

Dutchess County  
Department of Mental Hygiene

**2015  
Annual Report**



*We Care for Our Community*



Dutchess County has undertaken the ambitious goal to become New York State's healthiest county over the next decade. To achieve that objective, we must look at a person's overall health – not just the physical aspects of health, but also an individual's mental health. With that in mind, we remain dedicated to providing vital services and programs to residents living with mental health issues, substance abuse and/or developmental disabilities.

2015 was a year of change and preparation as we moved forward with the merger of the departments of Health and Mental Hygiene into the Department of Behavioral & Community Health (DBCH). The combined DBCH plays a key role in improving health outcomes in Dutchess County.

Despite ever-changing issues, limited resources and other outside forces, we have continued to concentrate on our prevention, intervention and diversion initiatives. Collaborating with community partners, we continue to bring about positive outcomes throughout our community. As you read this 2015 Annual Report, you'll quickly see the devotion our county employees and our community partners exhibit in their daily work to positively affect the lives of so many Dutchess County residents.

On behalf of the residents of Dutchess County, I thank the Department of Mental Hygiene for its determination to continually face mental health challenges directly, never wavering in its goal of effectively serving our residents. Moving forward, the new DBCH will be a stronger department because of the hard work and proven results Department of Mental Hygiene employees have achieved for many years.

Best Personal Regards,

A handwritten signature in black ink that reads "M. Molinaro". The signature is written in a cursive, flowing style.

Marcus J. Molinaro  
Dutchess County Executive

## A Note from the Acting Commissioner

As 2015 draws to a close, the staff of the Department of Mental Hygiene (DMH) look back on a year of change and look forward to providing services through the new lens of Total Population Health as the Department of Behavioral & Community Health.



The staff worked diligently to create better access to all services and to provide care at the moment that care was needed. The Mobile Crisis Intervention Team began providing services 24/7/365 with staff available to offer outreach to individuals in the community and staff on site in the MidHudson Regional Hospital Emergency Department to provide support and reduce crisis.

With our community partners, the design for the Stabilization Center began to take place. The Center will offer walk-in behavioral health services, including health screenings and referral for ongoing care. The Partial Hospital Program (PHP) Peer Advocate began to “bridge” between the hospital inpatient unit and PHP to provide better support and engagement for individuals in those programs. The use of the same evidence-based treatment curriculums in all the community treatment programs ensures continuity of treatment and improved engagement for both the mentally ill and chemically dependent. Our Prevention efforts made big strides to educate the community about mental illness and suicide prevention about addiction and drug abuse, and about how your physical health can positively effect a person’s mental health through community events, trainings and social media.

All of these efforts have meant a new way of thinking, new partnerships for staff, and thinking about the whole person to ensure full and lasting recovery.

A special note goes to all support staff who are so instrumental to this organization. Their assistance in ensuring schedules are made and kept, minutes are taken, documents and reports are completed and timely, accounts are maintained, etc., are often unsung, but are vital to helping the organization serve the community.

Kudos to all! Well done.

*Margaret Hirst, LCSW-R*

Margaret Hirst, LCSW-R

Director of Community Services/ Acting Commissioner



2015  
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



Margaret Hirst, LCSW-R  
Acting Commissioner of Mental Hygiene



# **Dutchess County Community Mental Health Center**



## **2015 County Legislature Family and Human Services Committee**

Marge Horton, Chairman  
Ellen Nesbitt, Vice Chairman

Dale Borchert  
Gwen Johnson  
Gregg Pulver  
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)*

**Aviva Kafka, Chair**  
**Ronald Lehrer, Vice Chair**  
**Rosemary Thomas, Secretary**  
**Margaret Hirst, LCSW-R, Acting Commissioner**

**2015 Members**

Jennifer Ayers, LMSW, MA  
Maria Bernal-Rabasco  
Jamie Cevetillo  
Joan Cybulski, LMHC, CASAC w/Gambling, CCDP-D  
Mara Farrell  
Susan Haight, RN  
Benjamin S. Hayden, Ph.D.  
Edward Koziol  
Karen Lynch  
Carl Needy, M.D.  
Carole A. Pickering  
Terry Schneider



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, Intellectual & Developmental Disabilities, Chemical Dependency and Children & Youth. Each subcommittee is staffed by a senior Department of Mental Hygiene (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, intellectually/developmentally disabled and/or chemically dependent. These services are provided directly by DMH, the state, MidHudson Regional 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 39), followed by the public forum on chemical dependency services in April (see outcomes on page 36). In May, there are two public forums, one for children's mental health services (see outcomes on page 43) and the other for adult mental health services (see outcomes on page 25).

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 electronically 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 into 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 2015 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 Program**  
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 Services 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 2015 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:

### **25 Years**

Tonya Clifford

### **30 Years**

Aline Pirrone, LCSW

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➤ Trauma Team	
➤ Community Consultation & Education	
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# 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

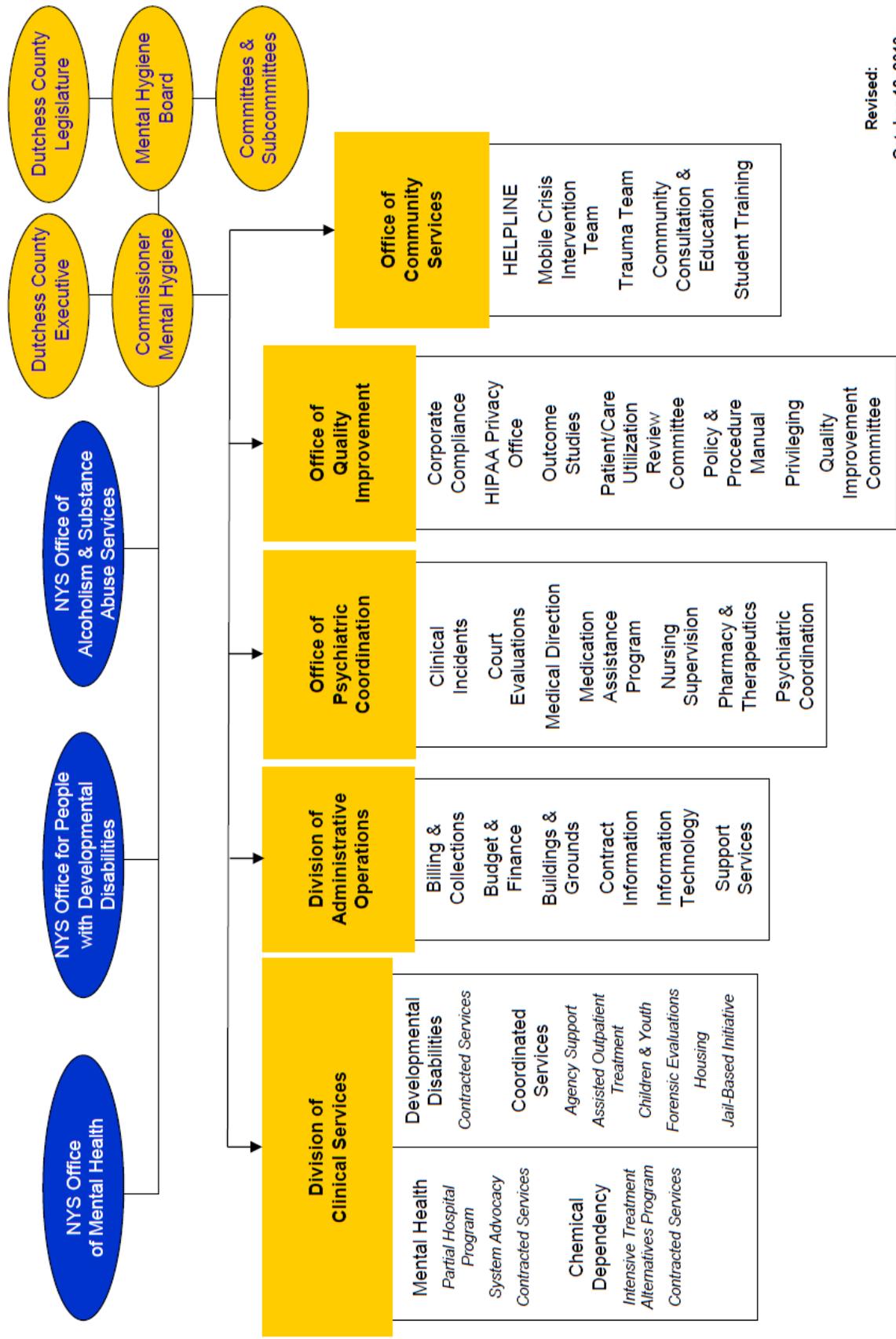
Abilities First, Inc.  
Access: Supports for Living  
Astor Services for Children & Families, Inc.  
Council on Addiction Prevention & Education of Dutchess County, Inc.  
The Arc of Dutchess  
Gateway Community Industries, Inc.  
Hudson River Housing, Inc.  
Hudson Valley Mental Health, Inc.  
Lexington Center for Recovery, Inc.  
Mental Health America of Dutchess County, Inc.  
Mid-Hudson Addiction Recovery Centers, Inc.  
MidHudson Regional Hospital  
PEOPLE, Inc.  
Rehabilitation Support Services, Inc.  
Taconic Resources for Independence, Inc.

### AFFILIATED AGENCIES

Anderson Center for Autism  
Cardinal Hayes Home  
Cornerstone of Rhinebeck  
Four Winds Hospital  
Greystone Programs, Inc.  
New Horizons Resources, Inc.  
NY Presbyterian Hospital

