

Dutchess County  
Department of Mental Hygiene

**2013  
Annual Report**



*We Care for Our Community*



Dutchess County remains committed to providing essential services to residents dealing with mental health issues, substance abuse and/or developmental disabilities.

As we continue to adjust to the evolving challenges of health insurance changes, state closure of psychiatric centers and limited resources, we remain focused on our prevention, intervention and diversion efforts. Through the dedication of our county employees and community partners, we are making a positive impact in people's lives. As you read through this 2013 Annual Report, the dedication of our county employees and community partners is evident. They are delivering important outcomes and making a positive impact in people's lives.

On behalf of all of our residents, I thank the Department of Mental Hygiene for continuing to improve the way we confront mental health challenges in Dutchess County.

Best Regards,

A handwritten signature in black ink that reads "M. Molinaro". The signature is stylized with a large, sweeping initial "M" and a cursive "Molinaro".

Marcus J. Molinaro  
Dutchess County Executive

After all of the changes which occurred during 2012---the closing of the Continuing Day Treatment Program, the closing of our outpatient mental health clinics with the transfer of over 1,000 patients to other providers, the closure of the Hudson River Psychiatric Center, the startup of the Department-run Mobile Crisis Intervention Team (MCIT)---by comparison, 2013 was almost quiescent.



As a result of radical restructuring and significant downsizing, the year began with 37 positions fewer than 2012, less staff than any year since 1975 and half the number of positions we had in 2011. As a consequence, the staff in the programs which remain were busier than ever. HELPLINE fielded almost 24,000 calls, Partial Hospital treated 415 patients (9% more than were seen in 2012), and, the MCIT, in operation for the first full year, was dispatched 833 times, traveled to every corner of the County and served more than 1,000 persons.

Thanks to the intervention of the County Executive, Marcus Molinaro, the Department was awarded \$350,000 for the first year of a two-year grant from the NYS Office of Mental Health to initiate a comprehensive broad-based county-wide prevention program, aimed at adults and children at risk for developing mental health and/or substance use problems.

Finally, during the last quarter of the year, many Department staff were involved in a study conducted by the Center for Governmental Research, at the County's behest, to analyze the feasibility of merging the Department of Mental Hygiene (DMH) with the Health Department.

So, 2013 was a year of transition between transformative changes and anticipated future changes including the development and implementation of Health Homes, the bankruptcy of Saint Francis Hospital and its takeover by Westchester Medical Center, and the possible merger of DMH with the Health Department. Throughout the year, staff have demonstrated their flexibility, creativity and, above all, continued dedication to quality patient care.

As we enter 2014, we can be proud of our accomplishments and can take comfort in the knowledge that whatever the challenges of the new year, we have the will, energy, and expertise to adapt and succeed.

A handwritten signature in black ink that reads "Ken Glatt" with a stylized flourish at the end.

Kenneth M. Glatt, Ph.D., ABPP  
Commissioner

2013  
Annual Report

Dutchess County  
Department of Mental Hygiene  
*"We Care for Our Community"*

Administration  
230 North Road  
Poughkeepsie, NY 12601



Vision

*The Department of Mental Hygiene, in fulfilling its commitment to ensure high quality patient care for the residents of Dutchess County, will continue to improve, refine and expand the mental hygiene system, so that all in need have access to prevention, treatment and rehabilitation services.*



Mission

*The Department of Mental Hygiene is the unit of county government that plans for, develops, oversees, and provides, in conjunction with allied agencies, a comprehensive and integrated array of services and programs to meet the mental hygiene needs of Dutchess County citizens throughout their lives. In carrying out this mission, the Department strives to ensure that the resulting public mental hygiene system is responsive, accessible, affordable, cost-effective, patient-centered, recovery-oriented and dedicated to continuous quality improvement.*

Marcus J. Molinaro  
County Executive



Kenneth M. Glatt, Ph.D., ABPP  
Commissioner of Mental Hygiene

# **Dutchess County Community Mental Health Center**



## **2013 County Legislature Family and Human Services Committee**

Donna Bolner, Chairman  
Sue Serino, Vice Chairman

Marge Horton  
Michael Kelsey  
John Thomes  
Debra Blalock  
Steve White

## Historical Background

Community-based mental hygiene services began in Dutchess County in 1946 with the formation of the Dutchess County Society for Mental Health (now known as Mental Health America of Dutchess County, Inc.), a private not-for-profit community agency. This group of citizens, representing the law, education, psychology, business, clergy and medical professions, started a free community mental health clinic to augment the outpatient services offered by state hospitals (now called psychiatric centers).

With the passage of the 1954 Community Mental Health Services Act by the New York State Legislature, state reimbursement for local programs became available, and the Dutchess County Society for Mental Health began to obtain support for the clinic from state and county funds. A community Mental Hygiene Board was established, as the legislation required, and in order to meet further State requirements, in 1962 a part-time County Director of Mental Hygiene Services was appointed. In the years following, several new clinics and agencies came under the financial aegis of the Mental Hygiene Board.

The Dutchess County Department of Mental Hygiene (DMH), with a full-time Commissioner, was established in 1968 under the executive branch of Dutchess County's new charter form of government. In order to house the expanding array of mental hygiene services, the county applied for and received a construction grant for a Community Mental Health Center (CMHC), under the federal government's CMHC Act of 1963. On May 10, 1969, the dedication of the Dutchess County Mental Health Center took place. DMH had, since its creation, been responsible for state-required services due to its state-aid reimbursement; in 1969, because of its federal construction grant, it also became bound by federal mandates.

Under the terms of the construction grant with which the Mental Health Center was built, DMH was required to ensure the provision of five core community mental health services: inpatient, outpatient, partial hospital, emergency and consultation/education. The CMHCs Amendments (Title III) of 1975 mandated seven additional essential services to be provided by CMHCs: diagnosis, treatment, liaison and follow-up for children and elderly; pre-institutional screening for courts and public agencies; follow-up for patients discharged from State facilities; transitional (halfway house) services; and prevention, treatment and rehabilitation for alcoholism and drug abuse.

In 1978, the Department applied for a CMHC Operations Grant for the aforementioned expanded services. In 1979, the Federal Alcohol, Drug Abuse and Mental Health Administration awarded DMH an 8-year federal grant averaging approximately \$1 million a year. Over time, the vast majority of these expanded programs were transferred from federal dollars to state and county funding streams.

Subsequent infusions of additional monies for expanded services came from New York State, was added to the Department's base state-aid, and included 1) approximately \$1 million from Kendra's Law (2000) for additional case management services, and 2) Hudson River Psychiatric Center closure dollars (2012), bringing DMH an additional \$1.5 million a year for expanded diversion programs.

All in all, over time, the mental hygiene system in Dutchess County has grown and become more comprehensive in the provision of services to children and adults. At the same time, the Department's role as a direct provider has gotten smaller as the Department has transferred programs and relied more and more on not-for-profits to provide services to the mentally ill, chemically dependent and developmentally disabled in our County. The Department maintains its statutory role as the Local Governmental Unit with the responsibility of overseeing, planning and monitoring of the County's public mental hygiene system.

#### State Government:

Effective April 1978, the NYS Department of Mental Hygiene was divided into four and later consolidated into three autonomous offices: Office of Mental Health; Office of Alcoholism & Substance Abuse Services (OASAS); and, Office for People with Developmental Disabilities. For the three state offices, Dutchess County is covered by the OMH Hudson River Field Office, located in Poughkeepsie; the OASAS' Mid-Hudson Field Office, located in Albany and, the Taconic Developmental Disabilities Regional Office, located in Poughkeepsie.

#### Local Government

DMH, Dutchess County's Local Governmental Unit, is a part of the Executive Branch of County Government. DMH has a Commissioner of Mental Hygiene who is appointed by and serves at the pleasure of the County Executive, subject to confirmation by the County Legislature. A 15-member Mental Hygiene Board, which is advisory in nature, is appointed by the County Legislature. With the input of the Family & Human Services Committee, the Legislature reviews programs, discusses new services, approves the acceptance of new funding, acts on all personnel requests and deals with fiscal requests.

#### Funding

The Department is funded through a combination of the following sources:

- U.S. Department of Health and Human Services, Public Health Service through the NYS Office of Alcoholism & Substance Abuse Services
- NYS Office of Mental Health
- NYS Office for People with Developmental Disabilities
- NYS Office of Alcoholism & Substance Abuse Services
- Agency contributions by not-for-profit agencies, under contract
- Dutchess County Tax Levy
- Patient Fees
- Third Party Payments (Insurance)
- Medicaid
- Medicare



# **Dutchess County Mental Hygiene Board**

*(Dutchess County Charter)*

## **Dutchess County Community Services Board**

*(New York State Mental Hygiene Law)*

### **Dutchess County Community Mental Health Center Board**

*(Federal CMHC Legislation)*



**FaLisia Cotten, Secretary**  
**Aviva Kafka, Chair**  
**Joyce Carter-Krawczyk, Vice Chair**  
**Kenneth M. Glatt, Ph.D., ABPP, Commissioner**

#### **2013 Members**

Shirley Adams  
John Asuncion  
Joseph Ellman  
Susan Haight, RN  
Suzanne Manning, LCSW  
Carl Needy, M.D.

Julie Renda  
Ronald Rosen, Ed.D.  
Isaac Rubin, Ph.D.  
Paula Sarvis  
E. Mark Stern, Ed.D., ABPP  
Rosemary Thomas

The 15-member Dutchess County Mental Hygiene Board (created under New York State Mental Hygiene Law) is an advisory group of local citizens who are appointed by the Dutchess County Legislature. The Board's goal is to create, in consultation with the Commissioner of Mental Hygiene, annual, intermediate and long-range plans for mental hygiene services in Dutchess County. The Board reviews and monitors the Department's needs, services and facilities; reviews and evaluates recommendations and planning suggestions of its subcommittees and committees; and, reviews the Policy & Procedure Manual and the annual State and County mental hygiene budgets. Board members also represent and seek support for the various segments of the community in regard to meeting their mental hygiene needs.

The Mental Hygiene Board (referred to in NYS Mental Hygiene Law as the "Community Services Board") has established four subcommittees to assist it in planning and improving mental hygiene services. The four subcommittees are: Mental Health, Developmental Disabilities, Chemical Dependency and Children & Youth. Each subcommittee is staffed by a senior DMH clinician-administrator so as to provide liaison with the Department. The Commissioner's Office coordinates Citizen Participation and has the general responsibility for the overall administrative aspects of the citizen participation process.

## **Local Governmental Plan**

### **Planning Process**

The Department, in its statutory role as the Local Governmental Unit, is responsible for the planning, oversight, development, and provision of comprehensive community-based prevention, treatment, and rehabilitation services and programs for people who are emotionally disturbed, mentally ill, developmentally disabled and/or chemically dependent. These services are provided directly by DMH, the state, Saint Francis Hospital and by local not-for-profit agencies under contract with DMH.

The DMH planning process begins in the spring of each year when staff and each of the four subcommittees of the Mental Hygiene Board hold public forums which are advertised and open to current and former patients of public mental hygiene programs, interested members of the community and providers of service. The public forum on developmental disability services is held in March (see outcomes on page 41), followed by the public forum on chemical dependency services in April (see outcomes on page 37). In May, there are two public forums, one for children's mental health services (see outcomes on page 46) and the other for adult mental health services (see outcomes on page 27).

Alongside the public forums, additional information is gathered from staff, current patients, contract agencies, various provider committees, and the offices of the NYS Department of Mental Hygiene (Office of Mental Health; Office of Alcoholism & Substance Abuse Services; and the Office for People with Developmental Disabilities).

All of this input and feedback is synthesized into recommendations which are reviewed by each subcommittee, which draft the section of the Plan which relates to its disability area. The various components of DMH's Local Governmental Plan are submitted to the DMH Commissioner for final review and then presented to the Mental Hygiene Board for its approval, prior to being sent to the relevant state agencies.

Once the plan has been submitted to the state and approved, additional information on the Department's structure, as well as on the characteristics of Dutchess County and the County's network of services are incorporated in to the document. The finalized version of the DMH Local Governmental Plan is distributed to relevant DMH staff, other agency staff involved in the planning process, as well as to the Mental Hygiene Board and its subcommittees. A copy is on display in the Mental Health Library, operated by Mental Health America of Dutchess County, Inc., located at 253 Mansion Street, Poughkeepsie, as well as being available at selected libraries throughout the County.

With the restructuring of the Department, DMH entered 2013 providing the following clinical services:

- 24-hour HELPLINE  
HELPLINE provides telephone counseling, crisis intervention, information and referral and operates 24 hours a day.
- 7-day Mobile Crisis Intervention Team  
The Mobile Crisis Intervention Team is dispatched by HELPLINE, is available seven days a week, interfaces with police and other county agencies and intervenes with children and adults countywide.
- 5-day Partial Hospital  
The Partial Hospital Program provides services for patients 18 years of age and over who require daily structured treatment; the program functions as an alternative to or point of re-entry from inpatient psychiatric care
- ITAP (Intensive Treatment Alternatives Program)  
The Intensive Treatment Alternatives Program provides day rehabilitation for chemically dependent persons who require more intensive care than can be provided in a clinic, serves as an alternative-to-incarceration and provides chemical dependency evaluation and case management support to chemically dependent Public Assistance recipients, probationers, and others served by the criminal justice system.
- Jail-Based Mental Hygiene Services  
The Jail-Based Mental Hygiene Program provides motivational counseling and referral five days a week in the Dutchess County Jail. In cooperation with the Jail and Correctional Medical Care, Inc., the staff identify and counsel inmates in need of mental health and/or chemical dependency treatment within the Jail and/or upon release therefrom.
- Trauma Team  
The Trauma Team consists of seasoned clinical administrators who have the flexibility and experience to respond to an unexpected death (e.g. suicide), serious accident, hostage situation, or any other event personal or public that is likely to result in emotional upset or be experienced as traumatic by the victim, family members or witnesses.

## **Employee Service Recognition Awards**

The following DMH staff were recognized during 2013 for their many years of service with the Department and each was presented with a certificate of appreciation at one of the two Department Meetings held of each year in May and November:

### **20 Years**

Barbara Brower  
Linda Mayernick  
Sonya Newman

### **25 Years**

Penny Butler  
Mary Babcock, LCSW

### **30 Years**

Deborah Campion

### **35 Years**

Margaret Hirst, LCSW

# TABLE OF CONTENTS:

Organization/ Administration.....	Page 1
Organizational Table.....	Page 2
Service Locations .....	Page 3
Service Reports.....	Page 4
Volume of Patient Services.....	Page 7
Demographic Characteristics of Patients Served.....	Page 8
Referral Sources for Patients Seen.....	Page 9
Cost of Services .....	Page 10
Source of Revenue .....	Page 11
Division of Clinical Services.....	Page 12
➤ Mental Health	
➤ Chemical Dependency	
➤ Developmental Disabilities	
➤ Coordinated Services	
• Assisted Outpatient Treatment	
• Children & Youth	
• Forensic Evaluations	
• Housing Coordination	
• Jail-Based Initiative	
• Prevention Coordination	
Division of Administrative Operations.....	Page 53
Office of Psychiatric Coordination.....	Page 58
Office of Quality Improvement .....	Page 62
Office of Community Services.....	Page 67
➤ HELPLINE	
➤ Mobile Crisis Intervention Team	
➤ Trauma Team	
➤ Community Consultation & Education	
➤ Student Training	

# ORGANIZATION/ADMINISTRATION

The Dutchess County Department of Mental Hygiene is comprised of:

## COMMISSIONER OF MENTAL HYGIENE

## 15-MEMBER MENTAL HYGIENE BOARD

Committees & Subcommittees

### DIVISIONS

Clinical Services  
Administrative Operations

### OFFICES

Community Services  
Psychiatric Coordination  
Quality Improvement

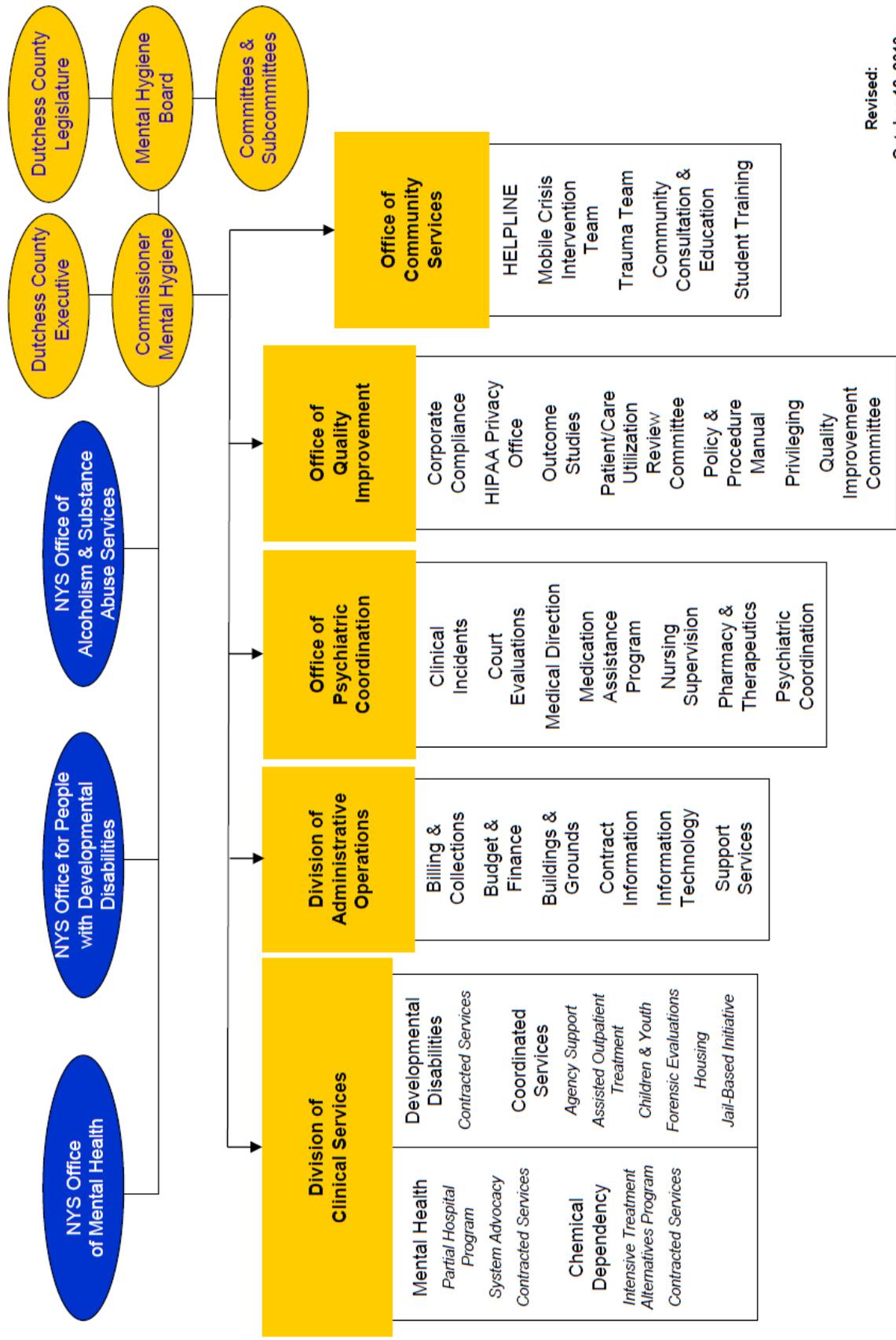
### CONTRACT AGENCIES

Abilities First, Inc.  
Astor Services for Children & Families, Inc.  
Council on Addiction Prevention & Education of Dutchess County, Inc.  
Dutchess ARC  
Gateway Community Industries, Inc.  
Hudson River Housing, Inc.  
Hudson Valley Mental Health, Inc.  
Lexington Center for Recovery, Inc.  
Mental Health America of Dutchess County, Inc.  
Mid-Hudson Addiction Recovery Centers, Inc.  
Occupations, Inc.  
PEOPLE, Inc.  
Rehabilitation Support Services, Inc.  
Taconic Resources for Independence, Inc.

