2018
Local Governmental Plan
Dutchess County
Department of
Behavioral & Community Health

Vision
Dutchess County will be the healthiest county in New York State

Mission
The Dutchess County Department of Behavioral & Community Health will assess and protect the community from health risks, assure access to high quality services, and promote holistic care that integrates physical and behavioral health

Marcus J. Molinaro
County Executive

Anil K. Vaidian, MD, MPH, Commissioner
Commissioner of Behavioral & Community Health
Each year the Department of Behavioral & Community Health conducts Public Forums on Dutchess County’s Mental Hygiene Services Plan.

Area residents, including consumers, providers and interested citizens, are invited to attend and express their views and comment on what additional community mental hygiene services are necessary to help people live successfully in the community.

Their input is incorporated into the formulation of the Department’s yearly Local Mental Hygiene Plan which is submitted to New York State for review and approval.

Individuals in the community who are in need of care are served in one or more of the many programs which are available, accessible and affordable.

The Public Forums are held each year as follows:

- Developmental Disabilities Services Forum  March
- Chemical Dependency Services Forum  April
- Children’s Emotional and/or Chemical Dependency Services Forum  May
- Adult Mental Health Services Forum  May
2018
Local Governmental Plan
Table of Contents

➢ Introduction to Dutchess County
➢ Mental Hygiene Board
➢ Local Governmental Plan
  • Planning Process
  • Subcommittees & Provider Groups
  • Development and Submission of the Local Governmental Plan
  • 2018 Local Governmental Plan
➢ DBCH Organizational Chart
➢ Density Population Chart
➢ Service Locations
➢ Programs Participating in the Dutchess County Network of Mental Hygiene Services
➢ Community Living Facilities
INTRODUCTION TO COUNTY

East of the Hudson River, halfway between New York City and Albany, is Dutchess County, an area composing 801.6 square miles with a population of 297,488 (census, 2010). The County has two cities: Poughkeepsie and Beacon, both on the Hudson River, as well as twenty townships. Surrounding the cities is an area of suburban residences and commercial development which takes up most of the County’s southwest quadrant. To the north and to the east, the County is more rural in character, with lower population densities, more farms, more open spaces and fewer services.

One of the greatest strengths Dutchess County offers employers is its well-trained and diverse labor force. Already residing within the county are masters of virtually every field—from computer chip circuitry to heavy metal casting to the culinary arts. With local employers such as International Business Machines (IBM) and the Culinary Institute of America, the skill level of the local labor force is naturally very high.

For many decades, Dutchess County boasted a strong base of agriculture, manufacturing and transportation that served nearby New York City and Albany. Under IBM’s leadership, Dutchess County also focused on manufacturing computer equipment for the entire world. As IBM downsized in the early 1990’s, Dutchess County industries, government, unions, and non-profits worked together to rebuild its former diversity of employment. Tourism gains in recent years have pushed up the take from the county’s lodging tax, and the Tourism Agency created several new programs. The trend continues today as Dutchess County acts on its commitment to encourage entrepreneurship at all levels and as the local workforce demonstrates its adaptability, diversity, and productivity.

Even though Dutchess County ranks fairly high in per capita income, there is disparity with respect to income among the population. Growth and prosperity have not been evenly dispersed and, as a result, there are pockets of poverty, especially in the two cities, Beacon and Poughkeepsie, and in the very rural areas. Changes in population distribution, coupled with changing patterns of employment and community services, have put a strain on the existing resources of the county for meeting social needs.

Trade, transport and utilities are the top sector in the region, followed by government, each with about 20 percent of the total jobs. The days of manufacturing as the king are long gone, but Dutchess has a higher share of factory jobs than the region as a whole. Growth in the professional and business services areas are cited as being similar to manufacturing in economic impact.

Dutchess County is one of the fastest-growing counties in the state; since 2000, new people have swelled the county’s population, with Hispanic communities growing the fastest in recent years. Three elements attract people to the region: affordability of housing (as compared to New York City and environs), quality of life and economic opportunity. The county has increasingly become a mecca for people desiring to relocate further north from crowded New York City suburbs—families are drawn here by the lure of open spaces and fine schools—and, a good number are now getting into the work force
here. Also, in recent years, aggressive marketing at both state and county levels has resulted in more companies choosing Dutchess County as a good place to relocate and/or start up new businesses.

The effects of the growth are obvious in many areas: the construction of more shopping malls, new schools, expanded libraries, more recreation sites and constructing roads to handle more traffic. In many communities, moratoriums on building projects have been put on hold as Master Plans are updated.

The need for a wide range of community-based mental hygiene services for Dutchess County residents has been clearly established, not only because of factors associated with population growth and periodic economic stress, but also because the county has one characteristic that sets it apart from its neighbors: its large population of persons released or discharged from State Psychiatric and Developmental Centers. Historically, Dutchess County has housed two large psychiatric centers and a developmental center. The Harlem Valley Psychiatric Center, located in Wingdale, was closed in 1993, and the Hudson River Psychiatric Center, located in the Town of Poughkeepsie, closed in 2011. The Taconic Developmental Center, located in Wassaic, was closed at the end of the year in 2013. The deinstitutionalization of patients from all three facilities into Dutchess County has impacted on the County’s community-based mental hygiene system in regard to the services provided by the Department of Behavioral & Community Health (DBCH) and its contract agencies.

NETWORK OF SERVICES

The array of services provided through the Dutchess County network is described in the following sections:

DBCH’s DMH Organizational Chart

DBCH Mental Hygiene Service Network Location Map

Description of Mental Hygiene Board Subcommittees and Committees

Listing of Mental Hygiene Programs in the Network

This chart shows the various units of DBCH which offer services, indicating each program's address, territorial boundaries, hours of operation and main service type. Similar information is provided for contract agencies and for the State Facilities which serve County residents. (Note: It was not possible to include the many additional community agencies with which DBCH maintains informal relationships; their membership on the Mental Hygiene Board's Subcommittees serves to link them to the programs listed here).

DUTCHESS COUNTY SYSTEM OF SERVICES

To address the mental hygiene needs of its residents, a coordinated system of
services has been developed in Dutchess County, including County-operated programs, programs offered by not-for-profit agencies under contract to the County and services provided by State agencies.

The former Department of Mental Hygiene (DMH) was established in 1968 and under the executive branch of Dutchess County Government. The Department, through its Community Mental Health Center (CMHC), offers a wide range of prevention, treatment and rehabilitation services for residents who have a mental illness, intellectual or developmental disability and/or are chemically dependent. The programs and services are operated either directly by the County or through contractual agreements with local not-for-profit agencies. All fees are based on a person’s/family’s ability to pay.

Primary responsibility for this array of services rests with the Dutchess County Commissioner of Behavioral & Community Health (DBCH), and the Director of Community Services, who are accountable for both County-operated and contracted services. He/she is also responsible for maintaining linkages with the State Facilities which serve Dutchess County residents. The Dutchess County Mental Hygiene Board, appointed by the County Legislature, serves as an advisory body for the Department, advising the Commissioner/Director of Community Services on policy and approving the Annual Plan and budgets.

The Division's structure is shown in DBCH DMH Organizational Chart. The Director of Community Services oversees operations and insures that Divisional activities are consonant with the Department's mission and goals.

For each contract agency, there is a DBCH staff member assigned to maintain liaison, provide information and offer guidance and support as required. While each agency is administratively autonomous, the Department is responsible for fiscal monitoring and on-going performance evaluation of all contracted services. Agencies which contract with DBCH agree to work cooperatively with the Department in all areas such as program planning, budget preparation, program evaluation and service linkage, so that no duplications occur, service gaps are filled and the Departmental priorities are addressed.