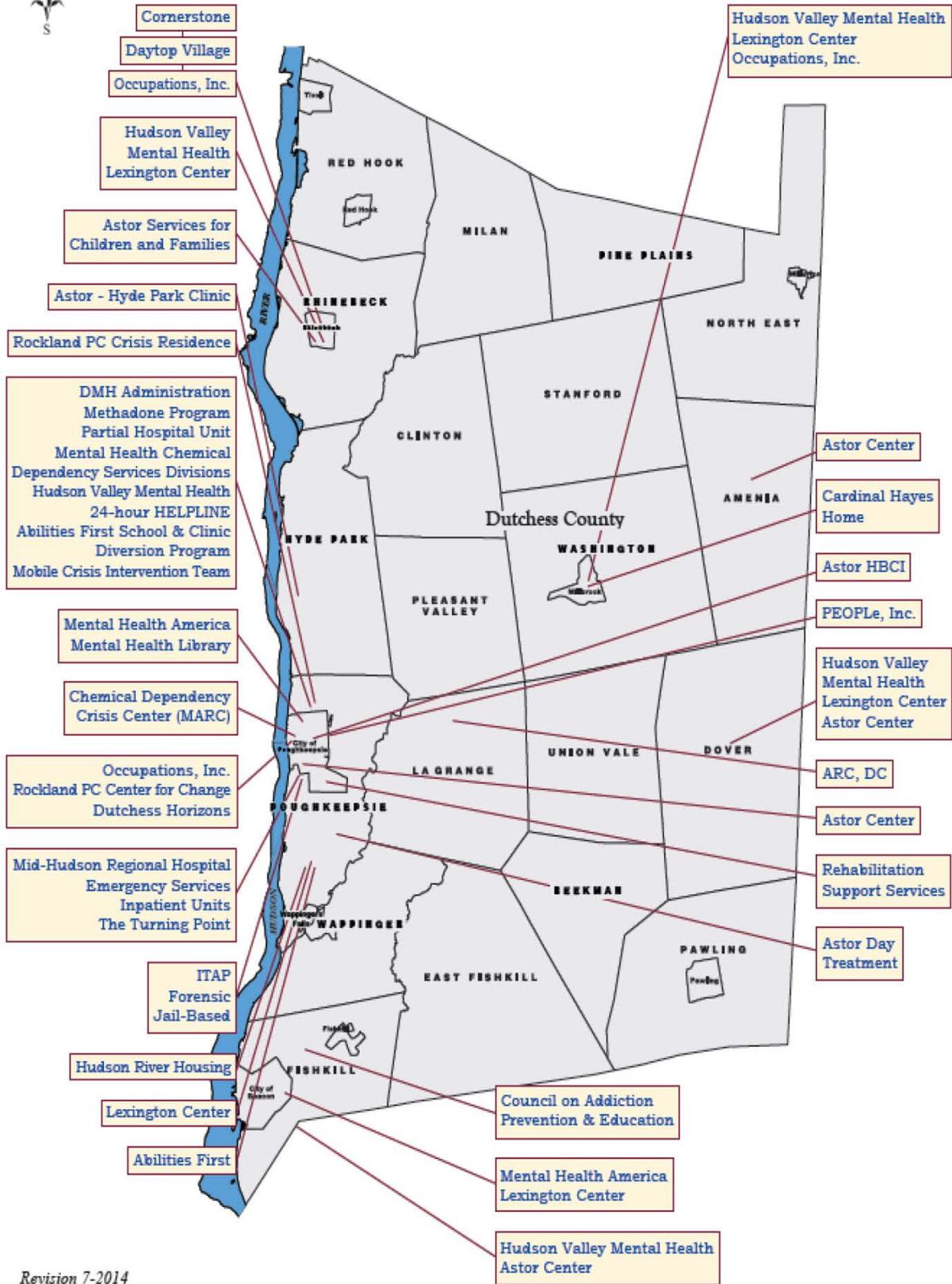
Putman Hospital Center  
Richard C. Ward Treatment Center  
Rockland Psychiatric Center  
Rockland Children's Psychiatric Center  
St. Vincent's Hospital  
Taconic Developmental Disabilities Services  
Westchester Medical Center

# 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 2015**

	ON ROLLS 1/1/2015	ADMITS	TERMS	ON ROLLS 12/31/2015	PERSONS SERVED (EPISODES)	VOLUME OF SERVICE
<b>TOTAL DMH 2015</b>	<b>8804</b>	<b>9748</b>	<b>8824</b>	<b>9728</b>	<b>28511</b>	<b>534296</b>
<b>DIVISION OF MENTAL HEALTH SERVICES</b>						
<b>DMH DIVERSION PROGRAMS</b>						
HELPLINE	--	--	--	--	--	29610
MOBILE CRISIS INTERVENTION TEAM (A)	222	1593	1520	295	1815	19939
PARTIAL HOSPITALIZATION	38	353	349	42	391	4066
SUB-TOTAL	260	1946	1869	337	2206	53615
<b>ACCESS: SUPPORTS FOR LIVING - PROS PROGRAMS</b>						
RHINEBECK PROS	94	51	47	98	145	19892
MILLBROOK PROS	83	36	37	82	119	21727
POUGHKEEPSIE PROS	169	234	211	192	403	42473
SUB-TOTAL	346	321	295	372	667	84092
<b>MENTAL HEALTH AMERICA</b>						
GENERIC CASE MANAGEMENT	--	--	--	--	--	1792
MHA HEALTH HOME (PRE-ADMISSION)	1103	997	783	1317	2100	4252
MHA HEALTH HOME (ADMISSION)	1613	810	587	1836	2423	19239
MHA BEACON PROS PROGRAM	94	40	37	97	134	20276
COMMUNITY SUPPORT PROGRAMS (B)	43	9	9	43	52	600
SUB-TOTAL	2853	1856	1416	3293	4709	46159
<b>ASTOR SERVICES FOR CHILDREN &amp; FAMILIES</b>						
POUGHKEEPSIE COUNSELING CENTER	327	273	238	362	600	9596
HYDE PARK COUNSELING CENTER	184	208	126	266	392	6240
BEACON COUNSELING CENTER	180	119	93	206	299	5004
DOVER COUNSELING CENTER (F)	98	63	85	76	161	2791
HOME-BASED CRISIS INTERVENTION PROGRAM	25	56	79	2	81	655
INTENSIVE CASE MANAGEMENT	41	50	59	32	91	1396
SUPPORTIVE CASE MANAGEMENT	22	27	31	18	49	305
DAY TREATMENT CENTER	64	36	29	71	100	11912
ADOLESCENT DAY TREATMENT	112	64	57	119	176	17393
PARTIAL HOSPITAL	11	145	142	14	156	1581
SUB-TOTAL	1064	1041	939	1166	2105	56873
<b>TOTAL DMH 2015</b>	<b>8804</b>	<b>9748</b>	<b>8824</b>	<b>9728</b>	<b>28511</b>	<b>534296</b>

(A) EXCLUDES HOSPITAL BASED PROGRAMS' SERVICES.

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

**DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY - DECEMBER 2015**

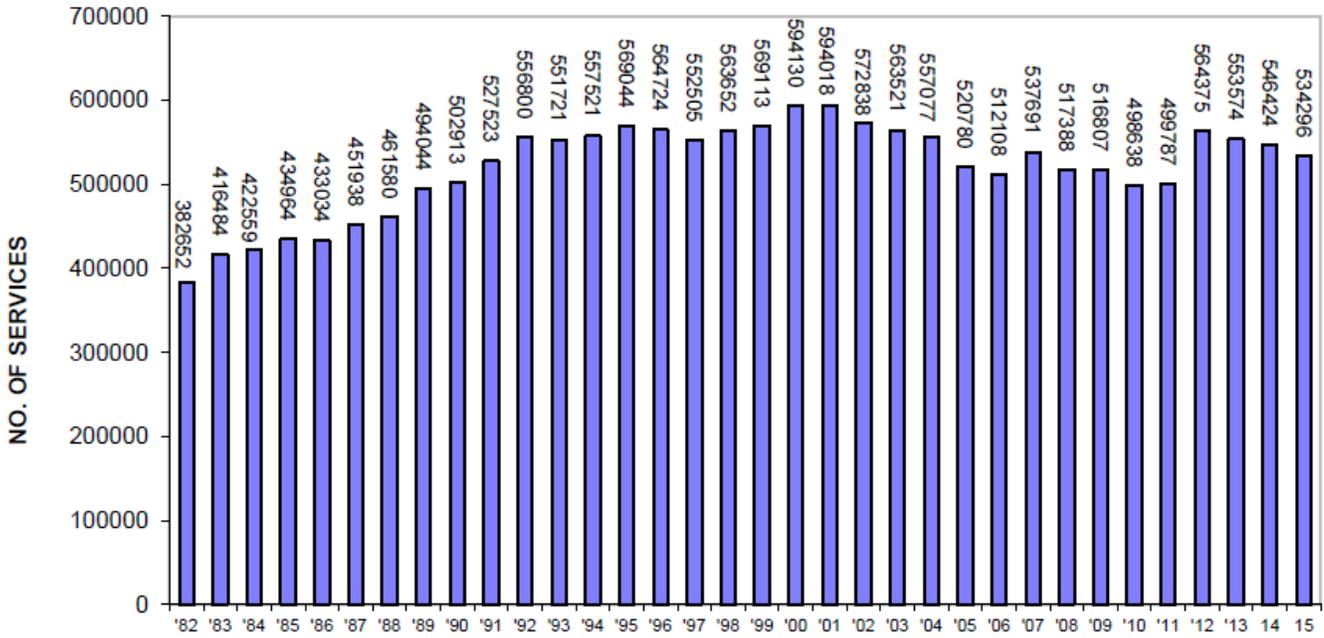
	ON ROLLS 1/1/2015	ADMITS	TERMS	ON ROLLS 12/31/2015	PERSONS SERVED (EPISODES)	VOLUME OF SERVICE
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<b>HVMH MENTAL HEALTH CLINICS</b>						
POUGHKEEPSIE	1246	733	746	1233	1979	19228
MILLBROOK	172	86	91	167	258	3290
BEACON	586	304	331	559	890	11782
EASTERN DUTCHESS	242	111	129	224	353	3544
RHINEBECK	157	129	155	131	286	2891
FAMILY PARTNERSHIP	--	--	--	--	--	1649
SUB-TOTAL	2403	1363	1452	2314	3766	42384
<b>MID HUDSON REGIONAL HOSPITAL</b>						
INPATIENT	40	939	941	38	979	13411
EMERGENCY DEPARTMENT (A)	--	--	--	--	6164	6164
<b>OUT OF COUNTY HOSPITALS (B)</b>	--	--	--	--	843	843
<b>RPC CRISIS RESIDENCE (C)</b>	10	216	217	9	226	3324
<b>COURT EVALUATIONS</b>	--	--	--	--	67	151
SUB-TOTAL	50	1155	1158	47	8279	23893
<b>TOTAL MENTAL HEALTH DIVISION</b>	<b>6976</b>	<b>7682</b>	<b>7129</b>	<b>7529</b>	<b>21732</b>	<b>307016</b>
<b>DIVISION OF CHEMICAL DEPENDENCY SERVICES</b>						
<b>DMH CHEMICAL DEPENDENCY CLINICS</b>						
ITAP DAY REHAB PROGRAM	55	71	70	56	126	11647
CD CLINIC	15	34	41	8	49	542
VOCATIONAL CASE MANAGEMENT	--	--	--	--	--	144
CD ASSESSMENT	--	--	--	--	958	958
FORENSIC COORDINATION	--	--	--	--	354	354
JAIL-BASED SERVICES	83	71	112	42	154	2915
SUB-TOTAL	153	176	223	106	1641	16560
<b>LCR CHEMICAL DEPENDENCY CLINICS</b>						
METHADONE PROGRAM	250	45	27	268	295	40793
PAGE PARK CD CLINIC	241	570	386	425	811	13838
MILLBROOK CD CLINIC	5	25	18	12	30	653
BEACON CD CLINIC	192	354	221	325	546	9502
EASTERN DUTCHESS CD CLINIC	56	101	75	82	157	2054
RHINEBECK CD CLINIC	29	68	48	49	97	1584
MAIN STREET ANNEX	104	279	242	141	383	9663
SUB-TOTAL	877	1442	1017	1302	2319	78087
<b>SFH TURNING POINT DETOX/REHAB</b>	--	--	--	--	1573	12623
<b>MARC ALCOHOL CRISIS CENTER</b>	11	411	409	13	422	3910
<b>TOTAL CHEMICAL DEPENDENCY DIVISION</b>	<b>1041</b>	<b>2029</b>	<b>1649</b>	<b>1421</b>	<b>5955</b>	<b>111180</b>
<b>TOTAL DMH 2015</b>	<b>8804</b>	<b>9748</b>	<b>8824</b>	<b>9728</b>	<b>28511</b>	<b>534296</b>

(A) DATA PROVIDED BY MHRH. DUE TO PROCEDURAL CHANGES AT MHRH, THIS FIGURE REPRESENTS ALL MH EMERGENCY VISITS.  
 (B) OF THE TOTAL OF 843 ADMISSIONS, 500 WERE ADULTS, AND 343 WERE CHILDREN/YOUTH.  
 (C) DUTCHESS COUNTY RESIDENTS ONLY. FORMERLY HRPC CRISIS RESIDENCE.

