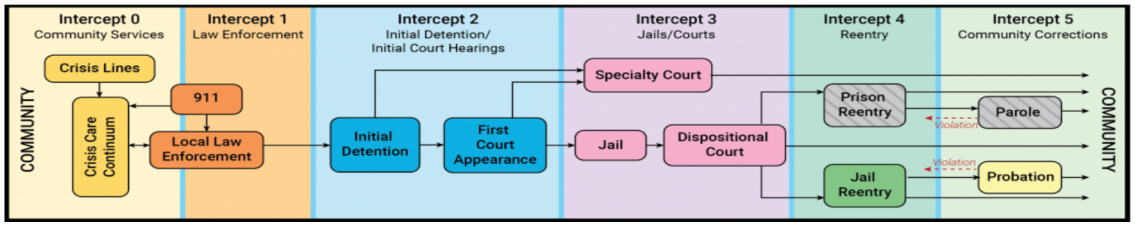
COLUMBIA COUNTY, NEW YORK SEQUENTIAL INTERCEPT MODEL MAPPING REPORT



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COLUMBIA COUNTY
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Table of Contents

A Message from Mayor Kamal Johnson

On June 15, 2020, I issued *Executive Order No. 1-20, Regarding City of Hudson Police Reforms*, ("EO") in response to the murder of George Floyd. The EO sought to reform the criminal justice system, including reforms intended to reduce policing of people in a mental health or substance use disorder (SUD) related crisis, typically due to poorly or untreated symptoms of the disease (the "target population").

Thereafter, in July 2020, the City partnered with the Greenburger Center for Social and Criminal Justice[1] ("Greenburger Center") to facilitate the Transitions to Treatment Task Force (Task Force). The Task Force used the "Sequential Intercept Model" (SIM) mapping process to identify the County's services and service gaps related to the treatment and care of the target population.

On May 18, 2021, the Task Force released this report and recommended formation of a joint, City and County Transitions to Treatment Task Force to review the report's recommendations and develop an implementation plan for any recommendations agreed to by the Joint Task Force.

I urge the Columbia County Board of Supervisors to join with me, the Hudson Common Council, and the people of Hudson in our efforts to fill the infrastructure and service gaps identified in this report.

Since July 2020, the work of the Task Force has become even more critical for those living with mental illness, especially those with a co-occurring SUD, as the number of opioid and drug related deaths and overdoses in Columbia County has risen to record levels. As of May 6, 2021, Columbia County recorded 37 suspected overdoses, 5 of which were fatalities. During the same period in 2020, the County had 23 suspected overdoses, 2 of which were fatal. The most recent available comparative data from 2017 found that Columbia County ranked 12th in the state for highest number of opioid related visits to the emergency room and Greene County was 8th. Together, Columbia and Greene Counties routinely report overdose rates more than double that of Rensselaer and Albany Counties.

Fortunately, as the report also details, despite some serious service and infrastructure gaps, overall Columbia County has reason to be optimistic not only about closing these gaps and helping the target population, but also about becoming a model for other suburban and rural communities in New York and across the nation.

Through public private partnerships, the City of Hudson has undertaken some bold initiatives to support our most at-risk residents, which may also help the target population. For example, the City's Universal Basic Income pilot HudsonUP and proposed Spark of Hudson Educational

[1] All services to facilitate the convening and Task Force work were provided by the Greenburger Center at no charge to the City.

and Training Center are two concrete projects moving forward, even in the midst of a Pandemic, which will help lift up the City and surrounding county while also benefiting the target population and their loved ones. The City is also hopeful that a local nonprofit, Greater Hudson Promise Neighborhood (GHPN), may soon be awarded a $20-$30 million grant over a 5-year period to provide a range of re-entry and other wrap-around services for the people of Hudson and Columbia County. And finally, through the City's Police Advisory and Reconciliation Commission (PARC), citizens, elected officials and the police have engaged in a constructive dialogue to develop and implement concrete police reforms which will also benefit the target population.

On the county level, the mapping exercise revealed that county officials including those at the Departments of Health, Social Services, and Probation and the Hudson City School District have been working tirelessly with psychiatric staff at Columbia Memorial Hospital and nonprofit partners across the county to address the needs of the target population. In the face of inflexible state and federal regulations, budget gaps and staff reductions, county officials have nevertheless devised creative programs in an effort to maintain a continuum of care for those needing mental health and substance use disorder treatment and services. As the professionals closest to the problem who work with the target population daily, the county and nonprofit providers on the Task Force offered up invaluable information, insights, and recommendations to plug the gaps in the system.

The Governor's state of the state is also cause for optimism. His focus on creating Crisis Stabilization Centers, merging the offices of Mental Health and Addiction Services and Supports, and injecting flexibility in licensing requirements for treatment facilities bode well for Columbia County and the state.

As will be discussed in the report, the co-location of a state funded stabilization center with Columbia Memorial Hospital or at the proposed Columbia County Wellness Hub (Wellness Hub)[2], in combination with additional and new services located at the Wellness Hub could fill many of the gaps identified in this report.

Finally, though the SIM mapping process was critically important to methodically identify gaps in the county's existing services, it is important to acknowledge that law enforcement personnel, often the last resort and first to respond when members of the target population are in crisis, have known about these gaps for years. As Hudson Police Chief Edward Moore said during the Task Force's work:

> The three individuals (*See*, Appendix B Case Studies), I have described are not the only people who experience an emotional crisis with whom we routinely interact. They are, however, representative of larger issues; the lack of facilities and treatment centers,

[2] The proposed Wellness Hub will be made possible through the donation of land by A. Colarusso and Sons, in partnership with the Greenburger Center.

defining the balance between individual freedoms and quality of life for emotionally disturbed people, and coordination between law enforcement agencies.

The law of equal and opposite reactions does not apply here. That is to say, the amount of energy and resources poured into these problems has not had the equal and opposite result of resolution. Conservatively, our small department has spent more than 1,000 hours addressing the needs of THREE citizens in need of psychological care. Valuable resources that could be spent on proactive policing, positive community interaction, or just handling pending cases have been wasted. Despite this enormous expenditure the outcomes are certain; [Case #1] will die from alcohol poisoning, [Case #2] will freeze to death in our park, and [Case #3] will be injured and/or arrested after a confrontation with a citizen.

We can and must do better. This report calls on all of us to fill the gaps and fix the broken mental health system, so that the most psychologically and physically vulnerable among us are not left out in the cold or kept behind bars because we are not willing to understand and do something about the realities of mental disease in the same way we choose to understand and respond to the realities of physical disease.

Kamal Johnson, Mayor
City of Hudson, New York
May 18, 2021

Acknowledgements:
I wish to thank the Task Force Members for their tireless work in service to the target population and for time spent on this Task Force. Your contributions to this effort were invaluable and demonstrate that working together, we can accomplish much. I would also like to thank the Greenburger Center for Social and Criminal Justice and its Ex. Director Cheryl Robers, for convening the Task Force, facilitating its work and writing this report.

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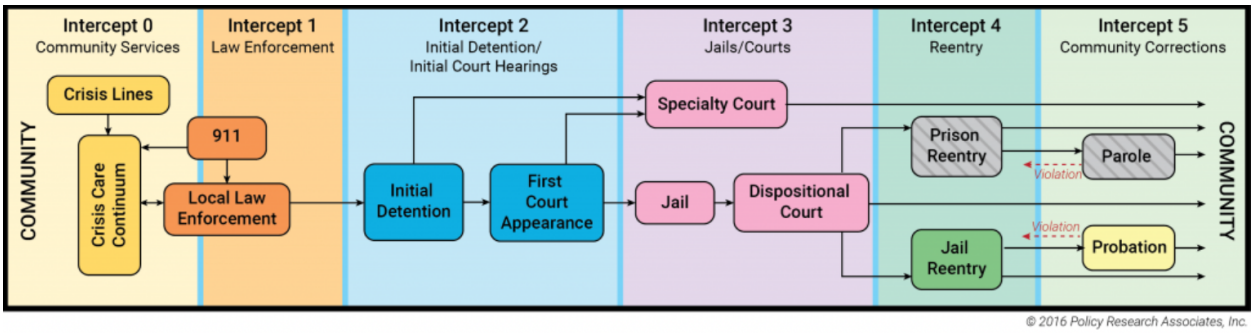
The Sequential Intercept Model

The Task Force used Sequential Intercept Model ("SIM") mapping to help achieve its goals and identify gaps in services for those living with mental illness and/or substance use disorders and who are in danger of falling into homelessness or the criminal justice system. According to the originators of SIM:

> The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about criminalization of people with mental illness. The model envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system. Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point. The interception points are law enforcement and emergency services; initial detention and initial hearings; jail, courts, forensic evaluations, and forensic commitments; reentry from jails, state prisons, and forensic hospitalization; and community corrections and community support. The model provides an organizing tool for a discussion of diversion and linkage alternatives and for systematically addressing criminalization. Using the model, a community can develop targeted strategies that evolve over time to increase diversion of people with mental illness from the criminal justice system and to link them with community treatment.



Based on the recommendations of Judge Steven Leifman, a nationally recognized expert in diversion of the target population, who addressed the Task Force at its first convening, the Task Force modified the traditional SIM mapping effort by including representatives from the Hudson City School District and added a pre-0 intercept point to begin to identify and redirect people away from the criminal justice system and into treatment beginning in schools. The Task Force was not able to engage representatives from every school district in the County and instead focused on the district encompassing the City of Hudson with the expectation that the issues, resource and service gaps in the Hudson School District are likely indicative of the experience in all school districts in the County.

Summary of SIM Mapping Findings

The Task Force found six major gaps in mental health and substance use disorder services for the *adult target population*: 1) Short-term Crisis Stabilization (up to 24 hours) and Crisis Step-down services (e.g., 3-week Stabilization Residential Step-down Housing and access to other services, including acute day treatment programs); 2) Supportive and Homeless Housing, including, *permanent supportive housing* for those living with SMI or SUDs, *temporary supportive housing including a homeless shelter for the homeless* population, and *post crisis stabilization housing* (up to 3 weeks); 3) Acute Day Treatment and additional Community Clinic Services; 4) Re-entry Services for people being released from prison or jail and those who are on probation or otherwise diverted or redirected from the criminal justice system pre-trial; 5) Inability to retain staff and a lack of staff diversity; and 6) Obstacles to criminal court diversion.

The Task Force also found the following two gaps related to the identification and provision of mental health and substance use disorder services for *children and young adults in the target population*: the need for 1) additional mental health counseling services provided to students by the County, including BIPOC and LGBTQIA identifying therapists; and 2) after-graduation transitional services for students graduating from high school with more serious forms of mental illness.

To begin to address these service gaps and physical infrastructure needs in the near to mid-term, the Task Force recommends that the Joint Task Force determine which of these gaps can be filled by co-locating services at the Columbia Memorial Hospital (CMH) to take advantage of the psychiatric expertise and services which support CMH's 22-bed psychiatric unit.

The Joint Task Force should simultaneously explore creation of the Columbia County Wellness Hub (Wellness Hub) on a parcel of land adjacent to the proposed 20-bed De-tox and Stabilization Center to be built by People USA. The proposed Wellness Hub would be located in the Town of Greenport, New York, on a 4.5-acre parcel of land donated by A. Colarusso and Sons, in partnership with the Greenburger Center, (*See*, Appendix C, Wellness Hub Property Map). The location, near the Columbia County Jail and Columbia Memorial Hospital, is ideal for provision of services for the target population and their diversion from either jail or the emergency department when at all possible. These services could include crisis stabilization and clinic services, job training and some of the three needed housing types (i.e., permanent supportive, temporary supportive/shelter, and post crisis stabilization housing).

Longer term, the Task Force recommends that the County consider reuse of portions of the Columbia County Jail or a portion of the unused property upon which the jail sits. Built for 130 people, currently the jail has a population of between 20-30 people. Due to criminal justice reform efforts over the past decade, recent bail reform measures, and a reduction in the jail population from Greene County, it is unlikely that the aging jail will ever operate at full capacity again.

Portions of the jail or property could be used for a range of services, including temporary homeless housing and/or a homeless shelter with services, a homeless outdoor sleeping pavilion to provide a safe place for homeless people to sleep when they are unwilling to sleep indoors, supportive employment services, and probation related services or some combination thereof. Task Force members warned, however, that it is likely not cost effective to renovate the jail itself and that for economic and therapeutic reasons, reuse of the jail as is, is not advisable. Instead, reuse of some portion of the jail facility or property would require demolition and new construction of a facility/addition especially if the property would be used for temporary homeless housing/shelter for homeless people leaving jail or being directly diverted from the criminal justice system.

In addition to addressing the County's physical infrastructure needs, the Task Force identified several specific service-related recommendations which will require government and nonprofit service providers to work together in a public/private partnership with some assistance from the State. The goal of this partnership will be to ensure the effective and efficient provision of mental health and substance use disorder services along a continuum of care, including: School-based mental health and SUD services, Crisis Management Services, Acute and Community After Care, Supportive Housing, and Probation and Re-Entry Services.

Major Service Gaps & Recommendations

1. Crisis Stabilization Center, Crisis Step-down Housing & Services and Mobile Crisis Assessment Team

Police, loved-ones, service providers, the community, and patients themselves, are frustrated and dismayed by the continued cycling of people with serious mental illness and/or substance use disorders in and out of the criminal justice system, homelessness, and the Emergency Department. This continual cycling or so-called "catch and release" scenario, wastes police resources, does not benefit the patient, can put the police, patient, loved ones and community at risk, and also wastes taxpayer funds.

Crisis Stabilization Centers were cited by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as a best practice in its 2020, National Guidelines for Behavioral Health Crisis Care, Best Practice Toolkit. Crisis receiving and stabilization centers save lives and money and are supported by police and practitioners.

In his FY22 Budget, Governor Andrew Cuomo announced the launch of Behavioral Health Crisis Stabilization centers, to provide 24/7/365 "admissions without referral, including direct drop-offs by law enforcement and other first responders." Based on the number of people who overdosed, were admitted to the Emergency Department (ED) at CMH, or who were in the midst of a police involved mental health crisis (formerly known as Emotionally Disturbed Person (EDP) calls), involving the Hudson Police in 2020, the Task Force concluded that the county could benefit greatly from development of more stabilization and step-down services.

For example, in 2020, Columbia County had 67 non-fatal and 8 fatal overdoses. (It is significant to note that as of March 16, 2021, the county has already seen 26 non-fatal and 2 fatal overdoses, as compared to 6 non-fatal and 1 fatal overdose during the same time in 2020.) As of 2019, the most recent data available, Columbia County ranked 12th in the state for the number of opioid emergency department visits.

In 2020, Columbia Memorial Hospital had 1,500 ED admissions related to a person in mental health crisis, 600 of whom were eventually admitted to CMH's in-patient psychiatric unit or to another in-patient program. Arguably, those who were not admitted and likely many who were, could have been treated at a crisis stabilization and/or De-Tox center, thereby avoiding the expense and trauma associated with an ED admission.

During 2020, the Hudson Police Department[3] also interacted with 130 people during a suspected or actual mental health related crisis, 120 of whom were transported to the ED and none were transported to jail. The remaining 28 did not require police assistance. Hudson Police Chief Moore indicated that approximately three quarters of those sent to the ED could

[3] The Columbia County Sheriff did not participate in the City's Task Force, accordingly countywide statistics were not made available to the Task Force, despite requests for the data.

have been better served by a stabilization center and his officers would have spent less time processing these individuals through the ED.

Finally, the Mental Health Association of Columbia and Greene Counties (MHACG) operates a Mobil Crisis Assessment Team (MCAT) and provides phone assessments and consultation; on-site face to face mental health assessments; referrals to available services; follow up from psychiatric hospitalizations; wellness calls and visits when someone is concerned. On average, MHAGC dispatches staff 825 times a year for in person assessments. Calls are not tracked but are much higher in number. Hours are 7 days/week; 8 am - 10 pm. After 10 pm there is a live person answering service that will either take a message for MCAT to receive in the morning or will send to 911 dispatcher for process pursuant to county 911 dispatching. This program has been highly successful, but critical funds supporting about half of the program will be lost in 2022 due to changes in state funding.

