

# **Greene County Mental Health Center**

**905 GREENE COUNTY OFFICE BUILDING**

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## **Director's Report**

**January – December 2013**

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## **Introduction**

Over the course of 2013, GCMHC served a total of 1,805 clients: 1,393 adult and 412 children; 764 male and 1,041 female. We provided 20,154 direct service contacts. Throughout the year we performed 926 intakes: 679 adult and 247 children; 419 male and 507 female. A total of 941 clients were discharged: 718 adult and 223 children. As of 12/31/13 there were 1,017 clients, 784 adults and 233 children, receiving treatment at the Clinic, in the schools, and in the primary care offices we serve.

GCMHC typically operates with a waiting list of 15-20 non-emergent clients. Most remain on the waiting list for an average of two weeks. We assign emergent clients within a week and strive to not keep anyone on the waiting list for more than 20 days unless they make special requests for a specific therapist or need to meet some criteria before they can be assigned.

## **Evaluation of 2013 Goals**

**1. We will pursue the Medicaid Meaningful Use incentive which provides incentive payment to providers who use electronic medical records in a way that positively impacts client care.**

*The transition to Electronic Medical Record (EMR) took longer than expected. The application process will continue in 2014. The Director has had discussion with Public Health who has been successful in meeting the application requirements.*

**2. Now that we are progressing through the transition into using an Electronic Medical Record (EMR), we will also be revising, streamlining, and implementing a new Utilization Review process. We will establish a new UR procedure that is a more efficient use of the reviewers' time while also working toward the goal of ensuring that our services are utilized properly and that our clients are receiving the proper and appropriate level of care.**

*Our goal was to do it earlier in the transition to EMR but we were overly optimistic and naïve, since we didn't know the real challenges of the transition. But now we are in a good position to move forward with this. The OMH Hudson River Field Office will be providing some guidance as we embark on this process. This will be a continued goal in 2014.*

**3. As we continue with the EMR transition, we must make steps to ensure that maximum cyber-security is ensured for our clients' protected health information. This will require ongoing collaboration with the County's IT Department. Based on consultation with them, establishing a new but more secure way of connecting to the clinic's mainframe, such as through a VPN, may have to be established.**

*We've made some progress and the Greene County IT Department has worked with us so that now all satellites are up and running with terminal services. However, we were never able to activate the signature pads on the remote computers. So while clinicians are able to apply their stored signature to notes, they are still unable to capture the client's signatures on treatment plans. We will continue to communicate with the Greene County IT Department around this issue and installing a VPN.*

**4. Participation in the Children's Technical Assistance Program (CTAC) through 2013 that provides guidance on financial models to ensure sustainability as the clinic continue to provide clinically relevant, evidence-based mental health treatment.**

*Our involvement with CTAC ended at the end of 2013. The feedback assisted management in looking at productivity requirements for clinical staff and managers, and established practices and feedback mechanisms that have resulted in staff getting monthly feedback on completion of billable services. This has also resulted in supervisors being more involved with clinicians who need help with organizational skills. CTAC also commented that the clinical to total staffing ratio is very good.*

**5. To establish a practice where clinicians can contact insurance companies to negotiate on behalf of the clients who have exceeded their utilization thresholds and to advocate for those who are approved for minimal authorized visits from their insurance company.**

*This goal was achieved. Clinicians effectively interface with insurance companies and advocated for those who exceeded the thresholds but clearly needed additional mental health treatment.*

### **2014 Goals**

**1. Extend access and use of the Electronic Medical Record (EMR) system to the clinicians performing On-Call Emergency duties and those providing services in Greene County Jail.**

**2. Evaluating the content of clinical documentation using revised clinic standards of care that became effective May 2013 from NYS Office of Mental Health. The clinic will be audited again in the summer of 2015 using these standards.**

**3. Utilize Healthcare Navigators to facilitate enrollment of those clients who are uninsured/underinsured in the open marketplace. As of October 31<sup>st</sup>, 2013 there were 1,000 children ages 0-18 and 5,100 ages 19 and upwards in Greene County who were uninsured.**

### **Corporate Compliance Plan**

To assure that all Medicaid and Medicare Billing requirements are fully followed, all staff members of GCMH participate in an annual comprehensive training, outlining aspects of the corporate compliance plan, signing a statement signifying their full understanding and agreement for full compliance to the policies and procedures of the plan. All new staff members and interns are trained as part of their orientation at GCMHC.

