

Robert P. Astorino, Westchester County Executive
County Board of Legislators

2013

Department
of
Community
Mental
Health

*Annual
Report*

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*Message
from
the Acting
Commissioner*

Message from the Acting Commissioner



The Department of Community Mental Health (DCMH) plans, oversees and coordinates services for individuals and their families with mental illnesses, developmental disabilities and substance abuse disorders. This is accomplished through partnerships with community and governmental agencies, families, peers and elected officials. The county also directly provides safety net services and training that continue to be needed in the community. Our goal is to ensure that those who suffer from the most serious conditions receive preventive services that are person-centered, comprehensive, coordinated, and recovery focused.

New York State is implementing mandatory managed care for individuals who have been traditionally excluded from enrollment due to the complexity and severity of their illnesses. Movement into managed care requires system development and the department will continue to play an important role during the implementation. The state recognizes that our contributions as well as those of our local stakeholders are necessary to maintain accountability and access to quality services in the community.

Managed care organizations - in their efforts to improve outcomes and reduce costs - must be held accountable for quality and access. If not - as in other states - there will be a cost shift to the local taxpayers and poor outcomes as individuals fall out of services and into homelessness and incarceration. To date, New York State has insisted on accountability.

In addition to the potential cost shift, the county faces one of several state unfunded mandates. The county is responsible for half of the costs associated with the state hospital placement of individuals facing felony charges but not competent to proceed in court. The county cannot control the restoration process, but it monitors to ensure that people return to court in a timely fashion. In addition, DCMH, the state and others are trying to identify alternate funding to reduce this unfunded mandate that cost approximately 1 million dollars in 2013.

Safer Communities Initiative

DCMH had the privilege of partnering with the Departments of Health and Public Safety on the County Executive's Safer Communities Initiative. In February 2013, County Executive Robert P. Astorino launched his Safer Communities Initiative, designed to protect schools and communities from acts of violence such as the tragedy in Newtown, Connecticut. Safer Communities is a combination of practical, ready-to-go programs that combat violence by drawing on the expertise of the county departments of Public Safety, Health and Community Mental Health, in collaboration with local police chiefs, educators, clergy, civic leaders, human services providers and elected officials. The goals are to educate the public about available services, enhance programs and evaluate progress on an ongoing basis.

Two symposiums held in 2013 were attended by more than 700 members of the community. An Action Network was formed to develop a blueprint for achieving the goals of the Safer Communities Initiative. The Blueprint was presented at DCMH's Fall Forum in October. DCMH along with Action Network and new and existing collaborators will continue to assist the County Executive with further development of the Safer Communities Initiative.

• **The NYS Secure Ammunition and Fire Arms Enforcement Act (*SAFE Act*) and The NYS Justice Center for the Protection of People with Special Needs (*Justice Center*)**

In 2013, New York State passed legislation that impacts DCMH, providers, recipients and the community. The **SAFE Act** effectuated in March 2013, requires certain providers to report individuals they feel “likely to engage in conduct that would result in harm to self or others” to the New York State Office of Mental Health. DCMH is responsible for reviewing reports and if appropriate - moving such forward to be acted upon by other levels of government.

The **Justice Center** was created by statute in June 2013. The vision of this new state agency “(is) to protect people with special needs from abuse, neglect, and mistreatment”. The Justice Center maintains a 24/7 hotline for reporting incidents and conducts investigations. It has also required providers and the department to develop new policies and procedures to fulfill the duties as prescribed in law.

DCMH has provided training in these areas to the professional community and more will be scheduled for 2014.

• **Front Door Initiative – Developmental Disabilities Reform**

As a first step towards managed care, the New York State Office for Persons with Developmental Disabilities (OPWDD) unveiled the Front Door Initiative. The Front Door Initiative will improve opportunities for individuals with developmental disabilities in the areas of employment, integrated living, and self-direction of services. In 2013, DCMH collaborated with OPWDD Region 3 Hudson Valley Developmental Disabilities Regional Office on the implementation of the Front Door process for Westchester residents.

I want to thank all of our community partners and the department staff for their dedicated contributions to these and all of our initiatives. I look forward to our ongoing collaboration to improve services and ensure that high-quality, affordable mental health, substance abuse and developmental disability services continue to be available to all residents of Westchester County in 2014.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Staats".

Melissa M. Staats, MA MSW
Acting Commissioner

Highlights of Community Education

Highlights of Community Education



Bhavana Pahwa, Program Director, White Plains Youth Bureau; Melissa Staats, DCMH; Robert P. Astorino, County Executive; Dr. Jonathan Fast, Guest Speaker; Dr. Sherlita Amler, Commissioner, WC Department of Health; Susan Wayne, LCSWR, Community Services Board Chair; Virginia Perez, WC Board of Legislators at the Safer Communities Blueprint presentation

In 2013, The Department of Community Mental Health provided trainings and presentations on topics related to mental health, developmental disabilities and drug and alcohol addictions free of charge to service recipients, families, not for profit agencies, government, schools, religious organizations, emergency service personnel, and many more. The Department has a strong commitment to provide education and training to those living and practicing in Westchester County.

Safer Communities Initiative

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clergy, civic leaders and elected officials. The goals are to educate the public about available services, enhance programs and evaluate progress on an ongoing basis. Two symposiums held in 2013 were attended by more than 700 members of the community. An Action Network was formed to develop a blueprint for achieving the goals of the Safer Communities Initiative and the results were presented at DCMH's Fall Forum in October. A copy of the blueprint is available at the Westchestergov.com website. The Blueprint will serve as a guide to the Action Network as it continues the work of the Safer Communities Initiative.



Family Court Judge Kathie Richardson; Bernard Pierazio, Yonkers Public Schools; Virginia Perez, Westchester County Board of Legislators; Robert P. Astorino, County Executive; Reverend Dr. W. Franklin Richardson, Grace Baptist Church and Joel Haber, PhD, Anti-Bullying Expert at the Safer Communities Violence Prevention Forum

“Making the Work, Work: Successful Strategies to Employ Persons with Autism and Other Developmental Disabilities”

Recognizing the surge of young adults with autism leaving the school and entering the adult service system, the Westchester Autism Advisory Committee sponsored its first conference focused on employment, entitled, “*Making the Work, Work: Successful Strategies to Employ Persons with Autism and Other Developmental Disabilities*”. The conference was organized in an effort to educate stakeholders on successful models of employment and promote hiring in Westchester County. Attended by over 100 local vocational rehabilitation counselors, business owners, individuals with autism and their families, the conference was a success. The conference highlighted the specific needs of persons with autism, prompted discussion regarding successful strategies to support employment in current work sites and promoted the opportunities to expand potential employment options within the county.

Suicide Awareness and Education

In 2013, the Department of Community Mental Health coordinated a comprehensive **Suicide Awareness and Education** initiative in partnership with other organizations including the Westchester Chapter of the American Foundation for Suicide Prevention (AFSP) and Westchester Putnam Suicide Prevention Coalition. The Westchester Suicide Awareness and Education initiative is a multi-faceted approach that includes a public awareness campaign, evidence-based training programs, and engagement of community leadership.