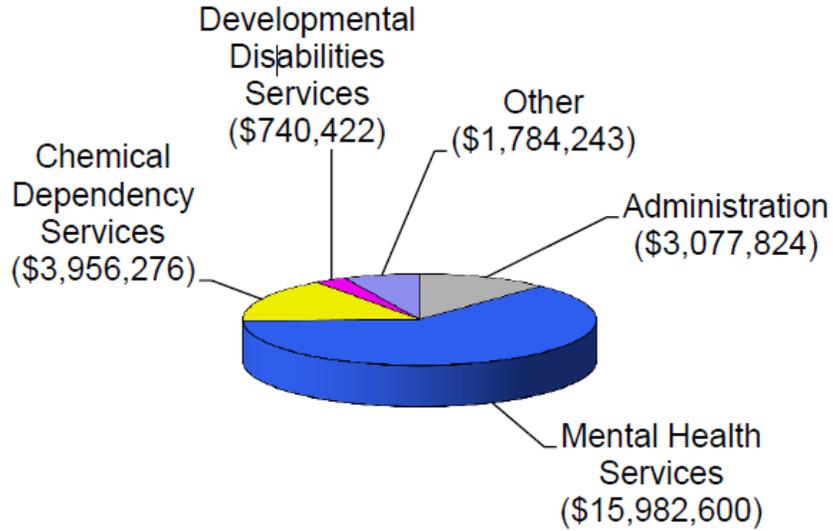
**DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY - DECEMBER 2015**

	<b>ON ROLLS 1/1/2015</b>	<b>ADMITS</b>	<b>TERMS</b>	<b>ON ROLLS 12/31/2015</b>	<b>PERSONS SERVED (EPISODES)</b>	<b>VOLUME OF SERVICE</b>
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<b>DIVISION OF DEVELOPMENTAL DISABILITIES</b>						
<b>ABILITIES FIRST</b>						
DAY HAB	329	31	19	341	360	51231
WORK TRAINING	220	0	6	214	220	27610
WARYAS RECOVERY HOUSE	5	4	1	8	9	996
SUB-TOTAL	554	35	26	563	589	79837
<b>ARC</b>						
SHELTERED WORKSHOP	126	0	13	113	126	17368
AMENIA SATELLITE WORKSHOP	17	0	0	17	17	2543
SUB-TOTAL	143	0	13	130	143	19911
<b>TACONIC</b>						
TACONIC DAY PROGRAM	90	2	7	85	92	16352
<b>TOTAL DEVELOPMENTAL DISABILITIES DIVISION</b>	<b>787</b>	<b>37</b>	<b>46</b>	<b>778</b>	<b>824</b>	<b>116100</b>
<b>TOTAL DMH 2015</b>	<b>8804</b>	<b>9748</b>	<b>8824</b>	<b>9728</b>	<b>28511</b>	<b>534296</b>

## DUTCHESS COUNTY DEPT OF MENTAL HYGIENE VOLUME OF PATIENT SERVICES

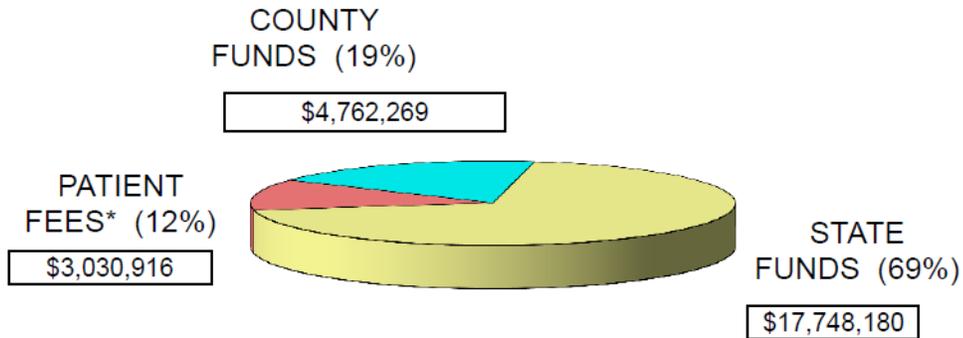


# COST OF SERVICES - 2015



**TOTAL EXPENDITURES: \$25,541,365**

# SOURCE OF REVENUE - 2015



**TOTAL ALLOCATION: \$25,541,365**

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

# Division of Clinical Services



Margaret Hirst, LCSW-R

230 North Road  
Poughkeepsie, NY 12601

Phone: (845) 486-3791

Fax: (845) 485-2759

Email: [mhirst@dutchessny.gov](mailto:mhirst@dutchessny.gov)

The Division Chief for Clinical Services 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 intellectually 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:

- Partial Hospital Program
- Jail-Based Mental Hygiene Services
- Intensive Treatment Alternatives Program
- Forensic Services
- Discharge Planning and System Advocacy
- Coordinated Services for Prevention Program, Children and Youth, Intellectual and Developmental Disabilities, 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, focused treatment program for individuals in an acute state of mental distress. The 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. The program also seeks to link patients to care management, housing resources, and

other helping agencies (e.g. Taconic Resources for Independence), and a follow-up appointment with a care provider for ongoing treatment after the patient completes PHP. 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 350 persons served in 2015:

- 49% came with primary diagnoses of depression
- 34% with a diagnosis of bipolar disorder
- 9% with schizophrenia or schizoaffective disorder

A number of other disorders co-exist with these primary disorders including anxiety, eating disorders, autism spectrum disorders, and substance abuse. In fact, 47% 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 7% of patients were readmitted to the program during the year.

Our program curriculum is based on Dialectical Behavior Therapy (DBT), initially formulated for the treatment of persons with Borderline Personality Disorder. PHP has proven successful at treating those persons with personality disorders. DBT has also been shown by research to be effective in helping those with substance abuse to modify their emotional responses to life events instead of using substances.

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 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, and 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.

PHP continues a working relationship with MidHudson Regional Hospital (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. During 2015, we were able to facilitate the placement of the PHP peer advocate on the inpatient unit to assist in introducing the program to inpatients.

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.

The future looks encouraging with the creation of the Stabilization Center, a 23-hour center that will be based on the grounds of the Mental Health Center (MHC). PHP is slated to move to the new quarters in the A-Wing of the MHC, adjacent to the Stabilization Center. This will be an opportunity to touch the lives of even more persons in crisis and bring them the prospect of a return to functioning through the use of coping skills. In 2015,

- The Average Daily Attendance: 16
- Total Terminations: 349
- For volume of services (4,066 in 2015), there was an average of 339 visits per month as compared to 356 in 2014, 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:

	<b>Persons Served</b>
MidHudson Regional Hospital	941
<b>Out-of-County Hospitals/Facilities</b>	<b>Persons Served</b>
Drug/Alcohol Rehab Programs	158
Out-of-County Psychiatric Hospitals	843
Correctional Facilities	61
<b>TOTAL</b>	<b>1,062</b>

In addition, there is a DMH staff embedded in the inpatient psychiatric unit at MHRH to facilitate re-entry back to the community.

### **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 the Hudson Valley Mental Health (HVMH) Poughkeepsie Clinic. In 2015,

- 936 patients were served.

### **MidHudson Regional Hospital**

#### *Emergency Department*

MidHudson Regional Hospital (MHRH), which is located in Poughkeepsie, directly across North Road from the Mental Health Center (MHC), provides emergency psychiatric assessment for adults, children and adolescents.

Inpatient Admissions via MHRH Emergency Department	
MidHudson Regional Hospital	939
Out-of-County *	843
<b>TOTAL</b>	<b>1,782</b>

\* 343 of the Out-of-County Admissions were Children/Youth (Direct Admissions)

\* 500 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	61	24	39%	64
February	84	22	26%	80
March	81	31	38%	84
April	74	25	34%	74
May	70	31	44%	68
June	89	23	26%	90
July	80	35	44%	82
August	74	18	24%	71
September	72	17	24%	73
October	79	22	28%	83
November	91	23	25%	88
December	84	34	40%	84
<b>TOTAL</b>	<b>939</b>	<b>305</b>	<b>32%</b>	<b>941</b>

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 Hudson River Psychiatric Center in January 2012, Dutchess County is without a state hospital for the first time in 145 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 216 inpatient admissions to RPC.

#### 2015 Out-of-County Inpatient Admissions

Month	NY Presbyterian	Four Winds	St. Vincent's	Putnam Hospital	Westchester Medical Center	Other	<b>TOTAL</b>
January	7	42	2	15	8	4	<b>78</b>
February	3	34	1	9	10	6	<b>63</b>
March	8	22	2	12	8	6	<b>58</b>
April	2	29	1	15	9	12	<b>68</b>
May	6	39	5	7	15	12	<b>84</b>
June	7	29	2	10	13	6	<b>67</b>
July	1	26	2	17	13	11	<b>70</b>
August	3	24	1	14	25	12	<b>79</b>
September	3	23	0	14	16	11	<b>67</b>
October	6	35	6	12	17	10	<b>86</b>
November	1	22	2	12	7	5	<b>49</b>
December	4	30	1	15	19	5	<b>74</b>
<b>TOTAL</b>	<b>51</b>	<b>355</b>	<b>25</b>	<b>152</b>	<b>160</b>	<b>100</b>	<b>843</b>

## Contracted Services

### **Hudson Valley Mental Health, Inc.**

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

These clinics are licensed by the New York State Office of Mental Health 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 strives to collaborate with medical health organizations to provide integrated care. The clinics work in collaboration with numerous 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, psychiatric 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 clinicians receive extensive training in best practices and evidence-based treatments including Cognitive Behavioral Therapy and Dialectical Behavior Therapy. HVMH also includes other public sector service providers in these trainings and works in close collaboration with DMH to promote and provide trainings that will help staff provide help to those who need it most and often suffer from complex problems.

In 2015, HVMH was awarded a contract by Dutchess County to provide clinical support to the Re-Entry Supportive Transition and Reintegration Track (RESTART) in the Dutchess County Jail. The RESTART program is a new innovative program targeting high recidivism rates for incarceration and is comprised of staff from HVMH, Project M.O.R.E. and DMH.

In 2015, HVMH served 3,766 “unique” clients in Dutchess County alone who received a total of 40,735 services. It bears mentioning that there are individuals who move in and out of treatment over the course of the year based upon clinical need.

<b>Mental Health Clinic</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Beacon	890	11,782
Dover Plains	353	3,544
Millbrook	258	3,290
Poughkeepsie	1,979	19,228
Rhinebeck	286	2,891
<b>TOTAL</b>	<b>3,766</b>	<b>40,735</b>

**Access: Supports for Living**

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.