In the past several years, the Department has downsized by transferring directly-operated programs to not-for-profits. Since 2003, the Department has transitioned the Case Management Unit to Mental Health America of Dutchess County (MHA), formerly the Mental Health Association, the Methadone Maintenance & Rehabilitation Program to Lexington Center for Recovery, Inc. (LCR) and the mental health and chemical dependency clinics were transferred to Hudson Valley Mental Health, Inc. and LCR, respectively. In April 2012, four continuing day treatment centers were closed; in their place, DMH contracted with Occupations, Inc. and MHA to develop and operate Personalized Recovery Oriented Services programs. In addition, in October 2012, DMH closed its three directly-operated outpatient mental health clinics (Clinic for the Multi-Disabled; Mansion Street Center and the Hedgewood satellite in Beacon); patients were transferred/referred to other providers, both in the private and not-for-profit sectors.
based on their need and choice.

Due to the reduction of community-based adult psychiatric inpatient beds and the elimination of all community-based adolescent mental health inpatient beds, Dutchess County has seen a dramatic increase in the number of Dutchess County residents who are now placed in hospitals in Westchester County and throughout the region. In an effort to divert inpatient admissions and reduce out-of-county psychiatric hospitalizations for both adults and children, in April 2012, DMH implemented a comprehensive Diversion Program. The program consists of the newly developed seven-day Mobile Crisis Intervention Team and expanded use of the Department’s five-day Partial Hospital Program, both working in conjunction with DMH’s 24-hour HELPLINE.

DMH’s Pre-Release Discharge Planners work closely with Rockland Psychiatric Center and other state facilities, MidHudson Regional Hospital of Westchester Medical Center and other community hospitals, inpatient rehabs and the County jail to insure that patients are transitioned to appropriate services. There are standing agreements to cooperate in program planning, to share information on referred patients/clients, to engage in pre-release and post-discharge planning and to collaborate with joint projects such as shared staffing and other team efforts. Staff from the state facilities also participate in the preparation of the Local Governmental Plan.

Revised: November 2016
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)

2017 Members

Chair
Carole A. Pickering

Vice Chair
Ronald Lehrer, LMSW

Secretary
Joan Cybulski, LMHC, CASAC w/Gambling, CCDP-D

John Ashburn, Ph.D.
Maria Bernal-Rabasco
Elizabeth Marie Cooke, LCSW
Susan Haight, RN
Benjamin S. Hayden, Ph.D.
Jacqueline Johnson, DSW, LCSWR
Edward Koziol
Karen Lynch
Elizabeth Quinn, Ph.D.
Terry Schneider
Mark Searle
Rosemary Thomas
The 15-member Dutchess County Mental Hygiene Board (created under New York State Mental Hygiene Law) is an advisory group of local citizens who are appointed by the Dutchess County Legislature. The Board’s goal is to create, in consultation with the Director of Community Services, annual, intermediate and long-range plans for mental hygiene services in Dutchess County. The Board reviews and monitors the Department’s behavioral health 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 clinician-administrator from the Division of Mental Hygiene so as to provide liaison with the Department. The Deputy Commissioner’s Office coordinates Citizen Participation and has the general responsibility for the overall administrative aspects of the citizen participation process.
Dutchess County
Department of
Behavioral & Community
Health

2018
Local Governmental Plan
Local Governmental Plan

Planning Process
The Department, in its statutory role as the Local Governmental Unit, is responsible for the planning, oversight, development, and provision of comprehensive community-based prevention, treatment, and rehabilitation services and programs for people who are emotionally disturbed, mentally ill, developmentally disabled and/or chemically dependent. These services are provided directly by the Department of Behavioral & Community Health (DBCH), the state, MidHudson Regional Hospital of Westchester Medical Center, and by local not-for-profit agencies under contract with DBCH.

The DBCH 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 intellectual and developmental disability services is held in March, followed by the public forum on chemical dependency services in April. In May, there are two public forums, one for children and youth with emotional and/or chemical dependency issues and the other for adult mental health services.

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 DBCH’s Local Governmental Plan are submitted to the Director of Community Services for final review and then presented to the Mental Hygiene Board for its approval, prior to being sent to the relevant state agencies.

Once the plans have been submitted and approved, they are coordinated into a single document with added material on the Department’s structure, as well as additional information on the characteristics of Dutchess County and the County’s network of mental hygiene services. This finalized version of the DBCH Local Governmental Plan is distributed to relevant DBCH 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, located at 253 Mansion Street, Poughkeepsie, as well as being available at selected libraries throughout the County.
Subcommittees and Provider Groups

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

Joan Cybulski
LMHC, CASAC w/Gambling, CCDP-D

Jean Miller

Jacqueline Johnson, DSW, LCSW

Cynthia Ruiz

Edward Koziol

Terry Schneider

Hilda Lausell

The Public Forum on Service Needs for Adults with Mental Illness was held on May 9, 2017. There were approximately 55 persons in attendance. The main areas of concern expressed they are as follows:

- Increasing peer involvement in mental health services
- The need for recreational activities to support young adults recovering from mental illness
- Homelessness (and those that rely on the Poughkeepsie Library for respite)
- The need for integrating services for individuals with mental health and substance abuse issues to make sure all their problems are addressed
- The increased need for veterans to access appropriate services
- Employment opportunities for the mentally ill

Parents also expressed their concerns about young adult family members who do not cooperate with their parents in getting the mental health help they need. DBCH Community partners spoke up to detail some of the services they offer to meet these needs.

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

Members of the
Intellectual & Developmental Disabilities Services Subcommittee

*Benjamin S. Hayden, Ph.D.*
Chair

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<tr>
<th>Susan Haight, RN</th>
<th>Cindy Merritt</th>
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<td>Ronald Lehrer, LMSW</td>
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The Public Forum on Service Needs for Individuals with Intellectual & Developmental Disabilities was held on March 7, 2017. There were approximately 50 persons in attendance. The main areas of concern were Workshop Transformation (the closure of vocational workshops), shortage of direct care workers due to minimum wage, and transportation.

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

Chemical Dependency Services Subcommittee
The Director for Behavioral Health Clinical Services serves as staff liaison to the Mental Hygiene Board’s Chemical Dependency Services Subcommittee. The subcommittee works with the Department’s contract agencies to monitor the performance indicators for each program.
Members of the
Chemical Dependency Services Subcommittee

Rosemary Thomas  
Chair

Shirley Adams  
David Brinkerhoff  
Elizabeth Marie Cooke, LMSW

Mara Farrell  
Lori Holland  
Elizabeth Quinn, Ph.D.

The Public Forum on Service Needs for Chemically Dependent Persons was held on April 21, 2017. There were approximately 50 persons in attendance. The main areas of concern were access to detox due to insurance issues, incarceration of individuals suffering from chemical dependency, and issues surrounding the stigma of being chemically dependent.

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

John Ashburn, Jr., Ph.D.  
Monica Balassone  
Sandy Essington, LCSW  
Alexis Yun Hill

Terry Iorio  
Kasha Morgan  
Carole A. Pickering  
Diane Whiteman, LMSW

The Public Forum on Service Needs for Children & Youth with Emotional and/or Chemical Dependency was held on May 8, 2017. There were approximately 55 persons in attendance. The main areas of concern expressed were lack of inpatient psychiatric beds for youth, shortage of psychiatry time, and the need for more youth groups and activities.

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 of the Mental Hygiene Board and other appropriate resources. Representation is sought from a broad range of service providers.

**Development and Submission of the Local Governmental Plan**
Following the four public forums, the Department prepared its 2018 Local Governmental Plan for providing services to the mentally ill, chemically dependent and intellectually and developmentally disabled residents of our community. On June 19, 2017, the Plan was presented to the Mental Hygiene Board, approved at its July 17th meeting, and, subsequently, submitted to the three state offices that comprise the NYS Department of Mental Hygiene.

(See Next 13 Pages)
Local Governmental Plan 2018

Priority Outcome 1

**Prevention**: Promote and enhance emotional and physical health, prevent or delay the onset of symptoms of mental illness and substance abuse and prevent suicide.

Priority Rank 1

Rationale: Dutchess County continues to believe that prevention is the most powerful tool to help us become the healthiest county in New York State.

