Message From The Commissioner

I am pleased to report that one of the major goals which the Department hoped to achieve in 2005 has been realized, namely, increasing both inpatient and outpatient beds for mentally ill persons. Nine long-term patients at the Hudson River Psychiatric Center (HRPC), originally from Brooklyn, were transferred to Kingsboro Psychiatric Center, the state hospital for persons from that area, freeing up nine beds for patients needing intermediate or longer term inpatient care. Also, eleven additional supported community beds were funded and have been developed.

Another major endeavor this year was to migrate from the outdated CMHC, Inc. software to the state-of-the-art Anasazi Software System; this has necessitated changing all of our patient records from a paper format to one which is electronic, as well as completely revising all of our fiscal functions. Staff involved in these processes, i.e., those from the Office of Information Technology as well as specific clinical staff, are to be commended for their diligence, patience and creativity in successfully transitioning from the old system to the new one.

Most other goals we set for the year have been effectively implemented, including the recent move of our Chemical Dependency Services Division to a new, larger and more modern facility at 82 Washington Street; the continued refinement of our compliance with the Health Insurance Portability and Accountability Act (HIPAA), especially regarding security regulations; the hiring of new staff to work with mentally ill persons who are on probation and who present in the City of Poughkeepsie Court, paving the way for the establishment of Dutchess County’s first Mental Health Court; the expansion of the indigent patient Medication Assistance Program; the start-up of a Department-wide Wellness Program, and the integration of HRPC’s ACT (Assertive Community Treatment) Team into the Dutchess County community mental hygiene system.

These achievements could not have been possible without the hard work, dedication and talent of Department staff—support, clinical and administrative—with whom I am proud to be associated. I look forward to the challenges of the coming year as we build upon this past year’s accomplishments and continue to do everything we can to improve not only the quality of life for our patients, but also the overall mental health of our community.

Kenneth M. Glatt, Ph.D., ABPP
Commissioner
All comparisons for the quality of life, symptomatology and functionality revealed statistically significant results in a positive direction. This group yielded a patient satisfaction score of 3.92, which is highly consistent with scores of non-mandated DMH patients. The above positive findings are particularly important when it is considered that the patients were not typical DMH patients attending outpatient treatment programs voluntarily, but rather were individuals who were mandated into treatment by courts. An additional aspect of the psychology intern’s study included a comparison of the number of hospitalizations of this group prior to, and subsequent to, the court order. While the data tended to suggest more frequent hospitalizations prior to admission to the program, those results were not statistically significant.

Training: An important function of the Quality Improvement Program is to provide training throughout the system; consequently, three training sessions were held within the past year. One was for all the DMH staff who had not received previous Quality Improvement training. Training was also held for the Developmental Disability Subcommittee of the Mental Hygiene Board and, based on that group’s recommendations, training took place for the Mental Hygiene Board.

Quality Improvement Contribution to the Anasazi Software System Conversion:

1. The development of forms for an electronic record has been a major focus for Quality Improvement staff in 2005.

2. Paper forms are being converted to electronic forms by a team of clinicians, QI staff and personnel from the Office of Information Technology (OIT).

3. The process is rigorous and detailed. The new forms must comply with different OMH and OASAS regulations. Both the electronic record and the paper record must be in compliance.

The Anasazi Fiscal Monitoring Committee met on March 4 to discuss ways of taking steps to resolve some of the issues involved in billing procedures under the new software system.

Fiscal Monitoring Committee members are: Seated, (l-r): Ben Fassett, Programming Supervisor, OIT; Brian Palmer, Director, OIT; Joe Brisley, MBA, Director, Office of Budget & Finance; Helen Traver, Program Assistant, Budget & Finance; Standing, (l-r): Michael North, LCSW, Clinical Unit Administrator, ITAP; Bonnie Kain, Billing Manager; Frank DeSiervo, LCSW, Division Chief, Mental Health Services; Terry Stuart, Division Chief, Support Services. Committee members not pictured: Robert Oppenheim, LCSW, Clinical Unit Administrator, Southern Dutchess Continuing Treatment Center; Margaret Hirst, LCSW, Division Chief, Chemical Dependency Services.
Outcome Studies:

As has been noted in the past, the Quality Improvement Program collects outcome data on patients’ progress in treatment. The instrument used, the Total Outcome Profile System (TOPS), has yielded data for analysis. Specific measures are obtained in terms of quality of life, symptomatology and level of functioning. The instrument is administered at admission (Form I) and discharge or, depending on the unit, at some later point in treatment (Form II). Additionally, on the readmission, a measure of patient satisfaction is obtained. During the past four years, matched data (Form I - II) has been obtained on 1,939 patients and discharge/post-test data on 1,264 patients. Individual statistical analyses are performed for patients by DMH unit. In general, the results suggest statistically significant enhancement of functioning in terms of the factors mentioned above, namely, perceived quality of life, symptomatology and level of functioning.

Data has been collected in the following units:
Partial Hospitalization Program, Southern Dutchess Continuing Treatment Center, Rhinebeck Continuing Treatment Center, Millbrook Continuing Treatment Center, Poughkeepsie Program, ITAP Intensive Outpatient and ITAP Day Rehab and Special Services Team.

GAF Reliability Study: DMH collects Global Assessment Functioning Scale (GAF) scores on admission and at the point of discharge. It was reported in the 2004 Annual Report that the Department is in the process of examining GAF scores (Axis V on Multi Axial Diagnosis) for use as an outcome measure. During this past year, intensive training took place with staff to increase the validity of GAF ratings. Currently, as a function of the Patient Care/Utilization Review Committee, GAF scores are being examined across the Department by one of the trainers. When sufficient data is obtained, correlations between the trainer (an expert) and staff ratings will be calculated, and it is anticipated that, if correlations are of sufficient magnitude, DMH will then formally employ GAF scores as an additional outcome measure.

Research: In the last annual report it was noted that statistically significant progress was evidenced in the treatment of individuals who are ordered into Assisted Outpatient Treatment (AOT). More recently, a psychology intern, Christine Zych-OEllien, has undertaken an extension of this study and has found results consistent with the earlier preliminary findings. This study specifically examined TOPS scores for AOT patients. For the purpose of this study, TOPS scores on sixty-one AOT patients were extracted from the larger DMH pool of data. Admission and post-treatment comparisons were made. Units where AOT data were obtained included the Partial Hospitalization Program, and the Rhinebeck, Millbrook and Poughkeepsie Continuing Treatment Centers. Factors of the TOPS included quality of life, symptomatology and functionality, as well as satisfaction with treatment. It should be noted that satisfaction with treatment is only obtained on the second administration and, consequently, cannot be compared with an admission score.

Dr. Hayden was invited to participate on a subcommittee of the Dutchess County Health & Human Services Cabinet, under the direction of Betsy Brockway, which met on December 5 for a Performance Evaluation Workshop. The purpose of the meeting was to incorporate outcome measures in County-run programs and contracts for human services.

Shown at the workshop are: Seated, (l-r): June Notaro, Youth Bureau; Bridget Goddard, Department of Social Services; Jessica White, Budget Office; Beverly Allyn, Health Department; Carole Lehrer, Youth Bureau. Standing, (l-r): Cathy Lane, Office of Probation & Community Corrections; Betsy Brockway, Director of the Health & Human Services Cabinet, Office of the County Executive; Mary Kaye Dolan, Office for the Aging; Dr. Hayden

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2005 Annual Report

Dutchess County
Department of Mental Hygiene
"We Care For Our Community"

Administration
230 North Road
Poughkeepsie, New York 12601

• Vision
The Department of Mental Hygiene, in fulfilling its commitment to insure 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.

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

William R. Steinhaus
County Executive
Another situation presented to the Millbrook Continuing Treatment Center concerned the notice, upon arrival at work, that some material had been dumped in the unit dumpster. On close inspection, it appeared that the material in question was friable asbestosis. Because the material was uncovered and the wind was blowing, it was determined that this was a hazardous situation.

Again, like the first example, staff had to provide a response to this scenario and discuss the use of an alternate site until the situation was rectified.

Patient Care/Utilization Review Committee (PC/URC): Internal monitoring of all DMH programs by the PC/URC has continued. In addition, those clinical programs administered by Family Services and Lexington Center for Recovery were also examined. At the time of the site visit, each unit was evaluated in terms of safety and the quality of the therapeutic environment. Clinical charts were randomly selected and examined in terms of quality of intake, treatment planning, the treatment process, medication management and other medical issues. Additionally, the appropriateness of the admission and continued stay was evaluated.

In addition to the DMH units and contract clinic programs noted above, the four Astor outpatient clinic programs were audited. This was performed by the Child & Adolescent Patient Care/Utilization Review Subcommittee. A format similar to the above description was followed. All staff on this subcommittee are privileged in child/adolescent treatment. On a regular basis, all PC/URC survey findings are reported to the DMH Executive Council.

The PC/URC also conducts a number of Focused Reviews each year. These are examinations of specific aspects of clinical treatment or practice. In January, a review of the Medication Education Consent Form in a patient chart was reviewed. These are forms which a licensed prescriber should present to a patient when a new medication is prescribed. The purpose of the form is to give a written description of the medication and possible benefits and side effects to the patient. Once reviewed, the patient is asked to sign the form for this treatment. Results of this audit for all DMH treatment units were varied and recommendations were made for improvement. These included the purchase of software so that Medication Education Forms for all medications are available and can be used on all units.

In May, a second focused review was conducted. Patient charts were randomly selected from all DMH treatment units, and psychiatric evaluations/mental status exams were reviewed for content and quality. It was determined that both content and quality of these documents varied among licensed prescribers. Consequently, it was recommended by the PC/URC that a training session on the expectations of documentation for all psychiatric evaluations be scheduled and led by the Medical Director.

Subcommittees of Quality Improvement:

1. Contract Agency Performance Indicators. This group meets quarterly and is composed of DMH staff. It examines and analyzes compliance of contract agency performance indicators with material specified in the agency’s contract with the County. A quarterly report is generated and forwarded to Commissioner Glatt.

2. Contract Agency Site Visits. Quality Improvement representatives, in consort with Mental Hygiene Board members and Subcommittee members, visit selected contract agencies whose programs are otherwise inspected by State licensing agencies. These visits provide DMH with qualitative information in addition to the formal compliance with performance indicators.

The following agencies were visited in 2005: the Mental Health Association’s Teen Challenge Program; the Mental Health Association’s homeless program, The Living Room; and PEOPLE’s Supported Apartment Housing.

Final reports of all such visits are reported to the Executive Council and to relevant Mental Hygiene Board Subcommittees.
Office of Quality Improvement

The DMH Office of Quality Improvement (QI) was established in 1996 to implement and oversee the Quality Improvement Program of the Department. The program is directed by Benjamin S. Hayden, Ph.D. The DMH Quality Improvement Coordinator, Kathleen Spencer, RNC, reports to the QI Director.

There is a Quality Improvement Committee (QIC) composed of professional and administrative staff of DMH, with representation from all major committees of the Department. The QI Director serves as the permanent Chair of the QIC. The Committee’s mission is to provide a comprehensive, organization-wide QI Program that objectively assesses the quality of patient care and identifies, corrects, and monitors patient care problems. Since August 1996, there have been 43 QI Teams which have functioned and, for the most part, have completed their tasks.

Examples of recently completed teams:

(1) Medication Education Consent Form: On an annual basis, units of DMH distribute patient satisfaction surveys. In response to the distribution of that instrument late last year, in the Clinic for the Multi-Disabled (CMD), it was learned that many of the patients who are receiving medications do not understand why they are getting the prescriptions. To respond to this problem, a team was formed under the direction of Mary Babcock, LCSW, Clinical Unit Administrator, to devise wording that would make clear to people who are cognitively impaired the purpose of certain medications. Currently, the new explanations are being used by the licensed prescribers and patients appear to have greater understanding of why certain medications are being prescribed to them.

(2) Pregnancy Policy: In the past, to assist and alert licensed prescribers when writing prescriptions, all appropriate DMH charts have been flagged green for various medical conditions. However, it was observed that pregnancy was not so listed. Consequently, a team was formed to develop a mechanism to flag green should a woman be pregnant or is breast feeding. This team, under the leadership of Kathleen Spencer, RNC, developed all appropriate procedures, and the initiative was actualized as a procedure in June 2005.

(3) Patient Care/Utilization Review Committee (PC/URC) Format: A team was formed under the direction of Dr. Hayden to examine and update the format of the PC/URC (role of committee is explained below). In addition to past practices, it was recommended that during a Patient Care/Utilization Review Site Visit, a closed record be examined. This is consistent with OMH practices during a site visit and, consequently, it was believed would better assist in preparation for such licensing visits. Additional changes included the examination of at least one chart that the unit felt was outstanding. The outstanding chart would be randomly pulled from a pool of several charts in that category as presented by the unit. To enhance the teaching function of the PC/URC, it was recommended that a feedback session, with all unit staff present, be scheduled at the end of the site visit. With staff present, the feedback can function as a training/consultation session for all staff. Finally, it was decided to make recommendations for training as issues would arise in the feedback session.

Safety and Preparedness Issues: Twice a year, Tabletop Emergency Drills are conducted to prepare patients and staff for untoward events as well as to raise consciousness concerning emergency procedures. One such scenario pertained to the Clinic for the Multi-Disabled where in a number of patients and staff were present at the Mansion Street location. One patient seen in a therapist’s office required the use of a wheelchair. A truck carrying explosive material has a severe accident at the parking lot’s entrance to Mansion Street. As a precaution, the City of Poughkeepsie Police ordered that the building be evacuated. In addition, the officers instruct the unit not to let staff leave by the main entrance because of its proximity to the parking lot entrance. Given the situation, staff had to devise an appropriate response including evacuating the wheelchair-bound patient.
This program often starts at the Developmental Followup Program, which is provided in collaboration with Vassar Brothers Medical Center for at-risk infants from in the facility's neonatal intensive care unit.

**Adult Services:**

The Work Training Centers: Funded in part by DMH, the Work Training Center provides basic job skills training in a sheltered setting. The Advanced Work Training Center provides training on various types of machinery (e.g., drilling, spooling, etc.) in the assembly and production of a hand-sewing awl. Other programs include literacy training, support groups, vocational evaluation, volunteer services, counseling, computer skills development, and an Article 16 Clinic.

Integrated Employment Services (IES): This service supports individuals in community-based employment situations by providing individualized job development, intensive job coaching, and long-term follow along services. The School to Work program offers students ages 14-21 who are in special education the opportunity to gain community-integrated work experience while still attending school. Currently, IES is seeking funding for the creation of a Life Skills Enhancement Center to address the unmet needs of young adults.

Day Treatment and Day Habilitation Services: Day treatment and day habilitation services are provided to adults in small community-based programs throughout Dutchess County. The goal of the programs is to provide opportunities for individuals to participate in and contribute to their local community in businesses, service and religious organizations, social centers, parks and gyms.

Residential Services: This service provides over 90 mild to moderately disabled adults with assistance toward the goal of attaining independent living. The programs offer training in money management, cooking, Assistance in Daily Living (ADL) skills and public transportation access. The training takes place in a variety of community living facilities which the agency provides. Assistance is also provided for socialization and community integration.

**At-Home Residential Habilitation:** Services are offered to individuals who live at home, with assistance in personal care, meal preparation, money management and household skills.

**Social Work:** Services are offered to children or adults and their families. The counseling enables them to achieve independence and community involvement in all areas of their lives, and parents are assisted in their emotional needs. Service Coordinators knowledgeable of community resources provide referral and linkage to community services.

<table>
<thead>
<tr>
<th>Service</th>
<th>No. of Persons Served</th>
<th>Volume of Service</th>
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<tbody>
<tr>
<td>Day Treatment</td>
<td>109</td>
<td>22,757</td>
</tr>
<tr>
<td>Work Training</td>
<td>347</td>
<td>44,818</td>
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<tr>
<td>Waryas House</td>
<td>23</td>
<td>5,279</td>
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<tr>
<td>Total</td>
<td>479</td>
<td>72,854</td>
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**Taconic Developmental Disabilities Services Office (DDSO)**

Day Treatment Program: The program, located in the Town of LaGrange, serves residents in the Taconic District's Intermediate Care Facilities, Community Residences, Family Care Homes and Individualized Residential Alternatives.

Taconic DDSO recently piloted a Behavioral Support Team 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 effect a planful discharge. In 2005, the Team addressed 31 referrals from agencies in Dutchess County.

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<thead>
<tr>
<th>No. of Persons Served</th>
<th>Volume of Service</th>
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<tr>
<td>112</td>
<td>22,070</td>
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Cardinal Hayes Home For Children

Cardinal Hayes Home 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 sixty-five years. A community respite care service is partially funded by DMH.

Residential Services: The agency operates seven Intermediate Care Facility (ICF) residences on the Millbrook campus. Situated on 70 acres, the campus program serves 60 severely disabled children and young adults. The agency also serves an additional 50 young people in a network of five community-based ICF residences located in several towns.

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. Over 4,500 hours were provided in 2005 for families burdened with extraordinary care.

Service Coordination: Casework services for families and individuals seeking assistance in obtaining therapies and other support services is available.

Educational Programs: The Cardinal Hayes School serves students with extensive educational needs. Classes are staffed by certified teachers and aides. Speech, occupational, physical and music sensory therapies plus adaptive recreation activities are an integral part of the curriculum.

Adult Day Program: The agency operates specialized day activities for multi-handicapped individuals over 21 years of age. Entitled WATCH (Work Activities Training At Cardinal Hayes), the program offers prevocational training, daily work opportunities and habilitation services. WATCH also provides a transitional work-study component for severely disabled students in need of functional work skills.

Recreational Services: A Group Activities Program (GAP) is offered during extended breaks in the school calendar. The program provides stimulating recreational and social opportunities for the students, and gives families respite during these times.

REHAB Programs, Inc.

Children's Services:

Educational, Preschool: The First Step Preschools in Beacon and Poughkeepsie serve over 50 children ages 3-5 years with moderate to multiple disabilities. Academic and socialization opportunities are provided for special needs students through their collaboration with the Astor Head Start Program, located at both sites.

Educational, School: The School, with its main location at the Mental Health Center, 230 North Road, serves approximately 100 children ages 5-21 who have moderate to severe multiple disabilities. Both educational programs offer classroom instruction (including use of computers), adaptive physical education, art, music, group socialization, physical, occupational, vision, speech therapies and social work services. The program's goal is to prepare students for independent and productive futures. The school also promotes the mainstreaming and integration of students with non-handicapped peers via satellite classrooms and community experiences.

Medical Rehabilitation Clinic: This clinic is the largest provider of outpatient pediatric therapy in Dutchess County, serving over 1,200 children and adults per year. Services include: physical, occupational and speech therapies, social work, service coordination and physical medicine. Services are provided through the outpatient programs at the main clinic site at 230 North Road and at various satellite clinics. Services are also provided in several school districts and other locations throughout the County.

There is also the Program for Augmentative Communication Enhancement (P.A.C.E.), which uses assistive technology to facilitate communication with others, and an Infant and Parent Program, which provides clinical services to children ages birth to three.

2006 Members

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)

Frank J. Falanga, Chair
James H. Warner, III, Vice Chair
Almerin O’Hara, Secretary

Susan D. Blodgett
Joyce Carter-Krawczyk, LMSW
Diane M. Cicatello, MD
Falisia Cotten, LCSW
James J. Fealey
Russell Myers

Julie Renda
Paula Sarvis
E. Mark Stern, Ed.D., ABPP
Roger Tumbarello, Ph.D.
Carolyn S. Young
Dutchess ARC
(a.k.a. ARC, DC)

Dutchess ARC, a chapter of NYSARC, Inc., is one of approximately 50 across New York State. The agency offers a full range of services to Dutchess County residents with developmental disabilities and their families. Services range from family resources and services coordination to recreational programs, from vocational and clinical services to residential. ARC employs over 300 people at 23 sites—in Poughkeepsie, Amenia, LaGrange, Pleasant Valley, Hyde Park, and Wappingers Falls.

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

Vocational Services: ARC works to secure meaningful employment opportunities throughout the county based on the individual's preferences and capabilities. Vocational Training facilities located in LaGrange and Amenia 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 followup services are also provided by the staff. Students transitioning from the educational model can find exploration and training experiences through transitional service options. The Vocational Centers are partially funded by DMH.

Other significant services provided by Dutchess ARC include the following:

Clinic Services: A full complement of clinicians offer Article 16 clinic services in a variety of settings and locations throughout the County and in other day programs, work sites and individual homes. Services include rehabilitation counseling, psychological testing and counseling, social work, occupational therapy, diet and nutrition counseling, podiatry and social/sexual assessment and treatment.

Day Services: These services focus on the development of a person's independence and individuality through inclusion in their communities.

Family Support & Educational Advocacy: Navigating the service system can be a frustrating experience. Offered are guidance and assistance for families who may need some support or have questions to ask.

Guardianship Program: This unique service of Corporate Guardianship provides lifelong assistance and advocacy to individuals within Dutchess County who have been left with no one to advocate for them. Dutchess ARC has the ability to serve as the legal guardian for individuals who may not have a family or extended family to serve in this capacity. The Guardianship Program additionally can serve as a resource in providing information to interested families and other community organizations by offering guidance and assistance in guardianship matters.

Recreation & Youth Services: A full array of recreational opportunities are available through the Adult Recreation Club and Teen Club. Dutchess ARC provides after school services.

Residential Options: A variety of options are available for those seeking placement outside their family residence. Depending upon the desire and capability of the person, ARC provides appropriate supervision and guidance to individuals who require 24-hour care, as well as those who can manage with less. Also provided are residential habilitation services to persons in their own homes.

Service Coordination Department: Similar to other organizations within our community, the Service Coordination Department provides individualized linkage and referral for adults and children to services requested by themselves or their family.

<table>
<thead>
<tr>
<th>No. of Persons Served</th>
<th>Volume of Service</th>
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<tbody>
<tr>
<td>LaGrange Center</td>
<td>148</td>
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<tr>
<td>Amenia Center</td>
<td>71</td>
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<tr>
<td>Total</td>
<td>219</td>
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Dr. Benjamin S. Hayden presented an inservice on "Autistic Spectrum Disorders" on April 12 from 3-5 p.m. at 230 North Road. The talk was divided into four parts: History and Characteristics; Diagnosis; Treatment and Education; and Hot Topics. Shown with Dr. Hayden: Standing, (l-r): Bonnie Scheer, LCSW, Director, Office of Community Services; Lusa Hung, Psychology Intern; Mac White, Dutchess County Mobile Team; Liz Angley, Social Work Intern; Colleen Mahoney, Social Work Intern.

Older who are chemically dependent. The CDS staff also provides educational, consultative and networking activities with both the developmental disability service providers and the chemical abuse service providers. Administrative and ancillary service needs such as 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. A multi-faceted approach to service delivery may be necessary (e.g. mental health, social services, housing and other government and voluntary agencies). Coordination of services and agencies benefits both patients and caregivers. Staff continue to serve on a number of community boards and committees of local agencies which serve the DD population.

The New York State Office of Mental Health (OMH) conducted a recertification visit in May. During the two day process, all satellite clinic sites were visited, as well as a review of patient records. The Clinic received a two year (Tier II) certification with praise for the excellent quality of psychiatric evaluations, as well as the effective and appropriate uses of the group modality.

As part of an OMH Quality Improvement initiative, the CMD will be developing an agency satisfaction questionnaire which will be administered on a regular basis to measure outside agency satisfaction with the work of the Clinic.

David Stetson, Ph.D., retired in June after fifteen years with the CMD; Lou Calabro, Ph.D., ABPP, was hired in July to replace Dr. Stetson. Dr. Calabro is a Neuropsychologist with expertise in the areas of Traumatic Brain Injury, Dementia and Psychological Testing.

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<th>No. of Persons Served</th>
<th>Volume of Service</th>
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<tr>
<td>428</td>
<td>8,917</td>
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During the 2005 Public Forum, held on March 15, concerns expressed included requests for after school respite/recreational services and increased summer programs, including employment. The need for more specialized medical services for people who are developmentally disabled was expressed. SPEAKOUT, the self-advocacy group, strongly expressed their concerns regarding staff vacancies and turnaround in residential programs. The group also voiced their desire for the agencies to develop smaller, more home-like residences, as opposed to the larger more institute-like facilities.

their unmet needs with existing opportunities. In the absence of such opportunities, the needs are noted and get transferred into the DMH Local Governmental Plan where an initiative to address the need is presented.

Another group, one initiated by the Taconic DDSO, examined the needs of people with developmental disabilities who are in crisis. The work of this committee resulted in the development of the DDSO’s Behavioral Intervention Services Team in 2004. The team started functioning in the spring and, by the year’s end, its efforts appeared effective in reducing hospitalizations, reduced visits to hospital emergency departments and better hospital discharge planning. However, it was quite clear that requests for service far outstripped the capacity of the staff. Consequently, with the backing of the Developmental Disabilities Subcommittee, Dr. Hayden provided testimony at OMRI’s public hearing, held in March, at which he advocated for increased staff. Additionally, in the testimony, he stressed the need for the development of short-term crisis beds to assist the team with precluding some psychiatric admissions, and in reducing length of stays when such admissions occur.

For two days in May, the DDPC, in collaboration with Dutchess County BOCES, sponsored a house tour of OMRI certified residences. This included Dutchess ARC, REHAB, New Horizons and Greystone. Over the two days, forty individuals (including parents and students transitioning from special education as well as special education personnel) took the tour. During the travel time, representatives of BOCES and the Taconic DDSO summarized information that families and consumers should know as clients transition to adult life. The information included OMRI eligibility criteria and applications to the DMH Central Registry. In general, the tours were considered quite successful.

Clinic for the Multi-Disabled

The Clinic for the Multi-Disabled (CMD), under the supervision of Mary Babcock, LCSW, Clinical Unit Administrator, provides outpatient mental health treatment to mentally ill, mentally retarded developmentally disabled individuals ages 15 and older. 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 person. CMD staff, representing the disciplines of psychiatry, psychology, social work, nursing and alcohol counseling, provide 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 in various areas in the County.

The clinical staff also provide advocacy to developmentally disabled persons in addition to providing consultation and education to staff of agencies or to families who are involved in the care, treatment and/or management of the person or persons requiring the service.

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
**Division of Developmental Disabilities Services**

**Coordination of Services**

The Division of Developmental Disabilities (DD) Services is responsible for the coordination of services for persons who have developmental disabilities (i.e., autism, mental retardation, cerebral palsy or other neurological impairments occurring before the age of 22). Benjamin S. Hayden, Ph.D., the Division Chief, provides liaison among the Department, its contract agencies and other service providers in Dutchess County. In this capacity, he works closely with the following DMH contract agencies: REHAB Programs, Inc., Dutchess ARC, and Cardinal Hayes Home for Children, as well as the Taconic Developmental Disabilities Services Organization (DDSO), which is the regional office of the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD). Specifically to REHAB and Dutchess ARC, the Department provides clinical consultation as members of the agencies’ special review committee.

The Division Chief also serves as Chairperson of the Developmental Disabilities Planning Council (DDPC). This is a group composed of directors of voluntary agencies, as well as senior staff of the Taconic DDSO. The Council reviews and coordinates services for persons who are developmentally disabled. An important function of the Council is to provide consultation relative to the development of the DMH Local Governmental Plan for People with Developmental Disabilities.

In addition, the Division Chief represents Dutchess County when participating in the work of the DD Committee of the Conference of Local Mental Hygiene Directors. The committee provides input to OMRDD on major issues in the field as those issues pertain to County government. DMH is also represented by Dr. Hayden on the Dutchess County Transition Network Committee. This committee examines issues regarding the transition of students in special education to adult activities and occupations. In 2005, the group sponsored an information night for parents; they also sponsored a tour of selected residential opportunities with the purpose of acquainting parents, consumers and school personnel with the range of living arrangements.

The Division Chief serves as staff liaison to the Developmental Disabilities Subcommittee of the Dutchess County Mental Hygiene Board. Subcommittee members are involved in planning for services and also perform a vital role in monitoring the performance of contract agencies. During the year, members participated in a number of agency site visits to examine aspects of contract compliance and, in cases of non-contract agencies, the visits function to inform members regarding the mission of specific programs. In 2005, a site visit to the Anderson School took place. Additionally, at the request of the Subcommittee, Dr. Hayden led a training session on issues concerning OMRDD eligibility criteria.

