

Dutchess County
Department of Mental Hygiene

**2014
Annual Report**



We Care for Our Community



The field of mental hygiene certainly presents many challenges in our current environment. While staring down the realities of constant health insurance changes, limited resources, the people at the Department of Mental Hygiene remain committed to provide quality services to those who need them, including those residents dealing with mental health issues, substance abuse and/or intellectual and developmental disabilities.

Through the tireless work and advocacy of our county employees and community partners, we continue to focus on providing services aimed at prevention, intervention,

and diversion. As you review the 2014 Annual Report, it is clear that these dedicated individuals are truly making a difference in people's lives and working to better our shared community.

On behalf of all Dutchess County residents, I thank the Department of Mental Hygiene for confronting the realities of a challenging environment without reservation. The work that you do is important, and it is because of you that we are continuing to improve the way we approach mental health issues in Dutchess County.

A special note of gratitude to Dr. Kenneth Glatt, who retired this year following 35 of dedicated service to Dutchess County. Dr. Glatt touched countless lives as Commissioner of Mental Hygiene. Always putting the needs of the community first, he led the department through industry and insurance changes, overcoming challenges and ensuring the highest quality of care to those facing mental health issues. We wish Dr. Glatt the very best in his retirement and remain committed to his vision of quality care for all who need it.

Best Personal Regards,

A handwritten signature in black ink, appearing to read "M. Molinaro". The signature is fluid and cursive, with a large loop at the beginning.

Marcus J. Molinaro
Dutchess County Executive

A Note from Acting Commissioner

Kenneth M. Glatt, Ph.D., ABPP, retired from the Department of Mental Hygiene (DMH) on May 29, 2015 after more than 35 years as Commissioner of the Department and the Director of Community Services. He continuously worked to improve the behavioral health services in Dutchess County and 2014 was no exception.

During 2014, St. Francis Hospital, which was an important institution for over 100 years and provided the psychiatric emergency services and inpatient psychiatric and addiction services in the County, was sold to Westchester Medical Center and is now the MidHudson Regional Hospital of Westchester Medical Center. This major change required monitoring and oversight to ensure that these important services remained in Dutchess County and available to our residents. Under Dr. Glatt's leadership this was accomplished.

Additionally, through a grant obtained by our County Executive, Marcus Molinaro, the Department was able to expand its Prevention efforts to span the issues of both mental health and chemical dependency and launched an evidence-based approach using the SAMSHA Strategic Prevention Framework to inform the identified strategies. This has allowed the community to benefit from many educational programs targeted to reduce stigma and strengthen access to services including Mental Health First Aide; Peer-to-Peer training; Crisis Intervention training for law enforcement; a Suicide Prevention app for mobile devices and the ability to connect to HELPLINE, the County's 24-hour Call Center, through "chatting"; and many other programs to reduce stigma and improve access to services. All of these efforts were accomplished to ensure that the people that we serve can receive the help they need when they need it.

Moving forward, 2014 saw increased efforts to merge the Departments of Mental Hygiene and Health. This merger, when accomplish in 2015/2016, will open the doors to address Total Population Health in a more holistic approach and help Dutchess County become "The Healthiest Community in New York State".

Through all of this change, the staff of DMH have worked hard to continue to meet the current need as they also prepare to meet future charge. They are to be applauded for the work that they do to save lives every day.

Margaret Hirst, LCSW-R

Margaret Hirst, LCSW-R
Acting Commissioner

2014
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



2014 County Legislature Family and Human Services Committee

Michael Kelsey, Chairman
Marge Horton, Vice Chairman

Gwen Johnson
Ellen Nesbitt
Sue Serino
Micki Strawinski
John Thomes

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)*



Joyce Carter-Krawczyk, Vice Chair
Aviva Kafka, Chair
Rosemary Thomas, Secretary
Kenneth M. Glatt, Ph.D., ABPP, Commissioner

2014 Members

Shirley Adams
Maria Bernal-Rabasco
Joan Cybulski
Anthony Eack
Susan Haight, RN

Ronald Lehrer
Suzanne Manning, LCSW
Carl Needy, M.D.
Carole Pickering
Paula Sarvis

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 2014 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 2014 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

David Crabtree
Ellen Marx, Psy.D., ABPP

25 Years

Marie Dynes, LCSW

30 Years

Kathy Kimlin
Irene Lavenhouse
Bruce Nathanson, Ph.D.
Elizabeth Picciuolo
Joseph Rubsam, Ph.D.
Carol Slinsky
Carol Stamets

35 Years

Kenneth M. Glatt, Ph.D., ABPP

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| ➤ Mental Health | |
| ➤ Chemical Dependency | |
| ➤ Intellectual & Developmental Disabilities | |
| ➤ Coordinated Services | |
| • Assisted Outpatient Treatment | |
| • Children & Youth | |
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| • Housing Coordination | |
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| ➤ 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

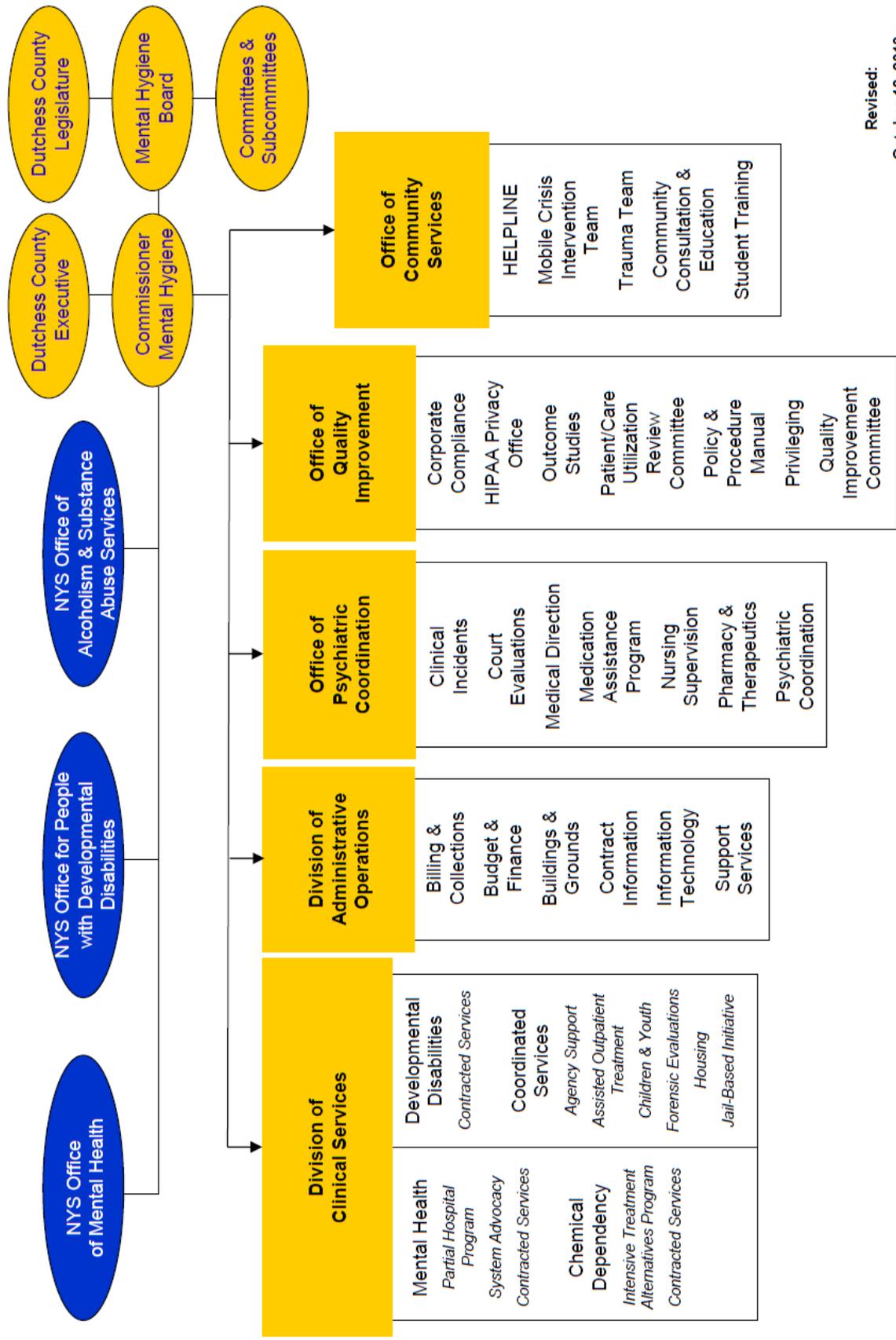
CONTRACT AGENCIES

Abilities First, Inc.
Access: Supports for Living
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.
PEOPLE, Inc.
Rehabilitation Support Services, Inc.
Taconic Resources for Independence, Inc.