Strategy 1.1 Continue to follow the SAMHSA Strategic Prevention Framework model to guide all prevention activities which utilizes research and data to inform our work plan. The Council on Addiction Prevention and Education (CAPE of DC., Inc.) will administer the Dutchess County Youth Survey in the fall of 2017. This survey meets the NYS OASAS and the Federal Drug Free Communities Grant National Evaluation Standards.

Progress: The Prevention Council, consisting of key stakeholders in the fields of behavioral and community health, prevention, Office for the Aging, Department of Community and Family Services, education, domestic violence and community services worked together to develop logic models specific to substance abuse prevention, promotion of behavioral and physical health and suicide prevention. The Dutchess County Youth Survey collects behavioral data related to youth risk and protective factors. Participation in the survey is voluntary for the districts and the students. Students in grades 8, 10 and 12 self-report. The administration of the survey is completed online. The results are analyzed by the research team at the Benjamin Center and shared with the participating school districts and the county. The 2015 results mirrored national statistics (Monitoring the Future) reflecting the continued positive outcomes of strategic prevention strategies. Eleven out of thirteen school districts participated in the 2015-16 survey.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.2 Continue to promote the implementation of evidence-based programs in the schools (Pre-K-12) that will address the risk and protective factors identified in the youth surveys.

Progress: CAPE’s Students Assistance Counselors continue to use evidence-based programming in their school based locations. Project Success and Teen Intervene guides the service delivery model in the four contracted districts: Dover Union Free, Hyde Park Central, Red Hook and Wappingers. CAPE’s Community Educator, trained in Too Good for Drugs and Too Good for Violence, provides those evidence-based curricula to public and private schools throughout Dutchess upon request. CAPE will be submitting its application for the Marathon Project to the National Registry for Evidence-based Programs and Practices (NREPP) in the fall of 2017.

Second Step, an evidence-based program that teaches youth good coping skills and problem solving skills and builds empathy and self-esteem, is being utilized in 18 schools in Dutchess County as well as in all
Head Start programs. This is a classroom based intervention provided by the teachers. County prevention funds are utilized to purchase the Second Step kits.

All Astor therapists working in school districts, at the Adolescent Day Treatment program as well as the Alternative High School and at the Mental Health Clinics, were trained in Teen Intervene which is an evidence-based 3-5 session model to address risks factors for substance use. Prevention funding was used to purchase the curriculum for these therapists.

The entire Pine Plains School District was trained in Youth Mental Health First Aid, an evidence based program which helps school staff to identify youth who may be developing a mental health or substance use disorder, encourages them to seek treatment and how to intervene in a crisis. Other school districts, including Dover, Hyde Park, City of Poughkeepsie and Beacon have chosen to have trainings in Mental Health First Aid in smaller groups.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.3 Efforts continue to support broad-based community coalitions to rally substance abuse prevention countywide.

Progress: CAPE serves as the lead agency for the only Federal Drug-Free Communities Grant in Dutchess (The Southern Dutchess Community Coalition or SDCC). The SDCC has developed a robust media campaign using the NYS OASAS driven guide for implementation of environmental strategies. The SDCC launched the first annual Youth Health Rally in 2016. Planning is under way to continue this initiative, provided adequate funding can be secured. The Harlem Valley Community Coalition and Northern Dutchess Community Coalition (NDCC), mentored by CAPE and trained in the Strategic Prevention Framework (SPF), continue to develop community initiatives: Community Forums, Narcan trainings, Youth Mental Health First Aid.

The NDCC will be scheduling a Community Forum in the fall with a focus on “Alternatives to Prescription Pain Medication” for the treatment of chronic pain.

Applicable State Agencies:
Substance Abuse and Mental Health Services Administration
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.4 Continue to develop and implement strategies to decrease prescription opioid and heroin abuse.

Progress: The Dutchess County Substance Abuse Workgroup has continued its efforts to actualize its work plan to address opioid and heroin abuse, which includes increasing public awareness around the process of addiction, treatment resources and the hope for recovery through community forums and a preventing substance abuse website. CAPE continues providing public education and forums tailored to the needs of the group/agency requesting these services. Multiple sectors have been reached through this intervention: K-12 schools, colleges, universities, churches, businesses, parents, local and regional CSEA and media. CAPE’s counseling staff has been trained in Teen Intervene. At the request of local policy makers, CAPE has coordinated forums in Eastern, Central, Northern and Southern Dutchess and participated in Drug Take-Back Days. As mentioned in Strategy 1.2, the use of evidence based interventions in schools to address prevention of
substance abuse is being implemented. It is planned that all Astor clinicians will receive this Teen Intervene training.

The Screening, Brief Intervention and Referral to Treatment (SBIRT) model was presented at the 2016 Pediatricians Forum and well received by those in attendance.

The prescription Drug Take Back events have been extraordinarily effective; efforts are underway with local pharmacies to install collection boxes in their establishments. Results – 2013: 426 lbs., 2014: 877.5 lbs., 2015: 1074 lbs., 2016: 2145 lbs.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.5 Continue to develop and implement suicide prevention strategies targeting the high risk groups of youth, veterans and older adults.

Progress: There were 394 individuals trained in 18 Mental Health First Aid (MHFA), Adult or Youth version, trainings which were offered in 2016. MHFA has a strong suicide prevention component. In 2017, MHFA trainings are being made available to police officers and correction officers. Talk or Text and the Suicide Prevention apps are promoted at every public event, forum, health fair, etc. On April 29, 2017, MHFA training was provided to 21 veterans and family members, the training was well received.

Police throughout Dutchess County are being trained to identify those at risk of suicide, as well as ways to intervene during the 40-hour Crisis Intervention Training course.

DBCH staff distributed HELPLINE information and materials at all senior picnic events in 2016. The DBCH Prevention Coordinator attended NY State Senator Sue Serino’s Golden Gathering on 10/01/2016, where HELPLINE literature was presented and distributed.

The two day Applied Suicide Intervention Skills Training (ASIST) training, which is an evidence based intervention for suicidal individuals, will continue to be offered in 2017. Forty-two (42) individuals were trained in the two ASIST trainings that were offered in 2016. CAPE staff has been trained in ASIST and the Columbia Suicide Severity Rating Scale (C-SSRS).

Dutchess County received a $3500 grant from the NYS Suicide Prevention Center. These funds were used to purchase the “Lifelines Trilogy: Suicide Prevention, Intervention, and Postvention” program, advertise the DC HELPLINE Suicide Prevention Mobile app, and train more staff as trainers in the brief bystander suicide prevention model. The funds were also used to send the Unit Administrator of HELPLINE and the Prevention Coordinator to the NYS Suicide Prevention Conference where the Prevention Coordinator provided a presentation on Prevention Initiatives in Dutchess County.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.6 Continue to promote texting and other social media modalities as a method of communication through HELPLINE.

Progress: Multiple modes “teen friendly” advertising were developed including colorful cards, water bottles and glow in the dark bracelets. To date 6000 bracelets have been distributed. Some of the funds
received in the grant from the NYS Suicide Prevention Center were earmarked to buy additional promotional materials to advertise texting. Laminated Talk or Text cards have been obtained and are being placed in high school bathrooms around the Dutchess County.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.7 Continue to educate the community about the needs of individuals struggling with mental health and substance abuse issues to decrease the stigma and to increase help seeking behavior.

Continue to train in Mental Health First Aid (MHFA) and Crisis Intervention Training (CIT) for police. The goal is to train 25% of the police in the 40-hour CIT and the other 75% in the MHFA curriculum specific to Public Safety Officers.

Continue to support the SDCC Youth Health Rally Initiative as a means to connect Dutchess County 9th graders to information and services for adolescent and young adults and promote health and wellness messaging.

Progress: Over 1800 people were trained in Mental Health First Aid (Youth and Adult version) including many staff from the DCFS, Grace Smith House, Hudson River Housing (HRH), Probation, school personnel, library system and the community at large. To date 77 of the 168 officers identified to be trained in CIT have been trained, just over 45% and 46 of the 504 officers identified to be trained in the Brief CIT have been trained, just over 9%. These numbers are reflective of all local and county officers.