Over the past year, we've continued to make improvements to the Corporate Compliance Plan and the associated procedures. A very informative and positive discussion with a representative from the Office of the Medicaid Inspector General, helped to guide us in making some of these changes. Another positive change for us is that the use of our new Electronic Medical Record system (EMR) has made it easier to keep up with Corporate Compliance requirements and to monitor compliance. The Corporate Compliance Officer continues to meet at least quarterly, with the Fiscal Officer, and other pertinent parties to discuss the plan and any reports of fraud, waste and abuse.

Internal chart audits occur quarterly where the previous quarter is reviewed, and documented in meeting minutes. The Director is immediately notified of any issues. Any negative findings are corrected and adjusted, with paybacks made if necessary.

## **Fiscal Developments**

The Greene County Mental Health fiscal department experienced many challenges in 2013 with regards to the ongoing changes in Ambulatory Patient Group (APG) billing, which began in early 2013 with the transition to new CPT codes per the American Medical Association (AMA) guidelines. Such challenges have created more oversight and scrutiny with regards to the way in which we perform services at GCMHC and the way in which we bill.

With additional help from our software vendor we were able to overcome many of these concerns and add efficiencies in our system to support the newly added codes and set rules to cover insurance companies who are still using the old codes.

Major accomplishments for 2013 include engaging in an open dialogue with clients who are uninsured or underinsured, and assisting them to obtain insurance coverage whether public or private. We currently have an uncompensated care rate of 15%. We are confident this rate will decrease come 2014 with the new enrollees taking advantage of the benefits in the Affordable Care Act.

Goals for 2014 will be to continue to work on getting new and existing clients insured as well as work on a collection policy for those who are not meeting their financial obligations with the clinic.

## **Technology Developments**

2013 was a significant year for technology developments at Greene County Mental Health. Beginning on March 1, 2013 the clinic transitioned to an entirely electronic, Electronic Medical Record (EMR), thus eliminating the use of paper records. In the months that followed, our psychiatric prescribers also transitioned to electronic prescribing so all prescriptions are now transferred electronically to the patients' pharmacies. By December 31, 2013, GCMHC had completed 75% of its transition to electronic medical records (EMR) for nearly all of our clinical documentation. This enables us to track data on our clinical services more accurately and extensively. While we are still developing ways to manage and interpret the data, we can report on more aspects of our clinical services than we have been able to before.

Our Medical Records Department has since been engaged in scanning all patients' paper records into the EMR system for easy access. While significant progress has been made, this is a process that will continue for some time into the future.

Because of the changes to the EMR system, many new policies and procedures had to be modified and updated. The staff have been continually trained and updated on these changes. While the transition to the EMR was stressful and challenging for the staff, most have acknowledged that the new system has made their work more efficient and less burdensome. We are also hopeful to see positive improvements in the quality and consistency of the documentation and work that the clinicians perform.

Our goal for 2014 is to extend access and use of the EMR system to the clinicians performing On-Call Emergency duties and those providing services in Greene County Jail.

## **Building & Safety**

Several safety meetings occurred throughout 2013 where many issues were addressed. The County Administrator was in attendance along with staff from Mental Health, Sheriff's Department, Building and Grounds, Emergency Services, and the Greene County Legislature.

With a resolution for funding for safety and capital improvements, the Cairo office building was able to make many improvements in regards to safety. During the course of the year we were assigned an additional Deputy for security. These two Deputies are on duty in the building at all times. The deputies were also provided with taser guns. At the end of the year a magnetometer and wand were purchased and were ready to go into use in Jan 2014. Buildings and Grounds was able to install new locks on all office doors so that they would open with a master key, lighting was also improved at the entry way. Towards the end of 2013 the Greene County IT Department began installing a new phone system that would allow for intercom capabilities. A remote buzz-in system with intercom was installed at the handicapped ramp and at the back entrance for Soil & water & the Child Advocacy Center. The "no weapons beyond this point" sign has been made more visible, and additional cameras have been placed by the front entrance and the parking lot. Glass windows at reception were replaced with shatter-proof windows with a small pass through. There is also a sign in/out sheet for all visitors.

A lockdown procedure and drill for the Cairo building will be completed in 2014.

## **Staffing News**

The Greene County Mental Health Center experienced several staffing changes during 2013, some of major significance to the functioning of the clinic. This resulted in a realignment of staff duties, promoting some staff from within to supervisory positions, and the utilization of one staff person on a part-time basis to generate clinic reports that are now being used to inform decision making.