### AFFILIATED AGENCIES

Anderson Center for Autism	Putnam Hospital Center
Cornerstone of Rhinebeck	Richard C. Ward Treatment Center
Four Winds Hospital	Rockland Children's Psychiatric Center
Greystone Programs, Inc.	Saint Francis Hospital
Rockland Psychiatric Center	St. Vincent's Hospital
New Horizons Resources, Inc.	Taconic Developmental Disabilities Services
New York Presbyterian Hospital	Westchester Medical Center

# Dutchess County Department of Mental Hygiene



Revised:  
October 18, 2013



# DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY - DECEMBER 2013

	ON ROLLS 1/1/2013	ADMITS	TERMS	ON ROLLS 12/31/2013	PERSONS SERVED EPISODES	VOLUME OF SERVICE
<b>TOTAL DMH 2013</b>	<b>7040</b>	<b>10790</b>	<b>9250</b>	<b>8580</b>	<b>27147</b>	<b>553574</b>
<b>DIVISION OF MENTAL HEALTH SERVICES</b>						
<b>DMH DIVERSION PROGRAMS</b>						
HELPLINE	--	--	--	--	--	23285
MOBILE CRISIS INTERVENTION TEAM (A)	260	833	855	238	1093	8716
PARTIAL HOSPITALIZATION	31	384	381	34	415	4547
SUB-TOTAL	291	1217	1236	272	1508	36548
<b>OCCUPATIONS, INC. PROS PROGRAMS (B)</b>						
RHINEBECK PROS	121	46	67	100	167	29959
MILLBROOK PROS	76	33	26	83	109	25161
POUGHKEEPSIE PROS	179	146	147	178	325	41592
SUB-TOTAL	376	225	240	361	601	96712
<b>MENTAL HEALTH AMERICA</b>						
SUPPORTIVE CASE MANAGEMENT (C)	611	135	746	0	746	5548
BLENDED SUPPORTIVE CASE MANAGEMENT (C)	175	81	256	0	256	1833
GENERIC CASE MANAGEMENT	124	216	150	190	340	1593
INTENSIVE CASE MANAGEMENT (C)	58	30	78	10	88	893
BLENDED INTENSIVE CASE MANAGEMENT (C)	82	14	96	0	96	1260
HEDGEWOOD CASE MANAGEMENT	113	18	43	88	131	1746
MHA HEALTH HOME (PRE-ADMISSION)	0	1158	408	750	1158	818
MHA HEALTH HOME (ADMISSION)	0	1423	173	1250	1423	9661
BEACON PROS PROGRAM (D)	84	48	41	91	132	26340
COMMUNITY SUPPORT PROGRAMS (E)	46	6	10	42	52	1169
SUB-TOTAL	1293	3129	2001	2421	4422	50861
<b>ASTOR SERVICES FOR CHILDREN &amp; FAMILIES</b>						
POUGHKEEPSIE COUNSELING CENTER	489	642	547	584	1131	10329
RED HOOK COUNSELING CENTER	171	239	225	185	410	4922
BEACON COUNSELING CENTER	212	239	183	268	451	5165
DOVER COUNSELING CENTER (F)	81	118	90	109	199	2361
HOME-BASED CRISIS INTERVENTION PROGRAM	10	109	103	16	119	1047
INTENSIVE CASE MANAGEMENT	21	42	33	30	63	1112
SUPPORTIVE CASE MANAGEMENT	15	34	37	12	49	338
DAY TREATMENT CENTER	70	25	35	60	95	12563
ADOLESCENT DAY TREATMENT	107	55	56	106	162	16210
PARTIAL HOSPITAL	10	137	136	11	147	1686
SUB-TOTAL	1186	1640	1445	1381	2826	55733
<b>TOTAL DMH 2013</b>	<b>7040</b>	<b>10790</b>	<b>9250</b>	<b>8580</b>	<b>27147</b>	<b>553574</b>

(A) PROGRAM BEGAN APRIL 2012.

(B) THE OI PROS PROGRAMS BEGAN APRIL 1, 2012.

(C) THE SCM & ICM PROGRAMS WERE MERGED INTO MHA HEALTH HOMES 5/2013.

(D) THE MHA BEACON PROS PROGRAM BEGAN JAN 2, 2012.

(E) INCLUDES COMPEER ONLY. EFFECTIVE 12/31/2011, DUTCH. HORIZONS, BEACON PSYCH. CLUB & YOUNG ADULT PROGRAM WERE CLOSED.

(F) DOVER COUNSELING CENTER BECAME A LICENSED CLINIC IN 2012.

**DUTCHESS COUNTY DEPARTMENT OF  
MENTAL HYGIENE SERVICE REPORT  
JANUARY - DECEMBER 2013**

	ON ROLLS 1/1/2013	ADMITS	TERMS	ON ROLLS 12/31/2013	PERSONS SERVED (EPISODES)	VOLUME OF SERVICE
<b>TOTAL DMH 2013</b>	<b>7040</b>	<b>10790</b>	<b>9250</b>	<b>8580</b>	<b>27147</b>	<b>553574</b>
<b>HVMH MENTAL HEALTH CLINICS</b>						
POUGHKEEPSIE	1156	807	747	1216	1963	15963
MILLBROOK	138	129	87	180	267	2339
BEACON	554	405	423	536	959	12347
EASTERN DUTCHESS	198	112	109	201	310	2740
RHINEBECK	142	131	135	138	273	2489
FAMILY PARTNERSHIP	--	--	--	--	--	1353
<b>SUB-TOTAL</b>	<b>2188</b>	<b>1584</b>	<b>1501</b>	<b>2271</b>	<b>3772</b>	<b>37231</b>
<b>ST. FRANCIS HOSPITAL</b>						
INPATIENT	40	992	999	33	1032	14289
EMERGENCY DEPARTMENT (A)	--	--	--	--	5114	5114
OUT OF COUNTY HOSPITALS (B)	--	--	--	--	762	762
RPC CRISIS RESIDENCE (C)	12	226	221	17	238	4112
COURT EVALUATIONS	--	--	--	--	80	195
<b>SUB-TOTAL</b>	<b>52</b>	<b>1218</b>	<b>1220</b>	<b>50</b>	<b>7226</b>	<b>24472</b>
<b>TOTAL MENTAL HEALTH DIVISION</b>	<b>5386</b>	<b>9013</b>	<b>7643</b>	<b>6756</b>	<b>20355</b>	<b>301557</b>
<b>DIVISION OF CHEMICAL DEPENDENCY SERVICES</b>						
<b>DMH CHEMICAL DEPENDENCY CLINICS</b>						
ITAP DAY REHAB PROGRAM	43	86	85	44	129	11919
CD CLINIC	9	32	25	16	41	485
TRANSITIONS TX PROG.	0	17	17	0	17	89
VOCATIONAL CASE MANAGEMENT	--	--	--	--	--	357
CD CASE MANAGEMENT	43	30	37	36	73	878
CD ASSESSMENT	--	--	--	--	1412	1412
FORENSIC COORDINATION	--	--	--	--	493	493
JAIL-BASED SERVICES	75	202	224	53	277	4519
<b>SUB-TOTAL</b>	<b>170</b>	<b>367</b>	<b>388</b>	<b>149</b>	<b>2442</b>	<b>20152</b>
<b>LCR CHEMICAL DEPENDENCY CLINICS</b>						
METHADONE PROGRAM	247	51	41	257	298	43396
PAGE PARK CD CLINIC	171	337	201	307	508	16134
MILLBROOK CD CLINIC	6	2	2	6	8	109
BEACON CD CLINIC	114	244	342	16	358	10223
EASTERN DUTCHESS CD CLINIC	47	66	26	87	113	2394
RHINEBECK CD CLINIC	23	35	27	31	58	1402
RED HOOK CD CLINIC	0	13	5	8	13	225
MAIN STREET ANNEX	51	201	123	129	252	11633
<b>SUB-TOTAL</b>	<b>659</b>	<b>949</b>	<b>767</b>	<b>841</b>	<b>1608</b>	<b>85516</b>
SFH TURNING POINT DETOX/REHAB	--	--	--	--	1456	15288
MARC ALCOHOL CRISIS CENTER	12	410	410	12	422	4085
<b>TOTAL CHEMICAL DEPENDENCY DIVISION</b>	<b>841</b>	<b>1726</b>	<b>1565</b>	<b>1002</b>	<b>5928</b>	<b>125041</b>
<b>TOTAL DMH 2013</b>	<b>7040</b>	<b>10790</b>	<b>9250</b>	<b>8580</b>	<b>27147</b>	<b>553574</b>

(A) DATA PROVIDED BY SFH. DUE TO PROCEDUAL CHANGES AT SFH, THIS FIGURE REPRESENTS ALL MH EMERGENCY VISITS.

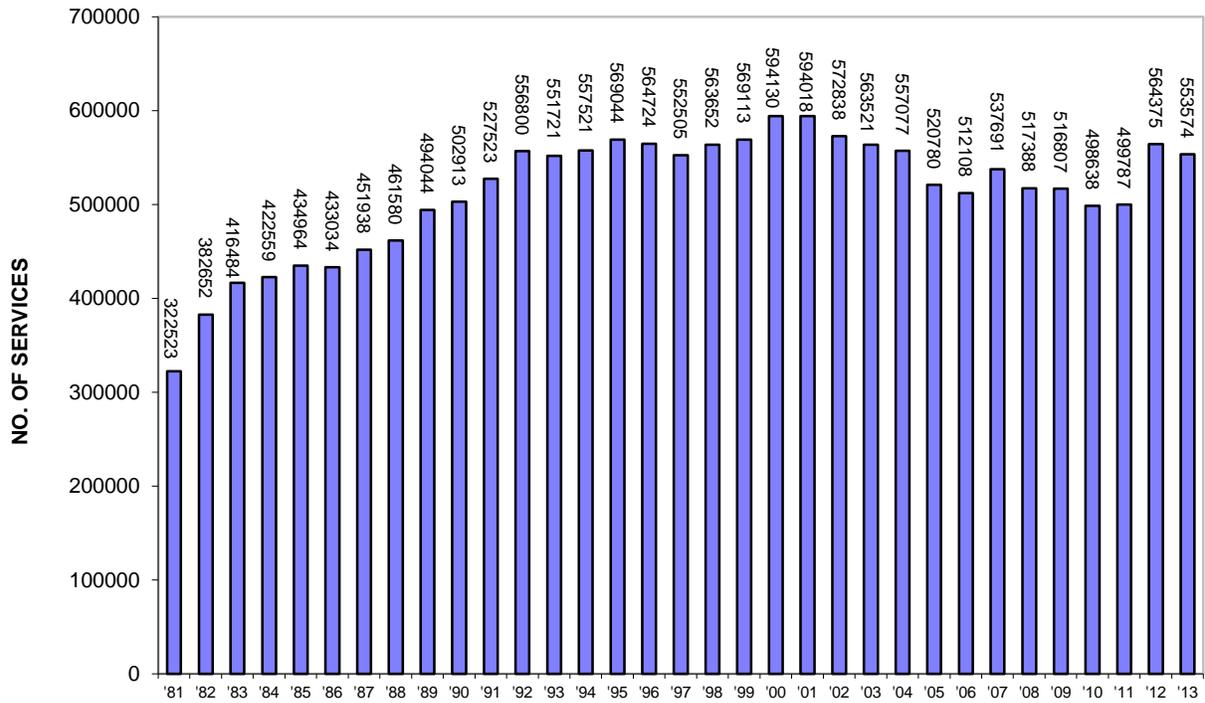
(B) OF THE TOTAL OF 762 ADMISSIONS, 592 WERE ADULTS, AND 170 WERE CHILDREN/YOUTH.

(C) DUTCHESS COUNTY RESIDENTS ONLY. FORMERLY HRPC CRISIS RESIDENCE.

**DUTCHESS COUNTY DEPARTMENT OF  
MENTAL HYGIENE SERVICE REPORT  
JANUARY - DECEMBER 2013**

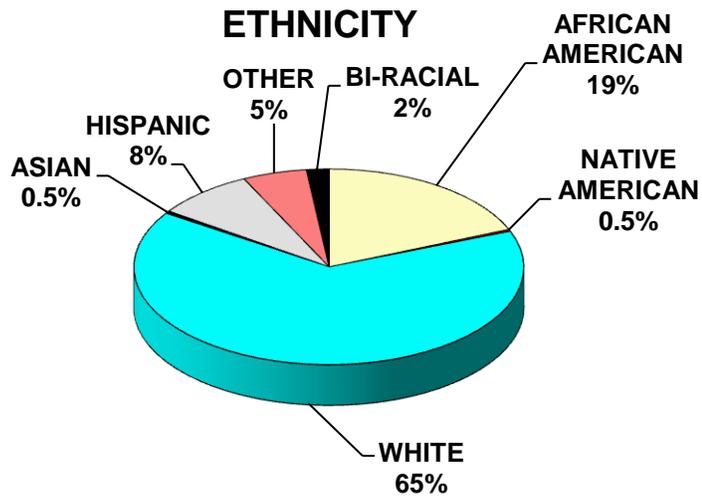
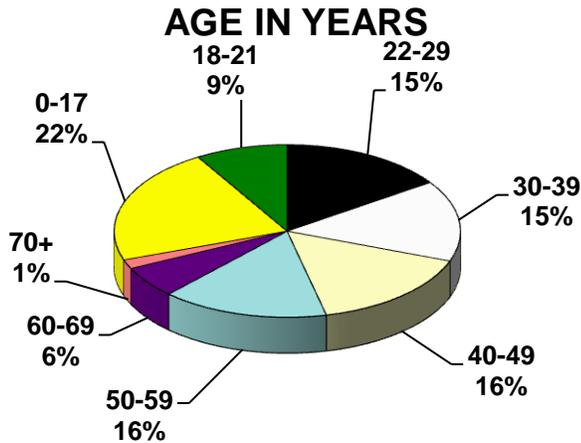
	ROLLS 1/1/2013	ADMITS	TERMS	ROLLS 12/31/2013	PERSONS SERVED (EPISODES)	VOLUME OF SERVICE
<b>TOTAL DMH 2013</b>	<b>7040</b>	<b>10790</b>	<b>9250</b>	<b>8580</b>	<b>27147</b>	<b>553574</b>
<b>DIVISION OF DEVELOPMENTAL DISABILITIES</b>						
<b>ABILITIES FIRST</b>						
<b>DAY HAB</b>	317	34	28	323	351	51961
<b>WORK TRAINING</b>	221	1	0	222	222	31793
<b>WARYAS RECOVERY HOUSE</b>	8	5	4	9	13	2566
<b>SUB-TOTAL</b>	546	40	32	554	586	86320
<b>ARC</b>						
<b>SHELTERED WORKSHOP</b>	132	8	7	133	140	19281
<b>AMENIA SATELLITE WORKSHOP</b>	25	2	0	27	27	2415
<b>SUB-TOTAL</b>	157	10	7	160	167	21696
<b>TACONIC</b>						
<b>TACONIC DAY PROGRAM</b>	110	1	3	108	111	18960
<b>TOTAL DEVELOPMENTAL DISABILITIES DIVISION</b>	<b>813</b>	<b>51</b>	<b>42</b>	<b>822</b>	<b>864</b>	<b>126976</b>
<b>TOTAL DMH 2013</b>	<b>7040</b>	<b>10790</b>	<b>9250</b>	<b>8580</b>	<b>27147</b>	<b>553574</b>

# DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE VOLUME OF PATIENT SERVICES



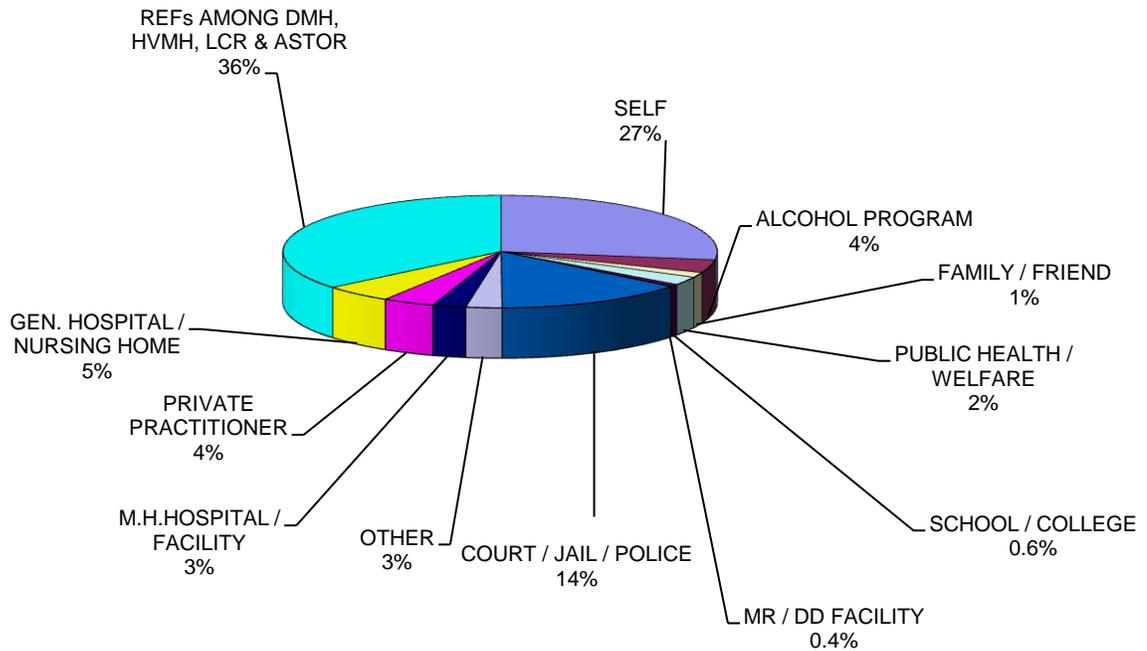
**DEMOGRAPHIC CHARACTERISTICS OF PATIENTS SERVED  
DURING THE YEAR**

Includes:  
 DMH Directly-Operated Programs; Hudson Valley Mental Health, Inc. s. Mental Health Clinics  
 Lexington Center for Recovery, Inc's Chemical Dependency Clinics  
 Mental Health Association of Dutchess County, Inc.  
 Occupations Inc. and Astor Community-Based Programs

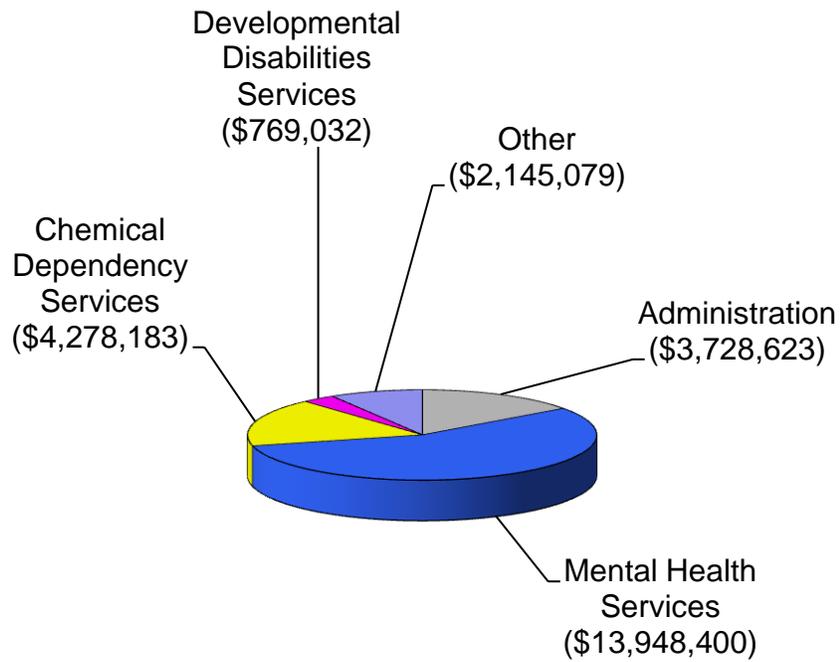


## DC/DMH \* REFERRAL SOURCES F PATIENTS SEEN IN 2013

Includes DMH directly-operated programs; and programs run by Hudson Valley Mental Health, Inc.; Lexington Center for Recovery, Inc.; Mental Health Association, Occupations, Inc. Pros Programs and Astor Services for Children and Families.