AFFILIATED AGENCIES

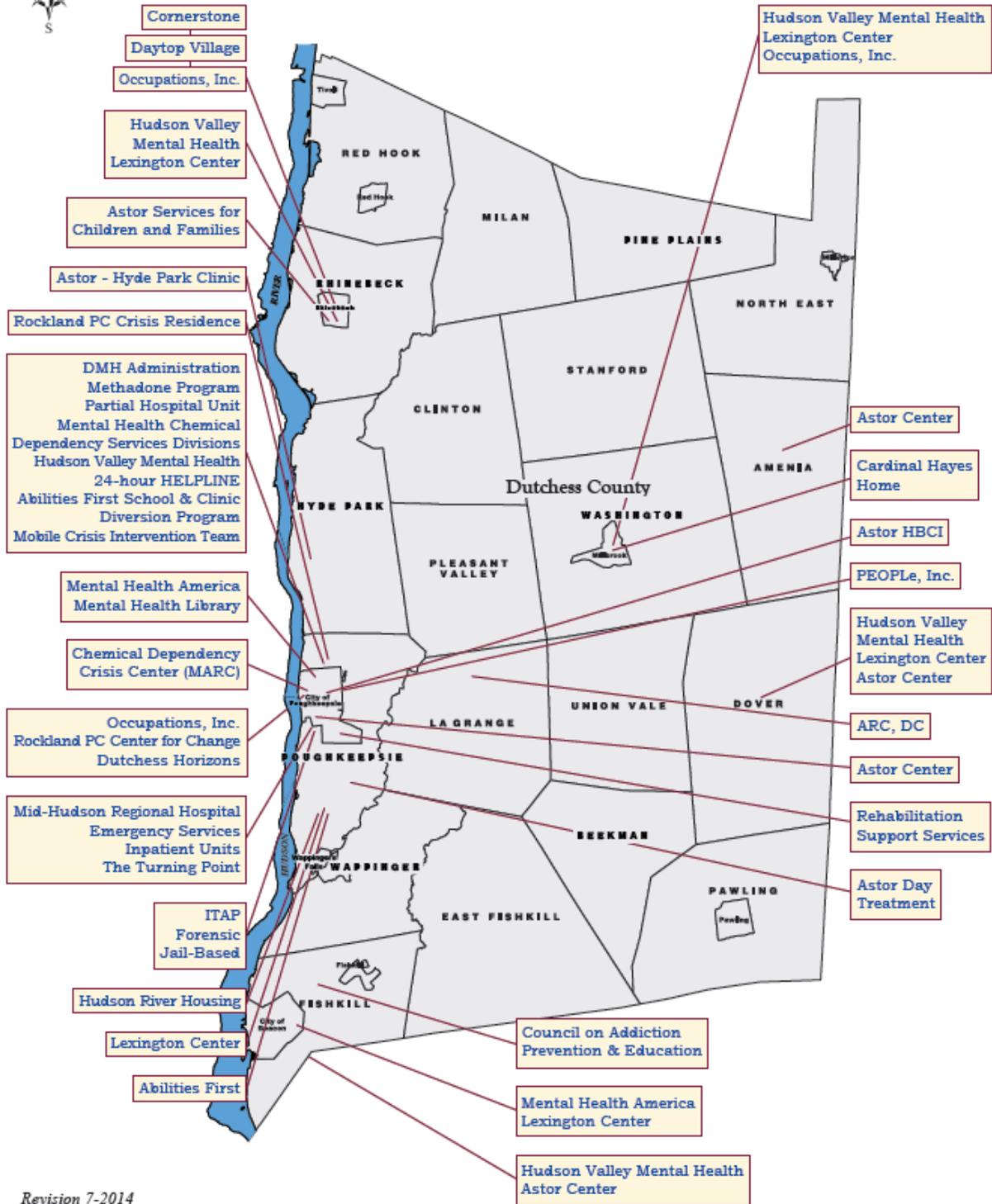
| | |
|--------------------------------|---|
| Anderson Center for Autism | Putman Hospital Center |
| Cornerstone of Rhinebeck | Richard C. Ward Treatment Center |
| Four Winds Hospital | Rockland Psychiatric Center |
| Greystone Programs, Inc. | Rockland Children's Psychiatric Center |
| MidHudson Regional Hospital | 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

SERVICE LOCATIONS



Revision 7-2014

DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY-DECEMBER 2014

| | ON ROLLS 1/1/2014 | ADMITS | TERMS | ON ROLLS 12/31/2014 | PERSONS SERVED (EPISODES) | VOLUME OF SERVICE |
|---|-------------------------|--------------|-------------|---------------------------|---------------------------------|-------------------------|
| TOTAL DMH 2014 | 7809 | 10523 | 9375 | 8957 | 27484 | 546424 |
| DIVISION OF MENTAL HEALTH SERVICES | | | | | | |
| DMH DIVERSION PROGRAMS | | | | | | |
| HELPLINE (A) | -- | -- | -- | -- | -- | 27301 |
| MOBILE CRISIS INTERVENTION TEAM | 237 | 938 | 959 | 216 | 1175 | 9552 |
| PARTIAL HOSPITALIZATION | 32 | 373 | 369 | 36 | 405 | 4277 |
| SUB-TOTAL | 269 | 1311 | 1328 | 252 | 1580 | 41130 |
| OCCUPATIONS, INC. PROS PROGRAMS | | | | | | |
| RHINEBECK PROS | 93 | 67 | 66 | 94 | 160 | 25597 |
| MILLBROOK PROS | 81 | 55 | 49 | 87 | 136 | 23721 |
| POUGHKEEPSIE PROS | 170 | 186 | 174 | 182 | 356 | 38866 |
| SUB-TOTAL | 344 | 308 | 289 | 363 | 652 | 88184 |
| MENTAL HEALTH AMERICA | | | | | | |
| GENERIC CASE MANAGEMENT | -- | -- | -- | -- | -- | 1620 |
| HEDGEWOOD CASE MANAGEMENT (B) | 90 | 8 | 26 | 72 | 98 | 1235 |
| MHA HEALTH HOME (PRE-ADMISSION) | 415 | 2012 | 1414 | 1013 | 2427 | 2689 |
| MHA HEALTH HOME (ADMISSION) | 1293 | 688 | 431 | 1550 | 1981 | 17794 |
| BEACON PROS PROGRAM (C) | 91 | 46 | 43 | 94 | 137 | 26865 |
| COMMUNITY SUPPORT PROGRAMS (D) | 43 | 5 | 5 | 43 | 48 | 1356 |
| SUB-TOTAL | 1932 | 2759 | 1919 | 2772 | 4691 | 51539 |
| ASTOR SERVICES FOR CHILDREN & FAMILIES | | | | | | |
| POUGHKEEPSIE COUNSELING CENTER | 584 | 542 | 748 | 378 | 1126 | 10489 |
| HYDE PARK COUNSELING CENTER | 185 | 248 | 297 | 136 | 433 | 5126 |
| BEACON COUNSELING CENTER | 268 | 182 | 251 | 199 | 450 | 5152 |
| DOVER COUNSELING CENTER (E) | 109 | 123 | 115 | 117 | 232 | 2387 |
| HOME-BASED CRISIS INTERVENTION PROGRAM | 16 | 88 | 81 | 23 | 104 | 975 |
| INTENSIVE CASE MANAGEMENT | 30 | 52 | 37 | 45 | 82 | 1344 |
| SUPPORTIVE CASE MANAGEMENT | 12 | 35 | 23 | 24 | 47 | 263 |
| DAY TREATMENT CENTER | 59 | 36 | 36 | 59 | 95 | 11791 |
| ADOLESCENT DAY TREATMENT | 106 | 62 | 56 | 112 | 168 | 17418 |
| PARTIAL HOSPITAL | 11 | 131 | 131 | 11 | 142 | 1450 |
| SUB-TOTAL | 1380 | 1499 | 1775 | 1104 | 2879 | 56395 |
| TOTAL DMH 2014 | 7809 | 10523 | 9375 | 8957 | 27484 | 546424 |

(A) EFFECTIVE JANUARY 2014, TEXTING CONTACTS ARE INCLUDED IN SERVICE VOLUME FOR HELPLINE.

(B) PROGRAM WAS DISCONTINUED SEP. 2014 - PATIENTS WERE TRANSFERRED TO MHA HEALTH HOME

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

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

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

DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY - DECEMBER 2014

| | ON ROLLS 1/1/2014 | ADMITS | TERMS | ON ROLLS 12/31/2014 | PERSONS SERVED (EPISODES) | VOLUME OF SERVICE |
|---|-------------------------|--------------|-------------|---------------------------|---------------------------------|----------------------|
| TOTAL DMH 2014 | 7809 | 10523 | 9375 | 8957 | 27484 | 546424 |
| HVMH MENTAL HEALTH CLINICS | | | | | | |
| POUGHKEEPSIE | 1200 | 782 | 711 | 1251 | 1982 | 19283 |
| MILLBROOK | 179 | 102 | 107 | 174 | 281 | 2851 |
| BEACON | 510 | 403 | 323 | 590 | 913 | 13424 |
| EASTERN DUTCHESS | 202 | 119 | 84 | 237 | 321 | 3592 |
| RHINEBECK | 138 | 138 | 117 | 159 | 276 | 3362 |
| FAMILY PARTNERSHIP | -- | -- | -- | -- | -- | 2067 |
| SUB-TOTAL | 2229 | 1524 | 1342 | 2411 | 3753 | 44559 |
| MID HUDSON REGIONAL HOSPITAL | | | | | | |
| INPATIENT | 35 | 1007 | 1000 | 42 | 1042 | 14007 |
| EMERGENCY DEPARTMENT (A) | -- | -- | -- | -- | 5986 | 5986 |
| OUT OF COUNTY HOSPITALS (B) | -- | -- | -- | -- | 910 | 910 |
| RPC CRISIS RESIDENCE (C) | 9 | 228 | 216 | 21 | 237 | 3945 |
| COURT EVALUATIONS | -- | -- | -- | -- | 63 | 154 |
| SUB-TOTAL | 44 | 1235 | 1216 | 63 | 8238 | 25002 |
| TOTAL MENTAL HEALTH DIVISION | 6198 | 8636 | 7869 | 6965 | 21793 | 306809 |
| DIVISION OF CHEMICAL DEPENDENCY SERVICES | | | | | | |
| DMH CHEMICAL DEPENDENCY CLINICS | | | | | | |
| ITAP DAY REHAB PROGRAM | 46 | 79 | 74 | 51 | 125 | 11794 |
| CD CLINIC | 15 | 38 | 38 | 15 | 53 | 671 |
| TRANSITIONS TX PROG. | 0 | 3 | 3 | 0 | 3 | 17 |
| VOCATIONAL CASE MANAGEMENT | -- | -- | -- | -- | -- | 217 |
| CD CASE MANAGEMENT | 36 | 0 | 29 | 7 | 8 | 10 |
| CD ASSESSMENT | -- | -- | -- | -- | 643 | 1194 |
| FORENSIC COORDINATION | -- | -- | -- | -- | 213 | 430 |
| JAIL-BASED SERVICES | 72 | 119 | 155 | 36 | 191 | 4662 |
| SUB-TOTAL | 169 | 239 | 299 | 109 | 1236 | 18995 |
| LCR CHEMICAL DEPENDENCY CLINICS | | | | | | |
| METHADONE PROGRAM | 241 | 46 | 25 | 262 | 287 | 40001 |
| PAGE PARK CD CLINIC | 148 | 461 | 288 | 321 | 609 | 14714 |
| MILLBROOK CD CLINIC | 1 | 11 | 6 | 6 | 12 | 105 |
| BEACON CD CLINIC | 108 | 311 | 147 | 272 | 419 | 10137 |
| EASTERN DUTCHESS CD CLINIC | 35 | 97 | 58 | 74 | 132 | 2260 |
| RHINEBECK CD CLINIC | 19 | 59 | 39 | 39 | 78 | 1686 |
| RED HOOK CD CLINIC | 0 | 0 | 0 | 0 | 0 | 0 |
| MAIN STREET ANNEX | 79 | 253 | 223 | 109 | 332 | 12021 |
| SUB-TOTAL | 631 | 1238 | 786 | 1083 | 1869 | 80904 |
| MHRH TURNING POINT DETOX/REHAB | -- | -- | -- | -- | 1365 | 13339 |
| MARC ALCOHOL CRISIS CENTER | 12 | 381 | 382 | 11 | 393 | 4105 |
| TOTAL CHEMICAL DEPENDENCY DIVISION | 812 | 1858 | 1467 | 1203 | 4863 | 117343 |
| TOTAL DMH 2014 | 7809 | 10523 | 9375 | 8957 | 27484 | 546424 |