<b>Program</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Millbrook Center PROS	119	21,727
Poughkeepsie Center PROS	403	42,473
Rhinebeck Center PROS	145	19,892
<b>TOTAL</b>	<b>667</b>	<b>84,092</b>

### **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, two chronic medical conditions, or HIV. The care managers are out in the community 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 CM.

#### *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 2015,

- Performances were presented to 406 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 2015,

- MHA responded to 602 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 2015,

- The Library had 818 visitors.

#### Trainings/Workshops/Conferences

MHA offered several parenting classes in 2015---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 Choice; Men Get Depression; Mental Wellness for Children and Teens; and Take the Journey: From Relationship Trauma to Resilience and Balance.

#### *Family Support & Advocacy*

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

<b>Service</b>	<b>Persons Served</b>
Emerge: Parents with Psychiatric Disabilities	121
Family Support Programs	258
Respite Programs	152
Adult Advocacy Program	1,313
Young Adult Transition Program	26
Court Appointed Special Advocates	27
<b>TOTAL</b>	<b>1,897</b>

#### *Homeless & MICA (Mentally Ill Chemical Abusers) Services*

The Living Room provides a safe haven and supportive services to individuals and families who are homeless or at risk of becoming homeless and have mental health and/or substance abuse related needs. Staff offers support and referrals to community services for housing, employment, addiction, and health benefits. On a weekly basis, a representative from the Veteran's Administration (VA) comes to assist veterans in obtaining services through the VA. The Living Room provides day and weekend services. This program is constantly improving services by helping these consumers access and receive support, referral, and advocacy. By providing stability and resources, people using the Living Room are able to move to mental wellness and self-sufficiency. In 2015,

- 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	788
Number of Visits/Total Service (Face-to-Face Only)	24,681

*Beacon Wellness PROS Program*

The Beacon Wellness PROS Program is located in the heart of the City of Beacon.

<b>Program</b>	<b>Persons Served (Episodes)</b>
PROS Beacon	134

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--- 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.

### **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 59 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. is a peer-run not-for-profit agency that advocates with and provides recovery-oriented services for people living with mental health issues or trauma. Being 'peer-run' means we're an agency made up of people with their own personal lived experiences with mental illness, psychiatric diagnoses, trauma, crisis, and most importantly *recovery*. We use our mutuality - the shared elements of our stories - to inspire and guide people towards lives of wellness and our collective imaginations and voices drive communities towards better public health through innovation and alternatives.

PEOPLE, Inc. provides Dutchess County with Peer Advocacy & Support, Supported Housing, Rose House: Short-term Crisis Respite, Recovery Center, Benefits & Employment Counseling, and Psych Hospital Advocacy & Bridging.

### *Peer Advocacy & Support*

The Peer Advocacy & Support staff have the knowledge, skills, and hands-on lived experiences to ensure that people can make informed choices about their health care and their lives. This can include education and information on available options for treatment, medications and side-effects, whole health wellness strategies, alternatives to traditional treatments, coping skills, natural supports, Advance Directives & Wellness Recovery Action Plans (WRAPs), patient's and human rights, and prevention. We want people to be self-determined and make decisions based on their own values and goals, understanding of information, and communication of desires. If people need help

taking action to represent their rights and interests, PEOPLE, Inc. is there to support them side-by-side until they can become their own best advocates.

The staff are also there to create safe spaces for people to share their stories, together as peers, whether in private one-to-one settings or in support groups. Building off a foundation of collective empathy, we build a culture of respect, trust, collaboration and, ultimately, positive expectations.

The Peer Advocacy & Support program is run out of the Engagement Center drop-in at 126 Innis Avenue, Poughkeepsie, and at the NYS Office of Mental Health Wellness Center on Oakley Street, Poughkeepsie.

### *Supported Housing*

At PEOPLE, Inc., they believe that everyone has a right to realize their dreams, unconditionally, and move towards their own vision of self and future. And we know that people can live independent, self-determined lives if they have the right supports. With their Supported Housing programs, people live where they want (on their own terms), get help with their rent, work towards more health and independence, and receive mobile support from staff to ensure that they're living well and meeting their self-defined goals.

PEOPLE, Inc. is proud to be a Housing First provider, ensuring that people's housing is not dependent on any participation in treatment, they're not disqualified because of their histories, and even sobriety is not a precondition. Housing First is just that--- looking at housing as the first foundational step in the recovery journey.

PEOPLE, Inc. provides Dutchess County with 22 units of general supported housing, 4 units of PC long-stay housing, and 11 units of HUD housing.

### *Rose Houses: Short-Term Crisis Respite*

Rose Houses is a successful 100% peer-run alternative to psychiatric emergency rooms and inpatient settings. It is based on a common sense approach to crisis response that ensures that people feel comfortable and safe, delivers high quality customer care, promotes a culture that fosters recovery and wellness, uses mutuality to create strong peer bonds, and helps people to address and move beyond their crises.

Rose Houses are open and accessible 24/7/365. They are safe, empowering, self-determined learning communities that allow guests to stay up to five days in a home-like environment. While there, they can work on their own recovery and wellness, however they define it. Beyond just being site-based, Rose House services reach beyond their walls through 24-hour peer-operated 'warm lines' and mobile community in-home services.

The Dutchess Rose House is located at 803 Violet Avenue in Hyde Park.

### *Recovery Center*

Coming up with new health and personal wellness goals is exciting, but actually implementing them can be challenging. To assist with the whole process, PEOPLE, Inc. employs a mobile staff of peers to meet people in all sorts of community settings, and personally join them as they make choices and engage in activities that move themselves towards positive changes in their lives.

Although people's recovery journeys are deeply personal and wellness is ultimately self-defined, staff generally help people to develop strong and positive support networks, to find new and exciting outlets for their minds and imaginations, to work towards improved physical health, to improve their emotional well-being, to find regular work or activities that give their lives meaning, to increase their ability to get around in community, to achieve greater financial literacy and independence, and to stay out of the hospital settings that have traditionally disrupted their lives.

The Recovery Center is really a 'center without walls,' and, therefore, infuses itself into all areas of Dutchess County.

### *Benefits & Employment Counseling*

Many people receiving benefits and other supplemental income (SSI, SSDI) are interested in joining or returning to the workforce. Staff is trained to provide them with up-to-date information about continuing eligibility and coverage and available incentives for returning to work. They can then assist them with the whole process, from work readiness, to job searching skills, and even on-the-job support.

They begin all employment counseling with a full benefits advisement session, then explore with people their interests, available jobs and careers, and any potential education or training programs they may be interested in. If people want to enter the workforce, staff help them build strengths-based resumes and cover letters, search for jobs and fill out applications, and even work on their interviewing abilities. Support is continuous even after people enter the workforce. Staff help them learn how to perform their job tasks, manage their time, secure reasonable accommodations, manage potential stress, problem solve, work on memory and speed, build relationships with co-workers, and ultimately maintain their personal health and wellness while employed.

### *Psych Emergency Room & Hospital Advocacy/Bridging*

PEOPLE, Inc.'s Hospital Advocates/Bridgers aim to ensure that people visiting local hospital psychiatric emergency rooms and inpatient units are provided with the care experiences and treatment planning that they want, need, and deserve. Peer staff are there to be a first light of hope and recovery, to ensure that people feel safe and comfortable, to listen with pure empathy, to advocate to ensure that their voices are heard, to look at the social and economic reasons they're there (in addition to more traditional 'medical' reasons), and to help bridge the gap between patient and provider.

Staff are also there to support people after their stays, whether that means helping them to transition home, make their follow-up appointments, or go any other place they may need to maintain their wellness and stay out of the hospital.

They provide these Dutchess County Services at MidHudson Regional Hospital's Psychiatric Emergency Department and Inpatient Units, and also at Dutchess County's Department of Behavioral & Community Health's Partial Hospital Program.

### *Imagine Dutchess*

#### ***Dutchess County Stabilization Center Planning***

PEOPLE, Inc. is leading the planning and development of the Stabilization Center, along with county government leadership and a dedicated team of committed partners.

### *Web App Development*

The Stabilization Center is ultimately the fruit of Imagine Dutchess integration work that PEOPLE, Inc. has been proud to lead. Out of Imagine Dutchess work, grew the idea for a local web application that will help individuals make informed choices about local care and resources; create human-to-human connections between people in need and people who can help; and encourage team building by allowing users to create their own personal Wellness Teams that have permission to work together for their benefit.

PEOPLE, Inc. is presently working with a local design firm to build the software-as-a-service. Once completed, Dutchess County will become the pilot community for this exciting and unique new health app.

### **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. Sixteen 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.

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 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, competitive work opportunities through contracts with NYSID, and Health Home Care Management.

### **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 Chief Psychologist 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

Hilda Lausell  
Jean Miller  
Cynthia Ruiz  
Anton Vavrica  
Terry Schneider

The Public Forum on Service Needs for Adults with Mental Illness was held on May 5, 2015. There were approximately 55 persons in attendance. The main areas of concern were the pending merger of DMH and the Health Department, inpatient psychiatric services, and lack of attendance at the forum.

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

# Chemical Dependency Services

## Intensive Treatment Alternatives Program

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

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

ITAP has developed a comprehensive working relationship with the Bolger Halfway House, Joseph's Supportive Living, St. Joseph's Guest House, Dowling Halfway House, Florence Manor Halfway House, New Hope Manor Halfway House and Hillcrest House. There is daily contact between ITAP and the residences to communicate concerns and problems that have occurred during the day, evening and weekends. Probation staff attends daily rounds with ITAP staff to help coordinate decision-making in regard to furloughs, planning, and general patient status. In 2015,

- 92% of ITAP participants successfully completed the Day Rehabilitation Program or were referred to another treatment program. This is was a marked increase from the 77% in 2014, the highest percentage since 2000 (ranging from 44% in 2012 to 77% in 2014, with an average of 67%).
- There were 8 fewer admissions than in 2014, which may have resulted from significant changes in both the Forensic Unit and ITAP occurring at the end of March.
- The comparison of the ITAP population by race was consistent, 87.8% white in 2014 to 86.5% in 2015, although the population of those over 35 years of age increased from 25.3% in 2014 to 32.5% in 2015.
- 89.4% maintained or improved employment upon completion of the Aftercare Program. In 2014, the rate was 88%, which was greatly improved from the previous year at 56%

(the NYS minimum state standard is 25%). The 2015 rate is fairly consistent with the 2014 rate.

- For those who successfully completed the ITAP Day Rehabilitation Program, 89% discontinued use of primary substance at discharge (up from 86% in 2014). For those who were discharged from the Aftercare Program, 92% had discontinued use of their 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 was added to the program. This increase continued in 2015. In 2014, women accounted for 36.5% of the ITAP populations; by the end of 2015, women accounted for 40% 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, operates outpatient chemical dependency clinics and a Methadone Treatment & Rehabilitation Program throughout Dutchess County.

#### *Outpatient Chemical Dependency*

LCR operates six chemical dependency outpatient clinics in Dutchess County that serves 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 include individual, group and family therapy, as well as Psychiatric Evaluations and continuing psychiatric consults.