Recommendations:

As an alternative to taking a patient in mental health or substance use disorder crisis to the Emergency Department at Columbia Memorial Hospital or to the Columbia County Jail, creation of a Crisis Stabilization Center should be explored by the Joint Task Force. The Stabilization Center might be co-located at the Columbia Memorial Hospital or at the Wellness Hub along with the proposed People USA Stabilization and Detox Center, discussed below, and possibly a homeless shelter and/or supportive housing. Both locations and all options should be explored.

Regardless of its location, all Task Force members agreed a Stabilization Center was needed, but that to be successful, supportive housing options and additional re-entry, (including peer services), and community clinic services were necessary as set forth in recommendations 2 and 3. Additionally, Task Force members felt strongly that the length of stay authorized by the state for a crisis stabilization patient of 23 hours and 59 minutes (so-called “2359”), was too short, and in many cases, would not be long enough to truly stabilize the population. Accordingly, the Task Force recommended exploring residential stabilization housing for up to 14 days with the option for an additional 7 days if necessary, following initial crisis stabilization at the proposed crisis stabilization center.

In terms of stabilization models, there are many stabilization and crisis drop off center models across the county, the closest, located in Dutchess County, was approved with significant guidance from People USA. People USA provides stabilization management services for the facility on behalf of Dutchess County and has been approved by the Town of Greenport to open a 20-bed, medically supervised Stabilization and Detox Center near the Columbia County Jail on a 1.5-acre parcel on Merle Ave and Route 66.

The People USA Merle Avenue facility is intended to serve people in SUD crisis from Poughkeepsie to Albany, including clients of Columbia and Greene Counties. The facility also fulfills one of the goals of a Columbia-Greene County opioid response plan developed with Twin Counties Recovery Services, Inc..

People USA has agreed to relocate its Stabilization and DeTox Center to the Wellness Hub parcel opening the possibility of co-locating the People USA facility with a small number of beds for people in mental health crisis. Co-locating could allow the County to provide the same short term stabilization care ("2359") for those in mental health crisis that will be provided to those experiencing an opioid crisis or other SUD crisis. However, as noted above, co-location of a mental health stabilization center with CMH should also be explored and in either case, Task Force members felt strongly that the up to 24-hour stabilization stay was likely insufficient to stabilize the majority of SMI or SUD patients they routinely see in the ED, on the streets, in clinics and in the criminal justice system.

Funds must be restored for the MCAT program.

Next Steps:

The County and City should consider constituting a Subcommittee on Short-term Crisis Stabilization and Crisis Step-down Services as part of the proposed Transitions to Treatment Joint Task Force to explore and guide implementation of this recommendation. Timing is of the essence, however, as the Governor has announced that technical expertise and funding will be available to communities who proactively advance innovative approaches to creating crisis stabilization centers and related services at the county level. The Task Force believes Columbia County is well poised to participate in any state initiatives and that the proposed Joint County/City Task Force should be formed as soon as possible.

The Joint Task Force might also consider engaging Greene County elected officials to discuss sharing crisis response services for those in mental health crisis.

2. Supportive & Homeless Housing

Because access to stable, supportive housing has been shown to be more effective at managing mental illness among a homeless population or those who cycle in and out of incarceration than medications and treatment alone, providing more supportive housing is a key recommendation.

The County needs more *permanent supportive housing* of those living with SMI or SUDs; *temporary supportive housing for the homeless* population, (which should include one shelter), many of whom also live with SMI or SUD; and *post crisis stabilization housing* (up to three (3) weeks) for those leaving the Emergency Department, the planned People USA Detox Center, or the Crisis Stabilization Center discussed in Finding 1.

The current use of motels as emergency homeless or post crisis stabilization housing is neither cost effective for the County or necessarily safe for people living with SMI or SUDs. The County spends in excess of $1 million for homeless housing in motels annually, yet according to all Task Force members who serve the target population, the expenditure is not a good use of funds

and does not stabilize or stop the population from cycling through other County programs, Columbia Memorial Hospital, or the criminal justice system.

In fact, with the exception of the Galvan Civic Motel (*see*, section on *Homelessness, the Criminalization of Mental Illness and SUDs & Supportive Housing* for more information about the Galvan Civic Motel), which does provide some supportive services, homeless housing in area motels generally exacerbates mental illnesses, SUDs, and underlying physical health conditions. Especially for someone whose mental illness involves psychotic features or who is otherwise unable to obtain and prepare food and is without family or other social support structures, being isolated in remote motel rooms across the county can and has led to psychotic breaks or SUD relapse. These breaks or relapses not only put the individual and others at risk but wastes taxpayer funding when resulting repairs are necessary to fix property damage that occurred during a break or relapse.

For example, 4 high-utilizers of motels, the emergency department, and other services, cost the taxpayers some $30,000 each in 2019 for motel room fees alone. In addition to these costs, each of these four individuals cost taxpayers on average $1,400 in transportation, and $800 in other related costs in the same year.

Replacing these motels with temporary supported housing including a 30-40 bed homeless shelter with supportive services, would also allow the County and service providers to receive additional funding from the state to house and care for this population.

Many Task Force members, most notably the Director of DSS, also identified state homeless housing funding regulations and laws as serious obstacles to funding the most economically and therapeutically effective housing programs. Due to inflexible housing rules, the County is unable to provide state housing funds directly to the nonprofit housing providers who could provide high quality and effective supportive housing. Instead, these funds can only be used for certain prescribed housing providers or housing types, most commonly, for motel owners and motels.

For example, Mental Health Association of Columbia and Greene Counties (MHACG) is granted a stipend of approximately $10,000 per year per client to provide 25 “supported housing” beds in Columbia County. This amount is well below the actual costs of providing this type of housing, and as a result, many of these clients do not receive all the intensive services they require. Meanwhile, should they find themselves removed from supported housing and present to DSS as homeless, the “safety net” or emergency motel housing will cost the county $32,750 annually or $90 per night just for “housing.” A worth-while pilot would reverse that trend to allow DSS to place the individual in supported housing instead of a motel, thereby nearly tripling the stipend for supported housing and allowing the provision of services not available in motels.

Finally, another housing alternative that should be explored for the homeless population is “supportive housing.” Currently, MHACG operates 10 supportive housing apartments for

homeless people in the county which are funded by the federal Housing and Urban Renewal Department (HUD). More units are needed.

Recommendations:

Housing is needed to address the homeless and "high-utilizer" population who have a serious mental illness, often a co-occurring substance use disorder, and are high utilizers of many social, medical, and psychological services. *Supportive permanent*, *temporary,* and *post crisis stabilization* housing for the target population should be co-located with other services. The use of motels should be permanently phased-out for all people.

Discussion is needed to determine a more precise estimation of the number of units needed for each type of housing and whether and how many of these units should be located at a single site or at scattered sites throughout the county. In particular, discussion needs to be had about placement of some permanent supportive housing, temporary homeless/shelter, and post detox and crisis stabilization step-down housing on the Wellness Hub Property, CMH property and/or elsewhere, including in the longer term, on a portion of the current county jail property.

Further, some beds should be created via a "housing first" model, which allows a homeless person to be housed first, before any mental illness or substance use disorder is managed. For some homeless people with mental illness and or a substance use disorder, even sleeping indoors is overwhelming, and being clean and sober in order to live indoors is impossible. People in this situation still deserve and need housing, accordingly, plans to develop homeless housing should include a strategy and options for this population.

Finally, the Joint Task Force should consider developing a federal and state legislative and executive branch lobbying strategy to provide more flexibility for spending state homeless temporary and permanent housing funding, including organizing a coalition of service providers, local government agencies, police, and others to advocate for these changes.

Next Steps:

The County and City should consider constituting a Subcommittee on Supportive Housing & Homeless Services as part of the proposed Transitions to Treatment Joint Task Force to explore and guide implementation of this recommendation.

Another key to the success of this effort will be engaging a homeless housing developer or expert familiar with development and construction of homeless housing and related facilities, funding opportunities and the approval and licensing process for such facilities. The subcommittee should also include representatives from Mental Health Association of Columbia and Greene Counties and Twin Counties, at a minimum, as well as the directors the Columbia County Department of Social Services (DSS), and the Community Services agency within the Department of Human Services (DHS).

The Joint Task Force should also engage the DHS, as the Local Governmental Unit (LGU), and the Community Service Board (CBS) and ask that this and all other recommendations be incorporated into DHS planning efforts. Daniel Almasi, Director of Community Services, should serve as the liaison between the Joint Task Force and DHS.

3. Acute Day Treatment & Additional Community Clinic Services

Acute Day Treatment and Community Clinic Services are a critical part of the continuum of care for people living with SUDs and serious forms of mental illness, particularly members of the target population. Columbia County has some of this infrastructure but needs to bolster existing services by fully restoring the open-access walk-in clinical services lost during the COVID-19 Pandemic, adding new acute care day treatment capacity, and creating a street outreach program that focuses on harm reduction and connecting hard to reach individuals to services. Replacing capacity that was lost during the COVID-19 Pandemic and expanding capacity as just described, would reduce the need for initial crisis services and interventions, including ED admissions and 911 calls, and hospital readmission and criminal justice recidivism rates.

As mentioned, some of the treatment capacity lost was the result of the Covid-19 Pandemic. During 2020, the Department of Human Services (DHS) – Columbia County Mental Health Center (CCMHC) and Columbia Memorial Hospital (CMH) psychiatric department outpatient clinics experienced significant wait lists for those needing on-going weekly or bi-weekly appointments with mental health professionals. The CCMHC was able to eliminate the clinic wait list by modifying their open-access walk-in clinic and directing all available staff to service regular clinic clients. Previously, the open-access walk-in clinic served on average 75 people a month and helped reduce visits to the Emergency Department. Fully reopening the open-access clinic will require hiring two additional staff people. The County Board of Supervisors has authorized hiring these staff people, but historically it has been difficult to fill clinical positions in Columbia County.

The out-patient mental health clinic at CMH continues to have on average a 70 patient wait list, which CMH cannot address due to staffing shortages. Some of these patients could also be helped by an acute care day facility, which would serve patients needing a more intensive level of mental health treatment, including those discharged into the community from either the ED or CMH's psychiatric hospital unit. Additional space and staff would be required for operation of an acute care day clinic.

Finally, the Task Force recommends building additional peer and clinical capacity at every level of treatment and particularly as part of a street outreach, harm reduction program through which some of the people living with the most serious forms of mental illness, who ultimately become the most expensive clients, could be reached directly where they live, whether on the street, in a park or a in a motel room.

Recommendations:

Restore a remote, walk-in/open access community-based clinic with both remote/video and in-person capacity. Develop an acute care day treatment facility, perhaps co-located at CMH or at the Wellness Hub. Develop a street outreach program that focuses on harm reduction and connecting hard to reach individuals to services staffed by peers and clinicians. Build more clinical and peer capacity and a more diverse workforce (*See*, Recommendation 5 on Workforce recommendations.)

Next Steps:

The County and City should consider constituting a Subcommittee on Acute Day Treatment and Community Clinic Services to better approximate the need for and location of the services and staffing as outlined above. The Subcommittee should also explore how best to finance the services, including formation of a service provider coalition to lobby state officials for additional funding and legislative or regulatory changes as needed to provide more flexibility in existing funding streams as needed.

4. Re-Entry Services

Adequate re-entry services are currently not available in the County. Specifically, people leaving jail or prison and returning to the community or those who are diverted or redirected away from the criminal justice system through a plea agreement or other program, may need transportation from jail or prison or to medical or behavioral health appointments, social service agencies and jobs; access to food and shelter; help connecting or reconnecting to social and health benefits; or job skills and interview training.

Currently two providers offer re-entry services: Re-Entry Columbia and Greener Pathways. Both programs should be expanded, and additional re-entry services and providers should be encouraged.

Recommendations:

The Spark of Hudson, a local foundation, has purchased a large building in Hudson and is planning to construct an educational and training center that will house re-entry and alternatives to incarceration services led by local organizations. The facility is scheduled to open in 2023. The City and County should support this effort in whatever ways possible.

In addition, Greater Hudson Promise Neighborhood Inc has applied for a Federal Promise Neighborhood Implementation grant to, among other goals, boost re-entry services in Columbia County. If awarded, this grant would provide $20-$30 million over a 5-year period to Hudson's Greater Promise Neighborhood to be used in Columbia County. The grant application includes an allocation for significant funding to The Osborne Association to supplement re-entry services to the county currently needed but not being provided. The Osborne Association is a nonprofit re-entry organization which has been providing services to New Yorkers and their

families, both inside and outside prisons and jails, for more than 90 years. Osborne operates programs in prisons and jails in other upstate counties, including Greene County. Through this grant opportunity, Osborne would provide re-entry services to the county ranging from technical assistance, service coordination and training, to the provision of a wide range of re-entry services as needed.

The GHPN grant award would also allocate funding to Greener Pathways, a program of Twin Counties to boost their re-entry services, particularly for those living with substance use disorders. There are a total of 25 local partners involved in the grant.

If the Promise Neighborhood Implementation grant is not awarded to GHPN, the county and city may wish to connect directly with the Osborne Association to explore whether the organization could quickly provide to Columbia County, re-entry services currently missing or which could be bolstered.

While ReEntry Columbia provides individual case management, employment assistance, emergency services, and some transportation, the organization is limited in the number of services and programs it can provide due to limited funding. In 2020 the County reduced the funding to the organization for these services. ReEntry Columbia has the capacity to expand services with additional funding resources, which should be sought.

Next Steps:

Awards for the Promise Neighborhood Implementation grant will be announced late summer 2021 with contracts signed by January 2022. Whether the grant is awarded or not, the Joint Task Force should consider forming a Subcommittee on Courts, Jail Diversion, Alternatives to Incarceration & Re-Entry Services to convene a meeting with representatives from Osborne, Greater Hudson Promise Neighborhood, Twin Counties, Greener Pathways and Re-Entry Columbia, among possibly others, to discuss how to supplement and expand re-entry services and how Osborne might assist the County to better coordinate existing re-entry services and quickly meet unmet re-entry needs.

5. Staffing

Columbia County has a severe shortage of mental health professionals at every level: peer counselors, residential aides and counselors, therapists, nurse practitioners and doctors. Low salaries in the Mental Health professions have made recruitment challenging. The most difficult staff to hire and retain are residential staff due to the extremely low rates of pay which causes a high turnover of frontline staff further burdening programs by increasing training and recruitment costs. The licensed mental health workforce in the county, in both nonprofit and government agencies, also lacks racial and gender (i.e., LGBTQIA) diversity.

Building a diverse, culturally competent, and multi-disciplinary team that can collaboratively address the systematic and personal challenges of those experiencing a behavioral health/SUD

crisis creates a more effective system that increases service delivery while reducing the overall health care cost for those in crisis. This team of multi-disciplinary professionals must include Peer Specialists, Certified Recovery Peer Advocates (CRPAs), and Certified Recovery Peer Advocate-Family (CRPA-F's). These peer advocates would provide lived experience and proof that recovery is possible, support the use of recovery language to clients and staff, bring a different perspective to other treatment team members, and offer crisis resolution, community referrals to families/clients, and advocacy and skill building to increase resiliency.

Recommendations:

The Joint Task Force should form a Columbia-Greene County workgroup to explore innovative strategies to address the workforce shortage. The strategies should include partnering with Columbia Greene Community College to assess the employment rate for graduates of the human services degree program into positions within the field. The partnership should also include a canvas of current students on their interest in going into the human services field. The workgroup should also explore partnerships with Questar III to foster more interest in high school students to enter this workforce. The focus of strategies should include the spectrum of positions, from unlicensed paraprofessionals to experienced licensed professionals. Finally, the workgroup should also focus on strategies for advocacy to increase the wages for staff in the field. Linkages should be made with current Statewide workgroups/task forces focusing on workforce storages in this profession.

Next Steps:

The Joint Task Force should form a Columbia-Greene working group as described above. This group may also consider consulting county Human Resources Departments for recommendations.

6. Courts and Probation

Columbia County has 22 towns and villages and one city, each with their own local courts which have primary jurisdiction over initial arraignment of felonies. These local courts also have jurisdiction to arraign on and decide misdemeanors and to process traffic violations. Based on general national data which indicates that some 20% of those who end up incarcerated in jail live with a serious mental illness and approximately 44% have a mental illness, it is reasonable to extrapolate that approximately one quarter to one third of this caseload involves a person with mental illness.