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

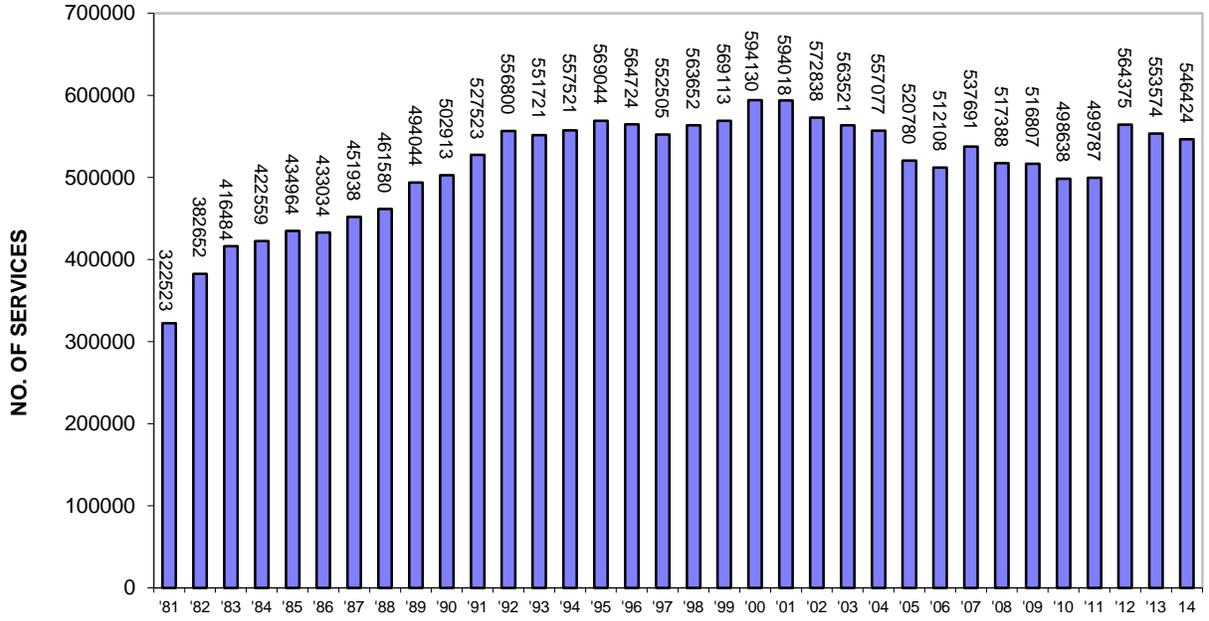
(B) OF THE TOTAL OF 910 ADMISSIONS, 556 WERE ADULTS, AND 354 WERE CHILDREN/YOUTH.

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

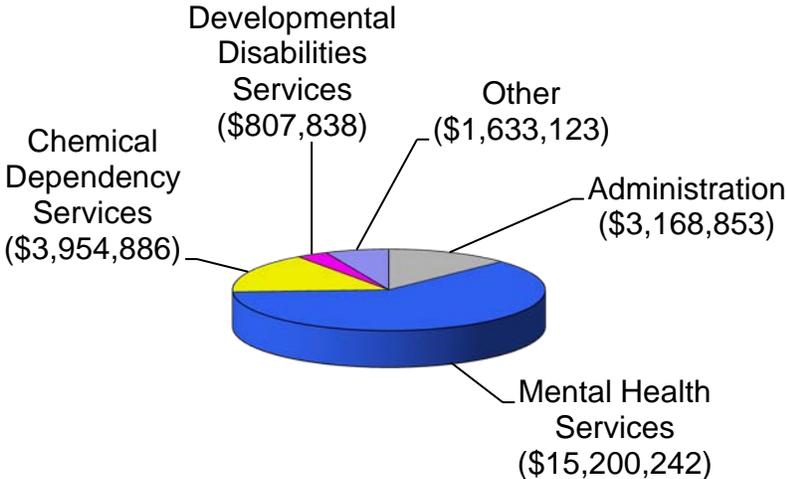
DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY-DECEMBER 2014

| | ON | | | ON | | PERSONS SERVED (EPISODES) | VOLUME OF SERVICE |
|---|-------------------|--------------|-------------|---------------------|--|---------------------------------|----------------------|
| | ROLLS 1/1/2014 | ADMITS | TERMS | ROLLS 12/31/2014 | | | |
| TOTAL DMH 2014 | 7809 | 10523 | 9375 | 8957 | | 27484 | 546424 |
| DIVISION OF DEVELOPMENTAL DISABILITIES | | | | | | | |
| ABILITIES FIRST | | | | | | | |
| DAY HAB | 323 | 23 | 17 | 329 | | 346 | 51068 |
| WORK TRAINING | 221 | 0 | 1 | 220 | | 221 | 30091 |
| WARYAS RECOVERY HOUSE | 7 | 4 | 6 | 5 | | 11 | 1925 |
| SUB-TOTAL | 551 | 27 | 24 | 554 | | 578 | 83084 |
| ARC | | | | | | | |
| SHELTERED WORKSHOP | 133 | 0 | 7 | 126 | | 133 | 18811 |
| AMENIA SATELLITE WORKSHOP | 17 | 0 | 0 | 17 | | 17 | 2573 |
| SUB-TOTAL | 150 | 0 | 7 | 143 | | 150 | 21384 |
| TACONIC | | | | | | | |
| TACONIC DAY PROGRAM | 98 | 2 | 8 | 92 | | 100 | 17804 |
| TOTAL DEVELOPMENTAL DISAB. DIVISION | 799 | 29 | 39 | 789 | | 828 | 122272 |
| TOTAL DMH 2014 | 7809 | 10523 | 9375 | 8957 | | 27484 | 546424 |

DUTCHESS COUNTY DEPT OF MENTAL HYGIENE VOLUME OF PATIENT SERVICES

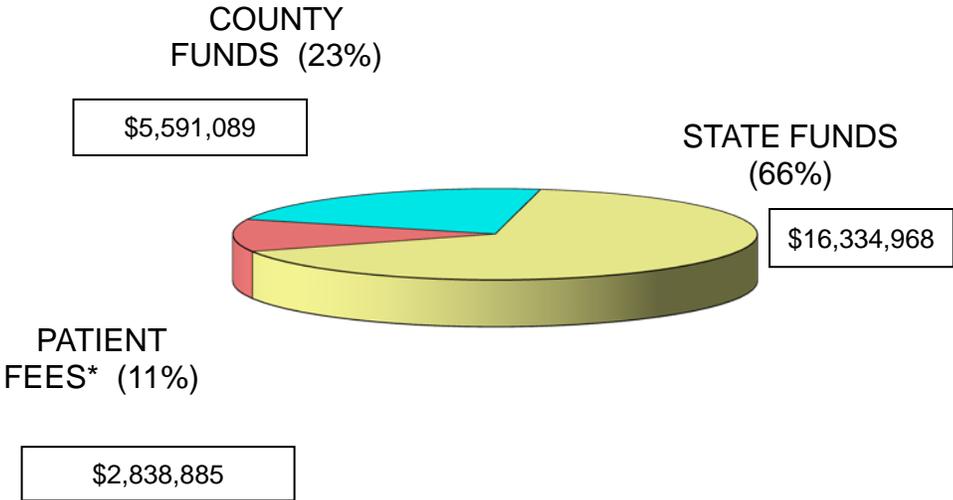


COST OF SERVICES - 2014



TOTAL EXPENDITURES: \$24,764,942

SOURCE OF REVENUE - 2014



TOTAL ALLOCATION: \$24,764,942

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

Division of Clinical Services



Margaret Hirst, LCSW
Division Chief

230 North Road
Poughkeepsie, NY 12601

Phone: (845) 486-3791

Fax: (845) 485-2759

Email: mhirst@dutchessny.gov

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 program, licensed by the New York State Office of Mental Health, is designed to be a short-term, crisis stabilization program in which a patient attends daily, five-days-a-week, six-hours-a-day (from two to six weeks), then returns home during the evening. Over the course of treatment, a patient learns skills to better cope with their mental health, life and situational crises. The structured format provides therapeutic and educational groups, individual and family therapy, psychiatric evaluation, medication management, peer support and advocacy, and care management services. An important part of the treatment is to encourage the patient to use the skill(s) learned

during the day at home that evening. Medication is an equally important element of the program and patients are enrolled in the program long enough to ensure that the best regimen of medication is explored.

While the core mission of PHP is to prevent hospitalization and enhance recovery, the program addresses a broad spectrum of psychiatric needs. This is illustrated in the admitting primary diagnoses.

Of approximately 400 persons served in 2014:

- 43% came with primary diagnoses of depression
- 34% with a diagnosis of bipolar disorder
- 10% with schizophrenia

A number of other disorders co-exist with these primary disorders including anxiety, eating disorders, autism spectrum disorders, and substance abuse. In fact, 54% of the patients admitted had a co-occurring substance abuse diagnosis in addition to their primary mental disorder. We believe our program to be successful in helping persons to return to functioning, for example, only 5% of patients were readmitted to the program during the year.

Since our program curriculum is based on Dialectical Behavior Therapy, initially formulated for the treatment of persons with Borderline Personality Disorder, PHP has proven successful at treating those persons with personality disorders.

Of the 373 admissions, 53 also carried a diagnosis of Borderline Personality Disorder. This represents 15% of total individual patients. This compares to a documented rate of 1.4% of the general population of the U.S. diagnosed with Borderline Personality Disorder according to the National Institutes of Mental Health.

Social issues impact the success of treatment. For example, homelessness remains a risk for many of our patients. There are many reasons why a patient becomes homeless. Sometimes, homelessness occurs as a result of behavior affected by mental illness. Yet, regardless of the severity of the individual's symptoms, the patient is often focused more on obtaining housing than treating the symptoms of the mental illness.