#### *Adolescent Population*

The Adolescent Program utilizes an evidenced-based practice called The Seven Challenges, which is the modality of treatment for adolescents recommended by the NYS Office of Alcoholism & Substance Abuse Services (OASAS). The Seven Challenges is a holistic counseling model that emphasizes empowerment, skill building and addresses co-occurring issues. Young people in the program receive a combination of individual and group therapy, with the inclusion of family and parent sessions. There is community involvement including, but not limited to, job-related, recreational and skill-building activities, court and school meetings, as well as, home visits. In addition to its Seven Challenges groups, LCR also offers groups designed to address co-

occurring issues such as art therapy, musical self-expression, yoga, and nutrition and safe practice sex education.

In 2015, the Adolescent Program served 165 (137 unduplicated) clients with a client to counselor ratio of 15:1. LCR, in conjunction with county and state officials, plans to expand programming by developing its adolescent services in its Dover Plains and Beacon clinics. LCR plans to serve 230 young people in 2016. During 2015, the program delivered a total of 2,357 visits.

As part of its plan to expand programming in the Eastern Corridor of Dutchess County, LCR has established a partnership with the Council on Addiction Prevention & Education (CAPE) to provide on-site services in Dover High School. The collaborative allows the agency to connect to students who are struggling with drug and alcohol issues and provide assessment, individual therapy and Seven Challenges groups at the high school after school hours. CAPE will serve as the chief referral source of these students. LCR saw tremendous outcomes for the youth they served. In 2015,

- 100% of the youth who completed their program demonstrated either discontinued or reduced substance use.

Young people in their program improved in other areas as well:

- 91% of clients served in 2015 demonstrated an improvement in their relationships with their parents, caregivers and other family members.
- 81% experienced an improvement in their academic performance.

These outcomes show that young people who participate in LCR's adolescent program and receive counseling using The Seven Challenges model are experiencing positive results.

#### *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 sites. LCR has a philosophy to provide quality care to all those requesting guidance and support to address the needs of addiction recovery regardless of race, gender, sexual orientation, age, financial status, and disability.

Evidence-based programming models are utilized, such as Cognitive Behavioral Treatment, Motivation Interviewing, and Mindfulness applications are the foundation of LCR's therapeutic groups. Carefully organized group materials accommodate the recovery needs of population served. Clients with co-occurring disorders are assigned

to "Dual Focus" and "Dual Recovery" groups, which enhances the patient's comfort level when discussing issues associated with mental illness and psychiatric treatment adherence. The administration of Seeking Safety practices is also being provided as an evidenced-based approach for those individuals suffering from trauma and Post Traumatic Stress Disorder. Ongoing collaboration between clinical staff and the medical team is essential towards monitoring and modifying individualized treatment prescriptions.

### Beacon

In Beacon, LCR strides to provide treatment for individuals throughout Southern Dutchess County and neighboring counties within the Hudson Valley, in accordance to the Part 822 Outpatient Service regulations developed by OASAS. Though 2015 has been a year of change, it has led to the implementation of the necessary restructuring that will ensure client-centered services and current trends within the communities they serve.

The Beacon site experienced structural deficiencies throughout the year, which directly impacted treatment; as a result, they had to vacate the premises to temporarily provide services at another location. LCR is seeking new space for the Beacon clinic. The agency was approved for an operating license in December to continue the clinical facilitation of services in the Page Park location in Poughkeepsie. Due to the multiple changes, the clients have been impacted and though a significant amount have been resilient, some have sought services within LCR's sister sites in Dutchess County. Clients went to other programs with the coordination of the clinical staff.

### Page Park

The Page Park Clinic treatment programming is geared toward achieving and maintaining abstinence from alcohol and other mood-altering chemicals, while promoting emotional wellness. Clinical staff seeks to assist clients toward improving their quality of life. Evidence-based treatment models encompass all life areas such as psychological, physical, spiritual, familial, interpersonal, legal, vocational, and social barriers that might hinder a patient's ability to sustain their abstinence. LCR strives to increase evidence-based chemical dependency services that are relevant to the needs to the community, targeting the underserved and Latino population throughout Dutchess County.

LCR's Outpatient Treatment Program operates five days a week and is broken down into Phase 1, Phase 2, and Phase 3. Treatment Phase promotions generally occur within 8-10 weeks and are based on the individual's ability to obtain and maintain sobriety, while accomplishing their treatment goals on their treatment plans. Treatment episodes can last between six to twelve months in duration depending on each individual's level of need and progress. LCR takes an eclectic treatment approach that offers adults a wide variety of rehabilitative services that are

personalized and tailored toward optimizing the individual's ability to achieve and maintain long-term abstinence. Families are encouraged to participate in the treatment process of their loved ones, which helps with healing as a whole system. Services are available in both English and Spanish to accommodate our community's needs.

#### Main Street Clinic

The Main Street Clinic worked in collaboration with other resourceful community agencies, which currently come to provide services to clients attending program. A case management Vocational Education Counselor works with clients in their job searches, assists them to complete applications for ACCES-VR, trade school or other employment opportunities. The goal for 2016 is to establish a computer lab where clients can create resumes, seek employment, utilize online employment sites, as well as search for housing. They also collaborate with case management services from Hudson Valley Community Services, who assists LCR clients with gaining affordable and Department of Community & Family Services housing and Social Security Income and Disability applications. They also act as a liaison for clients in need of assistance with medical and mental health services. LCR is currently working on a new program schedule for intensive outpatient rehab services, which will be implemented in 2016 for clients who need more intensive treatment services.

#### Satellite Clinics

The satellite clinics offer a traditional outpatient chemical dependence treatment program, delivered by a multidisciplinary team, under professional clinical direction. Treatment is provided for persons with substance use disorders and frequency of care is determined on an individual basis, continuously adapted to their recovery process. Clinics have shifted from the abstinence-based model, promoting maintenance of abstinence from alcohol and other substances, to the harm reduction model, with the ultimate goal of abstinence. The clinics seek to assist the client in improving their quality of life within a holistic context. Programs work toward addressing the psychological, physical, spiritual, familial, interpersonal, legal, vocational and social difficulties that may hinder recovery. LCR's clinics continue to strive to increase chemical dependency treatment services that are relevant to the needs of the community, targeting the underserved population, within the smaller towns of Dutchess County. The satellite clinics have continued, throughout 2015, to be housed within offices that share space with Hudson Valley Mental Health.

#### *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.

<b>Program</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Beacon Clinic	546	9,502
Eastern Dutchess Clinic	157	2,054
Main Street Annex	383	9,663
Page Park Clinic	811	13,838
Methadone Maintenance & Rehabilitation Program	295	40,793
Millbrook Clinic	30	653
Rhinebeck Clinic	97	1,584
<b>TOTAL</b>	<b>2,319</b>	<b>78,087</b>

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

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

*Student Assistance Program (Project Success)*

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

Services provided during the 2014/2015 school calendar year are as follows:

Individuals attending Educational Presentations	16,000
Individual Counseling Sessions	3,756
Group Counseling Sessions	253
Family Counseling Sessions	357
<b>TOTAL</b>	<b>20,366</b>

*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 Dutchess County related to youth risk behaviors associated with underage drinking and substance abuse. In 2015,

- Over 14,000 individuals attended educational presentations offered through community education. CAPE is an OASAS Education and Training Provider.

- The Community Education Department attended 12 health fairs.

#### *Information & Referral Services*

CAPE maintains a current and comprehensive list of local human services resources available in the Mid-Hudson region. In 2015,

- 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, 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. The coalition has new leadership and received funding, courtesy of Senator Sue Serino, to create a public health campaign addressing opiates, alcohol, marijuana, and tobacco use.

#### *Southern Dutchess Community Coalition*

The Southern Dutchess Community Coalition (SDCC), also facilitated by CAPE, is a Federal Drug Free Communities (DFC) grantee. Presently, the coalition is the only DFC grantee in Dutchess County. This coalition has grown to over 40 members representing multiple community sectors. The group is responsible for the development of the county-wide Youth Survey, in partnership with SUNY New Paltz and the National Evaluation Team, and has developed—with the tools, expertise, and support of local media outlets like Toolbelt Media, K-104/Pamal Broadcasting, and Think Social First—extensive media campaigns targeting youth and their families with prevention and educational messaging. Within a six-month period, the media campaigns reached:

- 39,100 radio listeners, 82.4% of targeted demographic via television commercials (with 123,000 impressions), and approximately 7,500 YouTube viewers.

In addition to the coalition's efforts at the local level, the SDCC was asked to sit on the National Ad-Hoc Committee to advise and participate in a joint impaired driving intervention initiative being developed by the Community Anti-Drug Coalitions of America and the National Highway and Traffic Safety Association.

### *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 2015,

- There were 900 individuals 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. This program is funded through State Farm Insurance. In 2015,

- Over 1,800 youth and parents, representing 12 public school districts in Dutchess County, attended these panel presentations.

### *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. In 2015,

- There were 270 participants.

### *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 2015,

- CAPE delivered this training to 30 participants at Shadows on the Hudson.

*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 Department of Community & Family Services’ 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 has been recognized as one of twenty-six programs nationally to be a Service to Science Recipient and is currently working with the research team from SUNY New Paltz to submit the project to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-Based Programs and Practices. In 2015,

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

School District	# of Students Served	# of Mentors (Volunteers)
Hyde Park	14	5
Poughkeepsie	15	4
Webutuck	0	0
<b>TOTAL</b>	<b>29</b>	<b>9</b>

*Professional Education & Training*

CAPE staff are trained in the following programs approved by the SAMHSA National Registry of Evidence-Based Programs and Practices:

- Substance Abuse Prevention Skills Training
- All Stars
- Class Action
- Dialectical Behavioral Therapy
- Guiding Good Choices
- Moral Recognition Therapy, Positive Action
- Project Northland, Project SUCCESS
- Promoting Alternative Thinking Strategies (PATHS)
- Recovery Coaching
- Screening Brief Intervention and Referral to Treatment

- Seton Health: The Butt Stops Here, Strengthening Families, Teen Intervene
- Training for Intervention Prevention (TIPS)

*Recovery Coaching*

This newest program addition emerged in April 2015, funded through the efforts of Assemblyman Frank Skartados. Recovery coaching is a peer-to-peer model based upon the Connecticut Community for Addiction Recovery adopted by NYS Office of Alcoholism & Substance Abuse Services (OASAS) for use in New York. CAPE is trained as a trainer in this model and all central office staff have been trained. CAPE has two recovery coaches, one male and one female, who bring the service to recoverees in their communities. CAPE’s recovery coaches are individuals with lived experience as individuals or family members of someone who has struggled with the disease of addiction.

*Mid-Hudson Regional Community of Practice*

CAPE currently serves as chair of this regional coalition of OASAS-licensed Prevention Providers serving Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties. This group is responsible for the October Prevention & Policy Summit, which brings together local, regional, state, and national representatives to discuss policy that affects Substance Use Disorder.