The Task Force found that town and village court judges, as well as staff in the District Attorney and Public Defender offices could benefit from more training about the needs of the target population and existing services provided by both nonprofits and probation.

Even with more training however, resources do not exist to provide all local town and village courts with the level of services or staff they may require to manage the 20% of so of the court docket who may live with serious mental illness.

Currently, Columbia County has two county court judges, one of whom presides over a drug treatment court docket which handles approximately 40 cases per year. However, the County does not have a Mental Health Court for felony cases or a mental health/hub court which could take misdemeanor cases from town and village courts.

The Drug Treatment Court Judge advised that defendants need more access to mental health residential treatment facilities and supportive housing, as well as more community-based drug and mental health programs. The Judge also sought faster turn-around of pre-sentencing reports from Probation and verified information on mental illness and substance use disorders on all criminal cases whether or not in the Drug Treatment Court. The use of Pre-Plea reports from Probation was also identified as a tool that should be used.

Probation staff noted that they could offer better services and support if, whenever possible, judges mandated that a defendant check-in with probation in person on a regular basis, rather than just via a phone call once a week.

Finally, providers serving the criminal justice involved population noted a need for more transportation options to ensure that clients make all court and probation appointments and for more peers at every stage in the process.

Recommendations:

In the short term, town and village court judges need more on-going training on the needs of and services available to the target population, particularly about services offered by probation and trauma informed practices generally. Similarly, on-going mental health and substance use training should be offered for all legal staff in the Public Defender's and District Attorney's offices. Probation could provide this training in concert with county and nonprofit mental health and SUD providers.

Longer term, creation of a county level Mental Health Court to hear felony level cases and a Hub Court to hear misdemeanor cases transferred from town and village courts should be explored with the NY State Office of Court Administration to provide an opportunity for the target population to have their cases heard where more services and options for treatment related dispositions could be provided.

An independent forensic psychologist from CCMH should be available to Probation to help supplement pre-plea and pre-sentencing reports whenever a defendant, with the advice and consent of counsel, asks or agrees for this review related to an SUD or mental illness.

Prior to disposition of a pending criminal matter, with advice and consent of defense counsel, peers could be made available to all defendants who ask for or appear to need mental health or SUD services. Following disposition, peers should be made available whenever requested to help the target population from re-entering the criminal justice system.

As set forth in other recommendations, more supportive housing is needed for those in mental health and SUD crisis and recovery, especially justice involved clients. In addition, more transportation options to ensure people can make their court appearances and drug and mental health counseling appointments.

Next Steps:

The County and City should consider constituting a Subcommittee on Courts, Jail Diversion, Alternatives to Incarceration, Probation & Re-Entry Services as part of the proposed Transitions to Treatment Joint Task Force to explore and guide implementation of this recommendation.

7. Services for School Children and Young Adults

Mental health disorders are on the rise in young adults ages 8-24. It is estimated that 1 in 5 adolescents has a mental health disorder, with 50% of mental health conditions surfacing by age 14 and 75% by age 24. Unfortunately, 50% of youth ages 8-14 do not receive mental health treatment due to stigma or lack/access to services. Often, when a mental health disorder goes undiagnosed or untreated, a young person will attempt to self-medicate, self-harm or self-treat with drugs or alcohol. Delayed treatment can also exacerbate certain forms of serious mental illness, especially those involving psychotic features, making treatment of the disease and subsequent psychotic episodes more difficult to treat.

School-based mental health and SUD services need to be bolstered to prevent youth from struggling in school or worse, landing in crisis at the ED or jail. School officials have called for additional counseling services for students by the County mental health agency, more mental health and SUD education in the health curriculum, and transitional services for graduating seniors to help the successfully transition into adulthood and the community.

The proposed crisis services outlined in Finding 1 should also have programming, including youth peer staff, available for children and youth.

Recommendations:

The county should provide additional mental health counselors for school aged children through the Columbia County Mental Health Center.

School officials should integrate mental health and SUD education into health curriculum at elementary, intermediary, and high school levels, and include peers in the curriculum.

The County Mental Health Clinic and DSS should work with the School Districts to develop a program for graduating seniors in the target population to help with transition from school to the community, to prevent graduating seniors from becoming high utilizers of county mental health and SUD services.

Any Crisis Stabilization Center should include resources for children and youth.

Next Steps:

The County and City should consider constituting a Subcommittee on School and Early Intervention Services as part of the proposed Transitions to Treatment Joint Task Force to explore and guide implementation of this recommendation.

Columbia County Overview

Columbia County, New York is situated in eastern New York on the Massachusetts border, approximately 30 miles southeast of Albany and 130 miles north of New York City. As of 2018, the County had a total population of 59,916 mostly scattered in rural areas with population clusters within and around the 18 towns and 4 villages that make up most of the land mass. The City of Hudson, with a population of approximately 6,100, is the County seat.

Target Population

Approximately 20% of the U.S. population lives with some form of mental illness. According to the 2019 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 5% of the US population lives with serious mental illness. SAMHSA defines serious mental illness (SMI) as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. For inclusion in the NSDUH study, mental illnesses include those that are diagnosable currently or within the past year; of sufficient duration to meet diagnostic criteria specified within the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); and exclude developmental and substance use disorders. Common SMIs include major depression, schizophrenia, and bipolar disorder. It is estimated that at least 1 in 4 people living with SMI also have a co-occurring substance use disorder (SUD).

Using this framework, Columbia County likely has approximately 3000 people living with SMI, about 40-45% of whom live with poorly or untreated SMI, and the majority of whom are also apt to have a co-occurring substance use disorder. Accordingly, Columbia County likely has 1,300 adult residents living with poorly or untreated SMI, some 350 of whom probably also have a co-occurring SUD.

There are 6 school districts in Columbia County serving a total of approximately 6,800 students: Chatham Central School District (1000 students K-12), Germantown Central School District (600 students PK-12); Hudson City School District (1,700 students K-12), Ichabod Crane Central School District (1,700 students K-12), New Lebanon Central School District (400 students K-12) and Taconic Central School District (1,400 students K-12).

As one of the two largest school districts, the Task Force included the Hudson City School District on the Task Force and in the SIM mapping effort. It is estimated that approximately 300 children of 1,700 in the Hudson City School District (Pre-K – 12) are classified as needing special education services and approximately 85-90 of those children live with mental illness. Based on these figures, it is reasonable to assume that some 350 school aged children and youth live with mental illness. The school districts do not have accurate numbers about children living with SUDs.

Together, these adults who live with SMI and the children and youth identified by the school districts as needing mental health services comprise the "target population" and focus of this report.

Mental Illness and SUD Service Providers, Utilization & Multi-Year Planning

Service Providers:

Hudson is the only urban area in Columbia County and houses virtually all county social services, such as: the **Department of Social Services (DSS)**, providing adult and child protective services, employment services, SNAP (Supplemental Nutrition Assistance Program), HEAP (Home Energy Assistance Program), Medicaid assistance and coordinated Medicaid and Medicare services and a Protective Services for Adults Multi-Disciplinary Team (PSAMDT) to focus and coordinate the needs of "high utilizers" of mental health services; **Probation**, including pre and post-trial therapeutic and skills building programming for some 250 people; and the **Department of Human Services (DHS)** which operates the Columbia County Mental Health Center[4] providing crisis and on-going mental health and substance use disorder treatment to adults, coordinated mental and physical care, respite services and housing for children, and other services.

More detailed information about these governmental programs can be found in Appendix A, but it is important to note here that the DHS is also the state mandated "Local Governmental Unit (LGU) for Columbia County. Pursuant to the state Mental Hygiene Law, each county is required to have an LGU, responsible for the integration and coordination of planning and service efforts funded and certified by the New York State Offices of Alcoholism and Substance Abuse Services (OASAS), Mental Health (OMH), and People with Developmental Disabilities (OPWDD). LGUs are required to submit annual plans to the state to be eligible for State Aid funding. In Columbia County, the DHS, as the LGU, prepares its annual plan on alcoholism and substance abuse, mental health, and intellectual & developmental disabilities with the assistance of the Columbia County Community Services Board (CSB).

In addition to these governmental agencies, several nonprofit health care, re-entry, social service and substance use disorder service providers are located in Hudson including: **Twin Counties Recovery Services, Inc.**; **Greener Pathways**, a project of Twin Counties; **Mental Health Association of Columbia-Greene Counties, Inc.,** (MHACG); **Greater Hudson Promise Neighborhood**; and **Re-Entry Columbia**. Additional information about these organizations and programs as well as other providers can be found in Appendix A.

[4] As discussed in more detail under re-entry services. The Columbia County Mental Health Center is a certified state "Health Home" Care Coordinator agency and along with two other nonprofits, (Mental Health Association of Columbia and Greene Counties, and Alliance for Positive Health), works in an alliance or partnership to provide mental health services to people in the target population through the Health Home system.

Hudson is also home to **Columbia Memorial Hospital** (CMH), the County's only hospital which serves more than 100,000 people in Columbia, Greene and Dutchess counties. CMH has a 22-bed, secure in-patient psychiatric unit for adults needing intensive, in-patient hospital stays. CMH also runs an outpatient clinic.

Utilization:

On average, approximately 1100 residents use the DHS' Columbia County Mental Health Center annually, accounting for some 22-23,000 visits. Eighty percent are adults, the remaining clients are children.

The emergency department (ED) of Columbia Memorial Hospital conducts roughly 1500 evaluations each year. Approximately 500 patients evaluated in the ED are admitted to the 22-bed psychiatric unit, however, in any given year, approximately 80-90 adults are sent out of county due to bed shortages and all children are sent out of county due to the absence of any psychiatric beds for the approximately 150 children evaluated in the ED each year.

Some of these 1100 residents are also among those who access services provided by nonprofit service providers including:

- **Greener Pathways**: Serves 200 people via mobile outreach peer operated program operated through a federal SAMHSA grant which addresses both SUD and mental illness.
- **Twin Counties Recovery Services, Inc.**, provides residential, clinical, and mobile treatment services to approximately 380 people living with substance use disorders and mental illness in Columbia County, including 13 men living at the Red Door supportive housing facility.
- **Mental Health Association of Columbia-Greene Counties, Inc.,** (MHACGC) serves approximately 4000 youth and families and 4,000 adults annually in both Columbia and Greene Counties, in addition to providing clinical services and operating 47 supportive beds in Columbia and Greene Counties, 25 of which are in Columbia County, and 10 supportive housing apartments for homeless people in Columbia County which are supported by HUD funding.
- **Greater Hudson Promise Neighborhood**, provides early literacy and learning, after school programing, and jail diversion and re-entry services for approximately 50 justice involved individuals and their families.
- **Re-Entry Columbia** provides re-entry services such as case management, transportation, education, and job training skills to approximately 135 justice involved individuals annually.

Included in these caseloads are approximately 60 "super" or "high" utilizers (HUs), evaluated and tracked through DSS as part of a Protective Services for Adults Multi-Disciplinary Team (PSA MDT. The PSA MDT, started in 2019, is composed of representatives from 10 organizations and meets regularly to discuss and manage the physical and mental health needs of this population

more effectively and in a cost-efficient manner. Additional information about PSA MDT can be found in Appendix A.

Together, CMH, County agencies, nonprofits and the school districts provide the safety and service net for Columbia County adults and children living with mental illness/or substance use disorders, whether or not justice involved. For those who are justice involved, many of these service providers make it possible for the Columbia County Drug Treatment Court to operate, and some also support nascent efforts to address the needs of the target population by the Hudson City Court and town and village justice courts.

Columbia County Department of Health Multi-Year Planning:

The Columbia County Department of Health is led by the Public Health Director who is responsible for safeguarding the public's health. The overall mission of the CCDOH is to protect, promote and preserve the health and well-being of the residents of Columbia County.
A Medical Director, Board of Health, Health Committee (of the County Board of Supervisors), Professional Advisory Committee, and multiple task force committees provide administrative guidance and consultation to CCDOH and the Public Health Director.

The CCDOH offers residents public health programs including, maternal health clinics, immigrant health services, medication drop boxes, food establishment inspections, adolescent tobacco use prevention programs and lead abatement programs. The agency also develops multi-year Community Assessment Improvement Programs and currently has a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) in place for 2019-2021 (CHA/CHIP). The 2019-2021 CHA/CHIP, created in collaboration with community partners, identifies two health priority areas:

- Preventing Chronic Disease
- Promoting Well-Being and Preventing Mental and Substance Use Disorders"

Though the 2019-2021 CHA/CHIP focus is on "prevention" of both "Mental and Substance Use Disorders," the recommendations relate primarily to SUDs. Further, while to be sure, some mental illnesses and SUDs can be controlled or prevented if related to such triggers as trauma, childhood abuse, or neglect, according to the Mayo Clinic, for other mental illnesses, like schizophrenia, "[t]here's no sure way to prevent" the disease, at least not at this time. It also seems unlikely that SMIs involving psychosis can be completely prevented, though the disease trajectory can be dramatically improved if the patient has access to very early interventions, and adequate treatment and disease management at the first onset of symptoms.

For these reasons, the Task Force focused its work on solving service gaps for those living with SMI, particularly the high utilizers, instead of trying to focus only on prevention of certain preventable mental illnesses. By filling the service gaps for the target population, the resulting service delivery system, provided along a continuum of care, will necessarily help to serve all those living with mental illnesses and SUDs, so-called preventable, or not. Like any other

physical disease, the Task Force determined that these serious or chronic forms of mental disease must be managed just as serious or chronic forms of physical disease, with the same rigor and commitment to treatment and care of all patients, including those who are most ill. Any long-term behavioral health planning effort, or more accurately stated, any long-term mental health and Substance Use Disorder planning effort, that does not consider those who are most seriously ill, ultimately undermines the entire system.

Homelessness, the Criminalization of Mental Illness and SUDs & Supportive Housing

Homelessness:

Though most social services are in Hudson, neither the City nor the County has a homeless "shelter" licensed by the state. Shelters licensed by the state are required to offer services to residents and providers are also eligible to receive state aid.
After attempting unsuccessfully for many years to site a homeless shelter or shelters[5], the County resorted to renting motel rooms throughout the County to house approximately 100 people who are homeless at any given time. In addition to these motels, the County has one motel called the Galvan Civic Motel, created specifically for homeless people which has some social services on site such as a common kitchen, computers, laundry, outdoor recreation, 24-hour supervision and security, and social services provided on-site by nonprofits to help residents connect with employment opportunities or training. The Galvan Civic Motel is not, however, considered to be or licensed as a homeless shelter.

The Galvan Civic Motel was developed in partnership with The Galvan Foundation, a nonprofit providing supportive housing development and other services for the people of Hudson and Columbia County. The motel has 25 beds and is family friendly making it appropriate for the, on average, 5-6 homeless families needing shelter in Columbia County at any one time. While the Galvan Civic Motel is certainly preferable to placing homeless people randomly in motels around the county, it is located about 5½ miles southeast of downtown Hudson and 4 miles east of Columbia-Greene Community College on Route 9 in Greenport on the border with the Town of Livingston, making it too far for most people to walk to mental health and other services.

The remaining 14 motels used for emergency homeless housing are even farther away from most services in the County and are not only located throughout the county, but across county lines. On any given night, the County might house people in motels in Castleton, Catskill, or Cairo, or within the county, but a 40-minute drive from Hudson or many services. Consequently, the County must provide transportation to and from social services and spends on average $10,000 – $20,000 a year on transportation for its annual homeless population,

[5] In 2010, CARES, Inc worked with Columbia County to produce a Ten-year Plan to End Homelessness. This important document should be reviewed by the Joint Task Force Subcommittee on Supportive Housing & Homeless Services.

composed of about 240 people, (130 homeless individuals and another 109 homeless people who are part of homeless family units), about 100 of whom may be homeless on any given day, including approximately 10 individuals who are unsheltered and subsist mostly in the City of Hudson.