This year, the initiative partners organized and facilitated over 6 evidence-based training programs (SafeTalk) for over 300 community stakeholders, held 5 community forums which included a discussion of suicide and its impact on families, neighborhoods and resources and next steps. A **Westchester County Suicide Prevention and Awareness Community Champions** group was created as an outcome of the forums. The group is comprised of Westchester County service providers and advocates who have organized to promote suicide awareness and training opportunities in their communities.

In recognition of September is **Suicide Prevention Awareness Month**, DCMH sponsored a presentation and book signing by author, survivor and advocate Kevin Hines. Mr. Hines, an internationally recognized speaker on the topic of suicide prevention, read excerpts from his best-selling book *Cracked, Not Broken – Surviving and Thriving After a Suicide Attempt* and shared his message of hope and inspiration with over 125 professionals, educators, college students, consumers and family members.

Psychological Response Team

DCMH expanded the scope and use of its Psychological Response Team in 2013. The team is available to provide a coordinated psychological response to victims, their families, the community and emergency care workers. The DCMH **Psychological Response Team** is comprised of 16 mental health professionals with the knowledge and skills to respond adequately to the mental health needs of individuals and communities during times of disaster, crisis or other critical incidents.



Author and survivor Kevin Hines poses with audience members at the 2013 DCMH Suicide Prevention Awareness Event

Annual Myra Alfreds Roundtable Forum

DCMH's Children's Mental Health Services System of Care Team Learning Center held its **3rd Annual Myra Alfreds Roundtable Forum** in recognition of National Children's Mental Health Awareness Day on May 9, 2013. The event, attended by over 150 professionals and peers was entitled, *Youth Voice and Empowerment in Shaping Public Policies and Programs*. The event served as an opportunity to build upon the 2012 "What Helps, What Harms" report. There were panel discussions with youth and decision-makers representing the mental health, social services and court systems to discuss the current state of transitional services in Westchester and options for improvement. The keynote speech was delivered by Lacey Kendrick Burk, Executive Director of Youth MOVE, the only youth led national organization devoted to improving services and systems that support positive growth and development. The Youth Movement continues to promote efforts and ideas generated at the forum.



A youth panel discusses important issues relating to transition at the 3rd Annual Myra Alfreds Roundtable Forum

*Adult
Mental Health
Services*

Adult Mental Health Services



Bernadette Kingham-Bez, Executive Director, St. Vincent's Hospital – A Div. of St. Joseph's Medical Center; Barbara Bernstein, MHA of Westchester; Jeffrey Conte, Assoc. Dean of Academic Affairs, Div. of Business, Behavioral Social Sciences, Public and Human Services, WCC; Melissa Staats, DCMH; Kevin Hines, suicide prev. speaker

The public community based system of care is being restructured as part of the New York State Medicaid Redesign initiative. The Medicaid Redesign initiative is intended to improve outcomes and reduce costs associated with the provision of a range of health care services. Medicaid Redesign efforts will impact each of the disability areas for which DCMH is responsible. One of the first areas is in adult mental health with the creation of **Health Homes**.

“A **Health Home** is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. This is done primarily through a ‘care manager’ who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital (*New York State Department of Health*)”.

Accessing Community Based Services

Services for adults with serious mental illness are made available through the County's Single Point of Access (SPOA). SPOA is a state-mandated process that centralizes referrals for community based services including Care Management, Housing, Assertive Community Treatment and Assisted Outpatient Treatment.

Health homes also have a role in helping individuals (enrollees) access care management services. New York State plans to fold housing and assertive community treatment into the health home model as well.

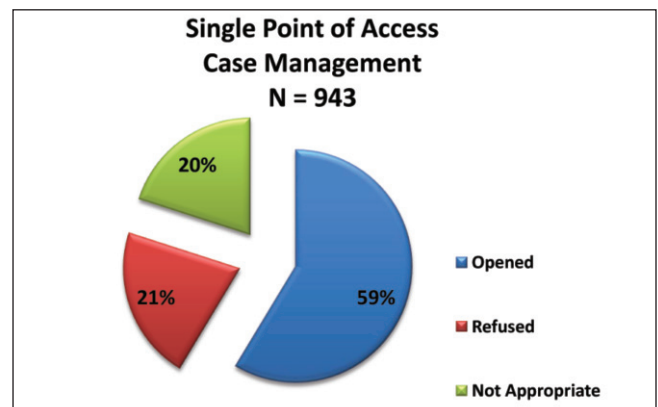
- **Care Management** (formally case management) involves the coordination of services and supports based on the needs of an individual. More detail of the program can be found at the New York State Department of Health website - Medicaid Health Homes.

- **Housing** New York State funds several types of housing models for individuals with serious mental illness. The appropriate type of housing is selected based on the individual's ability to live independently (*see Westchester County's Single Point of Access application for more details*). Affordable housing options for individuals with disabilities can be difficult to obtain in Westchester and throughout New York State. However, the state plans to make more housing available for those transitioning from state hospitals, nursing and adult homes. DCMH will continue to work with the New York State Office of Mental Health to ensure that existing and new resources meet the needs of Westchester.

In 2013, over 1,900 housing applications were received.

- **Assertive Community Treatment (ACT)** is a model designed to provide treatment, rehabilitation and support services to individuals who are diagnosed with a severe mental illness and whose needs have not been met by more traditional mental health services. ACT teams are multi-disciplinary and include members from the fields of psychiatry, nursing, psychology, social work, substance abuse and vocational rehabilitation. Individual services plans are made specific to meet the needs of individuals.

In 2013, 84 applications for this service were received.



• **Assisted Outpatient Treatment (AOT)** The AOT legislation (part of Kendra’s Law) provides court-ordered support for clinical and care management staff to intervene with individuals who are most difficult to engage in treatment, and who pose a significant danger to themselves or others. DCMH coordinates and monitors court ordered and diversion activities for this high risk and high need population. DCMH maintains an integrated system of care resulting in rapid access and effective service delivery to those in the AOT program.

The coordination of activities related to Kendra’s Law has remained well-integrated with DCMH’s SPOA system as well as DCMH’s Forensic Services. DCMH staff meet weekly to ensure that those in the AOT program remain in treatment to the extent possible. This committee continues to be crucial in the decision-making and oversight process as well as the coordination and provision of treatment, care management, housing and other services to those considered to be high risk/high need individuals.

There were 156 inquiries made, 123 investigations, and 75 AOT court orders granted in Westchester County in 2013.

Care Coordination

The Westchester County Care Coordination Program is nationally-recognized by the Department of Health and Human Services Agency for Health Care Research and Quality (ARHQ) for its improved healthcare and large savings across several departments. Care Coordination focuses on individuals who have used a disproportionate share of expensive health and mental health as well as social and legal services. Despite spending significant amounts of county and state resources on this relatively small group, these individuals have the poorest health outcomes. Many are homeless, have histories of incarceration, multiple hospital stays and frequent emergency room visits. The DCMH Care Coordination program was designed to stop the cycle of repeated service utilization and improve the health and lives of those with the most complex needs.

In 2013, 56 individuals were served by the program. Through restructuring, DCMH plans to increase the capacity of this program.