The full-time Nurse Practitioner position vacated in August 2013 to date has not been filled, despite two rounds of advertising. Psychiatric prescribing functions are a much sought after service within the county, as there are no other providers in the county.

During 2013 GCMHC continued to be a sought after clinical training site by several disciplines. It has included 3 doctoral level psychology interns from SUNY Albany; a social work intern from SUNY Albany, and a Nurse Practitioner intern from the University of Rochester. While interns require strict oversight and structured supervision, they are permitted to provide clinical service to a small number of Medicaid Fee for Service and Managed Medicaid clients under the direction of their supervisor. Our involvement with interns has provided a rich experience for all.

## **ADULT SERVICES**

### **Personalized Recovery Oriented Services (PROS)**

The Greene County PROS Program operated by the Mental Health Association of Columbia-Greene Counties, at the Olde Firehouse in Catskill is running at the full capacity of 70 adult clients. Throughout the year there were regular collaborations between the Greene County Mental Health Center and staff at PROS around utilization and referrals. The Admissions Coordinator from PROS attended several adult team meetings at GCMHC during the year to review program offerings

### **Community Health Integration Program**

In 2013 the Community Health Integration Program (CHIP) maintained four of the six established satellite offices in Greene County, with two offices on hold pending available staffing. CHIP clinicians provide mental health assessment and treatment services directly to clients at the satellite locations as well as in-home, when determined necessary.

For the past seven years, the Rural Health Network has provided support of this program, including grants and outreach, which includes supporting the salary for the coordinator and a small budget for supplies, such as billboards, educational pamphlets and materials. In an effort to improve rates of mental wellness screening (MWS), the partnership with Rural Health Network expanded this year, and with more involvement from RHN staff. Starting in September RHN was introduced to each of the six offices and staff, and screening rate goals were established for each office.

This year two administrative visits were completed by the Community Services Director and Clinical Director to Jefferson Heights Family Care Center. One annual visit by the Coordinator and Community Services Director was completed to the Tannersville satellite location, also for the purposes of encouraging continued use of the MWS and ongoing collaboration between agencies.

In 2013 the coordinator had contact with all satellite locations for delivery of materials and training, via in-person visits, phone and fax correspondence. New correspondence was created to allowed additional information flow to and from the satellite offices, particularly in the area of the usage of the CHIP-developed *Mental Wellness Screen*.

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 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 soon to be posted on the GCMHC website. CHIP was featured in a National webinar by the Office of Mental Health and SAMHSA in 2013.

Below, data from the previous four years of CHIP:  
2010

Service Description	Total
Seen (face to face contacts: brief assessment, crisis intervention, referral, etc)	976
Screened (Mental Wellness Screen <i>basic</i> or <i>enhanced</i> )	693
Verbal Therapy sessions (billable services, ongoing psychotherapy)	664
Home Visits	24

*\*Figures for the months of January and February 2010 have been estimated based on a monthly average*

Table 1

2011

Service Description	Total
Total Scheduled Appointments	1015
Kept Appointments (face to face contacts: brief assessment, crisis intervention, referral, etc)	594
Screened (Mental Wellness Screen <i>basic</i> or <i>enhanced</i> )	940
Assessed/Intake Evaluation (billable services)	86
Home Visits	28

Table 2

2012

Service Description	Total
Total Scheduled Appointments	1130
Kept Appointments (face to face contacts: brief assessment, crisis intervention, referral, etc)	882
Screened (Mental Wellness Screen <i>basic</i> or <i>enhanced</i> )	418
Assessed/Intake Evaluation (billable services)	88
Home Visits	2

Table 3

2013

Service Description	Total
Total Scheduled Appointments	996
Kept Appointments (face to face contacts: brief assessment, crisis intervention, referral, etc)	781
Screened (Mental Wellness Screen <i>basic</i> or <i>enhanced</i> )	1004
Assessed/Intake Evaluation (billable services)	59
Home Visits	1

Table 4

Of the above data, it is important to note two things, that data was estimated for two months in 2010, and categories of services were added in 2011 and affecting all future reports.

Satellite offices were staffed for nearly 125 days of service this reporting period, down from the 150 in 2012. Lastly, two of the six offices were temporarily closed or unstaffed in 2013.