Unfortunately, in New York state, outside of New York City, using motels to solve intractable social problems is not uncommon or limited to housing the homeless. According to a 2016 report by the NYS Comptroller:

> There is a significant reliance on the use of hotels or motels to lodge otherwise homeless individuals in many areas of the State, particularly where more formal shelters do not exist or are already operating at or above capacity. In fact, fully half of the facilities that operate outside New York City fall into this category. In general, the rate of poor conditions and health and safety hazards that we observed was about twice as high in facilities that were not associated with a recognized hotel/motel chain. Further, these facilities often house not only homeless individuals or families but also other populations participating in a variety of government-funded programs. As a result, in some areas, homeless people may be housed with individuals receiving substance abuse treatment or recently released prisoners. Five of the facilities we visited also housed registered sex offenders.
>
> Given the overall division of responsibilities among governmental entities in New York, no one State or local agency is responsible for complete oversight of this type of housing. From a health and safety standpoint, most of the burden is borne by local officials such as building inspectors, zoning officers, and fire officials. Other State and local agencies that may be involved in placements are often focused mainly on the services provided to their own program constituents. Because these facilities form an important link in the housing continuum for individuals in many disparate programs, there appears to be a pressing need for greater coordination and cooperation in what is now a significantly fragmented system of oversight.

Task Force member Robert Gibson, Commissioner of DSS, has estimated that a 30-40 bed, licensed, well-run shelter, providing services and 24-hour staff, could meet the needs of the most desperate individuals in the homeless population in a more cost efficient and therapeutically effective manner. Because some 45% of the homeless population live with mental illness and an estimated 25% have serious mental illness, and over all, at least 50% of people with a mental illness also have a co-occurring substance use disorder, housing alone, such as providing a lone motel room, is not likely to stop someone from cycling back into homelessness or worse. To provide this population with the best chance of staying out of homelessness, the ED or the criminal justice system, Commissioner Gibson said it would be essential to ensure that through a public private partnership, both shelter and community step down services are provided in an integrated, seamless fashion. The Task Force agreed with Commissioner Gibson's conclusion.

Criminalization of Mental Illness and Substance Use Disorders (SUDs):

According to the Hudson Police Chief, most of the unsheltered homeless population living in Hudson have a mental illness, substance use disorder, or both. At any one time, the City of Hudson has approximately 6-7 unsheltered homeless people living in the City's parks. Not only are these individuals suffering but in very rare circumstances, they may also pose a danger to themselves and others and eventually necessitate police engagement, even though the Hudson Police Department (HPD) is not equipped to manage this population, nor should it be a social service agency. (Please see Appendix B for case studies).

Yet, police in Hudson and across the country continue to be first responders for those in mental health crises. These 911 calls can present risks for all involved. For example, in September 2020 alone, of the 8 calls for people in mental health crisis received by HPD, 3 involved a weapon, (1 involved knife, 1 a wooden 2x4, and 1 involved the threatened use of weapon). One of the remaining calls was for someone outside of the county and another was a false alarm. All 6 of the people engaged by the police were brought to Columbia Memorial Hospital and all were released the same or next day.

Equally problematic, people released from CMH's Emergency Department or psychiatric unit often must wait up to 6-8 weeks for a follow up clinical appointment at CMH's outpatient clinic which has a current wait list of approximately 70 people. While some of these patients may use the Columbia County Mental Health Clinic (CCMHC) which currently does not have a wait list, CCMHC has only been able to reduce its own substantial wait list created by the COVID-19 Pandemic by shutting down the County's open access day clinic and reducing other services such as therapeutic services to the Hudson City School District. Without adequate, basic follow up clinical support, continuing the cycle of so-called "catch and release" from hospital, incarceration, streets, shelters, perhaps a loved one's home and back again, is not only all but assured, it is unacceptable and potentially dangerous for all those involved.

While people living with serious mental illness are far more likely to be the victims of violence when compared to those who do not live with mental illness, studies from around the world have documented for decades that people living with *certain* ***untreated*** serious mental illnesses such as schizophrenia, schizo-effective disorder and bi-polar disorder are more violent than people without a serious mental illness.

In 1992 upon reviewing dozens of studies, Prof. John Monahan, the John S. Shannon Distinguished Professor of Law, Professor of Psychology, Professor of Psychiatry and Neurobehavioral Sciences and Hunton Andrews Kurth, Professor of Law at the University of Virginia concluded:

> The data that have recently become available, fairly read, suggest the one conclusion I did not want to reach: Whether the measure is the prevalence of violence among the

> disordered or the prevalence of disorder among the violent, whether the sample is people who are selected for treatment as inmates or patients in institutions or people randomly chosen from the open community, and no matter how many social and demographic factors are statistically taken into account, there appears to be a relationship between mental disorder and violent behavior. Monahan J. Mental disorder and violent behavior. *American Psychologist* 1992;47:511–521.

It is important to note that according to the Treatment Advocacy Center, "[m]ost acts of violence are committed by individuals who are not mentally ill" and that if people with serious mental illnesses receive appropriate treatment and medications, there is *no evidence* to suggest that "they are any more dangerous than individuals in the general population." Still, a 2009 meta-analysis of 204 studies of psychosis as a risk factor for violence confirmed the earlier finding of Professor Monahan: "compared with individuals with no mental disorders, people with psychosis seem to be at a substantially elevated risk for violence." Psychosis "was significantly associated with a 49%–68% increase in the odds of violence."

These studies also found that certain factors contribute to the higher incidence of violence among the target population, including medication noncompliance, a lack of awareness of mental illness (anosognosia), use of alcohol and or drugs, and homelessness.

In addition to minimizing potential violence to the target population or others, the Task Force concluded that it was not only immoral to allow the target population to slide into homelessness, (an estimated 45% of the more than 560,000 homeless people in the US live with a mental illness and 25% have and SMI), but that criminalizing mental illness was equally unacceptable. Of the approximately 2.2 million people incarcerated in the United States, approximately half live with a mental illness and some 30% have serious mental illness.

Despite the fact that jails and prisons are the worst place for the target population, it is estimated that 9 people or 30% of those currently incarcerated in the Columbia County Jail have a substance use disorder, of whom 4-5 are likely to have a co-occurring mental illness. Another 2, or 10%, likely live with a serious mental illness.

The Case for Supportive Housing:

Providing cost effective and stable supportive housing has been documented to significantly reduce the number of interactions with law enforcement, hospitals, and homeless shelters. In fact, a recent study in Los Angeles demonstrated that for high utilizers of short-term services for mental health, substance use disorders, and homelessness, long-term supportive housing improved outcomes by a meaningful metric: only 14% of participants had a new felony conviction during the 12 months after receiving housing, and 91% and 74% respectively were still in stable housing after six months and 12 months.

New York City's Frequent User Services Enhancement programs (FUSE I and II), have shown similar dramatic results. Of 200 FUSE II high service utilizers, 86% remained in permanent supportive housing after two years, as compared to only 42% of those not in the program.

Half of FUSE II participants lived with current psychiatric disorders, yet FUSE participants experienced fewer ambulance rides (1.2 vs 0.67 rides), days in substance use residential treatment (10 vs. 0 days), and psychiatric hospitalizations (8 vs. 4.4 days), then their counterparts. Participants also had a 40% reduction in jail and a 70% reduction in shelter admissions, all while reporting less psychological stress and higher levels of family and community support.

Accordingly, the Task Force concluded that it was critically important for the County to address its supportive housing shortage and end the use of motels for homeless and emergency housing.

In addition to the social and human cost of continually cycling between homelessness, incarceration or other fragile states of existence, the financial cost associated with the status quo is also great. Limited funds could and should be better spent for a range of treatment and supportive services, most notably supportive housing and more access to clinical support and re-entry[6] programs in the community.

An analysis by Robert Gibson, Commissioner, Columbia County Department of Social Services (DSS), of just 4 high utilizers (HUs) in Columbia County over a 3-year period, (2017 – 2019) found that the County spent $30,000 per person a year on motels alone, some of which was spent to repair damage to motel rooms caused by clients who had decompensated and become destructive. By comparison, DSS' annual budget for placing about 50 homeless individuals in motels is $200,000. These costs do not account for associated travel, food, and treatment costs to the county for either population, nor the fact that except for the Galvan Civic Motel, no supportive or therapeutic services are available at the motels. In fact, placing this population in an isolated motel room without access to food or people, let alone clinical services is in certain cases, worse than not intervening and undoubtedly contributes to incalculable future costs.

By comparison, the approximate annual per person cost to house someone with a SUD at Twin County's Red Door is $33,368, approximately $21,000 of which is paid by the state. In addition, each person receives $174/month in state aid for basic necessities.

The Mental Health Association of Columbia and Greene Counties provides all supportive housing in Columbia County for people living with serious mental illness. MHACGC offers stable, supportive housing year-round for 47 people in Columbia County for an average annual cost for

[6] The term "re-entry" typically refers to services provided to citizens returning to the community from jail or prison. The Task Force views re-entry as encompassing re-entry into community at any point in the intercept process when an individual has come in contact with the criminal justice system, whether pre- or post-trial, or from a psychiatric in-patient setting or from homelessness.

housing of $10,059 a person. Food is paid for by the resident, usually with food stamps, and treatment can be very limited or intensive based upon client need and willingness to participate. Treatment costs are typically paid by Medicaid or in rare circumstances, by private insurance.

More specifically, MHACGC's offers 5 levels of supportive housing, listed below in order of most supportive to least supportive housing service options:

1. Philmont Hearth: Licensed Community Residence for 14 adult men and women with 24-hour residential supervision. Located at 10 Maple Ave, Philmont, NY 12565.
2. Columbia Street Apartments, located at 900 Columbia Street Hudson, NY 12534, offers 10 bed licensed treatment apartments, (9 residents and 1 Crisis bed) with staff on site 24-hours.
3. Hudson Community Apartments (HCA), located at 8 Green Acres Road, Suite 185 Hudson, NY 12534, 8 bed licensed treatment apartments located in Greenport Gardens Apartments building with staff office and meeting area available.
4. Comprehensive Apartment Program, Scattered Site Licensed Treatment Apartments. 25 licensed apartments scattered throughout Greene and Columbia Counties, serving adults with severe, persistent mental illness. Scheduled staff visits.
5. Supportive Housing Urban Development (HUD) Housing. Supportive HUD housing can be anywhere and is similar to HUD Section 8 Housing, but Supportive HUD residents must have a serious mental illness to be eligible for housing. Currently no vacancies, with a 40-person waitlist. Openings are triaged. Top priority on waitlist are those in Assisted Outpatient Treatment (AOT), followed by people leaving CHM's Psychiatric Unit who do not have a safe place to return, then homeless people, followed by anyone else.

Despite the facilities just listed, affordable housing, and especially supportive affordable housing is nearly impossible to find in Columbia County with HUD housing, in particular, difficult to secure. Some people have been on the waitlist for almost a decade, others have been kept at the hospital long past Medicaid payments ended to avoid releasing someone into the community who would not be safe.

It should also be noted that some AOT (Assisted Outpatient Treatment) participants and others who are homeless refuse HUD or any housing, most often because they are not able or willing to participate in the programming and rules associated with the housing. For these individuals, John Lyons, Supervisor for the Care Coordination Program at the Columbia County Mental Health Center and Chair of the Single Point of Access Housing Committee, argues that Columbia County needs a "housing first" shelter where people can be sheltered first and not be expected to participate in programs as a condition of accepting housing.

The kinds of outcomes and returns documented in both Los Angeles and New York City are simply not possible from money spent on motels. After mapping the County's services for the target population, especially if homeless, or on the brink of homelessness, it is evident that using motels instead of permanent supportive housing or a centralized homeless shelter near

services does not serve the population, their families or the community and wastes precious taxpayer dollars.

Crisis Stabilization, Re-direction & Diversion Opportunities, Re-Entry Services, and Care Coordination

Crisis Stabilization:

The County is fortunate that People USA plans to open a 20-bed DeTox and Stabilization Center for people in SUD crisis. Similar services are needed for those in mental health crisis and the County should explore ways to co-locate the needed mental health crisis services either at the Wellness Hub in close proximity to the People USA DeTox Center or near the CMH Emergency Department.

In his 2021 State of the State, New York Governor Andrew Cuomo called for the development and funding of more Crisis Stabilization Centers. Columbia County is well poised to work with the State to develop an upstate model for crisis stabilization services that could work for rural and suburban communities with help and flexibility from state officials working in partnership with the County and its private and nonprofit service providers.

Whether coming out of a SUD or mental health related crisis, the Stabilization Center services envisioned by Governor Cuomo and People USA would likely need to be supplemented with intensive step-down services. Step-down services to be explored include the acute care day treatment facility proposed by CMH, a living room mental health treatment facility, and crisis step-down temporary housing for up to 3 weeks after release from a Stabilization Center.

Re-direction & Diversion Opportunities:

In Florida's Miami-Dade County, Judge Leifman has developed pre-booking and post-booking procedures to *re-direct* (i.e., work with the prosecutor to have all charges dropped at arraignment), the target population away from the criminal justice system at arraignment. Individuals who are re-directed, such as those requiring "restoration" to mental competency, are immediately sent to a forensic facility for treatment with the goal of stepping them back into the community, rather than back into the criminal justice system. Judge Leifman will also re-direct the target population immediately away from the criminal justice system if they are competent, living with a mental illness and the charges are quality of life violations where the defendant seems willing and able to engage in community services.

Diversion options are provided post-arraignment but pre-trial and typically fall into two categories. First, a defendant's case may be essentially voluntarily paused, while the defendant participates in various mental health and/or SUD programs, including if necessary or available, residential programming. Upon successfully completing these programs within the time

allowed by the court, the defendant returns to court where the original charges are dismissed or reduced to a charge that does not require incarceration. A disposition in the case is agreed to which concludes the matter.

Alternatively, typically for higher level misdemeanor or lower-level felony charges, a defendant will be required to plead guilty to a charge and enter into a written plea agreement, though sentencing on the plea agreement is deferred until the defendant completes the treatment program outlined in the plea agreement. Upon successful completion, the charges are dropped, or the person receives a sentence that does not include incarceration.

Admission to any of these programs typically requires consent from the judge, prosecutor, defense attorney, defendant, and victim, if applicable.

It does not appear that re-direction is used in Columbia County and it is unclear whether that is due to lack of awareness by the defense bar, unawareness or unwillingness by the prosecution, lack of services and facilities to accommodate re-direction efforts, a combination of all, or other factors.

Diversion options in Columbia County are available for SUD related offenses and charges through the County's drug court involving the target population and for certain minor offenses through the Hudson City Court. Twin Counties, MHACGC, Catholic Charities and other service providers provide support to those diverted from the County Drug Court.

Diversion from incarceration for other defendants, including those living with mental illness and the target population, are not common in Columbia County though can occur where charges involve certain lower-level misdemeanor crimes through "interim probation." Interim probation is available where a defendant pleads to the charge and agrees to submit to a year of monitoring by the Probation Department and to participate in educational programs offered by Probation and/or other therapeutic programs and testing provided by outside service providers as directed by Probation. If successfully completed, the defendant's charge and plea to the original charge can be withdrawn, and the defendant will plead to a lesser charge, offense, or violation or sometimes the charge is withdrawn.

Defendants with lower-level charges pending in Hudson City Court are also sometimes diverted through a program with Greater Hudson Promise Neighborhood.

Opportunities for diversion for more serious misdemeanor charges and certainly for felony level charges are limited in the County as the District Attorney's Office has a strict policy that he will not allow a defendant, once indicted, to negotiate or plead to a lower charge in exchange for a lesser punishment. Therefore, once indicted by the Grand Jury, the prosecution will not entertain any plea negotiations and will not consider any diversion options. Instead, the defendant can either plead to the charges as indicted or the case will go to trial.

Where a felony indictment does not occur, the only way a defendant may have the option for a jail or prison diversion is if he or she waives the right to have their case presented to the Grand Jury and instead, consents to being prosecuted by a document called a Superior Court Information (SCI) which is a charge or charges drafted by the District Attorney. Theoretically, in Columbia County it would be possible for a defendant who has consented to proceed by SCI to be diverted, however, absent transfer to the drug court, diversions are not typical under these circumstances for the target population. This lack of diversion is in part due to the fact that "interim probation" is not authorized for felony level charges. It also appears there is reticence on the part of prosecutors to consider diversion of the target population.