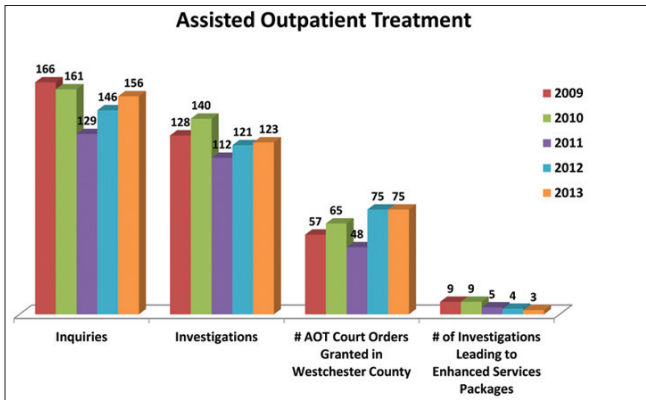
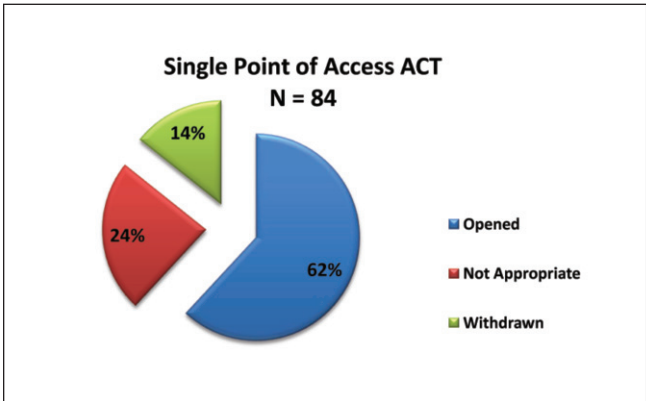
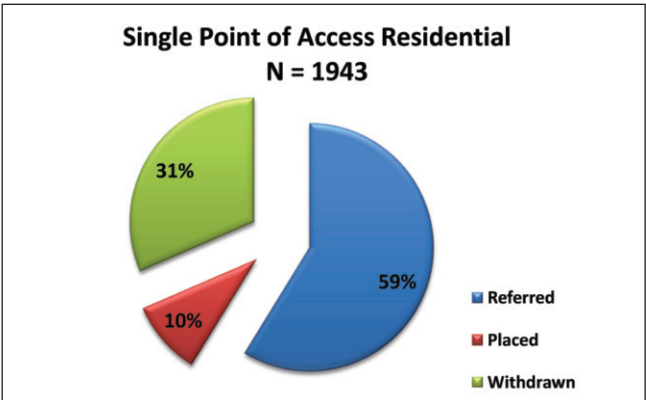
Personalized Recovery Oriented Services (PROS)

Personalized Recovery Oriented Services (PROS) is a model supported by the New York State Office of Mental Health. The PROS philosophy allows for individuals to

choose the package of services they feel they need for recovery. Clinical, psychosocial and vocational services are made available through the program. Individual enrollees are assisted by a PROS team that is comprised of professionals and peers. PROS is flexible regarding the activities offered and intensity of care. PROS programs make available at least 4 evidenced-based practices as defined by the New York State Office of Mental Health.

Two PROS programs currently operate in Westchester County. They are St. Vincent’s Hospital Westchester – A Division of St. Joseph’s Medical Center PROS in Harrison and The Guidance Center PROS in Mount Vernon.

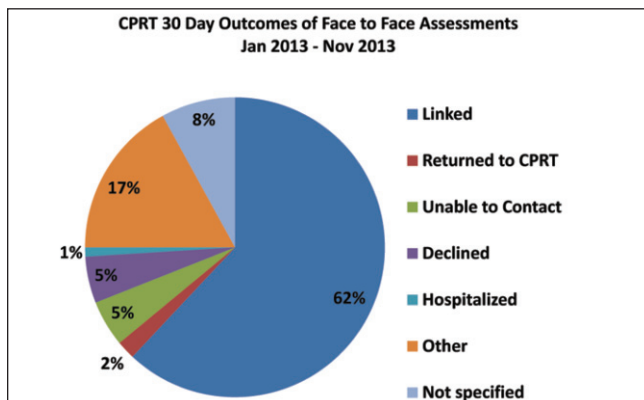
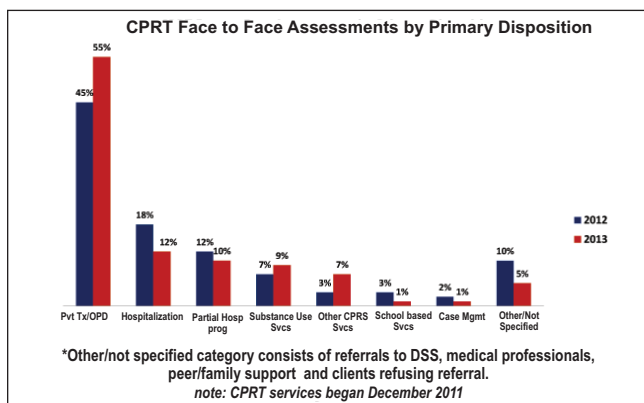
Combined, these programs served over 500 individuals in 2013.



Crisis Prevention and Response Services

In 2011, DCMH worked successfully with New York State Office of Mental Health to obtain funding to create a crisis prevention and response program that is recovery oriented, community based, flexible and person centered. This prevention-focused model is supported by integrating a Crisis Prevention and Response Team (CPRT) with an expansion of some of the County's most intensive community-based services. These services include crisis community-based respite, short term mobile mental health treatment and care management for children and families. It also includes access to critical incident response teams (Yonkers and White plains). The teams are comprised of a mental health clinician and 2 police officers who engage people at risk or in crisis in the community. A 24 hour peer run warm line is also available. DCMH has been collaborating closely with providers to determine the effectiveness of programs designed to manage crises, prevent hospitalizations and create linkages to community resources.

In 2013, The St. Vincent's Hospital Westchester – A Division of St. Joseph's Medical Center CPRT responded to over 2800 calls and conducted over 1176 face to face evaluations. Those not evaluated were provided consultation and referred to more appropriate services. Under 15% of evaluations led to hospitalization; the majority of individuals were referred to various treatment services in their communities.



Forensic Services - Community Outreach and Training

Individuals with serious mental illnesses have higher rates of incarceration than the general population (National GAINS Center). This is a national issue - not specific to Westchester County. Over the last few years, the Westchester County Department of Community Mental Health and many other county government departments, public safety, justice/courts and community providers have worked collaboratively to both protect the community and reduce the over-representation of individuals with mental illnesses in jails and prisons by assisting them in obtaining necessary treatment and services. Those services include:

• Police Mental Health Crisis Intervention Teams

The Department of Community Mental Health partners with the White Plains Police Department and the City of Yonkers in a Crisis Intervention Team program. These teams consist of police officers with enhanced training and clinicians who respond to calls involving individuals with mental illnesses. The calls may be related to psychiatric or other type of crisis in the community and may or may not include criminal activity. The goals of the program are to reduce injuries to citizens and police officers by reducing altercations with those suffering from mental illness in the community and to connect those individuals to needed services - to prevent incidents, not simply to respond to them.

In 2013, these specialized police response teams provided outreach and services to 2,829 people.