In summary, CHIP is continuing to meet the needs of many Greene County residents by providing quality, innovative care. GCMHC clinical staff remain enthusiastic and committed to CHIP as a means of service delivery within a rural community setting, and CHIP affords the best access to mental health services in a geographic area where there are no easy solutions to lack of transportation and private sector service providers.

### **Assisted Outpatient Treatment Program (AOT)**

This state wide initiative of court ordered treatment has been developed to assist clients who are non-compliant with treatment to obtain the mental health treatment they need. To date, sixty-eight Greene County residents have been referred to the AOT program. In 2013, five new AOT orders were issued, two clients successfully completed their treatment and one was placed on enhanced status. Currently there are eleven clients on active AOT status and five clients on enhanced status. Two client successfully completed treatment, one client's AOT was vacated and one client was discharged due to incarceration. During 2013, four pickup orders were issued for AOT clients due to non-compliance or psychosis.

### **Greene County Jail Services**

Services provided by Greene County Mental Health Center 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 520 interviews were conducted by the Forensic Mental Health worker; which included suicide risk assessments, supportive counseling requests, and evaluations for medication. Suicide Risk assessments (604) were completed at booking and reviewed daily on all new admissions.

The Psychiatric Nurse Practitioner provided an additional 122 medication related contacts for the period of January through August 2013. The prescriber service at the jail had to be temporarily suspended when she resigned her position. A psychiatrist at the clinic covered an additional 4 inmates that needed immediate medication therapy upon admission to the facility. The clinic plans to provide a licensed Psychiatrist for the medication needs of inmates starting January 2014.

The severity of psychiatric needs of inmates continues to increase. Several inmates were transferred directly from Columbia Memorial Hospital psychiatric floor to the Jail.

Unfortunately, many times when inmates meet criteria for forensic hospitalization, there are no beds available at Central New York Psychiatric Center (CNYPC). Typically, we were able to stabilize, with medication, these inmates before a bed became available at CNYPC. There was only 1 CNYPC admission during the year.

There were 18 Court Ordered Mental Health Evaluations conducted at the jail by the Forensic Worker. The clinic also provides 730 competency exams for the Courts on as needed basis.

Clinic on-call services are available as needed after hours, Holidays and weekends.

### **Comments:**

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; establishing individualized mental health records, copies of which are included with inmates medical records; providing a Licensed Clinical Social Worker daily to provide services to inmates; providing 3 hours per week of psychiatric medication therapy by a Nurse Practitioner or Psychiatrist; providing on-call services through the clinic on-call service for weekend and Holiday needs; providing follow-up services for inmates upon release; providing case management services during incarceration; and providing the staff for Court Ordered Evaluations. These services are provided with the intention of lowering the risks of psychiatric and behavioral emergencies and to increase the safety of inmates and staff; as well as facilitate ongoing care for inmates needing Mental Health follow-up services.

An increasing number of psychiatrically impaired individuals are finding their way into the legal system. Many of these individuals have a history of psychiatric treatment, discontinuation of their treatment leading to decompensation. Several may have co-occurring addiction and physical health issues. Several would have been better served within a psychiatric facility rather than incarcerated. For these folks, crimes committed were likely due to being psychiatrically compromised. While incarcerated, they lose their housing, leaving them homeless upon release. Homelessness can be a big factor in this population discontinuing their treatment, and putting them at risk for re-incarceration.

The ability to provide these services within GCI has enabled inmates with psychiatric impairments to be identified, treated, offered follow-up care, and in some cases, preventing re-incarceration. During 2013 there has been very good collaboration with jail staff, the Sheriff's Department, and local law enforcement in an effort to identify and engage in treatment those individuals that are clearly exhibiting behavioral health symptoms.

### **Family Court Services**

In 2012, Greene County Mental Health initiated significant changes to the services we provide to Greene County Family Court. Historically, GCMHC provided extensive Child Custody Evaluations for the Court. These evaluations provided recommendations regarding child custody, visitation and parenting capacity, based on the best psychological interests of the children. Such evaluations are extremely time-consuming, for which the clinic was barely reimbursed. GCMH was forced to discontinue these evaluations due to time and financial constraints. In attempt to still meet the needs of the court, a briefer evaluation was offered to the courts in lieu of the full Child Custody Evaluation. While this new evaluation is not as extensive and cannot produce the same types of recommendations, it is aimed at providing the court with helpful information from Mental Health Professionals that might still assist them in their decisions.