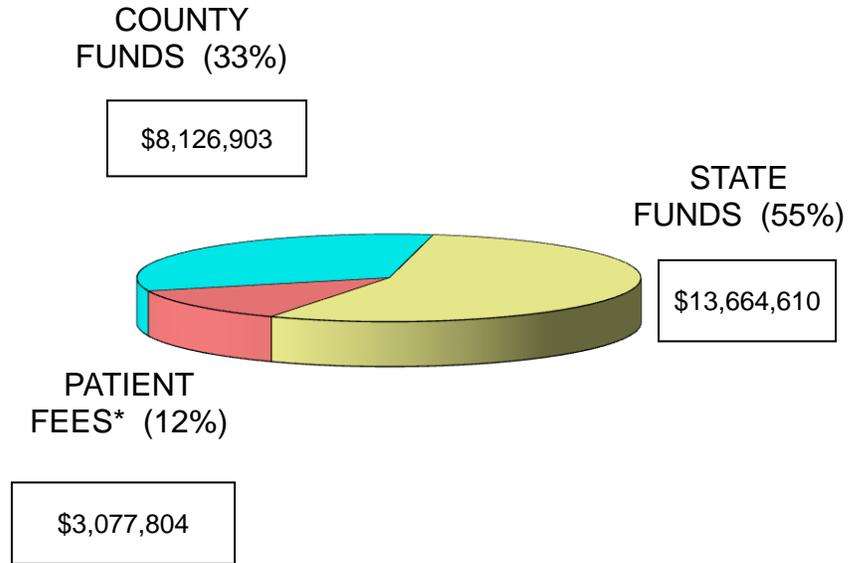


# COST OF SERVICES - 2013



**TOTAL EXPENDITURES: \$24,869,317**

# SOURCE OF REVENUE - 2013



**TOTAL ALLOCATION: \$24,869,317**

\*Includes: Medicaid, Medicare, Insurance, Self-Pay.

# Division of Clinical Services



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The Division Chief for Clinical Services, Margaret Hirst, LCSW, oversees and is responsible for the Division's day-to-day operation, for the planning and coordination of all services for Dutchess County residents and works closely with other providers of mental health, chemical dependency and developmental disability services, as well as with an array of allied community agencies.

As part of the Department's restructuring, the three divisions---Mental Health, Chemical Dependency and Developmental Disabilities---had been collapsed into a single Division of Clinical Services.

The Division consists of the following programs, each having its own Clinical Unit Administrator or Supervising Clinician:

- The Partial Hospital Program
- Jail-Based Mental Hygiene Program
- Intensive Treatment Alternatives Program
- Forensic Services
- Discharge Planning and System Advocacy
- Coordinated Services for Prevention Program, Children and Youth, Developmental Disabilities, and Adult Support Services (Housing and Assisted Outpatient Treatment)

## **Mental Health Services**

### **Partial Hospital Program**

The mission of the Partial Hospital Program (PHP) is to provide intensive, medically supervised mental health treatment to individuals experiencing acute psychiatric symptoms in a community setting. The goal is to help individuals return to their prior or an improved level of functioning. The intensive treatment is more concentrated than traditional outpatient care and can be used as a way to prevent an inpatient admission or as a step-down from inpatient treatment. The structured format provides therapeutic groups, individual and family therapy, psychiatric evaluation, medication management, and care management services.

While the core mission of PHP is to prevent hospitalization, the Program addresses a broad spectrum of psychiatric needs. The Program modified its structure in October 2010 from a six week program to a two week program. This modification was designed to reduce acuity and return patients to outpatient care more quickly. The model has been effective, but some patients have required more than two weeks and/or a return to PHP for additional treatment.

- In 2013, statistics show a .5% return rate (i.e. 22 individuals had multiple admissions).

Many times patients can be stabilized and returned to their previous mental health providers. However, at least three trends create complex challenges that strain the Program's ability to facilitate enduring wellness in patients' lives:

#### Homelessness

This situation may occur due to relationships ending, insufficient income or entitlements, unsafe housing conditions, housing shortages, or inability to manage resources. Regardless, it is difficult to make any headway against mental illness symptoms when a patient faces a return to a homeless shelter.

#### Young Adults

A large population of young adults are dealing with first time psychiatric issues and/or are aging out of youth services without adequate family support. Most have been using substances to treat their mental health symptoms and are engaged at some level in the County drug culture. Many are estranged from their family of origin because of long-standing mental health and behavioral problems. Others have exhausted their family resources and family who, while supportive, are weary of the struggle.

#### Substance Use

A substantial sector of the client population is admitted with substance abuse/chemical dependency issues. Statistics from 2013 show an increase of 15% of the individuals served in PHP have a substance abuse/alcohol diagnosis.

As changes have occurred in housing availability, mental health services, Medicaid and Medicare, and the ability to arrange a safety net for patients to support their continued recovery, has become even more difficult. The PHP treatment team continues to be challenged with making linkages to community resources in addition to helping to stabilize a person's psychiatric needs. The short length of stay of patients in the Program, combined with increasingly limited community services (e.g. providers, housing, etc.), makes this task much more difficult. Experience tells us that the gains made in mental wellness during the Program are maintained at a higher rate when basic needs of housing, stable income, and mental health services are met. A part-time on-site care manager from Mental Health America of Dutchess County, Inc. is helpful in establishing an initial referral to care management, as well as serving as a liaison between care managers and PHP.

Alliance House, a psychiatric respite program, provides a vital service to many patients of the Program. It serves as interim housing from inpatient hospitalization while a patient's mental health continues to stabilize. It provides a respite from responsibilities at a patient's home that are too intense for a patient to handle during a psychiatric crisis. Sometimes, a patient is unable to provide safe housing for themselves and the Alliance House staff provides the monitoring and medication supply that keeps them safe.

The Mobile Crisis Intervention Team (MCIT) has been an important part of PHP. MCIT has functioned to find and refer persons who need partial hospital treatment. They have worked diligently at engaging patients to try PHP by offering them transportation. When a patient decides to end program against the recommendation of MCIT, the Team makes contact and takes action to insure the person’s safety. MCIT and PHP work hand-in-hand to provide a continuum of care for difficult-to-engage patients or those who cannot, on their own, access treatment.

The program has expanded the number of prescriber hours and has developed a drug testing policy in response to the program trends noted above.

*Statistical Data*

Registrations/ Admissions:

Admissions	384
Registrations that were not followed by admission	242

In 2013,

- The Average Daily Attendance: 18.
- Total Terminations: 381.
- For volume of services, there was an average of 379 visits per month in 2013, as compared to 315 in 2012 and 233 in 2011.

**Discharge Coordination**

The Discharge Coordinator works with inpatient facilities inside and out of Dutchess County to ensure that all residents have a seamless transition back into the community and are connected to the most appropriate level of service. Transition & discharge services provided to adults are as follows:

	<b>Persons Served</b>
Saint Francis Hospitals *	215

\*These numbers are reflective from the period of 9/1 - 12/31/2013, when DMH began tracking SFH’s discharge planning services.

<b>Out-of-County Hospitals</b>	<b>Persons Served</b>
Drug/Alcohol Rehab Programs	312
Out-of-County Hospitals	762
Correctional Facilities	58
<b>TOTAL</b>	<b>1132</b>

In addition, there are two DMH staff embedded at SFH, one works as liaison from the inpatient mental health units to the community programs; and the second staff person works in the Emergency Department (ED) offering evaluation and assistance with dispositional planning of individuals seen in the ED.

## **System Advocacy**

The System Advocates (SA) serve as engagement specialists and their mission is to address any obstacle to an individual's ability to engage with the appropriate treatment service. The advocates work closely with the discharge planner and support readiness for discharge.

Upon intake, the SAs evaluate patient needs, including housing/residential support, medications, and other health related issues. They also assist in the completion of related paperwork, Medicaid applications, and Care Coordination applications. In addition, SAs assist patients on their re-entry into the community from inpatient hospitalizations to facilitate engagement in outpatient treatment services.

SAs offer these services during open access hours at Hudson Valley Mental Health Center, Inc. (HVMC) Beacon and Poughkeepsie Clinics, as well as Lexington Center for Recovery's (LCR) Beacon Counseling Center. In 2013,

- A total of 1,813 patients were served.

## **Saint Francis Hospital**

### *Emergency Department*

Saint Francis Hospital (SFH), which is located in Poughkeepsie, directly across North Road from the Community Mental Health Center (CMHC), provides emergency psychiatric assessment for adults, children and adolescents.

Inpatient Admissions via SFH Emergency Department	
Saint Francis Hospital	992
Out-of-County	*762
<b><i>TOTAL</i></b>	<b><i>1754</i></b>

\* 193 of the Out-of-County Admissions were Children/Youth (Direct Admissions)

\* 569 of the Out-of-County Admissions were Adults

### *Psychiatric Inpatient Services*

The Department has access to community-based acute inpatient treatment services for adults in need of psychiatric hospitalization through contractual agreements with SFH; SFH has a 40-bed capacity.

Month	SFH Admissions	Open DMH/HVMH/LCR		SFH Discharges
		Number	Percent	
January	80	15	19%	79
February	59	11	19%	60
March	85	27	32%	84
April	66	16	24%	66
May	84	16	19%	85
June	85	28	33%	84
July	97	25	26%	97
August	91	20	22%	94
September	85	20	24%	81
October	101	31	31%	104
November	84	15	18%	82
December	75	14	19%	83
<b>TOTAL</b>	<b>992</b>	<b>238</b>	<b>24%</b>	<b>999</b>

When all of the mental health beds at SFH are full, arrangements are made to admit patients to other area hospitals. For out-of-county admissions, DMH has agreements with Four Winds Hospital, NY Presbyterian Hospital, Putnam Hospital Center, St. Vincent's Hospital and Westchester Medical Center.

With the closure of HRPC in January 2012, Dutchess County is without a state hospital for the first time in 141 years; the operations were moved to the Rockland Psychiatric Center (RPC). RPC, which admits persons over the age of 18, is utilized for intermediate and longer-term hospitalizations; there were 41 inpatient admissions to RPC.

#### 2013 Out-of-County Inpatient Admissions

Month	NY Presbyterian	Four Winds	St. Vincent's	Putnam Hospital	Other	<b>TOTAL</b>
January	4	21	8	17	8	<b>58</b>
February	8	16	13	18	4	<b>59</b>
March	6	24	17	15	11	<b>73</b>
April	11	30	20	9	14	<b>84</b>
May	9	27	7	9	13	<b>65</b>
June	3	22	5	14	6	<b>50</b>
July	6	28	7	10	15	<b>66</b>
August	2	24	9	12	16	<b>63</b>
September	1	33	4	11	18	<b>67</b>
October	5	18	9	9	13	<b>54</b>
November	5	25	15	9	9	<b>63</b>
December	3	28	7	12	10	<b>60</b>
<b>TOTAL</b>	<b>63</b>	<b>296</b>	<b>121</b>	<b>145</b>	<b>137</b>	<b>762</b>

## Contracted Services

### Hudson Valley Mental Health, Inc.

Hudson Valley Mental Health, Inc (HVMH) is a not-for-profit agency which is charged with developing comprehensive and integrated services to meet the mental health needs of residents of the Hudson Valley. HVMH operates Article 31 outpatient clinics under contract with Dutchess and Ulster Counties.

These clinics are licensed by the New York State Office of Mental Health (OMH) to provide a full array of clinical treatment services to residents of the Hudson Valley who are 18 years of age or older. Clinics in Dutchess County are located in Beacon, Dover Plains (Eastern Dutchess), Millbrook, Poughkeepsie (at the Mental Health Center, 230 North Road, as well as a satellite clinic at the Family Partnership Center building) and Rhinebeck.

HVMH strives to ensure that services are accessible, affordable, culturally competent, cost effective, recipient-oriented, strength-based, and dedicated to continuous quality improvement.

The provided clinical services include: individual and group counseling, evaluation and diagnosis, medication evaluation, and therapy. HVMH collaborates with medical health organizations to provide integrated care. The clinics work with other community service organizations and provide referral to a range of services including housing, vocational, and case management as available. Clinic staffing includes licensed clinical social workers, licensed mental health counselors, psychiatrists, nurse practitioners and nursing staff.

Clinical services are available in Spanish at the Beacon, Poughkeepsie, Millbrook and Dover Plains sites with interpreter resources available at all sites. HVMH maintains a language bank and every effort is made to accommodate cultural and/or language needs.

<b>Mental Health Clinic</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Beacon	959	12347
Dover Plains	310	2740
Millbrook	267	2339
Poughkeepsie	1963	15963
Rhinebeck	273	2489
<b>TOTAL</b>	<b>3772</b>	<b>35878</b>

### Occupations, Inc.

Occupations, Inc. (OI) celebrated the one year opening of the three Personalized Recovery Oriented Services (PROS) Programs on April 2, 2013. All three sites---

Millbrook, Poughkeepsie and Rhinebeck---are each licensed as a Comprehensive PROS program with clinical services.

The PROS programs provide an array of rehabilitation and recovery services to adults with a mental illness. Community Rehabilitation and Support is the core component of the PROS program and includes services to assist individuals in acquiring and maintaining skills and supports to live successfully in their communities. These include wellness self-management, benefits and financial management, leisure planning, and skill development to manage symptoms and practice life skills. The PROS programs offer Intensive Rehabilitation Services to assist individuals in obtaining specific life roles and reduce risk of relapse, hospitalization, loss of housing, or involvement with the criminal justice system. For individuals employed in the competitive workplace, Ongoing Rehabilitation Services are available to provide ongoing support and to assist in the management of their mental health symptoms. Clinical services are available to individuals for medication management, as well as individual and group counseling. The PROS teams are composed of dedicated, experienced and trained professionals who embrace the principles of rehabilitation and recovery.

Services at each site are provided by a multidisciplinary team composed of Team Leader(s), therapists, a registered nurse, PROS specialists, a psychiatrist, and Employee Specialists. Staff have received training, and continue to be trained on a regular basis, in the principles and process of rehabilitation and recovery, Evidence-Based and Evidence-Promising Practices, Person-Centered Planning, Consumer-Centered Family Consultation, Smoking Cessation, Individual Placement and Support for employment services, and Focus on Integrated Treatment for Co-Occurring Disorders. In addition, staff have been trained on PROS specific regulations, components and services, principles of recovery, and documentation requirements. Individual and group supervision is provided at each site for additional supervision and training. The leadership team attends a learning collaborative with other PROS programs throughout the Hudson River Region on a regular basis.

Statistics for the period of 4/2 - 12/31:

<b>Program</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Millbrook Center PROS	109	25161
Poughkeepsie Center PROS	325	41592
Rhinebeck Center PROS	167	29959
<i>TOTAL</i>	<i>601</i>	<i>96712</i>

**Mental Health America of Dutchess County, Inc.**

Mental Health America of Dutchess County, Inc. (MHA) is a voluntary not-for-profit organization dedicated to the promotion of mental health, the prevention of mental illness, and improved services for persons with mental illness. The agency was formed in 1954 by a group of local citizens to ensure that mental health services were accessible to all citizens in Dutchess County.

MHA provides family support and advocacy programs, respite programs, recovery services, case management, community education, and services to the homeless.

*Case Management Program*

The Case Management (CM) Program serves people over the age of 18 who have a mental illness. There are over 65 staff who are dedicated to serving people with severe and persistent mental illness (SPMI), who are out in the field each and every day assisting their clients to maintain their housing, find satisfying employment, increase social and recreational aspirations, as well as a variety of other goals. MHA believes that assisting in these areas will enhance the mental wellness of its consumers and meet MHA's requirements to assist with medical necessity.

Staff coordinate with virtually every person in their client's lives including, but not limited to, their families, psychiatrists, therapists/advocates, primary medical doctors, landlords, parole/probation officers, etc., as well as assists them in accomplishing the goals they set for themselves, helping them as they progress in their recovery.

Within the CM Department, there are a variety of programs including Adult Home CM, Supported Housing, Adult CM and Health Home Care Management.

2013 was an exciting year for CM. The Adult Home Program worked jointly with MHA's new PROS Clinic to bring wellness to many people in the southern part of Dutchess County. Its Housing Program was able to make a huge difference in the lives of the 16 individuals who resided in homes provided.

Individuals Served	2326
Number of Visits (Face-to-Face Only)	26900
Total Services *	35967

\*Includes all service contact types

*Community Education Program*

The goal of Community Education is to provide a variety of opportunities for all age groups to receive mental health information.

*Kids on the Block*

This volunteer puppet troupe delivers performances, which include scripts on such topics as school safety, bullying, and conflict resolution. In, 2013,

- Performances were presented to 249 young children.

*Information & Referral*

Through telephone calls, visiting in person, or through MHA's website, the agency helps connect persons to vital mental health resources/information available in the community.

A private referral list includes psychiatrists, psychologists and social workers in Dutchess County. In 2013,

- MHA responded to 931 information/referral calls.

**MHA Library**

Serving the community since 1969, MHA’s Library is located at 253 Mansion Street, Poughkeepsie. Visitors can borrow books, browse journals/reference collections and use the computers. The Library also has over 250 videos/DVD’s. In 2013,

- The Library had a total circulation of 214 and had 322 visitors.

**Trainings/Workshops/Conferences**

MHA offered several parenting classes in 2013---P.E.A.C.E.; How to Talk So Kids will Listen; Parenting Challenging Teens; Managing Defiant Behavior; and Parenting the Explosive Child. In addition, workshops presented for the community included---Healthy Choices; Question, Persuade, Refer; SafeTalk; Applied Suicide Intervention Skills Training (ASIST); and Men Get Depression.

*Family Support & Advocacy*

These varied programs address the needs of families where one or more family members may have a mental illness. Working from a consistently strength-based and family-friendly perspective, multiple programming offers life skills, evidence-based recovery and wellness programs, peer support, education, empowerment, and advocacy. Programs also provide opportunities for social interaction and community service. Staff has been involved in numerous community, regional, and state collaboratives, including working on credentialing for Family Support.