Efforts to engage prosecutors and service providers to develop trust, collaborations, and programing on any number of topics such as re-direction, diversion, and restorative justice initiatives are certainly common in other jurisdictions. The Task Force would encourage all interested parties, including the District Attorney, to explore these collaborations in the future.

Re-Entry Services:

Re-entry services are key to reducing criminal justice recidivism rates, strengthening communities and families, reducing hospital re-admissions and homelessness.

Re-entry services are often most closely associated with people returning to the community after incarceration, though many of the same re-entry services and programs also benefit those who are either redirected or diverted from the criminal justice system or return to the community after a stay in a psychiatric in-patient setting or homeless shelter. Accordingly, as mentioned in footnote 2, for purposes of this report, the Task Force views re-entry as encompassing re-entry into community at any point in the intercept process, such as when an individual has come in contact with the criminal justice system, whether pre- or post-trial or post sentence, when a member of the target population leaves a psychiatric in-patient setting or seeks housing after being homeless.

Re-entry services include a range of services including, job training; transportation; educational services; connecting clients with community services and state and federal benefits such as Medicaid and unemployment insurance; and housing assistance. In addition to the re-entry services provider through Probation, Columbia County has two main re-entry provider organizations, Re-Entry Columbia, and Greener Pathways, which is a program of Twin Counties. Re-Entry Columbia is a very small nonprofit and Greener Pathways focuses mostly on those re-entering society with a SUD. Accordingly, these organizations cannot at this time provide the range of re-entry services needed.

The county may be on the verge of significantly increasing its re-entry service capacity through a Promise Neighborhood Implementation Grant which would provide $20-$30 million over 5 years to Greater Hudson Promise Neighborhood (GHPN). Some of this funding would be spent on boosting a range of re-entry services.

GHPN is also working with The SPARK of Hudson, a nonprofit, which is planning to create a re-entry facility in the City. The facility is scheduled to come online within the next 24 months. GHPN and re-entry service providers will provide a comprehensive set of coordinated services to meet the needs of the target population at the Spark facility. Among the organizations likely to play a key role is the Osborne Association which has been identified by GHPN to receive re-entry services funding should GHPN be awarded the $20-30 million implementation grant in late summer 2021.

Care Coordination Alliance:

Currently in Columbia County three service provider organizations provide Care Coordination[7] under the New York State Department of Health's "Health Home" service model. Those providers are: Alliance for Positive Health, Mental Health Association of Columbia-Greene Counties, and Columbia County Department of Human Services: Columbia County Mental Health Center.

These three providers work as an alliance or partnership ("alliance members'' or "alliance") to provide care to Medicaid eligible residents in Columbia County who need mental health and related physical health services. Alliance members make every effort to meet a patient at the patient's level of readiness to engage in health care. Pre-COVID, the alliance initiated 4 pilot programs designed to engage the target population at: CMH's ED; CMH's psychiatric unit; the Columbia County Jail; and DSS' motels or on the streets.

As part of these pilot projects, the alliance routinely had one staff member in the ED 4 days a week and one staff person in the psychiatric unit 3 days a week. Jail visits happen as needed and two staff people were dispatched to engage the homeless population on a weekly basis. All efforts were successful, but due to COVID-19 related closures, staffing reductions and lack of revenue, these outreach efforts stopped. The alliance members are anxious to restart these efforts by embedding a full time Care Coordinator in CMH's ED and psychiatric unit. Funding is needed to hire for this position.

[7] According to NYS Dept. of Health, "[i]n New York State, many people get their health benefits through the Medicaid Program. Most people are generally healthy; however, others may have chronic health problems. Many are unable to find providers and services, which makes it hard for people to get well and stay healthy. New York State´s Health Home program was created with these people in mind. The goal of the Health Home program is to make sure its members get the care and services they need. This may mean fewer trips to the emergency room or less time spent in the hospitals, getting regular care and services from doctors and providers, finding a safe place to live, and finding a way to get to medical appointments." Health Home service providers like Alliance for Positive Health, Mental Health Association of Columbia-Greene Counties, and Columbia County Department of Human Services: Columbia County Mental Health Center, provide "Coordinated Care" to meet the requirements of Health Home participation and Medicaid eligibility.

Another avenue explored by the Care Coordination alliance was outreach to the County Magistrates' Association, the association representing local town and village justices, also called magistrates. As a result of this outreach, the Task Force recommends that the Office of Court Administration provide more training on these topics to town and village judges. In the absence of training from OCA, the county should explore whether Probation could offer an annual webinar to town and village justices about Probation and re-entry services.

Sequential Intercept Mapping for Columbia County

The following narrative outlines the goals of intercept mapping in Columbia County and documents the services and gaps at each intercept point.

Goals of Sequential Intercept Mapping for Columbia County:

- Identify and support young children and adolescents living with mental illness and or substance use disorders
- Promote & support recovery for adults living with mental illness and or substance use disorders
- Provide safety and quality of life for all
- Keep people living with mental illness and or substance use disorders out of jail or homelessness and in treatment
- Provide constitutionally adequate behavioral and medical treatment for anyone in jail
- Link people living with mental illness and or substance use disorders to comprehensive, appropriate, and integrated community-based services
- Ensure that the county has cost effective and therapeutic crisis step-down, transitional homeless, and permanent supportive housing for those who need it

Intercept Mapping of Services and Gaps:

Pre-0 Intercept: School Services, First Responder/Essential Worker Supports, & Early Warning Detection Systems

This intercept was added to the basic SIM model and is referred to as the "Pre-0 Intercept." This intercept recognizes agencies, services or programs which focus on prevention.

Intercept Points:

Schools. School programs and policies that seek to identify and address early signs of mental illness and SUDs.

First Responder/Essential Worker Supports. Training and mental health support provided to first responders or essential workers who regularly engage with people in mental health or substance use disorder crisis to address the mental health and well-being of first responders and essential workers.

Early Warning Detection Systems. Programs and systems that track community drug overdoses or adverse drug interactions due to contaminated drugs or significant increases in drug use due to increased supply.

COLUMBIA COUNTY

- **Schools.** School programs and policies that seek to identify and address early signs of mental illness and SUDs.

  Although the standard SIM exercise does not call for mapping school-based resources, at the suggestion of Judge Steven Leifman during the Task Force's first convening, a decision was made to include schools and school aged children in the Columbia County SMI report. Judge Leifman's recommendation is well advised. Mental health disorders are on the rise in young adults ages 8-24. One in 5 adolescents has a mental health disorder. With 50% of mental health conditions surfacing by age 14 and 75% by age 24, mental illness is common among our youth population. Yet, 50% youth ages 8-14 do not receive mental health treatment due to stigma or lack/access to services.

  There is a strong correlation between mental illness and substance use disorders (SUD). According to the National Institute on Drug Abuse (NIH), research suggests that adolescents with substance use disorders also have high rates of co-occurring mental illness; over 60 percent of adolescents in community-based substance use disorder treatment programs also meet diagnostic criteria for another mental illness.

  Often, when a mental health disorder goes undiagnosed or untreated, a young person will attempt to self-medicate, self-harm, or self-treat with drugs or alcohol. Studies also demonstrate that ADHD, anxiety disorders, post-traumatic stress disorder and depression increase risk of substance use in adolescents. Heavy marijuana use is a demonstrated risk factor for triggering episodes of psychosis, particularly in those with a family history of psychotic disorders (e.g., schizophrenia).

  For school-based communities, if a student does not feel well, they will not do well academically nor in long-term success. Undiagnosed and untreated mental illness lead to serious and often fatal consequences. According to The National Alliance on Mental Illness (NAMI), 50% of students ages 14+ with a mental illness dropout of high school leading to limited job opportunities and potential homelessness. 70% of youth in the juvenile justice system have a mental health condition. More than 90% of youth who die by suicide had one or more mental health conditions. 17% of high school students contemplate suicide. Suicide is the 2nd leading cause of death for 15-24 years old.

  Families/caregivers, fearful of the potential "profiling" of their child and the stigma around mental illness and SUD frequently, may avoid the use of school based mental health and SUD services. College students also often avoid utilizing on campus mental health or SUD services for fear of a mandatory academic leave.

  Providing mental health crisis assessment and treatment in busy emergency departments that include long waits for care can be a challenging environment for

anyone in need of immediate treatment for mental illness and SUD but can be particularly traumatizing for children and adolescents.

For these reasons, the Task Force decided to follow Judge Leifman's advice and include schools and other early detection intercept points in Columbia County's SIM mapping process.

Hudson City School District:

There are 6 school districts in Columbia County serving a total of approximately 6,800 students: Chatham Central School District (1000 students K-12), Germantown Central School District (600 students PK-12); Hudson City School District (1,700 students PreK-12), Ichabod Crane Central School District (1,700 students K-12), New Lebanon Central School District (400 students K-12) and Taconic Central School District (1,400 students K-12). The Task Force focused on the Hudson City School Districts as one of the two largest districts in the County and based on the assumption that services and service gaps are likely similar in all school districts, county-wide.

Of the Hudson City School District's (HCSD) 1700 students, PreK – 12, the classification rate (percentage of students identified as needing special education services) is approximately 18.4%. Students who are classified within the category of Emotional Disturbance or Other Health Impairment are those students most likely to have or eventually get a mental health diagnosis. 27.7% of those students classified are identified in these two areas.

There are several classified students who have been identified as needing counseling support services. School based counseling is provided by either a Licensed Clinical Social Worker or a certified School Psychologist, however, school-based counseling must be focused on the student's school functioning and/or their IEP (Individualized Education Program), goals which are also focused on functioning in school.

One hundred and six students are currently recommended for individualized counseling and 103 students are currently recommended for small group counseling sessions. Some of these students may fall into both groups. Additionally, there are students who receive these services through a 504 Plan[8] or a recommendation by a school-based team.[9]

[8] Section 504 of the Americans with Disabilities Act prohibits discrimination on the basis of disability. A 504 Plan provides students with disabilities who do not qualify for an IEP (Individual Education Plan) a plan for modifications or related services to accommodate their disabling condition to ensure equal access to their education.

[9] Each school building has a school-based team, (aka, Student Support Team or child study team) that reviews student attendance, grades, challenges, behavior issues, etc.

Of the 1700 students, approximately 260 have a mental health diagnosis. The most common childhood diagnosis is Attention-deficit/hyperactivity disorder (ADHD). Approximately 175 students have this diagnosis. It is important to note that many more serious mental health issues can appear or be diagnosed as ADHD in younger children and a child is more likely to be given this diagnosis than one that is more serious. Other diagnoses in the HCSD population include: Disruptive Mood Dysregulation Disorder, General Anxiety Disorder, and Depression. Autism is included in this count as many times there are comorbid diagnoses that go unreported but are symptomatic within the school setting.

Presently, the HCSD does not have a system for tracking students with substance use disorders. In general, students receiving services within the community do not share this information with the school district.

However, the school does track the number of students who are admitted for psychiatric hospitalizations. On average, about 12 students are psychiatrically hospitalized each year. On average, these students are located more than an hour from the School District making it very difficult for staff to ensure students have access to school materials during their stay, disrupting their education. Ideally, these services would be provided in Columbia County. Currently the school district spends on average $10,000 a year to provide these services.

While the HCSD has a robust counseling team, according to Task Force member Kim Lybolt, the counseling and administrative teams in the HCSD identified several areas of need for students. As a small county, Columbia does not have many community services that offer the intensive services thought to be needed by the HCSD counseling and administrative team ("counseling team"). The counseling team reported wait lists at the CCMHC due to being short staffed and the fact that not all therapists see children. When children are seen, the counseling team reported that the children are likely to be scheduled for one time per week or every two weeks which was determined to be insufficient to address the mental health needs of many of the students.

Trends identified within the school include a significant increase in the number of *young* children (3 – 8) years old who have significant behavioral and socio-emotional challenges that affect their ability to function in a school environment. These students show emotional dysregulation, intensive reactions to seemingly small triggers, oppositional behaviors, and aggressive outbursts. Ms. Lybolt reported having students

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to discuss possible interventions to mitigate challenges to learning. The Team includes counseling staff, administrators, teachers, and specialists (e.g., speech or occupational therapists).

as young as 3 years old “hospitalized psychiatrically for sometimes weeks at a time and repeat visits.” Similar behaviors have increased in the older school populations.

To address these concerns the counseling team identified five major areas of need for students. Generally, the HCSD does not have the expertise or the personnel to provide these services. Ideally, the services should be offered by other mental health or substance use disorder agencies already providing services.

Area 1: Intensive individual counseling. The HCSD has identified approximately 97 students who would benefit from consistent service in this area.

Area 2: Family therapy to address the dynamics of the family and the parent(s) mental health needs. The HCSD has identified approximately 92 families in this area.

Area 3: Intensive family services in the home. According to the counseling team, many parents are doing the best they can with the tools they have but need someone in the home teaching, modeling, and following up on families to ensure functionality. Presently, under the school district’s current practice, there is minimal contact with the family in the home (at best, once monthly) and the service providers function more like case managers. Approximately 60 families could benefit from this service on either a monthly or weekly basis.

Area 4: Additional after school and weekend supervised activities for students. The counseling team did not quantify this number, but it would likely be higher than the other numbers provided.

Area 5: Transitional services for graduating students to bridge the gap from a very supportive environment (school) to independent navigation. Students who graduate with SMI or SUD lose all school support services at graduation or when they leave school. A system such as that available through OPWDD for those with developmental disabilities should be developed for those with mental illness and substance use disorders.

Presently the High School and Jr. High School do not have a systematic plan for addressing mental health awareness and/or substance use. DARE and Catholic Charities programs are only offered from pre-K to 5th grades. Pre-COVID, the schools occasionally had speakers and awareness campaigns organized through the student council. As a result of COVID-19, visitors are not allowed on campus and no outside awareness programs or campaigns have been planned for the 2021-22 school year. The district needs a comprehensive mental health and SUD awareness program that covers pre-k to 12th grade.

The Greater Hudson Promise Neighborhood and Community Schools has a liaison based in the HCSD to provide support to students and families on an as needed basis. This is a welcomed service.

When a family cannot meet at the school regarding student challenges, the counseling staff or administration will make home visits to address these concerns. Schools, however, cannot offer in home support services for families who may need it.
While at the elementary school, there is a robust character education program and the "Too Good for Violence" program, the needs of some students require more intensive support for families in the home.

Currently, the following organizations provide SUD programming to the school district.

- **Hudson Police Department DARE Program**
  Drug Abuse Resistance Education (D.A.R.E.). The DARE program consists of a series of classroom lessons for grades pre-k through 5 that include the most up-to-date evidence and research-based strategies for drug abuse prevention. The program addresses common drug-related beliefs among adolescents; increases risk-awareness of substance use; and focuses on improving social skills like problem-solving, communication, decision making, and resistance/assertiveness training.
- **Catholic Charities**
  Alcohol and Substance Abuse Prevention Education. Provides prevention services to school age children. Prevention educators work in Columbia County schools and community settings to educate children in grades K-12 on the dangers of using substances. Educators deliver evidenced based lessons tailored to fit the needs of each age group, community, and family. Their goal is to inform and assist students to build positive character traits and make healthy decisions as children and adults. Lesson topics include but are not limited to; alcohol and drug abuse prevention, violence prevention, positive character self-esteem building, refusal skills, personal safety, and healthy communication and problem solving.

- **First Responder/Essential Worker Supports.** Training and mental health support provided to first responders or essential workers who regularly engage with people in mental health or substance use disorder crisis to address the mental health and well-being of first responders and essential workers.

  - Stress Debriefing Team. Columbia County EMS Department offers a team of professional counselors to assist with any 911 dispatcher or first responder who experiences trauma.

- **Early Warning Detection Systems and Planning Efforts.** Programs and systems that track community drug overdoses or adverse drug interactions due to contaminated drugs or significant increases in drug use due to increased supply.

    - **High Intensity Drug Trafficking Areas (HIDTA)/ SUD overdose mapping.** Columbia County Mental Health engages with law enforcement and other counties in the region to share information about drug trafficking and overdoses as part of the federal High Intensity Drug Trafficking Areas (HIDTA) program. A goal of the program is to provide early warning of regional drug overdose spikes by sharing information about overdoses between regional partners.

