2021, the caseload remained around that number, as referrals were steady and ready to replace any closed cases. 24 Family Peer Advocate Referrals were received in 2021 and 17 were opened and engaged in the program.

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 and Residential Treatment Facilities, both administered by the Office of Mental Health. In 2020, 2 referrals were made to Community Residences and 1 was made to a Residential Treatment Facility. In 2021, 2 referrals were made to Community Residences and 3 were made to Residential Treatment Facilities. Due to the long waitlists and lack of residences available to Greene County, concurrent referrals for the 2 children were made to 3 separate Community Residences.

In 2021, the SPOA committee only met virtually on the first Thursday of every month. As in 2020, the committee did not continue meeting on the third Thursday of the month as they had in previous years. This decision was made partly due to the COVID-19 restrictions and partially because it was deemed more effective to have family meetings as necessary on an open schedule instead of confining them to a certain day of the month. This provided flexibility during a time where in-person meetings were not allowed, schools continued to open and close, and much communication was happening over the phone or through video.
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 2020, 3 family meetings were held in person and 9 happened virtually, focusing on current issues the child was facing, treatment plan reviews, and discharge planning from community residences. The SPOA committee held 3 in person and 9 virtual census and utilization review meetings for a total of 6 in person meetings and 18 virtual meetings.

In 2021, 4 family meetings were held virtually 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. The SPOA committee met virtually for 12 census and utilization review meetings for a total of 16 meetings throughout the year.

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 45 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 (21). Respite had a waitlist of 29 at the end of 2020.

	2017	**2018**	**2019**	**2020**	**2021**
Initial SPOA meetings	75	60	54	12	12
SPOA Reviews	8	3	7	0	0
Referrals to Case Management	61	60	54	57	45
Referrals to Waiver	6	3	N/A	N/A	N/A
Referrals to Family Peer Advocate	41	29	39	30	17
Referrals to Respite	19	21	26	18	21

COMMUNITY SERVICES BOARD

Greene County Community Service Board & Sub Committees

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

The CSB and Subcommittees continue to review the programs and agencies in their particular oversight area in order to gain a greater understanding of the programs and service gaps in the county for each disability, prioritized recommendations, and evaluated potential funding streams. Mental Hygiene laws require that OMH, OASAS, & OPWDD formulate a Local Services Plan that is maintained by the OASAS Bureau of Information Technology. Local Services Plans are central to NYS long-range planning and budgeting. The Local Services Plan for 2021 as in 2020 focused on the impact of CoVid-19 and service delivery to those accessing treatment and support. The Local Services Plan was completed by the Director of Community Services and CSB Co-Chair in collaboration with the Community Services Board and submitted in June 2020 for the plan year 2021.

Priority focus continued to be on meeting the needs of those populations served while navigating benefits and challenges of telehealth services and ensuring access to care.

Greene County Overdose Awareness Day

The Greene County Community Services Board Opiate Overdose Prevention Program held its first Overdose Awareness Day to remember the lives of those lost to and impacted by the loss of a loved one to an overdose. Family, friends, community members, and those working with individuals impacted by this loss were invited to the memorial service held on September 9, 2021. A tree was dedicated at the end of the service with a proclamation from the Greene County Legislature.