<b>Service</b>	<b>Persons Served</b>
Emerge: Parents with Psychiatric Disabilities	111
Family Support Programs	251
Respite Programs	185
Adult Advocacy Program	831
Youth Intervention Program	67
Court Appointed Special Advocates	34
<b>TOTAL</b>	<b>1479</b>

*Homeless & MICA Services*

The Living Room provides a safe haven and supportive services to individuals and families who are homeless or at-risk of becoming homeless and have mental health and/or substance abuse related needs. Staff offers support and referrals to community services for housing, employment, addiction, and health benefits. On a weekly basis, a representative from the Veteran's Administration (VA) comes to assist veterans in obtaining services through the VA. The Living Room provides day and weekend services. This program is constantly improving services by helping these consumers

access and receive support, referral, and advocacy. By providing stability and resources, people using the Living Room Program are able to move to mental wellness and self-sufficiency. In 2013,

- An additional staff member from MHA’s CM Department was based at the Living Room to meet the case management needs of the clientele. This gave the current staff the ability to provide off-site case management, as well as transportation.

Persons Served	651
Number of Visits	29153

*Beacon Wellness PROS Program*

2012 was MHA’s first year as a PROS provider. The agency was awarded a clinic license as part of its PROS Program and this became effective January 1, 2013. This is the first clinic MHA has had since the 1970s, and it is a great testament to the hard work and dedication of the staff at the program. The Beacon Wellness PROS Program is located in the heart of the City of Beacon.

The staff works hard each day to assure that clients are included in the day-to-day development of curriculum that meets their needs. PROS is a comprehensive recovery oriented program for individuals with SPMI. The goal of the program is to integrate support and rehabilitation in a manner that facilitates the individual's recovery. Goals are to improve functioning, reduce inpatient utilization, emergency services and contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing.

There are four components to the MHA PROS Program---Community Rehabilitation and Support; Clinic Services; Intensive Rehabilitation; and Ongoing Rehabilitation and Support.

**Community Rehabilitation and Support**

Includes services designed to engage and assist individuals in managing their illness and restoring those skills and supports necessary for living successfully in the community.

**Clinic Services**

Provides medication management and outpatient mental health treatment services.

**Intensive Rehabilitation**

Is designed to assist individuals to attain a specific goal within a certain area such as education, housing, or employment. IR may also be used as Intensive Relapse Prevention to provide targeted interventions to reduce the risk of hospitalization or involvement in the criminal justice system.

**Ongoing Rehabilitation and Support**

Provides supports to assist individuals in managing their symptoms in the competitive workplace.

Program	Persons Served (Episodes)	Volume of Service
PROS Beacon	132	26340

*Compeer Program*

The Compeer Program is a person-to-person service pairing a person with mental illness with a trained and caring community member. The Compeer volunteer provides a vital link to the community.

Program	Persons Served (Episodes)	Volume of Service
Compeer Program	45	1169

**Gateway Community Industries, Inc.**

Gateway Community Industries, Inc. (GCI) is a community-based, not-for-profit organization that has been providing vocational, residential, and mental health treatment services in the Mid-Hudson Valley region for 57 years. GCI’s consumer population includes individuals with psychiatric, cognitive, and physical disabilities; individuals with histories of alcohol and substance abuse; individuals transitioning from public assistance to employment; students transitioning from school to work; and individuals who are homeless.

In Dutchess County, GCI provides an array of vocational services designed to assist individuals in choosing, obtaining, and maintaining employment. Services include vocational counseling, internships, job development/placement, and job retention services. Residentially, GCI operates a 12-bed community residence in Beacon and maintains supported beds in scattered locations, inclusive of beds for mentally ill-chemically addicted individuals and homeless veterans.

**PEOPLE, Inc.**

PEOPLE, Inc. (Projects to Empower and Organize the Psychiatrically Labeled), established in 1990, is a peer-operated, not-for-profit organization that advocates for and provides services to people living with mental health diagnoses. Employing staff with lived experiences similar to the individuals that we serve, and using both evidence-based practices and practice-based evidence, PEOPLE, Inc. provides Dutchess County’s communities with a diverse range of activities from operating peer support groups, helping coordinate community-based services for individuals in need, and working as an integrated part of our traditional health care system. Through its technical consulting services, oriented around the Affordable Care Act (ACA) health care and Medicaid redesign, PEOPLE, Inc. is serving public and not-for-profit providers across the United States and Europe. PEOPLE, Inc.’s mission is *to instill a sense of hope, empowerment, and self-determination in people with mental health diagnoses that fosters recovery and a transition to mental wellness.* Its vision is *to be a global leader in mental wellness.*

### *Dutchess Peer Advocacy*

The Dutchess Peer Advocacy program is currently run in two locations---PEOPLE, Inc.'s Engagement Center, a drop-in center located on the ground floor of PEOPLE, Inc.'s headquarters, located at 126 Innis Avenue, Poughkeepsie, and the New York State Office of Mental Health's (OMH) Wellness Center located at 26 Oakley Street in the City of Poughkeepsie. The Engagement Center is where Peer Advocates and Recovery Specialists facilitate support groups and conduct activities designed to get people working together as a community to achieve wellness and recovery.

### *Dutchess Reach One Recovery Center*

Using a wellness/recovery service delivery model as its central approach, Reach One employs peers as Recovery Specialists who work with individuals to "teach by example" that recovery is indeed possible. Recovery Specialists mentor individuals on a path towards self-reliance that is driven by their own preferences in terms of life choices and priority settings. Recovery Specialists offer more in-depth engagement with individuals than traditional peer advocacy.

Through companionship, coaching, and role modeling, Recovery Specialists encourage consumers to connect with support systems and to take risks to challenge their fears by experimenting with new behaviors aligned with healthy outcomes. This engagement may start with visiting local mental health service providers on a regular basis, but eventually expands beyond this stage, whereby Recovery Center participants begin building social capital, enjoying recreational activities, and entering the job market (at multiple entry points) with the ultimate goal of full community integration.

Recovery Specialists also engage consumers "where they are," as opposed to having consumers seek them out in offices or other formal venues. The overarching concept of the Recovery Center initiative is that the Recovery Specialists view individuals served as people, not as patients, thereby relating to their issues and concerns in a personal yet professional manner.

### *Dutchess Supported Housing & Dutchess Psychiatric Center Long Stay (Special Use Bed)*

Both the Dutchess Supported Housing program and the Dutchess Psychiatric Center Long Stay (Special Use Bed) are part of OMH's Supported Housing programs, which are designed to ensure that individuals living with mental health diagnoses are able to exercise their rights to choose where they are going to live, taking into consideration their functional skills, the range of affordable housing options available in the area, and the type and extent of services and resources that they require to maintain their residences.

PEOPLE, Inc. also operates a Dutchess HUD program, providing housing services through the U.S. Department of Housing and Urban Development (HUD). This program was the first in Dutchess County to follow a "Housing First" model, an evidence-based practice that looks at housing as a tool, rather than a reward, for

recovery. It is an approach to ending homelessness that centers on providing permanent housing first and then providing services, as needed and requested.

#### *Employment & Benefits Counseling*

PEOPLE, Inc. houses an Employment & Benefits Advocate at its main site in Poughkeepsie. This staff member is charged with providing vocational rehabilitation, training, job referrals, and other employment support services free of charge, while also ensuring that individuals can stay in control of their benefits choices. Individuals in search of increased independence and self-determination can come to PEOPLE, Inc. to receive answers to their questions about benefits and employment, to access information and resources, and to receive expert advice on work incentives, including the Ticket to Work program.

#### *Imagine Dutchess*

Imagine Dutchess is an asset-based community development project committed to transforming the current health care delivery model in Dutchess County. On October 1, 2012, 35 people gathered for a day of Appreciative Inquiry to explore possibilities for redesigning the existing system. On November 30, 82 people gathered to continue the conversation. Imagine Dutchess conversations focused on:

- Discovering and deploying existing strengths within the current system(s)
- Providing forums to create new partnerships and stimulate innovative thinking about effective outcome-driven collaborations
- Developing seamless accountability with actionable expectations for whole health, wellness and recovery, and continuity of services
- Creating integrative, collaborative alliances resulting in multiple points of access for services regardless of severity of symptoms
- Developing a strategic plan for coordinating education, community outreach, and integrated services
- Creating a community that is well-run, efficient, and healthy, where people enjoy living

#### **Hudson River Housing**

Hudson River Housing, Inc. (HRH) is a private, non-profit organization dedicated to building strong, sustainable communities by developing and preserving quality affordable housing and helping families and individuals obtain and maintain housing through education, advocacy, and support services.

Established in 1982 to address the emerging issue of homelessness in Dutchess County, HRH now provides a full continuum of emergency, transitional, and supportive permanent housing programs targeted toward homeless individuals and families, as well as those with special needs. Case management services and other support services are integrated into each of HRH's programs to assist participants in increasing their level of self-sufficiency and influence over their lives.

HRH's supported permanent housing units are targeted to homeless adults with severe and persistent mental illness and/or chronic chemical dependency and adults with psychiatric disorders who are exiting long-term residential care. Fifteen units of transitional housing are set aside for adults with chronic mental illness at HRH's Hillcrest House. HRH provides respite care for youth at its River Haven shelter, as well as other young adult programs focused on developing life skills for young adults.

Beyond its housing and services targeted toward homeless and special needs populations, HRH provides an array of affordable, rental housing units for low and moderate income households, first-time homebuyer counseling/education as well as foreclosure prevention and mitigation services. HRH revitalizes and strengthens communities through its community building, neighborhood stabilization and housing development efforts.

### **Rehabilitation Support Services, Inc.**

Rehabilitation Support Services, Inc. (RSS) is one of the largest not-for-profit agencies in New York State that provides a wide array of rehabilitative services for consumers with mental health, substance abuse and developmental disabilities throughout a twelve county area that includes the Hudson Valley and the Capitol District. In Dutchess County, they offer an extensive continuum of housing opportunities, which includes community residence programs in Rhinebeck, Poughkeepsie and Fishkill and supervised and supported apartment programs scattered throughout Dutchess County. RSS is developing a 50 bed CR-SRO in Dutchess County for individuals with mental health issues.

RSS is also a large provider of treatment, case management and vocational services. In Dutchess County this includes operating the Dutch Treat Café affirmative business located at the Dutchess County Community Mental Health Center in Poughkeepsie as well as providing intensive and long-term vocational services sponsored by the New York State Office of Mental Health and New York State Acces-VR.

### **Taconic Resources for Independence**

Taconic Resources for Independence (TRI) is a center for independent living providing information, referral and advocacy services for people with disabilities, their families, their friends and their communities. TRI offers services and programs that assist people with disabilities to be as active and independent as they desire. The agency educates and involves the community in disability issues, to ensure full participation and access for all. TRI encourages people with disabilities to make their own choices, while providing support as they reach their goals.

DMH contracts with TRI to provide interpreter services for deaf and hearing impaired persons.

In addition, TRI provides the services of a benefit counselor to assist patients in obtaining employment. TRI has a long history of providing benefit counseling throughout Dutchess County and has incorporated benefit counseling into their peer advocacy services. The world of benefits is a complex system and it is important to have a specialist to understand the complex and changing regulations and someone who can offer peer support to individuals involved with the benefit system. TRI has one individual dedicated to benefit counseling that is mobile and can reach out to individuals throughout the county.

### **Mental Health Services Subcommittee**

The Division Chief for Clinical Services serves as staff liaison to the Mental Hygiene Board's Mental Health Services Subcommittee. The subcommittee works with the Department's contract agencies to monitor the performance indicators for each program.

#### Members of the Mental Health Services Subcommittee

*E. Mark Stern, Ed.D., ABPP*  
*Chair*

John Asuncion  
Meg Boyce  
FaLisia Cotten, LCSW  
Gary Edelstein, LCSW

Michael Kelsey  
Virginia Ruggiero  
Julie Renda  
Isaac Rubin, Ph.D.

The Public Forum on Service Needs for Adults with Mental Illness was held on May 7. There were more than 50 persons in attendance. The main needs/topics discussed pertained to the reduction in service as a result of the closing of Hudson River Psychiatric Center and the need for expanded outpatient services;; the concern that young people (ages 18-25 years old) who suffer from mental illness do not recognize the problem and, therefore, do not seek assistance; and, transportation continues to be an issue for many individuals, as well as a continued concern with Saint Francis Hospital and long emergency department wait time.

### **Mental Health Providers Committee**

The Division Chief for Clinical Services serves as Chairperson of the Mental Health Services Providers Committee, which serves as a vehicle for shared consideration of other issues related to the delivery of mental health services in Dutchess County. Members include staff of State, County and local agencies, as well as private agencies serving seriously mentally ill people.

# Chemical Dependency Services

## Intensive Treatment Alternatives Program

The Intensive Treatment Alternatives Program (ITAP) is a NYS Office of Alcoholism & Substance Abuse Services (OASAS) licensed outpatient day rehabilitation program which provides alcohol and substance abuse services to those requiring a highly structured, supportive and long-term treatment experience. ITAP specializes in the treatment of the Alternative-to-Incarceration (ATI) criminal justice patient and also serves as an alternative to inpatient rehabilitation. The program is unique in that a Probation Officer is integrated into the program as part of the treatment team and works on-site at the treatment program.

The criminal justice, or ATI, patient is referred for an assessment by the Dutchess County Office of Probation & Community Corrections, the Public Defender's Office, the District Attorney's Office, the courts or by private attorneys. Patients accepted into ITAP are also supervised by the ITAP Probation Officer. Most ATI patients initially attend the program while concurrently residing at a Probation-supervised community residence. These two programs work closely together in coordinating the treatment planning process.

ITAP has developed a comprehensive working relationship with the Bolger Halfway House, Joseph's Supportive Living, St. Joseph's Guest House, Dowling Halfway House, Florence Manor Halfway House, New Hope Manor Halfway House and Hillcrest House. There is daily contact between ITAP and the residences to communicate concerns and problems that have occurred during the day, evening and weekends. Probation staff attends weekly rounds with ITAP staff to help coordinate decision-making in regard to furloughs, planning and general patient status. In 2013,

- 71% of ITAP participants successfully completed the Day Rehabilitation Program or were referred to another treatment program.
- 56% maintained or improved employment upon completion of the Aftercare Program.
- 71% discontinued use of primary substance at discharge.

In 2013, the number of women admitted to ITAP dramatically increased overall compared to past years and there was 53% increase over the eleven year average. As a result, a second small group for women only was added to the program, and women now make up 40% of the program participants. This change is reflective of the increase in use of opiates and heroin by young women and their subsequent incarceration for drug related crimes.

### Vocational Services

DMH continues to offer work readiness training, which provides linkages to job placement for individuals. Mid-Hudson Addiction Recovery Centers, Inc. (MARC) provides job development and vocational case management follow-along services for individuals in Dutchess County. The intent is to assist the patient, once employed, to remain on the job.

### *Welfare-to-Work*

DMH works closely with the Department of Community and Family Services (DCFS), formerly known as the Department of Social Services, to meet the goals of the Welfare-to-Work program in New York State. DMH provides an assessment of individuals applying for Public Assistance who have a history of chemical dependency. Through this assessment, persons are evaluated for their ability to work and/or their need for treatment. This allows DCFS and DMH to track progress in treatment and movement toward work and job retention. In 2013,

- 1,180 assessments were completed; of those, 418 (35%) were determined unable to work and chemical dependency treatment was mandated.

### *Managed Addiction Treatment Services*

The Managed Addiction Treatment Services Case Management Program assists individuals, who have high Medicaid costs, to engage in chemical dependency treatment and move forward toward economic independence. In 2013,

- Case management services were provided to 87 individuals. Of those, 43% obtained work, improved housing or no longer needed temporary assistance.

## **Contracted Services**

### **Lexington Center for Recovery, Inc.**

Under contract with Dutchess County, Lexington Center for Recovery, Inc. (LCR), a Westchester County based agency, operates outpatient chemical dependency clinics and a Methadone Treatment & Rehabilitation Program.

### *Outpatient Chemical Dependency*

LCR operates six chemical dependency outpatient clinics in Dutchess County that serve adults, adolescents and families, as well as treating clients with co-occurring disorders in the following locations---Beacon; Eastern Dutchess; Millbrook; Page Park and Main Street in Poughkeepsie (in April 2013, the Manchester Road Clinic relocated to 41 Page Park) and Rhinebeck. Services include individual, group and family therapy. In addition, LCR provided individual and group therapy to adolescents in Red Hook in a secure Department of Children, Youth & Families (DCYF) residential facility during 2013. In 2014, LCR will no longer provide services at this facility. DCYF has hired its own staff to provide substance abuse services onsite. Main Street continues to provide

services for the dually-diagnosed population, Halfway House residents and gender specific treatment five days a week for women and men.

#### *Adolescent Population*

During 2013, LCR continued to participate in an Adolescent Grant funded by the New York State Office of Alcoholism & Substance Abuse Services (OASAS). This initiative afforded LCR the ability to provide enhanced mentoring services as well as applying evidence-based treatment for our youth. In July 2013, OASAS approached the agency requesting that it begin utilizing a new evidenced-based adolescent treatment called “The Seven Challenges” program. As a result, the adolescent pilot has changed significantly over the life of the grant in several ways. LCR no longer utilizes the Adolescent Community Reinforcement Approach Model nor is it utilizing Moral Reconation Therapy evidenced-based practices. The agency continues to implement the Seven Challenges, which involves the adolescents in pro-social activities in the community. This program uses a client-centered approach designed to engage adolescents who are often resistant. This approach takes into consideration adolescent development and offers a supportive approach which is non-confrontational. The staff have received training on the method which is designed to assist youth in identifying the pros and cons of substance abuse while encouraging them to identify how continued substance abuse interferes in attaining personal goals.

This adolescent program promotes family involvement and family sessions are performed regularly as part of the adolescent services. Parents and other significant family members and/or significant others are strongly encouraged to participate in well-established weekly evening NARANON groups that meet on site at Page Park. Another NARANON group in the community was added to accommodate the needs of family members. LCR continues to offer a weekly ALANON meeting for family members and significant others onsite, as well as two Alcoholics Anonymous (AA) meetings per week onsite, one co-ed and one for women.

#### *Adult Population*

Several specialized programs for both men and women provide treatment which focuses on issues of early recovery, relapse prevention, coping skills, compliance, establishing healthy relationships and sober social supports, parenting and vocational planning continue at all of LCR’s sites.

As many of the clients have criminal justice involvement, the staff Liaison to Mandated Client Services collaborates with Probation and Parole to assure effective communication and treatment planning. The Intensive Programs utilize evidenced-based curricula which include a combination of program literature from Hazelden & Covington, as well as Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy and Motivational Interviewing.

In 2013, LCR continued to offer three evening clinic groups to accommodate the employed clients needing more frequent services. Clients who complete an evening program are then referred to other clinic groups which meet less frequently and focus on further development of positive coping skills and relapse prevention. In addition, LCR continued evening clinic services by offering treatment four evenings a week at the Page Park facility.

Throughout 2013, the Main Street Clinic continued to serve clients with co-occurring disorders (i.e., dually-diagnosed with substance abuse and mental illness) with specialized services. These services include two three-day-per-week dual focus tracks specifically focused on coping with co-occurring disorders and avoiding relapse by accepting and treating both mental illness and chemical dependency simultaneously. DBT, as well as Eli Lilly's Wellness Curriculum, is incorporated in the Dual Focus Programs. LCR continued to offer its dual focus services five days a week to meet the increased need for more frequent services for this population. During 2013, the Beacon Clinic continued to conduct intakes using an "Open Access Model". The goal of Open Access is to assist clients in obtaining access to treatment more quickly.

