



Message from the County Executive

The Dutchess County Department of Mental Hygiene's 2010 Annual Performance Report demonstrates the continued commitment and dedication of our county employees and agency partners who work diligently to provide a full range of services for residents facing issues of mental health, substance abuse and/or developmental disabilities.

The employees of the Department of Mental Hygiene (DMH) collaborate with other County Government departments and community partners to efficiently and effectively administer programs and services to best meet the needs of the residents we serve.

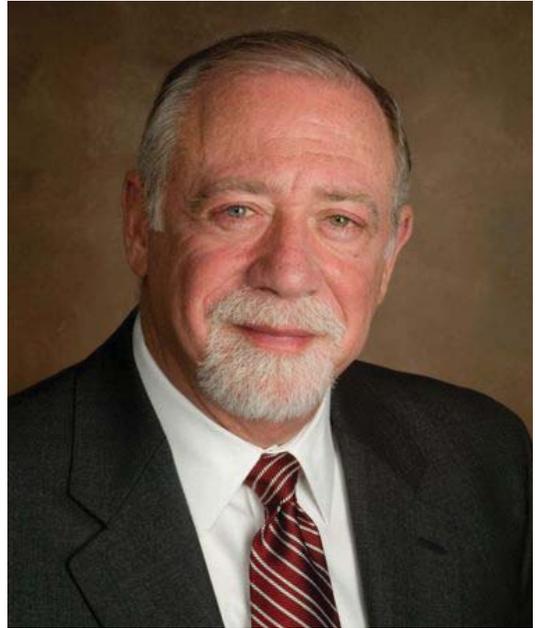
Thank you to Dr. Kenneth Glatt, the entire staff of the Department of Mental Hygiene and our contract agency partners for all of their efforts on behalf of the residents of Dutchess County.

With Best Wishes,

*William R. Steinhaus*

William R. Steinhaus  
County Executive

*2010 was a challenging year for the Department, with external changes in funding and regulation and internal changes resulting from consolidation and restructuring of the county mental hygiene system, including the ongoing transition of DMH's Continuing Treatment Program to Occupations, Inc., the conversion of Hedgewood Day Treatment and Special Services programs to mental health clinics, and the establishment of productivity and revenue targets for all clinical programs.*



*Amidst all this change, 28 positions were earmarked for elimination in the 2011 budget, and workloads progressively increased throughout the year. At the same time we maintained a constant eye on the quality of our programs and those of our contract agencies, and made strenuous efforts to maximize revenue. Finally, we took steps to reduce the county cost for mental hygiene services. The 2011 budget reflects a year-to-year reduction of over \$895,000---the largest in the Department's history.*

*During 2010, as the outpatient continuum of care was undergoing transformation, no Dutchess County resident in need of mental health or chemical dependency treatment was turned away or denied service because of their inability to pay.*

*All this has been made possible because of the dedication, skill and just plain hard work of DMH staff---administrative, clinical and support.*

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

---

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



# 2010 Annual Program 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 to the citizens 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 the Dutchess County community. In carrying out this mission, the Department strives to ensure that the resulting public mental hygiene system is responsive, accessible, affordable, cost-effective, patient-oriented and dedicated to continuous quality improvement.*

**William R. Steinhaus**  
County Executive



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



# Dutchess County Community Mental Health Center



## 2010 County Legislature Family & Human Services Committee

Suzanne Horn, Chairperson  
Michael Kelsey, Vice Chairperson

Donna Bolner  
Marge Horton  
Barbara Jeter-Jackson  
John Thomes  
Steve White



**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)*



**2010 Members**

**Isaac Rubin, Ph.D., Chairman**  
**Carl Needy, M.D., Vice Chairman**  
**Susan Blodgett, Secretary**

Shirley Adams  
Joyce Carter-Krawczyk, LMSW  
FaLisia Cotten, LCSW  
James Fealey, LCSW  
Aviva Kafka  
James Kelly

Suzanne Manning, LCSW  
Almerin O'Hara, Jr.  
Jennifer Rowe, Ph.D.  
Paula Sarvis  
Mark Stern, Ed.D., ABPP  
Ronald Rosen, Ed.D.



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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

Administrative Operations  
Chemical Dependency Services  
Developmental Disabilities  
Mental Health Services

#### OFFICES

Community Consultation & Children's Services  
Psychiatric Coordination  
Quality Improvement

#### CONTRACT AGENCIES

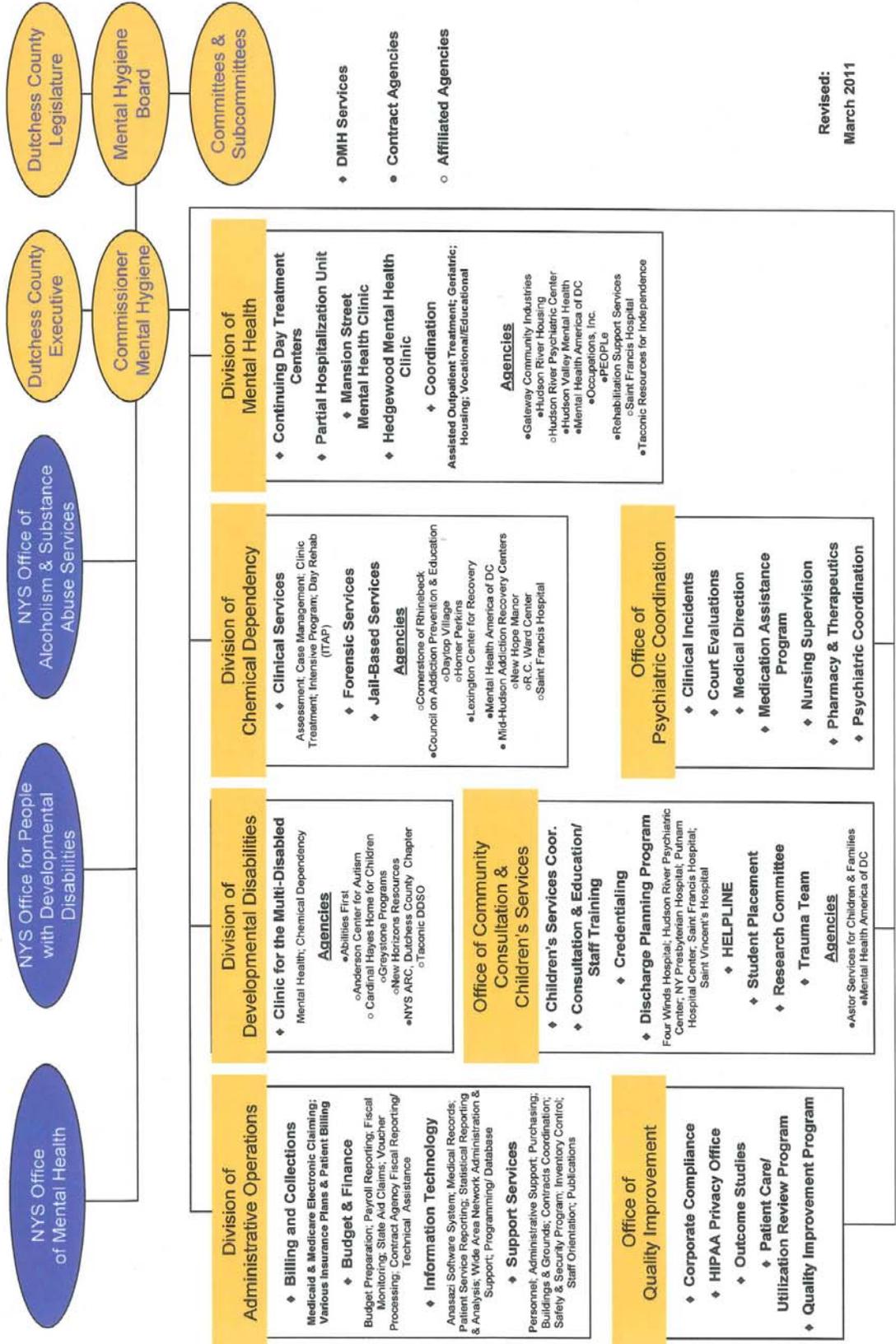
Abilities First, Inc.  
Astor Services for Children & Families, Inc.  
Council on Addiction Prevention & Education, Inc.  
Dutchess ARC, Inc.  
Gateway Community Industries, Inc.  
Hudson River Housing, Inc.  
Hudson Valley Mental Health, Inc.  
Lexington Center for Recovery, Inc.  
Mental Health America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

#### AFFILIATED AGENCIES

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

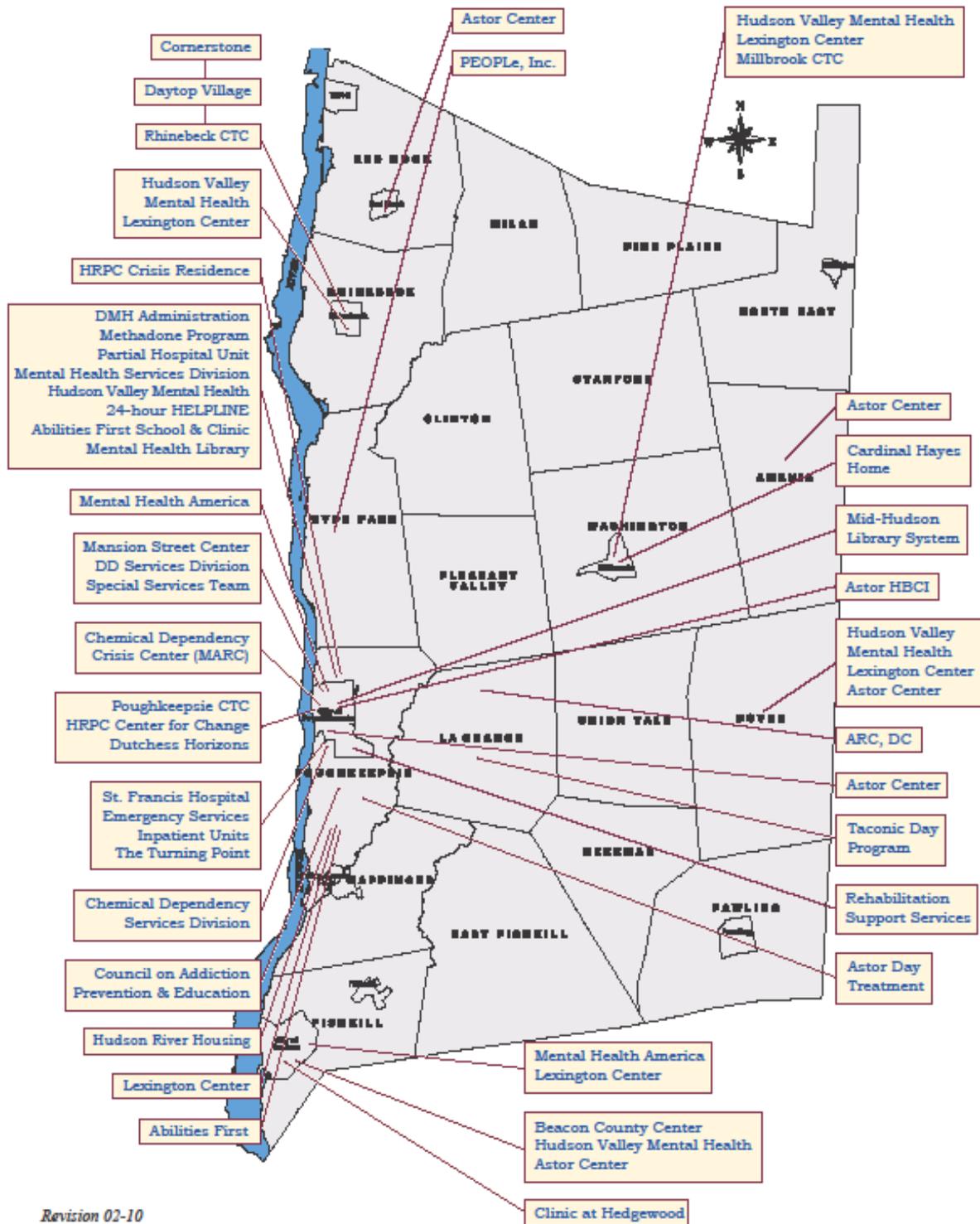
The Organizational Chart, showing areas of responsibility for each Division and Office, are contained in the structure of the Department (See Page 2). The mental hygiene system's wide range of services, accessible in many locations throughout Dutchess County, are shown in the Service Network Map (See Page 4).

# Dutchess County Department of Mental Hygiene



Revised:  
March 2011

# SERVICE LOCATIONS



Revision 02-10

**DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY - DECEMBER 2010**

	<b>ON ROLLS 1/1/2010</b>	<b>ADMITS</b>	<b>TERMS</b>	<b>ON ROLLS 12/31/2010</b>	<b>PERSONS SERVED (EPISODES)</b>	<b>VOLUME OF SERVICE</b>
<b>TOTAL DC / DMH 2010</b>	<b>7650</b>	<b>7450</b>	<b>8264</b>	<b>7466</b>	<b>19835</b>	<b>498638</b>
<b>DIVISION OF MENTAL HEALTH SERVICES</b>						
<b>DMH PROGRAMS</b>						
SPECIAL SERVICES	97	218	85	230	315	3995
PARTIAL HOSPITALIZATION	36	285	298	23	321	4198
HEDGEWOOD MENTAL HEALTH CLINIC (A)	158	37	41	154	195	5840
COURT EVALUATIONS	--	--	--	--	59	66
<b>CONTINUING SERVICES PROGRAMS</b>						
<b>Day Treatment Centers</b>						
RHINEBECK CDT	116	89	62	143	205	13886
MILLBROOK CDT	115	47	58	104	162	14013
POUGHKEEPSIE CDT	174	89	97	166	263	17053
SUB-TOTAL	696	765	641	820	1520	59051
<b>MENTAL HEALTH AMERICA</b>						
SUPPORTIVE CASE MANAGEMENT	534	301	286	549	835	13081
BLENDED SUPPORTIVE CASE MANAGEMENT	274	187	243	218	461	5946
GENERIC CASE MANAGEMENT	--	--	--	--	-- (B)	1746
INTENSIVE CASE MANAGEMENT	57	77	80	54	134	2248
BLENDED INTENSIVE CASE MANAGEMENT	74	56	60	70	130	3542
HEDGEWOOD CASE MANAGEMENT	119	69	69	119	188	2799
COMMUNITY SUPPORT PROGRAMS (C)	261	56	132	185	317	15008
SUB-TOTAL	1319	746	870	1195	2065	44370
<b>HVMH MENTAL HEALTH CLINICS</b>						
POUGHKEEPSIE	1088	536	631	933	1684	17233
MILLBROOK	135	83	95	123	218	2298
BEACON	481	243	278	446	724	10348
EASTERN DUTCHESS	163	114	93	184	277	3353
RHINEBECK	153	132	128	157	285	3843
SUB-TOTAL	2020	1168	1285	1903	3188	37075
<b>TOTAL MENTAL HEALTH DIVISION</b>	<b>4035</b>	<b>2679</b>	<b>2796</b>	<b>3918</b>	<b>6773</b>	<b>140496</b>
<b>TOTAL DC / DMH 2010</b>	<b>7650</b>	<b>7450</b>	<b>8264</b>	<b>7466</b>	<b>19835</b>	<b>498638</b>

(A) PROGRAM BEGAN 10/2009.

(B) THERE WERE 337 PATIENTS SERVED BY MHA GENERIC CASE MANAGEMENT; 334 WERE SEEN FACE-TO-FACE.