Substance use also continues to have a large impact on patients. Sometimes, individuals use substances to lessen the impact of the symptoms of mental illness. Sometimes, drug use has affected an individual's brain to the point that depression, anxiety, mood changes become a way of life. Always, it is difficult to treat an individual who experiences both mental illness symptoms and addictions to substances.

The change of St. Francis Hospital to MidHudson Regional Hospital (MHRH) on May 9, has brought changes in service delivery to persons with mental illness. PHP continues a working relationship with the MHRH inpatient unit by providing a “step-down” program from the inpatient level of care. Patients are assisted in making the transition from inpatient to outpatient by attending PHP. Additionally, other community care providers of mental health services and substance abuse treatment work cooperatively with PHP to provide continued treatment of various mental disorders.

PHP staff also partners with community organizations such as Alliance House (a community crisis residence), PEOPLE, Inc., and Mental Health America of Dutchess County to provide services that wrap around individuals in crisis. In addition, PHP staff works closely with the Dutchess County HELPLINE, Mobile Crisis Intervention Team (MCIT) and the Dutchess County Housing Coordinator.

Finally, PHP staff works closely with referring agencies and practitioners to arrange for follow-up and continuing treatment services following the PHP stay. Upon completion of PHP, every patient is referred to a provider who can provide services and treatment for mental health and/or substance abuse needs over a long period of time.

In 2014,

- The Average Daily Attendance: 17
- Total Terminations: 369
- For volume of services, there was an average of 356 visits per month as compared to 379 in 2013, 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:

| | Persons Served |
|-------------------------------------|-----------------------|
| MidHudson Regional Hospital | 1,000 |
| Out-of-County Hospitals | |
| Drug/Alcohol Rehab Programs | 261 |
| Out-of-County Psychiatric Hospitals | 910 |
| Correctional Facilities | 48 |
| <i>TOTAL</i> | <i>1,219</i> |

In addition, there are two DMH staff embedded at MHRH---one works as liaison from the inpatient mental health units to the community programs and the other 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) Poughkeepsie Clinic. In 2014,

- 964 patients were served.

MidHudson Regional Hospital

Emergency Department

MidHudson Regional Hospital (MHRH), 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 MHRH Emergency Department | |
|---|---------------------|
| MidHudson Regional Hospital | 1,007 |
| Out-of-County * | 910 |
| <i>TOTAL</i> | <i>1,917</i> |

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

* 556 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 MHRH, which has a 40-bed capacity.

| Month | MHRH Admissions | Open DMH/HVMH/LCR | | MHRH Discharges |
|--------------|-----------------|-------------------|------------|-----------------|
| | | Number | Percent | |
| January | 89 | 22 | 25% | 83 |
| February | 67 | 17 | 25% | 65 |
| March | 87 | 24 | 28% | 87 |
| April | 90 | 20 | 22% | 89 |
| May | 81 | 25 | 31% | 85 |
| June | 86 | 22 | 26% | 86 |
| July | 71 | 22 | 31% | 80 |
| August | 108 | 27 | 25% | 96 |
| September | 75 | 20 | 27% | 75 |
| October | 89 | 36 | 40% | 91 |
| November | 81 | 22 | 27% | 79 |
| December | 83 | 21 | 25% | 84 |
| TOTAL | 1,007 | 278 | 28% | 1,000 |

When all of the mental health beds at MHRH 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 144 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 228 inpatient admissions to RPC.

2014 Out-of-County Inpatient Admissions

| Month | NY Presbyterian | Four Winds | St. Vincent's | Putnam Hospital | Westchester Medical Center | Other | TOTAL |
|--------------|-----------------|------------|---------------|-----------------|----------------------------|------------|--------------|
| January | 7 | 33 | 9 | 10 | 1 | 5 | 65 |
| February | 4 | 31 | 11 | 5 | 5 | 11 | 67 |
| March | 7 | 41 | 6 | 8 | 9 | 11 | 82 |
| April | 8 | 34 | 12 | 10 | 18 | 18 | 100 |
| May | 10 | 46 | 7 | 21 | 11 | 11 | 106 |
| June | 6 | 26 | 9 | 14 | 11 | 5 | 71 |
| July | 5 | 23 | 6 | 15 | 7 | 8 | 64 |
| August | 5 | 19 | 4 | 11 | 11 | 6 | 56 |
| September | 6 | 26 | 4 | 15 | 17 | 6 | 74 |
| October | 5 | 28 | 3 | 12 | 5 | 11 | 64 |
| November | 10 | 44 | 5 | 13 | 20 | 9 | 101 |
| December | 8 | 19 | 4 | 12 | 15 | 2 | 60 |
| TOTAL | 81 | 370 | 80 | 146 | 130 | 103 | 910 |

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 recovery-based 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 in collaboration with other community service organizations, including those that provide peer services. HVMH provides referrals 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, nursing staff and support 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.

| Mental Health Clinic | Persons Served (Episodes) | Volume of Service |
|-----------------------------|--------------------------------------|--------------------------|
| Beacon | 913 | 13,424 |
| Dover Plains | 321 | 3,592 |
| Millbrook | 281 | 2,851 |
| Poughkeepsie | 1,962 | 19,263 |
| Rhinebeck | 276 | 3,362 |
| <i>TOTAL</i> | 3,753 | 42,492 |

Access: Supports for Living, Inc. (formerly known as Occupations, Inc.)

Access: Supports for Living continues to provide Personalized Recovery Oriented Services (PROS) Programs at three sites in Dutchess County (Millbrook, Poughkeepsie and Rhinebeck). Each program is 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 also 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, a Psychiatric Nurse Practitioner and Employee Specialists. Each team is supported by clerical staff.

| Program | Persons Served (Episodes) | Volume of Service |
|--------------------------|----------------------------------|--------------------------|
| Millbrook Center PROS | 136 | 23,721 |
| Poughkeepsie Center PROS | 356 | 38,866 |
| Rhinebeck Center PROS | 160 | 25,597 |
| TOTAL | 652 | 88,184 |

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, care management, community education, and services to the homeless.

Care Management Program

The Care Management (CM) Program serves people over the age of 18 who have a mental illness, or two chronic medical conditions, or a serious and persistent mental illness (SPMI) and substance abuse. There are over 65 staff who are dedicated to serving people with severe and persistent illnesses, 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 Supported Housing, Adult CM and Health Home Care Management.

2014 was an exciting year for CM. Its Housing Program was able to make a huge difference in the lives of the 16 individuals who resided in homes provided.

The graph below indicates the number of people served annually for 2014:

| | |
|--------------------------------------|-------|
| Individuals Served | 3,147 |
| Number of Visits (Face-to-Face Only) | 2,016 |
| Total Services | 2,713 |

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, 2014,

- Performances were presented to 141 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 2014,

- MHA responded to 781 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 125 videos/DVDs. In 2014,

- The Library had 772 visitors.

Trainings/Workshops/Conferences

MHA offered several parenting classes in 2014---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, Men Get Depression, Mental Wellness for Children and Teens, Sibling Rivalry, Seasonal Affective Disorder, and Emotional Regulation.

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.

| Service | Persons Served |
|---|-----------------------|
| Emerge: Parents with Psychiatric Disabilities | 111 |
| Family Support Programs | 275 |
| Respite Programs | 174 |
| Adult Advocacy Program | 774 |
| Young Adult Transition Program | 26 |
| Court Appointed Special Advocates | 31 |
| Compeer | 40 |
| TOTAL | 1,431 |

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 receives 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 2014,

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

| | |
|--------------------------------------|--------|
| Individuals Served | 891 |
| Number of Visits (Face-to-Face Only) | 891 |
| Total Services | 27,591 |

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.

| Program | Persons Served (Episodes) |
|----------------|----------------------------------|
| PROS Beacon | 137 |

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 (IR)

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.

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 | 25 | 47 visits |

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 58 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 OMH 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 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 traditional and natural 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 social inclusion 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. This program follows the "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 understand and control 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. It started in 2012 and Imagine Dutchess focuses 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. Through HRH's Support Services for Veteran Families, HRH provides case management and housing opportunities for homeless military veterans and their families. HRH also provides employment assistance and training aimed at assisting the chronically homeless looking to get back into the workforce or education.

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. In 2014, RSS developed a 50-bed Community Residence Single Room Occupancy (CR-SRO), in Dutchess County for individuals with mental health issues (for further information, see page 45).

RSS is also a large provider of treatment, care management and vocational services. In Dutchess County, this includes operating the Dutch Treat Café, an 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 Hard of Hearing individuals.

In addition, TRI provides the services of a Benefit Counselor to assist consumers 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 complexities and changing regulations. TRI offers benefits counseling at various locations throughout Dutchess 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

Maria Bernal-Rabasco
Chair

Jennifer Ayers, LMSW, MA
Meg Boyce
Joan Cybulski
LMHC, CASAC w/Gambling, CCDP-D
Gary Edelstein, LCSW

Edward Koziol
Jean Miller
Anton Vavrica
Terry Schneider
Associate Member

The Public Forum on Service Needs for Adults with Mental Illness was held on May 6. There were more than 70 persons in attendance and there was lively conversation throughout. Many participants identified issues with services they had received at Saint Francis Hospital. All of these items have been forwarded to Eric Amoh, PA-C, Vice President, Westchester Medical Center (WMC), and will be addressed. At the forum, there also was a sense of anxiety amongst the attendees with regard to the many changes taking place within the behavioral healthcare system.

The Division Chief for Clinical Services serves as Chairperson of the Mental Health & Chemical Dependency Services Providers Committee, which serves as a vehicle for shared consideration of issues related to the delivery of mental health, alcohol and substance abuse services in Dutchess County. Members include staff of State, County, RC Ward Addiction Treatment Center, DMH 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 daily rounds with ITAP staff to help coordinate decision-making in regard to furloughs, planning and general patient status. In 2014,

- 77% of ITAP participants successfully completed the Day Rehabilitation Program or were referred to another treatment program. This is the highest percentage since 2000 (ranging from 44% in 2012 to 77% in 2014, with an average of 67%).
- 88% maintained or improved employment upon completion of the Aftercare Program. This is greatly improved from the previous year (56%). The NYS minimum state standard is 25%.
- 86% 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 36.5% of the program participants. This continues to be reflective of the increase in use of opiates and heroin by young women and their subsequent incarceration for drug related crimes.

Contracted Services

Lexington Center for Recovery, Inc.

Under contract with Dutchess County, the Lexington Center for Recovery, Inc. (LCR), a Westchester County based alcohol and substance abuse treatment agency, operated outpatient chemical dependency clinics and a Methadone Treatment & Rehabilitation Program throughout Dutchess County in 2014.