The Dual Focus track continued to be offered at our Beacon Clinic to meet the growing needs of the dually-diagnosed population. In response to an increase in clients diagnosed with Post Traumatic Stress Disorder, LCR provided evidenced-based treatment for clients with a history of trauma. In 2013, the model the agency began using was "Cognitive Processing Therapy" (CPT). LCR continues to utilize CPT at its Beacon Clinic and, in 2014, hopes to provide more evidenced-based curriculums throughout its Dutchess County programs.

#### *Methadone Maintenance & Rehabilitation Program*

For those who are addicted to opiates, LCR operates a Methadone Maintenance and Rehabilitation Program which offers a comprehensive treatment and counseling service, including vocational and educational programs and referral services. Adjunct services such as couples, marital and family counseling, as well as referral to community support groups, are also a part of the program. If indicated, clients in the Methadone Program also attend chemical dependency treatment at LCR's Page Park or Main Street Clinic to assist in maintaining abstinence from other drugs while receiving methadone. Discussion continues regarding plans to expand methadone services to the Beacon area.

<b>Program</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Beacon Clinic	358	10223
Eastern Dutchess Clinic	113	2394
Main Street Annex	252	11633
Page Park Clinic	508	16134
Methadone Maintenance & Rehabilitation Program	298	43396
Millbrook Clinic	8	109
Red Hook Clinic	13	225
Rhinebeck Clinic	58	1402
<b>TOTAL</b>	<b>1608</b>	<b>85516</b>

**Council on Addiction Prevention & Education, Inc.**

The Council on Addiction Prevention & Education, Inc. (CAPE) is licensed by the NYS Office on Alcoholism & Substance Abuse Services (OASAS) to provide evidence-based prevention education and counseling programs and practices to aid the reduction of substance abuse among youth in Dutchess County. CAPE has been providing these services to county residents since 1987.

*Student Assistance Program (Project Success)*

The Student Assistance Program follows an evidence-based model known as Project Success. This program is delivered to contract schools in four districts and nine schools throughout the county. Masters level, addictions trained prevention counselors/educators provide prevention education and counseling to students, families, faculty and the community. The delivery of these services follows the NYS OASAS Strategic Prevention Framework.

Services provided during the 2012/2013 school calendar year are as follows:

Individuals attending Educational Presentations	10359
Individual Counseling Sessions	3270
Group Counseling Sessions	225
Family Counseling Sessions	402
<b>TOTAL</b>	<b>14256</b>

*Community Prevention Education Program*

(Alcohol, Tobacco and Other Drug (ATOD) Education)

This program provides evidence-based curriculum and training to schools, colleges and community-based organizations throughout the county related to youth risk behaviors associated with underage drinking and substance abuse. This program also works with the Dutchess County Students Against Drunk Driving (SADD) chapters in the schools. In 2013,

- 7,568 individuals attended educational presentations offered through community education. CAPE is an OASAS Education and Training Provider.

- 176 Dutchess County youth and SADD advisors attended the Fall SADD Conference.
- The Community Education Department participated in 17 Health Fairs, reaching 4,768 participants.

#### *Information & Referral Services*

CAPE maintains a current and comprehensive list of local human services resources available in the Mid-Hudson region. In 2013,

- The Council Information and Referral Services provided substance abuse information and referral services to 769 individuals including youth, families, young adults, businesses, coalition members, law enforcement, judges, lawyers and educators.

#### *Eastern Dutchess Community Coalition*

The Eastern Dutchess Community Coalition (EDCC), facilitated by CAPE and funded through the Foundation for Community Health and OASAS, serves the Eastern sector of Dutchess County covering the towns of Amenia, Dover Plains, Millbrook, Millerton, Pawling and Pine Plains. This initiative began in 2008 to address prevention needs in this section of the county particularly substance abuse issues among youth. This coalition is responsible for the administration of a youth risk and protective survey, key informant interviews, strategic prevention training and community forums, all in the interest of prevention education and awareness aimed at reducing substance use, misuse and abuse. EDCC consists of community volunteers representing 12 sectors from the community---youth, parents, businesses, media, school, youth-serving organizations, law enforcement, religious/fraternal organizations, civic/volunteer groups, healthcare and state/local governmental agency with expertise in the field of substance abuse. The EDCC is planning its first Annual Community Forum in Eastern Dutchess in Partnership with the Dover School District. CAPE has developed a K-12 comprehensive prevention plan at Dover's request. This model will be piloted in 2014.

#### *Southern Dutchess Community Coalition*

The Southern Dutchess Community Coalition (SDCC), also facilitated by CAPE, is an initiative that emerged in October 2011. The goal of the SDCC parallels the EDCC, with a similar focus on youth substance issues in the southern part of the county with an emphasis on parenting education and support. The SDCC initiated a parent support group for the families of young people challenged by addiction, which coordinated and facilitated the 1<sup>st</sup> Annual Community Forum on Opiates. Featured panelists were Senator Terry Gipson; Assemblyman Kieran Lalor; parents of young people lost to overdose; those in recovery; young adults in recovery from prescription drug and heroin abuse; an addictions doctor, pharmacist, treatment provider and a law enforcement officer.

CAPE, on behalf of the SDCC, sponsored a comprehensive prevention media campaign in partnership with PAMAL Broadcasting: Substance Abuse Affects Everyone in the Family and It Doesn't Have to be That Way.

CAPE connected Senator Gipson's Office with the NYS Association of Substance Abuse Providers in an effort to assist with the development of legislation to address the barriers that individuals with substance abuse and addiction issues face with insurance providers. The SDCC, with the assistance of CAPE, developed a partnership with the Wappingers Central School District (WCSD), East Fishkill Town Court and East Fishkill Town Police to provide Teen Intervene to WCSD students who are arrested for illegal/illicit substance use and referred by the court. This program is in its second year.

#### *Victim Impact Panel*

The Victim Impact Panel (VIP) was developed as a partnership between CAPE and the Dutchess County District Attorney's Office. It includes the participation of Dutchess County STOP DWI (Driving While Intoxicated) and law enforcement. The program serves the entire Dutchess County community by offering a monthly forum on the painful consequences of drunk/drugged driving from people whose lives have been forever changed by an individual driving under the influence. People convicted of DWI and Driving While Ability Impaired (DWAI) are mandated by the court to attend VIP with the aim of reducing recidivism. The program is available in English and Spanish and to youth under the age of 21. VIP is a fee-for-service program. In 2013,

- There were 1,597 individuals served.

#### *Tobacco Cessation (Recovery)*

Tobacco Cessation provides an evidence-based model to individuals who have decided to quit smoking. The program consists of seven sessions over a six week time period. Tobacco Cessation is a fee-for-service program.

#### *Training for Intervention ProcedureS*

Training for Intervention ProcedureS (TIPS), for universities and restaurant/alcohol beverage serving establishments, is an evidenced-based fee-for-service training offered to assist students in making sound choices when faced with difficult decisions regarding alcohol use and to train restaurant employees in identifying and delivering best practices aimed at reducing alcohol abuse in these settings. In 2013,

- CAPE delivered this training to two beverage serving establishments; there were a total of 51 participants served.

#### *Teen Driving: A Family Affair*

The Teen Driving: A Family Affair program brings the VIP model into the school setting as part of the student's application for a driving permit to allow students to

drive to school. The program mandates that both student and parent attend. The program delivers four perspectives on the seriousness of teen driving from a legal, medical, insurance and victims of alcohol/drug related crashes. Families are encouraged to create a contract that will allow parents to open up a conversation surrounding this issue. In 2013,

- 4,053 youth and parents, representing 13 public school districts in Dutchess County, attended these panel presentations.

*The Marathon Project*

The Marathon Project is an innovative after-school program that pairs adult mentors with at-risk youth in areas of Dutchess County (i.e. Dover, Hyde Park, Poughkeepsie and Webutuck). The major funding for the program is provided by the Dyson Foundation, with additional funding provided by the Dutchess County Division of Youth Services. The aim of this program is to reduce risk factors such as obesity, school dropout rates, substance abuse and to build prosocial skills that diminish risk factors and increase protective factors. The Marathon Project provides opportunities for students to set and achieve goals, explore avenues for character development, improve health and build positive student/adult relationships through mentoring. The Marathon Project was one of twenty seven programs selected nationally by the Substance Abuse and Mental Health Services Administration (SAMSHA) as a participant in the Service to Science Initiative. This initiative assists locally developed programming to achieve evidence-based status. In 2013,

- 48 students were served and there were 11 adult volunteer:

School District	# of Students Served	# of Mentors (Volunteers)
Dover	14	3
Hyde Park	16	4
Poughkeepsie	10	2
Webutuck	8	2
<b>TOTAL</b>	<b>48</b>	<b>11</b>

*Professional Education & Training*

CAPE staff are trained in the following programs approved by the SAMSHA’s National Registry of Evidence-Based Programs and Practices: All Stars; Class Action; Dialectical Behavioral Therapy; Guiding Good Choices; Lifeskills; Moral Reconation Therapy; Positive Action; Project Northland; Project SUCCESS; Promoting Alternative Thinking Strategies (PATHS); Recovery Coaching, Screening Brief Intervention and Referral to Treatment, Seton Health: The Butt Stops Here; Strengthening Families; Teen Intervene; TIPS; Alive @ 25; Substance Abuse Prevention Training of Trainers and Community Antidrug Coalition of America. This is a fee-for-service program.

Youth Risk and Protective Surveys were funded and administered by CAPE in 2013. This initiative was completed in partnership with SUNY New Paltz and OASAS. Arlington, Beacon, Dover, Hyde Park, Pine Plains, Red Hook, Rhinebeck and Wappingers Public School Districts participated in the survey. 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students were surveyed. Results will be available the 1<sup>st</sup> quarter of 2014.

CAPE was one of two prevention providers selected by NYS OASAS in 2012 to pilot a Positive Action Feasibility Study. The purpose of the study is to gather the research to develop an evidence-based intervention specific to special needs populations of students. Currently, there are no evidence-based programs serving this population. Dutchess County BOCES and the Wappingers Central School District are participating in this project.

Two of CAPE's Prevention Educators have been trained in Alive @ 25 a program specifically designed by the National Highway Traffic Safety Institute for the 16-25 year old population. Funded by a State Farm Grant secured by CAPE, this program addresses safety and decision making. This program will begin in 2014 and serve court mandated as well as self-referred clients. This is a fee for service program.

For information on how to bring any of these services to your organization, visit us at [www.capedc.org](http://www.capedc.org) for contact info or call 845-765-8301.

### **Mid-Hudson Addiction Recovery Centers**

Mid-Hudson Addiction Recovery Centers (MARC) operates an OASAS-licensed Chemical Dependency Crisis Center in the City of Poughkeepsie and three OASAS-licensed community residences. The Crisis Center offers short-term housing, counseling and support services for individuals under the influence of alcohol and/or other drugs who do not need hospitalization. MARC's Crisis Center serves non-intoxicated persons at high risk of relapse as they prepare for placement in chemical dependency treatment facilities.

MARC's community residences include Florence Manor, a 24-bed halfway house for women in the Town of Poughkeepsie; Bolger House, a 24-bed halfway house for men in the City of Poughkeepsie; and Dowling House, a 12-bed three-quarterway house for women and men in the Town of Poughkeepsie. In addition, MARC operates a network of rent-subsidized, sober, supported apartments for individuals and families in recovery.

MARC is firmly integrated in the local sober support network and extremely active in community affairs directly and indirectly related to chemical dependency services.

# of Persons Served	601
Volume of Service (Resident Days)	26202

## **Chemical Dependency Services Subcommittee**

The Division Chief for Clinical Services serves as staff liaison to the Mental Hygiene Board's (MHB) Chemical Dependency Services Subcommittee. The subcommittee works with the Department's contract agencies to monitor the performance indicators for each program.

### Members of the Chemical Dependency Services Subcommittee

*Paula Sarvis*  
*Chair*

Shirley Adams  
Mary Kaye Dolan  
Donna Gorman, P.O.  
Marilyn Green, LCSW

John Steele  
Rosemary Thomas  
James Warner

The Public Forum on Service Needs for Chemically Dependent Persons was held on April 11. There were more than 70 persons in attendance. The main needs/topics discussed pertained to the need for a county-wide, comprehensive prevention strategy, the continued need for safe housing that supports recovery and the continued need for better transportation.

The Division Chief for Clinical Services serves as Chairperson of the Chemical Dependency Services Providers Committee, which also provides input for the County's Local Governmental Plan. This committee was organized to permit the providers of alcohol and substance abuse services to discuss items of common concern, including the referral and follow-up of shared patients, coordination of services, liaison with other community agencies and priorities for program expansion. Members include staff from the state facility serving Dutchess County, RC Ward Addiction Treatment Center, DMH and contract agencies.

## **Developmental Disabilities Services**

The Developmental Disabilities (DD) Services Coordinator is responsible for the coordination of services for individuals with intellectual and developmental disabilities (i.e. autism, intellectual/developmental delays, cerebral palsy or other neurological impairments occurring before the age of 22). In addition, the Coordinator serves as liaison to the NYS Office for People with Developmental Disabilities (OPWDD) Taconic Developmental Disabilities Regional Office (DDRO).

The Coordinator provides liaison for the Department with its contract agencies and other service providers in Dutchess County. The Coordinator also works closely with

the DMH DD contract agencies, Abilities First, Inc. and Dutchess ARC, and DMH provides regular clinical consultation by providing representatives to the Special Review Committees for both agencies.

Throughout 2013, DD providers had anticipated cuts in the budget. Some of these cuts are still pending, which include Rate Rationalization. Many DD providers anticipate a significant reduction in reimbursement fees. Rate Rationalization involves a formula to standardize the reimbursement for providers. In addition, DD providers are concerned about a new tool that is being developed to assess eligibility and determine the needed services for people with developmental and intellectual disabilities. Providers are concerned that it will not reflect the appropriate level of acuity for some of this population, as well as eligibility.

In 2013, Taconic DDRO had approximately 465 individuals apply for eligibility and 99 individuals were deemed eligible. The individuals that were not deemed eligible are pending or going through a second step in their assessment for eligibility.

### **Taconic DDRO**

Staff of OPWDD's Taconic DDRO has service responsibility for intellectually and developmentally disabled individuals from Dutchess County and surrounding areas. Staff work closely with DMH's DD Coordinator for the provision of community-based services. OPWDD continues a Transformation Agenda and it involves Individual Self Direction, Employment, Housing/Supports, Money Follows the Person and the Front Door Process. Many of these initiatives impact and transform the delivery of services to a Community Center System (CSS) model of care. CCS is helping to promote the Olmstead Decision and the deinstitutionalization of people with intellectual and developmental disabilities. In addition, this agenda will prepare for the implementation of Developmental Disability Individual Support and Care Coordination Organizations (DISCO), which is part of New York State Medicaid Redesign involving the managed care.

As previously noted, a new tool is being developed to assess eligibility and to determine the needed services for individuals with developmental and intellectual disabilities. The new assessment tool is called Coordinated Assessment System (CAS). It is built from the InterRAI Assessment Suite. It was announced that CAS will be available in approximately 17 to 21 months. The new managed care system involving DISCO will be operating under the existing needs assessment tool, which is the Developmental Disabilities Profile, (DDP-2). DISCO's anticipated start date is July 2014. Therefore, DISCO rates (managed care rates) will be impacted once CAS is implemented. Providers are concerned about rates being significantly reduced.

The Taconic DDRO closed Wassaic Developmental Center at the end of 2013. Presently there are six DD inpatient facilities remaining open in the state, however, the state plans to close four more facilities within the next three years. Currently, there are

approximately 500 individuals in facilities throughout the state; once these four facilities are closed, there will be 150 individuals in two facilities. Presently, New York State does not have a high level of residential care for individuals with developmental and intellectual disabilities under the age of 21. Any individual in need of a high level of residential care with an educational component must be placed out of state. These placements are costly and, at times, very difficult for families to manage the monitoring their child’s care and have visits with their children.

The continuation of the deinstitutionalization movement will influence the development of residential care for these individuals. Intermediate Care Facilities will no longer be developed, and Individual Residential Alternatives will be much smaller, with a maximum of four people living in one home. In the future, when appropriate, more individuals will be considered for a higher level of independence in the community with supported apartments and services provided to them in their homes. The movement is presenting challenges for the providers to manage cost and provide the needed daily supports and services to individuals that are living throughout the entire county.

Funding for Sheltered Workshops is being eliminated. A more integrated work setting is being promoted for individuals with DD. In July 2013, all admissions to shelter workshops ended. Providers are trying to develop new models of vocational training and employment for individuals with DD through community integration. Providers find this as a challenge due to the fiscal challenges throughout NYS and our country with our high unemployment rates. Volunteer services are being offered throughout the system, which can be taxing for the providers needing to have staff at many different sites throughout our county to provide training and supervision.

Program	Persons Served (Episodes)	Volume of Service
Taconic Day Treatment Program	111	18960

## **Contracted Services**

### **Abilities First, Inc.**

Abilities First, Inc. (AFI) is a locally based not-for-profit agency which offers services to individuals with intellectual and developmental disabilities of all ages through a wide variety of programs and locations throughout Dutchess County. These services include educational and day programs, vocational training and residential opportunities.

Additional services provided by AFI include residential services, day habilitation, social work and case management, as well as a preschool, school, and an early intervention program for children.

<b>Program</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Day Habilitation	351	51961
Waryas Recovery House	13	2566
Work Training	222	31793
<b>TOTAL</b>	<b>586</b>	<b>86320</b>

### **Dutchess ARC**

Dutchess ARC (Advocacy, Respect, Community), a chapter of NYS ARC, Inc., is one of approximately 50 across New York State. The agency offers a full array of services to Dutchess County residents with intellectual and developmental disabilities and their families. Services range from family resources and services coordination to recreational programs, from vocational and clinical services to residential opportunities.

In addition to the many services available, Dutchess ARC is experienced in providing consultation and service coordination to families who may need assistance navigating the DD system.

#### *Vocational Services*

Dutchess ARC's Career Options Department works to secure meaningful employment opportunities throughout the county based on the individual's preferences and capabilities. Supported employment provides individuals with supports needed to be successful in community-based employment. Consultation, vocational assessment, resume development, career counseling, placement, on-the-job training and follow-up services are also provided by the staff. Students transitioning from the educational model can find exploration and training experiences through transitional service options.

Vocational services provided by Dutchess ARC are partially funded through the auspices of DMH.

Other significant services provided include the following:

- Clinic Services
- Day Services
- Family Support and Educational Advocacy
- Guardianship Program
- Recreation and Youth Services
- Residential Options
- Service Coordination Department

<b>Program</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Amenia Satellite Workshop	27	2415
LaGrange Sheltered Workshop	140	19281
<b>TOTAL</b>	<b>167</b>	<b>21696</b>

## **Developmental Disabilities Services Subcommittee**

The DD Coordinator serves as the staff liaison to the Mental Hygiene Board's Developmental Disabilities Services Subcommittee. Members of this subcommittee are involved in planning for services and in monitoring the performance of the contract agencies serving this disability group. In this capacity, members participate in agency site visits to evaluate contract compliance and consult consumers, families and providers to better understand the range of needs and services.

Members of the  
Developmental Disabilities Services Subcommittee

*Joyce Carter-Krawczyk, LMSW*  
*Chair*

Joseph Ellman  
Susan Haight  
Jane Keller  
Ronald Lehrer

Carl Needy, M.D.  
Ronald Rosen, Ed.D.  
Margaret Slomin  
Sandra Swan

The Public Forum on Service Needs for Individuals with Developmental Disabilities was held on March 12. There were 52 persons in attendance. The main needs/topics discussed focused on the budget cuts anticipated for 2013 and how the cuts would impact services.