DCMH Case Manager LaMont Brown talks with an individual with Sergeant Brian McCormack and Patrolman Christopher Dellacamera as part of the Police Mental Health Crisis Intervention Team

Mental Health Training

DCMH takes an active role in insuring that police and peace officers are adequately trained to meet the needs of people in emotional crisis. These trainings promote officer safety as well as the safety of the person experiencing the crisis.

- **Police Mental Health Training** is provided to new recruits within the Police Training Academy as well as for new police supervisors. DCMH also offers in-service training as requested by local police departments.
- **Crisis Intervention Officer Training** is a program that goes beyond the standard 16 hours for new recruits. This training provides a total of 40 hours - going further to promote the safety of police and peace officers and people in emotional crisis in the community at large.
- **Suicide Prevention for Law Enforcement** Suicide is one of the leading causes of death among law enforcement professionals. DCMH, the Westchester County Department of Public Safety, and the White Plains Police Department developed and provide training to officers throughout Westchester County with the goal of preventing suicide among law enforcement professionals.

Alternatives to Incarceration and Re-entry Initiatives

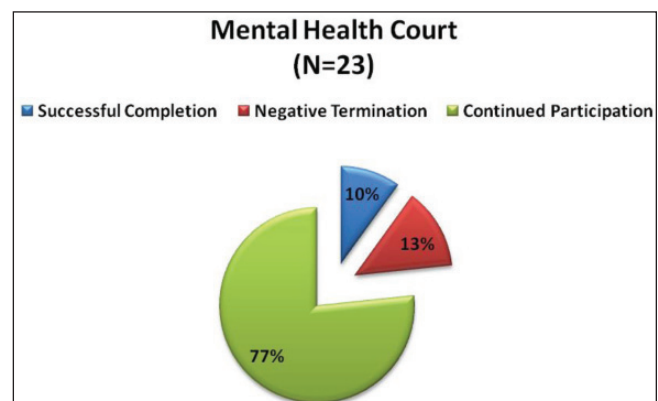
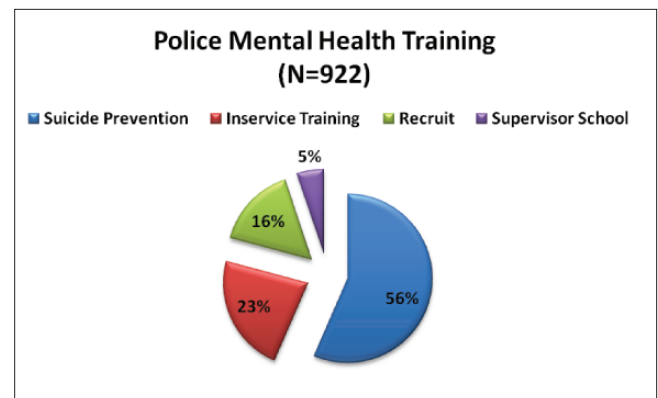
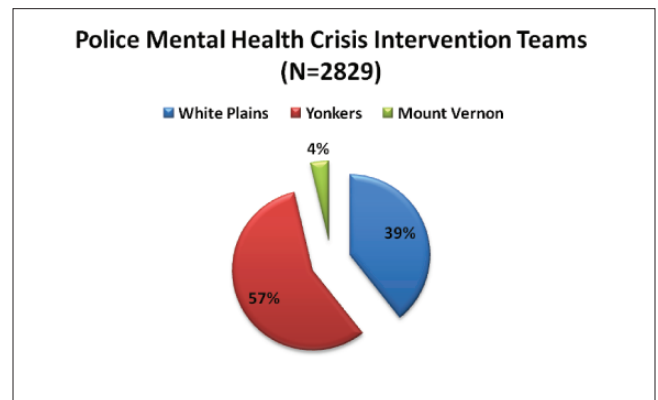
- **Mental Health Alternatives to Incarceration (MHATI)** People with serious mental illnesses and those with co-occurring disorders who have been arrested on a misdemeanor or non-violent felony charge may be sentenced to participate in treatment and services under the supervision of the MHATI program. MHATI provides intensive care management. The service is available to people in local and county courts and also provides support to the Westchester County Mental Health Court.

In 2013, 92 people were served through the program.

• Westchester County's Mental Health Court

The Westchester County Mental Health Court is a partnership between the Ninth Judicial District, DCMH and the Department of Probation. This problem solving court provides diversion from the justice system for adults with serious mental illness and co-occurring disorders who are facing both felony and misdemeanor charges. If successful in the program, the felony charge is vacated and the individual is sentenced to the misdemeanor. If unsuccessful, the individual is sentenced to state prison. Collaboratively, the Court and DCMH provide access to needed treatment and services that support recovery and promote public safety.

In 2013, 23 people participated in the Westchester County Mental Health Court.



• **730 CPL Final Order Coordination** Westchester is the first county in New York State to pilot 730 CPL diversion on misdemeanor final orders to an Article 28 hospital. Saint Vincent's Hospital - A Division of Saint Joseph's Medical Center has become the care provider for those people found not competent to proceed on misdemeanor charges under Article 730 of the Criminal Procedure Law. Previously, these individuals received care at the Rockland Psychiatric Center. Treating individuals on 730 status in the community helps create access to state hospital beds for those in need of that level of care.

In 2013, 18 people were diverted from placement in a state psychiatric center while 12 people were transferred to Rockland Psychiatric Center.

• **730 CPL Temporary Order Coordination** DCMH has continued to improve coordination of services for people facing felony charges that have been found not competent to proceed due to mental disease or defect as defined by article 730 of the Criminal Procedure Law through our liaison with Mid-Hudson Forensic Psychiatric Center. While the number of people transferred has remained the same (14 in 2012 and 2013) there has been a reduction of the length of stay by facilitating communication between court and hospital. As currently structured, this program costs nearly 1 million dollars annually.

• **The Westchester County Reentry Task Force** DCMH is a key partner in the Westchester County Reentry Task Force (WCRTF), co-chaired by Westchester County District Attorney Janet DiFiore, the New York State Department of Corrections and Community Supervision Bureau Chief Frank Gemmati. WCRTF is a New York State-funded collaboration among the District Attorney's Office, the Westchester County Departments of Community Mental Health, Social Services, and Corrections, the New York State Departments of Corrections and Community Supervision (DOCCS), ACCES - VR and local not for profit service providers. The WCRTF targets individuals with a high risk of recidivism, a very significant portion of which have substance abuse and/or mental health diagnoses.

The goal of the WCRTF is to reduce recidivism among individuals returning to Westchester County from state prison, by facilitating their access to needed resources such as drug, alcohol, mental health and medical treatment, and housing, employment, family reunification and other services. The WCRTF works towards these goals by partnering with appropriate service providers.