**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 community residence for women in the Town of Poughkeepsie; Bolger House, a 24-bed community residence for men in the City of Poughkeepsie; and Dowling House, a 12-bed community residence 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	422
Volume of Service	3,910

**Chemical Dependency Services Subcommittee**

The Unit Administrator for Jail-Based Mental Hygiene 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

*Rosemary Thomas*  
*Chair*

Shirley Adams  
David Brinkerhoff  
Jamie Cavetillo

Mary Kaye Dolan  
Mara Farrell  
Lori Holland

The Public Forum on Service Needs for Chemically Dependent Persons was held on April 16, 2015. There were approximately 40 persons in attendance. The main areas of concern were educational services in schools on addiction, especially college campuses; the opioid epidemic; and, how mental health issues are addressed in chemical dependency treatment programs.

## **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) and the 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 The Arc of Dutchess (formerly 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, the Wassaic Development Center closed and additional closures are planned throughout the state in the coming

two years. The closure of facilities presents challenges in the community to serve individuals with multiple complex needs.

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), have been delayed indefinitely.

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 will be built from the InterRAI Assessment Suite. The tool may be approved for use sometime in 2016. The vocational system is undergoing changes to transition from the workshop model into more competitive employment opportunities for individuals with intellectual and developmental disabilities.

Taconic DDRO’s Access to Residential Opportunities Committee, facilitates the residential planning for individuals within Dutchess County with all private, not-for-profit providers.

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. During 2015, the START program had staffing vacancies (including the resignation of the Program Director) and, as a result, there was a period of time when no new referrals were accepted. The Resource Center for this region, which would house four respite beds, has not been developed.

Staff of OPWDD’s Taconic DDRO has service responsibility for IDD individuals from Dutchess County and surrounding areas.

<b>Program</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Taconic Day Treatment Program	92	16,352

## 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. In November, AFI's school relocated from the Mental Health Center to a beautiful new site at Fireman's Way, Poughkeepsie.

<b>Program</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Day Habilitation	360	51,231
Waryas Recovery House	9	996
Work Training	220	27,610
<b><i>TOTAL</i></b>	<b>589</b>	<b>79,837</b>

### **Arc of Dutchess**

Arc of Dutchess (formerly 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, Arc of Dutchess is experienced in providing consultation and service coordination to families who may need assistance navigating the IDD system.

#### *Vocational Services*

Arc of Dutchess' 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 Arc of Dutchess are partially funded through the auspices of DMH.

Other significant services provided include the following:

- Clinic Services
- Day Services

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

<b>Program</b>	<b>Persons Served (Episodes)</b>	<b>Volume of Service</b>
Amenia Satellite Workshop	17	2,543
LaGrange Sheltered Workshop	126	17,368
<i>TOTAL</i>	<i>143</i>	<i>19,911</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

*Awaiting New Appointment of Chair Due to Resignation*

Susan Haight, RN  
Benjamin S. Hayden, Ph.D.  
Jane Keller  
Ronald Lehrer, LMSW  
Cindy Merritt

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

The Public Forum on Service Needs for Individuals with Intellectual & Developmental Disabilities was held on March 10, 2015. There were approximately 55 persons in attendance. The main areas of concern centered around service funding and individual budget, as well as a concern over dropped services due to seemingly inflexible individual budgets.

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 program's mission is to provide intensive outpatient treatment services to referred individuals to improve their quality of life, as well as prevent mental health crisis and cycling through emergency services or incarceration.

<b>Statistics since the Inception of AOT Program (August 1999 - 2015)</b>		
	2015 Volume of Services	1999-2015
Completed AOT Orders	6	229
Enhanced Services Contracts	4	37
Extensions	10	128
Investigations	19	593

### 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 (e.g. mental health, substance abuse, education, social services, juvenile justice, family support, etc.).

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 and adolescents who require psychiatric hospitalization must go out of Dutchess County.

MHRH Emergency Department Disposition of Children/Adolescents						
Month	Emergency Room Visits			Emergency Room Transfers		
	Adolescents (13-17)	Pediatrics (<13)	<i>TOTAL</i>	Adolescents (13-17)	Pediatrics (<13)	<i>TOTAL</i>
January	62	19	81	15	2	17
February	48	21	69	12	4	16
March	55	21	76	5	8	13
April	49	23	72	7	3	10
May	61	40	101	9	2	11
June	46	25	71	14	4	18
July	40	16	56	7	5	12
August	29	22	51	5	5	10
September	40	13	53	8	3	11
October	52	12	64	11	1	12
November	58	23	81	12	0	12
December	48	15	63	11	5	16
<i>TOTAL</i>	588	250	838	116	42	158

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	272
Rockland Children’s Psychiatric Center	37
<i>TOTAL</i>	309

**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 - 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 services, which include the Home & Community-Based Services Waiver program, Intensive Case Management and Supportive Case Management. Hospital diversion programs include Home-Based Crisis Intervention and the Adolescent Partial Hospital Program.

In November 2014, three Astor staff joined the DMH Mobile Crisis Intervention Team (MCIT) to provide crisis services for youth and families 24 hours a day. Prior to this Astor, was funded for one position for MCIT from the hours of 9 a.m. - 5 p.m.

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 risk and chemical dependency 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. In 2015, the team began to offer Teen Intervene, a brief intervention that helps youth identify the reasons they use alcohol or other drugs and learn to make healthier changes.

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	29
Functional Family Therapy	17 Families
Consultation & Follow-Up Services	652

*Family Court Evaluations*

Astor Forensic Team Family Court Evaluations	
# of Evaluations	141
Units of Service	204

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	176	17,393
Adolescent Partial Hospital	156	1,581
Counseling Centers (Ages 2-21)	1,452	23,631
School-Age Day Treatment	100	11,912
Home-Based Crisis Intervention	81	655
Intensive Case Management	91	1,396
Supportive Case Management	49	305
<b>TOTAL</b>	<b>2,105</b>	<b>56,873</b>

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

DMH contracts with Mental Health America of Dutchess County, 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 an array of services for families with seriously emotionally disturbed children, including group and individual respite. Teen Challenge provides social, recreational group opportunities for adolescents, and the Young Adult Transition Program, which started in 2013, serves youth 18 - 26.

**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

*Karen Lynch*  
*Chair*

Monica Balassone  
Sandy Essington, LCSW  
Alexis Yun Hill  
Terry Iorio

Aviva Kafka  
Kasha Morgan  
Carole Pickering  
Diane Whiteman, LMSW

The Public Forum on Service Needs for Children & Youth with Emotional and/or Chemical Dependency was held on May 4, 2015. There were approximately 50 persons in attendance. The main areas of concern were afterschool programs, how services will change with Medicaid Redesign, and social activities for adolescents.

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 7th Annual Conference on October 16, at Casperkill Conference Center in Poughkeepsie, with 160 participants representing 11 school districts and 28 Dutchess County agencies. A panel presentation was provided by two youth to discuss their experiences with mental illness and how this impacted their educational experience. Afternoon workshops included Juvenile Re-Entry (youth returning to their home school following discharge from a juvenile justice placement), Current Drug Trends, Community-Based Emergency Services, and Human Trafficking.

**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 Court. 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.

- It should be noted that every member of the Forensic Unit Staff were replaced during 2015 and all positions were not all filled until September 2015. This transition made it difficult to meet our goals. Yet the new team was able to complete all but two pending jail evaluations received in 2015 (these two referrals were received toward the end of December). New team members were able to accomplish this while being oriented and trained to work with an increasingly difficult to serve population within the legal system of Dutchess County. Often the referrals are for individuals with not only a chemical dependency, but severe mental illness. It is increasingly becoming more difficult to find the appropriate treatment facilities to meet the multitude of needs for these individuals.

In 2015,

- Of the 503 referrals completed, 354 (70%) received a specific treatment recommendation which was forwarded to the court.
- The target was 300 assessments with recommendations to be made. As noted above, the forensic unit exceeded the target by 53 completed referrals and met 118% of its projected goal.

#### *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 NYS, the number of participants has remained steady for the past three years with ten participants at the end of December 2013, ten participants at the end of December 2014, and eleven participants at the end of 2015. In 2015,

- There were 5 new admissions and 4 terminations, two 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 the 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. In 2013, there were participants, December 2014 (39) and we ended the 2015 with 33 participants. During the year some of the referrals to Judicial Diversion were not accepted due to their mental health needs being too severe or the individuals had a violent history. In 2015,

- There were 17 new admissions and 21 terminations (19 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 2015,

- 834 assessments were completed.
- Of those assessments, 426 were determined employable and 408 were unable to work with chemical dependency treatment mandated.
- The DCFS Assessors completed 356 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 (OMH) 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.

2015 marks the fifteenth 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 meet monthly to discuss recent applications and housing movement. Here are the statistics to date:

Statistics	2015	2001-2015
SPOA Applications Received	442	3,339
Housed	231	1,766

### **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 was 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 an OMH Psychiatric Center or resident of an 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.
- These seven supported beds that were given to Hudson River Housing have been filled.
- In the fall of 2015, DMH was awarded 24 supported beds. Ten of these units will follow the above specified criteria and the other 14 units went to Rehabilitation Support Services (RSS). These are scattered site, single apartments designed to provide both rental assistance and support to consumers. Clients must have a severe and persistent mental illness and demonstrate the ability to live in an independent setting with staff assistance. They must also be willing to meet regularly with the housing specialist.

### *Highridge Gardens*

A brand new 50 bed CR-SRO (Community Residence-Single Room Occupancy) opened at 131 Hudson Avenue, Poughkeepsie, in January 2015. This facility offers private, affordable, studio apartments with 24-hour security and staff support to individuals 18 and older who want access to rehabilitative services. Residents have the independence of living in their own apartment, while being connected to the services and resources they need to thrive. Each resident develops an Individual Service Plan with RSS staff to map their goals and determine the support and services needed to achieve them. The Housing Coordinator shares leadership with OMH to screen patients from Rockland Psychiatric Hospital, Clearwater, and Highview SOCR's. All 50 beds are filled at this time. This was truly a community partnership.

*Brookside Supported Apartments/Brookstone Community Residence*

Due to the chronic compliance issues with OMH, there was a decision to close Brookstone Community Residence/Brookside Supported Apartments. Twenty-nine patients were successfully transferred to alternate, safe housing by a committee representing OMH, DMH, and Mental Health America of Dutchess County (MHA).

**Housing First**

Housing First is a relatively recent innovation in human service programs in the treatment of the homeless and is an alternative to a system of emergency shelter/transitional housing progressions. Rather than moving homeless individuals through different "levels" of housing, whereby each level moves them closer to "independent housing" (for example: from the streets to a public shelter, and from a public shelter to a transitional housing program, and from there to their own apartment in the community), Housing First moves the homeless individual or household immediately from the streets or homeless shelters into their own apartments.