(C) INCLUDES COMPEER, DUTCHESS HORIZONS, BEACON PSYCHOSOCIAL CLUB, AND THE YOUNG ADULT PROGRAM

**DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY - DECEMBER 2010**

	ON ROLLS 1/1/2010	ADMITS	TERMS	ON ROLLS 12/31/2010	PERSONS SERVED (EPISODES)	VOLUME OF SERVICE
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<b>DIVISION OF CHEMICAL DEPENDENCY SERVICES</b>						
<b>DMH CHEMICAL DEPENDENCY CLINICS</b>						
ITAP DAY REHAB PROGRAM	46	75	74	47	121	10506
CD CLINIC	11	39	42	8	50	670
TRANSITIONS TREATMENT PROGRAM (A)	0	60	55	5	60	863
ROAD TO RECOVERY	16	0	4	12	16	466
VOCATIONAL CASE MANAGEMENT	--	--	--	--	--	693
CD CASE MANAGEMENT	32	30	18	44	62	880
CD ASSESSMENT	--	--	--	--	1159	1159
FORENSIC COORDINATION	--	--	--	--	758	758
JAIL-BASED SERVICES	116	377	368	125	493	3248
<b>SUB-TOTAL</b>	<b>221</b>	<b>581</b>	<b>561</b>	<b>241</b>	<b>2719</b>	<b>19243</b>
<b>LCR CHEMICAL DEPENDENCY CLINICS</b>						
METHADONE PROGRAM	233	38	55	216	271	50120
MANCHESTER ROAD CD CLINIC	410	663	734	339	1073	25406
MILLBROOK CD CLINIC	29	4	28	5	33	235
BEACON CD CLINIC	121	272	254	139	393	8500
EASTERN DUTCHESS CD CLINIC	52	117	106	63	169	2859
RHINEBECK CD CLINIC	36	85	91	30	121	1626
RED HOOK CD CLINIC	5	14	19	0	19	274
MAIN STREET ANNEX	12	192	124	80	204	8014
<b>SUB-TOTAL</b>	<b>898</b>	<b>1385</b>	<b>1411</b>	<b>872</b>	<b>2283</b>	<b>97034</b>
<b>MARC</b>						
ALCOHOL CRISIS CENTER	12	497	496	13	509	3758
<b>TOTAL CHEMICAL DEPENDENCY DIVISION</b>	<b>1131</b>	<b>2463</b>	<b>2468</b>	<b>1126</b>	<b>5511</b>	<b>120035</b>
<b>TOTAL DC / DMH 2010</b>	<b>7650</b>	<b>7450</b>	<b>8264</b>	<b>7466</b>	<b>19835</b>	<b>498638</b>

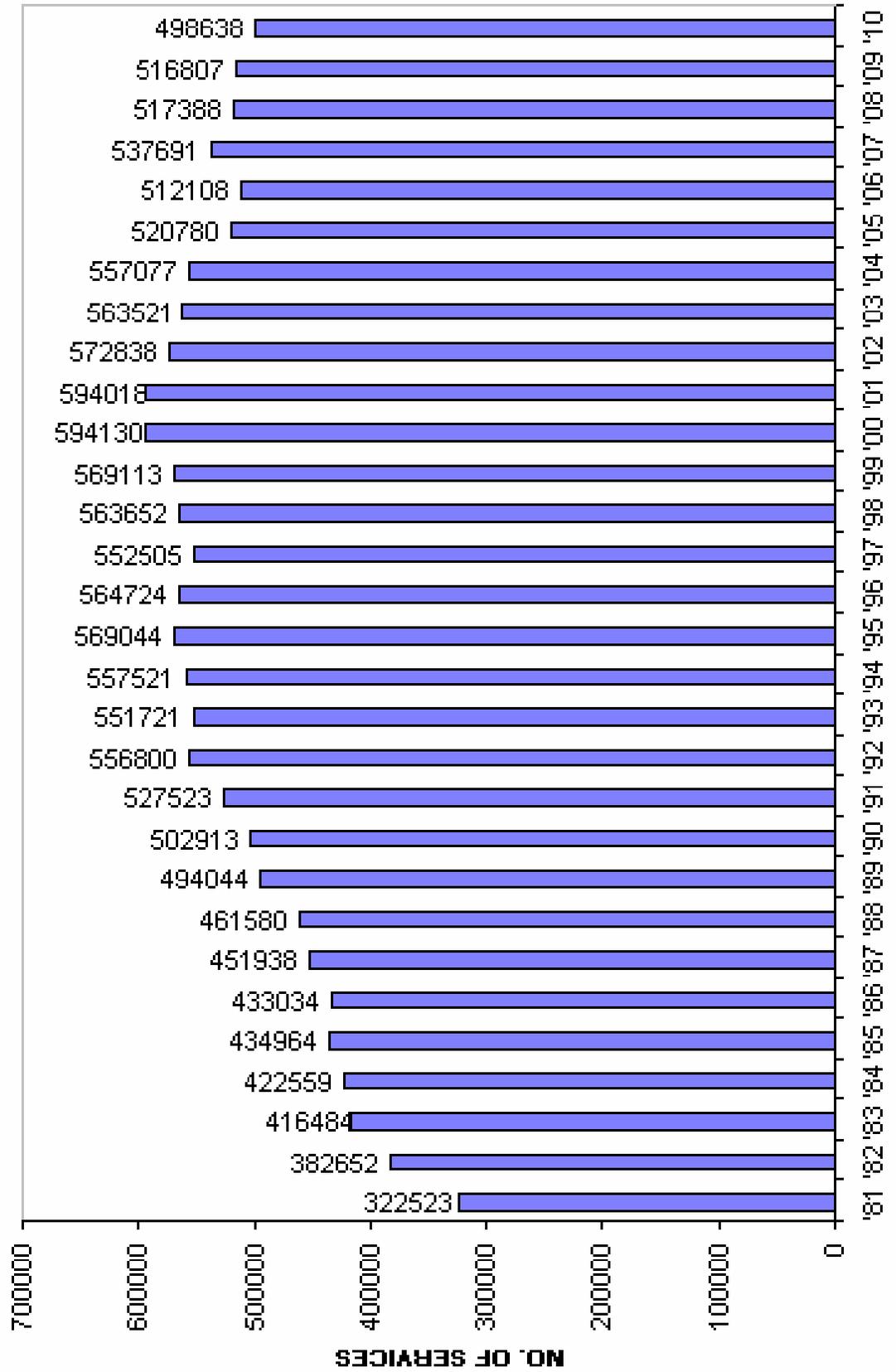
(A) PROGRAM BEGAN 04/2010.

**DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY - DECEMBER 2010**

	<b>ON ROLLS 1/1/2010</b>	<b>ADMITS</b>	<b>TERMS</b>	<b>ON PERSONS ROLLS 12/31/2010</b>	<b>SERVED (EPISODES)</b>	<b>VOLUME OF SERVICE</b>
<b>TOTAL DC / DMH 2010</b>	<b>7650</b>	<b>7450</b>	<b>8264</b>	<b>7466</b>	<b>19835</b>	<b>498638</b>
<b>OFFICE OF COMMUNITY CONSULTATION &amp; CHILDREN'S SERVICES</b>						
<b>HELPLINE</b>	--	--	--	--	--	24752
<b>HRPC CRISIS RESIDENCE</b>	12	248	240	20	260 (A)	3852
<b>ST. FRANCIS HOSPITAL</b>						
INPATIENT	167	1288	1281	174	1455	14135
EMERGENCY DEPARTMENT	--	--	--	--	2759	2759
<b>ASTOR PROGRAMS</b>						
POUGHKEEPSIE COUNSELING CENTER	473	257	288	442	730	10556
RED HOOK COUNSELING CENTER	215	108	121	202	323	5318
BEACON COUNSELING CENTER	174	88	147	115	262	3159
HOME-BASED CRISIS INTERVENTION PROGRAM	5	20	20	5	25	578
FAMILY-BASED TREATMENT	9	3	6	6	12	360
PINS OUTREACH	0	24	24	0	24	377
INTENSIVE CASE MANAGEMENT	24	24	35	13	48	803
SUPPORTIVE CASE MANAGEMENT	7	15	12	10	22	128
DAY TREATMENT CENTER	69	27	22	74	96	13409
ADOLESCENT DAY TREATMENT	122	64	70	116	186	18255
SUB-TOTAL	1098	630	1375	983	1728	52943
<b>TOTAL COMMUNITY CONSULTATION &amp; CHILDREN'S S</b>	<b>1277</b>	<b>2166</b>	<b>2896</b>	<b>1177</b>	<b>6202</b>	<b>98441</b>
<b>DIVISION OF DEVELOPMENTAL DISABILITIES</b>						
<b>CLINIC FOR MULTI-DISABLED</b>						
CMD MENTAL HEALTH PROGRAM	389	64	41	412	453	4995
CMD CHEMICAL DEPENDENCY PROGRAM	3	0	2	1	3	36
SUB-TOTAL	392	64	43	413	456	5031
<b>ABILITIES FIRST</b>						
DAY HAB	311	35	19	327	346	53531
WORK TRAINING	225	15	18	222	240	32287
WARYAS RECOVERY HOUSE	8	6	5	9	14	2560
SUB-TOTAL	544	56	42	558	600	88378
<b>ARC</b>						
SHELTERED WORKSHOP	132	9	7	134	141	19083
AMENIA SATELLITE WORKSHOP	32	1	3	30	33	2933
SUB-TOTAL	164	10	10	164	174	22016
<b>TACONIC</b>						
TACONIC DAY PROGRAM	107	12	9	110	119	24241
<b>TOTAL DEVELOPMENTAL DISABILITIES DIVISI</b>	<b>1207</b>	<b>142</b>	<b>104</b>	<b>1245</b>	<b>1349</b>	<b>139666</b>
<b>TOTAL DC / DMH 2010</b>	<b>7650</b>	<b>7450</b>	<b>8264</b>	<b>7466</b>	<b>19835</b>	<b>498638</b>

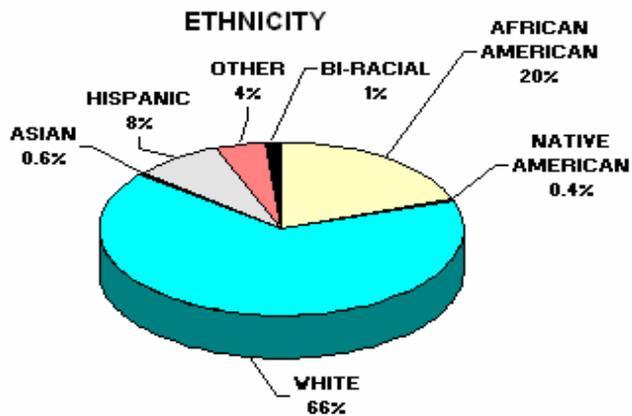
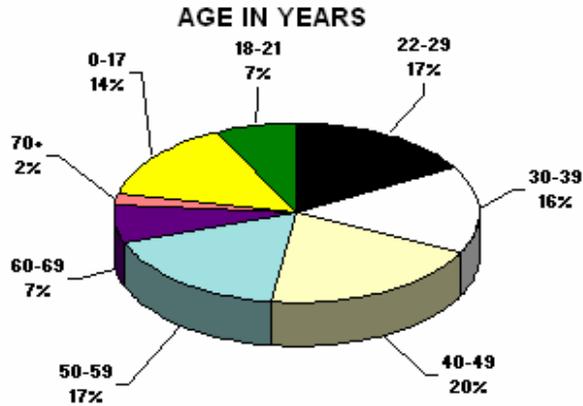
(A) DUTCHESS COUNTY RESIDENTS ONLY.