The First Youth Health Rally drew over 1000 9th grade students from four Dutchess County Public School Districts.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.8 Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to staff in the Mobile Crisis Intervention Team (MCIT), Stabilization Center, Hudson Valley Mental Health (HVMH), primary care providers and emergency department personnel. Train staff who work with adolescents in Teen Intervene.

Progress: SBIRT training was provided to licensed staff from various agencies. MCIT hospital based staff and the majority of Stabilization Center staff are now SBIRT trained. Teen Intervene is being used extensively by Persons in Need of Supervision (PINS) diversion staff at Probation and by CAPE’s Student Assistance Counselors in schools. In 2016, 111 clinicians were trained in Teen Intervene.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.9 Continue to promote Narcan use by the general public, family members of addicted individuals, law enforcement, first responders, individuals leaving rehabilitation programs, participants in recovery groups and individuals leaving jail who have a history of opiate abuse.
Progress: Narcan training has been ongoing. School nurses are now legally permitted to administer Narcan and have been receiving the training. Over 1,300 individuals were trained in the administration of Narcan in 2016 including first responders, homeless shelter staff, chemical dependency (CD) treatment providers, patients in CD programs, law enforcement officers, and the community at large. CAPE hosted three public forums where Narcan training was offered to community members. DC Jail staff will be trained in Narcan during the coming year.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.10 Promote continuing education of licensed prescribers especially primary care physicians (PCP) on the use of opioid medications, addiction as a brain disease and public health issues surrounding this disease.

Progress: At least two presentations were given in 2016; one to an audience of PCP, totaling 200 physicians and one to a regional consortium of physicians. The deputy Medical Examiner presented at a HealthQuest Pediatric Grand Rounds regarding Neonatal Abstinence Syndrome, opioid overdose and screening for adolescents on May 17, 2017. Additional forums are planned through 2017.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.11 Population Health: Incorporate mental health, physical wellbeing, social determinants of health and prevention efforts into a comprehensive, global view of wellness and recovery. Providers will incorporate a pre-diabetes screen into the intake process for new patients.

Progress: A pre-diabetes screen has been developed. The use of this screening form will be promoted system-wide and will foster greater communication between primary care and behavioral health providers to improve overall health of patients served.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.12 Providers will encourage smoking cessation and provide access to Nicotine Replacement Therapy (NRT) and cessation support groups.

Progress: The providers are currently developing education about smoking for staff to encourage them to support smoking cessation. Once the training is developed and staff trained, providers will begin to develop nonsmoking policies and services. CAPE provides the evidence-based smoking cessation program developed through Seton Hall-The Butt Stops Here.

The newest version of Teen Intervene provides screening and brief intervention around smoking, vaping and chewing tobacco. This is offered with the Teen Intervene training.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
Priority Outcome 2

**Treatment:** Ensure there is sufficient mental health, chemical dependency and services for the intellectually and developmentally disabled to meet the needs of individuals in Dutchess County. All programs should have sufficient access, be evidence based, and meet Quality of Care standards.

Priority Rank 2

Rationale: Healthcare delivery is moving towards an integrated system of care including primary healthcare and behavioral health. The Departments of Mental Hygiene and Health have merged to become the Department of Behavioral and Community Health to reflect these changes. Emphasis will be on strengthening access of care through all avenues to healthcare and ensuring comprehensive assessment and engagement in identified treatment needs.

Strategy 2.1: The Local Governmental Unit (LGU) and behavioral health treatment providers will work closely with Behavioral Health Organizations, Managed Care Organizations (MCO), Health Homes, Delivery System Reform Incentive Payments (DSRIP), Performing Provider System (PPS) and PCP’s to ensure that the network of service providers is robust and meets the needs of the individuals seeking care in Dutchess County. Regular participation in planning and governance meetings with these entities will facilitate preparation for the Value Based Payment (VBP) initiative.

Progress: Community-based agencies are engaged with both PPSs and actively participating in Crisis Stabilization, Integration, and Tobacco projects. The Stabilization Center is a major focus of work with both of these PPS’s. MCO will be engaged to potentially add this level of care as part of the benefit package and/or about Health and Recovery Plans (HARP) services. The LGU will provide necessary guidance, information and education to ensure stakeholders understand the transition to VBP.

Children’s Health Homes were rolled out in December 2016. The LGU and Children’s Single Point Of Access (SPOA) are monitoring this closely. Contact has been made with the two Health Homes and a meeting with the Health Homes Care Management Agency’s & providers of children’s services is scheduled to look at ways to collaborate and share resources to provide continuity of care for children and families.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.2 The Office for Office of People with Developmental Disabilities (OPWDD) system will be moving to managed care in 2018.

Progress: IDD agencies are preparing by working on becoming care coordination entities.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.3 IDD providers with workshops will continue the transformation of workshops in accordance with OPWDD.

Progress: Agencies are involved in on going planning with individuals currently attending workshops to obtain appropriate options.
Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.4 Ensure that individuals have immediate access to care.

Progress: In February 2017 the Stabilization Center opened providing access “24/7” to individuals in all disability and age groups. Some community-based agencies (Astor) are providing open access intake scheduling. Mid-Hudson Addiction and Recovery Centers (MARC) and Cornerstone of Rhinebeck provide 24 hour access to care. Efforts will be made for additional treatment providers to expand access to seven days per week. Open access, collaborative documentation and Just-in-Time scheduling will also be explored, expanded and improved. Astor has expanded their open access hours and can accommodate walk-in crisis visits during the day.

Advocate with MCO’s and insurance companies for authorization to treatments that meet the presenting needs of the individual and ensuring responsible practices by these companies.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.5 Diversion services have been enhanced and expanded to 24/7/365 serving adults and children; the Stabilization Center opened its doors February 2017. The anticipated impact of these programs is to decrease emergency department visits for MH/CD/IDD patients, reduce need for inpatient hospitalization, and reduce lengths of stay on psychiatric inpatient units.

Progress: MCIT services were enhanced to 24/7/365 in 2016. As of May 2017, the Stabilization Center served 554 guests. Initial feedback confirms that many consumers would have used local hospital emergency departments were it not for the immediate access afforded by the Stabilization Center. The relatively small percentage of Stabilization Center guests who require later hospitalization validates the general efficacy of the Center’s concept and approach. 2017 has seen a reduction in 9.45 pick-up orders, possibly related to the combined effects of the Diversion Services. Data will be gathered to determine impact of these services on MHRH ED high-utilizer patients (four or more ED visits per quarter).

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.6 In collaboration with OPWDD and MHRH, develop a diversion strategy for IDD individuals to be diverted from hospitalization and/or incarceration with crisis supports in their residential opportunity. IDD providers will offer training to staff in MCIT, Stabilization Center and MHRH to increase understanding of the IDD population.

Progress: The Systemic, Therapeutic Assessment, Resources and Treatment (START) Team services and Anderson Center have provided training to the Stabilization Center and MCIT staff.

Applicable State Agency:
NYS Office for People with Developmental Disabilities
Strategy 2.7 A Special Needs Health Care partnership has been developed to improve the delivery of health care services through education and collaboration.

Progress: A committee has been formed with IDD Providers and hospital representatives and areas have been identified for improvement.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.8 START to develop a Resource Center to provide respite opportunities for individuals with IDD.

Progress: START has identified a site in Ulster County for the Regional Resource Center which will offer two crisis respite opportunities and two planned respite opportunities for the Taconic region. Date of opening to be determined.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.9 Increase availability of Opioid Treatment Program (Methadone) services.

Progress: OASAS has approved the Lexington Center for Recovery, Inc. (LCR) Methadone Treatment Program capacity increase. Renovations are underway to allow for expansion of services. Additional staff training is planned; group treatment will be offered to Methadone patients on-site starting sometime 2017.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.10 Develop ten adolescent inpatient opportunities in Dutchess County.

Progress: Westchester Medical Center is moving forward with a plan to move ten adolescent beds to MHRH. A detailed proposal will be submitted to OMH by the end of 2017.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.11 Explore treatment resources for the Seriously and Persistently Mentally Ill (SPMI) individuals with eating disorders using Affordable Care Act (ACA).