<b>Residences Licensed by NYS Office of Mental Health</b>		
<b>Category</b>	<b>No. of Residences</b>	<b>Capacity</b>
Astor Residential Treatment Facility	1	20
Crisis Residence	1	12
Private Congregate Treatment	2	45
State Operated Community Residences	2	40
Community Residence (Single Room Occupancy)	1	50
Not-for-Profit Community Residences	4	88
Supportive Apartment Treatment	25	36
Family Care Homes	13	42
Unlicensed Supported Housing	252	252
<b><i>TOTAL</i></b>	<b><i>301</i></b>	<b><i>585</i></b>

<b>Residences Licensed by NYS Office of Alcoholism &amp; Substance Abuse Services</b>		
<b>Category</b>	<b>No. of Residences</b>	<b>Capacity</b>
Community Residence	4	60
Crisis Center	1	12
Supportive Living Opportunities	1	12
Unlicensed Supported Units	33	33
<b><i>TOTAL</i></b>	<b><i>39</i></b>	<b><i>117</i></b>

<b>Residences Licensed by NYS Office for People with Developmental Disabilities</b>		
<b>Category</b>	<b>No. of Residences</b>	<b>Capacity</b>
Voluntary Family Care	6	13
State Operated Family Care	28	72

Voluntary Supportive Housing	2	4
Voluntary Residential Treatment Facility/ Intensive Care Facility (RTF/ICF)	13	157
State Operated RTF/ICF	7	42
Voluntary Individual Residential Alternative	96	468
State Operated Individual Residential Alternative	38	212
State Respite Beds	5	5
<b>TOTAL</b>	<b>195</b>	<b>973</b>

<b>Residences Licensed by NYS Department of Health</b>		
<b>Category</b>	<b>No. of Residences</b>	<b>Capacity</b>
Private Proprietary Home for Adults	10	498
Assisted Living	4	168
Foster Family Care Homes	50	62
<b>TOTAL</b>	<b>64</b>	<b>728</b>

The Housing Coordinator attends/facilitates 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, create, and coordinate 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.

In addition, the Housing Coordinator chairs the Assertive Community Treatment (ACT) Team/SPOA Committee to assist in the eligibility process for incoming ACT applications.

### **Housing Consortium**

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 of being 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.

### **Vocational Services**

DMH continues to offer work readiness training which provides linkages to job placement for individuals. The Vocational Case Manager assists individuals receiving

treatment at Lexington Center for Recovery, Inc., Mid-Hudson Addiction Recovery Centers' housing, and Joseph's House who have achieved recovery and are ready to enter or return to the workforce. In 2015,

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

### **Jail-Based Mental Hygiene Services**

DMH, in collaboration with the Dutchess County Sheriff's Office, provided services at the Dutchess County Jail on North Hamilton Street, Poughkeepsie. 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 437 cases that were closed, 109 were referred to mental health and/or chemical dependency treatment post-release. In 2015,

- 96 (88%) of the 109 individuals who were referred to treatment in the community attended their first treatment appointment.
- 78 (81%) of the 96 who kept an appointment remained in treatment, had satisfactorily completed a treatment episode, or had returned to treatment after a new arrest.
- The team also assisted inmates returning to the community with 18 housing referrals, 106 patient transports, 23 temporary assistance applications, and 17 Social Security Disability applications.

In 2015, the services provided to DC Jail inmates greatly expanded with the Re-Entry Stabilization and Reintegration Track (RESTART). The RESTART initiative combined personnel from DMH, Hudson Valley Mental Health (HVMH), Project M.O.R.E., the Sheriff's Office, and the DC Office of Probation & Community Corrections to offer intensive group treatment and case management to high risk individuals while they are incarcerated. Services are offered to both male and female inmates. Since reaching full staffing in November 2015, RESTART has consistently enrolled 60-65 inmates in programming.

### **Prevention Services**

#### *Mental Health First Aid*

Mental Health First Aid is an evidence-based program, which teaches individuals the skills to identify someone who is beginning to show signs of an emerging mental illness, how to intervene in a mental health crisis, and how to refer someone to treatment if needed. There is a component that addresses risk factors, as well as

intervention skills for suicide; there are supplements for teaching the class to Police, Public Safety, and Corrections; there is additional material regarding the aging population, higher education, and veterans; and there is also a Youth Mental Health First Aid curriculum.

In February 2014, DMH brought in staff working for the National Council for Behavioral Health who trained 22 people to teach Mental Health First Aid. Since then, we have had 8 people trained to teach Youth Mental Health First Aid. In 2014, our teachers trained 600 people and, in 2015, taught over 650 people in Mental Health First Aid. We are in the process of teaching all staff at the Department for Community & Family Services in either the adult or the youth version of Mental Health First Aid, depending on which unit they work in.

*Dutchess County HELPLINE Suicide Prevention, Education and Awareness App*

In April 2015, the Dutchess County HELPLINE app was updated to reflect the change in the phone number being utilized by our Dutchess Texts program. As a result, there has been an intensified outreach campaign to educate the community about this change, as well as to continue pushing out knowledge of the app in general. These outreach events included a booth at the Dutchess County Fair, Dutchess County Marathon, Health fairs in the community, school open houses, forums, Poughkeepsie Parent University, and presentations to many private and county agencies.

*Crisis Intervention and Brief Crisis Intervention Training*

Crisis Intervention Training (CIT) is an intensive 40-hour training developed for law enforcement officers to build on their specialized skills when responding to persons with a mental illness or substance abuse disorder. Tactics for de-escalation of a crisis are taught, as well as effective communication skills. There is a focus on suicide prevention and intervention. Under the leadership of Steve Miccio, Executive Director, PEOPLE, Inc., a consortium of mental health and substance abuse providers, law enforcement and advocacy agency staff came together to develop a CIT (40 hour) and BCIT (8 hour) training program specific to Dutchess County. With the assistance of some outside experts, we were able to offer the first two CIT trainings and one BCIT training this year. There is an ambitious schedule of trainings set for 2016. Below is the list of Police Departments and number of officers trained in CIT and BCIT.

Regions/ Departments	CIT 1	CIT 2	BCIT 1
Hyde Park	2	0	0
Town of Poughkeepsie	5	7	0
City of Poughkeepsie	9	4	2
Rhinebeck Police Department	1	0	0
East Fishkill Police Department	4	0	0
Beacon	0	2	2
DC Sheriff's Office	8	1	3
DC - US Postal Inspector	1	0	0

DC Jail	4	0	14
DC Office of Probation & Community Corrections	2	0	0
Wappingers Falls - NYS Police	1	1	2
Hudson - NYS Police	1	0	1
LaGrange	0	1	1
Stormville	0	1	1
Dover Plains	0	1	0
<b>TOTAL</b>	<b>38</b>	<b>18</b>	<b>26</b>

*Screening, Brief Intervention, Referral to Treatment and Teen Intervene*

SBIRT is an evidence-based program designed for clinicians in mental health and primary care to screen individuals for risky alcohol or substance use, utilize motivational interviewing skills to help the person decide if they want to make changes based on the screening result, and to refer the person to treatment, if necessary. This model can also be used to screen for depression, anxiety and other emerging mental health concerns as well. We organized and sponsored a training in SBIRT offered by an outside trainer in March and 40 people were trained from a wide range of disciplines. The Department’s Prevention Coordinator, Marie Dynes, LCSW, was trained by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) as a trainer in SBIRT in October 2015. This training will be offered widely throughout the county in the coming year.

Teen Intervene is an intensive model of SBIRT which utilizes cognitive therapy, motivational interviewing skills and stages of change theory to work with substance abusing adolescents and young adults. The developer of Teen Intervene was brought to OASAS to train and Ms. Dynes was trained as a trainer. This training was offered once in 2015 and 17 individuals were trained.

*Second Step: Social/Emotional skills training 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 and 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.

Second Step curriculum has been provided to 17 schools in Dutchess County. Arlington School District and Poughkeepsie Middle School are in the process of implementing this program. Below is a list of the schools and districts using this program:

- The Early Learning Center, Poughkeepsie
- Clinton Elementary School, Poughkeepsie
- Warring Elementary School, Poughkeepsie
- Kreiger Elementary School, Poughkeepsie
- Morse Elementary school, Poughkeepsie

- Poughkeepsie Middle School, Poughkeepsie
- Netherwood Elementary School, Hyde Park
- Vail Farm Elementary School, Arlington
- Noxon Road Elementary School, Arlington
- Arthurs S May Elementary School, Arlington
- Beekman Elementary School, Arlington
- Traver Road Primary School, Arlington
- Titusville Intermediate School, Arlington
- Overlook Primary School, Arlington
- Joseph D'Aquinni West Road Intermediate School, Arlington
- Unionvale Middle School, Arlington
- LaGrange Middle School, Arlington

### *Forums*

There were three public forums in 2015. A Mental Health and Substance Abuse Forum in Dover was sponsored by Dutchess County. A forum on Suicide Prevention at Red Hook High School was also sponsored by Dutchess County, and a forum on Mental Health was held in Beacon, NY. This event was sponsored by Beacon City Councilman Ali Muhammad and organized by Dutchess County. An excellent overview of the current mental health services was provided as well as a preview of the future of services including the Crisis Stabilization Center and the Justice and Transition Center. Panelists included Marcus Molinaro, County Executive; Beth Alter, LCSW, Director, Division of Community Services; William Eckert, LCSW, Unit Administrator, Jail-Based Services; Steve Miccio, CEO, PEOPLE, Inc.; and Gwen Davis, Beacon Wellness expert.

There were six forums sponsored by CAPE with the Prevention Coordinator on the panel. The panel spoke with over 1,000 high school students regarding the dangers of underage drinking, marijuana, opiates and heroin use.

### **Private Not-for-Profit Agency Projects Funded Through Prevention**

#### *Council on Addiction Prevention and Education*

CAPE was provided funding to conduct the Communities that Care survey in the 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades in all Dutchess County schools. This is the first time that all schools have agreed to participate. Data from this survey will be used to compare past trends to current ones and will be informative in planning prevention services in the future as advised by the Strategic Prevention Framework.

#### *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. A prototype of the

Imagine Dutchess information technology platform was demonstrated for the Health and Human Services Cabinet and for Dutchess County Legislators in November. Since then, a series of meetings have taken place with stakeholders to hone the model.

*National Alliance for the Mentally Ill*

NAMI was given \$10,000 to increase attendance at their “Family to Family” and NAMI Basics classes, as well as to purchase supplies for all of their classes. These classes are integral in providing education and support to individuals and families who are struggling with mental illness. The Ending the Silence and Parents and Teachers as Allies groups work to decrease stigma and help with early identification of youth struggling with signs of mental illness. As a result of this funding, NAMI was able to advertise for their classes, provide materials and provide the following groups:

Group	# Served
Family-to-Family	77
NAMI Basics	22
Peer-to-Peer (for Adults Living in Recovery)	24
Parent and Teachers as Allies	164
Ending the Silence	408

In addition to these major program components, the Prevention Coordinator sits on a number of committees and coalitions to offer the county prevention perspective including:

- DC Health & Human Services Cabinet, Substance Abuse Subcommittee
- DC Public Communications Plan for Substance Abuse Prevention
- DC School Safety Advisory Committee
- CAPE, Southern Dutchess Coalition
- CAPE, Eastern Dutchess Coalition
- CAPE, College Consortium
- The Campus Consortium
- The Northern Dutchess Community Coalition
- The Poughkeepsie Coalition
- The Eastern Dutchess Rural Health Network
- The Cornell Cooperative Extensions Nutrition Advisory Council
- DMH Mental Health and Chemical Dependency Providers Group
- DMH Children’s Providers Group
- NYS Office of Mental Health Regional meeting of Suicide Prevention Coalitions

## Division of Administrative Operations



Gerald Brisley, MBA  
Division Chief

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

During 2015, the Division of Administrative Operations began to support the Department of Health, as well as DMH, in order to be prepared for the merger of these two departments on January 1, 2016.