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



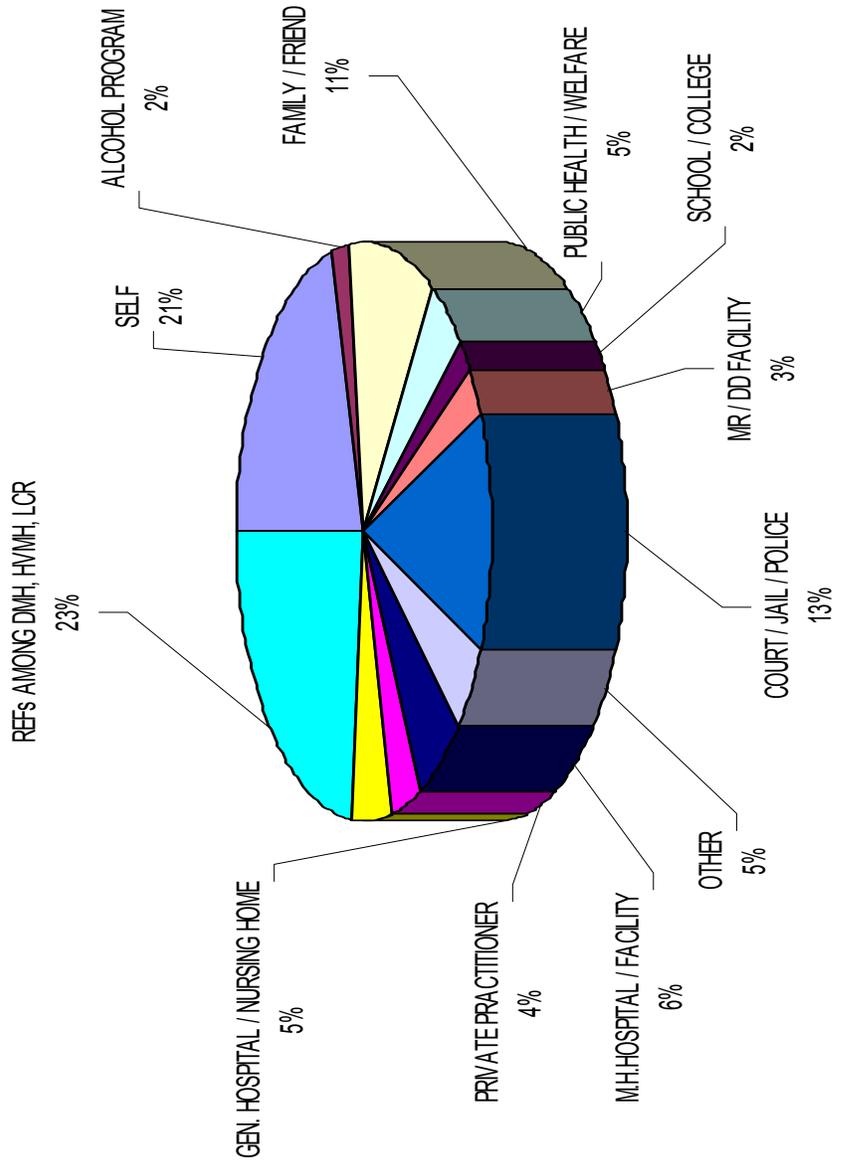
**DEMOGRAPHIC CHARACTERISTICS OF PATIENTS SERVED  
DURING THE YEAR**

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

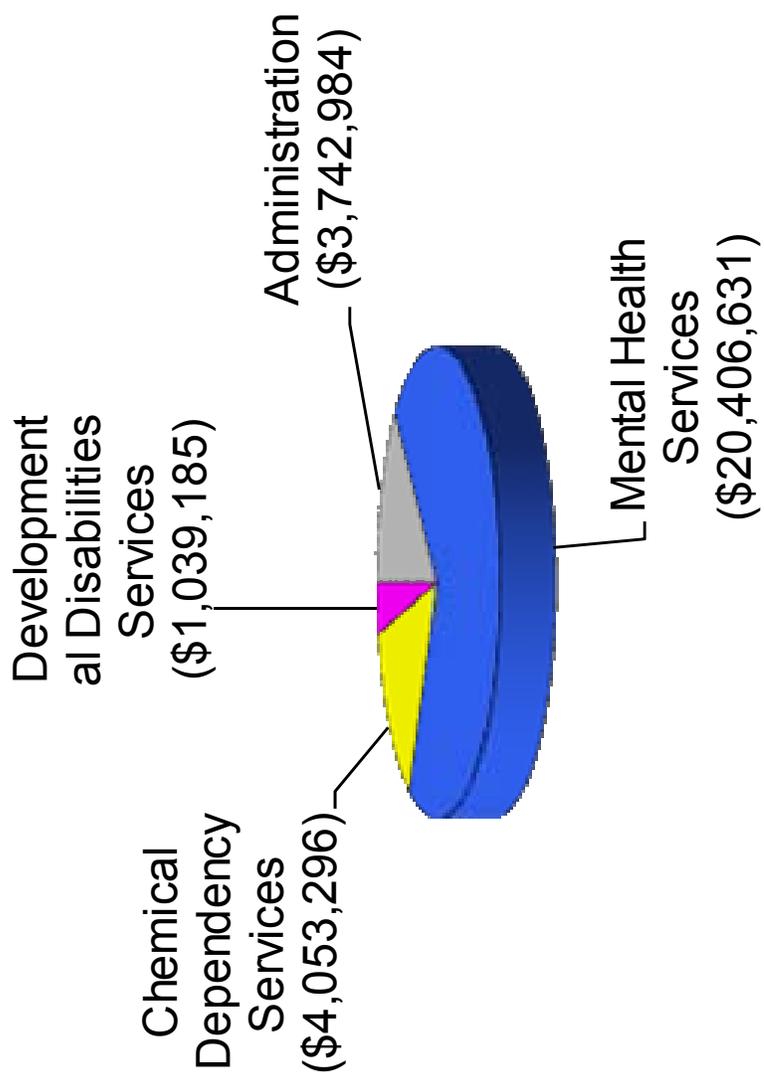


## DC/DMH \* REFERRAL SOURCES FOR PATIENTS SEEN IN 2010

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

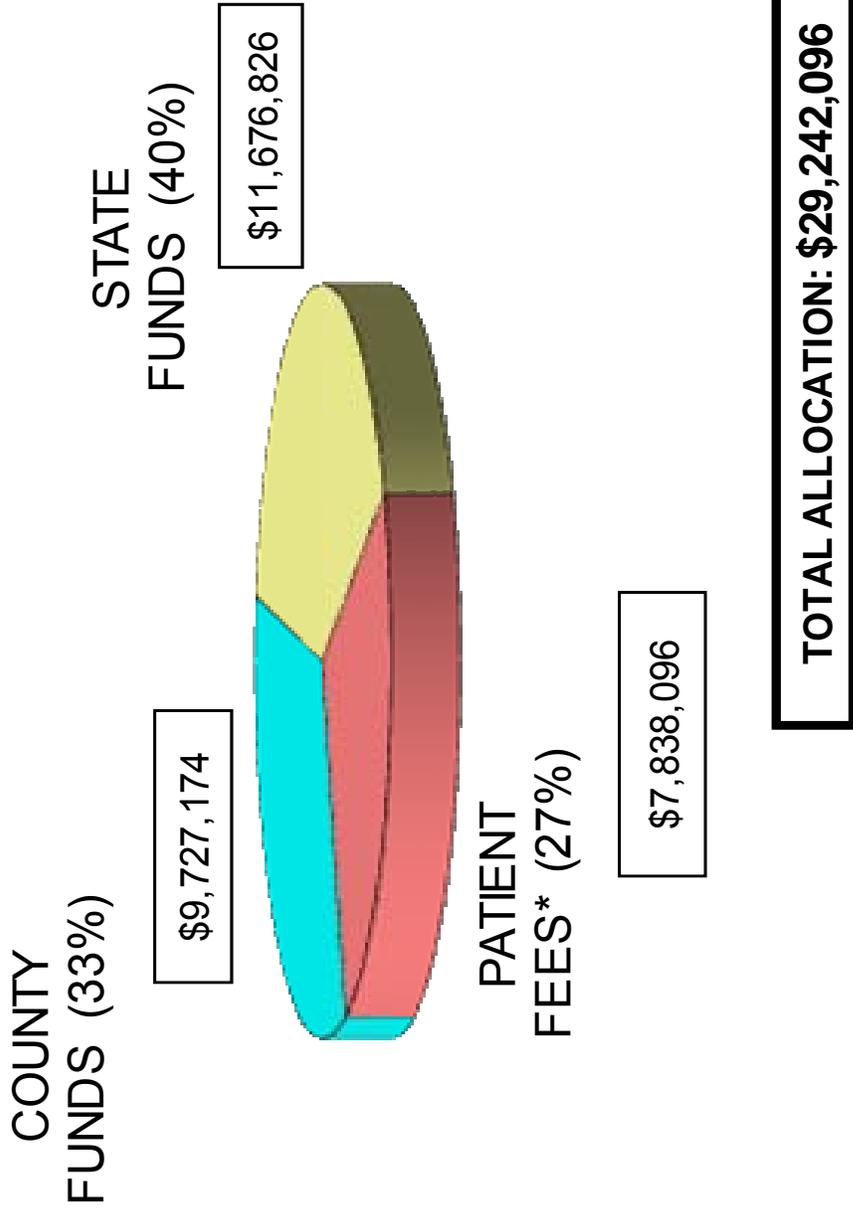


# COST OF SERVICES - 2010



**TOTAL EXPENDITURES: \$29,242,096**

# SOURCE OF REVENUE - 2010



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

Office of  
Community Consultation &  
Children's Services



Beth Alter, LCSW  
Director

230 North Road  
Poughkeepsie, NY 12601

Phone: (845) 486-2760  
Fax: (845) 486-2829  
Email: [betha@dcdmh.org](mailto:betha@dcdmh.org)

## Community Consultation & Children's Services...

The Director, Beth Alter, LCSW, oversees the Department's Office of Community Consultation & Children's Services. The Office administers the consultation and education activities of the Department and provides supervision for HELPLINE, the 24/7 crisis counseling, information and referral service.

The Director also provides administrative oversight for community-based services to children and youth, monitors inpatient admissions and discharges, tracks emergency admissions to Saint Francis Hospital's Emergency Department and numbers of persons who are transferred out-of-county for psychiatric hospitalization, supervises student internship programs (including the Psychology Internship Training Program), as well as heading up the Department's Trauma Team and the Mental Health Committee for the Dutchess County Medical Reserve Corps. In addition, the Director represents DMH on the Universal Response to Domestic Violence Committee and serves on the Board of The Coalition Against Domestic Violence. The Director also serves as a mental health liaison to the Sheriff's Department.

### **HELPLINE--(845) 485-9700/toll free (877) 485-9700**

HELPLINE, overseen by Clinical Unit Administrator, John Stern, LCSW, is the Department's 24/7 crisis counseling, information, and referral service, which also provides a centralized pre-intake and schedules initial (intake) appointments 24 hours a day, whenever a person in need calls. Anyone calling HELPLINE for any reason can schedule an appointment at any one of the outpatient clinics during the same call without having to call back or be called back by staff.

HELPLINE provides the pre-intake screenings and appointments for all of the public behavioral healthcare programs. Hence, there is one telephone number, (845) 485-9700 or toll-free (877) 485-9700, to call for both adult and children's services in Dutchess County, regardless of location.

This service is also part of LifeNet, a federally-funded National Suicide Hotline. In addition, there are suicide prevention phones on the five Hudson River bridges--Beacon/Newburgh; Bear Mountain; Kingston/Rhinecliff; Rip Van Winkle; and the Mid-Hudson Bridge. In 2010, suicide prevention phones were added to the scenic walkway (Walkway Over the Hudson); HELPLINE also responds to these phones.

In 2010, HELPLINE responded to 24,752 calls, which is an approximate increase of 21% in volume. Without the resource of the Hudson River Psychiatric Center's Mobile Crisis Team, the number of crisis calls increased by 3,080, from 20,485 in 2009. In addition, the number of 9.45 Orders jumped from 42 in 2009 to 66 in 2010.

# Community Consultation & Children's Services...

HELPLINE Services (Phone and Face-to-Face)					
Month	Crisis Intervention	Pre-Intake	Info & Referral	Other*	Totals
January	922	670	179	367	<b>2138</b>
February	853	481	124	318	<b>1776</b>
March	941	628	191	371	<b>2131</b>
April	912	627	289	329	<b>2157</b>
May	965	525	248	342	<b>2080</b>
June	876	552	245	381	<b>2054</b>
July	990	507	306	332	<b>2135</b>
August	975	521	293	419	<b>2208</b>
September	940	520	183	408	<b>2051</b>
October	1014	503	192	383	<b>2092</b>
November	835	480	167	357	<b>1839</b>
December	955	507	187	442	<b>2091</b>
<b>TOTALS</b>	<b>11178</b>	<b>6521</b>	<b>2604</b>	<b>4449</b>	<b>24752</b>

# of Face-to-Face Contacts	141
# of Phone Contacts	24611
<b>TOTAL</b>	<b>24752</b>

Volume of Service Average was 2051

## Trauma Team

In 2010, the Dutchess County Trauma Team completing its 20<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, Ms. Alter, and nine staff members, are senior clinicians in administrative positions who have the flexibility to respond immediately in emergency situations and have had training in crisis counseling. The Team has had training in *Critical Incident Stress Management (CISM)* and in *Community Response to Emergencies and Disasters*.

The Trauma Team responds immediately, or at an appropriate time following untoward deaths, suicides, disasters (e.g. fires or accidents) and situations requiring crisis counseling and/or debriefing. The Team has become familiar with the different responses to emergencies that occur and how a psychological trauma team can provide assistance. The Team also offers its services to all DMH staff who have suffered personal loss and also for clinicians who have a patient die while in treatment.

A selected number of members also participate on the Dutchess County Critical Incident Response Team (CIRT) and provides critical incidence services to emergency personnel (e.g. firefighters, emergency medical technicians, police, etc.) throughout Dutchess County.

In 2010, the Trauma Team responded to 36 events.

### **Psychology Internship Training Program**

In response to economic and fiscal realities and in an effort to save additional county dollars and avoid layoffs, the Department notified the American Psychological Association (APA) that it was terminating its Psychology Internship Training Program at the end of this academic year, August 30, 2011. While the internship program has been accredited by the APA since 1989, it was felt that in good conscience it was difficult to justify maintaining the program while eliminating staff positions and increasing the work load of all remaining staff, both clinical and administrative/ support.

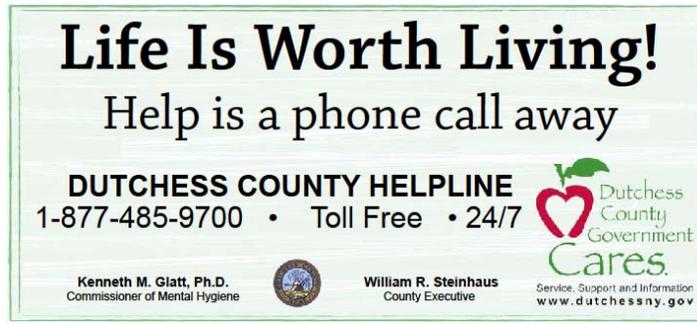


Dr. Ellen Marx, Director, Psychology Internship Training Program, pictured with the Class of 2010/2011

### **Suicide Prevention**

With the advent of Spring, which is the season of the year in which more Dutchess County suicides occur than any other season, the Department began its annual suicide prevention campaign. The campaign is aimed at public education, identifying the signs and symptoms of the would-be suicide, emphasizing that treatment works, dispelling myths about suicide, and publicizing the 24/7 availability of HELPLINE for those contemplating suicide or having concerns about or struggling with mental health or chemical dependency issues.

In 2010, thanks to the efforts of Ms. Alter, who submitted an application for a grant to the New York State Office of Mental Health, DMH was awarded \$8,375 for the implementation of the Stigma/Wellness Media Campaign. The money was used to supplement the Department's suicide prevention efforts.



**Suicide Prevention Call Boxes**  
**(Walkway Over the Hudson)**

DMH was successful in having installed on the Walkway Over the Hudson suicide prevention call boxes, which are connected directly to HELPLINE, which continues to be staffed 24-hours per day. HELPLINE had its most recent save on October 10 from the Beacon/Newburgh Bridge.



**“Out of the Darkness”**

This is an annual event for survivors of suicide and people in the mental health community who are involved in suicide prevention. This year the walk took place at “Walkway Over the Hudson”.

The event benefits the American Foundation for Suicide Prevention’s research and education programs to prevent suicide and save lives, increase national awareness about depression and suicide, advocate for mental health issues, and assist survivors of suicide.

# Community Consultation & Children's Services...



Joining hundreds of others at the Walk in October were Evelyn Soto, RN, and Bob Oppenheim, LCSW, representing DMH

## Bridge Phones

One of DMH's original suicide prevention phones, installed on the Mid-Hudson Bridge, was accepted by the Smithsonian Institute (National Museum of American History) in Washington and is exhibited alongside Samuel Morse's original telegraph transmitter and receiver and Alexander Graham Bell's early telephone equipment. The second phone has been accepted and is now part of the collection of the NYS Museum in Albany.



## In-Services/Trainings in 2010

- LGBTQ Cultural Competency Training
- Housing Resources
- Working with Difficult People in the Community
- Assisted Outpatient Treatment
- Overview of Case Management Services
- Overview on Forensics
- Overview of Child Protective Services
- Psychological Evaluations
- Understanding Normal Sexual Development

# Community Consultation & Children's Services...

- Positive Psychology
- The Impact of Childhood Nonphysical Maltreatment on Adult Mental Health
- Victimology From a Survivor's Perspective
- Treatment Planning in the New World
- Past Trauma & Its Impact on Domestic Violence
- Housing and Vocational Services in DC
- Open Access Training, MTM Services (David Lloyd)
- Evidence-Based, OMH Developed Recovery Program for Seriously Mentally Ill

As an initial start to educating and preparing staff for "Open Access" and centralized scheduling, a day-long training was held on November 1. David Lloyd, MTC Services, was the presenter. Sixty-four staff from DMH and our contract agencies attended.



Dr. Glatt and David Lloyd



Jackie White, LCSW and Amy D'Antonio, CRC,  
presented on  
Housing and Vocational Services in DC on October 22

## Children's Services

Providing for the mental hygiene needs of children and youth requires the coordination of a variety of services and systems that touch the lives of children

and families—mental health, substance abuse, education, social services, juvenile justice and family support.

The Children's Services Coordinator, Linda Monkman, LCSW, oversees the system of services for children and youth, serves as liaison to the Children & Youth Subcommittee of the Mental Hygiene Board, monitors the contract agencies whose clinics and programs provide mental health services and, to accomplish this, works in conjunction with other community providers.

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

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

### Children & Youth Subcommittee

The Coordinator also serves as the staff liaison to the Children & Youth Subcommittee of the Dutchess County Mental Hygiene Board. 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 Subcommittee

*Susan Blodgett*  
*Chairperson*

Terry DeFabbia  
Aviva Kafka  
Suzanne Manning  
Angela Rogers

Lynn Rogers  
Annetta Scott, Ph.D.  
Karmen Smallwood  
Associate:  
Kimberly Clare, M.D.

*Children & Youth Public Forum* - In preparation for the 2011 Local Governmental Plan, the Children & Youth Public Forum was held on May 3. The purpose of the forum is to explore mental health service needs of seriously emotionally disturbed children and adolescents and their families. There were approximately 40 persons in attendance and the needs identified were as follows:

# Community Consultation & Children's Services...

- 1) Given school budget cuts this year, there is concern that special education students may not receive the services they need;
- 2) Need for additional educational advocates;
- 3) Concern about youth being psychiatrically hospitalized outside of the county at a distance from their family;
- 4) Need for transitional services for the 18-21 year old population; and
- 5) Need for more education about mental illness for the community as there remains stigma.

## Mental Health for Children May 3<sup>rd</sup>



Children & Youth Subcommittee Members  
with DMH Liaison Linda Monkman, LCSW  
Children & Youth Public Forum Panel

*Building Bridges Initiative* - The Building Bridges' Initiative held its Second Annual Networking Forum at Cornell Cooperative in Millbrook on October 15; there were 90 people in attendance. This forum brought school and agency representatives together for a morning of resource sharing, including updates on mental health services for youth.



Betsy Brockway, Director, Health & Human Services Cabinet, who welcomed the school and agency representatives; Judy Schneyer, Director of the Children's Services Council; Aviva Kafka, member of the Children & Youth Subcommittee and Assistant Superintendent, Hyde Park School District; and Linda Monkman, LCSW, DMH's Children's Services Coordinator.

### Contract Agencies

In addition to its directly-operated programs, the Department has contracts with Astor Services for Children & Families, Inc. and Mental Health America of Dutchess County, Inc. Affiliates are Saint Francis Hospital, Four Winds Hospital, Putnam Center Hospital, Rockland Children's Psychiatric Center and Saint 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, Poughkeepsie, Red Hook and Wingdale. A school-based clinic satellite program serves children and families in the Pine Plains School District.

School-based day treatment 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 in the City of Poughkeepsie. Children ages 5-12 attend the ADT program at Mt. Carmel Square, Poughkeepsie. Middle and high school day treatment students are served in collaboration with Dutchess County BOCES at the BOCES/BETA and Salt Point sites.

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

# Community Consultation & Children's Services...

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

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

Astor continues to serve hard-to-engage youth by providing outreach, assessment and linkage services at the Dutchess County Probation through the services of an Astor clinician on the PINS "Collaborative Solutions" team.

Astor Forensic Team Family Court Evaluations	
# of Evaluations	156
Units of Service	282

	Persons Served (17 and Under)	Volume of Service
Astor Centers & School-Based	1595	19836
Home-Based	25	578
Family-Based	12	360
PINS Outreach	24	377
Intensive Case Management	48	803
Supportive Case Management	22	128
Adolescent Day Treatment	186	18255
Day Treatment Center	96	13409
<b>TOTALS</b>	<b>2008</b>	<b>53746</b>

Astor has increased access to clinic treatment by implementing appointment-on-demand scheduling. Anyone requesting an appointment is referred to the appropriate Astor clinic and can be seen anytime between 9 a.m. and 2 p.m. This change has eliminated what had been long waits for intake appointments; the results are increased availability and responsiveness at no increase in cost.

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

DMH contracts with this community not-for-profit agency to provide a range of support and advocacy services to families who have mental health needs. The respite programs offer a wide-ranging array of services for families with seriously

emotionally disturbed children. Although technically respite services are for parents, the primary interaction occurs between trained respite workers and children through individual excursions to provide a break for the caregiver from the demand of parenting, as well as through group recreational activities.