Outpatient Chemical Dependency

LCR operated six chemical dependency outpatient clinics in Dutchess County that served adults, adolescents and families in Beacon, Dover Plains, Millbrook, Rhinebeck, and two locations in Poughkeepsie (one in the Town of Poughkeepsie and the other in the heart of the City of Poughkeepsie). Services included individual, group and family therapy as well as Psychiatric Evaluations and continuing psychiatric consults for those who needed it.

Adolescent Population

During 2014, 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 evidence-based treatment for youth. LCR continues to utilize the Seven Challenges model to provide comprehensive, mastery counseling to adolescents. The Seven Challenges takes a holistic approach to meet youth where they are at and work toward motivating a decision and commitment to change. It helps young people look at themselves, understand what it takes to give up a drug abusing lifestyle, and prepare for and attain success when they commit to making changes. It addresses the underlying causes of drug use behavior, including psychological and co-occurring problems and lifestyle issues.

LCR continues to emphasize building life skills by engaging youth in pro-social activities in the community as well. Adolescents participate in community events, recreational activities, and skill-building activities in groups and one-on-one with their counselors. The adolescent program also promotes family involvement, and family sessions are performed regularly as part of the adolescent services. Additionally, a weekly parent group is offered for parents to access support and resources. Clinical staff takes a wrap-around approach by working collaboratively with parents and caregivers, other providers, schools as well as the legal system to support the youth and assist them toward building a bright future.

Adult Population

Several specialized programs for both men and women provided treatment which focused on issues of early recovery, relapse prevention, coping skills, compliance, establishing healthy relationships and sober social supports, parenting and vocational planning. These services were available at all of LCR's sites.

As many of the clients are involved with the criminal justice system, our staff liaison to Mandated Client Services collaborated with Probation and Parole to assure effective communication and treatment planning.

Our intensive treatment programs utilized 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 2014, LCR continued to offer three evening clinic groups to accommodate employed clients needing more frequent services. Clients who completed an evening program were then referred to other clinic groups which met less frequently and focused on further development of positive coping skills and relapse prevention. Multiple day services were available at all clinics throughout the year.

In 2014, the Main Street Clinic in downtown Poughkeepsie continued to serve clients with co-occurring disorders (i.e., dually-diagnosed with substance abuse and mental illness) with specialized services. These services included 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, was incorporated into 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.

In 2014, 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 2014, the model the agency began using was "Cognitive Processing Therapy" (CPT). LCR utilized CPT at its Beacon Clinic with individual clients rather than in a group setting. This minimized the need for a "core" group and worked to our satisfaction in this format.

Implementation of Electronic Medical Record

In 2014, LCR began implementation of an Electronic Medical Record in all of our outpatient clinics. In June, the EMR was introduced at the Page Park clinic in

Poughkeepsie and all the satellites, as well as at the Main Street Clinic. In August, the EMR was introduced in Beacon. By the end of the year, the EMR had been fully integrated into all clinics. Sometime in 2015, LCR plans to replace the EMR that is currently being used in the Methadone Maintenance & Rehabilitation Program (AVATAR) with a newly developed Methadone EMR recently built by our current EMR company (10e11). We expect this initiative to be fully operational by the end of 2015.

Methadone Maintenance & Rehabilitation Program

For those who are addicted to opiates, LCR operates a Methadone Maintenance & 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 either of LCR’s Poughkeepsie clinics to assist in maintaining abstinence from other drugs while receiving methadone. Discussion continues regarding plans to expand methadone services to the Beacon area.

| Program | Persons Served (Episodes) | Volume of Service |
|--|----------------------------------|--------------------------|
| Beacon Clinic | 419 | 10,137 |
| Eastern Dutchess Clinic | 132 | 2,260 |
| Main Street Annex | 332 | 12,021 |
| Page Park Clinic | 609 | 14,714 |
| Methadone Maintenance & Rehabilitation Program | 287 | 40,001 |
| Millbrook Clinic | 12 | 105 |
| Rhinebeck Clinic | 78 | 1,666 |
| TOTAL | 1,869 | 80,904 |

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 OASAS’s Strategic Prevention Framework.

Services provided during the 2013/2014 school calendar year are as follows:

| | |
|---|---------------|
| Individuals attending Educational Presentations | 15,000 |
| Individual Counseling Sessions | 3,151 |
| Group Counseling Sessions | 220 |
| Family Counseling Sessions | 275 |
| TOTAL | 18,646 |

Community Prevention Education Program

(Alcohol, Tobacco and Other Drug 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 2014,

- Over 7,000 individuals attended educational presentations offered through community education. CAPE is an OASAS Education and Training Provider.
- 125 Dutchess County youth and SADD advisors attended the Fall SADD Conference.

Information & Referral Services

CAPE maintains a current and comprehensive list of local human services resources available in the Mid-Hudson region. In 2014,

- The Council Information & Referral Services provided substance abuse information and referral services to over 500 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, 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 agencies with expertise in the field of substance abuse.

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. The SDCC was the 2014 recipient of the Drug Free Communities Grant---a five-year Federal grant supporting the reduction of adolescent substance abuse.

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. VIP is a fee-for-service program. In 2014,

- There were 1,636 individuals served.

Alive at 25

Alive at 25 is an evidence-based driver's awareness course designed by the National Safety Council for young drivers ages 16-24. Participants gain awareness, develop safety strategies, and build a foundation of healthy and responsible decision-making. CAPE's Prevention Educators are certified by the National Safety Council to deliver this program. Alive at 25 is a fee-for-service program.

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 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. TIPS is a fee-for-service program. In 2014,

- CAPE delivered this training to two beverage serving establishments; there were a total of 39 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 2014,

- Over 3,000 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. City of Poughkeepsie, Hyde Park 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 2014,

- 31 students were served and there were 9 adult volunteer:

| School District | # of Students Served | # of Mentors (Volunteers) |
|-----------------|----------------------|---------------------------|
| Hyde Park | 13 | 5 |
| Poughkeepsie | 9 | 2 |
| Webutuck | 9 | 2 |
| TOTAL | 31 | 9 |

Professional Education & Training

CAPE a licensed OASAS Prevention Provider trained as trainers in Recovery Coaching, Teen Intervene and Substance Abuse Prevention Skills Training (SAPST). CAPE will be trained as a trainer in SBIRT in 2015.

Mid-Hudson Addiction Recovery Centers

Mid-Hudson Addiction Recovery Centers (MARC) operates a NYS Office of Alcoholism & Substance Abuse Services (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 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 | 564 |
| Volume of Service (Resident Days) | 34,667 |

Chemical Dependency Services Subcommittee

The Division Chief for Clinical Services serves as staff liaison to the Mental Hygiene Board’s 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
Anthony Eack

Donna Gorman, P.O.
Rosemary Thomas

The Public Forum on Service Needs for Chemically Dependent Persons was held on April 17. There were approximately 75 persons in attendance, including the Majority Leader of the DC Legislature, behavioral health staff from Westchester Medical Center, and Jennie Salimbene, LCSW, from Lexington Center for Recovery. It was a lively spirited meeting, emphasizing yet again the need for affordable, safe and sober housing and better transportation with more routes, especially in the eastern part of the county.

Intellectual and Developmental Disabilities Services

The Intellectual and Developmental Disabilities (IDD) Services Coordinator is responsible for the coordination of services for individuals with intellectual and developmental disabilities (e.g. 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 and works closely with the DMH IDD contract agencies, Abilities First, Inc. and Dutchess ARC. DMH provides regular clinical consultation by providing representatives to the Special Review Committees for both agencies. The OPWDD's "Transformation Agenda" involves the progression of "The Olmstead Act", which promotes a less 'institutionalized' system of care. Not just in a physical sense, but also there are not a sufficient amount of employment and day services provided in community-based, integrated environments for people with IDD. The movement involves providing the least restrictive and integrated housing, vocational and recreational activities for individuals with IDD. In 2013, Wassaic Development Center was closed. The closure of this facility has made it difficult to serve individuals with multiple complex needs that are difficult to meet in the community.

The plan to stop future approval and development of Intermediate Care Facilities has been actualized. All new residential development involves Individualized Residential Alternatives or non-certified apartments.

The anticipated changes in the delivery of services involving the implementation of managed care, known as Developmental Disability Individual Support and Care Coordination Organizations (DISCOs), has been delayed. It appears the implementation may not start until October 2016.

In addition, OPWDD continues to work on the new tool for "needs assessment", which is incorporated into the OPWDD 115 People First Wavier. The new Coordinated Assessment System (CAS) will be built from the InterRAI Assessment Suite. Currently, OPWDD has a pilot program using the new CAS Tool.

Due to the development of Taconic DDRO's Access to Residential Opportunities Committee, DMH is no longer involved in the residential planning for individuals within Dutchess County. All private, not-for-profit providers have been mandated to comply with Taconic DDRO's management and approvals for residential placements. Dutchess County, along with other counties, continues to ask for more involvement with residential placements in order to help with the needs of the individuals.

OPWDD implemented Systemic Therapeutic Assessment Respite and Treatment (START). START is for dually-diagnosed individuals, and it is an evidence-informed model for crisis intervention and preventive services. The goal of this service is to promote a system of care through linking the provision of community services, natural supports and mental health treatment for dually-diagnosed individuals. At the end of the year, the team started accepting referrals, but the four respite beds (2 crisis and 2 planned respite beds) have not been developed.

Staff of OPWDD’s Taconic DDRO has service responsibility for IDD individuals from Dutchess County and surrounding areas. In 2014, the DDRO Taconic Day Treatment Program:

| Program | Persons Served (Episodes) | Volume of Service |
|-------------------------------|---------------------------|-------------------|
| Taconic Day Treatment Program | 100 | 17,804 |

Contracted Services

Abilities First, Inc.

Abilities First, Inc. (AFI) is a locally based not-for-profit agency which offers services to individuals with IDD 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.

| Program | Persons Served (Episodes) | Volume of Service |
|-----------------------|---------------------------|-------------------|
| Day Habilitation | 346 | 51,068 |
| Waryas Recovery House | 11 | 1,925 |
| Work Training | 221 | 30,091 |
| TOTAL | 578 | 83,084 |

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 IDD 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 IDD 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

| Program | Persons Served (Episodes) | Volume of Service |
|-----------------------------|--------------------------------------|--------------------------|
| Amenia Satellite Workshop | 17 | 2,573 |
| LaGrange Sheltered Workshop | 133 | 18,811 |
| <i>TOTAL</i> | <i>150</i> | <i>21,384</i> |

Intellectual & Developmental Disabilities Services Subcommittee

The IDD Coordinator serves as the staff liaison to the Mental Hygiene Board's IDD 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
Intellectual & Developmental Disabilities Services
Subcommittee

Joyce Carter-Krawczyk, LMSW
Chair

Susan Haight, RN
Ronald Lehrer, LMSW
Carl Needy, M.D.
Ronald Rosen, Ed.D.