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.12 Develop a second elementary Intensive Day Treatment (IDT) class to manage the increased number of referrals.

Progress: A second elementary IDT class was implemented by Rockland Children’s Psychiatric Center (RCPC).

Applicable State Agency:
NYS Office of Mental Health
Strategy 2.13 Explore need for a children’s Partial Hospital Program for children age 12 and under.

Progress: More data needs to be collected on need for children’s Partial Hospitalization Program.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.14

Progress: LCR, Inc. is offering the group treatment based “Seven Challenges“ curriculum. The activity for 2016 in the various clinics is as follows:

- Page Park – 277 group sessions
- Dover Plains – 28 group sessions
- Beacon – 348 group sessions

In 2016, LCR, Inc. adolescent age breakdown is as follows:

- Age 13 - 2 Served
- Age 14 - 12 Served
- Age 15 - 19 Served
- Age 16 - 24 Served
- Age 17 - 34 Served
- Age 18 - 19 Served

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.15 CD/MH Providers will identify the two most prevalent chronic physical diseases in the behavioral health population to address in a comprehensive wellness treatment plan.

Progress: Completed. The two most prevalent chronic physical diseases in the Behavioral Health population in Dutchess County are diabetes and tobacco use. A screening form, specific to patients who are prescribed psychotropic medication, has been developed which identifies individuals at risk for diabetes.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.16 Ensure access to CD and MH services including Medication Assisted Treatment (MAT). Seek regulatory relief for Nurse Practitioners to be authorized to sign treatment plans and to increase the availability of licensed prescribers and to reduce requirements for a rapid re-admission to a treatment program.

Progress: The DBCH/ DC Jail Vivitrol pilot program was initiated in 2016 for incarcerated patients with a history of opioid addiction in 2016. Vivitrol treatment also became available for patients participating in the DBCH Intensive Treatment Alternative Program (ITAP). Twenty percent of the patients enrolled in ITAP were receiving Vivitrol as of May 2017. LCR expanded its menu of treatment options in 2017 by making both Suboxone and injectable Vivitrol available through their outpatient services. As mentioned previously, the LCR Methadone Treatment Program has expanded its license capacity to 300, thus increasing this modalities’ availability. Additional providers may bring MAT services on-line in 2017-2018.
The lack of prescriber availability continues to be an issue for CD, MH, and IDD providers in Dutchess County; increasing availability will continue as a goal for 2018. Nurse Practitioners can now sign treatment plans without co-sign of Medical Doctor.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.17 IDD providers will continue to expand services to youth and families and develop new services to meet community need. Marantha will expand the After School Programs. Abilities First will enhance/expand preschool services to meet increased need. New Horizons will create a playground and a walkway with a sensory trail at Briggs Farm. The ARC of Dutchess will explore providing respite services for children during school breaks beyond the summer. Taconic Innovations will develop site based weekend and holiday respite and develop recreational programs for children with Autism. Cardinal Hayes will expand in-home respite care to five families.

Progress: Waryas House has relocated the outpatient day rehab to the Town of LaGrange addressing both the mental health and chemical dependency needs of the IDD population. Admission criteria are more inclusive than traditional IDD services; patients do not have to be DDSO eligible to be considered for admission.

Applicable State Agency:
NYS Office for People with Developmental Disabilities
Priority Outcome 3

**Recovery:** Increase the number of persons successfully managing their mental illness, addiction and intellectual developmental disability within a recovery-oriented system of care.

Priority Rank 3

Rationale: It is recognized that support services such as Peer Supports, housing, care management, vocational, day habilitation, transportation and physical healthcare, etc. are essential components of a complete treatment approach to care for individuals with behavioral health needs.

Strategy 3.1 Increase the availability of Recovery Coaches, Peer Advocates and Recovery Peer Advocates.

Progress: Peer Advocates (mental health) are now utilized on the MHRH inpatient mental health unit and on the second shift in the MHRH ED, which is the local 9.39 hospital. CAPE has secured funding to support 2 full time Peer Engagement Specialists covering Dutchess, Putnam and Rockland counties. Participating hospitals will be MHRH, Northern Dutchess, Putnam Hospital Center and Vassar Brothers Hospital. Through DBCH, there is a part-time Recovery Coach covering the Stabilization Center and the DC Jail.

Applicable State Agencies:
- NYS Office of Mental Health
- NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.2 Advocate for a Recovery Center in Dutchess.

Progress: Dutchess did not receive funding for a center in this funding cycle.

Applicable State Agencies:
- NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.3 Seek funding for short-term transitional living housing for individuals who are homeless, recently discharged from jail, prison, or inpatient settings.

Progress: No funding received.

Applicable State Agencies:
- NYS Office of Mental Health
- NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.4 Seek funding for supported housing for persons, 16-24 years old, who are involved in the criminal justice system, youth who have dropped out of school, youth who have transitioned out of residential placement and homeless youth who are chemically dependent and/or mentally ill.

Progress: No funding received.

Applicable State Agencies:
- NYS Office of Mental Health
- NYS Office of Alcoholism and Substance Abuse Services
Strategy 3.5 Develop a community housing and treatment strategy for individuals who are seriously mentally ill and chemically dependent which is safe, affordable and supports long term recovery.

Progress: No funding received.

Applicable State Agency:
NYS Office of Mental Health

Strategy 3.6 Develop housing to meet the need for individuals with IDD.

Progress: New Horizons has established a housing alliance to look at innovative ways to partner with developers to create housing opportunities.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 3.7 Seek funding for service dollars to assist individuals in obtaining and maintaining necessary support services not otherwise funded by entitlements.

Progress: No funding received in 2016.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.8 Promote increased job opportunities by 10% for individuals with MH/CD.

Progress: The “Think Differently” initiative in Dutchess is covering “Think Differently for Jobs” roundtable event bringing employees together to learn about how to successfully employ a diversified workforce.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.9 Improve availability of resource directory for parents by developing a web-based parent resource directory/platform. This will assist parents in finding available resources, help them to understand eligibility and assist in building comprehensive supports and services for an individual.

Progress: The web-based platform has been designed and content is being imputed. The Deputy Commissioner for Special Needs is developing a website for the community that will provide guidance for obtaining services in the OPWDD system throughout the lifespan; to be completed by end of 2017.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 3.10 Strengthen the support available to the programs under Diversion Services (HELPLINE, MCIT, and Stabilization Center) to assist individuals and their families who may need extra supports to remain out of inpatient care by increasing coordination between the Diversion Services and care management, increasing availability of respite services for both adults and youth, and transitional recovery housing.
Progress: Exemplary coordination evidenced between MCIT, Astor Clinic, and Stabilization Center; shared staffing pattern is producing interventions that are successful in maintaining children in the community and away from emergency departments. Data will become available end of 2017.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3:11 Develop crisis respite beds for youth.

Progress: HRH has identified two respite beds for youth starting in 2017.