**Saint Francis Hospital**

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

In 2010, there were 2759 face-to-face contact in SFH's Emergency Department, of which 1454 were open patients of the public behavioral healthcare system. The dispositions of public sector patients from the hospital's Emergency Department are as follows:

Month	Referred Back to Clinics	Admitted to SFH	Admitted to Other Hospitals	Total
January	55	27	12	94
February	52	26	7	85
March	45	21	13	79
April	59	22	13	94
May	85	16	7	108
June	102	15	8	125
July	58	36	17	111
August	68	47	22	137
September	94	56	18	168
October	88	65	23	176
November	111	49	21	181
December	59	30	7	96
<b>TOTALS</b>	<b>876</b>	<b>410</b>	<b>168</b>	<b>1454</b>

Of the 2759 face-to-face contacts, 1914 were admitted as follows:

Inpatient Admissions from SFH's Emergency Department	
Saint Francis Hospital	1288
Hudson River Psychiatric Center	248
Out-of-County Hospitals	378
<b>TOTAL</b>	<b>1914</b>

*Psychiatric Inpatient Services* - The Department has access to community-based acute inpatient care services for individuals in need of psychiatric hospitalization through contractual agreements with SFH. When all of the

# Community Consultation & Children's Services...

mental health beds at SFH are full, arrangements are made to admit patients to other area hospitals which are located outside of Dutchess County.

For out-of-county admissions, which are increasing in number, DMH has agreements with Four Winds Hospital, NY Presbyterian Hospital, Putnam Hospital Center, Rockland Children's Psychiatric Center and St. Vincent's Hospital. Hudson River Psychiatric Center (HRPC), the New York State-operated facility, which serves local residents, is utilized for intermediate and longer-term hospitalizations. HRPC admits persons over the age of 18.

Month	NY Presbyterian	Four Winds	St. Vincent's	Putnam Hospital	<i>Totals</i>
January	20	32	6	7	<i>65</i>
February	9	3	4	5	<i>21</i>
March	31	24	3	11	<i>69</i>
April	18	22	2	12	<i>54</i>
May	12	29	14	23	<i>78</i>
June	13	20	10	11	<i>54</i>
July/ August	27	36	18	21	<i>102</i>
September	10	19	4	10	<i>43</i>
October	30	10	10	3	<i>53</i>
November	31	22	16	9	<i>78</i>
December	25	5	7	8	<i>45</i>
<b><i>TOTALS</i></b>	<b><i>226</i></b>	<b><i>222</i></b>	<b><i>94</i></b>	<b><i>120</i></b>	<b><i>662</i></b>

Discharge Planning is done through HELPLINE. There is a dedicated staff member working to ensure that Dutchess County residents who are admitted to out-of-county facilities get all appropriate support and guidance at time of discharge. The planner works within the mental health and chemical dependency systems.

SFH's adolescent inpatient mental health unit service was discontinued in April 2009. There was also a reduction of beds in its adult inpatient mental health unit. An intensive outpatient clinic program for adolescents is provided through SFH's Mental Health Clinic.

Saint Francis Hospital Children/Youth Dutchess County Residents	
Evaluated and Discharged	414
Evaluated and Hospitalized, Other than Four Winds Hospital	123
<b><i>TOTALS</i></b>	<b><i>537</i></b>

**Community Consultation & Children's Services...**

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 Dutchess County Residents Admitted Out-of-County	
Four Winds Hospital	238
Rockland Children's Psychiatric Center	7
<b><i>TOTALS</i></b>	<b><i>245</i></b>

# Division of Mental Health Services



Frank DeSiervo, LCSW  
Clinical Division Chief

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## Division of Mental Health Services...

The Clinical Division Chief, Frank DeSiervo, LCSW, oversees the Division of Mental Health Services and is responsible for its day-to-day operation, as well as for the planning and coordination of all services for Dutchess County residents and works closely with other providers of mental health services as well as with an array of allied community agencies.

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

- Continuing Day Treatment Program
- Hedgewood Mental Health Clinic
- Partial Hospitalization Program

### Continuing Day Treatment Centers

DMH began the year consolidating our four Continuing Day Treatment Programs into three and closing the Southern Dutchess Continuing Day Treatment (CDT) Program and reassigning staff and patients to other programs--all this with less than three months preparation and without a casualty along the way.

The Hedgewood Satellite of the Southern Dutchess CDT program was converted to an outpatient mental health clinic program which was, on the one hand, more realistic in terms of the mental health needs of the residents of the facility and, on the other, provided the Department with the means to generate more revenue.

The Continuing Day Treatment Centers--Millbrook, Poughkeepsie and Rhinebeck--are licensed by the NYS Office of Mental Health (OMH). The program provides long-term day treatment services to the severely and chronically mentally ill. The primary focus of the day treatment program is to provide individually-tailored treatment services that address substantial skill deficits in specific life areas which interrupt an individual's ability to maintain community living. Because of the heterogeneous nature of individual needs, the programs provide multiple treatment approaches. Staff at the CDTs also concentrate on making community agencies and services more responsive to the needs of the patients and on integrating patients into the communities where they live.

The goals of the program are to provide treatment, family support, and training designed to enable patients to live successfully in the community. The therapeutic focus of the program includes individual therapy, group therapy, occupational therapy, socialization skills, community living skills, nursing, speech and hearing programs, activities of daily living, work activities, medication management, recreation, and vocational and educational supports.

# Division of Mental Health Services...

The Department put into motion plans to privatize the Continuing Treatment Program, transferring it to a not-for-profit agency while, at the same time, reducing the number of positions to bring staffing in line with the minimum staffing levels required by regulation. With the assistance of Central Services, a Request for Proposal was issued, a screening committee was established, and the end result was the selection of Occupations, Inc. (OI). A contract was executed and the process began.

Initially it was thought that it would take three to five years to implement the transfer plan; however, after only one year, we were able to restructure the program sufficiently as to be able to eliminate 22 county positions in the 2011 budget.

<u>Program</u>	<u>No. of Persons Served</u>	<u>Volume of Service</u>
Millbrook	162	14013
Poughkeepsie	263	17053
Rhinebeck	205	13886
<b><i>TOTALS</i></b>	<b><i>630</i></b>	<b><i>44952</i></b>

### Hedgewood Mental Health Clinic

Hedgewood Mental Health Clinic operates five days per week at the Hedgewood Adult Home in Beacon. The census at the clinic is typically around 160 individuals and fluctuates based on admissions and discharges into the home. Hedgewood Mental Health staff work in conjunction with Hedgewood Adult Home staff and case managers from the Adult Home Case Management Program.

<u>Program</u>	<u>No. of Persons Served</u>	<u>Volume of Service</u>
Hedgewood	195	5840

### Partial Hospitalization Program

The Partial Hospitalization Program (PHP) is licensed by OMH and is a short-term day hospital for persons who are in acute distress. PHP provides services for patients 18 years of age and over who require daily structured treatment. The program functions as an alternative to inpatient psychiatric hospitalization with the goal of stabilizing individuals so as to prevent hospitalization. Priority is also given to those in need of a post-hospital placement, where staff assist patients in their readjustment to the community.

PHP's Clinical Unit Administrator, Robin Peritz, LCSW, supervises a staff of professionals who provide a coordinated, intensive treatment that is more concentrated than traditional outpatient care. The structured format provides medical monitoring (or psycho-pharmacological assessments), plus therapeutic groups.

# Division of Mental Health Services...

During the first nine months of 2010, the program operated six hours per day/five days per week, with the maximum of time in treatment being six weeks. In order to increase efficiency, reduce county costs and provide greater access, effective October 2010 the Department's reduced its number of staff and the length of treatment from six to two weeks, focusing on crisis stabilization with the continued aim of avoiding inpatient hospitalization where possible and serving as a point of reentry for those persons being discharged from inpatient psychiatric units.

Patients who successfully complete their stay move on to the level of care most appropriate for their mental health condition.

<u>Program</u>	<u>No. of Persons Served</u>	<u>Volume of Service</u>
Partial Hospitalization Prog.	321	4198

## Mansion Street Mental Health Clinic

In 2010, the Special Services Team, under the direction of Christine Manning, LCSW, transitioned into a more traditional clinic program and is no longer providing ongoing home-based treatment.

In order to increase our efficiency, generate more revenue, and relieve some of the pressure off staff in the Poughkeepsie Mental Health Clinic of Hudson Valley Mental Health, Inc., we consolidated our Clinic for the Multi-Disabled and our Special Services Team, reducing the number of staff and increasing then number of patients with the overall aim of improving access to treatment and quality of care.

## Coordination of Services

Additional coordination staff overseen by the Division Chief includes the Department's Geriatric Services Coordinator, its Assisted Outpatient Treatment Coordinator, Housing Coordinator, and Vocational/Educational Coordinator.

*Assisted Outpatient Coordination* - NYS's Assisted Outpatient Treatment (AOT) Program (Kendra's Law) has been in effect since August 1999, when NYS enacted legislation 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 the Department's AOT Coordinator, Francis (Burt) Morgan, LCSW.

The petition process involves researching the treatment history of the patient to establish that their non-compliance has caused them to be hospitalized at least

# Division of Mental Health Services...

twice within the preceding 36 months or led to dangerous acts towards self or others within the preceding 48 months. A psychiatrist assigned to the AOT Program must testify in court that the person meets these criteria and that the treatment plan proposed is the least restrictive to enable them to survive safely in the community.

It is the responsibility of the licensed service providers to monitor and ensure that the treatment services are provided to the patients. An Intensive Case Manager is assigned to monitor the patient's progress in treatment and to report findings to the AOT Coordinator.

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

<u>2010 Services</u>	<u>Volume of Service</u>
Investigations	22

<b>Statistics in the Inception of AOT Program (August 1999)</b>	
Investigations	437
Completed AOT Orders	103
Extensions of AOT Orders	93
Enhanced Services Contracts	182
<b><i>TOTAL</i></b>	<b><i>815</i></b>

Referrals increasingly come from the inpatient facilities in Dutchess and surrounding counties. Hospitalizations for the AOT patients have increased due to severity of their illness rather than non-compliance with treatment.

*Vocational/Educational Coordination* - Amy D'Antonio, CRC, Vocational/Educational Coordinator, works with all disability groups in Dutchess County to coordinate vocational services. Ms. D'Antonio serves on numerous committees to ensure that vocational and educational needs of individuals in recovery are for the supports needed to maintain employment in the community. In addition, the Coordinator serves as a vocational resource for the community.

The people in the OMH-Funded Extended Along program were employed in approximately 40 area businesses. Some of the businesses include Petco, Sam's Club, Marshall's, LaGrange Library, Arlington School District, Home Depot, Bard College, DC BOCES, Poughkeepsie City Schools, Hyde Park School District, Enterprise Car Rental.

## Division of Mental Health Services...

People were employed in a wide array of positions and represent a range of abilities. Some examples of the areas of work are direct care, personal care aide, retail, food service, landscaping, factory work, bookkeeping, advocacy, cleaning, secretarial, and floral arrangements.

In 2010, the Taconic Resources for Independence’s Mobile Benefit Advisement Counselor provided services as follows:

Service	#
Consumers	202
Individuals	5
Staff/Professionals	76
Conducted Workshops	822
<b><i>TOTAL</i></b>	<b><i>1105</i></b>

*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, Jacquelyn White, LCSW, 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. Ms. White is a resource to the housing providers who house those individuals with chemical addictions or developmental disabilities. She also participates in the local NYS Office of Mental Health 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 ensure that patients are receiving appropriate residential services.

2010 marked the tenth year of the Single Point of Entry (SPOE) initiative. The SPOE provides a centralized access point to a variety of community living options in the mental health housing sector. The Coordinator reviews the applications and distributes them to the appropriate housing agencies based on the need for a specific level of housing. To date, 1683 applications for residential services were processed and 1032 received placement (not all individuals met the criteria or found alternative housing arrangements). The SPOE Housing Providers meet monthly in conjunction with Case Management to discuss and resolve individualized housing issues.

The Coordinator attends the weekly “Community Solutions” Committee Meeting. This committee includes clinical staff from DMH, Hudson River Psychiatric Center, Hudson Valley Mental Health, Inc., NYS Office of Mental Health Hudson River Field Office, Saint Francis Hospital, and Mental Health America of Dutchess County. This committee works together to develop creative and coordinated community-based plans for high need individuals.

Ms. White is also a member of the Assertive Community Team (ACT)/Single Point of Access (SPOA) Committee to assist in the eligibility process for incoming ACT applicants.

The Department continues to coordinate the weekly Community Solutions meeting to look at how the broader mental health system can balance and manage systems to allow for earlier discharge from inpatient settings into community treatment programs. The Department also 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, Ms. White is co-chair of the Dutchess County Housing Consortium, a large and diverse group of community leaders in government and local organizations which work together to identify housing needs for people who have distinct needs. The Housing Consortium is actively working to address the needs of vulnerable people at risk to be homeless or who are homeless. Subcommittees address housing issues to work on specific target goals, including the 10 Year Plan to End Homelessness.

### 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. Two such facilities are located in Dutchess County: Hudson River Psychiatric Center and the Taconic Developmental Center. At the same time, private community residences continue to find it difficult to stay in business.

To address the variety of supported residential needs, DMH, along with its community partners, have developed a wide continuum of residential options for individuals and couples/families with mental illness, chemical dependencies and developmental disabilities. These opportunities are located throughout the 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.

Most of the residential growth this year was in the development of an additional 15 long-term beds (also known as “Special Use Beds”) for individuals who have a chronic mental illness and meet specific eligibility criteria. The funding for the apartments was provided by the NYS Office of Mental Health.

# Division of Mental Health Services...

The Housing Consortium is overseen and continually evaluated by the DMH Housing Coordinator. As new needs or new resources develop, DMH and its partners respond.

The demand for safe, affordable housing is evidenced by the downturn in the economy. Current housing trends and vacancy rates heavily impact the consumers who seek apartments or other residential opportunities.

<u>Residences Licensed by NYS Office of Mental Health</u>		
<u>Category</u>	<u>No. of Residences</u>	<u>Capacity</u>
Astor Residential Treatment Facility	1	20
Astor Family-Based Treatment	5	8
Astor Family Respite Beds	5	6
Crisis Residence	1	12
Private Congregate Treatment	3	69
State Operated Community Residences	4	78
Not-for-Profit Community Residences	4	52
Supportive Apartment Treatment	22	36
Family Care Homes	13	50
Unlicensed Supported Housing	221	224
<b><i>TOTALS</i></b>	<b><i>279</i></b>	<b><i>555</i></b>

<u>Residences Licensed by NYS Office of Alcoholism &amp; Substance Abuse Services</u>		
<u>Category</u>	<u>No. of Residences</u>	<u>Capacity</u>
Community Residence	4	59
Crisis Center	1	12
Supportive Living Opportunities	1	12
Unlicensed Supported Units	33	33
<b><i>TOTALS</i></b>	<b><i>39</i></b>	<b><i>116</i></b>

**Division of Mental Health Services...**

<u>Residences Licensed by NYS Office for People with Developmental Disabilities</u>		
<u>Category</u>	<u>No. of Residences</u>	<u>Capacity</u>
Voluntary Family Care	7	20
State Operated Family Care	36	92
Voluntary Supportive Housing	2	4
Voluntary Residential Treatment Facility/ Intensive Care Facility (RTF/ICF)	12	159
State Operated RTF/ICF	5	25
Voluntary Individual Residential Alternative	95	450
State Operated Individual Residential Alt.	39	224
Supported Housing	4	4
Voluntary Respite Beds	1	4
State Respite Beds	4	4
<b><i>TOTALS</i></b>	<b><i>205</i></b>	<b><i>986</i></b>

<u>Residences Licensed by NYS Department of Health</u>		
<u>Category</u>	<u>No. of Residences</u>	<u>Capacity</u>
Private Proprietary Home for Adults	11	533
Assisted Living	5	194
Foster Family Care Homes	37	70
<b><i>TOTALS</i></b>	<b><i>53</i></b>	<b><i>797</i></b>

**Services for the Elderly**

A range of mental hygiene services to the elderly population (65+) is available through DMH, Saint Francis Hospital, Mental Health America of Dutchess County, Inc. (MHA), Lexington Center for Recovery, Inc., and Hudson Valley Mental Health, Inc. Both DMH and contract agency staff provide outreach services to the geriatric population through MHA's Case Management Unit, as well as the Department's HELPLINE, the Continuing Day Treatment Centers and the Mansion Street Center.

The Geriatric Subcommittee meets on a quarterly basis to discuss issues concerning the elderly and their mental health and/or chemical dependency

needs. Members participate in the Public Forum on Service Needs of Adults with Mental Illness.

Members of the  
Geriatric Subcommittee

*FaLisia Cotten*  
Chairperson

Meg Boyce  
Steven Giovamiello  
James Kelly  
Leon Krakower, M.D.