Margaret Slomin
Sandra Swan
Jane Keller
Cindy Merritt

The Public Forum on Service Needs for Individuals with IDD was held on March 11. There was a larger than usual turnout due in part to the many changes occurring within the NYS Office for People with Developmental Disabilities involving the Transformation Agenda and the anticipated July 2014 implementation of DISCOs. Several issues highlighted by the participants during the forum are as follows:

- Dutchess County needs more available public transportation, especially now that we're involved in the final stages of the deinstitutionalization movement.
- Dutchess County businesses need incentives to hire individuals with IDD and possible engagement of Dutchess County Chamber of Commerce.
- Many Dutchess County IDD individuals are aging and more resources are needed to meet this populations needs.
- Young adults transitioning from our school systems sometimes have limited access to vocational resources.

The IDD Coordinator serves as Chairperson of the Developmental Disabilities Planning Council (DDPC). The DDPC is composed of directors of agencies serving IDD persons and senior staff of the Taconic DDRO. The Council meets monthly to collaborate and share information and ideas for the delivery of services for individuals with IDD.

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, supervision, and to prevent incarcerations for these individuals.

| Statistics since the Inception of AOT Program (August 1999 - 2014) | | |
|---|-------------------------|-----------|
| | 2014 Volume of Services | 1999-2014 |
| Completed AOT Orders | 9 | 223 |
| Enhanced Services Contracts | 3 | 33 |
| Extensions | 10 | 118 |
| Investigations | 18 | 574 |

Children & Youth Coordination

The administrative oversight for community-based services for children and youth services is under 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.
- MidHudson Regional 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)

The adolescent inpatient mental health unit at the former Saint Francis Hospital was closed in April 2009. All children & youth who require psychiatric hospitalization must go out of Dutchess County.

| MHRH Emergency Department Disposition of Children/Youth | | | |
|--|--------------------------|----------------------------|---------------|
| Month | Evaluated and Discharged | Evaluated and Hospitalized | <i>Totals</i> |
| January | 42 | 14 | 56 |
| February | 41 | 13 | 54 |
| March | 51 | 16 | 67 |
| April | 68 | 27 | 95 |
| May | 76 | 24 | 100 |
| June | 71 | 17 | 88 |
| July | 52 | 10 | 62 |
| August | 43 | 11 | 54 |
| September | 60 | 14 | 74 |
| October | 79 | 15 | 94 |
| November | 67 | 22 | 89 |
| December | 76 | 18 | 94 |
| TOTAL | 726 | 201 | 927 |

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 | 273 |
| Rockland Children’s Psychiatric Center | 40 |
| <i>TOTAL</i> | <i>313</i> |

Contracted Services

In addition to its directly-operated programs, DMH has contracts with Astor Services for Children & Families, Inc. and Mental Health America of Dutchess County, Inc. (MHA). Affiliates are MidHudson Regional Hospital, 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, Rhinebeck, Hyde Park & Poughkeepsie 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 Place, 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 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 and children who engage in sexualized behavior receive services in the Pathways to Healthy Living Program. This service provides individual, family therapy and education 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 provides 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 youth return to school and remain out of the criminal justice system.

| Collaborative Solutions | |
|--|-------------|
| Chemical Dependency & Risk Assessments | 45 |
| Functional Family Therapy | 11 families |
| Consultation & Follow-Up Services | 452 |

During 2014, the position for the Collaborative Solutions staff member was vacant for three months.

Family Court Evaluations

| Astor Forensic Team Family Court Evaluations | |
|---|-----|
| # of Evaluations | 113 |
| Units of Service | 162 |

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 | 168 | 17,418 |
| Adolescent Partial Hospital | 142 | 1,450 |
| Counseling Centers (ages 2-21) | 2,241 | 23,154 |
| School-Age Day Treatment | 95 | 11,791 |
| Home-Based Crisis Intervention | 104 | 975 |
| Intensive Case Management | 82 | 1,344 |
| Supportive Case Management | 47 | 263 |
| TOTAL | 2,879 | 56,395 |

Mental Health America of Dutchess County, Inc.

DMH contracts with Mental Health America of Dutchess County (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 & Youth Services Coordinator serves as the staff liaison to the Mental Hygiene Board'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

Alexis Yun Hill
Terry Iorio
Aviva Kafka
Karen Lynch

Kasha Morgan
Carole Pickering
Annetta Scott, Ph.D.
Diane J. Whiteman, LMSW

The Public Forum on Service Needs for Children & Youth with Emotional and/or Chemical Dependency was held on May 5, 2014. Attendance reflected about the same number from former children and youth public forums, approximately 35 (which included a number of youth who spoke about the benefits they have received from "Teen Challenge"). It has always been very difficult to engage parents for this forum. There were many positive comments made about Astor's Open Access intake system, which has made it much easier to start treatment.

The main concern was the reduction in funding for the Independent Living apartments for youth. Hudson River Housing has received this funding for apartments for 16 - 24 year olds for many years. Participants expressed serious concern over this loss. Also, the absence of local psychiatric inpatient beds for youth and lack of transportation, especially in the eastern corridor, were of concern.

The Children & Youth Services Coordinator serves as Chairperson of the Children's

Providers Committee. This committee is composed of representatives of provider agencies and meets 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 6th Annual Conference on October 17 at Faith Christian Assembly of God, Poughkeepsie, with 153 participants representing 11 school districts and 38 Dutchess County agencies. A presentation on Trauma was provided by Dr. David Crenshaw and workshops included Safe Talk (suicide prevention skills); an overview of Family Court by Family Court staff; Parents & Teachers as Allies (a NAMI program); and Wellness provided by a staff member from MHA.

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 Program 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, as well as MidHudson Regional Hospital of Westchester Medical Center. 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 2014,

- Of the 601 referrals completed, 493 (82%) 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 193 (this is a 164% increase over the targeted number of recommendations).

Drug Courts

The Beacon Drug Court is the only misdemeanor Drug Court in Dutchess County being tracked by FAS in 2014. Although the number of participants began to shrink in 2012 when the Office of Court Administration greatly reduced the number of Resource Coordinators throughout the State, the number of participants has remained steady for the past two years with 10 participants at the end of December 2013 and 10 participants at the end of December 2014. In 2014,

- There were 5 new admissions and 6 terminations (2 of whom graduated).

Judicial Diversion is a Drug Court model for felony offenders; it is mandated by NYS 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. There were fewer participants at the end of December 2014 (39) than in 2013 (45). In 2014,

- There were 15 new admissions and 21 terminations (12 of whom graduated).

Welfare-to-Work

DMH works closely with the Department of Community & Family Services (DCFS) Chemical Dependency Assessors to meet the goals of the Welfare-to-Work program in the State. DMH provides an assessment of individuals applying for Public Assistance and Medicaid, 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 2014,

- 1,029 assessments were completed.
- Of those assessments, 609 were determined employable and 420 were unable to work with chemical dependency treatment mandated.
- The DCFS Assessors completed 317 drug tests.

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 intellectual and developmental disabilities, 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.

2014 marks the fourteenth year of the Single Point of Entry (SPOE). 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 Assisted Outpatient Treatment (AOT) Services. The Coordinator reviews the Care Management referrals and forwards them to Mental Health of America of Dutchess County (MHA) 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:

| Statistics | 2014 | 2001-2014 |
|----------------------------|-------------|------------------|
| SPOA Applications Received | 494 | 2,897 |
| Housed | 134 | 1,535 |

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., MidHudson Regional Hospital, 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 intellectual 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 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.

DMH awarded seven supported housing units to Hudson River Housing for individuals with serious mental illness who meet at least one of the following high need eligibility criteria:

- Individuals with a serious mental illness who are patients of NYS OMH Psychiatric Centers or residents of OMH-operated residential programs. This is the priority population for which these housing resources are targeted, OR

- Individuals with a serious mental illness who are being discharged from an Article 28 hospital or Article 31 hospital and in need of Supported Housing or for whom housing would assist in a state hospital diversion.

Rehabilitation Support Services, Inc. (RSS), in partnership with the Kearney Realty and Development Group, has developed a housing unit with support services program on the newly extended portion of Hudson Avenue, Poughkeepsie. Highridge Gardens opened its doors on January 16, 2015. It is a beautiful entity, serving 50 tenants. Tenants pay 30% of their income towards rent. RSS provides 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 is licensed as a NYS Office of Mental Health (OMH) service enriched Community Residence-Single Room Occupancy (CR-SRO). In an effort to enhance communication, DMH's Housing Coordinator meets with the housing and treatment providers on a quarterly basis to address the concerns and frustrations of both parties.

| Residences Licensed by NYS Office of Mental Health | | |
|---|------------------------------|-----------------|
| Category | No. of Residences | Capacity |
| Astor Residential Treatment Facility | 1 | 20 |
| Crisis Residence | 1 | 12 |
| Private Congregate Treatment | 3 | 69 |
| State Operated Community Residences | 2 | 40 |
| Community Residence (Single Room Occupancy) | 1 | 50 |
| Not-for-Profit Community Residences | 4 | 52 |
| Supportive Apartment Treatment | 22 | 36 |
| Family Care Homes | 15 | 56 |
| Unlicensed Supported Housing | 251 | 251 |
| TOTAL | 300 | 586 |

| Residences Licensed by NYS Office of Alcoholism & Substance Abuse Services | | |
|---|------------------------------|-----------------|
| Category | No. of Residences | Capacity |
| Community Residence | 4 | 50 |
| Crisis Center | 1 | 12 |
| Supportive Living Opportunities | 1 | 12 |
| Unlicensed Supported Units | 40 | 40 |
| TOTAL | 46 | 114 |

| Residences Licensed by NYS Office for People with Developmental Disabilities | | |
|---|------------------------------|-----------------|
| Category | No. of Residences | Capacity |
| 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 Alternative | 38 | 212 |
| State Respite Beds | 5 | 5 |
| TOTAL | 195 | 973 |

| 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 |
| TOTAL | 50 | 699 |

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 328 cases that were closed, 143 were referred to mental health and/or chemical dependency treatment post-release. In 2014,

- 92% (132) of the 143 individuals who were referred to treatment in the community and attended the first treatment appointment.
- 73% (97) remained in treatment or had satisfactorily completed a treatment episode.
- The Team also assisted inmates returning to the community with 49 housing referrals, 188 patient transports, 15 temporary assistance applications and 24 Social Security Disability applications.