**STAFF TOURS CENTER**

At Commissioner Glatt’s invitation, executive staff from County Executive William Steinhaus’ Office toured the Mental Health Center on June 23, and visits to other DMH facilities were scheduled for July 6. The intent of the visits is to acquaint them with the various services and programs offered through DMH and its contract agencies. One of the staff, Betsy Brockway, serves as Director of the newly formed Health & Human Services Cabinet, which is composed of the Commissioners and Directors of several County Government departments, including DMH.

**HIGHLIGHTS OF THE YEAR - 2005**

**RESERVE CORPS TRAINING**

An all day training session for volunteers with expertise in mental health took place on May 13. Sponsored by the Northern Metropolitan Health Care Foundation, this disaster mental health training covered a wide range of topics dealing with disaster preparedness and Reserve Corps responsibilities.

**CONFERENCE ON DISORDERS**

On Friday, October 14, the Mid-Hudson Dual Recovery Task Force, in collaboration with DMH, cosponsored a conference entitled “Integrating Treatment of Individuals with Co-Occurring Disorders.” The Presenter was Dr. Kenneth Minkoff, Clinical Assistant Professor of Psychiatry, Harvard Medical School. There were over 200 people in attendance, with 47 of them being DMH staff. Frank DeSiervo, LCSW, Division Chief, Mental Health Services, indicated that Dr. Minkoff was a very inspiring presenter, and that the conference provided some tools that staff can use, and he would like to see the types of treatment presented infused through out the Department.
cepting the award from Dr. Glatt on behalf of the staff is Beth Alter, LCSW, Clinical Unit Administrator. The presentation took place at the Year 2005 Management Meeting held in February.

PLAZA HEALTH FAIR

Upwards of ninety persons attended the annual Public Forums on Service Needs For persons with Developmental Disabilities, which took place on Tuesday, March 15, from 4-6 p.m. in the Multi-Purpose Room. Some of the major concerns raised pertained to direct-care staff turnover, Medicaid reform issues and stigma. Also, people want to live in smaller, family-like settings, not large community residences. Other issues pertained to opportunities for summer employment and mainstreaming into the regular school system. According to Dr. Benjamin S. Hayden, Division Chief, DMH Developmental Disabilities Services, it was the largest turnout ever.

BIO-FEEDBACK EXPLAINED

"Non-Invasive Regulation of the Nervous System: Bio-Feedback and Neuro-Feedback" was the subject of an inservice held on February 25. The presenter, Dan Meyer, Ph.D., who is in private practice in the area is also the Clinical Director for Devereux Foundation in Red Hook and a past president of the Hudson Valley Psychological Association.

Dr. Meyer is shown at the inservice with Meghan Lynch, Psychology Intern (left) and Lusa Hung, Psychology Intern.

DEVELOPMENTAL DISABILITIES FORUM

The staff at Rhinebeck Continuing Treatment Center were commended for their outstanding service in assisting residents who had been displaced from their homes as the result of a fire. Staff worked evenings and weekends, making arrangements for food, clothing and alternative housing. The staff were recognized for their dedication, compassion and resourcefulness in assisting the residents of "Our House" in their time of need.

Accepting the award from Dr. Glatt on behalf of the staff is Beth Alter, LCSW, Clinical Unit Administrator. The presentation took place at the Year 2005 Management Meeting held in February.

Council Services Provided in Year 2005:

Student Assistance Programs:

<table>
<thead>
<tr>
<th>Service</th>
<th>Individuals Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Presentations</td>
<td>382</td>
</tr>
<tr>
<td>Students Attending</td>
<td>21,158</td>
</tr>
<tr>
<td>Professionals Attending</td>
<td>1,140</td>
</tr>
<tr>
<td>Parents/Community</td>
<td>3,662</td>
</tr>
<tr>
<td>Individual Counseling Sessions</td>
<td>3,550</td>
</tr>
<tr>
<td>Group Counseling Sessions</td>
<td>232</td>
</tr>
<tr>
<td>Group Participants</td>
<td>1,044</td>
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<tr>
<td>Family Counseling Sessions</td>
<td>421</td>
</tr>
<tr>
<td>Family Participants</td>
<td>569</td>
</tr>
<tr>
<td>LifeSkills Training</td>
<td>315</td>
</tr>
</tbody>
</table>

Total Units of Service: 13,301

Community Educator/Alcohol Highway Traffic Safety Educator:

<table>
<thead>
<tr>
<th>Service</th>
<th>Individuals Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentations:</td>
<td></td>
</tr>
<tr>
<td>Teen Driving...A Family Affair:</td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>1,085</td>
</tr>
<tr>
<td>Parents</td>
<td>1,513</td>
</tr>
<tr>
<td>Materials Distributed</td>
<td>30,889</td>
</tr>
<tr>
<td>Victim Impact Panel (VIP)</td>
<td>1,075</td>
</tr>
</tbody>
</table>

Tobacco Free Youth Initiative:

<table>
<thead>
<tr>
<th>Service</th>
<th>Individuals Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>LifeSkills Training</td>
<td>400+</td>
</tr>
<tr>
<td>Teens Against Tobacco Use:</td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>163</td>
</tr>
<tr>
<td>Elementary</td>
<td>600+</td>
</tr>
<tr>
<td>Smoke Screens</td>
<td>390</td>
</tr>
</tbody>
</table>

The project website (http://hip.midhudson.org) is maintained to provide ease of access and borrowing of materials. In 2005, 2,336 health informational items were disseminated through library circulation, and 80 area agency and library meetings and workshops were conducted to promote visibility of the project’s offerings. In addition, an article about the project was featured in the December issue of VOYA’s "Voices of Youth Advocates" for its innovative work providing community-based prevention services through public libraries.
information and referral services to youth and families in Dutchess County since 1987.

**Student Assistance Program** provides supportive and prevention counseling and education as well as science-based programs such as Project Success and Life Skills Training to thirteen schools in seven school districts. The demand for these services has increased substantially in the last few years.

**Alcohol and Highway Traffic Safety/Community Educator (AHTSE)** provides prevention education to schools and community organizations throughout the County. It is funded jointly by New York State and STOP DWI. In 2005, presentations were provided to students, educators and community groups. Prevention education was provided across curriculums, bringing the message to more students and promoting a consistent message of responsibility. A new program, "Getting Ready for Middle School" was provided to assist elementary school students in transitioning to middle school. The Educator continued to work with SADD chapters to reduce drinking and driving.

**Victim Impact Panel (VIP)** continued to operate during the year. The program involves people whose lives were harmed by someone’s drinking and driving. They tell their painful stories to offenders convicted of driving while under the influence of alcohol. The program served over 1,000 DWI offenders in 2005.

**College Consortium**, coordinated by the Council, is a group of representatives from the various local colleges. In 2005, the group worked to address the issues of underage and binge drinking on college campuses. The Consortium sponsored a theatrical prevention program that was presented to students at Marist College, Vassar College and the Culinary Institute of America.

**Professional Education Program** presented its annual fall and spring series, providing eleven workshops for substance abuse professionals on such topics as pharmacology, family therapy, Fetal Alcohol Spectrum Disorders, Neurofeedback, Gambling and Interventions. The annual conference focused on Self Destructive Behaviors. The Council, in collaboration with Bolger House and DMH, presented an annual Recovery Day event.

**Tobacco Free Youth Initiative (TFYI):** The Council, through funding from the Children’s Services Council, brought tobacco prevention research-based programs, including Life Skills Training and Teens Against Tobacco Use (TATU) into elementary and middle schools and summer camp programs throughout Dutchess County. The program also provided tobacco education and Media Literacy programs for students and educators.

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CULTURES OF RECOVERY

On April 29, staff gathered at the Mental Health Association (MHA) to hear agency personnel discuss the different approaches their programs take with the people they serve.

ANASAZI TEAM MEETS

Plans to continue to move forward with the Anasazi Software System as a viable replacement for the outdated CMHC, Inc. software were discussed at a meeting of team members on April 12. Officials from Anasazi had met earlier in April with key staff from the DMH Office of Information Technology. The new, state-of-the-art system has necessitated changing all of our patient records from a paper format to one which is electronic, as well as completely revising all of our fiscal functions.

As part of the Anasazi Assessment and Treatment package, two forms, the Discharge Summary and Flagg Assessment were set up to be used electronically and more were to follow.

Team members meet: Seated, (l-r): Olga Mirabliblo, Support Services Assistant, Mental Health Services Division; Joan Micucci, Support Services Manager; Brian Palmer, Director, Office of Information Technology; Holly Greer, LCSW, Educational/Vocational Coordinator; Melissa Waterman, LCSW, Social Worker II, Partial Hospitalization Program. Standing, (l-r): Michael North, LCSW, Clinical Unit Administrator, Intensive Treatment Alternatives Program; Pat McLaughlin-Koutsoukos, Secretary, Developmental Disabilities Services Division; Kathleen Spencer, RNC, Quality Improvement Coordinator; Betty Picciulo, Community Mental Health Aide, Rhinebeck Continuing Treatment Center; Christine Manning, LCSW, Supervising Social Worker, Poughkeepsie Continuing Treatment Center.

DISPLAYS AT GALLERIA

Agency displays at the Poughkeepsie Galleria during the week of May 2-6 launched this year’s observance of “May Is Mental Health Month.” Nine local agencies were on hand with educational materials.

At the Galleria, (l-r): Karina Nolasco, Student Intern, Marist College; Cynthia Fiore, Taconic Resources for Independence; Dr. Roger Christensen, Hudson River Psychiatric Center; Betsy Naughton, Mental Health Association.

The Turning Point Saint Francis Hospital

The Turning Point at Saint Francis Hospital/Beacon provides comprehensive chemical dependency treatment including acute medical detoxification services, inpatient rehabilitation, and all levels of outpatient treatment.

The MARC 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 13-bed three-quarterway house in the Town of Poughkeepsie for men and women.

During 2005, both staff and clients remained extremely active in community affairs directly and indirectly related to chemical dependency services. In addition to participating on numerous committees, MARC staff and clients attended and spoke at the DMH Public Forum on Service Needs of Chemically Dependent Persons, and participated in the March to End Homelessness. The agency continued as an active partner in the planning process for the Road to Recovery Program. The program began operation last year and served seven participants at Bolger House in 2005.

Working with the Dutchess County Department of Planning, MARC secured federal HUD funding and established four additional rent-subsidized, sober apartments. The apartments offer safe, affordable places to live as individuals in treatment (and their families) make the transition to independent living. A Community Development Block Grant funded enhanced vocational services beginning in April.

No. of Persons Served 412
Volume of Service 3,558

The 31-bed Detoxification Unit admits individuals detoxing from all substances, and provides care under medical supervision with 24-hour medical, nursing and counseling staff. Admission to the Unit takes place at all hours, 365 days a year. 924 individuals were served in 2005.

The Inpatient Rehabilitation Program provides care for individuals who have been determined to require intensive education and treatment about the impact that addiction has had on their lives, their families and their desire to lead a productive life. The program offers specialty treatment tracks for individuals with co-occurring disorders, providing psychiatric care as well as addiction recovery therapies. Rehabilitation treatment is provided with varied length-of-stays based on the person’s needs. Continuing care sets in place the supports necessary for successful transition to less intensive levels of aftercare upon discharge. 1,157 patients were served in 2005.

An Outpatient Program provides intensive care three to four times per week and consists of a structured program of group and individual therapies with focus on anger management, life skills workshops, family therapy and relapse prevention. There is also an Outpatient Day Rehabilitation Program which provides six hours of treatment per day, five days a week, with a variable length-of-stay for up to six months. This program consists of lectures/discussions, individual and group therapy, life skills and communication workshops, relapse prevention and recreational/leisure skills development. There are also specialized tracks for treatment of co-occurring disorders. Outpatient visits totalled 9,295.

All programs are licensed by OASAS and accredited by (JCAHO) the Joint Commission on Accreditation of Healthcare Organizations.

Dutchess County Council on Alcoholism & Chemical Dependency, Inc.

The Council has been providing school-based and community substance abuse prevention, education,
Vocational planning for both men and women is offered via group education on a regular basis in the intensive programs. Groups and individual appointments are available on-site with the DMH Vocational/Educational Coordinator, who provides assistance for those seeking employment opportunities and training. Also in conjunction with DMH, a DMH Case Manager has an office on-site at the Manchester Road clinic, providing clients with case management services on a case-by-case referral basis.

In 2005, LCFR implemented a child care service five mornings per week as needed for young children of clients at the Manchester Road site. The service was developed to afford the clients an opportunity to bring their children to the facility so that babysitting needs would not be an obstacle to keeping appointments for treatment.

Clients with co-occurring disorders (i.e., dually diagnosed with substance abuse and mental illness) continued to receive specialized services, including a day-time focus group and an evening Dialectical Behavior Therapy (DBT) Coping Skills Group.

In an effort to help meet the needs of uninsured clients, LCFR maintains a sample psychotropic medication program and medications are dispensed on a case by case basis from the physician inventory. If a particular medication is not available, application is then made to the DMH Medication Assistance Program.

Lexington continues to interface with allied human services agencies in the area for services to their clients, (e.g., Hudson River Community Health, which provides primary health care and referrals and the Dutchess County Community Action Agency for insurance and other entitlements).

In 2005, LCFR expanded adolescent group treatment services at the Poughkeepsie site where family involvement is strongly encouraged, and family sessions are performed fairly regularly. Group sessions also take place at the Beacon and Eastern Dutchess sites. The agency continues to work closely with Saint Cabrini Home’s adolescent clients in Dutchess County group homes by providing weekly group and individual therapies. In addition, in November, the Center resumed offering adolescent treatment in the Division for Youth’s (DFY) secure residential facility located in Red Hook. In 2006, LCFR will expand their adolescent services in conjunction with the implementation of the Dutchess County Adolescent Drug Court.

Methadone Program: For those who are addicted to opiates, LCFR 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 also attend chemical dependency treatment at the Manchester Road site to assist them in maintaining abstinence from other drugs while receiving methadone.

No. of Persons Served Volume of Service

<table>
<thead>
<tr>
<th>Location</th>
<th>No. of Persons Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester Rd.</td>
<td>1,771</td>
<td>31,066</td>
</tr>
<tr>
<td>Millbrook</td>
<td>79</td>
<td>625</td>
</tr>
<tr>
<td>Beacon</td>
<td>304</td>
<td>4,709</td>
</tr>
<tr>
<td>Eastern Dutchess</td>
<td>196</td>
<td>2,296</td>
</tr>
<tr>
<td>Rhinebeck</td>
<td>143</td>
<td>1,477</td>
</tr>
<tr>
<td>Methadone Program</td>
<td>298</td>
<td>43,165</td>
</tr>
<tr>
<td>Total</td>
<td>2,543</td>
<td>80,000</td>
</tr>
</tbody>
</table>

Mid-Hudson Addiction Recovery Centers, Inc. (MARC)

The Mid-Hudson Addiction Recovery Centers, Inc. (MARC), an affiliate of the Department, 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. It also serves non-intoxicated persons at high risk of relapse as they prepare for placement in chemical dependency treatment facilities. MARC also operates a

CHILDREN’S FORUM

A nice mixture of service providers and consumers were in attendance at the Public Forum on Service Needs of Children and Youth with Mental Illness, held on May 2 at the Mental Health Center. The meeting was sponsored by the Children & Youth Subcommittee of the Dutchess County Mental Hygiene Board.

No. of Persons Served Volume of Service

<table>
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<tr>
<td>Total</td>
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<td>80,000</td>
</tr>
</tbody>
</table>

MENTAL HEALTH DISPLAY

One of the many ways in which public information is disseminated during “May Is Mental Health Month” is this billboard at North Road and West Cedar Street in the Town of Poughkeepsie.

INSERVICE ON LEGISLATION

"Duty To Warn Legislation" was the topic of an inservice held on May 6. The proposed New York State law deals with a therapist's breaching of confidentiality in cases of patient threats of suicide or homicide. David Crenshaw, Ph.D., Presenter, chairs the New York State Psychological Association’s Legislative Committee dealing with the subject.

FAMILY DAY HELD

On Saturday, May 21, DMH was invited by Brown Chiropractic to host an exhibit at Wappingers Family Fun Day, held on the grounds of the New Hackensack Fire Department. There were games, rides, food and fun for both children and adults.

At the DMH exhibit were: Jenn Burke (left), Brown Chiropractic Staff Coordinator; and MaryAnn Lohrey, MS, DMH Communications Director.
ART SHOW DEBUTS

Works by artists in the Continuing Treatment Centers were on display at the Mental Health Association Gallery, 510 Haight Avenue, Poughkeepsie from May 1 through August 31. An Opening Reception was held on Wednesday, May 11, from 1-4 p.m. This year’s exhibit featured pieces of work which were copies of renowned artists. Entitled Art & Soul, the work project was coordinated by Terri Monte-Caruso, Recreational Therapy Assistant, Poughkeepsie Continuing Treatment Center.

FORUM ON MENTAL ILLNESS

Both consumers and agency representatives expressed their views at the Public Forum on Service Needs of Persons with Mental Illness which was held at the Mental Health Center on May 17 from 4-6 p.m. The session was conducted by Frank DeSiervo, LCSW, Division Chief, Mental Health Services. Topics covered for the session was conducted by Frank DeSiervo, LCSW, Division Chief, Mental Health Services. Topics covered included: access to medical care, need for more employment opportunities, transportation, affordable housing, food and nutrition at residences.

INCIDENT COMMITTEE MEETS

Members of the Clinical Incident Committee meet once a month to review all clinical incidents involving DMH patients. The committee also reviews trends and ongoing practices and procedures in relation to incidents. Dr. John Sarris, DMH Medical Director, serves as Chair of the committee.

Jail-Based Services

The Department, in collaboration with the Dutchess County Jail, provides behavioral healthcare services at the facility on North Hamilton Street in the City of 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.

<table>
<thead>
<tr>
<th>No. of Persons Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITAP Day Rehab</td>
<td>121</td>
</tr>
<tr>
<td>CD Clinic</td>
<td>55</td>
</tr>
<tr>
<td>Road To Recovery</td>
<td>25</td>
</tr>
<tr>
<td>Vocational Case Mgt.*</td>
<td>66</td>
</tr>
<tr>
<td>CD Case Mgt.*</td>
<td>1,435</td>
</tr>
<tr>
<td>CD Assessment</td>
<td>317</td>
</tr>
<tr>
<td>Forensic Coordination</td>
<td>413</td>
</tr>
<tr>
<td>Case Mgt.</td>
<td>373</td>
</tr>
<tr>
<td>Jail-Based Services</td>
<td>213</td>
</tr>
<tr>
<td>Total DMH</td>
<td>802</td>
</tr>
</tbody>
</table>

*Effective 10/1/05, Vocational and CD Assessment, previously reported under CD Case Management, are now reported separately.

Number of Dutchess County Residents Served at Richard C. Ward Alcohol Treatment Center, (Middletown ATC): 219

Lexington Center for Recovery, Inc. (LCFR)

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

Outpatient Chemical Dependency: Five outpatient clinics serve adults, adolescents and families as well as treating the mentally ill/chemical abuser (MICA) patients in the following locations: Manchester Road in Poughkeepsie, Beacon, Eastern Dutchess, Millbrook and Rhinebeck. Services include individual, group and family therapy. There is also an evening intensive treatment service component as well as on-site Alcoholics Anonymous (AA) meetings weekly.

In 2005, an additional group was added to the Early Recovery Track Program which continues to serve men and women needing an intense level of care. The Women’s Intensive track serves 13-18 women at any given time for two hours per day, five mornings a week. Participants who complete either of these daily programs are often referred to the three-day per week Step Down program. The Step Down program affords these clients the opportunity to continue to address relapse prevention, as well as explore issues related to ongoing sobriety maintenance and engaging in community self-help groups.

Parenting classes, offered through The Child Abuse Prevention Center, provide onsite parenting classes for Lexington clients and, in 2005, the program expanded to two groups per week to meet the growing demand for clients who have difficulty dealing appropriately with their children.

Shown at the reception, (l-r): Tia Lattrell, Millbrook Continuing Treatment Center; Patricia Guercio, Monte-Caruso; Commissioner Glatt; David Monkman, LCSW, Chemical Dependency Services Division; Dr. Sarris. Not pictured: Kathleen Spencer, RNC, Quality Improvement Coordinator.
The individual completes the treatment phase with three months of aftercare clinic and community living. A Case Manager is assigned to each participant to ensure that there is consistency in communication, transition from each phase is accomplished smoothly, and that all aspects of the individual's treatment and necessary family supports are addressed. The project is jointly administered locally between DMH and the District Attorney's Office. Quarterly Advisory Committee meetings are held to review progress, address systemic issues and resolve problems.

On May 16, the Division moved to newly renovated first floor offices at 82 Washington Street in the City of Poughkeepsie. There are now community meeting rooms large enough to hold all program participants (e.g., psychoeducational groups), private offices for each therapist, case management space for Jail-Based and Road to Recovery staff, and offices for Probation and Corrections staff. Also featured is a large kitchen with an arrangement of dining tables, several small group rooms and a staff room.

Elyse DeMadaler, LCSW, MPA, a Social Worker II at ITAP, published her own book entitled: "We Can Talk About It—Therapeutic Activities for All Ages." Ms. DeMadaler explained that it is a workbook for group leaders and those who want to run dynamic groups. The workbook encompasses exercises that can be used by individuals and/or groups.

SERVICE AWARDS

Awards for years of service with DMH were presented at the semi-annual meeting of the entire staff which took place on May 20. Shown with Dr. Glatt are: Seated (l-r): Patricia Guercio, 20 Years; Aline Pirrone, LCSW, 20 Years; Dr. Benjamin Hayden, 30 Years; Carolyn Scott, 25 Years; Carol Clifford, RN, 20 Years. Standing, (l-r): Mark Henderson, LCSW, 25 Years; Sharon DePaolo, 25 Years; Maryann Dunn, LCSW, 25 Years. Not pictured: Dr. James Matranga, 25 Years; Jacqueline Scott, 25 Years; Dr. Young Shin, 25 Years; Dolores Murphy, 20 Years.

WELLNESS COMMITTEE FORMED

Plans to initiate a DMH Wellness Committee were discussed at an initial meeting held on June 22. Ideas for activities include health, mindfulness and recreation, areas they consider important for staff. These will be explored at future meetings.

ACT TEAM LAUNCHED

A first meeting to discuss issues relating to the startup of the Hudson River ACT (Active Community Treatment) Team took place on July 14 at the Mental Health Association offices. This is a mobile team based approach which delivers comprehensive and flexible treatment, support, and rehabilitation services to individuals with severe mental illness. Services are provided in the person’s natural environment, and admission to the team is being coordinated through a Single Point of Access (SPOA) system managed by DMH.

In the Division Chief’s Office: Margaret Hirst, LCSW, (left) with Kelle Farinacci, Support Services Assistant.

At the Kick-Off meeting: (l-r): Dr. Naomi Ferleger, Clinical Unit Administrator, Special Services Team; Bonnie Scheer, LCSW, Director, Office of Community Services; Bonnie Kain, Billing Manager; Linda Rutherford, Office Assistant, Administration.
MENTAL HEALTH RESPONSE

Members of the Department’s Trauma Team met with staff from Astor Community-Based Services on September 19 to respond to the needs of victims of Hurricane Katrina. According to Bonnie Scheer, LCSW, Director of Community Services, her office has been working with the American Red Cross, offering counseling to survivors who have relocated (either permanently or temporarily) to Dutchess County. Astor staff are assisting families with children.

HRPC HOLDS FAIR

An Employee Health Fair for staff at Hudson River Psychiatric Center (HRPC) took place on Friday, September 9 from 9-12 at 10 Ross Circle. Sponsored by the Employee Assistance Program Committee, the event featured handouts and prizes from many vendors and community agencies present.

At the Fair: HRPC employees Peter Dutton (left) and Nancy Molt (right) greeted MaryAnn Lohrey, MS, and Carol Clifford, RN, at the DMH booth. Both Peter and Nancy have many friends at DMH; they served as shared staff with the Department for several years.

WELLNESS FAIR

The McCann Recreation Center at Marist College provided the backdrop for the many exhibitors who were on hand on September 9 for the College’s annual Wellness Fair.

Shown at the DMH exhibit: (l-r): Rochelle Adair, Council on Alcoholism & Chemical Dependency, Inc.; Roberta Staples, Marist College Wellness Planning Group; Bradley Maxwell, Marist College student majoring in Athletic Training.

Intensive Treatment Alternatives Program (ITAP)

The Intensive Treatment Alternatives Program (ITAP) is a New York State Office of Alcoholism & Substance Abuse Services (OASAS) licensed outpatient day rehab program which provides alcohol/substance abuse services to those requiring a highly structured, supportive and long-term treatment experience. It specializes in treating the criminal justice patient and also serves as an alternative to inpatient treatment. The program is unique in that Probation Officers are integrated into the program as part of the treatment team process and work on-site at the treatment program.

The criminal justice or Alternative-To-Incarceration (ATI) patient is referred for assessment by the Probation Department, the Public Defender’s Office, the Courts, the District Attorney’s Office or by private attorneys. Patients accepted into the program are also supervised by one of the ITAP Probation Officers. Most ATI patients also attend the program while concurrently residing at a Probation Department 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 for those patients who complete the Transitions Residence and continue to require a highly structured residential component. Michael North, LCSW, the program’s Clinical Unit Administrator, continued to meet regularly during the year with Probation staff at the Transitions Residence. There is daily contact between ITAP and the Residence 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 have also continued to work in conjunction with the Hillcrest Residence for residential placement of those coming out of Transitions.

In 2005, ITAP continued to provide GED classes on site so that patients have an opportunity to earn a high school equivalency degree. The classes are taught by BOCES staff twice weekly. The program also continues to have a very positive relationship with other agencies such as VESID, Family Services, Inc’s Domestic Abuse Awareness Class (DAAC) and the YWCA Battered Women’s Program.

Intensive Outpatient Program (IOP)

The Intensive Outpatient Program provides an intensive level of addictions treatment to patients meeting this level of care requirements. It primarily serves patients referred by Probation or Parole, but it also serves patients who are self-referred. Patients attend the program three days per week for three hours each day for a minimum of three months.

Drug Court

Since 2001, the Cities of Poughkeepsie and Beacon have 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 thereon in order to increase public safety.” The target group is the multiple misdemeanor offender who commits crimes because of his/her chemical dependency. In 2005, four drug-free babies were born to participants in this program. In addition, the Family Treatment Court was initiated in 2005. This program targets adults who are petitioned by the Family Court for abuse or neglect and are chemically dependent.

Road To Recovery

The Road to Recovery Program, an initiative jointly funded by OASAS and the NYS Department of Criminal Justice Services as an alternative to incarceration program continued in 2005. In Dutchess, the program targets the multiple felony offenders who are non-violent and chemically dependent. The offenders must participate in 6-9 months of intensive residential treatment at Day Top Village in Rhinebeck, followed by 6 months of community residential placement with participation in outpatient day rehabilitation at ITAP.
Division of Chemical Dependency Services

The Division of Chemical Dependency Services is responsible for providing and 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 alcohol and substance abuse services as well as with an array of affiliated community agencies.

In addition to its directly-operated programs, the Department is affiliated with Lexington Center for Recovery, Inc. (LCFR) for outpatient clinical services and methadone maintenance, the Mid-Hudson Addiction Recovery Centers, Inc. (MARC) for crisis residence and halfway/quarterway house services, the Mid-Hudson Library System for Health Education, The Turning Point for detoxification and inpatient rehabilitative services, the Dutchess County Council on Alcoholism & Chemical Dependency, Inc., for prevention and education services as well as Cornerstone of Rhinebeck and Daytop for inpatient treatment services. A New York State-operated Alcoholism Treatment Center, located in Middletown, Orange County, serves Dutchess County residents.

There is a Dutchess County Alcohol and Substance Abuse Providers’ Committee, chaired by the Division Chief, which is comprised of all local agencies which deal with chemical dependency. The Committee meets every two months to discuss issues of mutual concern.

The Division Chief also serves as staff liaison to the Mental Hygiene Board's Chemical Dependency Services Subcommittee. The Subcommittee works with the Department's contract agencies--MARC, LCFR, Astor Community-Based Services and the Dutchess County Council on Alcoholism & Chemical Dependency, Inc.—to monitor the performance indicators for each program.