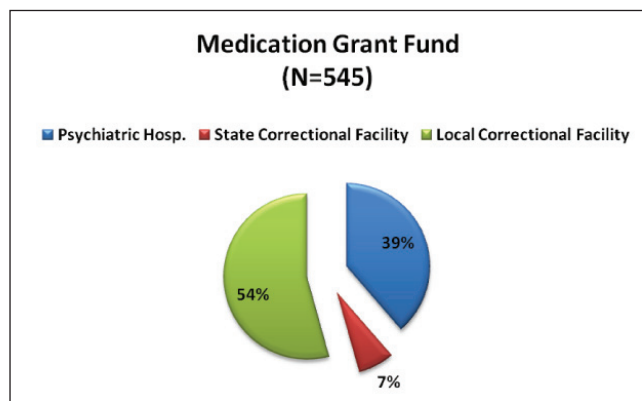
In addition, the WCRTF seeks to identify gaps and barriers in services in the County. The lack of appropriate mentoring for the reentry population is a gap in services. Working with faith based communities in Westchester County, the WCRTF facilitated the development of two important mentoring initiatives for formerly incarcerated individuals in 2013.

The WCRTF assisted 241 reentry participants in 2013 with referrals for substance abuse counseling, mental health and employment services, cognitive behavioral therapy, housing and shelter placement, family reunification and stabilization, and education.

• **Transitional Management Services** DCMH provides services to people with serious mental illness and co-occurring disorders returning from local and state correctional facilities. In 2013, staff provided transitional services for 968 men and women returning from the Westchester County Jail and the New York State prison system.

• **Medication Grant Program** The Medication Grant program provides interim prescription coverage to people returning from state and local correctional facilities as well as psychiatric hospitals. The program gives people the opportunity to access prescription medications vital to their recovery.

In 2013, 545 people enrolled in the Medication Grant Program as they returned from the Westchester County Jail, the New York State prison system and psychiatric inpatient units.



Homeless Outreach and Community Placement Team

The Homeless Outreach Community Placement Team is a joint effort of Westchester County Department of Community Mental Health, Human Development Services of Westchester and CHOICE of New Rochelle. The team works to transition people from the shelters and streets to permanent housing. In 2013, the team served a total of 210 people and was able to assist 46 secure housing. Staff continues to provide outreach services to those awaiting housing.

Recipient Affairs

The DCMH Recipient Affairs Specialist (RAS) serves as a liaison between the county and the individuals served. The RAS ensures that viewpoints are represented in DCMH planning and that the recipient community remains well informed on the policy issues that affect their lives.

The RAS maintains membership on a variety of regional and statewide planning committees in order to represent and promote the interests of the County's service recipients, and advocates throughout the County for individuals who may have difficulty accessing or who are experiencing dissatisfaction with services.

In 2013, diverse duties of the RAS included providing trainings and informational sessions on topics such as Westchester's Mental Health Services and Supports, The Impact of Health System Reform, Ethics in Peer Services, and on the Health Homes and Medicaid Managed Care programs. Other highlights include participation in the development of a statewide accreditation for peer service providers and in the County's Anti-Stigma Work Group. RAS also participates in the development of recipient-focused informational materials on the GoDirect and Health Homes programs.

Also in 2013, the RAS addressed 700 contacts from recipients and other community members seeking information and/or advocacy. The RAS administers DCMH's Representative Payee program, as well as the Grant and Scholarship Funds program. The RAS also works closely with providers. In 2013, the RAS provided technical assistance and support to six local agencies seeking guidance on enhancing the recovery orientation and effectiveness of their services.

Children's Mental Health Services

Children's Mental Health Services



Det. Martin Greenberg, Mt. Pleasant P.D.; Isabel Burk, Coord. of School Safety, SW BOCES; Special Agent MaryAnn Goldman, FBI; County Executive, Robert P. Astorino, Kelly Chiarella, Region Director, Westchester-East Putnam PTA; Louis Wool, Superintendent of Schools, Harrison CSD, and President of the Lower Hudson Council of School Superintendents at the Safer Communities School Safety Symposium

Westchester County Department of Community Mental Health promotes child and adolescent emotional, social and behavioral wellness through developing and monitoring innovative services and supports. DCMH also assumes a leadership role with other child-serving entities to manage and improve a system of care that is driven by needs, is cost effective, and leads to good outcomes. The children's system recognizes that community based care is less expensive, in both human and fiscal terms, than the alternatives of residential placement, repeated psychiatric hospitalizations, incarcerations, and school dropouts.

Programs and Resources

DCMH oversees an array of innovative programs which include inpatient and out-patient care, school-based mental health, intensive community based support, day treatment, and respite services. Also included are family and peer support, out-of-home placements, and the Crisis Prevention and Response team. Additional services exist for young children (birth to 8) who have had contact with psychiatric hospitals. All providers are required to achieve specific outcomes in each program and use evidence based and best practice models.

The Coordinated Children's Services Initiative (CCSI) serves as Westchester's System of Care primary planning structure. CCSI brings together individuals from public and private sectors in a cross-systems collaborative effort to improve the circumstances of children and families in

Westchester County. This multi-tiered approach is led by a county steering committee that includes several sub-committees, and a community based structure focusing on specific areas of need and promoting new initiatives. These initiatives offer coordinated and cost effective responses to significant public health issues identified by communities and the county.

Single Point of Access

Single Point of Access (SPOA) is the means by which children with serious mental health issues receive services such as intensive case management, home and community-based waiver, residential and mobile mental health services, family and peer support, and respite. In keeping with our cross-systems approach, SPOA encourages and accepts referrals from a wide range of sources, including child welfare, juvenile justice, education, clinics, residential programs, psychiatric hospitals and directly from families. The goal of SPOA is to avert hospitalizations and residential placements by helping children remain safely with their families and succeed in their communities.

In 2013, SPOA processed 524 children's applications, including 334 new referrals, 184 new admissions and 167 discharges.

Community Networks

DCMH oversees and supports a nationally recognized "Community Network" structure in nine cities and towns throughout Westchester County. Community Networks are grassroots coalitions positioned to identify needs, share resources, and ensure the non-duplication of services and supports. By maximizing programming utilization and effectiveness, these networks can respond quickly and efficiently.

Child and Family Team meetings are an important facet of the Community Network structure. DCMH supports and coordinates this innovative best practice in collaboration with community partners. Child and Family team meetings serve families with multiple, complex needs by facilitating "wraparound" plans to help children succeed at home with their families and to avert unnecessary high-end services. Plans include local and natural community resources and supports, identified by family members and community partners. Over 85 Child and Family team meetings and over 75 additional support circle meetings were held in 2013.

Early Childhood System of Care

DCMH manages Westchester County's Early Childhood system of care, which helps young children remain in their pre-schools, homes and communities, and transition successfully into kindergarten. Early Step Forward (ESF) provides support, training and consultation to all staff at Early Childhood sites throughout the county. Among at-risk preschoolers, those receiving ESF showed significantly greater improvement in self-regulation, communication, adaptive functioning, affect, and social interactions. In addition, teachers, program staff and family members of ESF preschoolers reported significantly greater understanding of their young children and of child development and parenting skills. ESF currently reaches over 1,000 children each year and has expanded its capacity county-wide through a multi-year workforce enhancement effort. The focus continues to be on ensuring and promoting the social and emotional wellness and school readiness of very young children and to continue to develop strategic partnerships within the system infrastructure.