Henrietta Mountz  
Mark Stern, Ed.D., ABPP  
Associate: James Warner, III

**Mental Health Providers Committee**

In addition to extensive administrative functions, the Division Chief chairs a Providers Committee, which meets every other month to provide coordination and communication among various local agencies which serve persons with mental illness. Division staff also serve as liaisons to the Mental Health and Geriatric subcommittees of the Dutchess County Mental Hygiene Board.

Both consumers and providers of mental health services participated in a Department-sponsored Public Forum dealing with service needs of adults.

**Art Exhibit “Expressions”**

With the transition and eventual transfer of DMH’s Continuing Day Treatment Program to Occupations, Inc., the Department held its final art show, which was held May 19 through August 28, and consisted of 32 pieces of art created by patients of the Continuing Day Treatment Centers. The display was held at the Gallery at Mental Health America of Dutchess County, Inc., with the Opening Reception taking place on May 19, from 1-3 p.m. Eight pieces of art were sold the very first day, with a total of eight pieces being sold in total.



### May is Mental Health Month

Legislators MacAvery and Kelsey put forth a proclamation before the Dutchess County Legislature designating May 2010 as Mental Health Awareness Month; the proclamation was approved by the full Legislature. It calls upon all Dutchess County residents, government agencies, public and private institutions, businesses and schools to recommit our community to increasing awareness and understanding of mental illness.



Betsy Fratz, RN, and Carol Clifford, RN  
at Depression Screening Day, which was held in May

### Clinic Restructuring

Throughout the year, DMH prepared both clinically and administratively for the New York State Office of Mental Health's Clinic Restructuring which went into effect October 1, and we prepositioned to hit the ground running and were able to restructure seamlessly.

### Mental Health Services Subcommittee

Members of the  
Mental Health Subcommittee  
*Almerin O'Hara*  
*Chairperson*

John Campbell  
Pat Colbert  
Karen Desmond  
Gary Edelstein, LCSW

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

*Mental Health (Adults) Public Forum* - In preparation for the 2011 Local Governmental Plan, the Mental Health Subcommittee's Public Forum for 2011 was held on May 11, 2010. The forum focused on the service needs of adults with mental illness. There were over 100 people in attendance and the needs were identified as follows:

- 1) Concern on the eventual loss of the Social Clubs;
- 2) Concern about what will happen with the Continuing Day Treatment Programs; and
- 3) Need for better transportation;
- 4) Need for more diversified housing opportunities; and
- 5) Work options.

Mental Health for Adults  
May 11<sup>th</sup>



Subcommittee Members with DMH Liaisons  
Bob Oppenheim, LCSW and Frank DeSiervo, LCSW  
Mental Health Services for Adults Public Forum Panel

### Contract Agencies

The Division also provides administrative oversight for mental health services in contracted outpatient adult mental health clinics. The Division Chief and staff interact with a variety of local agencies which provide housing, vocational, education and support services for mentally ill persons living in the community.

### Hudson Valley Mental Health, Inc.

Hudson Valley Mental Health, Inc. (HVMH) is a not-for-profit agency which operates Article 31 outpatient mental health clinics under contract with Dutchess County.

Clinics are located in Beacon, Dover Plains, Millbrook, Poughkeepsie and Rhinebeck. Each of these clinics is licensed by the NYS Office of Mental Health (OMH) to provide a full array of treatment services to Dutchess County

# Division of Mental Health Services...

residents age 18 and older. The agency strives to ensure that services are accessible, affordable, culturally competent, cost effective, recipient oriented and dedicated to continuous quality improvement.

Services include individual and group counseling, evaluation and diagnosis, medication education and therapy, and referral to a range of services including housing, vocational and case management is available. The clinics are staffed by licensed social workers, psychiatrists, nurse practitioners and nurses.

Services are available in Spanish at the Beacon and Poughkeepsie sites and American Sign Language at Poughkeepsie. The program maintains a language bank and every effort is made to accommodate persons with various cultural or language needs.

<u>Program</u>	<u>No. of Persons Served</u>	<u>Volume of Service</u>
Beacon	724	10348
Eastern Dutchess (Dover Plains)	277	3353
Millbrook	218	2298
Poughkeepsie	1684	17233
Rhinebeck	285	3843
<b><i>TOTALS</i></b>	<b><i>3188</i></b>	<b><i>37075</i></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 of Dutchess County.

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

*Case Management Program* - The Case Management (CM) Program serves people over the age of 18 who have a mental illness. The primary goal of the service is to decrease, or not avoid, hospitalizations for the clients. In this regard, the agency works with the clients to help maintain their independence and self-sufficiency so that they can live productively within their own communities. This is accomplished by working with clients in what can only be described as a true partnership. People are assisted in accessing necessary medical, social, financial, vocational, residential and educational services, along with any other services for which they are entitled. The agency now has ten supported housing beds.

## Division of Mental Health Services...

The Adult Home Program continues its Wellness Self-Management Group curriculum as part of the OMH research initiative.

In 2010, the program underwent a new management structure which has positioned the Case Management Program for the challenges of the next few years. There were 3,006 clients served with a total of 33,393 visits.

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

Supported Education: Through on-campus support, in 2010, 21 Dutchess Community College students were served.

Kids on the Block: This volunteer puppet troupe presented performances to 546 young children. The scripts included the topics of school safety and bullying.

Information & Referral: Using a variety of resources, people seeking information are connected by accessing MHA's website, the newsletter and telephone calls to the agency. A private referral list includes psychiatrists, psychologists and social workers in Dutchess County. In 2010, there were 840 information/referral calls and 7,500 copies of the newsletter were distributed.

MHA Library: Serving the community since 1969, MHA's Library is located on the second floor of the Dutchess County Mental Health Center, 230 North Road, Poughkeepsie. Visitors can borrow books, browse journals and a reference collection and use the computer. The Library also has over 250 videos/dvds. In 2010, the Library had a total circulation of 656 and had 361 visitors.

Training/Workshops/Conferences: MHA offered several parenting classes in 2010: "Parent Education and Custody Effectiveness"; "How to Talk So Kids Will Listen"; Parenting Challenging Teens; "Managing Defiant Behavior"; and "Parenting the Explosive Child". In addition, workshops presented to community agencies included: "Laughter: The Pathway to Health"; "The Seven Habits for Highly Effective Teens"; "Fighting Stigma and Staying Safe"; and "Recovery...You are More Precious than Gems". A depression/anxiety screening for adults was held at Senator Saland's Golden Gathering on October 2. In 2010, the total attendances at classes/workshops/trainings/conferences was 1,830.

*Family Support and Advocacy* - These varied programs address the needs of families where one or more family members 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

# Division of Mental Health Services...

opportunities for social interaction and community service. Staff are involved in numerous community, regional and state collaboratives. Current state initiatives include working on issues such as credentialing for family support and, in an advisory capacity, for special education. In addition, the Family Support and Advocacy Department hosts the Children’s Services Council, a decade-long community collaborative that engages larger issues affecting children, youth and families. The number of individuals served in 2010 is as follows:

<u>Service</u>	<u>#</u>
Emerge: Parents with Psychiatric Disabilities	117
Family Support Group	227
Respite Group	189
Adult Advocacy	1,180
Youth Intervention	140
Court Programs	68
<b><i>TOTALS</i></b>	<b><i>1,921</i></b>

*Homeless and MICA Services* - The Living Room, “Mel’s Place” provides a safe haven and supportive services to individuals who are homeless or at risk of becoming homeless and have mental health and/or chemical dependency problems. The Living Room has day, evening and weekend hours. Those seeking the services of The Living Room are provided with day shelter, as well as referrals to needed services, treatment, housing and jobs. There were 474 individuals served in 2010 and 21,002 visits.

*Rehabilitation Services* - Psychosocial rehabilitation programs for people with mental illness provide experiences that improve their ability to function in the community. The program philosophy emphasizes common sense, practical needs and includes vocational and personal adjustment services geared towards the prevention of unnecessary hospitalization and for successful community living.

Dutchess Horizons: The social rehabilitation program strives to improve the social, vocational and recreational skills and needs of persons over the age of 18 recovering from mental illness. The program stresses full participation in the rehabilitation process. In 2010, there were 162 individuals served, with a total of 7,141 visits provided.

Compeer: The 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. There were 54 individuals served in 2010, with 2,467 visits provided.

Social Rehabilitation: A rehab program that is a joint effort of MHA and DMH. The primary emphasis is to promote rehabilitation, readiness

assessment, pre-vocational skill and life care education for persons with severe mental illness. In the Northern Dutchess area there were 62 individuals served in 2010 and 1,081 visits provided.

Young Adult Club: The primary emphasis of this program is on enhancing socialization for young adults ages 18-35. The Young Adult Club meets in the community and the clubhouse to socialize and enjoy recreational activities together. There were 28 individuals served in 2010 and 581 visits provided.

**PEOPLE, Inc.**

PEOPLE, Inc. (Projects to Empower and Organize the Psychiatrically Labeled) receives funding from the NYS Office of Mental Health. The agency, in operation for twenty years, has experienced growth since its inception and currently operates programs in Dutchess as well as other counties in New York State. DMH's Division Chief, Mental Health Services, Frank DeSiervo, LCSW, serves as the liaison between DMH and PEOPLE, Inc. Meetings with the agency staff are held regularly to discuss agency status, housing issues and planning recommendations.

The primary mission of PEOPLE, Inc. is to advocate for and with individuals with mental health issues. As a consumer-run agency, the efficacy of its services is measured by the ability of consumers to move on to the next aspect of their recovery. With the support of self-help groups and wellness tools, individuals are empowered to take control of their own recovery. Continued services with vocational assistance and support, plus a supported housing program, provide a full array of services to accompany persons on their own "road to recovery".

Throughout the year, services are provided to persons who were living independently in residence and in state psychiatric centers. In addition, PEOPLE, Inc. operates several apartment programs for chronically mentally ill individuals.

**Gateway Community Industries, Inc.**

Founded in 1957, Gateway Community Industries, Inc., (GCI) is a not-for-profit vocational rehabilitation and training center for people with psychiatric and/or physical disabilities. The agency provides comprehensive services in vocational evaluation, job training, job placement, supported employment and residential services throughout Dutchess County. On the vocational side, GCI operates the Southern Dutchess Vocational Alternatives Program and the Internship Program in addition to extended follow-along job coaching support. On the housing side, GCI operates a 12-bed community residence in Beacon and maintains supported beds in scattered locations in the county.

**Rehabilitation Support Services, Inc.**

Rehabilitation Support Services, Inc. (RSS) is a not-for-profit agency that provides a wide array of rehabilitation services for residents throughout the Hudson Valley and Capitol District areas. In Dutchess County, they offer an extensive continuum of housing opportunities, which includes community residence beds in Poughkeepsie and Fishkill. In addition, RSS operates supported beds and supervised apartment beds throughout Dutchess County. RSS is a large provider of job coaching supports as well as operating the Dutch Treat Café at the Dutchess County Community Mental Health Center in Poughkeepsie.

**Hudson River Housing, Inc.**

Providing decent, affordable housing for low to moderate income people in our community is the focus of Hudson River Housing, Inc. (HRH). The agency’s programs enable participants to become more self-sufficient and to gain maximum influence over their lives. In Dutchess County, HRH has set aside 15 units at its Hillcrest House facility specifically for individuals with a chronic psychiatric diagnosis. In addition, HRH operates a 10-bed supported apartment program, also for chronically mentally ill individuals and/or families. HRH operates many other housing programs in Dutchess County for singles and families. The agency’s programs include emergency, transitional and permanent housing opportunities, Homebuyer Education Services and independent living skill development for youth.

**Taconic Resources for Independence, Inc.**

Taconic Resources for Independence, Inc. (TRI) operates a center for independent living in Dutchess County. The agency’s goals are to assist people with disabilities to be active and independent and to educate and involve the community is disability issues. Specifically, TRI advises clients and family members on benefits available to them.

# Division of Chemical Dependency Services



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# Division of Chemical Dependency Services...

The Division of Chemical Dependency Services is responsible for providing and/or coordinating a broad array of community services to Dutchess County residents suffering from the diseases of alcoholism and/or other chemical dependencies. These services include clinical therapeutic services, medication management, counseling, intensive programs, primary alcoholism services, methadone maintenance, detoxification and rehabilitation, emergency shelter, crisis services for public intoxicants, coordination and linkage with a variety of detoxification, transitional living, outpatient services and public education.

The Division Chief for Chemical Dependency Services, Margaret Hirst, LCSW, is responsible for the planning and coordination of all services for Dutchess County residents and works closely with other providers of chemical dependency services as well as with an array of allied community agencies.

There is a Dutchess County Chemical Dependency Providers' Committee, chaired by the Division Chief, Margaret Hirst, LCSW, for Chemical Dependency Services, which is comprised of all local agencies which deal with chemical dependency. The Committee meets every two months to discuss issues of mutual concern.

## Chemical Dependency Subcommittee

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

### Members of the Chemical Dependency Subcommittee

*Paula Sarvis*  
*Chairperson*

Shirley Adams  
James Fealey  
Donna Gorman, P.O.  
Marilyn Green

Jim Warner  
Rodney Smith  
John Steele

*Chemical Dependency Public Forum* - In preparation for the 2011 Local Governmental Plan, the Chemical Dependency Forum for 2011 was held on April 8, 2010. The forum focused on needed or expanded services for chemically dependent person and their families. There were over 100 people in attendance and the needs were identified as follows:

- 1) Several participants expressed the need for more psychiatric time and more individual sessions with their therapist;

- 2) Many people spoke about not only their need for high school equivalency, but also about their need for basic literacy training (these individuals indicated that at the time in their life when they should have learned reading and writing, they were actively abusing alcohol and other drugs and did not learn these skills); and
- 3) Housing that is safe and supports their recovery continues to be needed.

### **Forensic Services**

*Assessments* - The DMH Forensic Assessment Services program was designed to provide the County's local courts with an independent evaluation of individuals involved with the criminal justice system who may suffer from the diseases of 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.

The Forensics Services program receives referrals from Probation, Defense Attorneys, Judges, and the District Attorney's Office, as well as Drug Court Coordinators from the City of Beacon Drug Treatment Court, the Family Drug Treatment Court, the Juvenile 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, the transitional house and sometimes at Crisis Center. In addition to providing forensic evaluations for the courts, staff members from Forensic Services are also active team members of the City of Beacon Drug Treatment Court, the Family Drug Treatment Court and the Youth Drug Treatment Court.

*Referrals* - In 2010, 603 cases were referred to the Forensic Services Unit for assessments. This number includes patients who were referred more than one time due to the need for another assessment (e.g. an individual completed a short-term program, but continued to use after discharge and needed a higher level of care or an individual absconded from a program and the court is requesting another treatment recommendation).

## Division of Chemical Dependency Services...

Of the 603 cases referred, 448 (74%) received a specific treatment recommendation which was forwarded to the Court.

*Pre-Trial Diversion Services* - Pre-Trial Diversion Services focuses on providing support services (e.g. case management housing, appropriate treatment, medication management, etc.) for defendants with severe and persistent mental illness in the City of Poughkeepsie Court in an effort to divert them from jail or, if that is not possible, to reduce jail time. Research has shown that once individuals with severe mental illness are incarcerated, they tend to remain in jail longer than other inmates. Pre-Trial Diversion Services are provided after Probation has made a determination that the defendant is appropriate to be released RUS (released under the supervision of the Probation Department). After the defendant is identified by Probation using a brief screening instrument, an initial assessment is completed by the Pre-Trial Diversion Forensic Assessor and a treatment plan is provided to the court in an effort to divert the defendant from the jail and maintain that individual in the community. After this initial assessment, a comprehensive forensic evaluation is completed and other services implemented if necessary. Usually, multiple community agencies have collaborated to provide timely access to services as an alternative to incarceration.

In 2010, 33 individuals were admitted to Pre-Trial Diversion, 25 served no jail time and 25 had no further contact with the legal system following the diversion intervention. Of the 40 individuals diverted in 2009, none were seen again for diversion services in 2010.

*Collaborative Solutions Team* - Another program under Forensic Assessment Services is the Collaborative Solutions Team, formerly known as PINS (Persons in Need of Supervision), which provides comprehensive assessments, support, and referral to services for youth and their families who are experiencing problems at home, in school, and/or in the community in an effort to maintain the youth in the community and avoid placement by the Family Court.

The provision of Functional Family Therapy for these youth and their families in 2010 has enhanced the Collaborative Solutions program and has helped the youths to return to school and remain out of the criminal justice system.

*Drug Courts* - In 2001, the cities of Poughkeepsie and Beacon implemented Drug Court programs. The mission of these programs is to offer chemically dependent defendants an opportunity to engage in a court-supervised treatment program designed to achieve recovery and, thereby, eliminate the associated criminal behavior and the cost to the community and ultimately to increase public safety. The target group is the multiple misdemeanor offenders who commit crimes because of their chemical dependency. A Family Treatment Court targets adults who are petitioned by the Family Court for abuse or neglect

and are chemically dependent. A Juvenile Treatment Court in the Family Court became operational in 2006.