Under the sponsorship of the Subcommittee, the annual public forum took place on April 16 from 4-6 at the Mental Health Center. Input from the meeting was incorporated into the DMH 2006 Local Governmental Plan for Chemical Dependency Services. Ms. Hirst presented the plan to the Mental Hygiene Board at its July meeting, where it was approved and subsequently forwarded to the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

Vocational Services: DMH continues to offer work readiness training which provides linkages to job placement and job development for individuals in the Southern Dutchess area. MARC provides job development & vocational case management follow along services for individuals in Dutchess County. The intent is to assist the patient, once employment is obtained, to remain on the job.

Welfare To Work: The Department works closely with the DC 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 the Department to track progress in treatment and movement toward work and job retention.

The Enhanced Case Management Program for TANF (Temporary Assistance to Needy Families) continues to assist single, custodial parents and their children to engage in chemical dependency treatment and move forward toward economic independence. The Department continued to provide intensive case management services to the Safety Net recipients to assist them in linking to treatment and, ultimately, to work.

Vassar Health Fair

DMH staffed a table of educational materials at a Wellness Fair sponsored by Employee Health Services of Vassar Brothers Medical Center on September 7. The event, held from 7:30 a.m. to 4 p.m., was attended by more than 350 employees.

Senior Fair Held

A 14th Annual Golden Gathering Senior Health Fair, sponsored by Senator Steve Saland, was held on September 17 at the Arlington High School. The event was packed with informational tables and health testing, all aimed at enhancing the lives of seniors in our community.

Site Visit

HELPLINE, Dutchess County’s 24-hour crisis counseling, information, referral and clinic appointment service operated by DMH, was awarded a five-year certification by the American Association of Suicidology after an evaluation which took place on October 7. Site Reviewer, Ronald Tauber, Ph.D., came from California to evaluate the services. Prior to the visit, Dr. Tauber had received a packet of training materials, as well as policy and procedures of the unit and the Department.

The certification means the services have met or exceeded standards in the areas of administration, training, general service delivery, services in life-threatening crisis, ethical issues, community integration and program evaluations.
CONTINUING SERVICES

The 18th Annual Fall Conference of Continuing Services Programs was held at Bowdoin Park on October 18 and 19 from 12:30 - 4 p.m. A full agenda of workshops took place, and the groups were welcomed by Frank DeSiervo, LCSW, Division Chief, Mental Health Services and Robert Oppenheim, LCSW, Clinical Unit Administrator, Southern Dutchess Continuing Treatment Center and Coordinator of the event.

Participants at the Conference included: (l-r): Jackie White, LCSW, DMH Housing Coordinator; Wendy Linehan, RN, Rhinebeck Continuing Treatment Center; Carrie Haislip, Presenter, Dutchess County Cooperative Extension; Robert Oppenheim. Jackie White gave a presentation on "The Housing Continuum."

SCREENINGS

As participants in this year's Mental Illness Awareness Week observance, the Department and the Mental Health Association cosponsored a Depression Screening Day on Thursday, October 6 from 10 a.m. to 4 p.m. Betsy Fratz, RN, DMH Nursing Supervisor and Janet Caruso, Mental Health Association Director of Community Education, reported a successful day, with 29 people screened "face to face."

CONFERENCE ON YOUTH

Over 100 persons attended a conference entitled "Roads to Resiliency: Creative Pathways toward Engaging Youth and Families Involved with the Court System," which took place on October 21 at Marist College. In addition to DMH, other agency sponsors included the NYS Office of Children and Family Services; Dutchess County Probation and Community Corrections, Astor Home and Marist College.

Among the attendees: Dr. James McGuirk, Executive Director, Astor Home; Mary Ellen Still, Director, Probation and Community Corrections; Betsy Brockway, Director, Dutchess County Health and Human Services Cabinet; Karen Trokan, LCSW, DMH Children's Services Coordinator and Conference Coordinator.

Screening Team: Standing, (l-r): Carol Clifford, RN, Special Services Team; Betsy Fratz; Andrew O'Grady, LCSW, Mental Health Association. Seated: Janet Caruso.

Presented the following conferences: "Road to Recovery" and "Addressing the Needs of People with Mental Illness in the Criminal Justice System." Two presentations of "Finding Happiness: Changing Our Mind with Mindfulness" were held in the summer. Two Depression workshops were held in Poughkeepsie-- in May and October-- in collaboration with staff from DMH. Number served: 2,373.

Library: The MHA Library is open to the public and is located at the Dutchess County Mental Health Center. Books, journals, videos and a computer with Internet access are available. Total circulation: 721. Visitors: 760.

Information & Referral: Callers and visitors are able to receive information regarding local resources, private psychiatrists, psychologists and social workers. Five issues of the Calendar of Community Events were published that list workshops and support groups; four issues of the newsletter were published. Newsletter Circulation: 10,000; Calendar Circulation: 12,500. Information & Referral Calls: 835; Infoline Calls: 1,342.

PEOPLE, Inc.

PEOPLE, Inc. (Projects to Empower and Organize the Psychiatrically Labeled), is a contract agency of the Department and receives funding from the New York State Office of Mental Health. The agency, in operation for sixteen years, has experienced growth since its inception and currently operates programs in Dutchess, Orange, Ulster, St. Lawrence and Hamilton Counties. The DMH Mental Health Services Division Chief, Frank DeSiervo, LCSW, serves as the liaison between DMH and PEOPLE, Inc. Meetings with the agency's Executive Director, Steve Miccio, are held regularly to discuss agency status, housing issues and planning recommendations.

The primary mission of PEOPLE 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 were provided to more than 19,000 (unduplicated) persons who were living independently, in residences and in state psychiatric centers throughout New York State. Staff continue to work collaboratively with Hudson River Psychiatric Center as well as providing training and education in self-help, peer support, advocacy and the transformation of the mental health system to move from an illness-based continuum to wellness-based programs.

The agency is entering its fourth year as an advisory member of the Center for Public Representation and has completed the project; PEOPLE assisted in the development of a published book to be released in 2006 which discusses emergency department services, and recommends procedures and protocol changes designed to improve care in local emergency department settings.

The agency is involved with the Local Conference of Mental Hygiene Directors, participating with the Campaign for Behavioral Health Transformation Committee. This committee is made up of advocacy groups, County Directors/Commissioners, Statewide Associations and interested parties. The purpose is to create a demand to transform the mental health system toward the goals of the President's New Freedom Commission Report. PEOPLE has been closely involved with the Housing Consortium in Dutchess County in addressing the homeless issues that exist, and the group is working to develop and implement solutions through a ten-year plan to end homelessness.

PEOPLE again sponsored two annual events: a "Bridge Walk" in October during "Mental Illness Awareness Week," whose purpose is to bring awareness to the public concerning issues of quality care, and its eleventh Mid-Hudson Mental Health Conference. This year's conference again focused on transforming mental health services locally to recovery-based service delivery.

Visitors: 760.
Support and Advocacy

Family Support and Advocacy provides services to the community through seven varied programs that address the needs of families and children impacted in some way by mental illness. The programs work from a consistently strength-based perspective. This component served 2,259 individuals in 2005.

Adult Advocacy: This program provides advocacy for adult persons who have a mental illness and their families. A majority of participants are aging parents or family members of adults over 30 years of age with mental illness still living at home. The Adult Advocacy Program also served 51 young adults in the "transitional" population, aged 18-25. During the year, the Advocate spent many months giving presentations and assisting clients receiving medications through Medicare Part D. The Advocacy program served 1,430 persons.

EMERGE: Parents With Psychiatric Disabilities. This program provides varied kinds of support for parents who have mental illness, working with parents through a "Families Facing Solutions" curriculum, monthly support groups, home visits, advocacy with systems issues and an annual summer picnic. In 2005, the program Coordinator joined the Hudson Valley Perinatal Network, and is working to raise awareness of the Safe Baby Haven Act; the Coordinator continued serving as Co-Chair of the Hudson Valley Regional Family Support Coalition. The program served 114 persons, including spouses and children.

Family Support Programs: These programs provide support and advocacy for parents or guardians of children and youth with serious emotional disabilities (SED). 2005 saw funds available to expand the Family Advocate's position to full-time, a much needed change. The Incarcerated Youth Family Support group held a regularly scheduled parenting series, i.e., "Managing Defiant Behavior," "Parenting the Explosive Child" and the "Mindfulness-Based Stress Reduction," the agency served 2,259 individuals in 2005.

Hourly and Recreational Respite, Teen Challenge, Kids, Inc., Summer Camps: Respite programs provide a "break" for families raising children with SED through varied activities and hourly respite. The Teen Challenge Program saw a smooth transition in leadership. The Summer Camp received a valuable addition of resources through a connection with the NYS Department of Environmental Conservation and its camp programs. The 2005 Youth Asset Grant was implemented in conjunction with the FAST Program. Well received was a program by the Young Actors and Writers Theatre Residency Project which involved 25 youth and was presented at the Family Partnership Center to an audience of approximately 100 persons. 152 children were served in the various programs in 2005.

Homeland and MICA Services

The Living Room provides a safe haven and supportive services for individuals who are homeless or at risk of becoming homeless and have mental health and/or substance abuse related needs. It provides day and weekend services, referring visitors to the services they need for treatment, benefits, employment and housing. The program is constantly enhancing services, helping these consumers access and receive support, referral and advocacy. In addition to contracts with DMH, the program also receives funding from the federal SuperNofa supports for the homeless program. The Living Room served 921 clients with 17,654 visits.

Community Education

A wide range of programming was provided for all age groups in different locations in Dutchess County in 2005. Through health fairs, conferences, trainings, newsletter and puppet presentations, we hope to reach people in need—to inform, educate, and connect them with local resources in our community.

Trainings/Workshops/Conferences: In addition to a regularly scheduled parenting series, i.e., "Managing Defiant Behavior," "Parenting the Explosive Child" and the "Mindfulness-Based Stress Reduction," the agency also continued its participation in the Medicaid Waiver program. 253 persons were served in 2005 in these programs.

KATRINA FUND

After several staff expressed a desire to have the Department donate to a Hurricane Katrina Fund in early September, contributions were collected and taken to the American Red Cross, where a specific fund had been set up. Holly Greer, LCSW, DMH Vocational/Educational Coordinator, and Bonnie Scheer, LCSW, Director, Office of Community Services, volunteered to distribute and collect the cannisters of donations.

Because we care: Holly Greer (left) and Bonnie Scheer (right), present Commissioner Glatt with the donations going to the American Red Cross.

ARLINGTON CAREER DAY

Careers in Mental Hygiene were presented to the students at Arlington Senior High School by DMH staff at Career Day, held on November 2, at the LaGrangeville campus. Mary Babcock, LCSW, Clinic for the Multi-Disabled, greets Stephanie Mcgrath, a senior, and Frank Pepe, Superinten-dent of the Arlington Central School District.

HOLIDAY GIFT COLLECTION

BOARD ELECTS OFFICERS

One of the highlights of the December meeting of the Mental Hygiene Board was the election of officers for the Year 2006. Invited to the luncheon were members of the Executive Council as well as the Outstanding Employees for 2005, who were recognized for their exemplary work.

Receiving their awards at the Department Meeting on November 18 were: Seated, (l-r): John Bruno, LCSW, Clinic for the Multi-Disabled; Evelyn Soto, RN, Partial Hospitalization Program; Wendy Linehan, RN, Rhinebeck Continuing Treatment Center; Charles Robitaille, LMSW, Special Services Team. Standing, (l-r): Linda Monkman, LCSW, Clinic for the Multi-Disabled; Evelyn Soto, RN, Rhinebeck Continuing Treatment Center; Terri Rudinsky, Office of Budget & Finance. Not pictured: Terri Rudinsky, Office of Budget & Finance. Congratulations to all!

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Accepting an Award of Recognition from Dr. Glatt: Dr. Isaac Rubin retired after serving two consecutive four-year terms on the Mental Hygiene Board and the Mental Health Subcommittee. At the meeting of the Board, he was duly recognized for his long and productive term and his contributions toward improving the mental hygiene of Dutchess county residents. Although he will be missed, Dr. Rubin intends to stay active in the field by continuing his advocacy efforts.

Supportive Case Management (SCM): A Supportive Case Manager has a minimum of two, face-to-face visits each month with clients for not less than 15 minutes. These visits will generally take place outside of the office. An SCM will typically carry a caseload of 30 people. A blended SCM will carry a typical caseload of 20 people. These clients may have difficulty accessing resources in the community, maintaining social functioning and utilizing services.

Generic Case Management (GCM): Generic Case Managers generally see clients who need short term care, such as applying for social security, disability, Medicaid and housing applications. There is no minimum or maximum amount of visits required. Should a Generic Case Manager and the client feel that services will be ongoing, a referral to SCM can be made.

Blended Model: The Blended Team consists of one Intensive Case Manager and two Supportive Case Managers. As a client of a Blended Team, clients will get to know and feel comfortable enough to call upon any team member at any given time.

Generic Case Management (GCM):

<table>
<thead>
<tr>
<th>Service Type</th>
<th>No. of Patients Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCM</td>
<td>854</td>
<td>13,613</td>
</tr>
<tr>
<td>Blended SCM</td>
<td>468</td>
<td>6,721</td>
</tr>
<tr>
<td>ICM</td>
<td>107</td>
<td>4,734</td>
</tr>
<tr>
<td>Blended ICM</td>
<td>104</td>
<td>3,577</td>
</tr>
<tr>
<td>Generic CM*</td>
<td>-</td>
<td>2,990</td>
</tr>
</tbody>
</table>

*There were 579 patients served in other units; of these, 428 were seen face-to-face.

Rehabilitation Services

Psychosocial rehabilitation programs provide experiences which improve ability to function in the community. The philosophy emphasizes common sense, practical needs and usually includes vocational and personal adjustment services geared toward the prevention of unnecessary hospitalization.

Dutchess Horizons: This social rehabilitation program strives to improve the social, vocational and recreational skills of persons over the age of 18 recovering from mental illness. The program stresses the importance of developing the active participation of members in the rehabilitation process. During the past year, members have increased their volunteer activities both within and outside the clubhouse. The program served 189 members, with 15,829 visits.

Compeer: The Compeer Program is a person-to-person volunteer service which provides a vital linkage for a person receiving mental health services with a trained and caring community member. A mental illness is often a lonely experience, and the focus of the Compeer volunteer is to ease the isolation, build trust and offer support in a goal-oriented, time-limited relationship within the community setting. Increased socialization and self-esteem is achieved through attendance at Compeer's three major social events per year. The program served 60 recipients with 2,897 visits.

Social Rehabilitation: This is a joint program of MHA and DMH, and was created as a foundation for strengthening our alliance and building a base for one system that incorporates a medical model and a social rehabilitation model for psychiatric rehabilitation. The primary emphasis is to promote social rehabilitation, readiness assessments, pre-vocational assessments and life care assessments for people with serious mental illness. The program served 314 members with 11,616 visits.

Young Adult: The primary emphasis of this program is to provide opportunities for young adult consumers ages 18-30 (approximately) to socialize and enjoy recreational activities together. Members participated in many recreational activities, held monthly meetings and elected club officers. The program served 31 members with 1,022 visits.

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Family Services, Inc.

Family Services, Inc. (FSI), a local agency which is a subsidiary of Families First New York, completed its first full year of operating five outpatient mental health clinics under contract with Dutchess County.

The clinics, which are located in Beacon, Dover Plains, Millbrook, Poughkeepsie and Rhinebeck, offer diagnosis, treatment, and referral services for Dutchess County residents age 18 and over who suffer from a full range of emotional disorders.

Services include individual, group and family therapy, evaluation and medication management. Referral to a range of services such as housing, vocational and case management is available. The clinics are staffed by professionals, including social workers, psychologists, 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.

During the year, the program maintained a commitment to providing evidence-based services proven to promote mental health and well-being. The goal is to provide the highest standard of patient care.

Toward year's end, retiring Executive Director, Alan Kraus, LCSW, spent time working with the new Executive Director, Thomas Quinn, LCSW.

Case Management Program

In 2005, case management programs served over 2,000 persons who have a mental illness. The primary goal of Case Management is to decrease, if not avoid, hospitalizations for the clients. This is accomplished by working with the 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 Case Managers work with the clients to help maintain their independence and self-sufficiency so that they can live productively within their own communities; they strive to take a proactive and client-centered approach to treating each person on an individual basis. The Case Managers create, foster and nurture relationships between the clients, themselves and all people who affect the lives of the clients.

Intensive Case Management (ICM):

Intensive Case Managers have a minimum of four, face-to-face visits with their clients for not less than 15 minutes. These visits will generally take place out of the office to help integrate clients into the community. An ICM typically carries a caseload of 12 people at any given time.

Mental Health Association in Dutchess County, Inc.

The Mental Health Association in 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 to persons with mental illnesses. The Association was formed in 1954 by a group of local citizens to insure that mental health services were accessible to all citizens of Dutchess County. MHA is a Chapter of the Mental Health Association in New York State and an Affiliate of the National Mental Health Association.

The Association provides support, rehabilitative services, case management, community education, and services to the homeless. The agency also engages in advocacy for children, families and adults living with mental illness. The Executive Director is Jacki Brownstein.

The Dutchess County Department of Mental Hygiene is comprised of:

**COMMISSIONER OF MENTAL HYGIENE**

15-MEMBER MENTAL HYGIENE BOARD

Committees & Subcommittees

**SIX OFFICES**

- Budget & Finance
- Communications
- Community Services
- Information Technology
- Psychiatric Services
- Quality Improvement

**FOUR DIVISIONS**

- Chemical Dependency Services
- Developmental Disabilities Services
- Mental Health Services
- Support Services

**CONTRACT AGENCIES**

- Astor Home for Children
- Cardinal Hayes Home for Children
- Council on Addiction, Prevention & Education, Inc.
- Dutchess ARC (ARC,DC)
- Family Services, Inc.
- Gateway Community Industries, Inc.
- Hudson River Housing
- Lexington Center for Recovery, Inc.
- Mental Health Association in D.C., Inc.
- Mid-Hudson Library System
- PEOPLe, Inc
- REHAB Programs, Inc.
- Rehabilitation Support Services, Inc. (RSS)

**AFFILIATED AGENCIES**

- Anderson School
- Cornerstone, Inc.
- Dayton Village
- Greystone, Inc.
- Hudson River Psychiatric Center
- Mid-Hudson Addictions Recovery Centers, Inc.
- New Horizons Resources
- Putnam Hospital
- Richard C. Ward Alcoholism Treatment Center
- Rockland Children's Psychiatric Center
- Saint Luke's Cornwall Hospital
- Saint Francis Hospital
- Taconic Developmental Disabilities Services Office
- Taconic Resources for Independence, Inc.

The Organization Chart, showing areas of responsibility for each Office and Division are contained in the structure of the Department. See Figure 1, page 14. The mental hygiene system’s wide range of services, accessible in many locations throughout Dutchess County, are shown in the Service Network Map, Figure 2, on page 15.
A range of mental health services to the elderly population (65+) is available through DMH, Saint Francis Hospital, the Mental Health Association (MHA), Lexington Center for Recovery Inc. (LCFR) and Family Services, Inc. (FSI). 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 Treatment Centers and the Special Services Team (SST). SST is a mobile unit which has the capacity to provide psychiatric services to people who have difficulty accessing the clinics, including the elderly and homebound. (See page 34).

Robert Oppenheim, LCSW, Clinical Unit Administrator of the Southern Dutchess Continuing Treatment Center, also serves as the Geriatric Services Coordinator. The Coordinator is on the Board of the Dutchess County Office for the Aging, attending meetings and providing mental health information to the members.

In addition, the Coordinator serves as staff liaison to the Geriatric Subcommittee of the Mental Hygiene Board. The Subcommittee meets quarterly to discuss issues concerning the elderly and their mental health needs.

This year, the Coordinator attended the White House Pre-Conference on Aging held at Marist College on June 21. Recommendations made at the event were utilized at the White House Conference held later in the year. Mr. Oppenheim additionally moderated the Dutchess County Office for the Aging’s Public Forum, which took place at the East Fishkill Friendship Center on September 27.

Inpatient Services

Hospitalizations of Children/Youth --Dutchess County Residents--

<table>
<thead>
<tr>
<th>Division of Mental Health Services</th>
<th>Volume of Service</th>
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<tr>
<td>RCPC</td>
<td>30</td>
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<tr>
<td>SFH</td>
<td>257</td>
</tr>
<tr>
<td>Four Winds</td>
<td>141</td>
</tr>
<tr>
<td>Total</td>
<td>428</td>
</tr>
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</table>

Services for the Elderly

A range of mental health services to the elderly population (65+) is available through DMH, Saint Francis Hospital, the Mental Health Association (MHA), Lexington Center for Recovery Inc. (LCFR) and Family Services, Inc. (FSI). 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 Treatment Centers and the Special Services Team (SST). SST is a mobile unit which has the capacity to provide psychiatric services to people who have difficulty accessing the clinics, including the elderly and homebound. (See page 34).

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**Astor Home for Children**

DMH contracts with The Astor Home for Children to provide mental health treatment services for children, youth and families. Astor's Counseling Centers are located in Beacon, Wassaic, Poughkeepsie, Red Hook and Wappingers Falls. A school-based clinic satellite program serves children and families in the Pine Plains and Beacon school districts.

Astor continues to serve hard-to-engage youth by providing outreach, assessment and linking services at the River Haven emergency shelter and onsite at Dutchess County Probation through the services of an Astor clinician on the PINS "Collaborative Solutions" intervention team and of a clinical social worker who serves as the PINS Outreach Worker.

School-based day treatment services are provided through Astor's Day Treatment 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 Astor Day Treatment Program at the Family Partnership Center in Poughkeepsie. Middle and high school day treatment students are served in collaboration with Dutchess County BOCES at the BOCES/BETA site. Additional services offered by Astor include clinic-based generic case management, a "Single Point of Access" to High-Risk Service Coordination, which includes the following programs: Home and Community-Based Services Waiver Program, Intensive Case Management, Supportive Case Management and Family-Based Treatment. The Coordinated Children's Services Initiative (CCSI), 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 include the Home-Based Crisis Intervention program and a Mobile Crisis worker.

**Astor Forensic Team Services to the Family Court**

<table>
<thead>
<tr>
<th>No. of Evaluations</th>
<th>161</th>
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<tbody>
<tr>
<td>Units of Service</td>
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</tr>
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</table>

**Highlights - 2005**

- The Single Point of Access (SPOA) screened 144 children for high risk services and found that 18 met eligibility for one or more of Astor's services. Those that did not meet criteria for more intensive services received referrals to appropriate community resources.
- With additional financial support from DMH, Astor was able to hire a full-time psychiatrist and eliminate the lengthy waiting time for psychiatric evaluations.
- Kate Castell, Program Director for Astor's High-Risk Services Programs, represented Astor as part of a delegation of social workers coordinated by Catholic Charities. She was dispatched to Houston, Texas to join the hurricane Katrina relief effort.
- As part of the Mental Health/Juvenile Justice Diversion (MH/JJ) project, funded through a grant from the Office of Children and Family Services (NYS/OCFS), Astor, in collaboration with DMH, Probation and Marist College, sponsored a professional conference, "Roads to Resiliency" for statewide MH/JJ programs on October 23.
- Astor's Community-Based Services was awarded a grant from the Foundation for Community Health to create a children's Mental Health Outreach Service in eastern Dutchess County. As part of the outreach service, Astor will be administering TeenScreen, a screening tool developed by Columbia University to identify mental illness and prevent suicide in area ninth and tenth graders, those shown to be most at risk.
The breakdown of totals in each service element in the DMH system of services is shown in Table I on the following pages. In obtaining these numbers, the DMH Office of Information Technology has, during the past two years, been involved in converting the software system from a Management Information System (MIS) to the new, state-of-the-art Anasazi Software System—an integrated clinical and financial package which addresses the need for reliable, secure and up-to-date patient information in both electronic and paper form.

It should be noted that the Volume of Service numbers only include direct services (i.e., face-to-face visits with patient, family members, collateral) Indirect services, e.g., telephone calls, case management (which does planning, linking, monitoring, and advocacy) are described as such in the text. These numbers were down slightly from the previous year.

2,912 identified patients, or former patients of the Department were served by HELPLINE—a slight decrease over last year. Census remained fairly stable in the following DMH directly-operated programs: Special Services Team, Partial Hospitalization Program, Clinic for the Multi-Disabled, Continuing Treatment Centers and Jail-Based Services. Both the number of persons served and the number of visits increased in the DMH Chemical Dependency Programs due to more people being served by forensic coordination and respite programs for families of children with mental health needs. (See pages 45-48).

Persons served during the year in the mental health clinics operated by Family Services, Inc. totaled 2,831—a decrease of 15%, while the number of visits totaled 39,933—a slight decrease of only 63 visits over last year.

The chemical dependency clinics operated by Lexington Center for Recovery, Inc. showed close to a 10% increase over last year; this mostly occurred at the Manchester Road location. Census in the Methadone Program, which was transferred from DMH to Lexington in October 2004, remained relatively stable (just under 300); however, the volume of service for the year increased by 4,185 visits.

Other agencies in the service network which are under contract with the Department showed the following: Astor’s Community-Based programs showed decreases in both number of persons served and number of visits compared with the previous year; no major changes are reflected in the Mental Health Association’s case management, rehabilitation and education programs nor for the Mid-Hudson Addiction Recovery Centers (MARC). The inpatient units at Saint Francis Hospital served 123 more persons this year while the Emergency Department saw a decrease in the number served by 115.

Figure 3 on page 20 compares the Volume of Patient Services for all programs over a longer period of time. The baseline year of 1981 is used as it reflects the Department’s initial operation of its computerized Management Information System (MIS).

The pie charts in Figure 4 on page 21 illustrate the demographics of patients served by age, gender and ethnicity. Figure 5 on page 22 denotes referral sources for patients seen in Year 2005, and Figure 6 on page 23 depicts the distribution of patients by residence area.

Figures 7 and 8, on pages 24 and 25, show the cost of services and the source of revenues for all DMH and contract agency operations.

### Services for Children and Youth Coordination

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

- The Astor Home for Children provides outpatient mental health treatment for children and their families through their community-based counseling centers, school-based satellites and day treatment programs. Astor’s Intensive Home-Based Services and High Risk Service Coordination programs serve children at high risk for hospitalization and residential placement. (See page 43).

- The Mental Health Association in Dutchess County provides a range of family support, advocacy and respite programs for families of children with mental health needs. (See pages 45-48).

- Saint Francis Hospital (SFH) provides emergency psychiatric assessment for children and adolescents in its Department of Emergency Services, along with adolescent inpatient care. An intensive outpatient clinic program for adolescents is provided through the SFH Mental Health Clinic.

- Four Winds Hospital in Katonah provides inpatient care for children and adolescents, ages 5 to 18. Rockland Children’s Psychiatric Center (RCPC) provides inpatient treatment for youth ages 12 to 18 who require a longer hospitalization. RCPC also provides a community-based, short-term Intensive Day Treatment program located at the BOCES/BETA and Salt Point sites.

Karen Trokan, LCSW, the Children’s Services Coordinator, chairs the Children’s Providers Committee, which meets five times a year to facilitate communication, coordination and planning. Members include key child-serving agencies, school district representatives and other community agencies. The Coordinator also serves as staff liaison to the Children & Youth Subcommittee of the Mental Hygiene Board, which meets monthly to identify mental hygiene needs of children and families, target service barriers and gaps, review the performance of contract agencies and develop integrated program planning recommendations.

The Coordinator represents DMH on interagency committees including: the Children’s Services Council, the Coordinated Children’s Services Initiative, Choices for Change (a substance abuse prevention partnership), the Advisory Committee on School Safety, and a number of committees focused on the needs of youth in the criminal justice system and youth transitioning to the adult service system.

On Saturday, November 5, hundreds of Dutchess County kids were entertained with all kinds of activities, including mime, magic and information, at the Poughkeepsie Galleria. Sponsored by the Youth Asset Team of the Dutchess County Children’s Services Council and the United Way, the event was held from 11 a.m. to 3 p.m. Karen Trokan, LCSW, Children’s Services Coordinator, represented the Department, which was one of thirty agencies represented. Ms. Trokan (left) is pictured with Donna Robinson, Foster Parent Liaison, Dutchess County Department of Social Services.
### Table I

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<th>TOTAL DC / DMH 2005</th>
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(A) There were 175A patients served by MHA generic case management; 42B were seen face to face.
(B) Includes Compass: Dutchess Horizontal, Beacon-Psychosocial Club, and the Young Adult Program.
(C) There were 10 patients, open in other units, seen face to face by Astor case management.