Applicable State Agency:
NYS Office of Mental Health

June 23, 2017
Electronically submitted to NYS
Dutchess County Department of Behavioral & Community Health
Division of Mental Hygiene

NYS Office of Mental Health
NYS Office for People with Developmental Disabilities
NYS Office of Alcoholism & Substance Abuse Services

DBCH Commissioner

Dutchess County Executive
Dutchess County Legislature
Mental Hygiene Board
Subcommittees

Office of Behavioral Health Clinical Services
- Mental Health
  - Partial Hospital Program
  - Hospital Discharge Planning
- Chemical Dependency
  - Intensive Treatment Alternatives Program
  - Jail-Based Team
  - Forensic Services
- Coordinated Services
  - Assisted Outpatient Treatment
  - Children's Services
  - Housing
  - Intellectual & Developmental Disabilities
  - Prevention

Office of Psychiatric Coordination
- Clinical Incidents
- Court Evaluations
- Medical Direction
- Medication Assistance Program
- Nursing Supervision
- Pharmacy & Therapeutics
- Psychiatric Coordination

Office of Behavioral Health Diversion Services
- HELPLINE
  - Mobile Crisis Intervention Team
  - Stabilization Center
  - Trauma Team

Office of Quality Improvement
- Corporate Compliance
- HIPAA Privacy Office
- Outcome Studies
- Patient/Care Utilization Review Committee
- Policy & Procedure Manual
- Privileging
- Quality Improvement Committee

Revised:
July 25, 2017
## Change in Population, 2000–2010 U.S. Census

### by Municipality

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dutchess County</td>
<td>280,150</td>
<td>297,488</td>
<td>17,338</td>
<td>6.2%</td>
</tr>
<tr>
<td>C/Beacon</td>
<td>14,810</td>
<td>15,541</td>
<td>731</td>
<td>4.9%</td>
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<tr>
<td>C/Poughkeepsie</td>
<td>29,871</td>
<td>32,736</td>
<td>2,865</td>
<td>9.6%</td>
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<tr>
<td>T/Amenia</td>
<td>4,048</td>
<td>4,436</td>
<td>388</td>
<td>9.5%</td>
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<tr>
<td>T/Beekman</td>
<td>13,655</td>
<td>14,621</td>
<td>966</td>
<td>7.1%</td>
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<tr>
<td>T/Clinton</td>
<td>4,010</td>
<td>4,312</td>
<td>302</td>
<td>7.5%</td>
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<tr>
<td>T/Dover</td>
<td>8,563</td>
<td>8,699</td>
<td>134</td>
<td>1.6%</td>
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<tr>
<td>T/East Fishkill</td>
<td>25,589</td>
<td>29,029</td>
<td>3,440</td>
<td>13.4%</td>
</tr>
<tr>
<td>T/Fishkill</td>
<td>17,521</td>
<td>19,936</td>
<td>2,415</td>
<td>13.8%</td>
</tr>
<tr>
<td>T/ Hyde Park</td>
<td>20,851</td>
<td>21,571</td>
<td>720</td>
<td>3.5%</td>
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<tr>
<td>T/La Grange</td>
<td>14,928</td>
<td>15,730</td>
<td>802</td>
<td>5.4%</td>
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<tr>
<td>T/Milan</td>
<td>2,356</td>
<td>2,370</td>
<td>14</td>
<td>0.6%</td>
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<tr>
<td>T/North East</td>
<td>2,077</td>
<td>2,073</td>
<td>-4</td>
<td>-0.2%</td>
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<tr>
<td>T/Pawling</td>
<td>5,288</td>
<td>6,116</td>
<td>828</td>
<td>15.7%</td>
</tr>
<tr>
<td>T/Pine Plains</td>
<td>2,569</td>
<td>2,473</td>
<td>-96</td>
<td>-3.7%</td>
</tr>
<tr>
<td>T/Pleasant Valley</td>
<td>9,066</td>
<td>9,672</td>
<td>606</td>
<td>6.7%</td>
</tr>
<tr>
<td>T/Poughkeepsie</td>
<td>41,800</td>
<td>42,399</td>
<td>599</td>
<td>1.4%</td>
</tr>
<tr>
<td>T/Red Hook</td>
<td>7,440</td>
<td>8,240</td>
<td>800</td>
<td>10.8%</td>
</tr>
<tr>
<td>T/Rhinebeck</td>
<td>4,685</td>
<td>4,891</td>
<td>206</td>
<td>4.4%</td>
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<tr>
<td>T/Stanford</td>
<td>3,544</td>
<td>3,823</td>
<td>279</td>
<td>7.9%</td>
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<tr>
<td>T/Union Vale</td>
<td>4,546</td>
<td>4,877</td>
<td>331</td>
<td>7.3%</td>
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<tr>
<td>T/Wappinger</td>
<td>22,322</td>
<td>22,468</td>
<td>146</td>
<td>0.7%</td>
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<tr>
<td>T/Washington</td>
<td>3,313</td>
<td>3,289</td>
<td>-24</td>
<td>-0.7%</td>
</tr>
<tr>
<td>V/Fishkill</td>
<td>1,735</td>
<td>2,171</td>
<td>436</td>
<td>25.1%</td>
</tr>
<tr>
<td>V/Millbrook</td>
<td>1,429</td>
<td>1,452</td>
<td>23</td>
<td>1.6%</td>
</tr>
<tr>
<td>V/Millerton</td>
<td>925</td>
<td>958</td>
<td>33</td>
<td>3.6%</td>
</tr>
<tr>
<td>V/Pawling</td>
<td>2,233</td>
<td>2,347</td>
<td>114</td>
<td>5.1%</td>
</tr>
<tr>
<td>V/Red Hook</td>
<td>1,805</td>
<td>1,961</td>
<td>156</td>
<td>8.6%</td>
</tr>
<tr>
<td>V/Rhinebeck</td>
<td>3,077</td>
<td>2,657</td>
<td>-420</td>
<td>-13.6%</td>
</tr>
<tr>
<td>V/Tivoli</td>
<td>1,163</td>
<td>1,118</td>
<td>-45</td>
<td>-3.9%</td>
</tr>
<tr>
<td>V/Wappinger Falls</td>
<td>4,929</td>
<td>5,522</td>
<td>593</td>
<td>12.0%</td>
</tr>
<tr>
<td>V/Wappingers Falls (Pok)</td>
<td>977</td>
<td>942</td>
<td>-35</td>
<td>-3.6%</td>
</tr>
<tr>
<td>V/Wappingers Falls (Wapp)</td>
<td>3,952</td>
<td>4,580</td>
<td>628</td>
<td>15.9%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau

Town data does not include Village populations
Programs Participating in the Dutchess County Network of Mental Hygiene Services
### Programs Participating in the Dutchess County Network of Mental Hygiene Services