By the end of 2013 this transition had not taken place, and no brief evaluations were submitted. GCMH *was* asked to update a previous evaluation, which included a written report and attendance at a judicial conference to discuss the case. In addition, one extensive custody evaluation was completed as a special consideration to the Court. Moving forward we hope that the new brief evaluations will meet the needs of the 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. Two groups are currently in operation: Tuesday 9am - 10:30 am and Wednesday 4:30pm - 6pm. Both groups run at Greene County Probation. Thirteen (13) offenders actively attended the program at the start of 2012. During 2013, 1 new member was added to the program, and 2 members left the program. Of the members who left the program, 1 successfully completed his probation sentence with out re-offenses and 1 member was incarcerated near the end of his probation sentence on charges unrelated to sexual re-offending. No known sexual re-offending has occurred from existing program members.

Currently attending members are all supervised in the community by the Senior Probation Officer. There are 3 members who are mandated to attend Sex Offender Treatment who are not on the New York State Sex Offender Registry. The remaining 12 members include 2 members at Level III, 1 Member at Level II, and 7 members at Level I on the Sex Offender Registry.

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, 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 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 Mental Health Association of Columbia and Greene Counties. When appropriate or necessary, additional community stakeholders are invited to participate, such as the ARC or WillCare agencies.

One major change to the structure of the committee is that in 2013 SPOA services for Residential Housing Services (RHS) and Care Management (CM) merged to create one designated SPOA committee for Adult Services; a unified application and application process for both CM and RHS was introduced; committee meeting times were increased from monthly to twice monthly. The changes above allowed for greater participation from community stakeholders, service providers, and a more streamlined process for applicants.

### **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 (30) SHUD apartments. Five (5) of these beds are designated specifically for homeless families / individuals. All recipients of a SHUD grant must also demonstrate eligibility with a psychiatric disability.

The following reflects applicants in 2013:

<b>2013 Residential</b>	
Submitted applications	40
Removed/Inactive	26
Determined eligible/referred	NA
Pending	4
Admitted	18
Wait List	8

There may appear to be a discrepancy between number of applications eligible, the number admitted and the number remaining on the Wait List. 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) individuals on the wait list from 2011 were placed in housing in 2012; (3) wait includes individuals carried over from other years.

Applications 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 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.

Unfortunately, an increasing number of psychiatrically impaired individuals are 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.

### **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 Managers, 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 Greene County Department of Community Services is the umbrella for Adult Case Management services in Greene County. The Mental Health Association of Colombia/Greene Counties employs one (1) Adult supportive Case Manager (SCM) and one (1) Adult Intensive Case Manager (ICM), both of which are now providing services through the newly implemented Hudson River Health Home. 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. Case loads have expanded to approximately 40 individuals per care manager.

Capital District Psychiatric Center employs two(2) Adult ICM's for Greene County and they operate and bill Medicaid and Medicare in the traditional model. The Supportive Case Manager maintains a caseload of twenty (20) clients; each of the three Intensive Case Managers maintains a caseload of twelve (12) clients.

The following reflects applicants in 2013:

<b>2013 Care Management</b>	
Submitted applications	31
Removed/Inactive	14
Determined eligible/referred	NA
Pending	2
Admitted	14
Wait List	0

## **CHILDREN'S SERVICES**

### **Clinic Based Mental Health Services**

The clinic has 4 clinic based children's therapists on staff. There is a children's RN who triages initial calls for services and assigns intake appointments as well as triages crisis calls from schools and parents throughout the week. 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, 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.

### **School-Based Mental Health Services**

GCMHC continues to have school-based satellite programs in several school districts. These include Windham/Ashland/Jewett school district three days per week, and both Cairo/Durham Middle/High School 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 for Children had another successful year. The 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 continues to meet at Greene County Mental Health on a weekly basis. 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 Green Counties, 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 Parent Partner, also known as SPOA Parent Advocate will be filled in 2014 by a parent of a child with a disability. 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 SPOA committee has reached out to include more collateral agencies in Tier I/II meetings this past year so that there is a greater awareness and involvement of available supports.

The 6 Home and Community Based Waiver (HCBW) slots for severely emotionally disturbed children continue to be utilized to full capacity. We currently have no waiting list for these services and are in the process of negotiating additional slots for this valuable program in the coming year. 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 2013, we had one child in the county placed in such a facility.