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Staff and patients in the Gardening Group at Rhinebeck Continuing Treatment Center enhanced the front entrance to the Mental Health Center with floral plantings in the spring. The project was under the direction of Pat Guarino, Recreational Therapy Assistant (left) and Marie Dymes, LCSW, Social Worker II, (second from left), who are shown with the crew members.

Members of the Mental Health and Children & Youth Subcommittees of the Mental Hygiene Board met on February 14 to discuss areas of common concern such as transitioning youth with “aging out” problems. Seated, (l-r): Karen Trokan, LCSW, Children’s Services Coordinator; Sharon Strock, LCSW, Children & Youth; Julie Renda, Mental Health, and Bernadette Barrett, Mental Health. Standing, (l-r): Terry DeFabbia, Children & Youth; Dr. Isaac Rubin, Mental Health; Russ Myers, Children & Youth; Frank DeSiervo, LCSW, Division Chief; Sue Blodgett, Children & Youth; John Campbell, Mental Health and Joy Matusiewicz, Mental Health.

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On May 20, prior to the Department Semi-Annual Meeting of all staff, the Millbrook Continuing Treatment Center held a sale featuring gardening supplies and ornaments in the Dutch Treat Cafe. At the Fair were (below, l-r): Karen Hayes, Partial Hospitalization Program; Emilie Klump, Millbrook Continuing Treatment Center; Tia Lattrell, Millbrook Continuing Treatment Center.

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Site Review: On October 28, a final summation regarding results of a recent site review by NYS Office of Mental Health (OMH) reviewers for re-licensing of the Poughkeepsie Continuing Treatment Center took place at 230 North Road. The results were satisfactory, and the program received a three-year recertification. Shown are (l-r): Frank Barr, OMH Program Compliance Specialist; Kathleen Spencer, RNC, Quality Improvement Coordinator; Mark Henderson, LCSW, Clinical Unit Administrator, Poughkeepsie Continuing Treatment Center.

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<td>8442</td>
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Division of Chemical Dependency Services

**DMH CHEMICAL DEPENDENCY CLINICS**

- **ITAP DAY REHAB PROGRAM**
  - 47
  - 74
  - 32
  - 48
  - 121
  - 18900

- **CD CLINIC**
  - 16
  - 39
  - 33
  - 22
  - 55
  - 900

- **ROAD TO RECOVERY**
  - -
  - -
  - -
  - -
  - -
  - 25

- **VOCATIONAL CASE MANAGEMENT**
  - -
  - -
  - -
  - -
  - -
  - 66

- **CD CASE MANAGEMENT**
  - -
  - -
  - -
  - -
  - -
  - 1435

- **CD ASSESSMENT**
  - -
  - -
  - -
  - -
  - -
  - 317

- **FORENSIC COORDINATION**
  - 0
  - 413
  - 413
  - 0
  - 413
  - 373

- **JAIL-BASED SERVICES**
  - 54
  - 159
  - 194
  - 19
  - 213
  - 2509

- **Effective 10/1/05 Vocational CM (286) and CD Assessment (289) Services, previously reported under sub-unit 287, are now being reported under sub-unit 286 & sub-unit 289, respectively.**

**LCR CHEMICAL DEPENDENCY CLINICS**

- **METHADONE PROGRAM**
  - 236
  - 62
  - 52
  - 246
  - 298
  - 43165

- **MANCHESTER ROAD CD CLINIC**
  - 585
  - 1186
  - 938
  - 833
  - 1771
  - 31066

- **MELBOURNE CD CLINIC**
  - 23
  - 56
  - 55
  - 24
  - 79
  - 825

- **BEACON CD CLINIC**
  - 117
  - 187
  - 163
  - 141
  - 354
  - 4709

- **EASTERN DUTCHESS CD CLINIC**
  - 62
  - 134
  - 138
  - 58
  - 196
  - 2296

- **RHINEBECK CD CLINIC**
  - 43
  - 100
  - 98
  - 45
  - 143
  - 1477

*Transferred to LCR on 10/1/04*

- **SUB-TOTAL**
  - 1183
  - 2410
  - 2296
  - 1437
  - 3593
  - 98853

- **MARC**
  - 9
  - 403
  - 403
  - 9
  - 412
  - 3558

- **TOTAL DIVISION OF CHEMICAL DEPENDENCY SERVICES**
  - 1192
  - 2813
  - 2599
  - 1446
  - 4005
  - 103411

- **TOTAL DC / DMH 2005**
  - 7237
  - 8196
  - 8442
  - 6991
  - 18959
  - 520780

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**AOT Coordination (AOT)**

New York State’s Assisted Outpatient Treatment Program (Kendra’s Law) has been in effect since August 1999. The legislation provides for certain mentally ill individuals who, given their treatment history and circumstances, are not likely to survive safely in the community without supervision. The law establishes a procedure for obtaining court orders for these individuals to receive and accept outpatient treatment. 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 twice within the preceding 36 months or led to dangerous behavior 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 service provider (i.e., the Department and/or its contract agencies) 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.

Since the inception of the Program, there have been 360 referrals for AOT petitions and, of these, 69 AOT orders were granted. An additional 83 individuals have signed voluntary Enhanced Services Contracts. Coordination of these services is the responsibility of the Department’s AOT Coordinator, Francis (Burt) Morgan, LCSW.

Members of the Mental Health Providers Committee, which meets quarterly and is chaired by Frank DeSiervo, LCSW, met on January 20 at the Mental Health Center. The purpose of this session was to review and give input into DMH’s 2006 Local Governmental Plan. Discussions revolved around additional needs for inpatient beds, difficulties in the housing market and how budgets impact local outpatient clinic services.

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Seated, (l-r): Linda Malave, Hudson River Housing; Audrey Fanning, Saint Francis Hospital; Dr. Kenneth Oelatis, Saint Francis Hospital; Alan Kraus, Family Services, Inc.; Jacki Brownstein, Mental Health Association and Gail Bauer, Rehabilitation Support Services, Inc. Standing, (l-r): Barbara Vitale, Hudson River Housing; Dr. Gus Tsoubris, Astor Home; Nonie Kelley Jacob, HRPC; Karen Trokan, DMH; Claire Newquist, HRPC; Larry Cohen, PEOPLE, Inc.; Frank DeSiervo, DMH; Jerry Leszczynski, Rehabilitation Support Services, Inc.; Sandy Lindmark, Gateway Community Industries; Sue Manning, Hudson River Regional Office; Burt Morgan, DMH; and Darcy McCourt, Gateway Community Industries.

The Department’s 2005 United Way Campaign got underway with film showings at most of the units taking place during mid-October. Olga Mirabili, (below, left), Support Services Assistant, Mental Health Services Division, gave a presentation to Poughkeepsie Continuing Treatment staff on October 13. Pictured with Ms. Mirabili are (l-r): Linda Matthews, Crystal Attanasio, Alan Humphrey, LCSW, Mark Henderson, LCSW, Teresa Monte-Caruso, Roseanne Trendell.
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 New York State Psychiatric and Developmental Centers. Two such facilities are located in Dutchess County: Hudson River Psychiatric Center, which was downsized to 120 beds, and the 191 beds at the Taconic Developmental Center.

To address the variety of supported residential needs, the Department, along with its community partners, has developed a wide continuum of residential options for individuals, couples and families with mental illness, chemical dependencies and developmental disabilities. These opportunities are located throughout the County and provide various levels of support and assistance. Some housing options provide round-the-clock supervision and skill development, while others provide apartments with monthly visits only. Each participant is assisted in accessing appropriate housing which promotes the highest level of independence. Most of the growth this year was in the development of 11 supported apartments which were funded by the NYS/OMH at the “Downstate” rate.

This housing continuum is overseen and continually evaluated by the DMH Housing Coordinator. As new needs or new resources develop, DMH and its partners respond. In response to identifying special needs, DMH renewed its contract with Hudson River Housing to continue to provide support services for 15 homeless individuals identified with a severe mental illness. Referrals are encouraged from acute care hospitals, State-operated Community Residences and Correctional Facilities.

The demand for safe, affordable housing is evidenced by an increasing population continuing to move northward to Dutchess County and thereby setting the stage for increased housing costs throughout the County. The Section 8 Program changes have also impacted the availability of affordable apartments. This housing market heavily impacts the consumers who seek residential opportunities, and the Department of Mental Hygiene continues to address these issues.
addictions or developmental disabilities. The Coordinator also assists the local NYS Office of Mental Health Field Office in site reviews and is a resource to many agencies.

A part of the Coordinator’s responsibilities is to facilitate quarterly length-of-stay (LOS) meetings with various licensed community residential providers and to monitor these residences to ensure that patients are receiving appropriate residential services. The meetings are scheduled at the not-for-profit community residences as well as State-operated community residences.

2005 marked the fifth year of the new 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 and availability. To date, 1,125 applications for residential services were processed and 347 received placements (not all individuals met the criteria, or found alternate housing arrangements not included in the SPOE process). The SPOE Housing Providers meet monthly in conjunction with Case Management to discuss and resolve specific housing issues.

The Coordinator continues to chair the quarterly “Challenging Case” Committee meetings. This group includes clinical staff from DMH, HRPC, Lexington Center for Recovery, Inc., Family Services, Inc., Saint Francis Hospital, Mental Health Association in DC, Inc., the newly licensed State-operated ACT (Assertive Community Treatment) Team and residential providers. They work together to develop creative and coordinated community-based plans for high need individuals, couples and families for whom conventional treatment and residential plans have not been effective.

Ms. White co-chairs the Dutchess County Housing Consortium (DCHC), a large and diverse group of community leaders in government and local organizations which work together to identify residential requirements of people from various backgrounds who have distinct needs. The group is actively working to address the needs of vulnerable people at risk to be homeless or who are homeless. Subcommittee have been established to work on specific target goals.

The DC Planning Department, with the assistance of DMH, submits a yearly HUD grant application for funding from the Super NOFA process. In 2005, Dutchess County was awarded $645,263 from the SuperNOFA process. This award included renewal funding for Hudson River Housing’s Transitional Living Program and the Shelter Plus Care Project (for individuals identified with mental illness and their families), the Grace Smith House Northeast Shelter, and Rehabilitation Support Services Shelter Plus Care project for homeless individuals with both a mental illness and addiction). A new construction project for four units of housing for homeless people was awarded to Hudson River Housing. Also, $35,170 was included for the development of a homeless management information system for HUD-funded programs.

The Housing Consortium presented a program on “Streamlining Access To Dutchess County’s Case Management System” on December 2. Attending the in-service were staff from DMH as well as representatives from various agencies concerned with housing needs of their clients. Some of the attendees (shown below) included: Standing (l-r): Andrew O’Grady, LCSW, Supervisor, MHA Case Management Program; Jackie White, LCSW, DMH Housing Coordinator; Lou Gagliano, Director, St. Joseph’s House; Michael Cole, LCSW, Director of Program Services, Hudson River Housing, Inc.; Seated, (l-r): Judy Lombardi, LCSW, Director, Grace Smith House, Inc.; and Cynthia Fiore, Director, Taconic Resources for Independence, Inc.
Buyers and sellers: Left: William Cusack, LCSW, Millbrook Continuing Treatment Center; Olga Mirahlilo, Mental Health Services Division; Kelle Farinacci, Chemical Dependency Services Division. Right: Kelly Bilyou, Rhinebeck Continuing Treatment Center; Emilie Klump, Millbrook Continuing Treatment Center; and Tia Lattrell, Millbrook Continuing Treatment Center.

**Vocational/Educational Coordination**

Holly Greer, MA, LCSW, Vocational/Educational Coordinator, works with all disability groups to coordinate vocational services. Ms. Greer serves on numerous advisory boards and committees to ensure that vocational and educational needs of individuals in recovery are considered. She also serves as a vocational resource person for the community and is a strong advocate for increased vocational opportunities for people in recovery and for the supports they need to maintain employment in the community.

In 2005, there were many changes to New York State Office of Mental Health’s (OMH) vocational services. These continued to be directly related to the anticipation that the vocational services would be rolled into the new OMH program “Personalized Recovery Oriented Services” (PROS). Although PROS did not begin in 2005 as anticipated, OMH does continue to fund a limited number of vocational programs. During the year they funded the Astor Vocational Case Manager, the Gateway Community Industries Southern Dutchess Vocational Alternatives, Gateway Community Industries Internship Program, and Extended Follow-Along Support.

Dutchess County had a monthly average of 126 people in OMH-funded Extended Follow-Along during the year. These individuals were employed in over 117 area businesses, including: ABM at IBM, Adams Machinery, All Sport Fitness Club, Arnold’s Moving and Storage, Bank of America, Baptist Home, Boston Market, Dutchess County Mail Team, Dunkin’ Donuts, Home Depot, New York Mall Management, Papa Joe’s and Verizon. People were employed in a wide array of positions, and they represent a wide range of abilities. Examples of the areas of work included child care, direct care, personal care aides, retail, food service, factory work, auto mechanic, bookkeeping, cleaning and secretarial.

The Department provided three Dutchess Community College (DCC) classes onsite at Continuing Day Treatment Centers for forty-three patients. In addition, eight patients were sponsored for a class on campus at DCC or other adult education programs.

The Coordinator also monitors the work of a Mobile Benefit Advisement Counselor who is employed by Taconic Resources for Independence, Inc., a local, not-for-profit agency. The Counselor had 441 contacts during the year. The contacts included either individual consultations or group presentations to staff and consumers. Through a New York State Office of Alcoholism & Substance Abuse Services (OASAS) vocational grant, sixty-five individuals in treatment for chemical dependency achieved work readiness status, and forty-nine individuals in treatment became newly employed.

**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, Jacqueline White, LCSW, monitors the current housing needs, contracts, and assists in planning and development. The Coordinator oversees all licensed and unlicensed housing programs for persons coping with mental illness, which sometimes includes housing for families. She is a resource to the housing providers who house those individuals with chemical...
Continuing Services Programs

Four Continuing Day Treatment Centers (CTCs) and a Satellite offer supportive, flexible and continuous treatment programs that (a) assist individuals with severe mental illness, (b) monitor and manage psychiatric symptoms; and (c) sustain and/or improve emotional, cognitive and social functioning. The centers are located in Hopewell Junction, Millbrook, Poughkeepsie and Rhinebeck. A Satellite program is offered to residents of Hedgewood Adult Home in the City of Beacon.

A primary focus of the 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. These include a combination of a psycho-social approach, giving clinical treatment, support and assistance to patients and a rehabilitative approach, identifying areas of skill deficits and teaching social skills that are life-relevant and designed to prepare appropriate individuals for the highly-focused and goal-specific rehabilitation interventions.

In addition to intensive psychiatric rehabilitation, many different activity/therapy groups are offered. Staff at the CTCs 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 therapeutic focus of the program includes individual therapy, group therapy, occupational therapy, socialization skills, community living skills, nursing, speech and hearing program, activities of daily living, work activities, medication management, recreation and vocational/educational supports.

The Centers also have in place a multitude of therapy and activity groups targeted for varying levels of participation and interests. These include consumer groups, family involvement, development of self-esteem, pre-vocational and vocational skills, independent living skills, psycho-educational groups, recreation, and chemical dependency recovery groups.

<table>
<thead>
<tr>
<th>No. of Persons Served in the CTCs</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Millbrook CTC</td>
<td>134</td>
</tr>
<tr>
<td>Poughkeepsie CTC</td>
<td>258</td>
</tr>
<tr>
<td>Rhinebeck CTC</td>
<td>175</td>
</tr>
<tr>
<td>So. Dutchess CTC</td>
<td>276</td>
</tr>
<tr>
<td>Total CTC’s</td>
<td>843</td>
</tr>
</tbody>
</table>

Staff at Rhinebeck Continuing Treatment Center were interviewed on January 20 to discuss the various projects and activities which are in full swing at the Center. Drawing between 150-175 patients from the northern Dutchess and Poughkeepsie areas, many are involved in volunteer projects, including working with Scenic Hudson, Inc. (an environmental group), trailblazing and cleanup at local parks (including “Poet’s Walk”), and animal care at the SPCA in Hyde Park. A strong MICA (Mentally Ill Chemical Abuser) group meets regularly. Shown, (l-r): Craig Zisman, RN; Mary Stuewer, LCSW; Amy D’Antonio, Recreational Therapist and Wendy Linehan, RN.

A Craft Fair with the theme “A Little Extra Something” featured arts and crafts for the holidays. Items made by staff and patients at the Millbrook and Rhinebeck Continuing Treatment Centers were on display in the cafeteria on November 18 from 10 a.m. to 3 p.m.
The Division of Mental Health Services, with a full-time Division Chief who is responsible for its day-to-day operation, is divided into several units: a Partial Hospitalization Program, the Special Services Team and four Continuing Treatment Centers (CTC’s), including a Satellite Center at Hedgewood Adult Home in the City of Beacon. Each unit has its own Clinical Unit Administrator or Supervising Clinician. Also, several staff persons report directly to Frank DeSiervo, LCSW, the Division Chief: the Children’s Services Coordinator, the Geriatrics Services Coordinator, the Assisted Outpatient Treatment Coordinator, a Housing Coordinator and a Vocational/Educational Coordinator.

The Division also provides administrative oversight for mental health services in contracted outpatient adult mental health clinics and community-based services to children and youth. 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.

In addition to extensive administrative functions, the Division Chief chairs a Providers Committee which meets quarterly 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, Children & Youth and Geriatric Subcommittees of the Mental Hygiene Board.

Both consumers and providers of mental health services participated in two Department-sponsored Public Forums dealing with service needs of both children and adults which took place at the Mental Health Center in May. These events assisted staff in the preparation of the 2006 Local Governmental Plan.

### Partial Hospitalization Program (PHP)

The Partial Hospitalization Program (PHP) is a short-term day hospital with a group-oriented program for persons who are in acute distress. The average length of stay is four weeks, with the maximum being six weeks. The program’s Clinical Unit Administrator is John Stern, LCSW. A full staff of professionals operate the program six hours a day, five days a week, and give priority placement to those community patients who are emotionally distressed but are able to be maintained at home on weekends and evenings. Priority is also given to those in need of a post-hospital placement, where staff assist patients in their readjustment to the community.

Staff from PHP and the Continuing Services Program collaborate on recommendations for further treatment for those patients who are no longer eligible for PHP and may need a level of care offered through the Continuing Treatment Centers or an outside community agency.

<table>
<thead>
<tr>
<th>No. of Patients Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>264</td>
<td>4,470</td>
</tr>
</tbody>
</table>

### Special Services Team

The Special Services Team, under the direction of Naomi Ferleger, Ph.D., is a completely independent unit which deals with persons who are difficult to treat and/or who are resistive toward traditional treatment services. Many of the cases are referred for poor or nonattendance at programs. Much activity consists of interviewing, assessment and negotiation. The Team provides individual, family and couples therapy, as well as psychiatric evaluations and medication management.

<table>
<thead>
<tr>
<th>No. of Persons Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>208*</td>
<td>3,731</td>
</tr>
</tbody>
</table>

*Face-to-face services
On January 21, Bonnie Scheer, LCSW, Director, Office of Community Services, presented an inservice on "Child Abuse and Neglect for mandated Reporters." This inservice is open to professionals in the community as well as to DMH clinical staff, and a fee of $25.00 is charged for non-DMH attendees. Attending were: Seated, (l-r): Yvonne Poley, Marist College and Bonnie Scheer. Standing (l-r): Nathan Ezzo, Family Services, Inc; Debra Health, Saint Francis Hospital; Yasuko Hatano-Collier, Private Psychotherapist.

Members of the Department’s Trauma Team met on January 5 to review strategies and future directions. Under the leadership of Bonnie Scheer, LCSW, the Team continues to respond to crisis counseling requests following untoward events happening in the community. Team members Bonnie Scheer, Holly Greer, LCSW, Vocational/Educational Coordinator and Colleen Feroe, LCSW, Forensic Coordinator, Intensive Treatment Alternatives Program, also participate on the Dutchess County Criminal Incident Response Team (CIRT) led by Steve Tuttle from the Arlington Fire Department as well as the Dutchess County Department of Emergency Response (911). This team, which is supported by County Executive Bill Steinhaus, Commissioner Glatt and DeWitt Sagandorf, Director of Emergency Response, provides critical incident stress management services to emergency personnel (i.e., Firefighters, Emergency Medical Technicians and Police) throughout Dutchess County. At this session were, (l-r): Burt Morgan, LCSW, Assisted Outpatient Treatment Coordinator; Karen Trokan, LCSW, Children's Services Coordinator; Bonnie Scheer; Dr. Naomi Ferleger, Special Services Team Coordinator; Holly Greer, LCSW, Educational/Vocational Coordinator; Kathleen Spencer, RNC, Quality Improvement Coordinator and Dr. James Matranga, Director of the Psychology Internship Program.

Many staff attended an inservice on "AIDS Confidentiality Issues" presented by ARCS (AIDS-Related Community Services) on November 4. At the session, (l-r): Karen Timour, Presenter; Lois Dougherty, RN, Southern Dutchess Continuing Treatment Center; David Glickman, Intern, Special Services Team; Nancy Kanetzky, LCSW, Family Services, Inc. and James Schiller, Psychology Intern.
There were inservice training sessions which were offered to Department staff and affiliated agency staff. The following is a listing of inservices presented:

January:
- Child Abuse and Neglect for Mandated Reporters
- Update on HIV/AIDS and ARCS

February:
- Non-Invasive Regulation of the Nervous system
- Bio-Feedback and Neuro-Feedback
- Child Abuse and Neglect for Mandated Reporters

March:
- Dialectical Behavior Therapy
- Medical Issues Related to Developmental Disabilities

April:
- Autism and Aspergers
- The Cultures of Recovery

May:
- Duty to Warn Legislation
- Medical Reserve Corps Training for Volunteers With Expertise in Mental Health

June:
- Stalking

September:
- HIPAA (Health Insurance Portability and Accountability Act)
- Child Abuse and Neglect for Mandated Reporters

October:
- Integrated Treatment
- Being Assertive in the Real World

November:
- HIV/AIDS: Confidentiality Issues

December:
- Streamlining Access to Dutchess County's Case Management System

Staff were presented with an illuminating discussion on the subject of "Stalking", presented on June 3 by Dee DePorto, Assistant Executive Director of the YWCA Battered Women's Program. DePorto discussed laws on stalking, typologies of stalkers, safety plans and resources. Seated: Dee DePorto; Standing, (l-r): Bonnie Scheer, LCSW, Community Services; Terri Monte-Caruso, Poughkeepsie Continuing Treatment Center; Crystal Attanasio, Poughkeepsie Continuing Treatment Center and Chris Piotti, RN, Special Services Team.

Twice a month the psychology interns receive training at a seminar on "Neuropsychological Assessment" conducted by Dr. Lou Calabro, Clinic for the Multi-Disabled. Also participating at this session was Dr. Benjamin Hayden, Division Chief, Developmental Disabilities Services. At the October 7 session were, (l-r): Michele Lewin, Angela Mairet Sorenson, Diana Johnson, Dr. Hayden, James Schiller and Maria Santiago-Padin. Seated: Dr. Calabro.
Office of Community Services

The Office of Community Services (OCS) administers the consultation and education activities of the Department and provides the supervision for HELPLINE, the 24-hour, 7-day-a-week crisis counseling, information and referral service. In addition, the Director, Bonnie Scheer, LCSW, monitors inpatient admissions and discharges, tracks emergency admissions to Saint Francis Hospital's Emergency Service, supervises the student internship programs, as well as heading up the Trauma Team and the Mental Health Committee for the Dutchess County Medical Reserve Corps.

HELPLINE

The Department’s 24-hour crisis counseling, information and referral service 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 access the information and referral service 24 hours a day, whenever a person in need calls. This year, HELPLINE received a full five-year accreditation from the American Association of Suicidology.

No. of Persons Served | Volume of Service**
--- | ---
2,912* | 13,291

*Unduplicated count of identified patients
**326 of the 13,291 services were face-to-face

No. of Phone Contacts | Average No. Per Month
--- | ---
12,968 | 1,081

HELPLINE SERVICES - Phone & Face-To-Face

<table>
<thead>
<tr>
<th>Crisis</th>
<th>Interv.</th>
<th>Pre-Intake</th>
<th>Info &amp; Referral</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN</td>
<td>483</td>
<td>425</td>
<td>101</td>
<td>70</td>
<td>1,079</td>
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<tr>
<td>FEB</td>
<td>416</td>
<td>432</td>
<td>94</td>
<td>84</td>
<td>1,026</td>
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<tr>
<td>MAR</td>
<td>501</td>
<td>535</td>
<td>114</td>
<td>91</td>
<td>1,241</td>
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<tr>
<td>APR</td>
<td>452</td>
<td>451</td>
<td>90</td>
<td>98</td>
<td>1,091</td>
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<tr>
<td>MAY</td>
<td>511</td>
<td>429</td>
<td>97</td>
<td>79</td>
<td>1,116</td>
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<tr>
<td>JUN</td>
<td>464</td>
<td>445</td>
<td>97</td>
<td>97</td>
<td>1,103</td>
</tr>
<tr>
<td>JUL</td>
<td>483</td>
<td>397</td>
<td>98</td>
<td>70</td>
<td>1,048</td>
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<tr>
<td>AUG</td>
<td>455</td>
<td>450</td>
<td>91</td>
<td>87</td>
<td>1,083</td>
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<tr>
<td>SEPT</td>
<td>469</td>
<td>404</td>
<td>83</td>
<td>94</td>
<td>1,050</td>
</tr>
<tr>
<td>OCT</td>
<td>560</td>
<td>433</td>
<td>82</td>
<td>82</td>
<td>1,157</td>
</tr>
<tr>
<td>NOV</td>
<td>567</td>
<td>486</td>
<td>80</td>
<td>80</td>
<td>1,213</td>
</tr>
<tr>
<td>DEC</td>
<td>558</td>
<td>371</td>
<td>80</td>
<td>75</td>
<td>1,084</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>5,919</strong></td>
<td><strong>5,258</strong></td>
<td><strong>1,107</strong></td>
<td><strong>1,007</strong></td>
<td><strong>13,291</strong></td>
</tr>
</tbody>
</table>

Certificates of Completion were awarded at a farewell luncheon and award ceremony held on August 19 for the 2004-05 psychology interns. Shown (l-r): Lasa Hung, Meghan Lynch, Dr. James Matranga, Program Director; Shalyn Thomas, Christine Zych-Oellien and Jim Alessandro.

Consultation and Education

Consultation and Education (C&E) activities are conducted primarily through the DMH Offices of Community Services and Communications, as well as under contract with the Mental Health Association in Dutchess County, Inc.

C&E activities include a wide range of services to outside individuals, groups and agencies, as well as providing ample inservice opportunities for professionals and support staff. The DMH Communications Director, MaryAnn Lohrey, MS, serves as a resource person for community education, public information and promotion of C&E activities taking place in the community.

With the Department having been approved by the State Education Department’s Office of Professional Credentialing as a provider of training, the Office of Community Services offers ongoing training sessions in child abuse reporting for individuals who have been designated as mandated reporters. The Office also provides training on mental hygiene issues to new police personnel in the region.

In Social Work:

Four social work students completed the Academic Year 2005. The students, from Adelphi University, were placed in supervision at the Clinic for the Multi-Disabled, Rhinebeck Continuing Treatment Center, the Intensive Treatment Alternatives Program in the Division of Chemical Dependency Services and in Enhanced Case Management Services.

Field Placements:

The Office of Community Services also provides field placement experiences for Bachelor’s and Master’s level students from Marist College and undergraduates attending Dutchess Community College.

Field Placements:

The Office of Community Services also provides field placement experiences for Bachelor’s and Master’s level students from Marist College and undergraduates attending Dutchess Community College.
**Emergency Services**

Psychiatric emergency services are provided by Saint Francis Hospital (SFH) in its Emergency Department (ED). In 2005, there were 3,526 face-to-face contacts in the Emergency Department, of which 939 were open patients of the public behavioral healthcare system.

The disposition of public sector patients seen at Saint Francis Hospital’s ED are shown below.