The IDD Coordinator serves as Chairperson of the Developmental Disabilities Planning Council (DDPC). The DDPC is composed of directors of agencies serving developmentally disabled persons and senior staff of the Taconic DDRO. The Council meets monthly and reviews and coordinates the services and direction of programs.

## **Coordinated Services**

### **Assisted Outpatient Treatment**

The Assisted Outpatient Treatment (AOT) Program has been in effect since August 1999, when NYS enacted legislation (Kendra's Law) to provide for certain mentally ill individuals who, in view of their treatment history and circumstances, are unlikely to survive safely in the community without supervision. This law establishes a procedure for obtaining court orders for these individuals to receive and accept outpatient treatment. Coordination of these services is the responsibility of DMH's AOT Coordinator.

The goals of AOT are to assist individuals to receive the treatment they need to remain stable in the community, to decrease the need for hospitalization by providing supports and supervision and to prevent incarcerations for these individuals.

<b>Statistics since the Inception of AOT Program (August 1999 - 2013)</b>		
	2013 Volume of Services	1999-2013
Completed AOT Orders	6	215
Enhanced Services Contracts	6	32
Extensions	12	108
Investigations	28	556

### **Children & Youth Coordination**

During this transition period, the administrative oversight for community-based services for children and youth moved from the Office of Diversion and Community Services to the direct supervision of Division Chief for Clinical Services.

Providing for the mental hygiene needs of children and youth requires the coordination of a variety of services and systems that touch the lives of children and families--- mental health, substance abuse, education, social services, juvenile justice and family support.

The Children’s Services Coordinator oversees the system of services for children and youth, monitors the contract agencies whose clinics and programs provide mental health services and works in conjunction with other community providers.

- Astor Services for Children & Families, Inc.
- Mental Health America of Dutchess County, Inc.
- Saint Francis Hospital
- Four Winds Hospital in Katonah
- Rockland Children’s Psychiatric Center

The Coordinator represents DMH on interagency committees to identify mental hygiene needs of children and families, target services, barriers and gaps, develops integrated program planning recommendations and serves on numerous other committees focused on the needs of youth in the criminal justice system and youth transitioning to the adult service system.

### **Inpatient Psychiatric Admission (Adolescents)**

SFH’s adolescent inpatient mental health unit was closed in April 2009. An Adolescent Intensive Outpatient Program is provided through SFH’s Mental Health Clinic.

SFH Emergency Department Disposition of Children/Youth			
Month	Evaluated and Discharged	Evaluated and Hospitalized	<i>Totals</i>
January	49	15	<b>64</b>
February	49	7	<b>56</b>
March	48	13	<b>61</b>
April	71	10	<b>81</b>
May	48	16	<b>64</b>
June	43	8	<b>51</b>
July	46	11	<b>57</b>
August	34	12	<b>46</b>
September	48	10	<b>58</b>
October	92	12	<b>104</b>
November	44	10	<b>54</b>
December	47	9	<b>56</b>
<b>TOTAL</b>	<b>619</b>	<b>133</b>	<b>752</b>

Four Winds Hospital in Katonah provides inpatient care for children and adolescents, ages 5 through 18. Rockland Children’s Psychiatric Center provides inpatient treatment for youth ages 12 through 17 who require a longer hospitalization.

Hospitalization of Children/Youth Direct Out-of-County Admissions	
Four Winds Hospital	170
Rockland Children’s Psychiatric Center	23
<b>TOTAL</b>	<b>193</b>

## **Contracted Services**

In addition to its directly-operated programs, the Department has contracts with Astor Services for Children & Families, Inc. and Mental Health America of Dutchess County, Inc. (MHA). Affiliates are Saint Francis Hospital (SFH), Four Winds Hospital, Putnam Hospital Center, Rockland Children’s Psychiatric Center and St. Vincent’s Hospital.

### **Astor Services for Children & Families, Inc.**

DMH contracts with Astor Services for Children & Families, Inc. to provide mental health treatment services for children, youth and families. Astor Counseling Centers are located in Beacon, Dover, Poughkeepsie and Red Hook serving ages 2 thru 21. A school-based clinic satellite program serves children and families in the Pine Plains School District.

School-Based Day Treatment Program services are provided through Astor’s Day Treatment (ADT) programs. The preschool day treatment program is located in Astor’s Early Childhood Center, on Delafield Street, Poughkeepsie. Children ages 5-12 attend the School-aged ADT program at Mt. Carmel Square, Poughkeepsie. Middle and high

school day treatment students are served in collaboration with Dutchess County BOCES at the BOCES/BETA and Salt Point sites.

Additional services offered by Astor include its clinic-based generic case management, a Single Point of Access (SPOA) to Home-Based Service Coordination, which includes the Home and Community-Based Services Waiver program, Intensive Case Management and Supportive Case Management.

The Enhanced Coordinated Children’s Services Initiative, staffed by an Astor Coordinator and Family Advocate, functions as a multi-agency collaboration with the goals of improving service coordination and reducing residential placements for children with emotional disabilities. Crisis services are provided by the Home-Based Crisis Intervention Program.

Sexually abused children are referred to Astor Counseling Centers for services provided by the Sexual Abuse Treatment Team. The Centers also serve patients and their families in a Pathways to Healthy Living Program for children who engage in sexualized behaviors. This service provides individual and family therapy and education and an educational/supportive group therapy for parents.

*Collaborative Solutions Team*

Astor continues to serve hard-to-engage youth by providing outreach, assessment and linkage services at the Dutchess County Office of Probation & Community Corrections through the services of an Astor clinician on the Collaborative Solutions Team.

The Collaborative Solutions Team, formerly known as PINS provides comprehensive assessments, support, and referral to services for youth and their families who are experiencing problems at home, school and/or in the community in an effort to maintain the youth in the community and avoid placement by the Family Court.

The Functional Family Therapy modality for youth and their families was introduced in 2011. This program has enhanced the Collaborative Solutions program and has helped youths to return to school and remain out of the criminal justice system.

Collaborative Solutions	
Assessments - Juvenile Drug Court	13
Assessments - Functional Family Therapy/Persons In Need (PINS)	17
Consultation & Follow-Up Services	565

## Family Court Evaluations

Astor Forensic Team Family Court Evaluations	
# of Evaluations	116
Units of Service	210

Astor has appointment-on-demand scheduling; anyone requesting an appointment is referred to the appropriate Astor clinic and can be seen between 9 a.m. and 2 p.m.

Program	Persons Served 18 and Under (Episodes)	Volume of Service
Adolescent Day Treatment	162	16210
Adolescent Partial Hospital (Serves up to age 21)	147	1686
Counseling Centers	2191	22777
School-Age Day Treatment	95	12563
Home-Based Crisis Intervention	119	1047
Intensive Case Management	63	1112
Supportive Case Management	49	338
<b>TOTAL</b>	<b>2826</b>	<b>55733</b>

### **Mental Health America of Dutchess County, Inc.**

DMH contracts with MHA, a community not-for-profit agency, to provide a range of support and advocacy services to families who have mental health needs. The respite programs offer a wide-ranging array of services for families with seriously emotionally disturbed children. Although technically respite services are for parents, the primary interaction occurs between trained respite workers and children through individual excursions to provide a break for the caregiver from the demand of parenting, as well as through group recreational activities.

### **Children & Youth Services Subcommittee**

The Children's Services Coordinator serves as staff liaison to the MHB's Children & Youth Services Subcommittee. Members of this subcommittee are involved in planning for services and in monitoring the performance of the contract agencies. In this capacity, members participate in agency site visits to evaluate contract compliance and to increase their understanding of the range of services.

Members of the  
Children & Youth Services Subcommittee  
*Suzanne Manning, LCSW*  
*Chair*

Terry Iorio  
Aviva Kafka  
Karen Lynch  
Angela Rogers

Lynn Rogers  
Annetta Scott, Ph.D.  
Lisa Serri, LCSW  
Karmen A. Smallwood

The Public Forum on Service Needs for Children & Youth with Emotional and/or Chemical Dependency was held on May 6. There were 35 persons in attendance. The main needs/topics discussed pertained to programming for transitional youth ages 18 – 25 and the need for additional educational advocates.

The Children's Services Coordinator serves as Chairperson of the Children's Providers Committee. This committee is composed of representatives of provider agencies, which meet five times a year. Its primary purpose is information sharing, but the committee also addresses current problems in service delivery, problems with linkages of service components, gaps in service and analysis of examples of current high risk groups with unmet needs. This information is channeled to the Children & Youth Services Subcommittee and other appropriate resources. Representation is sought from a broad range of service providers.

*Building Bridges Initiative* - The Building Bridges Initiative held its Fifth Annual Networking Forum on October 25, at Cornell Cooperative Extension - Dutchess County, Farm & Home Center in Millbrook. Over 120 participants represented schools and agencies throughout the County. Due to the success of this event, the program was extended from half a day to a full day with afternoon workshops on Students, Schools & Technology, School Phobia and Suicide Prevention.

## **Forensic Evaluations**

### *Assessment Services*

The DMH Forensic Assessment Services (FAS) program was designed to provide Dutchess County's local courts with an independent evaluation of individuals involved with the criminal justice system who may suffer from mental illness and/or chemical dependency. Research has shown that by treating the disease and assisting the individual to achieve recovery, the factors that put an individual at risk for criminal activity are reduced, thereby, increasing the likelihood that the individual can become a productive member of the community.

The forensic assessment is designed to provide a comprehensive chemical dependency/mental health/criminal justice assessment to determine if the individual is motivated to change and could benefit from treatment, as well as determine the level of care that best addresses the needs of that particular individual. Specific treatment recommendations are provided to the court and are used by the legal system to develop and implement treatment alternatives to incarceration. The assessment is completed by a face-to-face interview and a review of both treatment and legal records.

FAS receives referrals from judges, Probation, Defense Attorneys, District Attorney's Office, as well as Drug Court Coordinators from City of Beacon Drug Treatment Court and the Judicial Diversion Felony Drug. Assessments are primarily completed in the Dutchess County Jail, at the DMH office on 82 Washington Street, Poughkeepsie, and

the Transitional House. A few have also been completed at the Mid-Hudson Addiction Recovery Center (MARC), as well as SFH. In addition to providing forensic evaluations for the courts, staff members from FAS are also active team members of the specialty courts noted above, as well as the Family Court Intensive Review Board, which replaced the Family Drug Treatment Court. In 2013,

- Of the 615 referrals completed, 488 (79%) received a specific treatment recommendation which was forwarded to the court.
- The target was for 300 assessments with recommendations to be made. As noted above, the forensic unit exceeded the target by 188 (this is a 163% increase over the targeted number of recommendations).
- The Forensic Unit had 127 more referrals with one less staff than in the past.
- The number of referrals to ITAP increased from 85 in 2012 to 92 in 2013.

#### *Drug Courts*

The Beacon Drug Court and Juvenile Drug Court were the only Drug Courts in existence in Dutchess County in 2013 with the exception of the felony Judicial Diversion program noted below. The Juvenile Drug Court still exists, with a part-time Resource Coordinator, but this court is no longer tracked by the Forensic Unit. In 2013, the Beacon Drug Court had a part-time Resource Coordinator on Mondays and every other Wednesday. The Beacon Drug Court meets biweekly. In 2013,

- There were 20 referrals in 2013; some were re-evaluations.
- At the end of December 2013 there were 10 participants remaining in the Beacon Drug Court.

Judicial Diversion is a Drug Court model for felony offenders; it is mandated by New York State statute, unlike the Beacon Drug Court, to provide non-violent, drug addicted, second felony offenders an opportunity for treatment instead of imprisonment. In addition, first time felony offenders may have their felony reduced to a misdemeanor if they successfully complete treatment in the Judicial Diversion program. The Judicial Diversion Drug Court also has a Resource Coordinator. In 2013,

- There were 45 Judicial Diversion participants as of December 2013, with a large increase of potential participants referred in November and December.
- There were 78 referrals, with 24 (30%) referred in November and December.
- There were 13 new admissions and 19 terminations (12 of these were graduations).

## **Housing Coordination**

The development and preservation of a full continuum of residential housing options for those with mental illness is a priority in Dutchess County. The Housing Coordinator monitors the current housing needs, contracts, and oversees all licensed and unlicensed housing programs for persons coping with mental illness, which sometimes includes housing for families. The Housing Coordinator is also a resource to the housing providers who house individuals with chemical dependency or developmental disabilities. She also participates in the local NYS Office of Mental Health's Hudson River Field Office reviews and acts as a housing resource to local and state agencies.

One of the Coordinator's responsibilities is to facilitate frequent length-of-stay meetings with various licensed community residential providers and to monitor these residences to insure that patients are receiving appropriate residential services.

2013 marks the thirteenth year of the SPOE (Single Point of Entry). In November 2013, the SPOE initiative was replaced with the Single Point of Access (SPOA) initiative. SPOA provides a centralized access point to a variety of community living options in the mental health housing sector, in addition to the ability to request Care Management Services and AOT Services. The Coordinator reviews the Care Management referrals and forwards them to Mental Health of America of Dutchess County and reviews the AOT referrals and starts an investigation to determine eligibility.

In addition, the Coordinator reviews the Housing applications and distributes them to the appropriate housing agencies, based on the need for a specific level of housing. The SPOA Housing Providers meets monthly to discuss recent applications and housing movement. Here are the statistics to date:

<b>Statistics</b>	<b>2013</b>	<b>2001-2013</b>
SPOA Applications Received	329	2403
Housed	137	1401

The Housing Coordinator attends the weekly Community Solutions Committee meeting. This committee includes clinical staff from DMH, Rockland Psychiatric Center, Hudson Valley Mental Health, Inc., SFH, MHA and other various housing providers. This committee works together to develop creative and coordinated community-based plans for high need individuals. DMH continues to work in conjunction with our inpatient providers to assure that Dutchess County residents have access to inpatient beds and expedited access for outpatient services.

The Housing Coordinator chairs the Assertive Community Treatment (ACT) Team/SPOA Committee to assist in the eligibility process for incoming ACT applications. The team meets weekly.

The Coordinator is also the co-chair of the Dutchess County Housing Consortium, a large and diverse group of community leaders in government and local organizations which work together to identify housing needs for people who have distinct needs. The Housing Consortium is actively working to address the needs of vulnerable people at risk to be homeless or who are homeless. Subcommittees address housing issues to work on specific target goals included in the 10-Year Plan to End Homelessness. The Housing Continuum is overseen and continually evaluated by the DMH Housing Coordinator. As new needs or new resources develop, DMH and its partners respond.

### *Residences*

The need for a wide range of community-based mental hygiene residential services for Dutchess County residents has been clearly established, due in large part to its unique extensive population of residents released or discharged from State Psychiatric and Developmental Centers.

To address the variety of supported residential needs, DMH, along with its community partners, have developed a wide continuum of residential options for individuals, couples, and families with mental illness, chemical dependencies and developmental disabilities. These opportunities are located throughout Dutchess County and provide various levels of support and assistance. Some housing options provide round-the-clock supervision, skill development, and others provide apartments with monthly visits only. Each consumer is assisted in accessing appropriate housing which promotes the highest level of independence. It has been recognized that many individuals can live successfully in apartments with supports.

There has been a greater demand for affordable housing. As a result, SPOA housing providers have seen an increase in applications in general from the mentally disabled and others looking for an apartment they can afford. The SPOA residential providers continue to have difficulty with locating safe and affordable apartments for their consumers who have significant and persistent mental illness.

Safe, affordable housing with supports is an essential need for many for many individuals who suffer from serious mental illnesses. Too often, the symptoms of their illness and the circumstances of their lives become interwoven into a pattern of homelessness and or incarceration. While many individuals with serious mental illnesses can lead productive lives in the community, those who cannot need rent-subsidized community housing with individualized services and supports.

Rehabilitation Support Services, Inc. (RSS), in partnership with the Kearney Realty and Development Group, are developing a housing unit with support services program on the newly extended portion of Hudson Avenue, Poughkeepsie. Highridge Gardens will serve 50 tenants. Tenants will pay 30% of their income towards rent. RSS will provide on-site person-centered services that are rehabilitative and that will foster wellness and recovery. Mental health treatment, primary and specialty medical healthcare, social

services, substance abuse treatment, employment, and other needed services will be drawn from RSS' working partnerships with various community providers.

The program will be licensed as a NYS Office of Mental Health (OMH) service enriched CR-SRO (Community Residence-Single Room Occupancy). It is anticipated that the Highridge Gardens will be open by January 1, 2015. In an effort to enhance communication, Ms. Hernandez meets with the Housing Providers and the Treatment Providers on a quarterly basis to address the concerns and frustrations of both parties.

<b>Residences Licensed by NYS Office of Mental Health</b>		
<b>Category</b>	<b>No. of Residences</b>	<b>Capacity</b>
Astor Residential Treatment Facility	1	20
Crisis Residence	1	12
Private Congregate Treatment	3	69
State Operated Community Residences	2	40
Not-for-Profit Community Residences	4	52
Supportive Apartment Treatment	22	36
Family Care Homes	15	56
Unlicensed Supported Housing	251	251
<b>TOTAL</b>	<b>299</b>	<b>536</b>

<b>Residences Licensed by NYS Office of Alcoholism &amp; Substance Abuse Services</b>		
<b>Category</b>	<b>No. of Residences</b>	<b>Capacity</b>
Community Residence	3	60
Crisis Center	1	12
Supportive Living Opportunities	1	12
Unlicensed Supported Units	40	40
<b>TOTAL</b>	<b>45</b>	<b>124</b>

<b>Residences Licensed by NYS Office for People with Developmental Disabilities</b>		
<b>Category</b>	<b>No. of Residences</b>	<b>Capacity</b>
Voluntary Family Care	6	13
State Operated Family Care	28	72
Voluntary Supportive Housing	2	4
Voluntary Residential Treatment Facility/ Intensive Care Facility (RTF/ICF)	13	157
State Operated RTF/ICF	7	42
Voluntary Individual Residential Alternative	96	468
State Operated Individual Residential Alt.	38	212
State Respite Beds	5	5
<b>TOTAL</b>	<b>195</b>	<b>973</b>

Residences Licensed by NYS Department of Health		
Category	No. of Residences	Capacity
Private Proprietary Home for Adults	9	461
Assisted Living	4	168
Foster Family Care Homes	37	70
<i>TOTAL</i>	<i>50</i>	<i>699</i>

### **Jail-Based Initiative**

DMH, in collaboration with the Dutchess County Sheriff's Department, provides services at the Dutchess County Jail on North Hamilton Street, Poughkeepsie. The staff is comprised of a Clinical Unit Administrator, a Chemical Dependency Counselor and two full-time case managers. This team provides assessment, pre-release planning and post-release linkages to treatment services for individuals suffering from mental illness and/or chemical dependency. The services are partially funded by the Department of Community & Family Services (DCFS). Of the 286 cases that were closed, 163 were referred to mental health and/or chemical dependency treatment post-release. In 2013,

- 90% (147) of the individuals who were released to the community and attended the first treatment appointment, and increase of 32% of 2012.
- 71% (104) satisfactorily completed treatment.
- The Team also assisted inmates returning to the community with 39 housing referrals, 122 patient transports, 21 temporary assistance applications and 10 Social Security Disability applications.

### *Vocational Services*

DMH continues to offer work readiness training which provides linkages to job placement for individuals. MARC provides job development and vocational case management follow-along services for individuals in Dutchess County. The intent is to assist the patient, once employed, to remain on the job. In 2013,

- 87 individuals attended educational or skill training programs, 59 individuals obtained fulltime/part-time employment and an additional 39 individuals did volunteer work through the support of the vocational case manager.