**Dutchess County Department of Behavioral & Community Health**

<table>
<thead>
<tr>
<th>Program</th>
<th>Office of Diversion Services</th>
<th>Address</th>
<th>Hours</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELPLINE</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>24/7/365</td>
<td>Crisis Counseling Information &amp; Referral</td>
</tr>
<tr>
<td>Mobile Crisis Intervention Team</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>Seven-day week</td>
<td>Crisis Prevention &amp; Intervention</td>
</tr>
<tr>
<td>Trauma Team</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>When called upon</td>
<td>Responds to untoward events</td>
</tr>
<tr>
<td><strong>Division of Clinical Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Administration Coordinates and monitors Services for mentally ill persons</td>
</tr>
<tr>
<td>Partial Hospital Program</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Short-term outpatient (18+ years of age)</td>
</tr>
<tr>
<td><strong>Chemical Dependency</strong></td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Administration Coordinates and monitors Services for chemically dependent persons</td>
</tr>
<tr>
<td>Intensive Treatment Alternatives Program</td>
<td></td>
<td>82 Washington St., Poughkeepsie</td>
<td>8:30-4:30 M-W-Th-F</td>
<td>Outpatient Rehab (18+ years of age)</td>
</tr>
<tr>
<td>Forensic Services</td>
<td></td>
<td>82 Washington St., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Forensic Evaluations</td>
</tr>
<tr>
<td>Jail-Based Services</td>
<td></td>
<td>150 N. Hamilton St., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Mental Health &amp; Chemical Dependency Assessments</td>
</tr>
<tr>
<td><strong>Coordinated Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Services</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>8:30-4:30 M-F</td>
<td>Coordinates and monitors services for children and youth</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Coordinates and monitors services for developmentally disabled persons</td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Coordinates prevention services</td>
</tr>
<tr>
<td>Adult Support Services</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Single Point of Access Housing Opportunities Court Mandated Treatment Assertive Community Treatment</td>
</tr>
<tr>
<td><strong>Division of Administrative Operations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing &amp; Collection</td>
<td></td>
<td>85 Civic Center Plaza, Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Fees, billing</td>
</tr>
<tr>
<td>Budget &amp; Finance</td>
<td></td>
<td>85 Civic Center Plaza, Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Fiscal services</td>
</tr>
<tr>
<td>Building &amp; Grounds</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Plant maintenance</td>
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<tr>
<td>Contracts</td>
<td></td>
<td>85 Civic Center Plaza, Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Negotiates formal &amp; informal agreements</td>
</tr>
<tr>
<td>Information Technology</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Medical Records, Patient Service Reporting, Statistical Reporting, &amp; Analysis</td>
</tr>
<tr>
<td>Safety Coordination</td>
<td></td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Administration of DBCH Safety Program</td>
</tr>
<tr>
<td>Program</td>
<td>Address</td>
<td>Hours</td>
<td>Functions</td>
<td></td>
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<tr>
<td>---------------------------------</td>
<td>--------------------------------------</td>
<td>------------------------</td>
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<tr>
<td>Support Services, Liston</td>
<td>85 Civic Center Plaza, Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Personnel, clerical, purchasing;</td>
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</tr>
<tr>
<td>Inventory Control</td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Record-keeping for all inventory</td>
<td></td>
</tr>
<tr>
<td>Office: Psychiatric Services</td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Administration</td>
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</tr>
<tr>
<td>Quality Improvement</td>
<td>230 North Rd., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Administration of QI Program</td>
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**VOLUNTARY AGENCIES UNDER CONTRACT WITH DBCCH**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Address</th>
<th>Hours</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health America of Dutchess County</td>
<td>253 Mansion St., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Administration</td>
</tr>
<tr>
<td>Community Education</td>
<td>253 Mansion St., Poughkeepsie</td>
<td>As Needed</td>
<td>Professional seminars; public education;</td>
</tr>
<tr>
<td>System-Wide Case Management Unit</td>
<td>253 Mansion St., Poughkeepsie</td>
<td>9-9 M-F, 9-5 weekends/holidays</td>
<td>Case Management; planning, linking advocacy (all ages)</td>
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<tr>
<td>Beacon Wellness Center (PROS)</td>
<td>249 Main St., Beacon</td>
<td>9-5 M-F</td>
<td>Personalized Recovery Oriented Services</td>
</tr>
<tr>
<td>Intensive Case Management, Supportive Case Management</td>
<td>253 Mansion St., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Clinical case management for frequent users of inpatient &amp; emergency services (18+ years of age)</td>
</tr>
<tr>
<td>Mental Health Library</td>
<td>253 Mansion St., Poughkeepsie</td>
<td>9-5 M, W, T &amp; F Closed Tuesdays</td>
<td>Books, periodicals, videos, computer (with internet access). Open to the public</td>
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<tr>
<td>Compeer</td>
<td>253 Mansion St., Poughkeepsie</td>
<td>As Needed</td>
<td>Person-to-Person volunteer services</td>
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<tr>
<td>Support Services</td>
<td>253 Mansion St., Poughkeepsie</td>
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<td>Support &amp; advocacy; respite</td>
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<tr>
<td>The Living Room</td>
<td>29 N. Hamilton St., Poughkeepsie</td>
<td>7 am-7 pm M-F, 7 am-7 pm Sat/Sun</td>
<td>Resource Center for homeless/near homeless</td>
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<tr>
<td><strong>Access: Supports for Living, Inc.</strong></td>
<td><strong>Millbrook PROS Program</strong></td>
<td><strong>8:30-5 M-F</strong></td>
<td>Personalized Recovery Oriented Services</td>
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<tr>
<td><strong>Poughkeepsie PROS Program</strong></td>
<td>26 Oakley St., Poughkeepsie</td>
<td><strong>8:30-5 M-F</strong></td>
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<td><strong>Rhinebeck PROS Program</strong></td>
<td>47 W. Market St., Rhinebeck</td>
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<td>PEOPLE, Inc.</td>
<td>378 Violet Ave., Poughkeepsie</td>
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<td>Consumer – Self-Help</td>
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<td><strong>Actor Services for Children &amp; Families</strong></td>
<td><strong>Actor Community-Based Services</strong></td>
<td><strong>9-5 M-F</strong></td>
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<td><strong>Adolescent Day Treatment</strong></td>
<td>900 Dutchess Tpke., Poughkeepsie</td>
<td><strong>8-5 M-F</strong></td>
<td>Day treatment (12-21 years of age)</td>
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<td><strong>Adolescent Partial Hospitalization</strong></td>
<td>205 South Ave., Poughkeepsie</td>
<td><strong>8-4 M-F</strong></td>
<td>Partial Hospitalization Program (12-18 years of age)</td>
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<td>46 Lincoln Ave., Poughkeepsie</td>
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<td>Crisis intervention stabilization (5-18 years of age)</td>
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<tr>
<td>High Risk Services Coordination</td>
<td>46 Lincoln Ave., Poughkeepsie</td>
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<td>Prevent residential placement</td>
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<tr>
<td>Therapeutic Foster Boarding House</td>
<td>13 Mt. Carmel Pl., Poughkeepsie</td>
<td>24 hours</td>
<td>Therapeutic Foster Care</td>
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<td>School-Age Day Treatment</td>
<td>Mt. Carmel School, Poughkeepsie</td>
<td>8-5 M-F</td>
<td>Day treatment (5-12 years of age)</td>
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<td>Single Point of Access (SPOA)</td>
<td>46 Lincoln Ave., Poughkeepsie</td>
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<td>Access to high risk services</td>
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<td>Counseling Centers</td>
<td>46 Lincoln Ave., Poughkeepsie</td>
<td>9-8 M-T-W-Th</td>
<td>Outpatient clinic (5-17 years of age)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-5 F</td>
<td></td>
</tr>
<tr>
<td>Beacon</td>
<td>223 Main St., Beacon</td>
<td>9-5 M-W-F</td>
<td>Outpatient clinic (5-17 years of age)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-9 T/Th</td>
<td></td>
</tr>
<tr>
<td>Hyde Park</td>
<td>4252 Albany Post Rd., Hyde Park</td>
<td>9-5 M-F</td>
<td>Outpatient clinic (5-17 years of age)</td>
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<tr>
<td></td>
<td></td>
<td>9-8 T-W-Th</td>
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<tr>
<td>Dover</td>
<td>6423 Route 55, Wingdale</td>
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<td>Outpatient clinic (5-17 years of a age)</td>
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<td>9-8 T-W-Th</td>
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<td></td>
<td>9-5 F</td>
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<tr>
<td>Rhinebeck</td>
<td>187 East Market Street, Rhinebeck</td>
<td>12-8 M-T</td>
<td>Outpatient clinic (5-17 years of a age)</td>
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<tr>
<td></td>
<td></td>
<td>11-8 W</td>
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<tr>
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<td>11-5 Th-F</td>