<table>
<thead>
<tr>
<th>Disposition of Public Sector Patients Seen at SFH/ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred back to Clinics</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>JAN</td>
</tr>
<tr>
<td>FEB</td>
</tr>
<tr>
<td>MAR</td>
</tr>
<tr>
<td>APR</td>
</tr>
<tr>
<td>MAY</td>
</tr>
<tr>
<td>JUN</td>
</tr>
<tr>
<td>JULY/AUG</td>
</tr>
<tr>
<td>SEPT</td>
</tr>
<tr>
<td>OCT</td>
</tr>
<tr>
<td>NOV</td>
</tr>
<tr>
<td>DEC</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

*Note: Of the 1,735 total hospitalizations, 939, or 54%, were public sector patients (individuals registered with DMH or one of its contract agencies.)*

**Crisis Residence**

Hudson River Psychiatric Center (HRPC) operates a Crisis Residence for individuals over 18 years of age who are mentally ill and who are experiencing acute difficulties which require their removal from their regular living environment but, at the same time, not so severe as to require admission to an inpatient unit.

Typically, referrals to this program are made by the Department’s HELPLINE staff, the Mental Health Association’s Case Management Program staff and from Saint Francis Hospital’s ED.

Once a patient is accepted, a treatment plan is developed in collaboration with referring staff and, in most circumstances, the staff will continue to monitor the case during the Crisis Residence stay. It is generally expected that a return to another level of housing will take place within 21 days and patients exceeding this length of stay can do so only with the approval of the HRPC Director of Community Services.

<table>
<thead>
<tr>
<th>No. of Patients Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>254*</td>
<td>3,825</td>
</tr>
</tbody>
</table>

*Note: Dutchess County residents only*
Psychiatric Inpatient Services

The Department has access to community-based acute inpatient care for individuals in need of psychiatric hospitalization through contractual agreements with Saint Francis Hospital (SFH) in Poughkeepsie. With 46 adult and 13 adolescent mental health beds, the Hospital is located directly across North Road from the Community Mental Health Center. Patients from Southern Dutchess may be directed to either St. Luke’s/Cornwall (Orange County) or Putnam Hospitals.

Hudson River Psychiatric Center (HRPC), the New York State-operated facility which serves local residents, is utilized for longer term hospitalizations. HRPC admits persons over the age of 18 years. Dutchess County residents may be admitted to HRPC only when more than acute care is indicated or when there are no beds available at SFH or other nearby community hospitals.

The trend in psychiatric inpatient admissions over the past twenty-five years in the two major components of state/community care in the Dutchess County network of service is shown in Figure 9, page 29. Throughout this time frame, the number of admissions to community-based hospitals has risen, while admissions to the state facility have continued to show drastic reductions, reflecting the philosophy of providing community care wherever possible.

Comparison of Inpatient Admissions:

Saint Francis Inpatient 1,755
HRPC 133

Figure 10 on page 30 reflects the number of hospital admissions from the SFH Emergency Department to the various inpatient facilities in 2005.

Admissions from Saint Francis ER:

Saint Francis Hospital 1,473
HRPC 9
Other Hospitals 253
Total Hospitalizations 1,735

Student Internship Programs

In Psychology:

The Pre-Doctoral Psychology Internship Training Program admitted the nineteenth class of interns in September. This training program, which has been fully accredited by the American Psychological Association (APA) since 1989, draws its students from a diverse nationwide pool of doctoral candidates from graduate university programs or independent schools of professional psychology. The yearlong program is a

The Trauma Team

In 2005, the Dutchess County Trauma Team completed its fifteenth full year of providing service. The Team’s specific purpose is to aid in community and family disasters where emotional and psychological support is indicated and/or requested. All members of the Team, consisting of the Coordinator and eight 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 also 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 an incident) to: untoward deaths; suicides; disasters (e.g., fires or accidents involving police, fire and rescue squads); and situations requiring crisis counseling and/or debriefing. They have 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.

Several team members also participate on the Dutchess County Critical Incident Response Team (CIRT). The Team provides stress management services to emergency personnel (i.e., Firefighters, Emergency Medical Technicians, and Police) throughout Dutchess County.
Psychiatric Inpatient Services

The Department has access to community-based acute inpatient care for individuals in need of psychiatric hospitalization through contractual agreements with Saint Francis Hospital (SFH) in Poughkeepsie. With 46 adult and 13 adolescent mental health beds, the Hospital is located directly across North Road from the Community Mental Health Center. Patients from Southern Dutchess may be directed to either St. Luke's/Cornwall (Orange County) or Putnam Hospitals.

Hudson River Psychiatric Center (HRPC), the New York State-operated facility which serves local residents, is utilized for longer term hospitalizations. HRPC admits persons over the age of 18 years. Dutchess County residents may be admitted to HRPC only when more than acute care is indicated or when there are no beds available at SFH or other nearby community hospitals.

The trend in psychiatric inpatient admissions over the past twenty-five years in the two major components of state/community care in the Dutchess County network of service is shown in Figure 9, page 29. Throughout this time frame, the number of admissions to community-based hospitals has risen, while admissions to the state facility have continued to show drastic reductions, reflecting the philosophy of providing community care wherever possible.

Comparison of Inpatient Admissions:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Francis Inpatient</td>
<td>1,755</td>
</tr>
<tr>
<td>HRPC</td>
<td>133</td>
</tr>
</tbody>
</table>

Figure 10 on page 30 reflects the number of hospital admissions from the SFH Emergency Department to the various inpatient facilities in 2005.

Admissions from Saint Francis ER:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Francis Hospital</td>
<td>1,473</td>
</tr>
<tr>
<td>HRPC</td>
<td>9</td>
</tr>
<tr>
<td>Other Hospitals</td>
<td>253</td>
</tr>
<tr>
<td>Total Hospitalizations</td>
<td>1,735</td>
</tr>
</tbody>
</table>

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Emergency Services

Psychiatric emergency services are provided by Saint Francis Hospital (SFH) in its Emergency Department (ED). In 2005, there were 3,526 face-to-face contacts in the Emergency Department, of which 939 were open patients of the public behavioral healthcare system.

The disposition of public sector patients seen at Saint Francis Hospital’s ED are shown below.

<table>
<thead>
<tr>
<th>Disposition of Public Sector Patients Seen at SFH/ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred back to Clinics</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>JAN</td>
</tr>
<tr>
<td>FEB</td>
</tr>
<tr>
<td>MAR</td>
</tr>
<tr>
<td>APR</td>
</tr>
<tr>
<td>MAY</td>
</tr>
<tr>
<td>JUN</td>
</tr>
<tr>
<td>JULY/AUG</td>
</tr>
<tr>
<td>SEPT</td>
</tr>
<tr>
<td>OCT</td>
</tr>
<tr>
<td>NOV</td>
</tr>
<tr>
<td>DEC</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

Crisis Residence

Hudson River Psychiatric Center (HRPC) operates a Crisis Residence for individuals over 18 years of age who are mentally ill and who are experiencing acute difficulties which require their removal from their regular living environment but, at the same time, not so severe as to require admission to an inpatient unit.

Typically, referrals to this program are made by the Department’s HELPLINE staff, the Mental Health Association’s Case Management Program staff and from Saint Francis Hospital’s ED.

Once a patient is accepted, a treatment plan is developed in collaboration with referring staff, and, in most circumstances, the staff will continue to monitor the case during the Crisis Residence stay. It is generally expected that a return to another level of housing will take place within 21 days and patients exceeding this length of stay can do so only with the approval of the HRPC Director of Community Services.

<table>
<thead>
<tr>
<th>No. of Patients Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>254*</td>
<td>3,825</td>
</tr>
</tbody>
</table>

*Dutchess County residents only

Dr. Philip Miller, Clinical Unit Administrator, and Angela Mastrantuono, LCSW, Social Worker I, accept a certificate from the Mental Hygiene Board on behalf of all HELPLINE staff at a February 28 Board meeting. The Certificate of Recognition read: "The Members of the Dutchess County Mental Hygiene Board commend the staff of Dutchess County HELPLINE for their skills, expertise and role in saving lives through suicide assessment and successful intervention."

Figure 11
Office of Community Services

The Office of Community Services (OCS) administers the consultation and education activities of the Department and provides the supervision for HELPLINE, the 24-hour, 7-day-a-week crisis counseling, information and referral service. In addition, the Director, Bonnie Scheer, LCSEW, monitors inpatient admissions and discharges, tracks emergency admissions to Saint Francis Hospital's Emergency Service, supervises the student internship programs, as well as heading up the Trauma Team and the Mental Health Committee for the Dutchess County Medical Reserve Corps.

HELPLINE

The Department’s 24-hour crisis counseling, information and referral service 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 access pre-intake and schedules initial (intake) appointments for all of the public behavioral healthcare programs. Hence, there is one telephone number, 845-485-9700 (Toll-free: 877-485-9700), to call for both adult and children’s services in Dutchess County, regardless of location. This year, HELPLINE received a full five-year accreditation from the American Association of Suicidology.

No. of Persons Served Volume of Service**
2,912* 13,291

*Unduplicated count of identified patients
**326 of the 13,291 services were face-to-face

No. of Phone Contacts 12,968 Average No. Per Month 1,081

<table>
<thead>
<tr>
<th>Crisis</th>
<th>Interv. Pre-Intake</th>
<th>Info &amp; Referral</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN</td>
<td>483</td>
<td>425</td>
<td>101</td>
<td>70</td>
</tr>
<tr>
<td>FEB</td>
<td>416</td>
<td>432</td>
<td>94</td>
<td>84</td>
</tr>
<tr>
<td>MAR</td>
<td>501</td>
<td>535</td>
<td>114</td>
<td>91</td>
</tr>
<tr>
<td>APR</td>
<td>452</td>
<td>451</td>
<td>90</td>
<td>98</td>
</tr>
<tr>
<td>MAY</td>
<td>511</td>
<td>429</td>
<td>97</td>
<td>79</td>
</tr>
<tr>
<td>JUN</td>
<td>464</td>
<td>445</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>JUL</td>
<td>483</td>
<td>397</td>
<td>98</td>
<td>70</td>
</tr>
<tr>
<td>AUG</td>
<td>455</td>
<td>450</td>
<td>91</td>
<td>87</td>
</tr>
<tr>
<td>SEPT</td>
<td>469</td>
<td>404</td>
<td>83</td>
<td>94</td>
</tr>
<tr>
<td>OCT</td>
<td>560</td>
<td>433</td>
<td>82</td>
<td>82</td>
</tr>
<tr>
<td>NOV</td>
<td>567</td>
<td>486</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>DEC</td>
<td>558</td>
<td>371</td>
<td>80</td>
<td>75</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>5,919</strong></td>
<td><strong>5,258</strong></td>
<td><strong>1,107</strong></td>
<td><strong>1,007</strong></td>
</tr>
</tbody>
</table>

HELPLINE SERVICES - Phone & Face-To-Face

Consultation and Education

Consultation and Education (C&E) activities are conducted primarily through the DMH Offices of Community Services and Communications, as well as under contract with the Mental Health Association in Dutchess County, Inc.

C&E activities include a wide range of services to outside individuals, groups and agencies, as well as providing ample inservice opportunities for professionals and support staff. The DMH Communications Director, MaryAnn Lohrey, MS, serves as a resource person for community education, public information and promotion of C&E activities taking place in the community.

With the Department having been approved by the State Education Department’s Office of Professional Credentialing as a provider of training, the Office of Community Services offers ongoing training sessions in child abuse reporting for individuals who have been designated as mandated reporters. The Office also provides training on mental hygiene issues to new police personnel in the region.

In Social Work:

Four social work students completed the Academic Year 2005. The students, from Adelphi University, were placed in supervision at the Clinic for the Multi-Disabled, Rhinebeck Continuing Treatment Center, the Intensive Treatment Alternatives Program in the Division of Chemical Dependency Services and in Enhanced Case Management Services.

Field Placements:

The Office of Community Services also provides field placement experiences for Bachelor’s and Master’s level students from Marist College and undergraduates attending Dutchess Community College.

Certificates of Completion were awarded at a farewell luncheon and award ceremony held on August 19 for the 2004-05 psychology interns. Shown (l-r): Lusa Hung, Meghan Lynch, Dr. James Matranga, Program Director; Shalyn Thomas, Christine Zych-Oellien and Jim Alessandro.
There were inservice training sessions which were offered to Department staff and affiliated agency staff. The following is a listing of inservices presented:

January:
- Child Abuse and Neglect for Mandated Reporters
- Update on HIV/AIDS and ARCS

February:
- Non-Invasive Regulation of the Nervous system
- Bio-Feedback and Neuro-Feedback
- Child Abuse and Neglect for Mandated Reporters

March:
- Dialectical Behavior Therapy
- Medical Issues Related to Developmental Disabilities

April:
- Autism and Aspergers
- The Cultures of Recovery

May:
- Duty to Warn Legislation
- Medical Reserve Corps Training for Volunteers With Expertise in Mental Health

June:
- Stalking

September:
- HIPAA (Health Insurance Portability and Accountability Act)
- Child Abuse and Neglect for Mandated Reporters

October:
- Integrated Treatment
- Being Assertive in the Real World

November:
- HIV/AIDS: Confidentiality Issues

December:
- Streamlining Access to Dutchess County's Case Management System

Staff were presented with an illuminating discussion on the subject of “Stalking”, presented on June 3 by Dee DePorto, Assistant Executive Director of the YWCA Battered Women's Program. DePorto discussed laws on stalking, typologies of stalkers, safety plans and resources. Seated: Dee DePorto; Standing, (l-r): Bonnie Scheer, LCSW, Community Services; Terri Monte-Caruso, Poughkeepsie Continuing Treatment Center; Crystal Attanasio, Poughkeepsie Continuing Treatment Center and Chris Piotti, RN, Special Services Team.

Twice a month the psychology interns receive training at a seminar on "Neuropsychological Assessment" conducted by Dr. Lou Calabro, Clinic for the Multi-Disabled. Also participating at this session was Dr. Benjamin Hayden, Division Chief, Developmental Disabilities Services. At the October 7 session were, (l-r): Michele Lewin, Angela Maret Sorenson, Diana Johnson, Dr. Hayden, James Schiller and Maria Santiago-Padin. Seated: Dr. Calabro.
On January 21, Bonnie Scheer, LCSW, Director, Office of Community Services, presented an inservice on "Child Abuse and Neglect for Mandated Reporters." This inservice is open to professionals in the community as well as to DMH clinical staff, and a fee of $25.00 is charged for non-DMH attendees. Attending were: Seated, (l-r): Yvonne Poley, Marist College and Bonnie Scheer. Standing (l-r): Nathan Ezzo, Family Services, Inc; Debra Health, Saint Francis Hospital; Yasuko Hatano-Collier, Private Psychotherapist.

Members of the Department's Trauma Team met on January 5 to review strategies and future directions. Under the leadership of Bonnie Scheer, LCSW, the Team continues to respond to crisis counseling requests following untoward events happening in the community. Team members Bonnie Scheer, Holly Greer, LCSW, Vocational/Educational Coordinator and Colleen Feroe, LCSW, Forensic Coordinator, Intensive Treatment Alternatives Program, also participate on the Dutchess County Criminal Incident Response Team (CIRT) led by Steve Tuttle from the Arlington Fire Department as well as the Dutchess County Department of Emergency Response (911). This team, which is supported by County Executive Bill Steinhaus, Commissioner Glatt and DeWitt Sagandorf, Director of Emergency Response, provides critical incident stress management services to emergency personnel (i.e., Firefighters, Emergency Medical Technicians and Police) throughout Dutchess County. At this session were, (l-r): Burt Morgan, LCSW, Assisted Outpatient Treatment Coordinator; Karen Trokan, LCSW, Children's Services Coordinator; Bonnie Scheer; Dr. Naomi Ferleger, Special Services Team Coordinator; Holly Greer, LCSW, Educational/Vocational Coordinator; Kathleen Spencer, RNC, Quality Improvement Coordinator and Dr. James Matranga, Director of the Psychology Internship Program.

On January 21, Bonnie Scheer, LCSW, Director, Office of Community Services, presented an inservice on "AIDS Confidentiality Issues" presented by ARCS (AIDS-Related Community Services) on November 4. At the session, (l-r): Karen Timour, Presenter; Lois Dougherty, RN, Southern Dutchess Continuing Treatment Center; David Glickman, Intern, Special Services Team; Nancy Kanetzky, LCSW, Family Services, Inc and James Schiller, Psychology Intern.

Many staff attended an inservice on "AIDS Confidentiality Issues" presented by ARCS (AIDS-Related Community Services) on November 4. At the session, (l-r): Karen Timour, Presenter; Lois Dougherty, RN, Southern Dutchess Continuing Treatment Center; David Glickman, Intern, Special Services Team; Nancy Kanetzky, LCSW, Family Services, Inc and James Schiller, Psychology Intern.
The Division of Mental Health Services, with a full-time Division Chief who is responsible for its day-to-day operation, is divided into several units: a Partial Hospitalization Program, the Special Services Team and four Continuing Treatment Centers (CTC’s), including a Satellite Center at Hedgewood Adult Home in the City of Beacon. Each unit has its own Clinical Unit Administrator or Supervising Clinician. Also, several staff persons report directly to Frank DeSiervo, LCSW, the Division Chief: the Children’s Services Coordinator, the Geriatrics Services Coordinator, the Assisted Outpatient Treatment Coordinator, a Housing Coordinator and a Vocational/Educational Coordinator.

The Division also provides administrative oversight for mental health services in contracted outpatient adult mental health clinics and community-based services to children and youth. 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.

In addition to extensive administrative functions, the Division Chief chairs a Providers Committee which meets quarterly 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, Children & Youth and Geriatric Subcommittees of the Mental Hygiene Board.

Both consumers and providers of mental health services participated in two Department-sponsored Public Forums dealing with service needs of both children and adults which took place at the Mental Health Center in May. These events assisted staff in the preparation of the 2006 Local Governmental Plan.

Partial Hospitalization Program (PHP)

The Partial Hospitalization Program (PHP) is a short-term day hospital with a group-oriented program for persons who are in acute distress. The average length of stay is four weeks, with the maximum being six weeks. The program’s Clinical Unit Administrator is John Stern, LCSW. A full staff of professionals operate the program six hours a day, five days a week, and give priority placement to those community patients who are emotionally distressed but are able to be maintained at home on weekends and evenings. Priority is also given to those in need of a post-hospital placement, where staff assist patients in their readjustment to the community.

Staff from PHP and the Continuing Services Program collaborate on recommendations for further treatment for those patients who are no longer eligible for PHP and may need a level of care offered through the Continuing Treatment Centers or an outside community agency.

<table>
<thead>
<tr>
<th></th>
<th>No. of Patients Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHP</td>
<td>264</td>
<td>4,470</td>
</tr>
</tbody>
</table>

Special Services Team

The Special Services Team, under the direction of Naomi Ferleger, Ph.D., is a completely independent unit which deals with persons who are difficult to treat and/or who are resistive toward traditional treatment services. Many of the cases are referred for poor or nonattendance at programs. Much activity consists of interviewing, assessment and negotiation. The Team provides individual, family and couples therapy, as well as psychiatric evaluations and medication management.

<table>
<thead>
<tr>
<th></th>
<th>No. of Persons Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Services Team</td>
<td>208*</td>
<td>3,731</td>
</tr>
</tbody>
</table>

*N. Face-to-face services

Figure 6
Continuing Services Programs

Four Continuing Day Treatment Centers (CTCs) and a Satellite offer supportive, flexible and continuous treatment programs that (a) assist individuals with severe mental illness; (b) monitor and manage psychiatric symptoms; and (c) sustain and/or improve emotional, cognitive and social functioning. The centers are located in Hopewell Junction, Millbrook, Poughkeepsie and Rhinebeck. A Satellite program is offered to residents of Hedgewood Adult Home in the City of Beacon.

A primary focus of the 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. These include a combination of a psychosocial approach, giving clinical treatment, support and assistance to patients and a rehabilitative approach, identifying areas of skill deficits and teaching social skills that are life-relevant and designed to prepare appropriate individuals for the highly-focused and goal-specific rehabilitation interventions.

In addition to intensive psychiatric rehabilitation, many different activity/therapy groups are offered. Staff at the CTCs 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 therapeutic focus of the program includes individual therapy, group therapy, occupational therapy, socialization skills, community living skills, nursing, speech and hearing program, activities of daily living, work activities, medication management, recreation and vocational/educational supports.

The Centers also have in place a multitude of therapy and activity groups targeted for varying levels of participation and interests. These include consumer groups, family involvement, development of self-esteem, pre-vocational and vocational skills, independent living skills, psycho-educational groups, recreation, and chemical dependency recovery groups.

Staff at Rhinebeck Continuing Treatment Center were interviewed on January 20 to discuss the various projects and activities which are in full swing at the Center. Drawing between 150-175 patients from the northern Dutchess and Poughkeepsie areas, many are involved in volunteer projects, including working with Scenic Hudson, Inc. (an environmental group), trailblazing and cleanup at local parks (including “Poet’s Walk”), and animal care at the SPCA in Hyde Park. A strong MICA (Mentally Ill Chemical Abuser) group meets regularly. Shown, (l-r): Craig Zisman, RN; Mary Stuewer, LCSW; Amy D’Antonio, Recreational Therapist and Wendy Linehan, RN.

A Craft Fair with the theme "A Little Extra Something" featured arts and crafts for the holidays. Items made by staff and patients at the Millbrook and Rhinebeck Continuing Treatment Centers were on display in the cafeteria on November 18 from 10 a.m. to 3 p.m.

<table>
<thead>
<tr>
<th>No. of Persons Served in the CTCs</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Millbrook CTC 134</td>
<td>15,457</td>
</tr>
<tr>
<td>Poughkeepsie CTC 258</td>
<td>20,645</td>
</tr>
<tr>
<td>Rhinebeck CTC 175</td>
<td>23,692</td>
</tr>
<tr>
<td>So. Dutchess CTC 276</td>
<td>26,361</td>
</tr>
<tr>
<td>Total CTC’s 843</td>
<td>86,155</td>
</tr>
</tbody>
</table>
Figure 4
DEMOGRAPHIC CHARACTERISTICS OF PATIENTS SERVED DURING THE YEAR
Includes DMH Directly-Operated Programs, Family Services, Inc. Mental Health Clinics, Lexington Center for Recovery Chemical Dependency Clinics, and Astor Community-Based Programs.

<table>
<thead>
<tr>
<th>AGE IN YEARS</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>19%</td>
</tr>
<tr>
<td>18-21</td>
<td>9%</td>
</tr>
<tr>
<td>22-29</td>
<td>12%</td>
</tr>
<tr>
<td>30-39</td>
<td>20%</td>
</tr>
<tr>
<td>40-49</td>
<td>23%</td>
</tr>
<tr>
<td>50-59</td>
<td>14%</td>
</tr>
<tr>
<td>60-69</td>
<td>5%</td>
</tr>
<tr>
<td>70+</td>
<td>2%</td>
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</table>

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>55%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>45%</td>
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</table>

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>68.4%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>6.8%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>6.8%</td>
</tr>
<tr>
<td>OTHER</td>
<td>3%</td>
</tr>
<tr>
<td>NATIVE AMERICAN</td>
<td>0.4%</td>
</tr>
<tr>
<td>AFRICAN AMERICAN</td>
<td>20.8%</td>
</tr>
<tr>
<td>OTHER</td>
<td>3%</td>
</tr>
</tbody>
</table>

Vocational/Educational Coordination

Holly Greer, MA, LCSW, Vocational/Educational Coordinator, works with all disability groups to coordinate vocational services. Ms. Greer serves on numerous advisory boards and committees to ensure that vocational and educational needs of individuals in recovery are considered. She also serves as a vocational resource person for the community and is a strong advocate for increased vocational opportunities for people in recovery and for the supports they need to maintain employment in the community.

In 2005, there were many changes to New York State Office of Mental Health’s (OMH) vocational services. These continued to be directly related to the anticipation that the vocational services would be rolled into the new OMH program “Personalized Recovery Oriented Services” (PROS). Although PROS did not begin in 2005 as anticipated, OMH does continue to fund a limited number of vocational programs. During the year they funded the Astor Vocational Case Manager, the Gateway Community Industries Southern Dutchess Vocational Alternatives, Gateway Community Industries Internship Program, and Extended Follow-Along Support.

Dutchess County had a monthly average of 126 people in OMH-funded Extended Follow-Along during the year. These individuals were employed in over 117 area businesses, including: ABM at IBM, Adams Machinery, All Sport Fitness Club, Arnold’s Moving and Storage, Bank of America, Baptist Home, Boston Market, Dutchess County Mail Team, Dunkin’ Donuts, Home Depot, New York Mall Management, Papa Joe’s and Verizon. People were employed in a wide array of positions, and they represent a wide range of abilities. Examples of the areas of work included child care, direct care, personal care aides, retail, food service, factory work, auto mechanic, bookkeeping, cleaning and secretarial.

The Department provided three Dutchess Community College (DCC) classes onsite at Continuing Day Treatment Centers for forty-three patients. In addition, eight patients were sponsored for a class on campus at DCC or other adult education programs.

The Coordinator also monitors the work of a Mobile Benefit Advisement Counselor who is employed by Taconic Resources for Independence, Inc., a local, not-for-profit agency. The Counselor had 441 contacts during the year. The contacts included either individual consultations or group presentations to staff and consumers. Through a New York State Office of Alcoholism & Substance Abuse Services (OASAS) vocational grant, sixty-five individuals in treatment for chemical dependency achieved work readiness status, and forty-nine individuals in treatment became newly employed.

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 assists in planning and development. The Coordinator oversees all licensed and unlicensed housing programs for persons coping with mental illness, which sometimes includes housing for families. She is a resource to the housing providers who house those individuals with chemical
addictions or developmental disabilities. The Coordinator also assists the local NYS Office of Mental Health Field Office in site reviews and is a resource to many agencies.

A part of the Coordinator’s responsibilities is to facilitate quarterly length-of-stay (LOS) meetings with various licensed community residential providers and to monitor these residences to insure that patients are receiving appropriate residential services. The meetings are scheduled at the not-for-profit community residences as well as State-operated community residences.

2005 marked the fifth year of the new 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 and availability. To date, 1,125 applications for residential services were processed and 347 received placements (not all individuals met the criteria, or found alternate housing arrangements not included in the SPOE process). The SPOE Housing Providers meet monthly in conjunction with Case Management to discuss and resolve specific housing issues.

The Coordinator continues to chair the quarterly "Difficult to Serve” Committee meetings. This group includes clinical staff from DMH, HRPC, Lexington Center for Recovery, Inc., Family Services, Inc., Saint Francis Hospital, Mental Health Association in DC, Inc., the newly licensed State-operated ACT (Assertive Community Treatment) Team and residential providers. They work together to develop creative and coordinated community-based plans for high need individuals, couples and families for whom conventional treatment and residential plans have not been effective.

Ms. White co-chairs the Dutchess County Housing Consortium (DCHC), a large and diverse group of community leaders in government and local organizations which work together to identify residential requirements of people from various backgrounds who have distinct needs. The group is actively working to address the needs of vulnerable people at risk to be homeless or who are homeless. Subcommittees have been established to work on specific target goals.

The DC Planning Department, with the assistance of DMH, submits a yearly HUD grant application for funding from the Super NOFA process. In 2005, Dutchess County was awarded $645,263 from the SuperNOFA process. This award included renewal funding for Hudson River Housing’s Transitional Living Program and the Shelter Plus Care Project for individuals identified with mental illness and their families, the Grace Smith House Northeast Shelter, and Rehabilitation Support Services Shelter Plus Care project for homeless individuals with both a mental illness and addiction. A new construction project for four units of housing for homeless people was awarded to Hudson River Housing. Also, $35,170 was included for the development of a homeless management information system for HUD-funded programs.

The Housing Consortium presented a program on “Streamlining Access To Dutchess County’s Case Management System” on December 2. Attending the inservice were staff from DMH as well as representatives from various agencies concerned with housing needs of their clients. Some of the attendees (shown below) included: Standing, (l-r): Andrew O’Grady, LCSW, Supervisor, MHA Case Management Program; Jackie White, LCSW, DMH Housing Coordinator; Lou Gagliano, Director, St. Joseph’s House; Michael Cole, LCSW, Director of Program Services, Hudson River Housing, Inc.; Seated, (l-r): Judy Lombardi, LCSW, Director, Grace Smith House, Inc.; and Cynthia Fiore, Director, Taconic Resources for Independence, Inc.
**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 New York State Psychiatric and Developmental Centers. Two such facilities are located in Dutchess County: Hudson River Psychiatric Center, which was downsized to 120 beds, and the 191 beds at the Taconic Developmental Center.