In 2013, The Early Step Forward Initiative, in collaboration with the Child Care Council of Westchester, WestCop/Head Start, Family Ties of Westchester Inc and Family Services of Westchester/Head Start, was awarded a mini grant from the New York State Council on Children and Families. The grant specifically focuses on recognizing the impact of stressors and trauma on the lives of very young children and their families. As part of the Early Step Forward Initiative, there has been an expansion of the reach and supports to young children and their families and early childhood care staff in additional sites and communities throughout the county. The goals continue to be on the quality of early child care, support for professionals and the social, emotional and developmental needs of young children and their families.

Additionally, DCMH provides oversight and technical assistance to programs such as Family Strengthening, which averts hospitalizations among pre-school and young elementary school children with serious emotional, behavioral and social challenges. Services are mobile, provided in homes and communities, as needed, and are trauma informed.

Training and Special Initiatives

Safer Communities - Addressing Chronic Absenteeism and Out of School Suspensions

The first area for intervention considered by the Safer Communities Action Network was chronic absenteeism and out of school suspensions. This starting point made the most sense because out of school suspensions and chronic absenteeism are two major risk factors for youth crime and

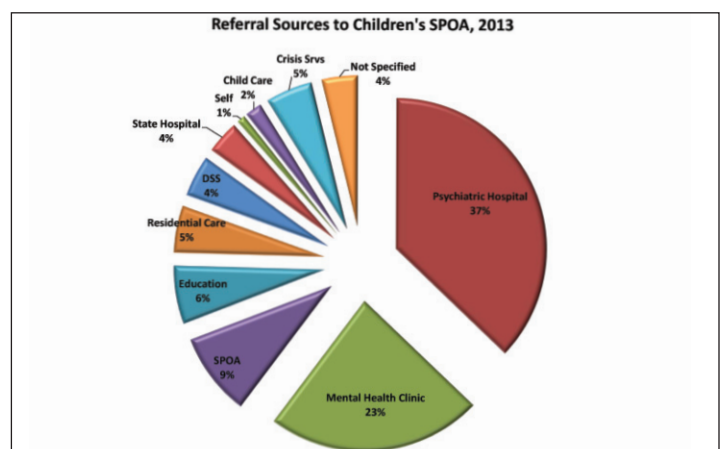
violence. In addition, there was an excellent foundation of local research and existing efforts to build upon.

Since the release of the Safer Communities blueprint, DCMH, Student Advocacy and other community organizations have been partnering with several Westchester County school districts to address chronic absenteeism and out of school suspensions. As described in the Safer Communities Blueprint, the initiative involves assisting school administration in organizing and analyzing data and exploring interventions that effectively address issues of chronic absenteeism, out of school suspension and overall safety in schools. The partners engage the community in the data review and identification of potential opportunities and services. "Community conversations," sponsored by each school district and its partners will be held in early 2014. All stakeholders including parents, students, community providers, faith-based organizations and local government officials will continue to implement identified best practices. The goal is to expand and include additional schools throughout 2014.

The DCMH Children's Mental Health Training Team is dedicated to helping youth, families and professionals develop expertise in providing care that is strength-based, family-driven, community-oriented and racially/culturally competent. The team works closely with community networks to identify local needs, disseminate information about training opportunities, and ensure that this is reflected in the workforce. Training provided during 2013 included two series of System of Care Core Competence Orientations. Additional workshops involved on-going training in wraparound planning and facilitation, reflective supervision, worker wellness, worker safety and other specialized professional development opportunities.

Specialized training offered included:

- A System of Care Approach Addressing the Needs of Youth with Problematic Sexual Behaviors
- ACES and Races: Why a Race Analysis is Vital to Trauma-Informed Practice
- Undoing Racism 2-day workshop for youth



School-Wide Positive Behavioral Interventions and Supports (SWPBIS) Initiative

SWPBIS is an evidence based, best practice that was established by the United States Department of Education to prevent and respond to school and classroom discipline problems. DCMH plays a central role in the SWPBIS initiative which is a joint effort of school districts, Northern Westchester/Putnam BOCES, Lower Hudson Regional Special Education Technical Assistance and Support Center (RSE-TASC), and local communities. SWPBIS develops school-wide systems that support staff to teach and promote positive behavior among all students. By reducing behavioral problems, SWPBIS creates and maintains safe learning environments. This public health approach to schools not only helps all students, but provides a context for identifying and effectively helping children who are struggling or in crisis. Over 30 public and special-act school districts participated in the SWPBIS training and technical assistance initiative.

Trauma-Informed Care Initiative

In 2012, an initiative was launched to help the county become more trauma informed in its delivery of services. This involves enhancing and expanding trauma-specific mental health services, providing public education and workforce development, and implementing universal screenings for trauma and traumatic stress. The larger goal of these efforts is to transform the culture to one that is more trauma-informed and will build upon the strengths and inherent resilience of individuals and local communities. In 2013, DCMH partnered with the Westchester County Department of Social Services in the successful application of a two-year federal United States Health and Human Services Administration for Children and Families planning grant aimed at developing a more trauma-informed, coordinated approach to helping foster care youth and young adults avoid homelessness and transition successfully into independence.

Developmental Disabilities Services

Developmental Disabilities Services

DCMH coordinates, monitors, plans for and allocates resources to support services to those with developmental disabilities throughout Westchester County. This is done in partnership with New York State Office for People with Developmental Disabilities (OPWDD), voluntary agencies, other county departments, and family and peer advocacy organizations. The primary mission is to provide person centered services in the least restrictive, most appropriate community-based settings that assist individuals with achieving their goals and life plans. Additionally, DCMH collaborates with the Community Services Board Developmental Disabilities Subcommittee to be proactive in anticipation of changes in the state-driven service system as it moves toward the implementation of the Front Door Initiative and a managed care environment.

During the year, New York State OPWDD unveiled the Front Door Initiative. The Front Door Initiative is a first step in a series of changes that New York State and the federal Centers for Medicare & Medicaid Services (CMS) have identified. This includes shared goals to improve opportunities for individuals with developmental disabilities in the areas of employment, integrated living, and self-direction of services. These goals are captured in a transformational agreement. OPWDD has committed to:

- Offer opportunities for individuals moving from OPWDD campus-based institutions to live in smaller, more personalized settings;
- Establish a strategy for increasing supportive housing options, and a timeline for offering residents of intermediate care facilities opportunities for services that are fully integrated in the community;
- Significantly increase the number of individuals in competitive employment; and
- Educate stakeholders in order to increase the number of individuals who are self-directing their services.

The Front Door Initiative is a new process for those with developmental disabilities to engage in the service system and create an individualized service plan. The service plan will be tailored to the individual with supports that offer full integration in the community.

Key components include:

- Initial contact for those who are new or seeking to modify existing services
- Determination of eligibility for OPWDD services
- Assessment of challenges/strengths and unmet needs
- Identification of support needs
- Service plan authorization and implementation

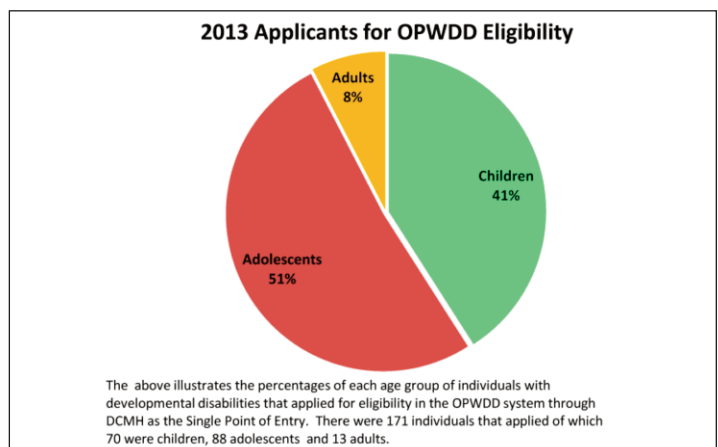
In 2013, DCMH worked with the OPWDD Region 3 Hudson Valley Developmental Disabilities Regional Office (HVDDRO) on the implementation of the Front Door process for Westchester residents.