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<tr>
<td><strong>Mid-Hudson Addiction Recovery Centers, Inc. (MARC)</strong></td>
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<tr>
<td>Chemical Dependency Crisis Center</td>
<td>51 Cannon St., Poughkeepsie</td>
<td>24 hr/7 day</td>
<td>Sobering-up (18+ years of age)</td>
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<tr>
<td>Bolger House</td>
<td>230 Church St., Poughkeepsie</td>
<td>24 hr/7 day</td>
<td>Halfway House</td>
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<tr>
<td>Florence Manor</td>
<td>24 W. Cottage St., Poughkeepsie</td>
<td>24 hr/7 day</td>
<td>Halfway House</td>
</tr>
<tr>
<td>Dowling House</td>
<td>New Hackensack Rd., Poughkeepsie</td>
<td>24 hr/7 day</td>
<td>Halfway House</td>
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<tr>
<td><strong>Mid-Hudson Regional Hospital</strong></td>
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<tr>
<td>Emergency Department</td>
<td>241 North Rd., Poughkeepsie</td>
<td>24 hr/7 day</td>
<td>Medical/psychiatric emergency</td>
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<td>Mental Health Inpatient Units</td>
<td>241 North Rd., Poughkeepsie</td>
<td>24 hr/7 day</td>
<td>Inpatient services (18+ years of age)</td>
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<tr>
<td>Turning Point</td>
<td>241 North Rd., Poughkeepsie</td>
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<td>Inpatient services (18+ years of age)</td>
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<td>Turning Point</td>
<td>29 N. Hamilton St., Poughkeepsie</td>
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<td>Outpatient Programs</td>
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<td><strong>Hudson Valley Mental Health, Inc.</strong></td>
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<tr>
<td>Mental Health Clinics (18 years of age):</td>
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<tr>
<td>Poughkeepsie</td>
<td>230 North Rd., Poughkeepsie</td>
<td>8:30-5:30 M-W-F</td>
<td>Outpatient Mental Health Clinic</td>
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<td>Beacon</td>
<td>223 Main St., Beacon</td>
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<td>Outpatient Mental Health Clinic</td>
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<td></td>
<td></td>
<td>9-7 T-Th</td>
<td></td>
</tr>
<tr>
<td>Millbrook</td>
<td>131 County House Rd., Millbrook</td>
<td>9-5 M-T-Th-F</td>
<td>Outpatient Mental Health Clinic</td>
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<tr>
<td></td>
<td></td>
<td>9-9 W</td>
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</tr>
<tr>
<td>Dover (Eastern Dutchess)</td>
<td>7 Market St., Dover Plains</td>
<td>9-5 T-W-F</td>
<td>Outpatient Mental Health Clinic</td>
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<td></td>
<td></td>
<td>9-9 M-Th</td>
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</tr>
<tr>
<td>Program</td>
<td>Address</td>
<td>Hours</td>
<td>Functions</td>
</tr>
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<tr>
<td>Rhinebeck</td>
<td>6529 Springbrook Ave., Rhinebeck</td>
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<td>Outpatient Mental Health Clinic</td>
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<tr>
<td>Lexington Center for Recovery, Inc.</td>
<td>Counseling Centers (&lt;18 years of age):</td>
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<tr>
<td>Poughkeepsie</td>
<td>Page Park, Poughkeepsie</td>
<td>9-9 M-T</td>
<td>Outpatient Chemical Dependency Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-7 W-Th</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-5 F</td>
<td></td>
</tr>
<tr>
<td>Beacon</td>
<td>249 Main St., Beacon</td>
<td>9-5 M-W-F</td>
<td>Outpatient Chemical Dependency Clinic</td>
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<tr>
<td></td>
<td></td>
<td>1-9 T-Th</td>
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<tr>
<td>Millbrook</td>
<td>135 County House Rd., Millbrook</td>
<td>9-5 M-T-Th-F</td>
<td>Outpatient Chemical Dependency Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-9 W</td>
<td></td>
</tr>
<tr>
<td>Dover (Eastern Dutchess)</td>
<td>7 Market St., Dover Plains</td>
<td>9-5 T-W-F</td>
<td>Outpatient Chemical Dependency Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9-9 M-Th</td>
<td></td>
</tr>
<tr>
<td>Rhinebeck</td>
<td>6529 Springbrook Ave., Rhinebeck</td>
<td>9-5 M-W-Th-F</td>
<td>Outpatient Chemical Dependency Clinic</td>
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<td></td>
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<td>9-9 T</td>
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<tr>
<td>Methadone Clinic</td>
<td>230 North Rd., Poughkeepsie</td>
<td>7:00-3 M-F</td>
<td>Outpatient Chemical Dependency Clinic</td>
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<td>Sat/Sun &amp; Holidays</td>
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<tr>
<td>Abilities First, Inc.</td>
<td>70 Overocker Rd., Poughkeepsie</td>
<td>8:30-4:30 M-F</td>
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<tr>
<td>Community Residences</td>
<td>Inwood Ave., Poughkeepsie</td>
<td>24 hr/7 day</td>
<td>Residential (18+ years of age)</td>
</tr>
<tr>
<td>Poughkeepsie</td>
<td></td>
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<tr>
<td>Supportive Apartments</td>
<td>Inwood Ave., Poughkeepsie</td>
<td>24 hr/7 day</td>
<td>Residential (18+ years of age)</td>
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<tr>
<td>Developmental Disability Day Treatment</td>
<td>Route 55, Poughkeepsie</td>
<td>8:30-4:00 M-F</td>
<td>Day Care (18+ years of age)</td>
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<tr>
<td>Medical Rehab Clinic</td>
<td>230 North Rd., Poughkeepsie</td>
<td>8:30-4:30 M-F</td>
<td>0-21 years of age</td>
</tr>
<tr>
<td>School</td>
<td>230 North Rd., Poughkeepsie</td>
<td>8:30-4:30 M-F</td>
<td>2-21 years of age</td>
</tr>
<tr>
<td>Work Training Center</td>
<td>70A Overocker Rd., Poughkeepsie</td>
<td>8:30-4:30 M-F</td>
<td>Sheltered workshops (16+ years of age)</td>
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<tr>
<td>ARC of Dutchess</td>
<td>Community Residences</td>
<td>9-5 M-F</td>
<td>Administration</td>
</tr>
<tr>
<td>Habilitation Clinic</td>
<td>Lexington Office Pk., LaGrange</td>
<td>8:30-4:30 M-F</td>
<td>All ages</td>
</tr>
<tr>
<td>Work Activities Center</td>
<td>Amenia</td>
<td>8:30-4:30 M-F</td>
<td>Workshop (21+ years of age)</td>
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<tr>
<td>Work Activities Center</td>
<td>Industrial Pk., LaGrange</td>
<td>8:30-4:30 M-F</td>
<td>Workshop (21+ years of age)</td>
</tr>
<tr>
<td>Council on Addiction Prevention &amp; Education, Inc.</td>
<td>807 Route 52, Room 28, Fishkill</td>
<td>9-5 M-F</td>
<td>Education, Prevention, Student Assistance Programs</td>
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<tr>
<td>Gateway Industries, Inc.</td>
<td>1 Amy Kay Pkwy, Kingston</td>
<td>8:30-4 M-F</td>
<td>Housing</td>
</tr>
<tr>
<td></td>
<td>35 Violet Ave., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Housing &amp; Employment</td>
</tr>
<tr>
<td>Hudson River Housing</td>
<td>313 Mill St., Poughkeepsie</td>
<td>9-5 M-F</td>
<td>Housing</td>
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<tr>
<td>Rehabilitation Support Services</td>
<td>515 Haight Ave., Poughkeepsie</td>
<td>8:30-4 M-F</td>
<td>Housing &amp; Employment</td>
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<tr>
<td>Program</td>
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<td>Hours</td>
<td>Functions</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------</td>
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<tr>
<td>R.C. Ward (Middletown)</td>
<td>117 Seward Street.</td>
<td>24 Hr/7 day</td>
<td>Inpatient treatment (18+ years of age)</td>
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<tr>
<td>Addiction Treatment Center</td>
<td>Bldg. 92, Suite 12-17, Middletown</td>
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<tr>
<td>Rockland Psychiatric Center</td>
<td>140 Old Orangeburg Rd., Orangeburg</td>
<td>24 Hr/7 day</td>
<td>Inpatient</td>
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<tr>
<td>Rockland Children's Psychiatric Center</td>
<td>2 First Ave., Orangeburg</td>
<td>24 Hr/7 day</td>
<td>Inpatient (5-16 years of age)</td>
</tr>
<tr>
<td>Taconic Developmental Disabilities Regional Office</td>
<td>Wassaic</td>
<td>24 Hr/7 day</td>
<td>Inpatient community (serving all ages)</td>
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Community Living Facilities
<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Astor Residential Treatment Facility</td>
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<tr>
<td>Crisis Residence</td>
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<td>Private Congregate Treatment</td>
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<tr>
<td>State Operated Community Residences</td>
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<td>Community Residence (Single Room Occupancy)</td>
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<td>Not-for-Profit Community Residences</td>
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<td>Family Care Homes</td>
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<td>Crisis Center</td>
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<td>Supportive Living Opportunities</td>
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<td>Unlicensed Supported Units</td>
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<tbody>
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<td>Voluntary Family Care</td>
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<td>State Operated Family Care</td>
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<td>Voluntary Individual Residential Alternative</td>
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<td>State Operated Individual Residential Alternative</td>
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<td>State Respite Beds</td>
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<td>Assisted Living</td>
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<td>Foster Family Care Homes</td>
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