To address the variety of supported residential needs, the Department, along with its community partners, has developed a wide continuum of residential options for individuals, couples and families with mental illness, chemical dependencies and developmental disabilities. These opportunities are located throughout the County and provide various levels of support and assistance. Some housing options provide round-the-clock supervision and skill development, while others provide apartments with monthly visits only. Each participant is assisted in accessing appropriate housing which promotes the highest level of independence. Most of the growth this year was in the development of 11 supported apartments which were funded by the NYS/OMH at the "Downstate" rate.

This housing continuum is overseen and continually evaluated by the DMH Housing Coordinator. As new needs or new resources develop, DMH and its partners respond. In response to identifying special needs, DMH renewed its contract with Hudson River Housing to continue to provide support services for 15 homeless individuals identified with a severe mental illness. Referrals are encouraged from acute care hospitals, State-operated Community Residences and Correctional Facilities.

The demand for safe, affordable housing is evidenced by an increasing population continuing to move northward to Dutchess County and thereby setting the stage for increased housing costs throughout the County. The Section 8 Program changes have also impacted the availability of affordable apartments. This housing market heavily impacts the consumers who seek residential opportunities, and the Department of Mental Hygiene continues to address these issues.

---

**Table I**

<table>
<thead>
<tr>
<th>Category</th>
<th>No. of Residences</th>
<th>Capacity</th>
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<td>I. Residences Licensed By NYS/Office of Mental Health:</td>
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<tr>
<td>Astor Family Respite Beds</td>
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**DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY - DECEMBER 2005**

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<th>Category</th>
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<th>Capacity</th>
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(A) PHONE CONTACTS: CRISIS COUNSELING, PRE-INTAKE, INFORMATION AND REFERRAL; 2912 IDENTIFIED PATIENTS, OR FORMER PATIENTS OF THE DEPARTMENT, WERE SERVED BY HELPLINE.

(B) DUTCHESS COUNTY RESIDENTS ONLY.
## Table I

### DUTCHES COUNTY DEPARTMENT OF MENTAL HYGIENE REPORT JANUARY - DECEMBER 2005

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### Division of Chemical Dependency Services

#### DMH CHEMICAL DEPENDENCY CLINICS

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<th>ITAP DAY REHAB PROGRAM</th>
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<th>ROAD TO RECOVERY</th>
<th>VOCATIONAL CASE MANAGEMENT*</th>
<th>CD CASE MANAGEMENT*</th>
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*Effective 10/1/05 Vocational CM (286) and CD Assessment (289) Services, previously reported under sub-unit 287, are now being reported under sub-unit 268 & sub-unit 269.

#### LCR CHEMICAL DEPENDENCY CLINICS

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<tr>
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<th>MANCHESTER ROAD CD CLINIC</th>
<th>HOBOKEN CD CLINIC</th>
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*Effective 10/1/04

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#### MARC

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<th>ALCOHOL CRISIS CENTER</th>
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<table>
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<tbody>
<tr>
<td>7237</td>
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### AOT Coordination (AOT)

New York State’s Assisted Outpatient Treatment Program (Kendra’s Law) has been in effect since August 1999. The legislation provides for certain mentally ill individuals who, given their treatment history and circumstances, are not likely to survive safely in the community without supervision. The law establishes a procedure for obtaining court orders for these individuals to receive and accept outpatient treatment. 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 twice within the preceding 36 months or led to dangerous behavior 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 service provider (i.e., the Department and/or its contract agencies) to monitor and ensure that the treatment services are provided to the patients. An Intensive Care 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.

Since the inception of the Program, there have been 360 referrals for AOT petitions and, of these, 69 AOT orders were granted. An additional 83 individuals have signed voluntary Enhanced Services Contracts. Coordination of these services is the responsibility of the Department's AOT Coordinator, Francis (Burt) Morgan, LCSW.

### Seated, (l-r): Linda Malave, Hudson River Housing; Audrey Fanning, Saint Francis Hospital; Dr. Kenneth Oelatis, Saint Francis Hospital; Alan Kraus, Family Services, Inc.; Jacki Brownstein, Mental Health Association and Gail Bauer, Rehabilitation Support Services, Inc. Standing, (l-r): Barbara Vitale, Hudson River Housing; Dr. Gus Tsoubris, Astor Home; Nonie Kelley Jacob, HRPC; Karen Trokan, DMH; Claire Newquist, HRPC; Larry Cohen, PEOPLE, Inc.; Frank DeSiervo, DMH; Jerry Leszczynski, Rehabilitation Support Services, Inc.; Sandy Lindmark, Gateway Community Industries; Sue Manning, Hudson River Regional Office; Burt Morgan, DMH; and Darcy McCourt, Gateway Community Industries.

Members of the Mental Health Providers Committee, which meets quarterly and is chaired by Frank DeSiervo, LCSW, met on January 20 at the Mental Health Center. The purpose of this session was to review and give input into DMH’s 2006 Local Government Plan. Discussions revolved around additional needs for inpatient beds, difficulties in the housing market and how budgets impact local outpatient clinic services.
Table I

DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE SERVICE REPORT JANUARY - DECEMBER 2005

<table>
<thead>
<tr>
<th>ON ROLLS</th>
<th>ON ADJUDGES</th>
<th>ON TERMS</th>
<th>ON ROLLS</th>
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Mental Health Division

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Continuing Services Programs

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| SUB-TOTAL | 515 | 995 | 1202 | 936 | 2138 | 60159 |

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Mental Health Association (B)

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FSI Mental Health Clinics

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| COURT EVALUATIONS | 0 | 48 | 47 | 1 | 48 | 47 |

| 2851 | 1177 | 2040 | 2648 | 4778 | 91836 |

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<td>26</td>
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<td>96</td>
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| 1345 | 985 | 1250 | 938 | 2138 | 60159 |

TOTAL MENTAL HEALTH DIVISION

| 4899 | 3737 | 3795 | 4396 | 8381 | 248888 |

TOTAL DC / DMH 2005

| 7237 | 8196 | 8442 | 6991 | 18959 | 520780 |

(A) THERE WERE 579 PATIENTS SERVED BY MHA GENERIC CASE MANAGEMENT; 428 WERE SEEN FACE-TO-FACE.

(B) INCLUDES COMPREH, DUTCHESS HORIZONS, BEACON PSYCHOSOCIAL CLUB, AND THE YOUNG ADULT PROGRAM

(C) THERE WERE 20 PATIENTS, OPEN IN OTHER UNITS, SEEN FACE-TO-FACE BY ASTOR CASE MANAGEMENT.

On May 20, prior to the Department Semi-Annual Meeting of all staff, the Millbrook Continuing Treatment Center held a sale featuring gardening supplies and ornaments in the Dutch Treat Cafe. At the Fair were (below, l-r): Karen Hayes, Partial Hospitalization Program; Sharon Daniels, HELPLINE; Emilie Klump, Millbrook Continuing Treatment Center; Tia Lattrell, Millbrook Continuing Treatment Center.

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Members of the Mental Health and Children & Youth Subcommittees of the Mental Hygiene Board met on February 14 to discuss areas of common concern such as transitioning youth with “aging out” problems. Seated, (l-r): Karen Trokan, LCSW, Children’s Services Coordinator; Sharon Strock, LCSW, Children & Youth; Julie Renda, Mental Health, and Bernadette Barrett, Mental Health. Standing, (l-r): Terry DeFabbia, Children & Youth; Dr. Isaac Rubin, Mental Health; Russ Myers, Children & Youth; Frank DeSiervo, LCSW, Division Chief; Sue Blodgett, Children & Youth; John Campbell, Mental Health and Joy Matusiwick, Mental Health.

Site Review: On October 28, a final summation regarding results of a recent site review by NYS Office of Mental Health (OMH) reviewers for relicensing of the Poughkeepsie Continuing Treatment Center took place at 230 North Road. The results were satisfactory, and the program received a three-year recertification. Shown are (l-r): Frank Barr, OMH Program Compliance Specialist; Kathleen Spencer, RNC, Quality Improvement Coordinator; Mark Henderson, LCSW, Clinical Unit Administrator, Poughkeepsie Continuing Treatment Center. Staff and patients in the Gardening Group at Rhinebeck Continuing Treatment Center enhanced the front entrance to the Mental Health Center with floral plantings in the spring. The project was under the direction of Pat Guercio, Recreational Therapy Assistant (left) and Marie Dynes, LCSW, Social Worker II, (second from left), who are shown with the crew members.

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Lexington in October 2004, remained relatively stable the Manchester Road location. Census in the Metha-
a 10% increase over last year; this mostly occurred at Lexington Center for Recovery, Inc. showed close to
totaled 39,933—a slight decrease of only 63 visits over the
health clinics operated by Family Services, Inc. totaled
recordings of case management services. The number
more people being served by forensic coordination and
ment Centers and Jail-Based Services. Both the number
Special Services Team, Partial Hospitalization Pro-
in the following DMH directly-operated programs:
decrease over last year. Census remained fairly stable the Department were served by HELPLINE—a slight
growth in the number of visits compared with the previous year; no major
to reflect the Mental Health Association's case management, rehabilitation and education programs nor for the Mid-Hudson Addiction Recovery Centers (MARC). The inpatient units at Saint Francis Hospital served 123 more persons this year while the Emergency Department saw a decrease in the number
served by 115.

Figure 3 on page 20 compares the Volume of Patient Services for all programs over a longer period of
time. The baseline year of 1981 is used as it reflects the Department's initial operation of its computerized Man-
gagement Information System (MIS).

The pie charts in Figure 4 on page 21 illustrate the demographics of patients served by age, gender and
ethnicity. Figure 5 on page 22 denotes referral sources for patients seen in Year 2005, and Figure 6 on page 23
depicts the distribution of patients by residence area.

Figures 7 and 8, on pages 24 and 25, show the cost of services and the source of revenues for all DMH and contract agency operations.

Other agencies in the service network which are under contract with the Department showed the follow-
ing: Astor’s Community-Based programs showed de-
creases in both number of persons served and number of visits compared with the previous year; no major
changes are reflected in the Mental Health Association’s case management, rehabilitation and education programs for the Mid-Hudson Addiction Recovery Centers (MARC). The inpatient units at Saint Francis Hospital served 123 more persons this year while the Emergency Department saw a decrease in the number
served by 115.

Persons served during the year in the mental health clinics operated by Family Services, Inc. totaled 2,831—a slight decrease over last year. Census remained fairly stable in the following DMH directly-operated programs: Special Services Team, Partial Hospitalization Pro-
gram, Clinic for the Multi-Disabled, Continuing Treat-
ment Centers and Jail-Based Services. Both the number of persons served and the number of visits increased in the DMH Chemical Dependency Programs due to more people being served by forensic coordination and recording of case management services. The number of Court Evaluations increased by 1 over last year.

The chemical dependency clinics operated by Lexington Center for Recovery, Inc. showed close to a 10% increase over last year; this mostly occurred at the Manchester Road location. Census in the Metha-
done Program, which was transferred from DMH to Lexington in October 2004, remained relatively stable (just under 300); however, the volume of service for the year increased by 4,185 visits.

On Saturday, November 5, hundreds of Dutchess County kids were entertained with all kinds of activities, including mime, magic and information, at the Poughkeepsie Galleria. Sponsored by the Youth Asset Team of the Dutchess County Children’s Services Council and the United Way, the event was held from 11 a.m. to 3 p.m. Karen Trokan, LCSW, Children’s Services Coordinator, represented the Department, which was one of thirty agencies repre-

tented. Ms. Trokan (left) is pictured with Donna Robinson, Foster Parent Liaison, Dutchess County Department of Social Services.

Karen Trokan, LCSW, the Children's Services Coordinator, chairs the Children's Providers Committee, which meets five times a year to facilitate communi-
cation, coordination and planning. Members include key child-serving agencies, school district representa-
tives and other community agencies. The Coordinator also serves as staff liaison to the Children & Youth Subcommittee of the Mental Hygiene Board, which meets monthly to identify mental hygiene needs of children and families, target service barriers and gaps, review the performance of contract agencies and develop integrated program planning recommendations.

The Coordinator represents DMH on interagency committees including: the Children's Services Council, the Coordinated Children's Services Initiative, Choices for Change (a substance abuse prevention partnership), the Advisory Committee on School Safety, and a number of committees focused on the needs of youth in the criminal justice system and youth transitioning to the adult service system.
DMH contracts with The Astor Home for Children to provide mental health treatment services for children, youth and families. Astor's Counseling Centers are located in Beacon, Wassaic, Poughkeepsie, Red Hook and Wappingers Falls. A school-based clinic satellite program serves children and families in the Pine Plains and Beacon school districts.

Astor continues to serve hard-to-engage youth by providing outreach, assessment and linking services at the River Haven emergency shelter and onsite at Dutchess County Probation through the services of an Astor clinician on the PINS "Collaborative Solutions" intervention team and of a clinical social worker who serves as the PINS Outreach Worker.

School-based day treatment services are provided through Astor's Day Treatment 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 Astor Day Treatment Program at the Family Partnership Center in Poughkeepsie. Middle and high school day treatment students are served in collaboration with Dutchess County BOCES at the BOCES/BETA and Salt Point sites. In conjunction with BOCES, Astor also operates a chemical dependency program for youth at the BOCES/BETA Alternative High School site.

Additional services offered by Astor include clinic-based generic case management, a "Single Point of Access" to High-Risk Service Coordination, which includes the following programs: Home and Community-Based Services Waiver Program, Intensive Case Management, Supportive Case Management and Family-Based Treatment. The Coordinated Children's Services Initiative (CCSI), 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 include the Home-Based Crisis Intervention program and a Mobile Crisis worker.

**Astor Forensic Team**

**Services to the Family Court**

- The Single Point of Access (SPOA) screened 144 children for high risk services and found that 118 met eligibility for one or more of Astor's services. Those that did not meet criteria for more intensive services received referrals to appropriate community resources.
- With additional financial support from DMH, Astor was able to hire a full-time psychiatrist and eliminate the lengthy waiting time for psychiatric evaluations.
- Kate Castell, Program Director for Astor's High-Risk Services Programs, represented Astor as part of a delegation of social workers coordinated by Catholic Charities. She was dispatched to Houston, Texas to join the hurricane Katrina relief effort.
- As part of the Mental Health/Juvenile Justice Diversion (MH/JJ) project, funded through a grant from the Office of Children and Family Services (NYS/OCFS), Astor, in collaboration with DMH, Probation and Marist College, sponsored a professional conference, "Roads to Resiliency" for statewide MH/JJ programs on October 23.
- Astor's Community-Based Services was awarded a grant from the Foundation for Community Health to create a children's Mental Health Outreach Service in eastern Dutchess County. As part of the outreach service, Astor will be administering TeenScreen, a screening tool developed by Columbia University to identify mental illness and prevent suicide in area ninth and tenth graders, those shown to be most at risk.

**Figure 2**

- HV Mental Health Lexington Center
- HRPC Crisis Residence
- Chemical Dep. Center
- Chem. Dep. Crisis Center
- DMH Administration Methadone Program Partial Hospital Unit Support Services
- HV Mental Health 24-hour HELPLINE
- REHAB School & Clinic Mental Health Library
- Case Mgmt. Program
- St. Francis Hospital Emergency Svs., Inpatient units
- Chemical Dependency Services Division
- Mental Health Asst.
- Council on Addiction, Prevention & Education
- Poughkeepsie CTC HRPC Center for Change Dutchess Horizons
- Mansion Street Center DD Services Division Special Services Team
- Lexington Center
- PEARLCare, Inc.
- HR Housing
- RSS
- 4 Seasons Club
- Astor Center
- REHAB Programs
- So. Dutchess CTC
- Turning Point

52
A range of mental health services to the elderly population (65+) is available through DMH, Saint Francis Hospital, the Mental Health Association (MHA), Lexington Center for Recovery Inc. (LCFR) and Family Services, Inc. (FSI). 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 Treatment Centers and the Special Services Team (SST). SST is a mobile unit which has the capacity to provide psychiatric services to people who have difficulty accessing the clinics, including the elderly and homebound. (See page 34).

Robert Oppenheim, LCSW, Clinical Unit Administrator of the Southern Dutchess Continuing Treatment Center, also serves as the Geriatric Services Coordinator. The Coordinator is on the Board of the Dutchess County Office for the Aging, attending meetings and providing mental health information to the members.

In addition, the Coordinator serves as staff liaison to the Geriatric Subcommittee of the Mental Hygiene Board. The Subcommittee meets quarterly to discuss issues concerning the elderly and their mental health needs.

This year, the Coordinator attended the White House Pre-Conference on Aging held at Marist College on June 21. Recommendations made at the event were utilized at the White House Conference held later in the year. Mr. Oppenheim additionally moderated the Dutchess County Office for the Aging’s Public Forum, which took place at the East Fishkill Friendship Center on September 27.

### Inpatient Services

**Hospitalizations of Children/Youth --Dutchess County Residents--**

<table>
<thead>
<tr>
<th>Service</th>
<th>Persons Served</th>
<th>Volume of Service</th>
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<tr>
<td>RCPC</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>SFH</td>
<td>257</td>
<td></td>
</tr>
<tr>
<td>Four Winds</td>
<td>141</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>428</strong></td>
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</table>

### Services for the Elderly

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<td></td>
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Family Services, Inc.

Family Services, Inc. (FSI), a local agency which is a subsidiary of Families First New York, completed its first full year of operating five outpatient mental health clinics under contract with Dutchess County.

The clinics, which are located in Beacon, Dover Plains, Millbrook, Poughkeepsie and Rhinebeck, offer diagnosis, treatment, and referral services for Dutchess County residents age 18 and over who suffer from a full range of emotional disorders.

Services include individual, group and family therapy, evaluation and medication management. Referral to a range of services such as housing, vocational and case management is available. The clinics are staffed by professionals, including social workers, psychologists, 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.

During the year, the program maintained a commitment to providing evidence-based services proven to promote mental health and well-being. The goal is to provide the highest standard of patient care.

Toward year's end, retiring Executive Director, Alan Kraus, LCSW, spent time working with the new Executive Director, Thomas Quinn, LCSW.

<table>
<thead>
<tr>
<th>No. of Persons Served</th>
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<tr>
<td>Beacon</td>
<td>668</td>
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<tr>
<td>Eastern Dutchess</td>
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<tr>
<td>Millbrook</td>
<td>181</td>
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<tr>
<td>Poughkeepsie</td>
<td>1,541</td>
</tr>
<tr>
<td>Rhinebeck</td>
<td>197</td>
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<tr>
<td>Total</td>
<td>2,831</td>
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Mental Health Association in Dutchess County, Inc.

The Mental Health Association in 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 to persons with mental illnesses. The Association was formed in 1954 by a group of local citizens to insure that mental health services were accessible to all citizens of Dutchess County. MHA is a Chapter of the Mental Health Association in New York State and an Affiliate of the National Mental Health Association.

The Association provides support, rehabilitative services, case management, community education, and services to the homeless. The agency also engages in advocacy for children, families and adults living with mental illness. The Executive Director is Jacki Brownstein.

Case Management Program

In 2005, case management programs served over 2,000 persons who have a mental illness. The primary goal of Case Management is to decrease, if not avoid, hospitalizations for the clients. This is accomplished by working with the 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 Case Managers work with the clients to help maintain their independence and self-sufficiency so that they can live productively within their own communities; they strive to take a proactive and client-centered approach by treating each person on an individual basis. The Case Managers create, foster and nurture relationships between the clients, themselves and all people who affect the lives of the clients.

Intensive Case Management (ICM): Intensive Case Managers have a minimum of four, face-to-face visits with their clients for not less than 15 minutes. These visits will generally take place out of the office to help integrate clients into the community. An ICM typically carries a caseload of 12 people at any given time.

ORGANIZATION/ADMINISTRATION

The Dutchess County Department of Mental Hygiene is comprised of:

COMMISSIONER OF MENTAL HYGIENE

15-MEMBER MENTAL HYGIENE BOARD

Committees & Subcommittees

SIX OFFICES

- Budget & Finance
- Communications
- Community Services
- Information Technology
- Psychiatric Services
- Quality Improvement

FOUR DIVISIONS

- Chemical Dependency Services
- Developmental Disabilities Services
- Mental Health Services
- Support Services

CONTRACT AGENCIES

- Astor Home for Children
- Cardinal Hayes Home for Children
- Council on Addiction, Prevention & Education, Inc.
- Dutchess ARC (ARC, DC)
- Family Services, Inc.
- Gateway Community Industries, Inc.
- Hudson River Housing
- Lexington Center for Recovery, Inc.
- Mental Health Association in D.C., Inc.
- Mid-Hudson Library System
- PEOPLE, Inc.
- REHAB Programs, Inc.
- Rehabilitation Support Services, Inc. (RSS)

AFFILIATED AGENCIES

- Anderson School
- Cornerstone, Inc.
- Dayton Village
- Greystone, Inc.
- Hudson River Psychiatric Center
- Mid-Hudson Addictions Recovery Centers, Inc.
- New Horizons Resources
- Putnam Hospital
- Richard C. Ward Alcoholism Treatment Center
- Rockland Children's Psychiatric Center
- Saint Luke's Cornwall Hospital
- Saint Francis Hospital
- Taconic Developmental Disabilities Services Office
- Taconic Resources for Independence, Inc.

The Organization Chart, showing areas of responsibility for each Office and Division are contained in the structure of the Department. See Figure 1, page 14. The mental hygiene system's wide range of services, accessible in many locations throughout Dutchess County, are shown in the Service Network Map, Figure 2, on page 15.
2005 OUTSTANDING EMPLOYEES

Receiving their awards at the Department Meeting on November 18 were: Seated, (l-r): John Bruno, RN, Partial Hospitalization Program; Wendy Linehan, RN, Rhinebeck Continuing Treatment Center; Charles Robitaille, LMSW, Special Services Team. Standing, (l-r): Linda Moshman, LCSW, Intensive Treatment Alternatives Program; Commissioner Glatt; Eva Foca, Administration. Not pictured: Terri Rudinsky, Office of Budget & Finance. Congratulations to all!

BOARD ELECTS OFFICERS

One of the highlights of the December meeting of the Mental Hygiene Board was the election of officers for the Year 2006. Invited to the luncheon were members of the Executive Council as well as the Outstanding Employees for 2005, who were recognized for their exemplary work.

New Officers for 2006 include: (l-r): James H. Warner, Ill, Vice-Chair; Almerin O'Hara, Jr., Secretary; Julie Renda, Chair, Mental Health Subcommittee; Frank J. Falanga, Chair of the Board and Commissioner Glatt.

Accepting an Award of Recognition from Dr. Glatt: Dr. Isaac Rubin retired after serving two consecutive four-year terms on the Mental Hygiene Board and the Mental Health Subcommittee. At the meeting of the Board, he was duly recognized for his long and productive term and his contributions toward improving the mental hygiene of Dutchess county residents. Although he will be missed, Dr. Rubin intends to stay active in the field by continuing his advocacy efforts.

Supportive Case Management (SCM): A Supportive Case Manager has a minimum of two, face-to-face visits each month with clients for not less than 15 minutes. These visits will generally take place outside of the office. An SCM will typically carry a caseload of 30 people. A blended SCM will carry a typical caseload of 20 people. These clients may have difficulty accessing resources in the community, maintaining social functioning and utilizing services.

Generic Case Management (GCM): Generic Case Managers generally see clients who need short term care, such as applying for social security, disability, Medicaid and housing applications. There is no minimum or maximum amount of visits required. Should a Generic Case Manager and the client feel that services will be ongoing, a referral to SCM can be made.

Generic Case Management Services - Adult

<table>
<thead>
<tr>
<th>Service Type</th>
<th>No. of Patients Served</th>
<th>Volume of Service</th>
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</thead>
<tbody>
<tr>
<td>SCM</td>
<td>854</td>
<td>13,613</td>
</tr>
<tr>
<td>Blended SCM</td>
<td>468</td>
<td>6,721</td>
</tr>
<tr>
<td>ICM</td>
<td>107</td>
<td>4,734</td>
</tr>
<tr>
<td>Blended ICM</td>
<td>104</td>
<td>3,577</td>
</tr>
<tr>
<td>Generic CM*</td>
<td>-</td>
<td>2,990</td>
</tr>
</tbody>
</table>

*There were 579 patients served in other units; of these, 428 were seen face-to-face.

Case Management Services - Adult

Rehabilitation Services

Psychosocial rehabilitation programs provide experiences which improve ability to function in the community. The philosophy emphasizes a commonsense, practical needs and usually includes vocational and personal adjustment services geared toward the prevention of unnecessary hospitalization.

Dutchess Horizons: This social rehabilitation program strives to improve the social, vocational and recreational skills of persons over the age of 18 recovering from mental illness. The program stresses the importance of developing the active participation of members in the rehabilitation process. During the past year, members have increased their volunteer activities both within and outside the clubhouse. The program served 189 members, with 15,829 visits.

Compeer: The Compeer Program is a person-to-person volunteer service which provides a vital linkage for a person receiving mental health services with a trained and caring community member. A mental illness is often a lonely experience, and the focus of the Compeer volunteer is to ease the isolation, build trust and offer support in a goal-oriented, time-limited relationship within the community setting. Increased socialization and self-esteem is achieved through attendance at Compeer’s three major social events per year. The program served 60 recipients with 2,897 visits.

Social Rehabilitation: This is a joint program of MHA and DMH, and was created as a foundation for strengthening our alliance and building a base for one system that incorporates a medical model and a social rehabilitation model for psychiatric rehabilitation. The primary emphasis is to promote social rehabilitation, readiness assessments, pre-vocational assessments and life care assessments for people with serious mental illness. The program served 314 members with 11,616 visits.

Young Adult: The primary emphasis of this program is to provide opportunities for young adult consumers ages 18-30 (approximately) to socialize and enjoy recreational activities together. Members participated in many recreational activities, held monthly meetings and elected club officers. The program served 31 members with 1,022 visits.
Support and Advocacy

Family Support and Advocacy provides services to the community through seven varied programs that address the needs of families and children impacted in some way by mental illness. The programs work from a consistently strengths-based perspective. This component served 2,259 individuals in 2005.

Adult Advocacy: This program provides advocacy for adult persons who have a mental illness and their families. A majority of participants are aging parents or family members of adults over 30 years of age with mental illness still living at home. The Adult Advocacy Program also served 51 young adults in the "transitional" population, aged 18-25. During the year, the Advocate spent many months giving presentations and assisting clients receiving medications through Medicare Part D. The Advocacy program served 1,430 persons.

EMERGE: Parents With Psychiatric Disabilities. This program provides varied kinds of support for parents who have mental illness, working with parents through a "Families Facing Solutions" curriculum, monthly support groups, home visits, advocacy with systems issues and an annual summer picnic. In 2005, the program Coordinator joined the Hudson Valley Perinatal Network, and is working to raise awareness of the Safe Baby Haven Act; the Coordinator continued serving as Co-Chair of the Hudson Valley Regional Family Support Coalition. The program served 114 persons, including spouses and children.

Family Support Programs: These programs provide support and advocacy for parents or guardians of children and youth with serious emotional disabilities (SED). 2005 saw funds available to expand the Family Advocate’s position to full-time, a much-needed change. The Incarcerated Youth Family Support group held a variety of programming, home visits, advocacy with systems issues and was presented at the Family Partnership Center to an audience of approximately 100 persons. 152 children were served in the various programs in 2005.

Homely and MICA Services

The Living Room provides a safe haven and supportive services for individuals who are homeless or at risk of becoming homeless and have mental health and/or substance abuse related needs. It provides day and weekend services, referring visitors to the services they need for treatment, benefits, employment and housing. The program is constantly enhancing services, helping these consumers access and receive support, referral and advocacy. In addition to contracts with DMH, the program also receives funding from the federal SuperNofa supports for the homeless program. The Living Room served 921 clients with 17,654 visits.

Community Education

A wide range of programming was provided for all age groups in different locations in Dutchess County in 2005. Through health fairs, conferences, trainings, newsletter and puppet presentations, we hope to reach people in need—to inform, educate, and connect them with local resources in our community.