    - **Local Government Units (LGU).** The state requires all counties to have LGUs responsible for macro level coordination of behavioral health services and addressing service gaps for behavioral health, including in-patient hospitalizations, Substance Use Disorders (SUD), and developmental disabilities.

Pre-0 INTERCEPT GAPS:

- HCSD students need access to 2-3 full-time cognitive behavioral health therapists who can provide therapy to students. At this time, the school can only provide skills-based counseling, not mental health counseling which was previously provided by the Columbia County Mental Health Center. This service needs to be restored.
- Columbia Memorial Hospital has no program or services for children with serious mental illness who are consequently, sent out of the County. Capacity should be built for in-County mental health care for children living with serious mental illness.
- If students are receiving special education or mental health supportive services in school, these services end abruptly when students graduate or leave school. This is unlike services provided to students with developmental disabilities who have access to adult services through the Office of People with Developmental Disabilities (OPWDD) which continue after graduation when an adult services plan is in place. At a minimum, the County needs to provide some transitional services to this population as well.
- Some parents of HCSD students have serious mental illness and increased family counseling services should be available through an outside agency or the CCMHC.
- A stabilization center could offer a calming, safe, and supportive environment with immediate access, respite supports, family peer advocacy, community resources and services for schools and families to address youth mental health/SUD issues and deflect higher levels of care and hospitalization.
- A stabilization center could also be appealing to college students in the community by offering alternative behavioral health/SUD services in a less stigmatizing environment, thereby reducing the potential for hospitalization or a leave of absence/and or dropping out of school.

Intercept 0 Community Services (Hospital, Crisis, Respite, Peer & Community Services)

Intercept Points:

Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.

Emergency Department diversion. Emergency department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.

Police-friendly crisis services. Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.

COLUMBIA COUNTY:

- **Mobile Crisis Outreach Teams and Co-Responders.** Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.
    - **Columbia County Mental Health Crisis Hotline**. The CCMHC maintains a Crisis Assessment Team and a 24/7 After Hours Warm-Line. The Crisis Assessment Team is responsible for managing the needs of any community member that might be experiencing a crisis, whether the person is admitted as a CCMHC client. The Crisis Assessment Team will also work with admitted clients if their assigned therapist is unavailable. After hours, the Warm-Line operator gives the caller the choice to be connected to a dispatcher. The dispatcher will take the contact information and have a licensed behavioral health worker call back within 10 minutes.
    - **Mobile Crisis Assessment Team (MCAT) via the MHAGC.** Mobile Crisis Assessment Team (MCAT) Phone: (518) 943-5555 Facebook: @MCATCGServices provided: Phone assessments and consultation; on-site face to face mental health assessments; referrals to available services; follow up from psychiatric hospitalizations; wellness calls and visits when someone is concerned. On average, MHAGC dispatches staff 825 times a year for in person assessments. Calls are not tracked but are much higher in number. Hours: 7 days/week; 8 am - 10 pm. After 10 pm there is a live person answering service that will either take a message for MCAT to receive in the morning or will send to 911 dispatcher for process pursuant to county 911 dispatching. Target population: Individuals or family/caretakers of individuals who appear to be in a mental health crisis. Eligibility criteria: Resident of Columbia or Greene county.

- **Apogee Center and Youth Club House Peer Specialists.** Peers work with MCAT.
- **State Crisis Hotlines.**
  - Crisis Text Line:
    New York State has partnered with Crisis Text Line, an anonymous texting service available 24/7. Starting a conversation is easy. **Text GOT5 to 741741.**
  - National Suicide Prevention Lifeline:
    If your life or someone else's is in imminent danger, please call 911. If you are in crisis and need immediate help, please call: **1-800-273-TALK (8255)**
  - Domestic Violence:
    If you or someone else is in a relationship is being controlled by another individual through verbal, physical, or sexual abuse, or other tactics, please call: **1-800-942-6906**

- **Emergency Department Diversion.** Emergency department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.

  Columbia Memorial Hospital (CMH) has a 22-bed, secure in-patient unit and provides services for approximately 450 patients/year. The ED conducts approximately 1500 evaluations/year. 50-70 adults are sent out of county/year due to bed shortage. 100% of children are sent out of county due to no beds. CMH sees about 150 children/year. CMH ED diversion programs include:

  - **ED Clinical Social Worker**. CMH psychiatric dept. provides a clinician to the ED for Mental Health consults from 7 am to 1 am, 7 days a week. Goal is to help keep patients in the community if possible. After 1 AM, a patient will be seen the next morning. Clinician performs mental health assessment and provides disposition and discharge plan. The ED does not secure appointments due to scheduling and lack of treatment capacity.
  - **Greener Pathways Emergency Department Peers**. Greener Pathways provides peer services in the ED and may go in on the weekends when called. With more people, GP would cover evenings, weekends, and courts. Goal is to divert people from ED in the future. Greener Pathways peers work directly with people in ED to connect them to detox medications, services and peers and provide transport to rehabilitation and treatment services and work. Greener Pathways will also advocate for patients by asking doctors to prescribe suboxone and will assist patients in securing health insurance coverage.

- **Police Friendly Crisis Services.** Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.

- **Behavioral Health Collaborations.** HPD and County Sheriff can call Columbia County Mental Health Clinic or Twin Counties for help and evaluations before or after an arrest. Usually, an evaluation can be done within 24 hours.
- **MCAT.** Works with Police departments.
- **Columbia County Sheriff's Department (CCSD).** CCSD has an electronic referral form to Columbia County Mental Health (CCMH) available to all Deputies to use from the patrol car. When CCSP has a call involving a person in a mental health or SUD crisis, a Deputy can fill out the form and send it to Greener Pathways or CCMH, with expected response to Deputy within 24 hours.
- **Chatham and Hudson Cares for You Program.** Provides people with substance use disorders a safe space where someone addicted to drugs can turn in drugs at a police station without fear of arrest and receive connection and transport to organizations or facilities that treat SUDs. The program has concentrated its efforts on transporting people to facilities, but there has been limited follow up and difficulty tracking program participants. There is a nascent Hudson Cares for You program under consideration by the HPD.

INTERCEPT 0 GAPS:

- **Crisis Stabilization.** Need Crisis Stabilization mental health and SUD services to avoid unnecessary hospitalization and ED visits.
- **Care Coordination Alliance ED Staffing.** Pre-Covid, the Care Coordination Alliance, routinely had one staff member in the ED 4 days a week and one staff person in the psychiatric unit 3 days a week. Due to COVID-19 related closures, staffing reductions and lack of revenue, these outreach efforts stopped. Alliance members are anxious to restart these efforts by embedding a full time Care Coordinator in CMH's ED and psychiatric unit. Funding is needed to hire for this position.
- **Greener Pathways.** Mobile treatment team needs two more peer counselors, from 8 am – 5 pm five days a week. This gap might be filled by a major US Department of Education grant being applied for by Hudson Greater Promise Neighborhood.
- **MHACG MCAT Unit.** The MCAT program has lost half its funding for 2022. This funding needs to be restored.
- **Care Coordination Coordinator.** One full-time person to serve as a liaison to Care Coordination.
- **Care Coordination Alliance Jail Visits and Homeless Outreach.** Pre-Covid, two staff people were dispatched to engage the homeless population on a weekly basis and the jail population as needed. All efforts were successful, but due to COVID-19 related closures, staffing reductions and lack of revenue, these outreach efforts stopped.
- **Acute Day Program.** An Acute Day Program would provide more intensive therapy including more frequent and on the spot medication management care for those with persistent and or acute serious mental health needs to avoid trips to ED, homelessness, and incarceration. Would allow immediate services for people discharged from ED. The program would be associated with Columbia Memorial Hospital's Psychiatric and Psychotherapy Center.

- **ER Transportation.** It is increasingly difficult to secure transport for overflow patients to psychiatric beds outside the County. Currently, losing 2-3 beds a month for patients who need them, but the county cannot get an ambulance to transport.
- **Beds and services for Adolescents.** There are no beds for adolescents.

Intercept 1 Law Enforcement

Intercept Points:

Dispatcher training. Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.

Specialized police responses. Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.

Intervening with high-utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce high utilizers of 911 and ED services through specialized responses.

COLUMBIA COUNTY

- **Dispatcher training.** Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.
    - **11 Full-time County dispatchers**. Trained in basic 911 dispatcher training which includes training for dispatching calls involving people contemplating suicide or having a Mental Health (MH) and substance use disorder (SUD) crisis. No dispatchers have been trained in Crisis Intervention Team training, but have been offered to take the short, 20-hour course via the Sheriff's department.
- **Specialized police responses.** Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.
    - **CIT Training.** The Columbia County Sheriff's Department has some officers trained in Crisis Intervention Team (CIT) training; however, the Task Force was not provided with this information. The City of Hudson has no CIT trained officers. Hudson averages 8 calls involving a person in mental health or SUD crisis a month, 1/2 – 3/4 can involve weapons. Most were brought to CMH and released next day. Columbia County Sheriff did not provide an estimate of the average number of such calls a month.

- **Therapeutic Police Support for DHS and other Calls.** HPD engages in welfare checks and social services calls in public housing and after certain hours, or any time a social worker feels the situation may be dangerous. The Columbia County Sheriff's Department does intersect with the homeless population either in the lobby of the jail facility or through warm line calls, the majority of which are so-called wellness-check calls, called in by family members, not the public. Occasionally, DSS will call the police when making calls in the field. These responses are not automatic, and the majority of Task Force participants felt this service should probably not be automatic. The Task force concluded that adding therapeutic support to police calls was better done by case workers on a case-by-case basis, when called for, as it would then be perceived as helpful and met with no resistance.
- **Social Workers.** DHS social worker on loan to HPD, responds to domestic violence matters and is specifically brought in for family support.
- **MCAT**. Mobile Crisis Assistance Team will go out with police at request of police. When children and family matters are involved, social worker may also go on call. Law enforcement will also ask for help when they anticipate children in house.
- **Trained NYS Police Officers.** Some NYS Police Bureau of Criminal Investigations (BCI) investigators have specialized mental health training.

- **Intervening with high-utilizers and providing follow-up after the crisis.** Police officers, crisis services, and hospitals can reduce high utilizers of 911 and ED services through specialized responses.

  - **Protective Services for Adults Multi-Disciplinary Team (PSA MDT).** Standing committee has 10 members, meets monthly to establish and maintain a crisis protocol and review cases. By identifying gaps in services as well as barriers to efficient service delivery, and by becoming more familiar with some of the most challenging cases confronting members, the team focuses more effectively on the issues facing each person in need so that solutions can be more readily identified. Average 60 clients. Members are:

    Columbia County Department of Social Services
    Columbia County Department of Health
    Columbia County Mental Health Center
    Columbia County Office for the Aging
    Columbia Memorial Health
    Catholic Charities of Columbia and Greene Counties
    Alliance for Positive Health
    Mental Health Association of Columbia-Greene Counties
    Salvation Army
    St. Catherine's Center for Children

- **DSS Open-door Reporting.** Columbia County Department Supervisors, elected officials, and other government employees can contact DSS to request an intervention. When a call is received, DSS Adult Protective Services (APS) staff are sent to the location.
- **Court Mandated AOT.** Assertive Outpatient Treatment. AOT clinical supervisor Amber Kline, CCMHC oversees approximately 20 people on court mandated AOT orders. Effective for people who are interested or able to be compliant. Services provided by many organizations.
- **Greener Pathways, mobile outreach peer counseling & interviews after crisis**. Greener Pathways (GP) staff meet patients where they are, even if clients live in a park, with the goal of keeping people out of the ED and the criminal justice system. Five peers, driver, and administrative staff. Greener Pathways serves 200 clients a year. Funded by a federal grant through SAMHSA. Funding is extended in 6-month intervals.
- **Enhanced Service Plan.** ESP are for people who do not meet AOT criteria but are close and may be heading in direction of needing and AOT. ESPs offer some services and is considered "AOT Light." Administered by CCMHC. Can be used after crisis.

INTERCEPT 1 GAPS:

- **CIT.** HPD has no CIT trained officers. The HPD Chief has requested that a majority of HPD's 12 first responder Officers should be trained. CMH does training for staff, but training should be built into day-to-day programming so that over time there is a culture change within all police agencies. For example, the Task Force recommends SUD & SMI Peer/Police breakfasts and monthly mental health meetings to discuss on-going mental health and substance use disorder education.
- **Social Worker Imbedded in HPD.** HPD requests a full-time social worker assigned to HPD.
- **Diversion/Respite Center**. HPD requests diversion/respite center modeled on either Gloucester, CT or San Antonio, TX as alternative to existing 3 options: arrest, write a ticket or transport to CMH.
- **Four Desk Model**. To replace the Hudson Cares (was proposed for Hudson, based on Chatham Cares), HPD (and/or county) could consider the "4 Desk Model" consisting of: Lt. from HPD, community organizer, social worker, and school officer, in house to handle any EDP, SUD or youth related behavioral calls.
- **Increase use of Open-Door Reporting.** County employees and officials should be notified, reminded, and encouraged to contact DSS when they see any individual in mental health or substance use crisis, to report that person's location and condition so that the County Adult or Child Protective Service staff can assess the individual.

Intercept 2 Initial Detention/Initial Court Hearings

Intercept Points:

Screening for mental and substance use disorders. Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.

Data matching initiatives between the jail and community-based behavioral health providers.

Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pretrial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

COLUMBIA COUNTY:

- **Screening for mental and substance use disorders.** Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.
    - **Jail Screening.** Corrections officers administer an initial mental health assessment. If positive indication for mental illness or substance use disorder, a clinician employed by the Sheriff's Department is called to conduct a second evaluation and to provide therapy and coordinate care.
    - **Sheriff's Care Coordinator Clinician.** HHS employs a part-time LCSW worker to provide therapy to incarcerated people living with mental illness twice a week. This person also conducts competency evaluations. There is currently no one to address SUD cases.
- **Data matching initiatives between the jail and community-based behavioral health providers.**
    - **Jail Community Coordinator.** The Columbia County Sheriff's Department employs a full-time person to coordinate community services for incarcerated people.
    - **Care Coordination Team.** Prior to COVID, Re-Entry Columbia organized a weekly meeting of nonprofit and county service providers to review cases of incarcerated people leaving jail. Goal was to provide wrap-around services upon release from jail.
- **Pre-Trial Supervision and Diversion Services.** Risk-based pretrial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

- **Probation.** Works with County, City and Greenport Town courts to offer pretrial supervision services. Before bail reform and COVID, Probation would go to jail every morning to determine if they could offer services or get people out. Now they are getting clients directly from Court. Whether incarcerated or out pre-trial, Probation does a voluntary assessment of mental health and social needs, then works to get person services they need from providers. Will also attempt to engage defendants in probation programming with Probation Officers (POs). POs are trained in programs like "Ready, Set, Work" and "Thinking For Change," or Interactive Journaling. Current caseload is approximately 280 adults (down from 350 pre-Covid and pre-bail reform) receiving mandated probation services and an additional 30-50 adults receiving pre-trial supervision. Very few juveniles, approximately 1-2 a month, due to passage of Raise the Age legislation and even fewer children on PINS (Person in Need of Supervision). Most clients do not accept the help.
- **Hudson Greater Promise Neighborhoods City Court Advocacy Program.** Offers pre-trial supervision services – parenting, anger management, help making appointments and court appearances. Currently 16-24 people from City Court, mostly drug related charges.
- **Re-Entry Columbia.** Provides transportation services to court and probation appointments.

INTERCEPT 2 GAPS:

- **Pre-trial Court Mentors.** Hudson Greater Promise Neighborhood. Mentors are older, and not necessarily peers. GHPN proposes to hire 3-4 mentors with lived experience. Defendant would be sentenced to spend time with mentor as alternative to sentence.
- **Probation Services for Small Town and Village Courts.** Probation and other pre-trial agencies are not present in small courts. Part-time local courts can have high turn-over rates among judges and judges receive little if any training managing a case involving a mental health or SUD issues. Need to find ways to get more buy in from local courts.
- **Peers in Probation.** Hire peers to work in the Probation office.
- **District Attorney.** District Attorney and staff are key to increasing the number of diversions. Outreach efforts to DA and staff re: other programs, use of pre-plea reports recidivism, public safety, financial savings, programs, and services might allow for more opportunities to divert people living with mental illness and or SUDs.