### **Intensive Treatment Alternatives Program**

The Intensive Treatment Alternatives Program (ITAP) is a NYS Office of Alcoholism & Substance Abuse Services licensed outpatient day rehab program which provides alcohol and substance abuse services to those requiring a highly structured, supportive and long-term treatment experience. The program specializes in the treatment of the 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 Alternative-to-Incarceration (ATI) patient is referred for an assessment by the 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 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, Dowling Halfway House and Hillcrest House for those patients who complete the Transitional Residence component. ITAP staff meets regularly during the year with Probation staff from the Transitional Residence. 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 attend weekly rounds with ITAP staff to help coordinate decision-making in regard to furloughs, planning and general patient status. Staff work in conjunction with the Hillcrest Residence for residential placement of those coming out of Transitions.

In 2010, 63% of ITAP participants successfully completed the day rehabilitation program or were referred to another treatment program, 72% maintained or improved employment upon completion of aftercare and 96% had a reduction of arrests 6 months after discharge.

### **Jail-Based Mental Hygiene Program**

DMH, in collaboration with the Dutchess County Sheriff's Department, provides services at the Dutchess County Jail on North Hamilton Street, Poughkeepsie. The staff, under the supervision of William Eckert, LCSW, Clinical Unit Administrator, is comprised of 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 Social Services.

## Division of Chemical Dependency Services...

In 2010, 70% of the individuals who were released to the community and attended the first treatment appointment remained in treatment or successfully completed that treatment.

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

In 2010, 84 individuals attended educational or skill training programs, 48 individuals obtained fulltime/part time employment and an additional 35 individuals did volunteer work through the support of the vocational case manager.

*Welfare-to-Work* - DMH works closely with the Department of Social Services (DSS) to meet the goals of the Welfare-to-Work program in New York 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 DSS and DMH to track progress in treatment and movement toward work and job retention.

In 2010, 1243 assessments were completed, of those 538 were determined unable to work and chemical dependency treatment was mandated.

*Managed Addiction Treatment Services* - The Managed Addiction Treatment Services (MATS) Case Management Program assists individuals who have high Medicaid costs to engage in chemical dependency treatment and move forward toward economic independence.

In 2010, case management services were provided to 52 individuals; 23 received permanent housing, 5 became employed and 5 participated in training for employment. Also, Medicaid costs were reduced for 60% of the individuals served.

### Contract Agencies

In addition to its directly-operated programs, the Department has contracts with Lexington Center for Recovery, Inc. for outpatient clinical services and methadone maintenance, the Council on Addiction Prevention & Education (CAPE) for prevention and education services, and the Mid-Hudson Addiction Recovery Centers, Inc. (MARC) for crisis residence and community residence/halfway house services. Affiliated agencies include Cornerstone of Rhinebeck, the Turning Point at SFH (which relocated from Beacon to Poughkeepsie), Daytop Village, Inc. and New Hope Manor. A NYS-operated Alcoholism Treatment Center, located in Middletown, Orange County, serves Dutchess County residents.

**Lexington Center for Recovery, Inc. (LCR)**

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

*Outpatient Chemical Dependency* - Six outpatient clinics serve adults, adolescents and families as well as treating clients with co-occurring disorders in the following locations: Manchester Road in Poughkeepsie, Main Street in Poughkeepsie, Beacon, Eastern Dutchess, Millbrook and Rhinebeck. Services include individual, group and family therapy. In addition, LCR provides individual and group therapy to adolescents in Red Hook in a secure Division for Youth (DFY) residential facility.

LCR continued to participate in an Adolescent Grant funded by NYS Office of Alcoholism & Substance Abuse Services (OASAS). This initiative afforded LCR the ability to provide enhanced mentoring services as well as applying evidence-based treatment for youth. The program is named Motivating Abstinence through Pro-Social Skills (MAPS). It incorporates the use of evidence-based models called Assertive Continuing Care (ACC) and Adolescent Community Reinforcement Approach (ACRA). The adolescent grant staff members also provide transportation, mentoring and encourage pro-social skills including linking adolescents to community services that enhance maintenance of sobriety.

In 2010, LCR continued the MAPS Program at the Beacon Clinic as well as at the Manchester Road Clinic. Services include a pre-contemplation group one time per week, two intensive tracks which meet twice per week, and a Step Down group which meets one time per week. Family involvement is strongly encouraged and family sessions are performed fairly regularly as part of the adolescent services. Parents and other significant family members and/or significant others are strongly encouraged to participate in a well established weekly evening Narcotics Anonymous (NARANON) group that has met on-site at Manchester Road for the past 18 years. Another NARANON group in the community was added to accommodate the needs of family members. LCR continues to offer a weekly (ALANON) meeting for family members/significant others on-site, as well as two Alcoholics Anonymous (AA) meetings per week on-site, one co-ed and one for women.

LCR resumed offering adolescent substance abuse treatment in Red Hook at a secure DFY residential facility one day per week. Adolescent group treatment continues to be offered once a week at the Beacon Clinic and, as needed, at the Eastern Dutchess site. In addition, LCR continued offering its adolescent services in conjunction with the implementation of the Dutchess County Juvenile Drug Court.

## Division of Chemical Dependency Services...

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

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

In 2010, LCR continued to offer three evening intensive groups to accommodate the employed clients needing intensive services. Clients who complete an evening intensive program are then referred to clinic groups, which focus on further development of positive coping skills and relapse prevention. In addition LCR continued evening clinic services by offering treatment four evenings a week.

Clients with co-occurring disorders (i.e., dually-diagnosed with substance abuse and mental illness) continued to receive specialized services. These services included two three-day per week dual focus tracks specifically focused on coping with co-occurring disorders and avoiding relapse by accepting and treating both mental illness and chemical dependency simultaneously. DBT, as well as Eli Lilly's Wellness Curriculum, are incorporated in our Dual Focus Programs. It is also noteworthy that the agency expanded its dual focus services from three days a week to five days a week in September 2010 to meet the increased need for this population and a dual focus track was added at the Beacon site to meet the growing need.

The Spanish speaking population continued to be served primarily at the Manchester Road site during 2010. LCR provided group treatment twice a week as well as individual therapy for the Hispanic population.

LCR continued to provide services for clients residing in community sober residences including Bolger House, Dowling House and Joseph's House, and for clients residing at Hudson River Housing. There are regular case conferences with these agencies to assure appropriate continuity of care and quality treatment.

Parenting Classes continue to be offered to all LCR clients at the Manchester Road and Main Street sites through the Child Abuse Prevention Center. In addition, DMH offers vocational educational groups and individual sessions on-site. The DMH vocational counselor provides assistance to those clients seeking employment, assists in job readiness skills, and helps clients with VESID applications.

# Division of Chemical Dependency Services...

In an effort to help meet the needs of uninsured clients, LCR maintains a sample psychotropic medication program. For clients who cannot afford to buy medications ordered by LCR doctors, medications are dispensed on a case by case basis from the inventory by the doctor.

In February 2010, we decreased clinic services at our Millbrook site due to financial constraints.

In 2010, sadly, our “Co-Location Grant” ended. This grant had been very successful at engaging clients referred by CPS quickly and effectively.

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

<u>Program</u>	<u>No. of Persons Served</u>	<u>Volume of Service</u>
Manchester Road	1095	21874
Millbrook	32	218
Beacon	459	7441
Eastern Dutchess	200	2568
Rhinebeck	120	1484
Methadone Program	290	12145
Red Hook	24	229
Main Street Annex	313	7084
<b><i>TOTALS</i></b>	<b><i>2533</i></b>	<b><i>53043</i></b>

### Mid-Hudson Addiction Recovery Centers, Inc.

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

# Division of Chemical Dependency Services...

MARC's community residences include Florence Manor, a 13-bed halfway house for women in Fishkill, Bolger House, a 24-bed halfway house in the City of Poughkeepsie for men and Dowling House, a 12-bed halfway house in the Town of Poughkeepsie for men and women.

Both staff and clients of MARC are extremely active in community affairs directly and indirectly related to chemical dependency services.

# of Persons Served	667
Volume of Service	25467 resident days

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

The Council on Addiction Prevention & Education, Inc. (CAPE) has been providing school-based and community substance abuse prevention, education and counseling services to the youth and families of Dutchess County since 1987.

*Student Assistance Program* - The Student Assistance Program provides counselors in five school districts and ten schools providing substance abuse prevention education to students, faculty, families, and the community through individual and group counseling, information and referral services as well as family communication programs.

Services provided during 2010 are as follows:

Individuals attending Educational Presentations	7601
Individual Counseling Sessions	3576
Group Counseling Sessions	227
Family Counseling Sessions	248
<b><i>TOTAL</i></b>	<b><i>11652</i></b>

*Alcohol and Education Program* - The Alcohol and Education Program conducts presentations in schools and colleges and to community-based organizations throughout the county related to drinking and driving, underage drinking, and alcohol and substance abuse. The program also works with the Dutchess County MADD Chapter and the school-based SADD Chapters.

In 2010, 2324 individuals attended educational presentations offered by the Alcohol Educator. In addition, 125 teens attended the SADD Conference.

*Information & Referral Services* - Information and referral services provide substance abuse information and treatment referrals to hundreds of people each year, including individuals, families, students, businesses, law enforcement and educators. CAPE also provides intervention services in the community.

## Division of Chemical Dependency Services...

In 2010, the Community Educator attended ten health fairs and distributed 1,500 pieces of literature. In addition, the CAPE Newsletter was sent to 1,200 individuals.

*Eastern Dutchess Coalition* - CAPE's newest initiative--the Eastern Dutchess Coalition--engages the towns of Amenia, Webutuck, Dover Plains and Pine Plains in the development of a community coalition which addresses growing human services needs, particularly substance issues among youth.

In 2010, the Coalition members completed coalition training provided by the Mid-Hudson Prevention Resource Center and youth surveys were completed by all students in the 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades in all Eastern Dutchess school districts. The surveys measured the developmental assets needed by youth, their community and their schools for healthy living.

*Victim Impact Panel* - The Victim Impact Panel (VIP) is a program that serves the entire community by providing a monthly forum on the painful consequences of drunk driving from people whose lives have been forever changed by a drunk driver. People convicted of Driving While Intoxicated and Driving While Ability Impaired are mandated by the courts 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 2010, there were 450 individuals served.

*Teen Driving: A Family Affair* - The Teen Driving: A Family Affair program brings the VIP model into local high schools as part of the student's application for a parking permit to allow students to drive to school. The program mandates that both student and parent attend this modified VIP, which includes victims of alcohol related crashes as well as representatives from the District Attorney's Office and the insurance industry. Parents and students gain an understanding of the serious physical, legal and financial costs resulting from drinking and driving. Families are asked to create a driving contract.

In 2010, 3,524 youth and their parents attended Teen Driving, A Family Affair. Panel presentations were provided in all school districts throughout the county.

*The Marathon Project* - The Marathon Project is an innovative after-school program that pairs adult mentors with at-risk youth in the cities of Poughkeepsie and Beacon school districts, as well as the Dutchess County Office of Probation & Community Corrections and the Children's Home. The aim is to reduce risk factors such as childhood obesity, school dropout and substance abuse. The 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.

In 2010, 40 students were served and there were 20 adult volunteer mentors.

**Mid-Hudson Library System -  
Health Information Project**

The Mid-Hudson Library System Health Information Project offers a special collection of print, DVD's and internet website providing information about alcohol, tobacco and other drugs. The project also trains youth in media literacy and issued a collection of materials that have been approved by the youth as addressing the presenting issue in a manner that is meaningful to the youth. These special collections are housed at various libraries in Dutchess County.

The Health Information project also offered Class Action, an evidence based prevention program to 18 high risk youth in the Southern Dutchess area.

# Division of Developmental Disabilities Services



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### Coordination of Services

The Division of Developmental Disabilities (DD) Services is responsible for the coordination of services for individuals with developmental disabilities (i.e., autism, mental retardation, cerebral palsy or other neurological impairments occurring before the age of 22). Karen Trokan, LCSW, the Division Chief, provides liaison for the Department with its contract agencies and other service providers in Dutchess County. She works closely with the DMH developmental disabilities contract agencies: Abilities First, Inc. and Dutchess ARC.

Ms. Trokan also serves as liaison to the Taconic Developmental Disabilities Services Organization (DDSO), the regional office of the recently renamed New York State Office for Persons with Developmental Disabilities (OPWDD), formerly the NYS Office for Mental Retardation & Developmental Disabilities. DMH provides regular clinical consultation to Abilities First, Inc. and Dutchess ARC by providing representatives to the Special Review Committees for both agencies. Staff from the Division serve on the County's Early Intervention Coordinating Council.

### Clinic for the Multi-Disabled

The Clinic for the Multi-Disabled (CMD) is a dually-licensed clinic by the NYS Office of Mental Health and the Office of Alcoholism & Substance Abuse Services. Under the supervision of Christine Manning, LCSW, CMD provides out-patient mental health treatment services to developmentally disabled individuals (ages 15 and older) who are mentally ill and/or chemically dependent. CMD utilizes an intensive systems interaction approach to treatment, working in conjunction with the individual's existing community support systems to maximize all possible supports to the individual. CMD staff, representing the disciplines of psychiatry, psychology, social work, and nursing, provides a full range of mental health services including psychotherapy (individual, group, family/couples), psychiatric and psychological evaluation as well as treatment, medication management and crisis intervention.

Services are provided at the main clinic site, 9 Mansion Street, Poughkeepsie, as well as at five satellite locations.

The clinical staff provide advocacy for developmentally disabled persons and consultation and education to agency staff and families who are involved in the care.

A Chemical Dependency Services (CDS) component within the Clinic is certified by the NYS Office of Alcoholism and Substance Abuse Services (OASAS), and consists of a Licensed Clinical Social Worker who provides and coordinates a broad array of outpatient treatment services to individuals 18 years and older who are chemically dependent. The CDS staff also provides educational, consultative, and networking activities with both the developmental

# Division of Developmental Disabilities Services...

disability service providers and the chemical dependency service providers. Psychiatry, psychology, social work and nursing are provided by the CMD staff.

Adolescents and adults with developmental disabilities often require services and supports from more than one system - mental health, social services, housing and other government and voluntary agencies. Coordination of services and service providers benefits patients and caregivers. CMD staff continue to serve on a number of community boards and committees of local agencies which serve the DD population.

<u>Program</u>	<u>No. of Persons Served</u>	<u>Volume of Service</u>
Clinic for the Multi-Disabled	456	5031

## Developmental Disabilities Subcommittee

The Division Chief serves as the staff liaison to the Developmental Disabilities Subcommittee of the Dutchess County Mental Hygiene Board. 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 better understand the range of services.

Members of the  
Developmental Disabilities Subcommittee

*Joyce Carter-Krawczyk*  
*Chairperson*

Karen Arnhold  
Susan Fil  
Jane Keller  
Carl Needy, M.D.

Ronald Rosen, Ed.D.  
Margaret Slomin  
Sandra Swan  
Associate:  
Ronald Lehrer

During 2010, the subcommittee met with administrative staff from ARC's Vocational Center and Abilities First, Inc.'s (AFI) employment services to review performance outcomes for those programs which are under contract with DMH. The subcommittee also follows issues and trends in Dutchess County programs for the developmentally disabled. In 2010, the subcommittee visited AFI's preschool program expansion and Saint Francis Hospital's Martha Lawrence Center serving preschool children with special needs. The subcommittee observed the farm-based respite services provided by New Horizons Resources, Inc.'s at the Briggs Farm location. Members of the subcommittee met with the Director of Children's Services for the Department of Social Services to better understand issues related to individuals with developmental disabilities involved in the legal system, as well as the Deputy

# Division of Developmental Disabilities Services...

Director of the Taconic DDSO to get a better understanding of the significant changes occurring in the State service system.

*Developmental Disabilities Public Forum* - In preparation for the 2011 Local Governmental Plan, the Developmental Disabilities Public Forum for 2011 was held on March 9, 2010. The forum focused on needed or expanded services for developmentally disabled persons and their families. There were over 80 people in attendance and the needs identified were as follows:

- 1) Need to maintain current programming without any cuts to staff and services;
- 2) Need for sufficient activities for students aging out, especially those with high medical needs;
- 3) Need for an email list-server where families could get information about funding developments at the State level, as well as services and activities;
- 4) Need for more respite services;
- 5) Need for more supported employment opportunities in the community for students exiting school;
- 6) Need to adjust expectations in a period of diminished funding, especially in the area of residential development;
- 7) Need for agencies to look at ways to share resources, space and staff to create efficiencies and to be more creative with what resources are available;
- 8) Need for a greater number and variety of recreational opportunities; and
- 9) As always, a need for more and better transportation, especially to work opportunities in the community.