Trainings/Workshops/Conferences: In addition to a regularly scheduled parenting series, i.e., "Managing Defiant Behavior," "Parenting the Explosive Child" and the "Mindfulness-Based Stress Reduction," the agency

Family Support and Advocacy also continued its participation in the Medicaid Waiver program. 253 persons were served in 2005 in these programs.

Hourly and Recreational Respite, Teen Challenge, Kids, Inc., Summer Camps: Respite programs provide a "break" for families raising children with SED through varied activities and hourly respite. The Teen Challenge Program saw a smooth transition in leadership. The Summer Camp received a valuable addition of resources through a connection with the NYS Department of Environmental Conservation and its camp programs. The 2005 Youth Asset Grant was implemented in conjunction with the FAST Program. Well received was a program by the Young Actors and Writers Theatre Residency Project which involved 25 youth and was presented at the Family Partnership Center to an audience of approximately 100 persons. 152 children were served in the various programs in 2005.

KATRINA FUND

After several staff expressed a desire to have the Department donate to a Hurricane Katrina Fund in early September, contributions were collected and taken to the American Red Cross, where a specific fund had been set up. Holly Greer, LCSW, DMH Vocational/Educational Coordinator, and Bonnie Scheer, LCSW, Director, Office of Community Services, volunteered to distribute and collect the cans of donations.

ARLINGTON CAREER DAY

Because we care: Holly Greer (left) and Bonnie Scheer (right), present Commissioner Glatt with the donations going to the American Red Cross.

HOLIDAY GIFT COLLECTION

CONTINUING SERVICES

The 18th Annual Fall Conference of Continuing Services Programs was held at Bowdoin Park on October 18 and 19. A full agenda of workshops took place, and the groups were welcomed by Frank DeServo, LCSW, Division Chief, Mental Health Services and Robert Oppenheim, LCSW, Clinical Unit Administrator, Southern Dutchess Continuing Treatment Center and Coordinator of the event.

Participants at the Conference included: (l-r): Jackie White, LCSW, DMH Housing Coordinator; Wendy Linehan, RN, Rhinebeck Continuing Treatment Center; Carrie Haislip, Presenter, Dutchess County Cooperative Extension; Robert Oppenheim. Jackie White gave a presentation on "The Housing Continuum."

CONFEREN E ON YOUTH

Over 100 persons attended a conference entitled "Roads to Resiliency: Creative Pathways toward Engaging Youth and Families Involved with the Court System," which took place on October 21 at Marist College. In addition to DMH, other agency sponsors included the NYS Office of Children and Family Services; Dutchess County Probation and Community Corrections, Astor Home and Marist College.

SCREENINGS

As participants in this year's Mental Illness Awareness Week observance, the Department and the Mental Health Association cosponsored a Depression Screening Day on Thursday, October 6 from 10 a.m. to 4 p.m. Betsy Fratz, RN, DMH Nursing Supervisor and Screening  Day coordinator, reported a successful day, with 29 people screened "face to face."

Among the attendees: Dr. James McGuirk, Executive Director, Astor Home; Mary Ellen Stil, Director, Probation and Community Corrections; Betsy Brockway, Director, Dutchess County Health and Human Services Cabinet; Karen Trokan, LCSW, DMH Children's Services Coordinator and Conference Coordinator.

Lib rary:

The MHA Library is open to the public and is located at the Dutchess County Mental Health Center. Books, journals, videos and a computer with Internet access are available. Total circulation: 721. Visitors: 760.

Information & Referral:

Callers and visitors are able to receive information regarding local resources, private psychiatrists, psychologists and social workers. Five issues of the Calendar of Community Events were published that list workshops and support groups; four issues of the newsletter were published. Newsletter circulation: 10,000; Calendar Circulation: 12,500. Information & Referral Calls: 835; Infoline Calls: 1,342.

PEOPLE, Inc.

PEOPLE, Inc. (Projects to Empower and Organize the Psychiatrically Labeled), is a contractagency of the Department and receives funding from the New York State Office of Mental Health. The agency, in operation for sixteen years, has experienced growth since its inception and currently operates programs in Dutchess, Orange, Ulster, St. Lawrence and Hamilton Counties. The DMH Mental Health Services Division Chief, Frank DeServo, LCSW, serves as the liaison between DMH and PEOPLe. Meetings with the agency's Executive Director, Steve Miccio, are held regularly to discuss agency status, housing issues and planning recommendations.

The primary mission of PEOPLe 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 were provided to more than 19,000 (unduplicated) persons who were living independently, in residences and in state psychiatric centers throughout New York State. Staff continue to work collaboratively with Hudson River Psychiatric Center as well as providing training and education in self-help, peer support, advocacy and the transformation of the mental health system to move from an illness-based continuum to wellness-based programs.

The agency is entering its fourth year as an advisory member of the Center for Public Representation and has completed the project; PEOPLe assisted in the development of a published book to be released in 2006 which discusses emergency department services, and recommends procedures and protocols changes designed to improve care in local emergency department settings.

The agency is involved with the Local Conference of Mental Hygiene Directors, participating with the Campaign for Behavioral Health Transformation Committee. This committee is made up of advocacy groups, County Directors/Commissioners, Statewide Associations and interested parties. The purpose is to create a demand to transform the mental health system towards the goals of the President's New Freedom Commission Report. PEOPLe has been closely involved with the Housing Consortium in Dutchess County in addressing the homeless issues that exist, and the group is working to develop and implement solutions through a ten-year plan to end homelessness.

PEOPLe again sponsored two annual events: a "Bridge Walk" in October during "Mental Illness Awareness Week," whose purpose is to bring awareness to the public concerning issues of quality care, and its eleventh Mid-Hudson Mental Health Conference. This year's conference again focused on transforming mental health services locally to recovery-based service delivery.
Division of Chemical Dependency Services

The Division of Chemical Dependency Services is responsible for providing and 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 alcohol and substance abuse services as well as with an array of allied community agencies.

In addition to its directly-operated programs, the Department is affiliated with Lexington Center for Recovery, Inc. (LCFR) for outpatient clinical services and methadone maintenance, the Mid-Hudson Addiction Recovery Centers, Inc. (MARC) for crisis residence and halfway/quarterway house services, the Mid-Hudson Library System for Health Education, The Turning Point for detoxification and inpatient rehabilitative services, the Dutchess County Council on Alcoholism & Chemical Dependency, Inc. for prevention and education services as well as Cornerstone of Rhinebeck and Daytop for inpatient treatment services. A New York State-operated Alcoholism Treatment Center, located in Middletown, Orange County, serves Dutchess County residents.

There is a Dutchess County Alcohol and Substance Abuse Providers’ Committee, chaired by the Division Chief, which is comprised of all local agencies which deal with chemical dependency. The Committee meets every two months to discuss issues of mutual concern.

The Division Chief also serves as staff liaison to the Mental Hygiene Board's Chemical Dependency Services Subcommittee. The Subcommittee works with the Department’s contract agencies—MARC, LCFR, Astor Community-Based Services and the Dutchess County Council on Alcoholism & Chemical Dependency, Inc.—to monitor the performance indicators for each program.

Under the sponsorship of the Subcommittee, the annual public forum took place on April 16 from 4-6 at the Mental Health Center. Input from the meeting was incorporated into the DMH 2006 Local Governmental Plan for Chemical Dependency Services. Ms. Hirst presented the plan to the Mental Hygiene Board at its July meeting, where it was approved and subsequently forwarded to the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

Vocational Services: DMH continues to offer work readiness training which provides linkages to job placement and job development for individuals in the Southern Dutchess area. MARC provides job development and vocational case management to follow along services for individuals in Dutchess County. The intent is to assist the patient, once employment is obtained, to remain on the job.

Welfare To Work: The Department works closely with the DC 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 the Department to track progress in treatment and movement toward work and job retention.

The Enhanced Case Management Program for TANF (Temporary Assistance to Needy Families) continues to assist single, custodial parents and their children to engage in chemical dependency treatment and move forward toward economic independence. The Department continued to provide intensive case management services to the Safety Net recipients to assist them in linking to treatment and, ultimately, to work.

DMH staffed a table of educational materials at a Wellness Fair sponsored by the Employee Health Services of Vassar Brothers Medical Center on September 7. The event, held from 7:30 a.m. to 4 p.m., was attended by more than 350 employees.

A 14th Annual Golden Gathering Senior Health Fair, sponsored by Senator Steve Saland, was held on September 17 at the Arlington High School. The event was packed with informational tables and health testing, all aimed at enhancing the lives of seniors in our community.

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MENTAL HEALTH RESPONSE

Members of the Department’s Trauma Team met with staff from Astor Community-Based Services on September 19 to respond to the needs of victims of Hurricane Katrina. According to Bonnie Scheer, LCSW, Director of Community Services, her office has been working with the American Red Cross, offering counseling to survivors who have relocated (either permanently or temporarily) to Dutchess County. Astor staff are assisting families with children.

An Employee Health Fair for staff at Hudson River Psychiatric Center (HRPC) took place on Friday, September 9 from 9-12 at 10 Ross Circle. Sponsored by the Employee Assistance Program Committee, the event featured handouts and prizes from many vendors and community agencies present.

At the Fair: HRPC employees Peter Dutton (left) and Nancy Molt (right) greet MaryAnn Lohrey, MS, and Carol Clifford, RN, at the DMH booth. Both Peter and Nancy have many friends at DMH: they served as shared staff with the Department for several years.

WELLNESS FAIR

The McCann Recreation Center at Marist College provided the backdrop for the many exhibitors who were on hand on September 9 for the College’s annual Wellness Fair.

Shown at the DMH exhibit: (l-r): Rochelle Adair, Council on Alcoholism & Chemical Dependency, Inc.; Roberta Staples, Marist College Wellness Planning Group; Bradley Maxwell, Marist College student majoring in Athletic Training.

HRPC HOLDS FAIR

An Employee Health Fair for staff at Hudson River Psychiatric Center (HRPC) took place on Friday, September 9 from 9-12 at 10 Ross Circle. Sponsored by the Employee Assistance Program Committee, the event featured handouts and prizes from many vendors and community agencies present.

The Intensive Treatment Alternatives Program (ITAP) is a New York State Office of Alcoholism & Substance Abuse Services (OASAS) licensed outpatient day rehab program which provides alcohol/substance abuse services to those requiring a highly structured, supportive and long-term treatment experience. Its specializes in treating the criminal justice patient and also serves as an alternative to inpatient treatment. The program is unique in that Probation Officers are integrated into the program as part of the treatment team process and work on-site at the treatment program.

The criminal justice or Alternative-To-Incarceration (ATI) patient is referred for assessment by the Probation Department, the Public Defender’s Office, the Courts, the District Attorney’s Office or by private attorneys. Patients accepted into the program are also supervised by one of the ITAP Probation Officers. Most ATI patients also attend the program while concurrently residing at a Probation Department 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 for those patients who complete the Transitions Residence and continue to require a highly structured residential component. Michael North, LCSW, the program’s Clinical Unit Administrator, continued to meet regularly during the year with Probation staff at the Transitions Residence. There is daily contact between ITAP and the Residence 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 have continued to work in conjunction with the Hillcrest Residence for transitional placement of those coming out of Transitions.

In 2005, ITAP continued to provide GED classes on site so that patients have an opportunity to earn a high school equivalency degree. The classes are taught by BOCES staff twice weekly. The program also continues to have a very positive relationship with other agencies such as VESID, Family Services, Inc’s Domestic Abuse Awareness Class (DAAC) and the YWCA Battered Women’s Program.

The Intensive Outpatient Program provides an intensive level of addictions treatment to patients meeting this level of care requirements. It primarily serves patients referred by Probation or Parole, but it also serves patients who are self-referred. Patients attend the program three days per week for three hours each day for a minimum of three months.

Drug Court

Since 2001, the Cities of Poughkeepsie and Beacon have 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 thereon in order to increase public safety.” The target group is the multiple misdemeanor offender who commits crimes because of his/her chemical dependency. In 2005, four drug-free babies were born to participants in this program. In addition, the Family Treatment Court was initiated in 2005. This program targets adults who are petitioned by the Family Court for abuse or neglect and are medically dependent.

Road To Recovery

The Road to Recovery Program, an initiative jointly funded by OASAS and the NYS Department of Criminal Justice Services as an alternative to incarceration program continued in 2005. In Dutchess, the program targets the multiple felony offenders who are non-violent and chemically dependent. The offenders must participate in 6-9 months of intensive residential treatment at Day Top Village in Rhinebeck, followed by 6 months of community residential placement with participation in outpatient day rehabilitation at ITAP.
The individual completes the treatment phase with three months of aftercare clinic and community living. A Case Manager is assigned to each participant to ensure that there is consistency in communication, transition from each phase is accomplished smoothly, and that all aspects of the individual’s treatment and necessary family supports are addressed. The project is jointly administered locally between DMH and the District Attorney's Office. Quarterly Advisory Committee meetings are held to review progress, address systemic issues and resolve problems.

On May 16, the Division moved to newly renovated first floor offices at 82 Washington Street in the City of Poughkeepsie. There are now community meeting rooms large enough to hold all program participants (e.g., psychoeducational groups), private offices for each therapist, case management space for Jail-Based and Road to Recovery staff, and offices for Probation and Corrections staff. Also featured is a large kitchen with an arrangement of dining tables, several small group rooms and a staff room.

Elyse DeMadaler, LCSW, MPA, a Social Worker II at ITAP, published her own book entitled: "We Can Talk About It—Therapeutic Activities for All Ages." Ms. DeMadaler explained that it is a workbook for group leaders and those who want to run dynamic groups. The workbook encompasses exercises that can be used by individuals and/or groups.

The Kick-Off meeting: (l-r): Dr. Naomi Ferleger, Clinical Unit Administrator, Special Services Team; Bonnie Scheer, LCSW, Director, Office of Community Services, Bonnie Kain, Billing Manager; Linda Rutherford, Office Assistant, Administration.

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ACT TEAM LAUNCHED

A first meeting to discuss issues relating to the startup of the Hudson River ACT (Active Community Treatment) Team took place on July 14 at the Mental Health Association offices. This is a mobile team based approach which delivers comprehensive and flexible treatment, support, and rehabilitation services to individuals with severe mental illness. Services are provided in the person’s natural environment, and admission to the Team is being coordinated through a Single Point of Access (SPOA) system managed by DMH.

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**ART SHOW DEBUTS**

Works by artists in the Continuing Treatment Centers were on display at the Mental Health Association Gallery, 510 Haight Avenue, Poughkeepsie from May 1 through August 31. An Opening Reception was held on Wednesday, May 11, from 1-4 p.m. This year’s exhibit featured pieces of work which were copies of renowned artists. Entitled *Art & Soul*, the work project was coordinated by Terri Monte-Caruso, Recreational Therapy Assistant, Poughkeepsie Continuing Treatment Center.

**FORUM ON MENTAL ILLNESS**

Both consumers and agency representatives expressed their views at the Public Forum on Service Needs of Persons with Mental Illness which was held at the Mental Health Center on May 17 from 4-6 p.m. The session was conducted by Frank DeSierro, LCSW, Division Chief, Mental Health Services. Topics covered included: access to medical care, need for more employment opportunities, transportation, affordable housing, food and nutrition at residences.

**INCIDENT COMMITTEE MEETS**

Members of the Clinical Incident Committee meet once a month to review all incidents involving DMH patients. The committee also reviews trends and ongoing practices and procedures in relation to incidents. Dr. John Sarris, DMH Medical Director, serves as Chair of the committee.

**Jail-Based Services**

The Department, in collaboration with the Dutchess County Jail, provides behavioral healthcare services at the facility on North Hamilton Street in the City of 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.

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<thead>
<tr>
<th>No. of Persons Served</th>
<th>Volume of Service</th>
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<td>CD Clinic</td>
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<td>Road To Recovery</td>
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*Effective 10/1/05, Vocational CM and CD Assessment, previously reported under CD Case Management, are now reported separately.

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

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

**Outpatient Chemical Dependency:** Five outpatient clinics serve adults, adolescents and families as well as treating the mentally ill/chemical abuser (MICA) patients in the following locations: Manchester Road in Poughkeepsie, Beacon, Eastern Dutchess, Millbrook and Rhinebeck. Services include individual, group and family therapy. There is also an evening intensive treatment service component as well as on-site Alcoholics Anonymous (AA) meetings weekly.

Several specialized programs for both men and women provide treatment which focuses on issues of early recovery, relapse prevention, compliance, healthy relationships and social supports, parenting and vocational planning. As many of the clients have criminal justice involvement, staff collaborates with probation staff to assure effective communication and treatment planning. The agency is also a team member of the Dutchess County Family Court, and the Drug Courts in the cities of Poughkeepsie and Beacon.

In 2005, an additional group was added to the Early Recovery Track Program which continues to serve men and women needing an intense level of care. The Women’s Intensive track serves 13-18 women at any given time for two hours per day, five mornings a week. Participants who complete either of these daily programs are often referred to the three-day per week Step Down program. The Step Down program affords these clients the opportunity to continue to address relapse prevention, as well as explore issues related to ongoing sobriety maintenance and engaging in community self-help groups.

Parenting classes, offered through The Child Abuse Prevention Center, provide onsite parenting classes for Lexington clients and, in 2005, the program expanded to two groups per week to meet the growing demand for clients who have difficulty dealing appropriately with their children.

**Number of Dutchess County Residents Served at Richard C. Ward Alcohol Treatment Center, (Middletown ATC): 219**
Vocational planning for both men and women is offered via group education on a regular basis in the intensive programs. Groups and individual appointments are available on-site with the DMH Vocational/Educational Coordinator, who provides assistance for those seeking employment opportunities and training. Also in conjunction with DMH, a DMH Case Manager has an office on-site at the Manchester Road clinic, providing clients with case management services on a case-by-case referral basis.

In 2005, LCFR implemented a child care service five mornings per week as needed for young children of clients at the Manchester Road site. The service was developed to afford the clients an opportunity to bring their children to the facility so that babysitting needs would not be an obstacle to keeping appointments for treatment.

Clients with co-occurring disorders (i.e., dually diagnosed with substance abuse and mental illness) continue to receive specialized services, including a day-time focus group and an evening Dialectical Behavior Therapy (DBT) Coping Skills Group.

In an effort to help meet the needs of uninsured clients, LCFR maintains a sample psychotropic medication program and medications are dispensed on a case by case basis from the physician inventory. If a particular medication is not available, application is then made to the DMH Medication Assistance Program.

Lexington continues to interface with allied human services agencies in the area for services to their clients, such as, Hudson River Community Health, which provides primary health care and referrals and the Dutchess County Community Action Agency for insurance and other entitlements.

In 2005, LCFR expanded adolescent group treatment services at the Poughkeepsie site where family involvement is strongly encouraged, and family sessions are performed fairly regularly. Group sessions also take place at the Beacon and Eastern Dutchess sites. The agency continues to work closely with Saint Cabrini Home’s adolescent clients in Dutchess County group homes by providing weekly group and individual therapies. In addition, in November, the Center resumed offering adolescent treatment in the Division for Youth’s (DFY) secure residential facility located in Red Hook. In 2006, LCFR will expand their adolescent services in conjunction with the implementation of the Dutchess County Adolescent Drug Court.

**Methadone Program:** For those who are addicted to opiates, LCFR 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 also attend chemical dependency treatment at the Manchester Road site to assist them in maintaining abstinence from other drugs while receiving methadone.

*Mid-Hudson Addiction Recovery Centers, Inc. (MARC)*

The Mid-Hudson Addiction Recovery Centers, Inc. (MARC), an affiliate of the Department, 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. It also serves non-intoxicated persons at high risk of relapse as they prepare for placement in chemical dependency treatment facilities. MARC also operates a

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**CHILDREN’S FORUM**

A nice mixture of service providers and consumers was in attendance at the Public Forum on Service Needs of Children and Youth with Mental Illness, held on May 2 at the Mental Health Center. The meeting was sponsored by the Children & Youth Subcommittee of the Dutchess County Mental Hygiene Board.

**Mental Health Display**

One of the many ways in which public information is disseminated during “May Is Mental Health Month” is this billboard at North Road and West Cedar Street in the Town of Poughkeepsie.

**Children’s Forum**

Forum participants included: Seated, (l-r): Russ Myers, Mental Hygiene Board; Sue Blodgett, Mental Hygiene Board; Cindy Merritt, Subcommittee. Standing, (l-r): Bea Aldrich, Subcommittee; Lynn Rogers, Subcommittee; Karen Trokan, LCSW; DMH Services Coordinator; Eunice Senatore, Saint Francis Hospital; Bridget Goddard, Dutchess County Department of Social Services.

**Inservice on Legislation**

“Duty To Warn Legislation” was the topic of an inservice held on May 6. The proposed New York State law deals with a therapist’s breaching of confidentiality in cases of patient threats of suicide or homicide. David Crenshaw, Ph.D., Presenter, chairs the New York State Psychological Association’s Legislative Committee dealing with the subject.

**Family Day Held**

On Saturday, May 21, DMH was invited by Brown Chiropractic to host an exhibit at Wappingers Family Fun Day, held on the grounds of the New Hackensack Fire Department. There were games, rides, food and fun for both children and adults.
CULTURES OF RECOVERY

On April 29, staff gathered at the Mental Health Association (MHA) to hear agency personnel discuss the different approaches their programs take with the people they serve.

Plan to continue to move forward with the Anasazi Software System as a viable replacement for the outdated CMHC, Inc. software were discussed at a meeting of team members on April 12. Officials from Anasazi had met earlier in April with key staff from the DMH Office of Information Technology. The new, state-of-the-art system has necessitated changing all of our patient records from a paper format to one which is electronic, as well as completely revising all of our fiscal functions.

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information and referral services to youth and families in Dutchess County since 1987.

Student Assistance Program provides supportive and prevention counseling and education as well as science-based programs such as Project Success and Life Skills Training to thirteen schools in seven school districts. The demand for these services has increased substantially in the last few years.

Alcohol and Highway Traffic Safety/Community Educator (AHFSE) provides prevention education to schools and community organizations throughout the County. It is funded jointly by New York State and STOP DWI. In 2005, presentations were provided to students, educators and community groups. Prevention education was provided across curriculums, bringing the message to more students and promoting a consistent message of responsibility. A new program, “Getting Ready for Middle School” was provided to assist elementary school students in transitioning to middle school. The Educator continued to work with SADD groups at local high schools, expanding the program to include middle schools and summer camp programs throughout Dutchess County. The program also provided tobacco education and Media Literacy programs for students and educators.

Victim Impact Panel (VIP) continued to operate during the year. The program involves people whose lives were harmed by someone’s drinking and driving. They tell their painful stories to offenders convicted of driving while under the influence of alcohol. The program served over 1,000 DWI offenders in 2005.

College Consortium, coordinated by the Council, is a group of representatives from the various local colleges. In 2005, the group worked to address the issues of underage and binge drinking on college campuses. The Consortium sponsored a theatrical prevention program that was presented to students at Marist College, Vassar College and the Culinary Institute of America.

Professional Education Program, presented its annual fall and spring series, providing eleven workshops for substance abuse professionals on such topics as: pharmacology, family therapy, Fetal Alcohol Spectrum Disorders, Neurofeedback, Gambling and Interventions. The annual conference focused on Self/Destructive Behaviors. The Council, in collaboration with Bolger House and DMH, presented an annual Recovery Day event.

At the DD Forum: Seated, (l-r): Margaret Slomin, Subcommittee member; Susan Fil, Subcommittee Member; Frank Falanga, Chair, Mental Hygiene Board. Standing, (l-r): Peggeen Wall, Subcommittee Member; Dr. Benjamin Hayden, Division Chief; Regis Obijisky, Executive Director, New Horizons Resources, Inc.; John Mizerek, Director, Developmental Disabilities Services Office.

ALCOHOL AWARENESS

During April, Alcohol Awareness Month, public information activities focused on alcohol use, abuse and alcoholism.

A billboard is displayed on South Avenue and Livingston Street in the City of Poughkeepsie.

UNITED WAY AWARD

The United Way “Community Fund Award” was presented to DMH in March as “a shining star in the community by giving 98% or more of their donations to the 2004 Community Fund Campaign.” Community Fund donations are the preferred method of giving because they allow United Way staff and community volunteers to determine the best needs for our residents. Several DMH contract agencies benefit from the funding, e.g., Astor Home, Dutchess ARC, Mental Health Association and Council on Alcoholism & Chemical Dependency, Inc.

DEPENDENCY FORUM HELD

On April 5, the Chemical Dependency Subcommittee of the Dutchess County Mental Hygiene Board held a Public Forum on Service Needs of Chemically Dependent Persons at 230 North Road. The meeting, which took place from 4-6 p.m., drew a diverse group and, although a variety of topics were discussed, the main issue pertained to the lack of affordable housing for those in recovery. Margaret Hirst, LCSW, Division Chief, DMH Chemical Dependency Services, moderated the discussion.

**RCTC STAFF HONORED**

The staff at Rhinebeck Continuing Treatment Center were commended for their outstanding service in assisting residents who had been displaced from their home as the result of a fire. Staff worked evenings and weekends, making arrangements for food, clothing and alternative housing. The staff were recognized “for their dedication, compassion and resourcefulness in assisting the residents of "Our House" in their time of need.

**PLAZA HEALTH FAIR**

Upwards of ninety persons attended the annual Public Forums on Service Needs. For persons with Developmental Disabilities, which took place on Tuesday, March 15, from 4-6 p.m. in the Multi-Purpose Room. Some of the major concerns raised pertained to direct-care staff turnover, Medicaid reform issues and stigma. Also, people want to live in smaller, family-like settings, not large community residences. Other issues pertained to opportunities for summer employment and mainstreaming into the regular school system. According to Dr. Benjamin S. Hayden, Division Chief, DMH Developmental Disabilities Services, it was the largest turnout ever.

**BIO-FEEDBACK EXPLAINED**

"Non-Invasive Regulation of the Nervous System: Bio-Feedback and Neuro-Feedback" was the subject of an in-service held on February 25. The presenter, Dan Meyer, Ph.D., who is in private practice in the area is also the Clinical Director for Devereux Foundation in Red Hook and a past president of the Hudson Valley Psychological Association.

**DEVELOPMENTAL DISABILITIES FORUM**

The Mid-Hudson Library System Health Information Project, funded by the New York State Office of Alcoholism and Substance Abuse Services and in part by Dutchess County Government, functions as community-based prevention for area youth, their families, educators and agencies serving youth by providing the following services:

**Council Services Provided in Year 2005:**

| Educational Presentations | 382 |
| Students Attending | 21,158 |
| Professionals Attending | 1,140 |
| Parents/Community | 3,662 |
| Individual Counseling Sessions | 3,550 |
| Group Counseling Sessions | 232 |
| Group Participants | 1,044 |
| Family Counseling Sessions | 421 |
| Family Participants | 569 |
| LifeSkills Training | 315 |

**Total Units of Service:** 13,301

**Community Educator/Alcohol Highway Traffic Safety Educator:**

| Presentations: Individuals Served | 6,237 |
| Teen Driving...: A Family Affair: Students | 1,085 |
| Parents | 1,513 |
| Materials Distributed | 30,889 |
| Victim Impact Panel (VIP) | 1,075 |

**Tobacco Free Youth Initiative:**

| LifeSkills Training | 400+ |
| Teens Against Tobacco Use: Middle School | 163 |
| Elementary | 600+ |
| Smoke Screens | 390 |

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**Division of Developmental Disabilities Services**

The Division of Developmental Disabilities (DD) Services is responsible for the coordination of services for persons who have developmental disabilities (i.e., autism, mental retardation, cerebral palsy or other neurological impairments occurring before the age of 22). Benjamin S. Hayden, Ph.D., the Division Chief, provides liaison among the Department, its contract agencies and other service providers in Dutchess County. In this capacity, he works closely with the following DMH contract agencies: REHAB Programs, Inc., Dutchess ARC, and Cardinal Hayes Home for Children, as well as the Taconic Developmental Disabilities Services Organization (DDSO), which is the regional office of the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD). Specific to REHAB and Dutchess ARC, the Department provides clinical consultation as members of the agencies' special review committee.

The Division Chief also serves as Chairperson of the Developmental Disabilities Planning Council (DDPC). This is a group composed of directors of voluntary agencies, as well as senior staff of the Taconic DDPC. The Council reviews and coordinates services for persons who are developmentally disabled. An important function of the Council is to provide consultation relative to the development of the DMH Local Governmental Plan for People with Developmental Disabilities.