In 2013 the committee received 58 new SPOA referrals and 36 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 74 new referrals made to case management services (combined ICM, SCM and MHA). Other top referrals include Greene County Mental Health (33), and the OMH Waiver program (10) for the most intense cases.

### **Performance Based Early Recognition Screening Project**

The Early Recognition and Screening Program is funded through a grant from the NYS Office of Mental Health. It provides a full time Early Recognition Specialist (ERS) designated to the purpose of screening Greene County children and youth for social, emotional and behavioral strengths and difficulties. Appropriately then, Greene County Mental Health utilizes the Strengths and Difficulties Questionnaire (SDQ) Parents are prompted to rate 25 phrases concerning their child’s day to day behavior with the terms; “not true”, “somewhat true” and “certainly true”. Five questions on the back of the questionnaire rate the “impact” of any difficulties on a child or youth’s life. Youth ages 11 – 17 may also complete a form. In that case both sets of scores are reported to parents. The responses are entered into a computer program (erased after each form is scored) and scores are calculated. “The

SDQ has adequate internal consistency and satisfactory validity". (Goodman, 2001) The instrument is available free online in over 70 languages.

Many parents who have completed the screens have suspected some difficulty might exist and some parents expect a difficulty to be discovered. However, the screen also documents the social, emotional, behavioral growth and development of a child's strengths and difficulties and can provide a record over time if completed on a yearly basis. Youth who score "high risk" are contacted by phone or mail and often times say that the results are what they expected. Sometime parents are surprised at the scores and do not believe that a difficulty exists. Sometimes parents just take time to think about the scores and may call later to discuss or request further assessment. No parent or guardian is pressured to take any action. Parents and guardians are in control of what happens next.

Last year 828 screens were completed and results were returned to parents. Five of the Greene County Schools and one of the outlying schools allowed mass mailings. One local pediatrician contributed over 400 screens to the 828 total. 115 or 13.8% of the 828 screens were children who scored "high risk" in at least two of the four domains predicting the likelihood of having a diagnosis. Those domains include; risk for 1) any diagnosis, 2) emotional disorder including anxiety, depression etc. 3) behavioral disorder and 4) hyperactivity or concentration disorder. The high risk ranking only means that something "may" need more thorough assessment. Approximately 38% of the "high risk" students requested further assessment and were treated.

Science and brain research have made progress in determining stages of emotional development from infancy. The SDQ attempts to document the stages of emotional development over time. Many parents misunderstand the premise of the process and as one parent said, "I take care of my own problems with my children." The SDQ will identify difficulties as well as strengths and compare scores along a continuum so parents have an idea where their children are functioning much like an academic report card.

The Early Recognition Specialist (ERS) has applied for Youth Mental Health First Aid training and is on the list for that training in November. This training is fully funded by the Conference of Local Mental Hygiene Directors. Additionally the ERS has engaged support from NYS Families Together to create a parent support group for parents of youth with mental health issues in Greene County. Additionally, a youth support group has been established with the assistance of the NYS Youth Power Regional Support representative who has experience in the system. Both groups meet monthly and have been well attended.

The ERS has also been working with Twin Counties Recovery Services on the PAS (Problems, Awareness, and Solutions) Committee that recently formed within the county. Other activities the ERS participates in include; the OPWDD subcommittee, the Mental Health subcommittee, SPOA (Single Point of Access) weekly meetings, the Columbia Greene Suicide Prevention Task Force, the American Foundation for Suicide Prevention Out of the Darkness Walk Committee, and the Public Health Mobilizing for Action Through Planning and Partnerships (MAPP). The ERS works to stay turned in to what activities are taking place in the County and brings information to children and families as well as colleagues in the work place.

**Mental Health & Early Recognition and Screening Events Attended with Informational Displays:**

Take Back the Night	Dutchmen’s Landing- Sponsored by the REACH Center
Parents Partners and Pancakes	Catskill High School- Sponsored by Catskill CSD
Senior Health Fair	Washington Irving Senior Center-Dept for Aging and Youth
Mountain Top Health Fair	Hunter Mt. Ski Bowl-Department for Aging and Youth
Greene County Youth Fair	Cairo NY - Angelo Canna Town Park
Cyber Safety Training	Catskill Elks Club-Early Recognition & Screening Program
American Foundation for Suicide Prevention	Catskill Point-Sponsor AFSP
Rural Health Network Health & Screening Fair	Greene Medical Arts Building-Catskill, NY

## **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). This year has been a year of challenges with all of the changes in healthcare, services, and organizational structure of many NYS governing and service organizations.