Vocational Services

DMH continues to offer work readiness training which provides linkages to job placement for individuals. Mid-Hudson Addiction Recovery Centers 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 2014,

- 75 individuals attended educational or skill training programs.
- 67 individuals obtained fulltime/part-time employment.
- 39 individuals did volunteer work through the support of the vocational case manager.

Prevention Services

Dutchess TEXTS

On January 2, 2014, DMH implemented its Dutchess TEXTS program through Dutchess County HELPLINE. We responded to over 300 text conversations per month and over 3,500 texts this year. In several instances, the police were notified and suicidal youth were actively rescued.

Mental Health First Aid

Mental Health First Aid is a public education program designed to help the public to intervene when someone is developing a mental health/substance use disorder or when someone is in crisis, including suicide risk. It also reduces stigma surrounding mental illness in the general community.

February 3-7, DMH trained 22 trainers in Mental Health First Aid Adult version through the National Council on Behavioral Health. Those trainers have been conducting trainings for their own agencies, other agencies, school personnel and the general public. Over 600 people from April – December were trained. A Mental Health First Aid Coalition was formed for trainers to share information and ideas going forward to develop a shared calendar of trainings.

In May, Marie Dynes, LCSW, Coordinator of Prevention Services, and William Eckert, LCSW, Unit Administrator, Jail-Based Services, became certified in the additional supplement of Mental Health First Aid designed for police, corrections and public safety officers. This training has been offered at the Dutchess County Department of Probation and Community Corrections. In November, Ms. Dynes and Beth Alter, LCSW, Director, Office of Community Services, were trained to be trainers in the Mental Health First Aid Youth version.

Prevention Council

In 2013, the Prevention Council was formed to provide guidance and consultation in planning our Prevention Initiative. There are approximately 20 members on the Council ranging from DMH, various County departments, not-for-profit agencies, Hyde Park School District, MidHudson Regional Hospital, National Alliance for the Mentally Ill, American Federation of Suicide Prevention, Mediation Center of Dutchess County, and Grace Smith House.

In March, Council members were provided training in Substance Abuse Prevention Skills Training, the research-based federally-sponsored prevention programming benchmark, which provided a broad background in the Strategic Prevention Framework. This framework can be applied to aspects of planning, implementation and evaluation of prevention programs, practices and strategies across behavioral and physical health and will be used as the framework for all prevention efforts.

In July, the Council met for a retreat at Bowdoin Park and spent half of a day looking at the data from the “Communities That Care Survey”, conducted in October 2013 in Dutchess County by the Council on Addiction Prevention and Education. Over 5,000 8th, 10th and 12th graders responded to this survey. From this data, risk and protective factors specific to Dutchess County were identified from which a logic model for prevention of mental health problems and substance abuse was developed

Dutchess County HELPLINE Suicide Prevention, Education and Awareness App

In September, DMH’s Dutchess County HELPLINE launched a Suicide Prevention, Education and Awareness app. In consultation with MacWorks, Inc. and in partnership with Ulster County, we developed a suicide prevention application for iPhone, iPad and Android devices. This app was originally developed by Ulster County utilizing NYS Office of Mental Health’s Suicide Prevention Education and Awareness Kit. It was modified to provide Dutchess County specific information and includes an excellent introductory video by Dutchess County Executive Marcus Molinaro. This app was released in consultation with the County Executive’s Communications Office. Demonstrations of the app, materials promoting the app and discussions regarding the app, with school personnel, Probation, private agencies and at community forums have been provided.

Screening, Brief Intervention, Referral to Treatment (SBIRT)

SBIRT is a program which helps to identify risky substance users and those with a diagnosable substance use disorder. It also trains the screener in basic motivational interviewing skills, which has an evidence-base in changing those behaviors. Finally, SBIRT provides information on how to refer those with a substance use disorder to treatment. This same model can also be applied to screenings for anxiety, depression and other emerging mental health concerns. Ms. Dynes will be bringing in a trainer to begin to train both primary care practitioners and behavioral health providers in this model in 2015.

In November, Ms. Dynes was chosen by the NYS Office of Alcoholism and Substance Abuse Services to be trained as a trainer in Teen Intervene, which is a much more intensive SBIRT model for teens and young adults and includes a parent component. This training will be offered to Dutchess County Government employees and not-for-profit agencies throughout the County next year.

Forums

In 2014, many forums were held in schools, for the public and for school staff, to provide education and raise awareness about the opiate and heroin epidemic, as well as other substance abuse problems. The County Executive's Office sponsored two forums--one at Locust Grove and one at the Poughkeepsie High School. The Council on Addiction Prevention and Education sponsored seven more, and another local coalition Dutchess Apps, sponsored two. DMH staff participated in these forums as presenters, providing informational tables and helping to organize some.

Second Step Implementation in Schools

Second Step is a universal, classroom-based prevention program designed to teach children to identify and understand their own and others emotions, reduce impulsiveness, choose positive goals and manage their emotional reactions and decision making process when emotionally aroused. The middle school curriculum focuses specifically on empathy and communication, bullying prevention, emotion management and coping, problem solving and substance abuse prevention.

In April, we provided Second Step supplies to elementary schools for children in the following schools:

- The Early Learning Center, Poughkeepsie
- Clinton Elementary, Poughkeepsie
- Warring Elementary, Poughkeepsie
- Krieger Elementary, Poughkeepsie
- Morse Elementary, Poughkeepsie
- Netherwood Elementary, Hyde Park

In November, a second order of Second Step supplies was placed to blanket the above listed schools so that every class could provide this curriculum. In addition, the Poughkeepsie Middle School decided to join the group and utilize Second Step in their building. There are approximately 2,500 students in the elementary schools that now use Second Step. Once Poughkeepsie Middle School begins implementation, there will be 3,500 students impacted through these resources.

The following private not-for-profit agency projects funded through Prevention are as follows:

Council on Addiction Prevention and Education (CAPE)

CAPE was provided with \$10,000 to conduct the "Communities That Care Survey" in 8th, 10th and 12th grades in Dutchess County Schools.

Imagine Dutchess

Prevention funding in the amount of \$40,000 was given to PEOPLE, Inc. to forward their plan for Imagine Dutchess. PEOPLE, Inc. is looking to develop an integrated

system of care where whole health and wellness are the focus. The initial phase of this project is to develop an Internet Technology platform for Dutchess County where individuals looking for any type of health or wellness can shop for that service.

National Alliance for the Mentally Ill (NAMI)

NAMI was given \$10,000 to increase attendance at their “Family to Family” and NAMI Basics classes. These classes are integral in providing education and support to individuals and families who are struggling with mental illness. As a result of this funding, NAMI was able to advertise for their classes and provided the following groups:

- Family to Family in Poughkeepsie in March 2014 (23 participants) and September 2014 (25 participants)
- Family to Family in Dover Plains in March 2014 (22 participants) and September 2014 (12 participants)
- NAMI Basics in Arlington in March 2014 (13 participants) and November 2014 (11 participants)

Division of Administrative Operations



Gerald Brisley, MBA
Division Chief

85 Civic Center Plaza
Poughkeepsie, NY 12601

Phone: (845) 486-2755
Fax: (845) 486-3447
Email: gbrisley@dutchessny.gov

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, Office of Budget & Finance (OBF), 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 support and services.

In 2013, Dutchess County hired the Center for Governmental Research, Inc. to study the feasibility of the merger of the Departments of Mental Hygiene and Health. That study provided for four options regarding the merger, varying from no merger to a full merger of both entities, and recommended a full merger. It was almost unanimously and unilaterally received and, in the fall of 2014, the merger of the Administrative Operations staff of the two departments began.

The first step in this merger was the creation of workgroups to address various pieces of the fiscal operations, accounts payable, billing, contracting, payroll, and purchasing. The workgroups consisted of the DMH and Department of Health (DOH) fiscal/administrative operations staff working in these areas and the task of the workgroup was to document the similarities and differences in the processes in the two departments, determine an optimum level of staffing for each process, and provide a recommendation to the Transition Oversight Team on how to merge the processes of two separate and discrete entities into one.

The recommendations from these workgroups were completed in early January 2015 and the process of merging of the Administrative Operations divisions began.

The Division of Administrative Operations proved vital in supporting all of DMH in achieving positive outcomes, and reviewing and submitting proposals securing additional one-time funding of \$350,000 for the creation of a Prevention Program, from the NYS Legislature, through the NYS Office of Mental Health (OMH), as a result of the closure of the Hudson River Psychiatric Center (HRPC) to bolster outpatient community support programs and services.

Office of Budget & Finance

In late December 2013, Deborah Ramsay, CPA, Director, OBF, was reassigned to DOH to provide fiscal direction and support to a fiscal unit that was without a Director since June 2012. Throughout 2014, DMH's OBF continued to provide projections of the impact of proposed and implemented changes in state aid, rate and subsidy changes from NYS, including revenue/rate projections based on the retroactive re-adjudication of Medicaid claims from OMH's Clinic Restructuring Methodology phase-in and the Office of Alcoholism & Substance Abuse Services' APG 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 and Grounds

Mental Health Center

The Department of Public Works (DPW) continued to provide support to DMH in its continuous efforts to maintain and operate the Mental Health Center 24/7/365.

Support Services

Support services staff adjusted to a great many retirements and departures over the last several years while assuming more responsibility for administering our services. 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.