In addition, the Division Chief represents Dutchess County when participating in the work of the DD Committee of the Conference of Local Mental Hygiene Directors. The committee provides input to OMRDD on major issues in the field as those issues pertain to County government. DMH is also represented by Dr. Hayden on the Dutchess County Transition Network Committee. This committee examines issues regarding the preparation and movement of students in special education to adult activities and occupations. In 2005, the group sponsored an information night for parents; they also sponsored a tour of selected residential opportunities with the purpose of acquainting parents, consumers and school personnel with the range of living arrangements.

The Division Chief serves as staff liaison to the Developmental Disabilities Subcommittee of the Dutchess County Mental Hygiene Board. Subcommittee members are involved in planning for services and also perform a vital role in monitoring the performance of contract agencies. During the year, members participated in a number of agency site visits to examine aspects of contract compliance and, in cases of non-contract agencies, the visits function to inform members regarding the mission of specific programs. In 2005, a site visit to the Anderson School took place. Additionally, at the request of the Subcommittee, Dr. Hayden led a training session on issues concerning OMRDD eligibility criteria.

**STAFF TOURS CENTER**

At Commissioner Glatt's invitation, executive staff from County Executive William Steinhaus' Office toured the Mental Health Center on June 23, and visits to other DMH facilities were scheduled for July 6. The intent of the visits is to acquaint them with the various services and programs offered through DMH and its contract agencies. One of the staff, Betsy Brockway, serves as Director of the newly formed Health & Human Services Cabinet, which is composed of the Commissioners and Directors of several County Government departments, including DMH.

**HIGHLIGHTS OF THE YEAR - 2005**

**CONFERENCE ON DISORDERS**

On Friday, October 14, the Mid-Hudson Dual Recovery Task Force, in collaboration with DMH, cosponsored a conference entitled "Integrating Treatment of Individuals with Co-Occurring Disorders." The Presenter was Dr. Kenneth Minkoff, Clinical Assistant Professor of Psychiatry, Harvard Medical School. There were over 200 people in attendance, with 47 of them being DMH staff. Frank DeSiervo, LCSW, Division Chief, Mental Health Services, indicated that Dr. Minkoff was a very inspiring presenter, and that the conference provided some tools that staff can use, and he would like to see the types of treatment presented infused throughout the Department.

**RESEARCH CORPS TRAINING**

An all day training session for volunteers with expertise in mental health took place on May 13. Sponsored by the Northern Metropolitan Health Care Foundation, this disaster mental health training covered a wide range of topics dealing with disaster preparedness and Reserve Corps responsibilities.

**TRAINING PARTICIPANTS**

Training participants included: (l-r): Bernard Panzer, Middletown Psychiatric Center and Red Cross Volunteer; Dr. Ellen Marx, Psychologist II, Poughkeepsie Continuing Treatment Center; Ken Davidson, Deputy Coordinator, Dutchess County Emergency Response; Bonnie Scheer, LCSW, Director, DMHu Office of Community Services; Paul Reagan, Reserve Corps Volunteer.
During the 2005 Public Forum, held on March 15, concerns expressed included requests for after school respite/recreational services and increased summer programs, including employment. The need for more specialized medical services for people who are developmentally disabled was expressed. SPEAKOUT, the self-advocacy group, strongly expressed their concerns regarding staff vacancies and turnaround in residential programs. The group also voiced their desire for the agencies to develop smaller, more home-like residences, as opposed to the larger more institute-like facilities.

The unmet needs with existing opportunities. In the absence of such opportunities, the needs are noted and transferred into the DMH Local Governmental Plan where an initiative to address the need is presented.

Another group, one initiated by the Taconic DDSO, examined the needs of people with developmental disabilities who are in crisis. The work of this committee resulted in the development of the DDSO’s Behavioral Intervention Services Team in 2004. The team started functioning in the spring and, by the year’s end, its efforts appeared effective in reducing hospitalizations, reduced visits to hospital emergency departments and better hospital discharge planning. However, it was quite clear that requests for service far outstripped the capacity of the staff. Consequently, with the backing of the Developmental Disabilities Subcommittee, Dr. Hayden provided testimony at OMRDD’s public hearing, held in March, at which he advocated for increased staff. Additionally, in the testimony, he stressed the need for the development of short-term crisis beds to assist the team with precluding some psychiatric admissions, and in reducing length of stays when such admissions occur.

For two days in May, the DDPC, in collaboration with Dutchess County BOCES, sponsored a house tour of OMRDD certified residences. This included Dutchess ARC, REHAB, New Horizons and Greystone. Over the two days, forty individuals (including parents and students transitioning from special education as well as special education personnel) took the tour. During the travel time, representatives of BOCES and the Taconic DDSO summarized information that families and consumers should know as clients transition to adult life. The information included OMRDD eligibility criteria and applications to the DMH Central Registry. In general, the tours were considered quite successful.

**Clinic for the Multi-Disabled**

The Clinic for the Multi-Disabled (CMD), under the supervision of Mary Babcock, LCSW, Clinical Unit Administrator, provides outpatient mental health treatment to mentally ill, mentally retarded developmentally disabled individuals ages 15 and older. 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 person. CMD staff, representing the disciplines of psychiatry, psychology, social work, nursing and alcohol counseling, provide 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 in various areas in the County.

The clinical staff also provide advocacy to developmentally disabled persons in addition to providing consultation and education to staff of agencies or to families who are involved in the care, treatment and/ or management of the person or persons requiring the service.

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
Dr. Benjamin S. Hayden presented an inservice on "Autistic Spectrum Disorders" on April 12 from 3-5 p.m. at 230 North Road. The talk was divided into four parts: History and Characteristics; Diagnosis; Treatment and Education; and Hot Topics. Shown with Dr. Hayden: Standing, (l-r): Bonnie Scheer, LCSW, Director, Office of Community Services; Lusa Hung, Psychology Intern; Mac White, Dutchess County Mobile Team; Liz Angle, Social Work Intern; Colleen Mahoney, Social Work Intern.

Adolescents and adults with developmental disabilities often require services and supports from more than one system. A multi-faceted approach to service delivery may be necessary (e.g. mental health, social services, housing and other government and voluntary agencies). Coordination of services and agencies benefits both patients and caregivers. Staff continue to serve on a number of community boards and committees of local agencies which serve the DD population.

The New York State Office of Mental Health (OMH) conducted a recertification visit in May. During the two day process, all satellite clinic sites were visited, as well as a review of patient records. The Clinic received a two year (Tier II) certification with praise for the excellent quality of psychiatric evaluations, as well as the effective and appropriate uses of the group modality.

As part of an OMH Quality Improvement initiative, the CMD will be developing an agency satisfaction questionnaire which will be administered on a regular basis to measure outside agency satisfaction with the work of the Clinic.

David Stetson, Ph.D., retired in June after fifteen years with the CMD; Lou Calabro, Ph.D., ABPP, was hired in July to replace Dr. Stetson. Dr. Calabro is a Neuropsychologist with expertise in the areas of Traumatic Brain Injury, Dementia and Psychological Testing.

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No. of Persons Served | Volume of Service
--- | ---
428 | 8,917
Dutchess ARC (a.k.a. ARC, DC)

Dutchess ARC, a chapter of NYSARC, Inc., is one of approximately 50 across New York State. The agency offers a full range of services to Dutchess County residents with developmental disabilities and their families. Services range from family resources and services coordination to recreational programs, from vocational and clinical services to residential. ARC employs over 300 people at 23 sites—in Poughkeepsie, Amenia, LaGrange, Pleasant Valley, Hyde Park, and Wappingers Falls.

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

Vocational Services: ARC works to secure meaningful employment opportunities throughout the County based on the individual’s preferences and capabilities. Vocational Training facilities located in LaGrange and Amenia 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 followup services are also provided by the staff. Students transitioning from the educational model can find exploration and training experiences through transitional service options. The Vocational Centers are partially funded by DMH.

Other significant services provided by Dutchess ARC include the following:

Clinic Services: A full complement of clinicians offer Article 16 clinic services in a variety of settings and locations throughout the County and in other day programs, work sites and individual homes. Services include rehabilitation counseling, psychological testing and counseling, social work, occupational therapy, diet and nutrition counseling, podiatry and social/sexual assessment and treatment.

Day Services: These services focus on the development of a person’s independence and individuality through inclusion in their communities.

Family Support & Educational Advocacy: Navigating the service system can be a frustrating experience. Offered are guidance and assistance for families who may need some support or have questions to ask.

Guardianship Program: This unique service of Corporate Guardianship provides lifelong assistance and advocacy to individuals within Dutchess County who have been left with no one to advocate for them. Dutchess ARC has the ability to serve as the legal guardian for individuals who may not have a family or extended family to serve in this capacity. The Guardianship Program additionally can serve as a resource in providing information to interested families and other community organizations by offering guidance and assistance in guardianship matters.

Recreation & Youth Services: A full array of recreational opportunities are available through the Adult Recreation Club and Teen Club. Dutchess ARC provides after school services.

Residential Options: A variety of options are available for those seeking placement outside their family residence. Depending upon the desire and capability of the person, ARC provides appropriate supervision and guidance to individuals who require 24-hour care, as well as those who can manage with less. Also provided are residential habilitation services to persons in their own homes.

Service Coordination Department: Similar to other organizations within our community, the Service Coordination Department provides individualized linkage and referral for adults and children to services requested by themselves or their family.

<table>
<thead>
<tr>
<th>Service</th>
<th>No. of Persons Served</th>
<th>Volume of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaGrange Center</td>
<td>148</td>
<td>18,685</td>
</tr>
<tr>
<td>Amenia Center</td>
<td>71</td>
<td>8,576</td>
</tr>
<tr>
<td>Total</td>
<td>219</td>
<td>27,261</td>
</tr>
</tbody>
</table>
Cardinal Hayes Home For Children

Cardinal Hayes Home 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 sixty-five years. A community respite care service is partially funded by DMH.

Residential Services: The agency operates seven Intermediate Care Facility (ICF) residences on the Millbrook campus. Situated on 70 acres, the campus program serves 60 severely disabled children and young adults. The agency also serves an additional 50 young people in a network of five community-based ICF residences located in several towns.

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. Over 4,500 hours were provided in 2005 for families burdened with extraordinary care.

Service Coordination: Casework services for families and individuals seeking assistance in obtaining therapies and other support services is available.

Educational Programs: The Cardinal Hayes School serves students with extensive educational needs. Classes are staffed by certified teachers and aides. Speech, occupational, physical and music/sensory therapies plus adaptive recreation activities are an integral part of the curriculum.

Adult Day Program: The agency operates specialized day activities for multi-handicapped individuals over 21 years of age. Entitled WATCH (Work Activities Training At Cardinal Hayes), the program offers prevocational training, daily work opportunities and habilitation services. WATCH also provides a transitional work-study component for severely disabled students in need of functional work skills.

Recreational Services: A Group Activities Program (GAP) is offered during extended breaks in the school calendar. The program provides stimulating recreational and social opportunities for the students, and gives families respite during these times.

REHAB Programs, Inc.

Children’s Services:

Educational, Preschool: The First Step Preschools in Beacon and Poughkeepsie serve over 50 children ages 3-5 years with moderate to multiple disabilities. Academic and socialization opportunities are provided for special needs students through their collaboration with the Astor Head Start Program, located at both sites.

Educational, School: The School, with its main location at the Mental Health Center, 230 North Road, serves approximately 100 children ages 5-21 who have moderate to severe multiple disabilities. Both educational programs offer classroom instruction (including use of computers), adaptive physical education, art, music, group socialization, physical, occupational, vision, speech therapies and social work services. The program's goal is to prepare students for independent and productive futures. The school also promotes the mainstreaming and integration of students with non-handicapped peers via satellite classrooms and community experiences.

Medical Rehabilitation Clinic: This clinic is the largest provider of outpatient pediatric therapy in Dutchess County, serving over 1,200 children and adults per year. Services include: physical, occupational and speech therapies, social work, service coordination and physical medicine. Services are provided through the outpatient programs at the main clinic site at 230 North Road and at various satellite clinics. Services are also provided in several school districts and other locations throughout the County.

There is also the Program for Augmentative Communication Enhancement (P.A.C.E.), which uses assistive technology to facilitate communication with others, and an Infant and Parent Program, which provides clinical services to children ages birth to three.

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)

Frank J. Falanga, Chair
James H. Warner, III, Vice Chair
Almerin O’Hara, Secretary

Susan D. Blodgett
Joyce Carter-Krawczyk, LMSW
Diane M. Cicatello, MD
Falisia Cotten, LCSW
James J. Fealey
Russell Myers

Julie Renda
Paula Sarvis
E. Mark Stern, Ed.D., ABPP
Roger Tumbarello, Ph.D.
Carolyn S. Young
Adult Services:

The Work Training Centers: Funded in part by DMH, the Work Training Center provides basic job skills training in a sheltered setting. The Advanced Work Training Center provides training on various types of machinery (e.g., drilling, spooling, etc.) in the assembly and production of a hand-sewing awl. Other programs include literacy training, support groups, vocational evaluation, volunteer services, counseling, computer skills development, and an Article 16 Clinic.

Integrated Employment Services (IES): This service supports individuals in community-based employment situations by providing individualized job development, intensive job coaching, and long-term follow along services. The School to Work program offers students ages 14-21 who are in special education the opportunity to gain community-integrated work experience while still attending school. Currently, IES is seeking funding for the creation of a Life Skills Enhancement Center to address the unmet needs of young adults.

Day Treatment and Day Habilitation Services: Day treatment and day habilitation services are provided to adults in small community-based programs throughout Dutchess County. The goal of the programs are to provide opportunities for individuals to participate in and contribute to their local community in businesses, service and religious organizations, social centers, parks and gyms.

Residential Services: This service provides over 90 mild to moderately disabled adults with assistance toward the goal of attaining independent living. The programs offer training in money management, cooking, Assistance in Daily Living (ADL) skills and public transportation access. The training takes place in a variety of community living facilities which the agency provides. Assistance is also provided for socialization and community integration.

Social Work: Services are offered to children or adults and their families. The counseling enables them to achieve independence and community involvement in all areas of their lives, and parents are assisted in their emotional needs. Service Coordinators knowledgeable of community resources provide referral and linkage to community services.

At-Home Residential Habilitation: Services are offered to individuals who live at home, with assistance in personal care, meal preparation, money management and household skills.

Day Treatment Program: The program, located in the Town of LaGrange, serves residents in the Taconic District's Intermediate Care Facilities, Community Residences, Family Care Homes and Individualized Residential Alternatives.

Taconic DDSO recently piloted a Behavioral Support Team 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 effect a planful discharge. In 2005, the Team addressed 31 referrals from agencies in Dutchess County.
Office of Quality Improvement

The DMH Office of Quality Improvement (QI) was established in 1996 to implement and oversee the Quality Improvement Program of the Department. The program is directed by Benjamin S. Hayden, Ph.D. The DMH Quality Improvement Coordinator, Kathleen Spencer, RNC, reports to the QI Director.

There is a Quality Improvement Committee (QIC) composed of professional and administrative staff of DMH, with representation from all major committees of the Department. The QI Director serves as the permanent Chair of the QIC. The Committee's mission is to provide a comprehensive, organization-wide QI Program that objectively assesses the quality of patient care and identifies, corrects, and monitors patient care problems. Since August 1996, there have been 43 QI Teams which have functioning and, for the most part, have completed their tasks.

Examples of recently completed teams:

1. Medication Education Consent Form: On an annual basis, units of DMH distribute patient satisfaction surveys. In response to the distribution of that instrument late last year, in the Clinic for the Multi-Disabled (CMD), it was learned that many of the patients who are receiving medications do not understand why they are getting the prescriptions. To respond to this problem, a team was formed under the direction of Mary Babcock, LCSW, Clinical Unit Administrator, to devise wording that would make clear to people who are cognitively impaired the purpose of certain medications. Currently, the new explanations are being used by the licensed prescribers and patients appear to have greater understanding of why certain medications are being prescribed to them.

2. Pregnancy Policy: In the past, to assist and alert licensed prescribers when writing prescriptions, all appropriate DMH charts have been flagged green for various medical conditions. However, it was observed that pregnancy was not so listed. Consequently, a team was formed to develop a mechanism to flag green should a woman be pregnant or is breast feeding. This team, under the leadership of Kathleen Spencer, RNC, developed all appropriate procedures, and the initiative was actualized as a procedure in June 2005.

3. Patient Care/Utilization Review Committee (PC/URC) Format: A team was formed under the direction of Dr. Hayden to examine and update the format of the PC/URC (role of committee is explained below). In addition to past practices, it was recommended that during a Patient Care/Utilization Review Site Visit, a closed record be examined. This is consistent with OMH practices during a site visit and, consequently, it was believed would better assist in preparation for such licensing visits. Additional changes included the examination of at least one chart that the unit felt was outstanding. The outstanding chart would be randomly pulled from a pool of several charts in that category as presented by the unit. To enhance the teaching function of the PC/URC, it was recommended that a feedback session, with all unit staff present, be scheduled at the end of the site visit. With staff present, the feedback can function as a training/consultation session for all staff. Finally, it was decided to make recommendations for training as issues would arise in the feedback session.

Safety and Preparedness Issues: Twice a year, Tabletop Emergency Drills are conducted to prepare patients and staff for untoward events as well as to raise consciousness concerning emergency procedures. One such scenario pertained to the Clinic for the Multi-Disabled wherein a number of patients and staff were present at the Mansion Street location. One patient seen in a therapist's office required the use of a wheelchair. A truck carrying explosive material has a severe accident at the parking lot's entrance to Mansion Street. As a precaution, the City of Poughkeepsie Police ordered that the building be evacuated. In addition, the officers instruct the unit not to let staff leave by the main entrance because of its proximity to the parking lot entrance. Given the situation, staff had to devise an appropriate response including evacuating the wheelchair-bound patient.

Dutchess County
Community Mental Health Center
"We Care For Our Community"

2006
County Legislature
Family & Human Services Committee
Robert Rolison, Chairman
Mary M. Swartz, Vice Chairman
Suzanne Horn
Marcus Molinaro
Barbara Jeter-Jackson
Alison MacAvery
Joel Tyner
Another situation presented to the Millbrook Continuing Treatment Center concerned the notice, upon arrival at work, that some material had been dumped in the unit dumpster. On close inspection, it appeared that the material in question was friable asbestos. Because the material was uncovered and the wind was blowing, it was determined that this was a hazardous situation.

Patient Care/Utilization Review Committee (PC/URC): Internal monitoring of all DMH programs by the PC/URC has continued. In addition, those clinical programs administered by Family Services and Lexington Center for Recovery were also examined. At the time of the site visit, each unit was evaluated in terms of safety and the quality of the therapeutic environment. Clinical charts were randomly selected and examined in terms of quality of intake, treatment planning, the treatment process, medication management and other medical issues. Additionally, the appropriateness of the admission and continued stay was evaluated.

In addition to the DMH units and contract clinic programs noted above, the four Astor outpatient clinic programs were audited. This was performed by the Child & Adolescent Patient Care/Utilization Review Subcommittee. A format similar to the above description was followed. All staff on this subcommittee are privileged in child/adolescent treatment. On a regular basis, all PC/URC survey findings are reported to the DMH Executive Council.

The PC/URC also conducts a number of Focused Reviews each year. These are examinations of specific aspects of clinical treatment or practice. In January, a review of the Medication Education Consent Form in a patient chart was reviewed. These are forms which a licensed prescriber should present to a patient when a new medication is prescribed. The purpose of the form is to give a written description of the medication and possible benefits and side effects to the patient. Once reviewed, the patient is asked to sign the form for this treatment. Results of this audit for all DMH treatment units were varied and recommendations were made for improvement. These included the purchase of software so that Medication Education Forms for all medications are available and can be used on all units.

In May, a second focused review was conducted. Patient charts were randomly selected from all DMH treatment units, and psychiatric evaluations/mental status exams were reviewed for content and quality. It was determined that both content and quality of these documents varied among licensed prescribers. Consequently, it was recommended by the PC/URC that a training session on the expectations of documentation for all psychiatric evaluations be scheduled and led by the Medical Director.

Subcommittees of Quality Improvement:

1. Contract Agency Performance Indicators. This group meets quarterly and is composed of DMH staff. It examines and analyzes compliance of contract agency performance indicators with material specified in the agency’s contract with the County. A quarterly report is generated and forwarded to Commissioner Glatt.

2. Contract Agency Site Visits. Quality Improvement representatives, in consort with Mental Hygiene Board members and Subcommittee members, visit selected contract agencies whose programs are not otherwise inspected by State licensing agencies. These visits provide DMH with qualitative information in addition to the formal compliance with performance indicators.

The following agencies were visited in 2005: the Mental Health Association’s Teen Challenge Program; the Mental Health Association’s homeless program, The Living Room; and PEOPLE’s Supported Apartment Housing.

Final reports of all such visits are reported to the Executive Council and to relevant Mental Hygiene Board Subcommittees.
Outcome Studies:

As has been noted in the past, the Quality Improvement Program collects outcome data on patients’ progress in treatment. The instrument used, the Total Outcome Profile System (TOPS), has yielded data for analysis. Specific measures are obtained in terms of quality of life, symptomatology and level of functioning. The instrument is administered at admission (Form I) and discharge or, depending on the unit, at some later point in treatment (Form II). Additionally, on the readministration, a measure of patient satisfaction is obtained. During the past four years, matched data (Form 1-I) has been obtained on 1,939 patients and discharge/post-test data on 1,264 patients. Individual statistical analyses are performed for patients by DMH unit. In general, the results suggest statistically significant enhancement of functioning in terms of the factors mentioned above, namely, perceived quality of life, symptomatology and level of functioning.

Data has been collected in the following units:
Partial Hospitalization Program, Southern Dutchess Continuing Treatment Center, Rhinebeck Continuing Treatment Center, Millbrook Continuing Treatment Center, Poughkeepsie Program, ITAP Intensive Outpatient and ITAP Day Rehab and Special Services Team.

GAF Reliability Study: DMH collects Global Assessment Functioning Scale (GAF) scores on admission and at the point of discharge. It was reported in the 2004 Annual Report that the Department is in the process of examining GAF scores (Axis V on Multiaxial Diagnosis) as an outcome measure. During this past year, intensive training took place with staff to increase the validity of GAF ratings. Currently, as a function of the Patient Care/Utilization Review Committee, GAF scores are being examined across the Department by one of the trainers. When sufficient data is obtained, correlations between the trainer (an expert) and staff ratings will be calculated, and it is anticipated that, if correlations are of sufficient magnitude, DMH will then formally employ GAF scores as an additional outcome measure.

Research: In the last annual report it was noted that statistically significant progress was evidenced in the treatment of individuals who are ordered into Assisted Outpatient Treatment (AOT). More recently, a psychology intern, Christine Zych-Oellien, has undertaken an extension of this study and has found results consistent with the earlier preliminary findings. This study specifically examined TOPS scores for AOT patients. For the purpose of this study, TOPS scores on sixty-one AOT patients were extracted from the larger DMH pool of data. Admission and post-treatment comparisons were made. Units where AOT data were obtained included the Partial Hospitalization Program, and the Rhinebeck, Millbrook and Poughkeepsie Continuing Treatment Centers. Factors of the TOPS included quality of life, symptomatology and functionality, as well as satisfaction with treatment. It should be noted that satisfaction with treatment is only obtained on the second administration and, consequently, cannot be compared with an admission score.

Dr. Hayden was invited to participate on a subcommittee of the Dutchess County Health & Human Services Cabinet, under the direction of Betsy Brockway, which met on December 5 for a Performance Evaluation Workshop. The purpose of the meeting was to incorporate outcome measures in County-run programs and contracts for human services.

Shown at the workshop are: Seated, (l-r): June Notaro, Youth Bureau; Bridget Goddard, Department of Social Services; Jessica White, Budget Office; Beverly Allyn, Health Department; Carole Lehrer, Youth Bureau. Standing, (l-r): Cathy Lane, Office of Probation & Community Corrections; Betsy Brockway, Director of the Health & Human Services Cabinet, Office of the County Executive; Mary Kaye Dolan, Office for the Aging; Dr. Hayden

2005 Annual Report
Dutchess County
Department of Mental Hygiene
"We Care For Our Community"

Administration
230 North Road
Poughkeepsie, New York 12601

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

William R. Steinhaus
County Executive
Fiscal Monitoring Committee members are: Seated, (l-r): Ben Fassett, Programming Supervisor, OIT; Brian Palmer, Director, OIT; Joe Brisley, MBA, Director, Office of Budget & Finance; Helen Traver, Program Assistant, Budget & Finance; Standing, (l-r): Michael North, LCSW, Clinical Unit Administrator, ITAP; Bonnie Kain, Billing Manager; Frank DeSiervo, LCSW, Division Chief, Mental Health Services; Terry Stuart, Division Chief, Support Services. Committee members not pictured: Robert Oppenheim, LCSW, Clinical Unit Administrator, Southern Dutchess Continuing Treatment Center; Margaret Hirst, LCSW, Division Chief, Chemical Dependency Services.

The Anasazi Fiscal Monitoring Committee met on March 4 to discuss ways of taking steps to resolve some of the issues involved in billing procedures under the new software system.

All comparisons for the quality of life, symptomatology and functionality revealed statistically significant results in a positive direction. This group yielded a patient satisfaction score of 3.92, which is highly consistent with scores of non-mandated DMH patients. The above positive findings are particularly important when it is considered that the patients were not typical DMH patients attending outpatient treatment programs voluntarily, but rather were individuals who were mandated into treatment by courts. An additional aspect of the psychology intern’s study included a comparison of the number of hospitalizations of this group prior to, and subsequent to, the court order. While the data tended to suggest more frequent hospitalizations prior to admission to the program, those results were not statistically significant.

Training: An important function of the Quality Improvement Program is to provide training throughout the system; consequently, three training sessions were held within the past year. One was for all the DMH staff who had not received previous Quality Improvement training. Training was also held for the Developmental Disability Subcommittee of the Mental Hygiene Board and, based on that group’s recommendations, training took place for the Mental Hygiene Board.

Quality Improvement Contribution to the Anasazi Software System Conversion:

(1) The development of forms for an electronic record has been a major focus for Quality Improvement staff in 2005.

(2) Paper forms are being converted to electronic forms by a team of clinicians, QI staff and personnel from the Office of Information Technology (OIT).

(3) The process is rigorous and detailed. The new forms must comply with the different OMH and OASAS regulations. Both the electronic record and the paper record must be in compliance.
Message From The Commissioner

I am pleased to report that one of the major goals which the Department hoped to achieve in 2005 has been realized, namely, increasing both inpatient and outpatient beds for mentally ill persons. Nine long-term patients at the Hudson River Psychiatric Center (HRPC), originally from Brooklyn, were transferred to Kingsboro Psychiatric Center, the state hospital for persons from that area, freeing up nine beds for patients needing intermediate or longer term inpatient care. Also, eleven additional supported community beds were funded and have been developed.

Another major endeavor this year was to migrate from the outdated CMHC, Inc. software to the state-of-the-art Anasazi Software System; this has necessitated changing all of our patient records from a paper format to one which is electronic, as well as completely revising all of our fiscal functions. Staff involved in these processes, i.e., those from the Office of Information Technology as well as specific clinical staff, are to be commended for their diligence, patience and creativity in successfully transitioning from the old system to the new one.

Most other goals we set for the year have been effectively implemented, including the recent move of our Chemical Dependency Services Division to a new, larger and more modern facility at 82 Washington Street; the continued refinement of our compliance with the Health Insurance Portability and Accountability Act (HIPAA), especially regarding security regulations; the hiring of new staff to work with mentally ill persons who are on probation and who present in the City of Poughkeepsie Court, paving the way for the establishment of Dutchess County’s first Mental Health Court; the expansion of the indigent patient Medication Assistance Program; the start-up of a Department-wide Wellness Program, and the integration of HRPC’s ACT (Assertive Community Treatment) Team into the Dutchess County community mental hygiene system.

These achievements could not have been possible without the hard work, dedication and talent of Department staff—support, clinical and administrative—with whom I am proud to be associated. I look forward to the challenges of the coming year as we build upon this past year’s accomplishments and continue to do everything we can to improve not only the quality of life for our patients, but also the overall mental health of our community.

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