Intercept 3 Jails/Courts

Intercept Points:

Treatment courts for high-risk/high need individuals. Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veteran's treatment courts.

Jail-based programming and health care services. Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.

Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

COLUMBIA COUNTY:

- **Treatment Courts for high-risk/high need individuals.** Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veteran's treatment courts.

    - Columbia County Drug Court
        - Multi-disciplinary team including clinical personnel administered by Gwen Avant who works for County Court.
        - Coordinates treatment with DHS services via a dual recovery coordinator.
        - Annual caseload - 40, many of whom are eventually diagnosed with a co-occurring mental illness. The Court rarely turns away a defendant. Instead, defendant may decide not to participate or to withdraw from treatment court.
    - Hudson City Court – Advocacy Program
        - Hudson Greater Promise Neighborhoods City Court Advocacy Program. Defendants work with Peers as part of court disposition.
    - Probation
        - Regularly works with County, City and Greenport Town courts to help monitor and work with people pre-trial and as part of sentence.

- **Jail-Based Programming & Health Care Services.** Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.

    - **Jail-based Forensic Coordinator.** The DHS provides about 10 hours of Forensic Coordination services to the jail a week. The Forensic Coordinator position is funded by the state. The Forensic Coordination also coordinates the Section 7.30 Competency Examinations. In terms of the CC Jail, the Forensic Coordinator responds to in-house mental health referrals. The Coordinator assesses the person's appropriateness for ongoing mental health services while incarcerated. If deemed appropriate the Coordinator offers the necessary mental health services to that person. Additional tasks include risk assessments, acting as a liaison between DHS and CC Jail services.
    - **Greater Hudson Promise Neighborhood Jail Visiting Program.** GHPN has enhanced visiting program in jail for people with children. Allows full contact visiting and serves as a model for other NYS Jails

- **Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.**

    - **Veterans Outreach Specialist.** County has a dedicated outreach specialist who works with all veterans in the county involved with the criminal justice system or who have a mental illness or SUD which causes them to touch the criminal justice system.
    - **Vet-Trak Veteran's Court.** The County has a Vet-Trak staffed by the Veterans Justice Outreach Specialist who is highly successful in getting any eligible matter to Veterans Court.

INTERCEPT 3 GAPS:

- **Mental Health Court for felony diversion.**
- **Conditional Discharge** – County Drug Court judge suggested the use of Conditional Discharge as Alternative to Incarceration (ATI). Conditional discharge at sentencing including a condition to report to Probation and work with a mentor.
- **HUB Court for misdemeanor diversion from Town and Village Courts.**
- **Town and Village Court Judge Training.** Judges need more training on mental health and SUDs and diversion options and services**.**
- **Restore Twin Counties Peer.** Twin Counties had an office for one full-time person at jail. As a result of bail reform and ending a cooperative agreement with Greene County to house some Greene County justice involved people, the average jail census has gone from approximately 100 to 30 or less people. Consequently, the full-time staff person is no longer working at the jail but there is a need for a part-time peer counselor to help connect people to services when they are released.
- **Full time equivalent CCMHC Licensed Clinical Social Worker in Jail.** 1 FTE would provide care for those with mental illness and or SUDs 5 days a week and assist probation, Columbia County Drug Treatment Court or Hudson City court as needed.

Intercept 4 Re-Entry

Intercept Points:

Transition planning by the jail or in-reach providers. Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.

Medication and prescription access upon release from jail or prison. Individuals leaving jail or prison should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.

Warm hand-offs from corrections to providers increases engagement in services. Case managers that pick up an individual and transport them directly to services will increase positive outcomes.

COLUMBIA COUNTY:

- **Transition planning by the jail or in-reach providers.** Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.

    - **Probation.** Probation visits court to begin transition where defendant will be sentenced to a term of probation or jail were sentenced to jail. Courts limited to County, City, Greenport.
    - **Jail-based Forensic Coordinator.** The DHS provides about 10 hours of Forensic Coordination services to the jail a week. The Forensic Coordinator position is funded by the state. The Forensic Coordination also coordinates the Section 7.30 Competency Examinations. In terms of the CC Jail, the Forensic Coordinator responds to in-house mental health referrals. The Coordinator assesses the person's appropriateness for ongoing mental health services while incarcerated. If deemed appropriate the Coordinator offers the necessary mental health services to that person. Additional tasks include risk assessments, acting as a liaison between DHS and CC Jail services, **and coordinating post release services.**
    - **Non-profit Provider In-reach Programs.**
        - Greater Hudson Promise Neighborhood
        - Twin Counties
        - Greener Pathways
        - Re-Entry Columbia

- **Medication and prescription access upon release from jail or prison.** Individuals leaving jail or prison should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.

    - The Jail has a doctor and nurse on call who provide incarcerated people with a 30-day supply of medications at the time of release and will provide the injectable Vivitrol if requested by the person and the drug is indicated. The jail does not use suboxone.

- **Warm hand-offs from corrections to providers increases engagement in services.** Case managers that pick up an individual and transport them directly to services will increase positive outcomes.

- **Greener Pathways.** Provides peer counseling to help connect returning people to services in the community.
- **Re-Entry Columbia.** Provides transportation services and pickup from jail, clothing, food, connections to services. It is not a service provider.

INTERCEPT 4 GAPS:

- **Restore Twin Counties Peer.** Twin Counties had an office for one full-time person at jail. Due to COVID and bail reform TC has no staff. Previously, TC would do an assessment if an incarcerated person asked for help with Medication Assisted Treatments (MAT) and would request on their behalf, that Vivitrol be administered by the Jail doctor or nurse. The jail currently authorizes the use of Vivitrol injection only and does not allow suboxone to be used or administered in the jail. Restore a part-time peer counselor to help connect people to services when they are released and to advocate for MAT if indicated and requested.
- **Suboxone.** Allow for the use of Suboxone if requested by incarcerated person and indicated by doctor.
- **Transportation Services.** Although Re-Entry Columbia provides transportation for nonmedical transports, there is a great need for additional transportation services, especially as treatment and social services are not always centrally located and most town and village courts are held at night.
- **Restore Care Coordination Meetings.** Prior to COVID, several service providers met every Thursday to discuss re-entry needs of those projected to re-enter the community, including Columbia County Adult Protective Services, Greener Pathways, ReEntry Columbia, MHACGC, Columbia County Mental Health Center's Care Coordination, and St. Catherine's homeless housing.

Next Steps: Awards for the Promise Neighborhood Implementation grant discussed previously will be announced late summer 2021 with contracts signed by January 2022. Once decided either way, the proposed Subcommittee on Courts, Jail Diversion, Alternatives to Incarceration & Re-Entry Services of the Joint Task Force should convene a meeting with representatives from Greater Hudson Promise Neighborhood, Twin Counties, Greener Pathways, Re-Entry Columbia, among others, and Osborne Association as a potential new re-entry partner, to discuss how the agencies can work together to better coordinate existing re-entry services and meet unmet re-entry needs.

Intercept 5 Community Corrections & Services

Intercept Points:

Specialized community supervision caseloads of people with mental disorders.

Medication-assisted treatment for substance use disorders. Medication- assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.

Access to recovery supports, benefits, housing, and competitive employment. Housing and employment are as important to justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.

COLUMBIA COUNTY:

- **Specialized community supervision caseloads of people with mental disorders.**

    - **Dept Social Services, Protective Services for Adults Multidisciplinary Team (PSA MDT).** Focuses on all at-risk adults in the community with the goal of keeping all service providers in the area more finely attuned to the needs of this at-risk group, by creating familiarity with one another's resources and limitations and establishing a crisis protocol through regular contact and monthly case review.
    - **Department of Human Services Adult Care Coordination Services**. Contact: John Lyons, Adult Care Coordination Services Director Phone: (518) 828-9446 ext. 2246; Fax: (518) 828-9450; Email: jlyons@columbiacountyny.com. Services provided: Comprehensive Case Management, Care Coordination and Health Promotion, Comprehensive Transition Care, Patient and Family Support, Referrals to Community and Social Support Services. Hours: Monday, Tuesday & Friday: 8 am – 5 pm. Target population: Adults with serious mental health condition or HIV/AIDS or two chronic conditions including physical, mental health or substance use disorders.
    - **Department of Human Services Child Care Coordination Services**. Contact: Sandy Richardson Coon, Child Care Coordination Services Director. Phone: (518)-828-9446 Ext. 1282; Email: sandy.richardson-coon@columbiacountyny.com Services provided: Comprehensive Case Management, Care Coordination and Health Promotion, Comprehensive Transition Care, Patient and Family Support, Referrals to Community and Social Support Services. Hours: Monday, Tuesday & Friday: 8 am – 5 pm. Target population: children with mental health needs.
    - **CCDHS Single Point of Access (SPOA)-Adults.** Contact: Natasha Robinson natasha.robinson@columbiacountyny.com Services provided: Hours: Monday -- Friday, 9 am -- 5pm. Target population(s): Adults with serious mental illness who need assistance accessing residential and community services. Eligibility criteria: Adults with a serious mental illness.
    - **CCDHS Single Point of Access (SPOA)-Children.** Contact: Susan Whittaker, Children's Single Point of Access (SPOA) Coordinator Phone: (518) 828-9446 ext. 1230; Fax: (518) 822-8096; Email: susan.whittaker@columbiacountyny.com Services provided: Facilitate a Level of Care meeting with the SPOA Team, which is made up of case management representatives and family support agencies, family members and the identified youth, if age appropriate. Determine if case management is appropriate and what level of care would be helpful. Hours: Monday – Friday, 9 am – 5 pm.

Target population(s): Youth with a mental health diagnosis (also having behavioral problems) which is interfering with their success at home, at school or in the community. Eligibility criteria: Mental health diagnosis.

- **Healthcare Consortium** 325 Columbia St., Suite 200, Hudson, NY 12534 (518) 822-8820 Website: www.columbiahealthnet.org Services Provided: The Healthcare Consortium helps residents in Columbia and Greene Counties to get and stay healthy by increasing their access to healthcare services. Services include: Assistance enrolling in health insurance, including Medicaid, Child Health Plus and the Essential Plans, help getting low or no –cost prescription medications; information about long-term services and supports; and non-emergency medical transportation.

- **Medication-assisted treatment for substance use disorders.** Medication- assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.

  - **Twin County Recovery Services, Inc. OASAS 822 Licensed Clinic.** 350 Power Avenue; PO Box 635; Hudson, NY 12534. Phone: (518) 751-2083 ext. 320 Fax: (518) 751-2086 **Website**: www.twincountyrecoveryservices.org Facebook: @TwinCountyRecovery**.** Services provided: Outpatient clinics (addiction medications, including Vivitrol and Suboxone prescribed), community residences, community prevention, Drinking Driver Program, Jail Addiction Counseling Services (at Columbia County Jail). Hours: Vary depending on program. Outpatient: Monday – Friday, 8 am – 7 pm. Target population: Individuals with alcohol and substance abuse problems. Eligibility criteria: Diagnostic.
  - **People, USA Respite and Detox Center.** Planned opening 2022.

- **Access to recovery supports, benefits, housing, and competitive employment.**
  - **Columbia County Department of Human Services (CCDHS) Care Coordination.** 325 Columbia Street, Suite 300, Hudson, NY 12534 Phone: (518) 828-9446 Fax: (518) 828-8098 Website: www.columbiacountymhc.com/ Facebook: Columbia County Mental Health Center. Objectives: To develop and maintain a coordinated integrated continuum of services which permits all individuals to reach their personal potential and live their lives with dignity and independence. Provides intensive case management by Care Coordinators of all care, including primary care, mental health, specialty care, and chronic conditions, (e.g., heart, diabetes). Oversees basic needs, e.g., food and housing. Serves adults (80%) and kids (20%) with mental health and SUDs. Coordination. 80-90% of caseload has open cases at the Columbia County Mental Health Center.
  - **Columbia County Mental Health Clinic & Crisis Assessment Team – Open Access Program**. The Columbia County Mental Health Center offers a wide array of behavioral health services. Accessing services at the CCMHC is done through Open Access (pre-pandemic). Historically Open Access has been a walk-in

admission process available on certain days at specific times when a patient could be seen by a licensed behavioral health worker on demand and assessed for admission. Going forward, patient could stay with the same therapist if appropriate for regular sessions. Usually weekly or bi-weekly. Clinical services are usually provided through evidence based 1 on 1 talk therapy. Groups have also been offered. Some clients are also referred to a prescriber for medication treatment when indicated. The CCMHC also employs nurses who monitor medical health.

- **MHACCG Supportive Mental Health Housing.** MHACGC's offers 5 levels of supportive housing, listed below in order of most supportive to least supportive housing service options:

    1. Philmont Hearth: Licensed Community Residence for 14 adult men and women with 24- hour residential supervision. Located at 10 Maple Ave, Philmont, NY 12565.
    2. Columbia Street Apartments, located at 900 Columbia Street Hudson, NY 12534, offers 10 bed licensed treatment apartments, (9 residents and 1 Crisis bed) with staff on site 24-hours.
    3. Hudson Community Apartments (HCA), located at 8 Green Acres Road, Suite 185 Hudson, NY 12534, 8 bed licensed treatment apartments located in Greenport Gardens Apartments building with staff office and meeting area available.
    4. Comprehensive Apartment Program, Scattered Site Licensed Treatment Apartments. 25 licensed apartments scattered throughout Greene and Columbia Counties, serving adults with severe, persistent mental illness. Scheduled staff visits.
    5. Supportive Housing Urban Development (HUD) Housing. HUD housing can be anywhere and is similar to HUD Section 8 Housing, but HUD residents must have a serious mental illness to be eligible for housing. Currently no vacancies, with a 40 person wait list. Openings are triaged. Top priority on wait list are those in Assisted Outpatient Treatment (AOT), followed by people leaving CHM's Psychiatric Unit who do not have a safe place to return, then homeless people, followed by anyone else.

- **Twin Counties Recovery Services Red Door Residence.** The Red Door, located at 437-441 Columbia Street in Hudson is a Tier 3 integrative residential care facility for 13 men in recovery from substance use disorders.

INTERCEPT 5 GAPS:

- **More Permanent Supportive Housing and Crisis Step-down Supportive Housing.**
- **Eliminate Motels as Homeless Shelters/Housing.** Use of motels is not cost effective and exacerbates mental health and substance use disorders. Need transition away from motels to supportive, temporary housing/shelter services.
- **Eating Disorders.** There are no services for eating disorders.

- **One Stop Shop.** Need one stop shop to provide connections to supportive housing, employment, services. Spark of Hudson proposal or Wellness Hub could fill this gap.

Appendix A: County Agencies and Services Available to the Target Population

Alliance for Positive Health

The Alliance for Positive Health provides a continuum of direct services to people living with or impacted by HIV/AIDS or other chronic illnesses. Services include case management, programming within NYS prisons, nutrition, harm reduction programs, such as needle exchange, and peer navigation for people living with HIV/AIDS and other chronic illnesses.

Catholic Charities of Columbia and Greene Counties

Catholic Charities provide "prevention educators" to work in Columbia County schools and community settings to educate children in grades K-12 on the dangers of harmful situations and using substances. Educators deliver evidenced based lessons tailored to fit the needs of each age group, community, and family. Their goal is to inform and assist students to build positive character traits and make healthy decisions as children and adults. Lesson topics include but are not limited to; alcohol and drug abuse prevention, violence prevention, positive character self-esteem building, refusal skills, personal safety, and healthy communication and problem solving.

Columbia County Community Services Board (CSB)

The Columbia County Community Services Board (CSB) was designed and established through New York State Mental Hygiene Law. As Director of Community Services, Dan Almasi is responsible for the administration of a comprehensive planning process for local mental hygiene services. The CSB, under the leadership of Chair, Beth Schuster, assists in this planning process. Subcommittees, which report directly to the CSB, focus on identifying county needs as they relate to the three mental hygiene disability areas: alcoholism and substance abuse, mental health, and intellectual & developmental disabilities.