Single Point Of Entry

Westchester County Department of Community Mental Health serves as the Single Point of Entry (SPOE) for residential and community-based services for people with developmental disabilities and their families. As such, the department:

- Assists in the eligibility determination process as defined by OPWDD;
- Provides meaningful data to support appropriate planning and budgeting;
- Maintains a current list of certified residential group homes and priority placement for individuals in need; and
- Refers individuals to housing.

Currently 6,579 individuals with developmental disabilities are registered with the Department of Community Mental Health. In 2013, Westchester County DCMH assisted 171 individuals and their families in applying for services eligibility from NYS OPWDD.



Residential Services

DCMH maintains an active residential vacancy list within the state and not-for profit provider network. Through the Committee on Services, DCMH reviews placement opportunities and manages residential vacancies for Westchester County individuals with developmental disabilities. This process ensures that individuals in emergency and crisis situations, and those in residential schools, nursing homes and other institutions are afforded prompt and appropriate placement. In 2013, 45 individuals were accepted and provided residential opportunities. This reflects a 25% decrease in residential placements during a challenging time with limited resources for new development. The focus on residential placements has shifted from general request for placement to a priority and crisis response. All crisis situations are responded to in a priority setting process via Westchester County DCMH and HVDDRO Committee on Services (COS).

Transitional Planning

Through the transitional planning process, DCMH annually identifies students moving from school to the adult NYS OPWDD system for services. Early identification and determination of eligibility results in the appropriation of funding to meet the needs of individuals through the expansion and implementation of new community based services. As such, students with developmental disabilities in Westchester County have been assured of the most appropriate day program opportunities in the community. In addition, DCMH:

- Meets with school representatives year-round, providing information and resources about the process;
- Prepares an annual parent survey;
- Makes adult service referrals for individuals and families;
- Participates in training and workshops for school personnel, and transition fairs;
- Maintains an annual Resource Directory of Day Program Services for distribution to students, parents, advocates and school districts;
- Reports to stakeholders on current and future adult service needs; and
- Prepares the annual report for the local Westchester DDRO office for planning purposes.

In June 2013, 125 students were identified as transitioning from the school system (e.g. In- district, Out-of-district, BOCES programs, Residential and Special Schools) to adult services including Day Habilitation, blended and vocational programs and post-secondary services.

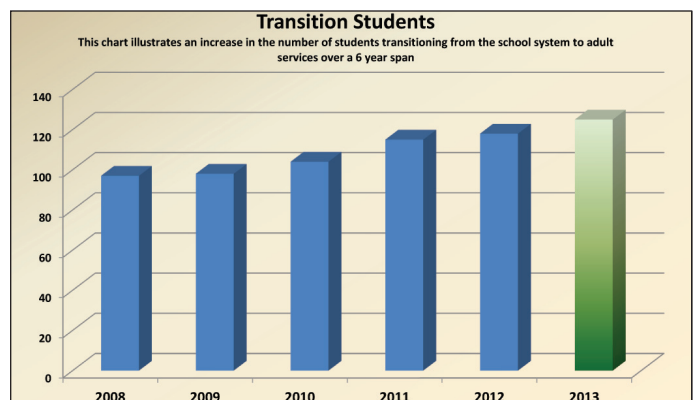
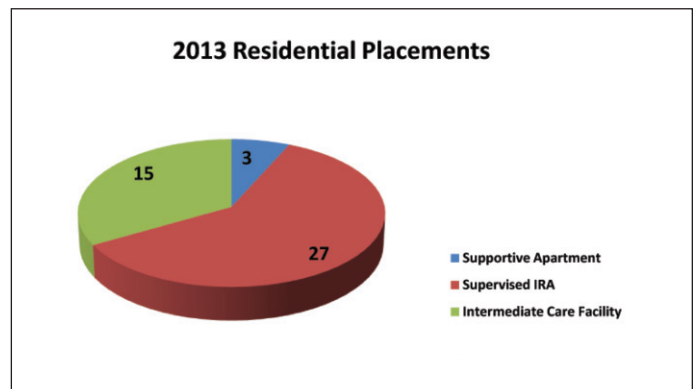
Medicaid Service Coordination (MSC)

Medicaid Service Coordination (MSC) helps people with developmental disabilities access necessary services and supports appropriate to their needs and life goals. Medicaid Service Coordinators partner with the Front Door liaison to link individuals to the OPWDD system and help them identify their goals in order to develop a service plan that meets their needs. The MSC partners with the individual and their support system and is responsible for the implementation of the service plan.

MSC is provided to:

- Children or adults living with their families;
- Adults living in residential settings or independently in the community;
- Individuals with a history of homelessness or who are at risk of homelessness;
- Individuals who have a co-occurring mental health or substance use disorder;
- Those involved or at risk of becoming involved with the criminal justice system; and
- Adults with developmental disabilities who are parents.

Depending upon the needs of the individual, MSCs frequently work with other systems like education, legal, and housing to advocate for access and the maintenance of supports, services and benefits. While a state driven redesign of the MSC program has impacted the number of individuals served, DCMH provided services to 182 individuals during 2013.



Autism

The Autism Advisory Committee continues to meet to increase awareness and provide community education specific to individuals with autism spectrum disorders and their families. The committee has been particularly focused on the issue of employment as increasing numbers of children with autism are now entering the adult service system. The committee has conferred with experts representing a variety of developing models such as integrated and supported employment and social entrepreneurial businesses.

In an effort to educate stakeholders about successful employment models and promote hiring in Westchester County, the Autism Advisory Committee organized and facilitated a conference, “Making the Work, Work: Successful Strategies to Employ Persons with Autism and other Developmental Disabilities”. Well attended by stakeholders in Westchester County, the conference stimulated significant interest in this growing issue and will remain the focus of the Autism Advisory Committee in the coming year.

Project Lifesaver is a program that allows Westchester County Police to track individuals with autism and other developmental disabilities if they become lost or have wandered. The program is currently serving 20 individuals. In coordination with the Office of Public Safety, DCMH provides oversight of Project Lifesaver and addresses issues raised by the contract agency, manufacturer of equipment and those utilizing the service.

Training and Technical Support

DCMH in partnership with other organizations sponsored and facilitated numerous training forums on the following topics:

- The Front Door Initiative;
- Transitional Planning;
- OPWDD Systems Changes;
- Changes to the Autism diagnostic criteria in the DSM-5;
- System changes impacting individuals with autism spectrum disorders; and
- Clinical trainings for serving children with co-occurring developmental, social/emotional disorders.