### **Prevention Services**

DMH, through the County Executive's Office, learned that the Department would receive funding from the NYS Office of Mental Health which would be used to develop a comprehensive Prevention Initiative. This funding would be available starting on January 1, 2014. On July 1, 2013, a Supervising Social Worker was appointed as Coordinator of Prevention Services. The six months prior to the grants inception were

used to begin the discussion across county agencies, with schools and with our private non profit partners, both in the formation of a Prevention Council and through other venues. Areas of focus for this initiative are suicide prevention, prevention and early intervention regarding mental illness and prevention of substance abuse. DMH has partnered with PEOPLE, Inc. to work collaboratively on their Imagine Dutchess platform, with NAMI Mid-Hudson to help them increase their ability to reach the public and increase awareness of mental illness and provide education to family members and the Council on Addiction Prevention & Education in the prevention for substance abuse. Planning began for the first big project, which is to train individuals from many of our partner agencies and from the community to be trainers in Mental Health First Aid. This training is scheduled for February 3-7, 2014.

# Division of Administrative Operations



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The Division of Administrative Operations is overseen by Gerald A. Brisley, II, MBA. This Division was created in early 2009, to combine several units under one Division Chief. Those units include the Billing Unit, the Office of Budget & Finance, Buildings & Grounds, Office of Information Technology, and Support Services. The Division provides department-wide administrative and technical support services, purchasing, personnel, clerical and buildings and grounds.

In 2013, all of DMH and especially the Administrative Operations Division went through a cycle of continuous change in virtually all aspects of our work. The restructuring of DMH clinical operations in the 2011 - 2013 budgets required immediate changes in administrative operations personnel. Consequently, the Division of Administrative Operations became leaner as the Department as a whole became smaller.

Mr. Brisley was named the Division Chief for the Division of Administrative Operations in November of 2012. The Division of Administrative Operations proved vital in supporting all of DMH to achieve positive outcomes, including:

Reviewing and submitting proposals securing one-time funding of \$1,150,000 from the NYS Legislature, through OMH, as a result of the closure of the Hudson River Psychiatric Center (HRPC) to bolster outpatient community support programs and services including:

- DMH crafted a multi-faceted Diversion Plan to reduce admissions to reduce emergency room visits, inpatient psychiatric hospitalizations and jail admissions for children and adults.
- Increased staffing in HVMH's outpatient mental health clinic which also allowed the agency to open a satellite site in the Family Partnership building.
- County Executive Marcus Molinaro's creation of the Health and Human Services Advisory Committee lead to one-time funding for Imagine Dutchess through PEOPLE, Inc.
- Provided funding for an expansion of Astor's Home Based Crisis Intervention program.

### **Billing & Collections**

The transition of the Continuing Treatment Programs to Occupations, Inc. in March 2012, and the closure of the Mental Health clinic sites in September and December, has enabled for the reduction of staff from five in 2011 to three in 2013. These changes provided challenges to the remaining staff, but they have continued to file claims in a

timely manner and effectively provide the necessary support and information to all clinical and administrative levels.

### **Budget & Finance**

With Mr. Brisley's appointment as the Division Chief, in November 2012, the Director, Office of Budget & Finance (OBF) position remained vacant until April 2013, when a Certified Public Accountant was appointed to the position.

Throughout 2013, the OBF continued to provide excellent projections of the impact of proposed and implemented changes in state aid, rate and subsidy changes from New York State including revenue/rate projections based on the retroactive re-adjudication of Medicaid claims from the Office of Mental Health's Clinic Restructuring Methodology phase-in and the Office of Alcoholism & Substance Abuses Services' Ambulatory Patient Groups phase-in.

DMH continued to maintain aggressive expense control in all areas, especially personnel, by not replacing departing staff and consolidating their functions. The continued use of accurate fiscal reports provided by OBF will ensure that management can make planful decisions about allocation of resources and maintain continuity of programs.

### **Buildings & Grounds**

Work on renovations began in March 2013 at the Community Mental Health Center, located at 230 North Road, Poughkeepsie, to allow Hudson Valley Mental Health, Inc., to locate their billing unit alongside their clerical operations, as well as allow for group intakes during open access hours. Unfortunately, due to the tropical storm over Labor Day weekend, the project was never completed due to a mold abatement project that took precedence and impacted some of the space being renovated. Consequently, and working closely with the Department of Public Works (DPW), additional storm drains were installed as well work on the sidewalk/driveway curbing was undertaken to remove a redundant wheelchair ramp and extend the curbing along the eastern end of the Mental Health Center driveway to prevent flooding from overburdened storm drains.

In addition, in October asbestos was discovered in the Multi-Purpose Room. Administrative Operations staff worked closely with DPW to facilitate an asbestos abatement project in the Multi-Purpose Room so that Ability First's School could continue to provide services and programs to disabled individuals in a safe, contaminant free environment.

### **Information Technology**

*Cerner Community Behavioral Health*

The Anasazi Software company was bought out by the Cerner Corporation. All of the billing logic for DMH and HVMH had to be modified to accommodate the CPT code

changes that went into effect at the beginning of the year. This was a very large project and there was very little time to do it, but it was completed on time and had no impact on revenue. Cerner also made a major change to the Clinician's HomePage in their system. The Office of Information Technology (OIT) staff provided trainings for all clinical staff on this updated Clinician's HomePage the week before the system was updated, which included hardcopy documentation summarizing these changes.

#### *Development*

Various development projects were either completed in 2013 or begun in 2013, including but not limited to:

- An electronic Pre-Intake form that programs can complete instead of submitting a hardcopy to HELPLINE which was then re-typed by HELPLINE into the Pre-Intake System.
- Uploading Cerner data for DMH and HVMH directly into the State's Patient Characteristics Survey system which greatly reduced the amount of data that clinical staff needed to enter for each patient to complete the survey.

#### *Network Infrastructure*

In coordination with the Office of Central & Information Services (OCIS), we migrated all of our production servers from North Road to the OCIS computer room and reduced the number of physical servers by a factor of ten. This new environment is also significantly faster and more reliable than the one it replaced. We were also able to reutilize some of our old equipment to create a recovery site. This recovery site allows us to synchronize data from the production site every 15 minutes, minimizing the potential loss of data in the event of a disaster at the production site and enabling us to get critical systems back online in hours instead of days.

#### *Medical Records*

Despite closure of some large DMH directly operated programs in 2012, OIT staff have been able to accommodate the influx of medical records into the closed case chart room without any additional cost to the County. OIT staff have started a multi-year scanning effort to further reduce the shelf space that is required by our closed case charts.

#### *Productivity Reports*

The key to success of increasing productivity is the tracking of service units in a way which can provide constant feedback to management, unit administrators and individual clinicians. The OIT staff continued to produce meaningful reports which were able to identify marginal inefficiencies, such as "No Shows" and percent of time the clinical staff spent with patients. In 2013 OIT added charts to the Monthly Statistical Summary reports to show trends over the previous thirteen months.

### *Patient Opinion Survey*

The results of the annual Patient Opinion Survey indicates that, despite the many personnel reductions that have taken place, the degree of satisfaction for Department-run programs is high and comparable to previous years. Likewise, the degree of satisfaction over the variables measured in all programs surveyed by the Dutchess County Department of Mental Hygiene (DMH), Occupations, Inc. (OI), Mental Health America (MHA), Hudson Valley Mental Health, Inc. (HVMH), and Lexington Center for Recovery, Inc. (LCR) is, overall, almost 88%.

### **Support Services**

Support services staff adjusted to a great many retirement and departures while assuming more responsibility for administering our services. The creation of MCIT necessitated the reassignment of clerical staff to provide clerical support and ongoing monitoring and tracking of service data for MCIT.

Support services continued to play a key role in ensuring that all of the patient assessments, evaluations and records are properly organized and notes transcribed for the Partial Hospital Program and the Intensive Treatment Alternatives Program.

In addition to two support staff positions being eliminated and the consolidation of three coordinator functions into one (e.g. Housing, AOT, SPOA), the workload of various support staff was continuously being evaluated and re-allocated to provide the most effective means of support for all clinical and administrative functions within DMH. This continues to be an ongoing project since two support staff positions have yet to be filled.

Office of  
Psychiatric Coordination



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The Office of Psychiatric Coordination, under the guidance of the Medical Director, Richard Miller, M.D., and the Nursing Supervisor is responsible for the management and supervision of all psychiatric and nursing services provided by the Department. Supervision of prescribing psychiatrists and nurse practitioners is provided by the Medical Director and supervision of the nursing staff is provided by the Nursing Supervisor, in collaboration with the Medical Director. The Medical Director is a member of the Executive Council, which meets weekly to tend to Department wide issues.

In addition to psychiatric coordination, the Office is responsible for oversight and management of Clinical Services, Court Evaluations, Medical Direction, Medication Assistance Program, Nursing Supervision and Pharmacy & Therapeutics.

**Clinical Incidents**

The Clinical Incident Committee (CIC) is chaired by the Medical Director and co-chaired by the Nursing Supervisor, and its members are drawn from the Department’s Division of Clinical Services (representing both mental health and chemical dependency disabilities). The Committee reviews all clinical incidents involving DMH patients to provide direction in their management and subsequent disposition. The CIC is responsible for investigating incidents that the NYS Office of Mental Health has designated as serious enough for a clinical review, from which recommendations for prevention and/or remediation are generated. In addition, the Committee reviews trends and ongoing practices and procedures in relation to incidents and looks to identify preventive and corrective measures which will improve patient care and reduce risk.

The chart below provides an overview and comparison of clinical incidents involving DMH patients over the last four years.

<b>Clinical Incidents Comparison Report 2010, 2011, 2012 &amp; 2013</b>				
	2010	2011	2012	2013
Accidental Injury	10	9	4	1
Alleged Abuse	0	5	2	0
Assaults	17	25	5	0
Deaths	14	12	13	5
Drug Reaction	1	0	1	0
Medication Error	9	12	4	5
Other	8	22	7	4
Patient Fight	3	2	0	0
Self Injurious Behavior	11	6	4	4
Suicide	3	0	0	0
Suicide Attempts	10	5	3	0
<b>TOTAL</b>	<b>86</b>	<b>98</b>	<b>43</b>	<b>19</b>

### **Court Evaluations**

The Office of Psychiatric Coordination oversees the provision of all competency evaluations ordered by local courts to determine the ability of defendants to understand the charges against them and to assist in their own defense. Evaluations are performed by trained psychiatrists and psychologists at the Dutchess County Jail or at Mental Hygiene Offices in Poughkeepsie. All aspects of the evaluation process are coordinated and processed through this Office. The Office is in regular contact with the various local courts, and the District Attorney's Office and Office of the Public Defender, within the Dutchess County Judicial System, to assure that the evaluation and subsequent written report is done in a timely manner. Further coordination is necessary to make evaluations available to defendants that may be residing in other parts of the criminal justice system statewide. In 2013,

- DMH received and processed 99 court orders pursuant to Article 730 of the NYS Criminal Procedure Law.

### **Medical Direction**

Medical Staff Meetings are chaired by the Medical Director. The meeting provides an opportunity for the medical staff to discuss topics related to their clinical practice, to be informed of any changes to policy and procedure within their scope of practice and to participate in medical education activities.

The Medical Director is responsible for ongoing clinical supervision of the medical staff, including scheduled supervision of Nurse Practitioners and provides back-up clinical coverage when necessary to assure against any gap in continuity of care for Dutchess County residents.

### **Medication Assistance Program**

Through the Medication Assistance Program, the Office of Psychiatric Coordination facilitates provision of psychotropic medications to patients of DMH and its contract agencies who do not have insurance prescription coverage and lack sufficient financial resources to pay for their medications, or who have prescription coverage but lack sufficient financial resources to pay the associated prescription co-payments. In 2013,

- 98 patients received assistance with their psychotropic medications totaling \$18,786.00

### **Nursing Supervision**

The Nursing Supervisor provides supervision, education, and direction to the nursing staff, as well as providing direct services, which include:

- Management of the Medication Assistance and Sample Programs.
- Acting as the Department's Public Access Defibrillator Coordinator and maintaining all emergency medical equipment.

- Organizing and managing all infection control policies and procedures including collection and disposal of medical waste, maintenance of all nursing supplies throughout the Department, educating employees on infection control policies and providing tuberculosis (TB) testing to patients and high-risk employees. In 2013,
  - 15 TB tests were administered.

The Nursing Supervisor also serves as the Department's Geriatric Coordinator in cooperation with the Dutchess County Office for the Aging and responds to the needs of the community with oversight of and participation in various community health-related events. These events include blood drives and influenza clinics. In 2013,

- 33 units of blood were collected through blood drives held at the Mental Health Center, and 73 flu shots were administered.

### **Pharmacy & Therapeutics**

The Pharmacy & Therapeutics Committee, which is chaired by the Medical Director, evaluates all psychotropic medications for addition to, or deletion from, the DMH Formulary and presents its recommendations to the Executive Council. Members of the Committee include psychiatrists, nurses, and a pharmacist from the community.

# Office of Quality Improvement



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The Director of Quality Improvement (QI) is responsible for the QI Planning and QI initiatives of DMH. In addition, the QI Director is responsible for QI measures of the Department's contract agencies, and the Director is the Department's Corporate Compliance Officer.

### **Corporate Compliance**

The Corporate Compliance Officer is a key player in the QI monitoring process and is the chair of the Corporate Compliance Committee that meets quarterly to address compliance issues, regulations, areas of risk, billing matters and to review the compliance reports from the record audits. The Compliance Plan is reviewed annually and updates/additions are made as necessary. The Plan was last updated in January 2011.

The Office of the Medicaid Inspector General has issued guidance outlining the essentials of a Compliance Plan necessary to meet the Medicaid standard. Each year, DMH completes and submits an electronic document certifying that it has met those requirements. In 2013,

- All new employees received a mandated in-service on Corporate Compliance. The training addressed the issues of Fraud, Waste and Abuse, as well as False Claim Laws, Whistle Blower Protections, Code of Conduct policies, the Compliance Plan contents and the Hotline number. In addition, all employees were provided with a review of the policy.

The Compliance Specialist reviews records from each DMH program several times a year and identifies compliance concerns in a written report to which each Unit Administrator replies. This has been an effective tool in helping staff recognize areas of risk surrounding clinical documentation, especially with regard to billing. In 2013,

- DMH's Intensive Treatment Alternatives Program (ITAP) improved their support documentation for billing when compared to 2012 tracking results, but there was an increase in documentation compliance for billing in our Partial Hospital Program (PHP) for 2013 when compared to 2012. This increase in compliance and billing adjustment appears to be due to new staff members needing to become more efficient with their charting and an increase in the number of clients being admitted into the unit causing a significant increase in daily charting for the year.

## **HIPAA Privacy Office**

The Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule provides Federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of protected health information (PHI) needed for patient care and other important purposes. In 2013, DMH had to update all “Notice of Privacy Practices” for individuals we serve and revise all Business Associate Agreements to reflect the needed changes for HIPAA Omnibus Final Rule Summary effective September 23, 2013.

The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities and their business associates to use to assure the confidentiality, integrity and availability of electronic PHI. In 2013,

- New policies and procedures were developed for the NYS SAFE Act (9.46 Mental Hygiene Law) and The Justice Center for New York State Protection of People with Special Needs Act. The Department’s entire Policy and Procedure Manual is being updated to reflect the closure of several DMH units, new regulations and the general restructuring of the Department.
- DMH had two moderate reportable breaches. Fortunately, our mitigation helped to minimize risk for PHI exposure with these two incidents. In addition, our Faxing Policy and Procedure was revised due to minor breaches. Our Director of the Office of Information Technology continues to ensure that DMH’s electronic network is HIPAA and 42 CFR compliant for Protected Health Information Confidentiality. DMH is committed to upholding the HIPAA Privacy Rule.

## **Outcome Studies**

### *Treatment Outcome Profile Survey (TOPS)*

DMH has been collecting data for our QI Program for 13 years, since 2000. The instrument utilized to collect data is the Treatment Outcome Profile System (TOPS). Specific measures are obtained for patient perceived quality of life, symptomatology and level of functioning. The instrument is administered at admission and either at discharge or in a later point in treatment. The instrument also measures patient satisfaction. Due to the closure of several DMH units, in 2013, we collected data from PHP & ITAP. The TOPS survey results continue to demonstrate that patients in our units see positive improvements in all areas.

### *Patient Opinion Survey*

Each spring, the Office of Information Technology coordinates a Patient Opinion Survey, which is distributed through all units of DMH, Hudson Valley Mental Health, Inc. (HVMH) and Lexington Center for Recovery, Inc. (LCR). Other contract agencies collect patient satisfaction data independently as part of their contract requirements and report the results of their surveys annually to DMH. The survey collects data on such categories as facilities rating, fees, clinic hours, rating of therapist and medical staff, and

changes since admission to the programs. Patient Opinion Surveys had mostly positive feedback for 2013.

### **Patient Care/Utilization Review Committee**

Throughout the year, the Patient Care/Utilization Review Committee (PC/URC) is responsible for monitoring the quality of services provided by DMH directly-operated programs and those operated by our contract agencies. On a quarterly basis, the QI Performance Outcomes Subcommittee of the PC/URC reviews performance outcomes for all programs provided by our contract agencies.

#### *Scheduled Program Reviews*

The PC/URC consists of experienced members of DMH staff from a variety of clinical disciplines and units. The Committee meets twice a month to review randomly selected patient records to ensure that effective treatment is taking place and that it is documented according to the applicable State and Medicaid regulations. Appropriateness of the admission and level of care are also assessed and fiscal issues are monitored as part of the process. A review of the therapeutic environment is conducted at each site and any deficiencies are noted for correction.

The PC/URC regularly reviews the clinical records of three of DMH's largest contract agencies---HVMH, LCR and Occupations, Inc. A separate subcommittee of the PC/URC, privileged in child and adolescent treatment, monitors the records of Astor for Children & Families, Inc.'s Community-Based Services in a similar fashion.

The QI Coordinator summarizes the findings of the review and the fiscal findings in a report. The response of the Unit Administrator to questions raised or corrective actions needed are discussed at Executive Council.

#### *Focused Reviews*

Each year the PC/URC conducts additional focused reviews on specific aspects of care identified during the course of reviews or in Committee discussion. In 2013,

- A Focused Review was performed at PHP pertaining to the unit providing integrated treatment involving substance abuse. Due to this review, the program implemented a new drug screening policy and procedure. A second Focused Review was performed on the tools our PC/URC utilizes during reviews. These tools were update to reflect recent programming and regulation changes.

### **Quality Improvement**

#### *QI Committee*

The QI Committee is chaired by the QI Director and is composed of DMH staff representing a range of functions, disciplines and programs.

The mission of the QI Committee is to provide oversight for the QI Program, which employs a variety of mechanisms to assess systematically the quality of patient care and to identify and correct areas flagged for quality concerns.

#### *Safety and Disaster Preparedness*

The Office of QI conducts semi-annual tabletop emergency drills to prepare staff to manage untoward events effectively and to raise consciousness about emergency procedures. Tabletop drills were performed at PHP pertaining to possible incidents involving violence on the unit. An additional drill was performed at our HELPLINE Unit involving the responsiveness of any possible community natural disaster.