Through the work of the CSB and the Columbia County Department of Human Services, annual plans are submitted to the New York State Offices of Alcoholism and Substance Abuse Services (OASAS), Mental Health (OMH), and People with Developmental Disabilities (OPWDD). Subcommittee reports and recommendations are included in these annual plans which are required for localities to be eligible for State Aid funding. Since state restructuring in 1978, day to day integration and coordination of planning and service efforts funded and certified by the three state offices rests with each county's Local Government Unit (LGU) and the CSB. In Columbia County, the LGU is the Department of Human Services.

Columbia County Department of Health (CCDOH)

The CCDOH is the county's local health department and is dedicated to the protection and promotion of the health of the residents of Columbia County. It is mandated by the State of

New York, derives public health authority through State public health law, and is governed by the county Board of Health. The Department of Health is led by the Public Health Director who is responsible for safeguarding the public's health. A Medical Director, Board of Health, Health Committee (of the County Board of Supervisors), Professional Advisory Committee, and multiple task force committees provide administrative guidance and consultation to CCDOH.

The CCDOH provides many programs and services to community members, including:

- The Healthy Neighborhoods Program, to prevent housing-related illness and injury. In-home assessments and intervention are available for air quality, fire safety, lead, and other hazards.
- Children's Health Programming, offering several services for education and health assessments starting in pregnancy. These services include lead poisoning prevention and early intervention for developmental delays. Support continues for children with special health care needs until age 21.
- Medication Drop Boxes to help prevent overdoses, whether through abuse or accident.
- Migrant Worker Health Program.

Columbia County Healthcare Consortium

The Healthcare Consortium offers several programs to help navigate the mental health system, including programs to help individuals understand and find health insurance, schedule medical appointments, and arranging transportation and small business owners and employees in Columbia and Greene Counties sign up for affordable health coverage. The Healthcare Consortium maintains various Financial Assistance Funds to provide payment, on behalf of eligible recipients, for health-related and other expenses.

Columbia County Department of Human Services: Columbia County Mental Health Center

The DHS provides mental health services in three areas through the Columbia County Mental Health Center:

1. Crisis Services
2. Children's Services
3. Adult Service

Crisis Services

The Columbia County Mental Health Center operates a 24-hour crisis line to assist individuals and families who are experiencing a psychiatric emergency. We also offer walk-in crisis services at our main location at 325 Columbia Street, Monday – Friday 9:00am-4:30pm. In providing this service, the Center works closely with the staff of the emergency room at Columbia Memorial Hospital, Columbia County Jail, and other community services.

Children's Services

Comprehensive assessments of mental health/substance use needs via:

- Individual and Family therapy
- Group therapy
- Psychiatric evaluation
- Medication Management
- Psychological Testing
- Health Monitoring
- limited services for Individuals with Developmental Disabilities
- Referrals to community support services

Evidence-based practices include:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Motivational Interviewing
- Trauma Informed Treatment

Adult Services

Comprehensive assessment of mental health/substance use needs via:

- Individual, Couples and Family therapy
- Group therapy
- Psychiatric evaluation
- Medication Management
- Psychological Testing
- Health Monitoring
- Services for Individuals with Developmental Disabilities
- Referrals to community support services
- Tobacco Cessation Services

Evidence-based practices include:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Motivational Interviewing
- Trauma Informed Treatment
- Certified Anger Management Evaluation/Individual and Group Treatment

Adult Care Coordination:

Care Coordination is a service offered to persons receiving Medicaid, Managed Medicaid or Medicaid/Medicare. The goal of Care Coordination is to improve the overall health and well-being of the participant by connecting them with needed services for all physical and mental health needs. Eligibility requires two or more chronic health conditions or one of the following: significant mental illness or living with HIV/AIDS.

Columbia County Department of Social Services: Protective Services for Adults Multi-Disciplinary Team (PSA MDT)

The following agencies comprise the ten standing members of the PSA MDT:

Columbia County Department of Social Services
Columbia County Department of Health
Columbia County Mental Health Center
Columbia County Office for the Aging
Columbia Memorial Health
Catholic Charities of Columbia and Greene Counties
Alliance for Positive Health
Mental Health Association of Columbia-Greene Counties
Salvation Army
St. Catherine's Center for Children

The PSA MDT focuses on all at-risk adults in the community with the goal of keeping all service providers in the area more finely attuned to the needs of this at-risk group, by creating familiarity with one another's resources and limitations and establishing a crisis protocol through regular contact and monthly case review. By identifying gaps in services as well as barriers to efficient service delivery, and by becoming more familiar with some of the most challenging cases confronting all participants, the PSA MDT providers are able to focus more effectively on the issues facing each person in need so that solutions can be more readily identified.

The PSA MDT meets monthly to discuss individual cases and representatives from each organization meet quarterly to review policies and practices.

Columbia Memorial Hospital

CMH provides services to more than 100,000 residents in Columbia, Greene and Dutchess counties, focusing on primary care, health education and advanced surgery. CMH offers a 22-bed secure, in-patient psychiatric unit and an out-patient clinic.

In-patient services are for patients who need acute psychiatric care. Admission determinations are made following a thorough and comprehensive evaluation by psychiatric screening staff in consultation with the psychiatrist on call. Assessments take place in a secure and separate area within the Emergency Department that is dedicated solely to our work with prospective inpatients.

The outpatient clinical staff comprises psychiatrists, psychologists, nurse practitioners, physician assistants, licensed social workers, and mental health counselors. Staff provide individual therapy, couples and family therapy, and outpatient group therapy for people from the age of 10 and older.

Greater Hudson Promise Neighborhood

The Greater Hudson Promise Neighborhood (GHPN) works to strengthen the community and support children and families to reach their potential from cradle to career.

GHPN provides a safe space, food, and trusted adults for children ages four and up during crucial transitional times (after school and during the summer).

Through the Greater Hudson Initiative for Children of Incarcerated Parents, and in collaboration with the Osborne Association's NY Initiative for Children of Incarcerated Parents, GHPN facilitates enhanced visits for children of incarcerated parents, allowing contact visits with their parent for a full hour, during which the Columbia County Jail and GHPN provide games, coloring supplies, books, and more to keep children occupied and engaged with their parents. Children are also able to bring in homework to complete with their parent, so that parent can remain involved in their child's education and up to date on what children are learning. For children in the city of Hudson, transportation may also be available.

GHPN also participates in a court advocacy program for individuals diverted from Hudson City Court on lower-level charges. These participants receive a variety of services through GHPN such as parenting classes and anger management. GHPN is also developing a court mentoring program for individuals between the ages of 16-24 who will be matched with older mentors with lived experience in the criminal justice system.

Columbia County Office for the Aging

The Office of Aging offers various services including meals provided at the county senior center and at home, nutrition education, shopping assistance and at home care for seniors 60 and older have unmet needs and require assistance with at least one of the following personal care activities: bathing, eating, toileting, dressing, or transferring and/or at least two of the following needs: housekeeper related activities: meal preparation, light housekeeping, shopping, local travel, making phone calls, medication reminders, or assistance with writing checks and doing banking.

Mental Health Association of Columbia-Greene Counties

The mission of the Mental Health Association of Columbia-Greene Counties (MHACGC) is to provide education and advocacy, and to enhance the well-being of individuals, families, and

communities, by being a community leader in education, prevention, rehabilitation, and recovery.

MHACGC offers a wide variety of services and programs for people living with mental illness and substance use disorders including:

- Mobil Crisis Assessment Teams (MCAT) to avoid hospitalization (Emergency Room or Inpatient), minimize police intervention, and link crisis callers to long-term service providers in the community.
- Supported Education and Workforce Training
- Personalized Recovery Oriented Services (PROS) for adults
- Care Coordination for physical and mental health conditions
- Peer Services
- Family Support and Wrap Around Services
- Respite Program for parents of children with mental illness
- Mentoring Program for Children
- Youth Club Houses for youth 12-17 and young adults 18-21 in recovery from drugs or alcohol, or at risk of developing a substance use disorder, offering safe spaces to meet
- The REACH Center, providing a 24-hour hotline and advocacy services for survivors of crime and/or abuse

MHACGC also offers licensed residential housing: treatment programs which are certified by OMH, as well as Supportive Housing that is scattered site across both Columbia and Greene Counties. The Agency also has Certified Programs which include High Cliff Terrace Community Residence (HCT) located in Greene County, the Comprehensive Apartment Program (CAP) and two other single-site licensed treatment Apartment Programs that have replaced Community Residences in conjunction with Housing Redesign plans developed with the NYS Office of Mental Health. In coordination with these Housing Redesign Plans, Hudson Community Apartments (HCA) replaces The Clermont Community Residence and Columbia Street Apartments replaces the Columbia Street residence. The number of certified beds in the two redesign programs remains the same.

People USA

People USA has approval to operate a 20-bed stabilization center for people needing to detox and stabilize from substance use disorders. Patients will stay at the facility anywhere from 1 day to 7 days, with most patients staying an average of 4 days. Nurses will staff the facility 24 hours a day, and a medical doctor will be at the facility during the day and on call during the evening hours. The staff will help the patients through the withdrawal process and entering a rehabilitation facility. The facility, to be located in Greenport at the intersection of Route 66 and Merle Avenue, is slated to open sometime in 2022.

ReEntry Columbia

ReEntry Columbia provides counseling, referrals and linkage, and many other direct services. The broad array of services can be categorized into pre-release services, on-going services, and emergent need assistance, including:

- Pre-Release Services. ReEntry Columbia provides individual counseling, referral to care coordination or other services, group classes (pre-pandemic), a Recovery Dorm for those committed to recovery from addiction, and vocational training opportunities at the Columbia County Jail. For those incarcerated in state facilities, we correspond and send packets of transitional information regarding services with which a person may engage with upon release, including DSS, mental health, healthcare, and more. We send resources such as books and self-help material. ReEntry engages with families to prepare for the individual to return home, as requested. Assistance to families includes education about community resources, counseling, and support, and more.
- NYSDOCCS Regional Parole Collaboration. ReEntry Columbia receives a community preparation list that enhances our outreach to incarcerated individuals to prepare for release. ReEntry Columbia sends a packet of information, follows up with correspondences, and schedules intake appointments. ReEntry Columbia interfaces with Parole Revocation, regarding individuals who are violated and remanded to Columbia County jail to address the issues that returned them to custody.
- On-Going Support/Assistance. ReEntry Columbia assists individuals in securing stable permanent housing. Assistance includes housing searches, completing housing applications, and as funds allow, providing rental assistance, and paying security deposits.
- Job Training. Resume development, interview training, job search assistance, retention training, employment referrals and assists employers in obtaining bonding for employees and applying for the Work Opportunity Tax Credit (WOTC).
- Educational Training. Provides referrals and information for training and educational programs, tablets/computer access, and assists individuals in obtaining personal documents such as a driver's license or ID, obtaining birth certificates, copies of diplomas, opening bank accounts, criminal records clarification and reduction, tax filings, immigration issues, and disability or social security concerns as well as recertification for services.
- Emergent Need Assistance. Maintains a small food pantry, clothing closet, and personal care items, prepaid phones, and service cards, limited, last resort, transportation.
- Transportation. Transportation to job interviews, community supervision appointments, and court appearances.
- Bi-monthly Task Force Meetings and Educational Programming.

Salvation Army Hudson, New York

The Salvation Army provides meals, groceries, diapers, and other essential goods to people in Hudson who are in need.

St. Catherine's Center for Children

Twin Counties Recovery Services, Inc.

Twin County Recovery Services teaches that recovery from substance use disorder is not only possible but that it should be within the reach of all citizens of Columbia and Greene Counties. Twin Counties offers residential programs, out-patient clinic, and mobile crisis services through Greener Pathways and offsite services such as:

Peer-to-Peer Support Networks. Helping build recovery and social supports via Certified Recovery Peer Advocates (CRPAs).

Assistance with Transportation. Available for any resident of Greene or Columbia Counties who is affected by substance use disorder.

Live Video Telemedicine Sessions. Providing expanded clinical services beyond the traditional clinical setting via video and multimedia technology.

Outreach Services. Narcan training, informative outreach and community events for promoting the culture of recovery.

Personalized Treatment Program. Mobile counseling services providing Screening, Brief Intervention and Referral to Treatment (SBIRT) via mobile clinician and therapeutic team.

Medication to Help Prevent Relapse. Linkages and services for Medication Assisted Treatment (MAT) including vivitrol, suboxone and methadone.

Twin Counties also offers Community Awareness programming including:

Driver Impairment Programs. Classes for those convicted or charged with alcohol or drug related offenses.

Comprehensive Community and School-based Prevention Programs. Programs for life skills education, training for parents, teachers, staff, and the community at large, classroom education, positive alternatives for youth, and confidential referrals.

Appendix B: Case Studies

Case Study 1: Case #1 is intermittently homeless but otherwise resides in Hudson. Case #1 has a severe Substance Use Disorder associated with a long-standing addiction to alcohol and also lives with depression and schizophrenia. Over the last 4 years, Case #1 has had over 300

separate interactions with law enforcement and has been arrested more than 20 times, usually involving petty offenses like trespass, open container, loitering, and petit larceny, though the arrests for minor crimes rarely lead to incarceration.

During this time, the Hudson Police Department has been called more than 40 times to perform a "welfare check," usually because a concerned citizen or neighbor has observed Case #1 either unconscious or behaving erratically and has requested that the police check on this person's welfare and well-being.

Police have logged at least 12 occasions when Case #1 has threatened suicide and also has been brought to the emergency room at Columbia Memorial Hospital numerous times to treat minor injuries sustained in a fall or other conditions related to intoxication.

Case #1 has family in the area, but they are estranged and when interactions between family members occur, they can lead to verbal and physical alterations which generate more police interactions.

Case #1 has received counseling at the Columbia County Mental Health Center, but often fails to show for appointments.

Case Study #2: Case #2 is homeless. The Hudson Police Department (HPD) has been interacting with Case #2 for almost a decade. During this time, the HPD has registered 375 separate blotter reports and innumerable interactions. Case #2 has been arrested 38 times on charges ranging from open container, open drug use, assault with a weapon, and sexual assault of a minor. This individual currently has several felony charges pending, and is free without bail, pending future court appearances.

Case #2 had been provided with a motel room by Columbia County Social Services, but it is located 10 miles from Hudson and this individual rarely stays at the apartment, even during inclement weather. When given rides to the apartment, Case #2 immediately walks back to Hudson to sit in the same public park. Citizens and police officers have offered and provided food, warm clothing, funds, and encouragement and have also asked why the individual seems to prefer to stay unsheltered in the park rather than an apartment. The usual reply is that Case #2 had mental health appointments or other appointments at the Department of Social Services, all of which are located in Hudson.

HPD Police Chief Edward Moore has stated that:

> [Case #2] is increasingly becoming more dangerous to [Case#2] and our residents. [Case #2's] appearance in our park last summer was a fairly benign situation. A dude just "hanging out". However, [Case #2's] public drug and alcohol intoxication is worsening. [Case #2] has attracted about 4 other emotionally disturbed people to the park, and they often curse, argue, fight, and imbibe together. [Case #2] started panhandling this

summer and now it's become more aggressive. [Case #2] steals FedEx packages off doorsteps and trades them for a beer or lump of crack. Most of our vehicle looting is attributable to [Case #2] and [Case #2's] park "friends". I have observed [Case #2's] tumultuous behavior in the park scare away children and families. I think we have started avoiding any contact with [Case #2] at all. Some of my officers have transported [Case #2] to [Case #2's] apartment, to the hospital for mental health evaluations, to the emergency room for treatment, or arrested [Case #2] a dozen times only to see [Case #2] inevitably return to the park the next day. [Case #2] will not survive the winter and freezing temperatures.

Case Study #3. Case #3 is a resident of Hudson. During a 5-year period, HPD has made over 128 incident reports involving this individual, including a few arrests for minor offenses. While Case #3 is employed and housed, this individual can exhibit obsessive and aggressive behaviors that have resulted in complaints of harassment from members of the community. Case #3's aggressive behavior toward others in the community is increasing and police who have weekly encounters with this individual have expressed concern that "it is only a matter of time before there is a physical confrontation leading to injuries and arrests."

Appendix C: Proposed Wellness Hub Property (Parcel 3)