Office of
Psychiatric Coordination



Richard Miller, M.D.
Medical Director

230 North Road
Poughkeepsie, NY 12601

Phone: (845) 486-2780

Fax: (845) 486-3789

Email: rgmiller@dutchessny.gov

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 psychiatric 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.

| Clinical Incidents Comparison Report 2011, 2012, 2013 & 2014 | | | | |
|---|-----------|-----------|-----------|-----------|
| | 2011 | 2012 | 2013 | 2014 |
| Accidental Injury | 9 | 4 | 1 | 0 |
| Alleged Abuse | 5 | 2 | 0 | 0 |
| Assaults | 25 | 5 | 0 | 0 |
| Deaths | 12 | 13 | 5 | 5 |
| Drug Reaction | 0 | 1 | 0 | 0 |
| Medication Error | 12 | 4 | 5 | 4 |
| Other | 22 | 7 | 4 | 12 |
| Patient Fight | 2 | 0 | 0 | 0 |
| Self-Injurious Behavior | 6 | 4 | 4 | 4 |
| Suicide | 0 | 0 | 0 | 1 |
| Suicide Attempts | 5 | 3 | 0 | 2 |
| TOTAL | 98 | 43 | 19 | 28 |

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 reports are completed in a timely manner. Further coordination includes making evaluations available to defendants that may be residing in other parts of the criminal justice system statewide. In 2014,

- DMH received and processed 84 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 2014,

- 64 patients received assistance with their psychotropic medications totaling \$11,663.00

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 addition, 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.

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



Eunice Senatore, LCSW
Director

230 North Road
Poughkeepsie, NY 12601

Phone: (845) 486-3725

Fax: (845) 486-2882

Email: esenatore@dutchessny.gov

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 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 revised 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 2014,

- All employees were provided with a review of the policy; and
- 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.

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.

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.

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.

Our Director of the Office of Information Technology continues to ensure that DMH's electronic network is HIPAA and 42 CFR compliant for PHI confidentiality. DMH is committed to upholding the HIPAA Privacy Rule.

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---Hudson Valley Mental Health, Lexington Center for Recovery, Inc. and Access: Supports for Living, Inc. A separate subcommittee of the PC/URC, privileged in child and adolescent treatment, monitors the records of Astor Services 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.

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.

Clinical Incident Monitoring

As part of the QI Program, an annual summary of clinical incidents is presented to the 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.

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



Beth Alter, LCSW
Director

230 North Road
Poughkeepsie, NY 12601

Phone: (845) 486-2760
Fax: (845) 486-2829
Email: balter@dutchessny.gov

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.

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 Director is the DMH liaison with the Department of Health and the Emergency Operations Center addressing issues of emergency preparedness.

In October 2014, DMH's MCIT and Astor Services for Children and Families' Mobile Team joined. Three Astor staff are now co-located with the DMH MCIT, allowing 7 day response to emergencies impacting children, youth, adults and families; the partnership has worked very well to better serve the community.

HELPLINE

HELPLINE, overseen by a Clinical Unit Administrator, is the Department's 24/7/365 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, toll-free (877) 485-9700 or by texting "DMH" to 741 741.

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.

In 2014, there were seven active rescues---five from the Mid-Hudson Bridge, one from the Beacon/Newburgh Bridge, and one from the Bear Mountain Bridge. The phones were activated in three of the instances (two were Mid-Hudson and one was Bear Mountain).

In 2014, there were seven completed suicides from the bridges---three from Beacon/Newburgh, one from Kingston/Rhinecliff, one from Rip Van Winkle, one from Walkway Over the Hudson, and one from Bear Mountain. Of the above, only the Rip Van Winkle phone was activated.

In 2014, HELPLINE responded to 23,386 calls. Of the 23,386 calls, 11,350 were crisis calls. 3,238 were specifically through the LifeNet National Hotline. In addition,

HELPLINE responded to 24 White House letters via LifeNet (letters to the White House that make reference to suicide).

HELPLINE received 241 non-emergent calls from the Walkway line (not actually from the Walkway). This was a result of the actual telephone line number being published erroneously by Verizon as a 411 resource. A request to change the number to a non-published one was completed in October to address this issue.

| HELPLINE Services (Phone and Face-to-Face) | | | | | | |
|--|---------------------|--------------|-----------------|--------------|--------------|---------------|
| Month | Crisis Intervention | Pre-Intake | Info & Referral | Other* | Texting | Total |
| January | 1,027 | 543 | 64 | 377 | 270 | 2,281 |
| February | 753 | 479 | 38 | 323 | 289 | 1,882 |
| March | 965 | 593 | 47 | 377 | 308 | 2,290 |
| April | 874 | 521 | 52 | 378 | 332 | 2,157 |
| May | 981 | 593 | 68 | 440 | 363 | 2,445 |
| June | 901 | 495 | 62 | 502 | 290 | 2,250 |
| July | 922 | 515 | 44 | 471 | 271 | 2,223 |
| August | 989 | 429 | 45 | 479 | 310 | 2,252 |
| September | 952 | 484 | 41 | 571 | 279 | 2,327 |
| October | 979 | 536 | 51 | 525 | 284 | 2,375 |
| November | 1,005 | 435 | 68 | 530 | 371 | 2,409 |
| December | 1,002 | 429 | 55 | 639 | 285 | 2,410 |
| TOTAL | 11,350 | 6,052 | 635 | 5,612 | 3,652 | 27,301 |

* includes planning, linking case management

| | |
|----------------------------|---------------|
| # of Face-to-Face Contacts | 263 |
| # of Phone Contacts* | 23,386 |
| # of Texting Contacts | 3,652 |
| TOTAL | 27,301 |

* Volume of Service average per month for phone contacts was 1949

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 MidHudson Regional 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 insures that all of the necessary information and forms are faxed to the relevant police departments. In 2014,

- There were 61 Orders issued, a decrease from 2013 (in which there were 78 Orders issued). Of the 61 individuals apprehended as a result of 9.45 Orders, 45 were subsequently hospitalized (74%).

HELPLINE also triages and facilitates referrals to MCIT. In 2014,

- HELPLINE made 196 such referrals

On January 3, HELPLINE began a texting program for youth, as part of the National Crisis Text Line (CTL). HELPLINE staff participated in a total of 3,652 texting conversations during the year, with youth across the country. In April, Danielle Garcia, CMHC, was named Texter of the Month by CTL for her high customer satisfaction rating.

Mobile Crisis Intervention & Prevention Team (MCIT)

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 and/or inpatient psychiatric admission. The Team strives to support individuals in the community and to assist with engagement/re-engagement to local mental health and chemical dependency services. The staffing for MCIT consists of a Supervising Social Worker, three Licensed Master Social Workers, two Registered Nurses (RN), one Licensed Community Mental Health Counselor, two Mental Health Counselor, and three Community Mental Health Aides.

In November 2014, DMH began offering services to children and families. Three Astor staff were hired for MCIT. Additionally, two Social Workers and two Community Mental Health Counselors were hired for the Mobile Team.

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

MCIT Referrals

There was a year-end total of 953 referrals for adults with an average of 79 referrals per month. There were a total of 34 referrals for youth in the last two months of the year. Astor staff began transitioning in mid-October. The months with the highest number of referrals were March with 96, May with 84, October with 87 and November with 90. This coincides with other reports indicating the spring and fall as times of greatest risk for mental health crises.

HELPLINE is by month, consistently the greatest source of referrals. Hudson Valley Mental Health, family and self-referrals are the second highest source of referrals. The number of referrals from families often comes with the assistance of the HELPLINE. MidHudson Regional Hospital (MHRH), DMH's Partial Hospital Program, Personalized Recovery Oriented Services (PROS), Department of Community & Family

Services' (DCFS) Adult Protective Services (APS) and Office of Probation & Community Corrections follow, with MHRH making an average of 8 referrals per month – up from 5.5 in 2013. Other referrals come from other clinics/service providers (e.g. PEOPLE Inc., Mid-Hudson Addiction Recovery Centers (MARC), Rockland Psychiatric Center's Dutchess Clinical Team, Lexington Center for Recovery - then hospitals, colleges, housing providers and Spectrum Behavioral Health. These referrals provide support in the form of Mental Status Examinations in addition to linking patients to treatment. These people have decompensated due to medication non-compliance, transportation problems, family problems or other issues. MCIT also provided services to Hudson River Housing, which includes Hillcrest House, the Shelter Program and the Partnership Program, particularly the Living Room, in a successful effort to divert potential crises. Support is given to the Office for the Aging, Crime Victim Services, Mental Health of America of Dutchess County and River Haven. Finally, support is given to DCFS, particularly APS and Child Protective Services, and the Department of Probation & Community Corrections. MCIT interventions took place mostly within patients' homes, community residences and hospitals.

Of the 953 referrals,

There were 2,668 face-to-face contacts and 6,884 telephone contacts, for a Volume of Service total of 9,552

Breakdown by Recipient

| | |
|---------------------------------|--------------|
| Client Present | 4,524 |
| Collateral (Client not Present) | 5,028 |
| <i>TOTAL</i> | <i>9,552</i> |

In 2014, there were 145 instances of documented preventions of visits to the MHRH Emergency Department and 76 documented instances of prevention of hospital admission, for a total of 221 hospital diversions.

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 34 referrals made by the courts and/or jail this year in a successful effort to divert the mentally ill from incarceration. Twenty-nine of these were new referrals and five were repeat referrals from the year prior. Three additional referrals from Probation and/or police agencies prevented arrests altogether. Two referrals were made by the Dutchess County Family Court. MCIT interfaces with police from the City and Town of Poughkeepsie, Red Hook, Rhinebeck, Hyde Park, Wappinger Falls, Fishkill, Beacon, Sheriff's Department and the New York State Police in an effort to divert the mentally ill from the jail. MCIT additionally provides evaluation and support to victims of domestic violence often via the request of the New York State Police. MCIT continues its rapport with the Dutchess County Jail Correctional Medical Care unit, which now assists MCIT by providing patients medication at the time inmates are diverted from the jail to the community.

They also, upon receiving authorization, provide appropriate documentation to the Alliance House and/or appropriate treatment provider in the community.

Trauma Team

In 2014, the Dutchess County Trauma Team completed its 24th 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, homicide, etc.), 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 2014,

- The Trauma Team responded to 23 unique untoward community events. Each call is responded to with between one to four interventions. The total interventions in 2014 were 38.

Community Consultation & Education

Suicide Prevention

DMH is dedicated to enhancing community awareness and understanding of behavioral health issues. In supporting our community prevention program, some of the campaigns mounted in 2014 were the annual suicide prevention campaign; the annual alcohol awareness campaign; May is Mental Health Month, and many others. The campaigns are aimed at public education, identifying the signs and symptoms of depression, emphasizing that treatment works, dispelling myths about suicide and publicizing the 24/7/365 availability to call or text HELPLINE for those contemplating suicide or having concerns about or struggling with mental health and/or chemical dependency issues.

Student Training (Internship Program)

The Department acts as a resource for students working on advanced degrees. Throughout 2014, DMH hosted one Master of Social Work student from New York University and one Psychology Extern from the University of Hartford. These students participated in placements that have no financial stipend attached.