With concerns growing regarding fiscal constraints and reductions, there was a call for greater and more creative collaboration among the provider agencies.

Developmental Disabilities  
March 9<sup>th</sup>

# Division of Developmental Disabilities Services...



Subcommittee Members  
Developmental Disabilities Public Forum Panel

## Mansion Street Mental Health Clinic

With the closure of the mobile mental health unit, formerly known as the Special Services Team, staff were redeployed to the Mansion Street Mental Health Clinic program, which provides traditional mental health clinic services under the supervision of Christine Manning, LCSW, Clinical Unit Administrator. The clinic is slated to grow from a population of 100 individuals served in their homes to a clinic of 300 patients, serving a general adult mental health population.



Christine Manning, LCSW  
Clinical Unit Administrator



Mansion Street Center, Poughkeepsie

### **Developmental Disabilities Planning Council**

The Division Chief serves as Chairperson of the Developmental Disabilities Planning Council (DDPC). The DDPC is composed of directors of voluntary agencies and senior staff of the Taconic DDSO. The Council meets monthly to coordinate services and to engage in county-wide planning for the developmentally disabled. The DDPC provides input each year for the DMH Local Governmental Plan for individuals with developmental disabilities.

In 2010, the local planning process continued with the development of a local plan that integrated service needs for three disability groups - mental health, chemical dependency and developmental disabilities allowing for both individual disability and shared priorities to be set.

### **Conference of Local Mental Hygiene Directors' (CLMHD) Developmental Disabilities Committee**

The Division Chief represents Dutchess County through participation on the Developmental Disabilities Committee of the Conference of Local Mental Hygiene Directors. This committee provides input to OPWDD on major issues in the field, with particular emphasis on how those issues affect individuals and agencies on a county level.

### **Dutchess County Transition Network Committee**

The Division Chief represents DMH on the Dutchess County Transition Network Committee. This committee provides information and coordination to those individuals, families and agencies concerned with the transition of special education students from school to the world of adult activities and services. In 2010, this group again sponsored a series of information nights for students and parents to familiarize them with options available when exiting school. Representatives from BOCES, DMH, the Taconic DDSO, VESID, Dutchess Community College and a number of local agencies provided information needed by families and students preparing for this transition, including information about OPWDD eligibility and the Dutchess County Central Registry.

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

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

The vocational services, funded in part by DMH, are provided in a range of settings to give the appropriate level of training an individual may need. For those requiring basic job or work related skill development, there is a training

# Division of Developmental Disabilities Services...

center that provides a sheltered environment which mirrors a community industrial setting. Examples of work performed are subcontract packaging and assembly work, and various machine operations (e.g., drilling, spooling, shrink wrapping). Increased self esteem and self confidence are direct by-products of this training.

Vocational counseling is provided to foster independence and productivity, with the ultimate goal of a community job placement. Additional services available at this site include day habilitation, literacy training, and volunteer services. For those individuals who have more developed skills, there are community based vocational opportunities in either a group or individual settings, with support provided as needed to lead to an employment opportunity.

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

<u>Program</u>	<u>No. of Persons Served</u>	<u>Volume of Service</u>
Day Habilitation	346	53531
Work Training	240	32287
Waryas House	14	2560
<b><i>TOTALS</i></b>	<b><i>600</i></b>	<b><i>88378</i></b>

## Cardinal Hayes Home for Children

The Cardinal Hayes Home for Children specializes in the care and treatment of young people with severe disabilities. The Franciscan Missionaries of Mary are sponsors of the agency, which has been in operation for 69 years, since 1941. Respite care services are partially funded by DMH.

*Respite Care:* A community respite service provides planned periods of short-term relief to families caring for a developmentally disabled member at home. Respite helps reduce stress and improves the quality of life for all family members. Medicaid waiver respite is also provided for individuals approved for funding.

Other significant services provided by Cardinal Hayes include the following:

- Residential Services
- Service Coordination
- Adult Day Training
- Recreational Services

## Dutchess ARC (a.k.a. ARC, DC)

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 developmental disabilities

# Division of Developmental Disabilities Services...

and their families. Services range from family resources and services coordination to recreational programs, from vocational and clinical services to residential opportunities. ARC employs approximately 300 people at sites throughout Dutchess County.

In addition to the many services available, ARC is experienced in providing consultation to families who may need assistance navigating the system. ARC also has the ability to develop specific services and opportunities based on individual and family needs.

*Vocational Services:* ARC's Career Options Department works to secure meaningful employment opportunities throughout the county based on the individual's preferences and capabilities. Vocational training facilities located in LaGrange and Dover Plains focus on prevocational training. 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.

Services provided by ARC at the Vocational Centers are partially funded through the auspices of DMH.

Other significant services provided by ARC include the following:

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

<u>Program</u>	<u>No. of Persons Served</u>	<u>Volume of Service</u>
LaGrange Workshop	141	19083
Amenia Satellite	33	2933
<b><i>TOTALS</i></b>	<b><i>174</i></b>	<b><i>22016</i></b>

## Taconic Developmental Disabilities Services Office

Staff of the Taconic Developmental Disabilities Services Office (DDSO), the regional office of the NYS Office for People with Developmental Disabilities, has service responsibility for developmentally disabled children and adults from Dutchess County and surrounding areas. Staff work closely with the DMH

# Division of Developmental Disabilities Services...

Division Chief, Developmental Disabilities Services, for community placements and for provision of community-based services.

The Taconic DDSO and the local provider agencies continued to make progress on the down-sizing of the Developmental Center and of the larger community residences through the development of new, smaller residential opportunities and the completion of planned renovations. The DDSO continued to develop community-based opportunities for individuals aging out of residential schools, another top priority.

*Day Treatment Program:* This program, located in LaGrange, serves residents in the Taconic DDSO's Intermediate Care Facilities, Community Residences, Family Care Homes and Individualized Residential Alternatives.

A Behavioral Support Team serves clients in Dutchess and Ulster counties. The group is proving effective in reducing psychiatric hospitalizations. Where such hospitalizations have taken place, the Team has worked well with all parties to affect a planful discharge.

<u>Program</u>	<u>No. of Persons Served</u>	<u>Volume of Service</u>
Day Treatment Program	119	24241

# Division of Administrative Operations



Bayard Stockton Clark, MPA  
Administrative Division Chief

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## Division of Administrative Operations...

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

2010 proved to be an extremely challenging year throughout DMH. The Division of Administrative Operations provided vital support to all units as the Department achieved strong outcomes, including:

- Increasing revenue by increasing productivity of all staff and the amount of billable hours and by providing timely, simple Productivity Reports at the unit level.
- Forecasting the implications of implementing new programs and the impact of revised reimbursement rates by providing senior management with the best calculators and fiscal models and reports in a timely way.
- Selecting the best not-for-profit to take over management of our Continuing Day Treatment (CDT) Program by developing a Request for Proposals and contracting with Occupations, Inc. (OI), the Selected Bidder. The contract is setup in such a way as to ensure continuity of care, minimal disruption of program and replacement of DMH staff with OI staff when a CDT position becomes vacant. OI will be involved in the transition from CDT to a PROS (Personalized Recovery Oriented Services) Program over the next several years before finally taking over the Operating Certificate for the PROS Program.
- Managing the dramatic drop in reimbursement rates especially in mental health clinics and CDTs through reengineering the workplace, redefining roles and responsibilities of staff and by not replacing 28 staff that left the Department during 2010.
- Ensuring the highest and best utilization of all staff by reorganizing some programs such as Hedgewood Mental Health Clinic and Mansion Street and by beginning the implementation of the Rapid Cycle Change Model for improving access and productivity on a program level.
- Improving the quality of our physical structures especially at 230 North Road by replacing infrastructure (lighting, wiring and HBAC/air handlers), performing a deep-cleaning and installing various welcoming features such as a Reception Desk, proper signage inside and outside, security cameras inside and outside and providing name tags to all staff in the building.

## Division of Administrative Operations...

*Increasing Productivity/Reengineering Programs* - Clinic Restructuring (CR) was implemented on October 1, 2010. With the 25% reduction in COPS (State Aid) each year, our mental health clinic services will eventually have no state subsidy beginning April 1, 2013. DMH will find it very difficult to operate clinics without that subsidy. In order to mitigate the impact of CR, DMH began aggressively improving productivity. Each unit negotiated performance targets set at approximately 125% of 2008 actual units of service. The various reengineering activities which DMH has undertaken in 2010 and will fully implement in 2011 will mitigate some of the financial impact of CR. The Hedgewood Mental Health Clinic and the Mansion Street Mental Health Clinic met their annual targets. The transition of the Special Services Unit into being a regular outpatient mental health clinic at Mansion Street dramatically increased the units of service provided. It is worth noting that the units not affected by CR--Intensive Treatment Alternatives Program, Continuing Day Treatment Program, and Partial Hospitalization Program--also met their performance targets.

Our overall goal was to increase staff productivity (measured by the amount of billable direct client contact hours). The Department is approaching this by reengineering workplace practices. Such practices include more and better use of the Anasazi software for treatment planning, direct input of data and more drop-in menus, concurrent documentation which allows staff to develop progress notes with the patient during the regular treatment session, development of centralized calendar scheduling and accelerated intake (reduction in time from first contact to first therapy session). There are many challenges posed by CR. Aside from the dramatic drop in revenue per service, DMH is no longer able to bill for 15-minute therapy sessions, thus providing another disincentive to working with the most chronically mentally ill. Because of the magnitude of the challenge, the Department decided to augment our initial productivity initiative by bringing in an expert, David Lloyd, to help DMH (and our contract agencies) make the sea change required to optimize revenue within the new demands of CR and the NYS Office of Alcoholism & Substance Abuse Services' Ambulatory Patient Groups in 2011. The Department began to apply the key reengineering actions presented by Mr. Lloyd in November 2010.

**Billing Unit**



Pamela Highbridge  
Billing Manager

Throughout 2010, the Billing Unit participated in the Productivity Improvement Initiative by ensuring timely billing of services, working with individual units to make sure they were able to properly record billable units and otherwise aggressively pursuing payments from third insurers and private pay individuals.

In making sure Policies/Procedures are correct and documented, the Billing Unit completed its annual Internal Billing Manual this year. This is important so that there is a clearly stated policy and procedure for all aspects of the billing process. One of the outcomes of this process was the systematic analysis of current policies and procedures and changing them as necessary.

In developing better relations with third-party insurers, the Billing Unit made great gains in ensuring that insurance companies provided reimbursement for billable services.

**Office of Budget & Finance**



Gerald Brisley  
Director, Office of Budget & Finance

## Division of Administrative Operations...

Throughout 2010, the Office of Budget & Finance provided complete and accurate fiscal analysis to guide management decision-making. As mentioned, DMH was faced with unprecedented cutbacks in state aid, reduction in NYS COPS (Community Outpatient Program Supplement) subsidies and reduction in reimbursement rates under Medicaid, as well as a “no-growth” County budget.

By providing management with timely fiscal projections, DMH was able to avert the laying off of staff, adopting a policy of only replacing essential positions. As mentioned above, DMH did not rehire 28 positions which were vacated during the year. This was greatly helped by early and accurate forecasting of the impact of CR and the drop in CDT reimbursement.

By forecasting the most opportune time to convert from CDT to PROS, the Office of Budget & Finance, in concert with the Office of Information Technology, was able to constantly update the NYS Office of Mental Health (OMH) calculator and compare the actual versus projected revenues and expenditures under both CDTs and PROS models. This enabled management to make sound decisions about the timing of the transition to PROS.

### Office of Information Technology



Brian Palmer  
Director  
Office of Information Technology

In making our Anasazi software work better for staff, the Office of Information Technology (OIT) worked closely with DMH and Hudson Valley Mental Health staff to ensure that Anasazi updates became effective tools for case recording for clinicians, tracking of service units for Billing and development of various reports to support management and comply with program requirements. Throughout the year, DMH completed a variety of new updates and programs such as the conversion to a modified electronic record and the implementation of electronic prescribing of medications for our psychiatrics and nurse practitioners.

## Division of Administrative Operations...

*Productivity Reports* - The key to success of increasing productivity is the tracking of service units in a way which can provide constant feedback to management, unit administrators and individual clinicians. OIT continued to refine the unit level management reports to ensure that each unit was able to receive the kinds of reports which were meaningful to them. These productivity reports have proved to be vital tools to monitor and assess productivity of their program and staff. This has also been very helpful in estimating year-end fiscal outlook. OIT has also developed auditing instruments to better track actual revenue.

*Clinic Restructuring (CR)* - OIT implemented the latest Anasazi software updates to DMH and Hudson Valley Mental Health, Inc. systems for the implementation of Part 599 (known as CR). This became very challenging because OMH could only implement parts of the new Part 599 program. The result was that DMH is now able to record all of the new units of service under Part 599, but is unable to bill for them until there is federal approval of the NYS Medicaid Plan.

*Patient Opinion Survey* - The results of the annual Patient Opinion Survey indicates that, despite the many personnel reductions that have taken place, the degree of satisfaction for Department-run programs is high and comparable to previous years. Likewise, the degree of satisfaction over the variables measured in clinic programs run by Hudson Valley Mental Health, Inc. and Lexington Center for Recovery, Inc. is, overall, similar to previous years and at least as high as the degree of satisfaction expressed by patients in DMH-operated programs.

### Buildings & Grounds

*Community Mental Health Center* - The Community Mental Health Center, located at 230 North Road, Poughkeepsie, got a facelift this past year and underwent a deep cleaning--its most extensive since it opened its doors 42 years ago. A representative from each agency at the Center was appointed to an Entryway Task Force, with a mission to create a more welcoming atmosphere and specifically, to create a central Reception Area with signage to guide visitors and patients to this new reception desk. In addition, the outside of the building got a number of touch-ups including new benches and trashcans to spruce up the environment. There is now signage welcoming visitors to 230 North Road and identifying each agencies location in the building.

In addition, DPW assigned Dean Anderson to the Mental Health Center building. Mr. Anderson, with occasional assistance from some staff from the Department of Social Services' CWEP Program (also known as Welfare-to-Work), systematically improved and replaced all lighting, along with many HVAC units, repaired aging mobile structures and built new spaces for secure storage of files.

During September and October, there were very serious acts of vandalism, resulting in 16 windows being smashed in the building itself and the windows in six automobiles completely broken. The result was the installation of 15 surveillance cameras throughout the inside and outside of the building.



At the new Reception Area are Irene Lavenhouse and Barbara VanDeWater

*Rhinebeck Continuing Day Treatment Center* - Part of DMH's strategy for saving funds included the remodeling of the building which houses the Rhinebeck Continuing Day Treatment Center so that it could house Hudson Valley Mental Health, Inc. and Lexington Center for Recovery, Inc. outpatient clinics in Rhinebeck. Also, in an effort to save the expense of long distance telephone charges, DMH negotiated a rewiring of the building so that when the new county IP telephone system is implemented in 2011, the Rhinebeck Continuing Day Treatment Center can be integrated into it. OIT played a key role in planning and designing various aspects of the building IT infrastructure.

### David Lloyd, MTM - "Open Access"

DMH was able to facilitate the application process two grants from the Dyson Foundation to Hudson Valley Mental Health, Inc., and Lexington Center for Recovery, Inc. They were each awarded \$10,000 under their Management Assistance Program. Those funds, coupled with some funds available to DMH, have allowed the three agencies to engage MTM Services, David Lloyd, to assist in the reengineering of our workplaces to dramatically increase access and productivity.

On November 1, 2010, David Lloyd provided a one-day training session aimed at increasing administrative efficiency, staff productivity, and patient access to treatment. There was a separate two-hour presentation for administrative and supervisory staff both from DMH and its clinic-based contract agencies. The rest of the day was dedicated to explaining and training staff in the implementation of concepts like Open Access, concurrent documentation, collaborative treatment planning and centralized scheduling.

## Division of Administrative Operations...

During 2011, all three agencies will systematically implement the multi-faceted Rapid Cycle Change Program, espoused and taught by Mr. Lloyd, which consists of:

- Concurrent documentation;
- Open Access for new patients;
- Centralized Scheduling for all patients through management of all clinicians' schedules three months forward;
- Clarity of roles and responsibilities: Under the model, clinicians only do clinical, billable work while an administrative office manages all non-clinical functions including reminder calls, check-ins, benefit determinations and authorizations, file review and reminders to clinicians and billing protocols to achieve zero non-billable and non-paid visits;
- Policies and Procedures to provide clarity to patients regarding no-shows, etc., and performance standards for each program and clinician; and
- Architectural changes in offices to achieve best patient flow.