In March, the billing, purchasing, accounting and administrative support staff all moved to the Poughkeepsie Journal Building, 85 Civic Center Plaza, and began the necessary cross training to become a merged Department of Behavioral & Community Health.

# Office of Psychiatric Coordination



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

In addition to psychiatric coordination, the Office is responsible for oversight and management of clinical 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.

<b>Clinical Incidents Comparison Report 2012, 2013, 2014 and 2015</b>				
	2012	2013	2014	2015
Accidental Injury	4	1	0	2
Alleged Abuse	2	0	0	0
Assaults	5	0	0	0
Deaths	13	5	5	1
Drug Reaction	1	0	0	0
Medication Error	4	5	4	1
Other	7	4	12	8
Patient Fight	0	0	0	2
Self Injurious Behavior	4	4	4	0
Suicide	0	0	1	0
Suicide Attempts	3	0	2	1
<b>TOTAL</b>	<b>43</b>	<b>19</b>	<b>28</b>	<b>15</b>

### **Court Evaluations**

The Office of Psychiatric Coordination oversees the provision of all competency evaluations ordered by local courts to determine the ability of defendants to understand the charges against them and to assist in their own defense. Evaluations are performed by trained psychiatrists and psychologists at the Dutchess County Jail or at Mental Hygiene Offices in Poughkeepsie. All aspects of the evaluation process are coordinated and processed through this Office. The Office is in regular contact with the various local courts, and the District Attorney's Office and Office of the Public Defender, within the Dutchess County Judicial System, to assure that the evaluations 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 2015,

- DMH received and processed 67 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.

### **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.

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



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The Coordinator of Quality Improvement (QI) is responsible for the QI Planning and QI initiatives of DMH. In addition, the QI Coordinator 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 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.

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/Director 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.

DMH, in conjunction with the Office of Central & Information Services, 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/Director 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 Coordinator 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 Coordinator is available for consultation with contract agencies and DMH units on the development of performance outcomes. The Coordinator prepares an annual report on the performance outcomes for both DMH and its contract.

# Office of Community Services



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The Director, Beth Alter, LCSW, oversees the Department's Office of Community Services. The Office administers the services of HELPLINE, the 24/7 crisis counseling via telephone and texting, information and 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 Office and the County's Critical Incident Response Team, represents DMH on the Universal Response to Domestic Violence Committee, and is a member of the training committee 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 to improve capacity to respond to residents across the lifespan.

In March 2015, DMH and MidHudson Regional Hospital (MHRH) began a collaboration expanding the services of MCIT. The team is now 24/7/365 with staff embedded in the MHRH Emergency Department. The enhanced team is comprised of staff from Lexington Center for Recovery, Inc., Mental Health America of Dutchess County, and DMH, under the supervision of DMH.

## **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 telephone or texting at (845) 485-9700 or toll-free telephone at (877) 485-9700.

HELPLINE is part of LifeNet, a federally-funded National Suicide Prevention Lifeline, and monitors the suicide prevention phones on five Hudson River bridges---Bear Mountain; Beacon/Newburgh; Mid-Hudson; Kingston/Rhinecliff; and the Rip Van Winkle, as well as the Scenic Walkway Over the Hudson New York State Park.

There were seven active rescues in 2015---four from the Mid-Hudson Bridge and three from Beacon/Newburgh Bridge. The phones were activated in five of the instances (three from Mid-Hudson and two from Beacon/Newburgh). There were six completed suicides from the bridges in 2015---three from Beacon/Newburgh, two from the Mid-Hudson, and one from the Walkway. None of the phones were activated in those instances.

In 2015, HELPLINE responded to a total of 29,344 calls. Of the 29, 344 calls, 11,415 were crisis calls and 3,675 were specifically through the National Lifeline.

Of the 29,610 calls, HELPLINE received 266 non-emergent calls from the Walkway line, the majority not actually being from the Walkway, but the result of robocalls, telemarketers, and wrong numbers.

HELPLINE Services (Phone and Face-to-Face)						
Month	Crisis Intervention	Pre-Intake	Info & Referral	Other*	Texting	Total
January	1,019	451	118	821	241	2,650
February	987	426	72	765	219	2,469
March	1,036	585	103	930	230	2,884
April	1,015	517	128	753	269	2,682
May	1,008	497	104	730	296	2,635
June	1,002	528	115	755	10	2,410
July	964	533	118	756	8	2,379
August	1,130	503	87	861	6	2,587
September	874	518	74	855	9	2,330
October	825	460	95	864	30	2,274
November	736	489	67	874	22	2,188
December	819	448	89	751	15	2,122
<b>TOTAL</b>	<b>11,415</b>	<b>5,955</b>	<b>1,170</b>	<b>9,715</b>	<b>1,355</b>	<b>29,610</b>

\* includes planning, linking case management

# of Face-to-Face Contacts	134
# of Phone Contacts*	28,121
# of Texting Contacts	1,355
<b>TOTAL</b>	<b>29,610</b>

\* Volume of Service average per month for phone contacts was 2,343

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 that an individual has a mental illness, is likely to result in serious harm to him/her self 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 Mid-Hudson 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 2015, there were 71 Orders issued, an increase from 2014 (in which there were 61 Orders issued). Of the 71 individuals apprehended as a result of 9.45 Order, 54 were subsequently hospitalized (76%, which is a 2% increase from 2014).

HELPLINE also triages and facilitates referrals to MCIT. Often the involvement of the Team helps to deescalate a situation and provide other alternatives that the individual is willing to accept, rather than having to invoke a 9.45 Order.

*Events:*

Due to reports of an impending severe snowstorm, and in anticipation of a possible power outage, HELPLINE relocated to the Emergency Response (Operations) Center on January 26, at 5:00 p.m. Staff were able to return to the Mental Health Center (230 North Road, Poughkeepsie) by 11:00 a.m. the following morning. HELPLINE staff worked as scheduled and beyond to ensure adequate phone coverage with no interruption in service.

In February, National Crisis Text Line announced that it would not be renewing contracts for the texting platform for agency providers; there was a planned move to utilize individual volunteers supervised directly through Crisis Text Line. By the end of May, DMH secured a contract with iCarol, a texting platform that could use the existing HELPLINE published emergency number, as well as to allow services to focus on the local community. The first text through the new platform was received on June 10. Of the total number of contacts through HELPLINE for 2015 (29,344), 1,355 were texting conversations.

In response to volume issues for individual call centers, the National Suicide Prevention Lifeline Network began to route all White House Letters to a centralized response center in May.

HELPLINE was reviewed by DMH's Patient Care/Utilization Review Committee in June. The Committee recognized staff for their thorough documentation and excellent response to crisis situations.

### **Mobile Crisis Intervention & Prevention Team (MCIT)**

MCIT strives to support individuals in the community and assist with engagement/re-engagement to local mental health and chemical dependency services. The mission of MCIT is to intervene with individuals in crisis and to provide community-based interventions, when appropriate, in an effort to avoid contact with the criminal justice system and/or emergency department visits and/or inpatient psychiatric admission. The staffing for MCIT consists of a Supervising Social Worker, three Licensed Master Social Workers, two Registered Nurses, two Licensed Mental Health Counselors, one Community Mental Health Counselor, and three Community Mental Health Aides.

## Referrals and Services

*Community-Based Services (\*Youth services and referrals started October 2014):*

Total Referrals: 1,434 (this is an increase of 462 referrals from 2014)

\*Youths 2014 = 34      2015 = 260

Adults 2014 = 938      2015 = 1,174

Monthly average: 120 (July with the highest number of referrals: 148).

Total Services: 19,940 (this is an increase of 10,379 services from 2014)

\*Youths 2014 = 73      2015 = 3,396

Adults 2014 = 9,488      2015 = 16,544

## Volume of Service (2015)

### Breakdown by Recipient

Client Present	8,940
Collateral (Client not Present)	11,000
<b>TOTAL</b>	<b>19,940</b>

	Face-to-Face	Telephone	<b>TOTAL</b>
Adults	3,992	12,552	<b>16,544</b>
Youth	639	2,757	<b>3,396</b>
<b>TOTAL</b>	<b>4,631</b>	<b>15,309</b>	<b>19,940</b>

## Interventions:

These referrals provide support in the form of:

- Mental Status Examinations
- Linking patients to treatment.
- Responding to crisis related to medication compliance, transportation problems, family conflicts or other issues.
- The Team responds to Hudson River Housing, including all shelter programs, the Family Partnership, and the Living Room in an effort to divert potential crises in response to identified needs.
- The Team works closely with Mental Health America of Dutchess County, case management, other county departments, Crime Victim Services, and all police jurisdictions.
- MCIT interventions take place mostly within patients' homes, the community, clinics, and hospitals

## Diversions:

Community diversions from emergency department/admission to hospitals:

2014 = 221      2015 = 621

Community diversions from jail/reduction in jail time:

2014 = 25      2015 = 34

### Hospital-Based Mobile Crisis Team

In March, MCIT began providing diversion services to MHRH's ED and its Brinn Center. For 634 shifts, statistics are as follows:

	Adults	Children & Youth (<17)	TOTAL
Referrals	2,034	311	2,345
Services	2,946	486	3,429

Diversions	Adults	Children & Youth (<17)	TOTAL
From Hospital Admission	548	121	669
From ED w/o Brinn Center Contact	360	35	395
<b>TOTAL</b>	908	156	1,064

### *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 31 referrals made to Pre-Trial Diversion by the courts and/or jail this year in a successful effort to divert the mentally ill from incarceration. Some have been open with MCIT in the past, but not involved with the courts. Most participants responded positively to diversion; some chose to complete their jail time. In two cases, diversion worked with Parole in the community to successfully prevent Parole violations. Two referrals were requested by the Family Court to determine mental status prior to placement or returning home.

There is no MCIT staff embedded in the courts to screen referrals. Probation has incorporated mental health screening into their process. They identify participants for court diversion.

There were 38 MCIT referrals between various law enforcement departments (such as Probation, District Attorney, and the Public Defender's Office). MCIT services provided prevented court contact and an overall decrease in court diversions for the year.

### **Trauma Team**

In 2015, the Dutchess County Trauma Team completed its 25<sup>th</sup> year in providing services. The Team's specific purpose is to aid in community and family disasters where emotional and psychological supports are indicated and/or requested. All members of the Team, consisting of the Coordinator and six staff members, are senior clinicians in administrative positions who have the flexibility to respond immediately by providing crisis counseling and/or debriefing in emergency situations such as an unexpected death (e.g. suicide, 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 2015,

- The Trauma Team responded to 16 unique untoward community events, providing a total of 19 interventions. Each call is responded to with between one to four interventions.

## **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 2015 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 2015, DMH hosted 3 students---one Psychology Extern from the University of Hartford; one M.A. student from John Jay College of Criminal Justice; and one from the Marist Masters of Mental Health Counseling program. These students participated in placements that have no financial stipend attached.