As in the past, the Subcommittees reviewed all 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 main issues that plague Greene County are: **transportation, affordable housing, and employment.** Community Action recently experienced the end of their well utilized “Wheels for Work” program funded by NYS Office of Temporary Assistance and Disability.

Out of the CSB and sub-committees Greene County has joined with Columbia County in forming task forces that are addressing controlled substance misuse/overuse/abuse and suicide prevention. Greene County Public Health and Greene County Mental Health have also collaborated on aligning their priority areas through the involvement in the Mobilizing Action Planning Partnerships (MAPP) process.

### **Mental Health Sub-Committee**

Mental Health Sub-committee members worked on the planning and organization of the American Foundation for Suicide Prevention Out of the Darkness Walk that was held at Dutchman's Landing in Catskill. Over 300 were in attendance. Activities included informational displays, a DJ, a raffle, art projects, local government speeches and a survivor's speech. The beautiful day and camaraderie felt made the walk a huge success. Next year Greene County will support the walk in Columbia County at the Hudson Riverside Park.

Mental Health also had a **Systems of Care** kickoff event with over 50 county employees and organizations represented. This concept of care supports collaboration between agencies and a pooling of resources to enhance care and promote successful outcomes for clients.

The Suicide Prevention Task Force sponsored training for schools in Columbia and Greene Counties at Questar in Hudson. This day long training gave participants tools to share that would prepare and organize staff should an incident occur. The training was provided by the NYS Suicide Prevention Initiative.

The **Health Home** concept of care is under the direction of Hudson River Healthcare. This model is an attempt to serve those with the highest level of need by coordinating care across systems. Rating the acuity of need has a level of subjectivity that may make transition to a different level of care challenging for some clients. The concept is in its infancy but seems to be competently run in Columbia and Greene Counties.

### **OASAS Sub-Committee**

The OASAS subcommittee in conjunction with Twin County Recovery Services has supported the Columbia Greene Controlled Substance Abuse Taskforce and has formed a community committee to investigate ways to offer sober events, promote prevention, and provide education. The committee is gaining momentum. The group hopes to continue its efforts to provide education and information, reach out to young people, and strengthen or create prevention programs that could be used by schools and child serving organizations. The group is also hoping to sponsor a showing of the movie "The Anonymous People" which is a documentary film about the millions of people in recovery in the world. The Substance Abuse Task Force of Columbia and Greene Counties is in its second year. This group is working with doctors and prescribers to set some standards for prescribing. The NYS ISTOP program is in place and appears to have lessened the amount of medication prescribed Statewide. Further this committee is working with the Greene County Sheriff Department to locate a drug disposal box at the Sheriff's Office. The boxes will be donated by the Rural Health Network and would allow residents an opportunity to dispose of drugs on a daily basis rather than waiting for the two scheduled DEA Drug Take Back day in April and October. It is hoped that the Sheriff Department will continue the April and October Take Back Days with disposal sites in Catskill, Windham, and Hunter.

### **OPWDD Sub-Committee**

The OPWDD subcommittee is working through numerous changes in structure and function. The "Front Door Training" initiated by NYS has been held locally at Ulster Greene ARC in Catskill. This training must be completed by families or persons requesting services from OPWDD for the first time or by clients who are requesting a change in services. NYS no longer provides Medicaid Case Managers so other organizations have had to take on that role with employees being named as Care Coordinators

Acquiring services from OPWDD is a lengthy and complicated process which takes perseverance and initiative. There are several providers serving Greene County who can assist with this process. One issue has been that

parents seem to delay beginning the process and often miss the window of opportunity leaving a developmentally disabled client without services. Clients MUST apply for services before they turn 18 years of age.

**Greene County NAMI (National Alliance of the Mentally III)**

Greene County NAMI celebrated its eleventh anniversary with its annual dinner celebration and fundraiser at the Quarry Steakhouse in October 2013. The NAMI president continues to attend regional and NAMI NYS meetings is bringing back important program and funding information to the Greene County Community Services Board. NAMI continues to be an active leader in supporting mental health services and initiatives in Greene County, participating in various health fairs and conferences throughout the county. NAMI Greene continues to offer high caliber educational programs and family support groups in Cairo and Windham.

A handwritten signature in cursive script that reads "Margaret Graham".

Margaret M. Graham, APRN BC  
Director of Community Services