### Support Services

In providing administrative and clerical support for all of the units, just as the clinical programs had to absorb losses in staff, so did the clerical staff. Through dedicated effort and a spirit of team work, support staffs from around the Department were able to continue to maintain administrative offices, provide detailed notes of important meetings, transcribe clinical evaluations, manage voluminous files and otherwise support their units. Additionally, a key to reengineering our workplace is the assignment of support staff to assume all non-clinical duties at the program level to ensure that clinicians can be free to see patients all day. This will be a challenging addition to support staff functions as we move into 2011.

An electronic system for checking all staff involved in patient care was implemented. The program, known as *kchecks*, provides a monthly check to ensure that all of our providers are in good standing with Medicare and Medicaid.

The Department has had many challenges in adjusting to the dramatic reductions in reimbursement both at the clinics under CR and at the CDTCs under revised reimbursements. The productivity improvements by staff have been noteworthy. The challenge of tracking information on reassignments, retirements, transfer of staff positions to Occupations, Inc. and the placement

of shared-staff at Hudson Valley Mental Health, Inc., Lexington Center for Recovery, Inc. and Astor Services for Children & Families, fell to the Support Services Manager, Kelle Farinacci. A vacancy control spreadsheet was established and continues to be managed in order to have in place at DMH one record which provides official tracking of staff reassignments and retirements. This has ensured clear communication about comings and going, effective dates and locations of staff while providing other official information.

DMH conducted a vehicle utilization study of usage of its vehicles. The net result was that the programs were able to reduce our fleet by nine vehicles. With the large majority of our budget being personnel costs, any savings in other expenditures has been helpful.

**Service Recognition Awards**

At the Department Meetings for 2010, the following staff were recognized for the number of years they have been with DMH and certificates were presented to each. They are as follows:

May:	John Bruno, LCSW	30
	Tonya Clifford	20
	Michael North, LCSW	25
	Bob Schray, LCSW	20
	John Stern, LCSW	30
	Rita Strother, RN	30
Nov:	Mark Boujikian, MS	20
	Carolann Clifford, RN	25
	Sharon DePaolo	30
	Maryann Dunn, LCSW	30
	Patricia Guercio	25
	Mark Henderson, LCSW	30
	Daphne Murphy	25
	Linda Phillips	20
	Aline Pirrone, LCSW	25
	Young Shin, M.D.	30

# Division of Administrative Operations...



John Bruno, LCSW, (30 years), Michael North, LCSW, (25 years) and John Stern, LCSW (30 years), pictured with Dr. Glatt at the Spring Department Meeting, May 14.



Front Row: Maryann Dunn, LCSW (30 years), Sharon DePaolo, 30 years) Mark Henderson, LCSW (30 years), Aline Pirrone, LCSW (25 years) and Mark Boujikian, CMHC (20 years). Back Row: Young Shin, M.D. (30 years), Dr. Glatt and Patricia Guercio (25 years)

## Outstanding Employee Recognition



At DMH's Fall Department Meeting, November 19, seven employees were recognized for their outstanding contribution to the Department throughout the

## Division of Administrative Operations...

year, their professionalism, dedication and commitment to quality patient care. They are as follows:



Front Row: Jihyuk Han, M.D., Patricia Mazzocca, LCSW, Laura Gardner, Maureen Hernandez, LMSW, and Sharon DePaolo. Back Row: Dean Anderson (DPW), Dr. Glatt and Timothy Hayes

The seven outstanding employees were invited to the holiday luncheon of the Mental Hygiene Board in December 2010.

### Office of Quality Improvement

The Office of Quality Improvement (QI) is overseen by Karen Trokan, LCSW, QI Director, who is responsible for the QI Plan and QI activities of the Department and for the QI measures of the Department’s contract agencies. Kathleen Spencer, RN-BC, as the QI Coordinator, is key player in the QI monitoring process. Corporate Compliance activities fall under the Office of QI, and Ms. Spencer also serves as the Department’s Corporate Compliance Officer.



Kathleen Spencer, RN-BC

### Quality Improvement Committee

The QI Committee is chaired by the QI Director and is composed of members of DMH staff representing a range of functions, disciplines and programs. The QI Committee also includes two members who represent consumers of service and family members.

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, correct areas flagged for quality concerns.

Throughout the year, the Patient Care/Utilization Review Committee monitored quality improvement of DMH-run programs and those operated by our contract agencies, and quarterly the Quality Improvement Committee reviews the performance indicators for our contract agencies.

### Quality Improvement Subcommittee

*Performance Outcomes Subcommittee* - The Performance Outcomes Subcommittee is composed of the Department’s Clinical Division Chiefs and Coordinators and is responsible for monitoring the performance outcomes of DMH contract agencies and DMH’s own clinical units on a quarterly basis. During the quarterly review meeting, the Division Chiefs and Coordinators

discuss staffing issues, trends or concerns impacting the programs and subsequently provide feedback to the programs to improve their outcomes. The QI Director is available for consultation with contract agencies and DMH units on the development of performance outcomes.

### **Safety and Disaster Preparedness**

In conjunction with the activities of the DMH Safety Committee and the DMH Safety Officer, 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.

In 2010, two Tabletop Emergency Drills were conducted:

In May, the Rhinebeck Continuing Treatment Center (RCTC) was asked to respond to a scenario in which 12 patients and four staff developed acute symptoms of intense vomiting, abdominal pain and diarrhea. The source of the symptoms was not known (e.g. virus, food-borne illness), however, the symptoms are severe enough that each of the afflicted individuals required assistance. The response from the Unit Administrator featured an awareness of the need to quarantine affected individuals, coordinate with medical and nursing staff, residential providers and the Department of Health; it concluded with a debriefing of all staff.

In November, the Intensive Treatment Alternatives Program (ITAP) was given the same scenario. The Unit Administrator's response provided a good step-by-step outline for actions taken and outside agencies which needed to be alerted.

Both responses were reviewed by the Department's Safety Committee. The Safety Committee noted that since ITAP's lunches are provided by the Dutch Treat Café, they should have been notified. RCTC's response showed good use of the Incident Command structure.

The responses to the drills were reviewed by Executive Council and distributed on the units for further discussion.

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

*Scheduled Program Reviews* - The Patient Care/Utilization Review Committee (PC/URC) consists of experienced members of DMH staff from a variety of clinical disciplines and units. The PC/URC meets twice monthly to review randomly selected patient records to insure 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. Fiscal issues are monitored as part of the process. A review of safety and the therapeutic environment is conducted at each site visit and any deficiencies are noted for correction.

The PC/URC regularly reviews the clinical records of three of the Department's largest contract agencies--Hudson Valley Mental Health, Inc., Lexington Center for Recovery, Inc. and Mental Health America of Dutchess County, Inc. A separate subcommittee of the PC/URC, privileged in child and adolescent treatment, monitors the records of the Astor Home for Children & Families, Inc. in a similar fashion.

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

*Focused Reviews* - Each year the PC/URC conducts additional focused reviews on specific aspects of care identified during the course of reviews or in Committee discussion. In 2010, four such reviews were conducted:

In February 2010, a re-review was conducted on the records of the Hudson Valley Mental Health Rhinebeck Clinic, subsequent to an earlier review which highlighted weaknesses in the Treatment Plans. Ten records were reviewed and reflected different stages of improvement. Recommendations were offered for improvement in the areas of discharge criteria, reflection of treatment objectives in the progress notes and documentation of areas of impaired functionality in the mental health problem.

In April 2010, a mock Medicaid audit review was conducted on a sampling of records from all Hudson Valley Mental Health clinics. Sixty-eight records were reviewed. The following issues were noted: some Treatment Plans signed over 10 days late by the licensed prescriber; few Treatment Plans signed too early (2 weeks); patient signature missing, although the patient was seen shortly thereafter; not including the year in the date of the note; unreadable signatures and staff not signing with their credential.

In July 2010, a focused review was conducted on the "medication management only" records of the Clinic for the Multi-Disabled and the assessment of medical necessity as documented in the clinical record. Eleven records were reviewed from four different licensed prescribers. Records were reviewed to determine if those individuals stable for long periods of time on non-complex medication regimes could be considered for referral to their primary care physician for continued medication. The committee recommended the development of a form letter for use when such a referral was indicated, increased attention to documentation justifying the need for services being rendered and for treatment plans to show progress being made over time toward specified treatment goals.

In November 2010, a focused review was conducted to monitor compliance with the required lab work schedule as outlined in the Medical & Psychiatric Medication Manual. Each member of the PC/URC visited a

DMH program. One hundred and eighty-four records were reviewed, and the majority of the records were in compliance with the schedule. The Committee recommended more consistent documentation of follow-up when lab work was missing and attention to obtaining baseline and six-month lab work requirements.

### Treatment Outcome Profile Survey

The measurement of treatment outcomes, using patient-specific information, is one aspect of performance outcomes monitoring. Since 2000, DMH has collected data on treatment outcomes across most units using a standard instrument, the Treatment Outcome Profile (TOP) Survey. The TOP provides specific outcome measures in the areas of quality of life, symptomatology and functionality. The instrument is administered on admission and again at discharge or at a later point in treatment. The second administration includes items which measure patient satisfaction as well as changes in symptoms and functionality. There are a small number of questions which track substance abuse.

Throughout the years of its administration, the results continue to confirm positive change in the areas of quality of life, symptomatology and functionality, with some variation across units and from year to year. This year's summary report compared unit performance over the three year period (2008, 2009 and 2010).

### NYS Office of Mental Health - QI Initiative & Psychiatric Services & Clinical Knowledge Enhancement System Project

In 2007, the NYS Office of Mental Health (OMH) offered enhanced funding to Article 31 outpatient clinics agreeing to participate in the OMH initiative--Psychiatric Services & Clinical Knowledge Enhancement System Project (PSYCKES). The DMH Article 31 clinic, which incorporated two units, the Clinic for the Multi-Disabled and the Special Services Team, chose to participate. DMH developed a QI Plan that meets the OMH specifications and this initiative became another of the regularly conducted quality measures for the Department.

In 2008, the OMH QI implemented the new initiative PSYCKES (Psychiatric Services Clinical Knowledge Enhancement System) Project. This initiative seeks to reduce the negative cardiovascular impact of psychiatric medications on the seriously mentally ill through monitoring one of two indicators--cardio-metabolic factors or poly-pharmacy. PSYCKES provides participating agencies with training along with access to pharmacy data on Medicaid patients. The initiative required each agency to choose an indicator to monitor and to identify patients meeting the project criteria. In keeping with the requirements, DMH established a PSYCKES QI Team consisting of the Medical Director, the Nursing Supervisor, the QI Director and the QI Coordinator.

In 2010, following the conversion of the Hedgewood Program from a continuing day treatment program to a satellite of the Clinic for the Multi-Disabled, data from patients enrolled at the Hedgewood clinic were also included in the review.

From the inception of the project through 2010, the PSYCKES QI Team tracked outcomes for 127 individuals identified as meeting criteria for a quality flag related to polypharmacy. Throughout this period, at least two clinical reviews were completed on each patient identified with a quality flag.

In 2010, OMH challenged participating clinics to achieve the goal of a 30% reduction in polypharmacy. By the end of 2010, 34 individuals saw the number of psychotropic medications prescribed reduced so that they no longer met criteria for a quality flag, representing a 26% overall reduction for this high risk group. While this percentage did not quite reach OMH's target, it represents a significant reduction in health risk for those individuals, all of whom have serious and persistent mental illness and significant concerns with respect to possible decompensation. The PSYCKES Project is slated to continue through 2011, when a new quality indicator for "medication dosage exceeding recommended parameters" will be added to the monitoring process.

### Clinical Incident Monitoring

The QI Coordinator presents an annual report to the Executive Council detailing the clinical incidents that occurred during the prior year. Incidents are classified by category--suicide, suicide attempts, deaths, self-injurious behavior, assaults, accidental injury, alleged abuse, medication errors, drug reactions, etc. Annually, the number of incidents occurring in each category is compared with the previous year's report. Trends, if any, are identified and discussed.

In 2010, the total number of incidents reported was 86. This number represents a decrease from the 105 incidents reported in 2009. DMH programs reporting a decrease in incidents were the Clinic for the Multi-Disabled (CMD), Intensive Treatment Alternatives Program, Forensic Assessment Unit, and the Poughkeepsie and Rhinebeck Continuing Treatment Centers (CTC). In 2010, there was an increase in incidents in the categories of suicide, suicide attempts, self-injurious behavior, accidental injury and medication errors. The increase in these categories will be tracked to determine if this trend continues.

### Asasazi Software

In 2010, all DMH units were using the Anasazi electronic record assessments. Two units (CMD and Poughkeepsie CTC) still complete some hand-written progress notes due to geographical and staffing issues. Feedback from staff has been very positive as all become more accustomed to the electronic record. Treatment Plans are now being completed in the electronic record and the

ability to do electronic updates to the plans and assessments has been a time saver.

The Anasazi Project Team continues to modify and add assessments as input from staff identifies areas that need to be addressed. These include recommendations for new assessments, improving existing forms in the system and removing redundant information from documents. In 2011, the Project Team will take a look at several Anasazi updates including a new Clinician's Homepage and an updated Treatment Plan. The Project Team plans to update the Psycho-Social and Mental Status assessments to include a Risk Assessment and to develop a Safety Plan Assessment.

### Corporate Compliance

The Department's Corporate Compliance Committee meets every other month to address compliance issues, regulations, areas of risk, billing matters and to review the compliance reports from record audits. The Compliance Specialist reviews records from each DMH program several times a year and outlines compliance concerns in a written report to which the Unit Administrator replies. This has been an effective tool in helping staff recognize areas of risk surrounding clinical documentation.

One of the goals of the compliance program is to identify services that lack supporting documentation for billing prior to the service being billed. Identifying these services prior to billing is the expectation for an effective compliance plan and in doing so, a lengthy refund process is avoided. The clinical units are improving in this area and it is one of the outcomes monitored by the Compliance Officer.

The Compliance Plan is reviewed annually and updates/additions are made as necessary. The plan was last updated in November 2010. The Office of the Medicaid Inspector General (OMIG) has issued guidance that outlines what a compliance plan has to address in order to meet the Medicaid compliance standard. Each year, DMH must complete an electronic document certifying that it has met those requirements and submit it to the OMIG.

In 2010, the OMIG added an additional requirement. Annually the agency must complete an evaluation of its Compliance Plan; therefore, in 2010, the Compliance Officer completed the evaluation. In 2011, members of the Compliance Committee will complete the plan with the Compliance Officer.

Compliance is an area that DMH continues to monitor and strives to improve. New regulations from many government agencies require that staff be knowledgeable of Federal and State mandates in an effort to eliminate risks involving fraud, waste and abuse as well as protecting patients' identity and privacy. The Corporate Compliance Officer continues to provide training for staff in these areas as new regulations are promulgated.

**Health & Human Services Cabinet’s Performance  
Evaluation Work Group**

Throughout 2010, the DMH QI Director continued to participate regularly in meetings of the Dutchess County Health & Human Services Cabinet’s Performance Evaluation Work Group. Activities of this work group included a review of the County Contract Management Manual, completion of the annual Dutchess County Contract Agency Outcomes Report and the provision of training to county and contract agency staff in areas related to performance outcomes.

# Office of Psychiatric Coordination



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## Office of Psychiatric Coordination...

The Office of Psychiatric Coordination, under the guidance of the Medical Director, Richard Miller, M.D., and the Nursing Supervisor, Betsy Fratz, RN, 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 Office has oversight and management which include:

- Monthly Medical Staff meetings, which 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.
- Clinical Incident Committee meetings, which are chaired by the Medical Director and co-chaired by the Nursing Supervisor. The Clinical Incident Committee reviews all clinical incidents to provide direction in their management and subsequent disposition, as well as to monitor for trends that may indicate a need for further examination to ensure the best and safest possible clinical outcomes.
- 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.
- Oversees the provision of all competency evaluations ordered by local courts to determine whether defendants are competent to stand trial. Evaluations are performed by trained psychiatrists and psychologists and all aspects of these exams, and the subsequent reports, are coordinated and process through the Office of Psychiatric Coordination.
- Provides supervision and clinical direction of the clinical practice provided by the prescribing staff.
- Collaborates with the Nursing Supervisor to assist in overall management of the diverse responsibilities of the Nursing Department.

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

- Management of the Medication Assistance and Sample Programs.

## Office of Psychiatric Coordination...

- Acts as the Public Access Defibrillator Coordinator and maintains all emergency medical equipment.
- Organizes and manages all infection control policies and procedures including collection and disposal of medical waste and maintenance of all nursing supplies throughout the Department.
- Responds to the needs of the community through regular blood drives, Influenza & TB vaccination clinics, oversees participation in various community health-related events, and responds to the Department of Health's request for assistance.

The Nursing Supervisor also acts as the Geriatric Services Coordinator in cooperation with the Office for the Aging.