#### *Clinical Incident Monitoring*

As part of the QI Program, an annual summary of clinical incidents is presented to the DMH Executive Council for review. The summary outlines trends occurring in the DMH patient population and identifies specific categories of incidents and their occurrences at each of the clinical units for staff to review. Incidents are classified by category---suicide, suicide attempts, deaths, self-injurious behavior, assaults, accidental injury, alleged abuse, medication errors, drug reactions, etc. The number of clinical incidents decreased significantly in 2013 due to the closure of several DMH units. In 2013,

- From 2011 to 2013, there were no suicides of DMH patients reported, as compared to three in 2010.
- There were no suicide attempts, as compared to three in 2012.
- There were five patient deaths. There were six incidents of illicit drug overdose, with four resulting in death. One death was from unknown causes.
- There were five incidents of medication errors and all took place at Alliance House.

### **QI Subcommittee**

#### *Performance Outcomes Subcommittee*

The Performance Outcomes Subcommittee is composed of DMH's Clinical Division Chief and Coordinators and is responsible for monitoring, on a quarterly basis, the performance outcomes of DMH's directly-operated programs and those of its contract agencies. During the quarterly review meeting, discussion relates to staffing issues, trends or concerns impacting the programs and, subsequently, provides feedback to the programs to improve their outcomes or to take corrective action. The QI Director is available for consultation with contract agencies and DMH units on the development of performance outcomes. The Director prepares an annual report on the performance outcomes for both DMH and its contract.

Office of  
Community Services



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The Director, Beth Alter, LCSW, oversees the Department's Office of Community Services. The Office administers the services of HELPLINE, the 24/7 crisis counseling telephone and texting information, referral service, the Mobile Crisis Intervention and Prevention Team (MCIT), Pre-Trial Diversion Services, and the Dutchess County Trauma Team. In addition, the Office provides the consultation and education activities for the Department and contract agencies, as well as planning and developing ongoing training activities.

In addition, the Director supervises student internship training programs and works closely with Adelphi University's Master Social Work program and Marist College's Mental Health Counselor program.

Ms. Alter also serves as mental health liaison to the Dutchess County Sheriff's Department and the County's Critical Incident Response Team, represents DMH on the Universal Response to Domestic Violence Committee and serves on the Board of the Coalition Against Domestic Violence.

The closure of Hudson River Psychiatric Center (HRPC) brought much discussion to the community as to how inpatient services and the needs of those individuals returning to the community from inpatient admissions will be met. Dutchess County was fortunate to receive monies as a result of the HRPC closure that were to be focused on providing services to those individuals impacted by the closure and to seek ways to address individuals' needs by providing community-based services to avoid emergency department visits and/or psychiatric hospital admissions, whenever possible. MCIT was developed with this goal in mind. The team began operation on April 2, 2012. Throughout 2013, MCIT became woven into the fabric of services and complete the year having made great strides addressing the diversion efforts and supporting individuals and families in their home communities.

## **HELPLINE**

HELPLINE, overseen by a Clinical Unit Administrator, is the Department's 24/7 crisis counseling, information and referral service, which also provides a centralized pre-intake and schedules initial (intake) appointments 24 hours a day. All HELPLINE services can be accessed via (845) 485-9700 or Toll-Free (877) 485-9700 and Texting—type 741741, which will bring you to the Crisis Text Line site, then start your text with DMH.

HELPLINE is part of LifeNet, a federally-funded National Suicide Hotline, and monitors the suicide prevention phones on five Hudson River bridges: Bear Mountain, Beacon/Newburgh, Mid-Hudson, Kingston/Rhinecliff and the Rip Van Winkle, as well as the Scenic Walkway Over the Hudson New York State Park. There was one life saved from the Newburgh/Beacon Bridge when the phone was activated in May; the

individual was rescued and received treatment services. There were five completed suicides from the bridges in 2013: two from Rip Van Winkle, one from Newburgh/Beacon, one from Walkway Over the Hudson, and one from the Mid-Hudson. Of the above, only the Mid-Hudson phone was activated.

In 2013, HELPLINE responded to 23,285 calls. Of the 23,285 calls, 11,460 were crisis calls. 2,486 were specifically through the LifeNet National Hotline. In addition, HELPLINE responded to 11 White House letters via LifeNet-letters to the White House that make reference to suicide.

Throughout the year, HELPLINE received an abundance of non-urgent calls from the Walkway. For the period of September through December alone, the Ulster side was activated 66 times due to automated telemarketers and random information calls where the number was given out by 411 as a general information number. Verizon has been informed of this as an issue.

HELPLINE Services (Phone and Face-to-Face)					
Month	Crisis Intervention	Pre-Intake	Info & Referral	Other*	Total
January	1013	572	94	401	<b>2080</b>
February	839	533	73	379	<b>1824</b>
March	1070	592	59	431	<b>2152</b>
April	867	572	76	408	<b>1923</b>
May	934	650	68	358	<b>2010</b>
June	1072	516	75	325	<b>1988</b>
July	940	581	82	355	<b>1958</b>
August	899	536	46	428	<b>1909</b>
September	840	561	55	343	<b>1799</b>
October	910	614	105	360	<b>1989</b>
November	1073	431	71	273	<b>1848</b>
December	1003	464	61	277	<b>1805</b>
<b>TOTAL</b>	<b>11460</b>	<b>6622</b>	<b>865</b>	<b>4338</b>	<b>23285</b>

\* includes planning, linking case management

# of Face-to-Face Contacts	401
# of Phone Contacts *	22884
<b>TOTAL</b>	<b>23285</b>

\* Volume of Service average per month for phone contacts was 1,907.

#### 9.45 Orders

A 9.45 Order (Section 9.45 of the NYS Mental Hygiene Law) is issued when it is reported to the Director of Community Services (which in Dutchess County is the Commissioner of Mental Hygiene) that an individual has a mental illness, is likely to result in serious harm to him/herself or others for which immediate care and treatment in a hospital is appropriate. This order directs law enforcement to take into custody and transport an individual alleged to be mentally ill and bring him/her to a

community hospital designated pursuant to Section 9.39 of NYS Mental Hygiene Law, which in Dutchess County is Saint Francis Hospital in Poughkeepsie.

In Dutchess County, in each instance where a 9.45 pickup order has been issued, the coordination is the responsibility of HELPLINE. HELPLINE ensures that all the necessary information and forms are faxed to the relevant police departments. In 2013,

- There were 78 Orders issued, an increase of 60% from 2012 (in which there were 47 orders issued). Of the 78 individuals apprehended as a result of 9.45 Orders, 44 required psychiatric hospitalization.

HELPLINE also triages and facilitates referrals to MCIT. In 2013,

- HELPLINE made 152 referrals to MCIT.

HELPLINE was reviewed by DMH's Patient Care/Utilization Review Committee (PC/URC) in July. The PC/URC was impressed with the work completed by HELPLINE staff. Reviewers questioned the challenge they must face between urgent and non-urgent telephone calls. Progress notes were detailed and provided coordination of services with excellent follow-up. It was evident from the records reviewed that HELPLINE offers a great service for those people in need of support. In 2013,

- HELPLINE staff, in September, participated in a Suicide Awareness event on the Scenic Walkway Over the Hudson State Park.

### **Mobile Crisis Intervention & Prevention Team**

The mission of MCIT is to intervene with individuals in crisis in the community to avoid emergency department visits and/or to support individuals following a brief emergency department contact. The Team strives to support individuals in the community and to assist with engagement/re-engagement to local mental health and chemical dependency services.

Hours of operation:           Monday - Friday, 8 a.m. - 6 p.m.  
  Saturday & Sunday, 8 a.m. - 4 p.m.

Specific Policy and Procedures had been developed, reviewed and updated. These policies and procedures have evolved as the program moved through its first full year of operation. The policies specific to MCIT have focused on safety in the community.

There was an average of 69 referrals per month with a year-end total of 833. The months with the highest number of referrals were April with 71, May with 85, September with 77 and October with 72. This coincides with other reports indicating the spring and fall as times of greatest risk for mental health crises.

<b>Referral Source</b>	<b># of Referrals</b>
Law Enforcement	41
Self	44
Housing	64
Hospitals	80
Family & Friends	84
Other (from 43 separate community providers)	141
HELPLINE	166
Treatment Providers	213
<b><i>TOTAL</i></b>	<b>833</b>

MCIT provides direct support to the Alliance House, a crisis residence, providing mental status evaluations. There were 33 mental status evaluations requested on weekends and 31 provided during the work week, for a total of 64 evaluations for the year. A large portion of these referrals were made by MCIT and linked to the Partial Hospital Program (PHP). In 2013,

- MCIT made 40 referrals to PHP.

MCIT categorizes the referrals into two groupings, Urgent and Support. In 2013,

- There were 833 referrals---791 Urgent and 42 Support.  
Of the 833 referrals, there were 2,542 Face-to-Face Contacts and 6,174 Telephone Contacts, for a Volume of Service total of 8,716.

Breakdown by Recipient

Client Present	3931
Collateral (Client not Present)	4785
<b><i>TOTAL</i></b>	<b>8716</b>

*Court Diversion*

MCIT is available to evaluate and provide treatment planning in the courtroom and/or the Dutchess County Jail for pre-trial defendants who are approved by the Court and Probation for release under probation supervision. There were 43 services conducted in the court and/or jail this year in a successful effort to divert the mentally ill from the incarceration. Six additional services include assistance to police agencies who refer in the field for evaluation and intervention whereby avoiding arrest altogether.

MCIT interfaces with police from multiple law enforcement jurisdictions in an effort to divert the mentally ill from the jail. The Team established rapport with the Dutchess County Jail Medical Unit (Correctional Medical Care, Inc.) who now assists MCIT by coordinating and providing patient medications for the time of discharge. They also, upon receiving authorization, provide appropriate documentation to the Alliance House and/or appropriate treatment provider in the community.

### *Agency Support*

MCIT has established alliances with various agencies including the Dutchess County Department of Community and Family Services' Adult Protection Service (APS) program, PEOPLE, Inc., Astor Services for Children & Families, Mid-Hudson Addiction Recovery Centers (MARC) and Mental Health America of Dutchess County (MHA). Ms. Alter gave a presentation to APS which helped clarify MCIT's role in assisting with their mental health caseloads. They assisted with Diversion's better understanding of the guidelines required of APS referrals. MCIT began to better utilize the services of "Reach One", a program operated by PEOPLE Inc., making referrals to the Peer-to-Peer Program to further support an individual in the community. We are more mutually supportive of each other. Ms. Alter conducted an in-service for staff of MARC, which requested our assistance in psychiatric emergency situations. MCIT utilizes MARC for the mentally ill/chemically addicted (MICA) population in need of substance abuse rehabilitation. MCIT continues to facilitate referrals to MHA Care Management and to give them support in the field. The Team also now assists PHP with screenings, particularly of those referred by MCIT.

The Team has developed supportive community services by providing a Saturday group at MHA's Beacon Community Residence on "wellness management." In addition, in an effort to target those with immediate mental health needs, a Team member will begin to conduct an informal activity group at MHA's Living Room shelter program. MCIT will have more of a presence at the "Living Room" program. Some MCIT staff participated in a high risk Flu Clinic coordinated with the Medical Reserve Corp at the Department of Health's Flu Clinic at the Family Partnership Center, Poughkeepsie, in November. MCIT had contact with over 60 individuals at the clinic.

### *9.45 Orders via MCIT*

MCIT facilitated 22 Orders of people who met the 9.45 criteria. Most of these individuals were known to the Department and had decompensated due to disengagement from treatment and/or medication non-compliance. Some were the results of a psychiatric condition exacerbated by chemical dependency. MCIT continues to engage these patients following hospitalization or discharge from the emergency room once an evaluation was completed. Of the twenty-two 9.45's that MCIT was involved with, 12 were admitted to a psychiatric hospital and one had a medical admission. The nine that were released from the emergency department had MCIT follow-up.

### *Pre-Trial Diversion Services*

Pre-Trial Diversion Services links defendants with severe and persistent mental illness (SPMI) to care management, housing, treatment and medication services in an effort to divert them from jail and/or reduce jail time. Pre-Trial Diversion Services are available to all Dutchess County courts. Research has shown that once individuals with SPMI are incarcerated, they tend to remain in jail longer than other inmates.

Pre-Trial Diversion Services are provided after the DC Office of Probation and Community Corrections makes a determination that the defendant is appropriate to be released under the supervision of the Probation Department. An initial assessment is completed by MCIT and the Treatment Plan is provided to the court in an effort to maintain the individual in the community. The Treatment Plan requires collaboration with multiple community agencies, which then provide timely access to services as an alternative-to-incarceration. In 2013,

- 38 individuals were admitted to Pre-Trial Diversion (12 served no jail time and, of the 26 that went to jail, 54% served less than 30 days). Many potential Pre-Trial Diversion individuals were diverted to MCIT in 2013, preventing arrest and their participation in Pre-Trial Diversion. Only three admissions had further police contact following diversion.

Of all 38 active participants in Pre-Trial Diversion in 2013, 32 were new clients to the Pre-Trial Diversion Program. Six former Pre-Trial Diversion clients were again referred to MCIT by the Probation Department and law enforcement. They began to decompensate, but an arrest was prevented as they were able to be stabilized. These clients were responsive to intervention as they knew diversion staff from prior court intervention. These interventions were made with the assistance of MCIT and prevented further court involvement. We are recognizing more diversions to MCIT from police prior to potential arrests.

### **Trauma Team**

In 2013, the Dutchess County Trauma Team completed its 23<sup>rd</sup> year in providing services. The Team's specific purpose is to aid in community and family disasters where emotional and psychological supports are indicated and/or requested. All members of the Team, consisting of the Coordinator and six staff members, are senior clinicians in administrative positions who have the flexibility to respond immediately by providing crisis counseling and/or debriefing in emergency situations such as an unexpected death (e.g. suicide), disasters (e.g. fires, accidents, etc.), hostage situations, or any other event, personal or public, that is likely to result in emotional upset or be experienced as traumatic by the victim, family members or witnesses. The Team has had training in crisis counseling, including Critical Incident Stress Management and Community Response to Emergencies and Disasters.

The Team also offers its services to all DMH staff and contract agency staff who have suffered personal loss and for clinicians who have a patient die while in treatment.

Trauma Team staff participate on the Dutchess County Critical Incident Response Team and provide mental health support services to emergency personnel (e.g. firefighters, emergency medical technicians, police, etc.) throughout Dutchess County. In 2013,

- The Trauma Team responded to 19 unique untoward community events. Each call is responded to with between one to four interventions. The total interventions in 2013 were 26.

## **Community Consultation & Education**

### *Suicide Prevention*

Spring is the season in which more Dutchess County suicides occur than any other season. In May, the Department began its annual suicide prevention campaign. The campaign is aimed at public education, identifying the signs and symptoms of depression, emphasizing that treatment works, dispelling myths about suicide and publicizing the 24/7 availability of HELPLINE for those contemplating suicide or having concerns about or struggling with mental health and/or chemical dependency issues. In 2013, the Department's suicide prevention campaign included advertising in the *Poughkeepsie Journal* and radio time.

### *In-Services/Trainings*

- April 24 and 25, the Department hosted a two day ASIST Training.
- May 5 and 6, the Department, along with Family Services, Inc., hosted Dr. Jackie Campbell. Dr. Campbell presented on lethality assessments in high risk domestic violence cases and suicide risk factors with victims. The audience was direct service providers from the public mental health and substance abuse system.
- July 15, the Department hosted John Allen from the office of Recipient Affairs to present on the SAFE Act. The discussion was well attended by DMH, contract agencies and community service providers. There was a lively discussion as the group struggled to understand this Act.
- October 17 and 18, Ellen Marx, Psy.D., ABPP, and Linda Monkman, LCSW, facilitated the two-day ASIST Training. This was their first presentation since completing the Train the Trainer in August.
- November 7, the Department sponsored Dr. Patricia Deegan to speak on "The Power of Recovery." The training was hosted by PEOPLE, Inc.
- December 2 and 3, the Department hosted a two-day conference on "Motivational Interviewing" given by Kathleen Sciacca, MS. The conference was very well received. DMH expects to have Ms. Sciacca back for a third day of learning early in 2014.

### *Presentations to Agencies*

- March 26, Eunice Senatore, LCSW, gave a presentation on "Mental Health Matters" to a group of retired public employees.
- May 1, Beth Alter, LCSW, participated in an Astor sponsored panel on "Systems of Care".
- May 3, Dr. Marx and Ms. Hayes did a workshop for the Dutchess County Health Department staff on "Coping with Change in the Workplace".
- May 8, Ms. Alter presented to the staff at MARC on "Safety in the Workplace".

- June 4, Ms. Alter presented to the Dutchess County Integrated Response to Domestic Violence and Sexual Abuse on the NY SAFE Act.
- June 6, Ms. Alter presented on MCIT, the Trauma Team and HELPLINE to the Dutchess County School Board Association.
- June 12, Ms. Alter presented to the Ulster/Dutchess Chapter of National Alliance on Mental Illness (NAMI).
- June 15, Ms. Alter and Dr. Marx presented to the staff of the Beacon Community Residence on working with High Risk clients.
- July 19, Ms. Alter and Dr. Marx presented at Bard College. The discussion was focused on Trauma, and the audience was Residential Life Staff.
- October 2, Ms. Alter participated on a panel discussion. The presentation was on MCIT, HELPLINE and Trauma services.
- October 8, Ms. Alter and Dr. Marx presented to staff of the Dutchess County Office of the Aging on “Accepting Change”.
- October 25, Charles Robitaille, LCSW, Director, MCIT, gave a presentation on MCIT HELPLINE and Trauma Team to the staff of Dutchess County Department of Community and Family Services, APS Unit.
- November 5, Ms. Alter co-presented with Marie Dynes, LCSW, Prevention Coordinator, to about 70 staff of the Arlington School District on an “Overview of Mental Health Disorders and Suicide Prevention”.
- December 20, Ms. Alter and Dr. Marx gave a presentation on “Stress Management” to staff of the Dutchess County Department of Probation and Community Corrections.

#### *Other Activities*

- April 27, Department staff participated with the Anti-Bullying efforts of the Mediation Center by marching with them across the Walkway on the Hudson in their awareness walk.
- Dr. Marx and Ms. Monkman were sponsored by LIFELINE to participate in a week long Train the Trainer for the OMH Best Practice ASIST Training. They went to Colorado, all expenses paid, for six days of training. They will be providing the ASIST Training to service providers and community members in Dutchess County. They completed their first training in October.
- September 21, Department staff participated with the “Walk Out of Darkness” sponsored by the American Foundation for Suicide Prevention. The DMH Team wore HELPLINE tee shirts. There were several walkers that approached staff to thank them for the assistance received when they called HELPLINE.
- September 24, Ms. Alter attended the Dutchess County Probation Health Fair and shared information on MCIT, HELPLINE and the Trauma Team.
- September 25, Trauma Team staff attended the National Day of Remembrance for murder victims. The event is hosted by Family Services, Inc.

- October 31, Ms. Alter attended a regional meeting, hosted by Assemblywoman DiDi Barrett, focused on further developing suicide prevention services for veterans and their families.
- November 22, HELPLINE hosted the Executive Director of the National Crisis Text Line (CTL). HELPLINE was chosen to join their platform and to provide Texting for Teens, both on the national platform and with a focus on Dutchess County. Jennifer Chiou, CTL, met with HELPLINE staff and trained them on the use of the web-based platform. HELPLINE staff were preparing to kick off Texting for Teens just after the beginning of the New Year.

### **Student Training (Internship Program)**

The Department acts as a resource for students working on advanced degrees. Throughout 2013, DMH hosted two mental health counselor candidates from Marist College, three social work interns from Adelphi University, and one psychology intern who accepted a non-APA approved internship. In September 2013, one additional Master of Social Work student began her internship. These students participated in internships that had no financial stipends attached.