Disability Mentoring Day Observed

On October 17, 2013, County Executive Robert P. Astorino celebrated the first Disability Mentoring Day in Westchester. DCMH was one of several county departments that provided a mentoring opportunity to individuals with disabilities. Disability Mentoring Day began as part of a White House effort to increase the profile of National Disability Employment Awareness Month, which is celebrated every October. The primary objectives of Disability Mentoring Day are to:

- Enhance internship and employment opportunities for people with disabilities;
- Promote disability as a central component of diversity recruitment for a more inclusive workforce;
- Dispel employer concerns about hiring people with disabilities;
- Increase confidence among students and job seekers with disabilities; and
- Launch a year-round effort to foster mentoring opportunities.

DCMH is pleased to have been included in this effort and looks forward to participating in the future.



Michael Orth, Second Deputy Commissioner, DCMH; Jennifer Berry (DCMH mentee), YAI; County Executive Robert P. Astorino; Nathaniel Klein (mentee), CAREERS for People with Disabilities; Tayna Martinez, Human Rights Commission at the ceremony for Disability Mentoring Day

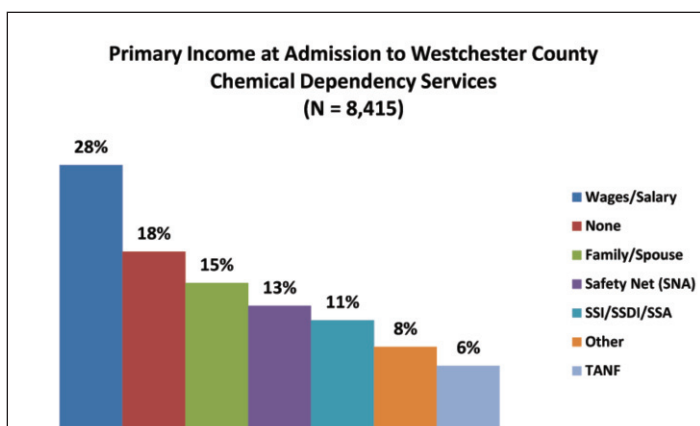
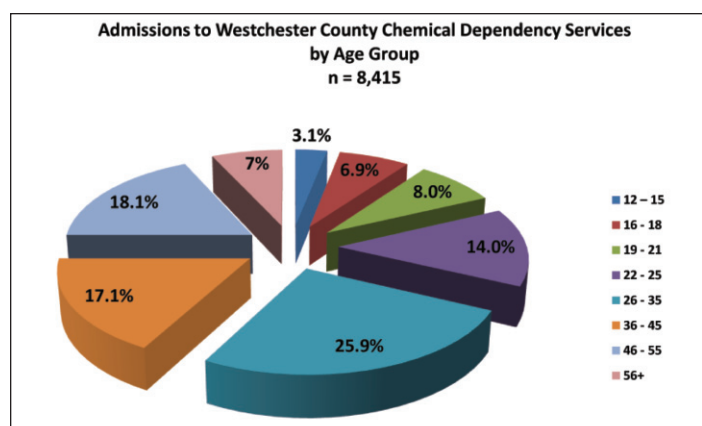
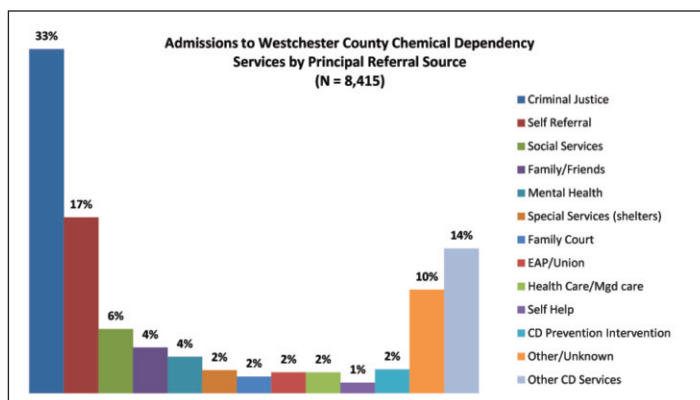
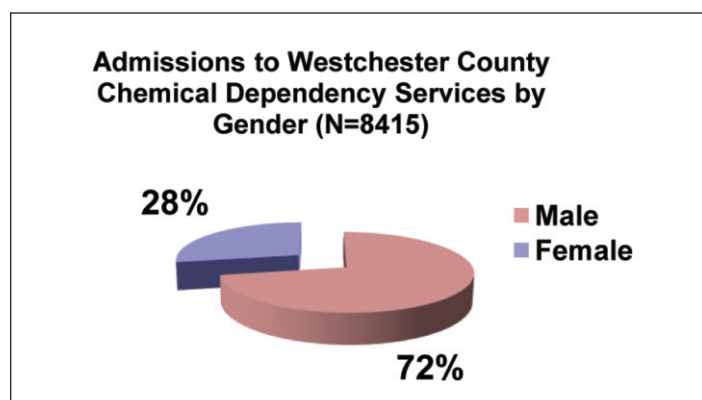
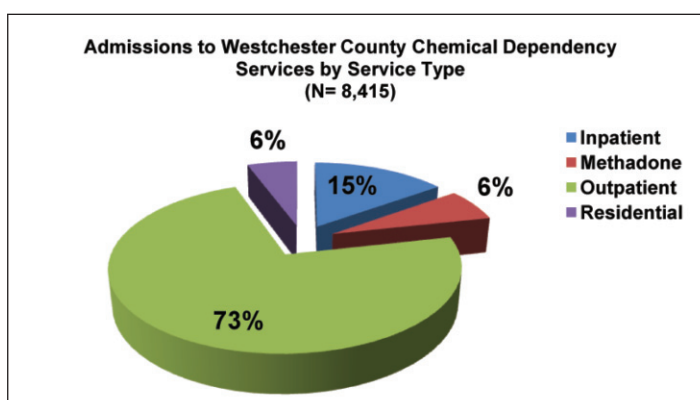
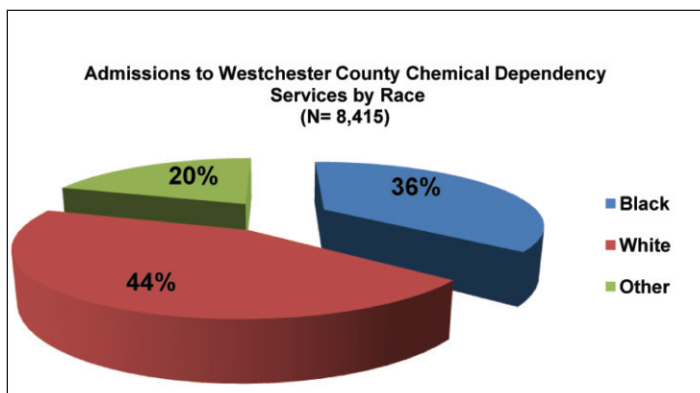
*Office of
Alcohol &
Substance
Abuse*

Office of Alcohol and Substance Abuse

DCMH, working in partnership with the NYS Office of Alcohol and Substance Abuse Services (OASAS) and local providers, plans for the substance abuse treatment, prevention and recovery needs of Westchester County residents. A network of inpatient, outpatient, methadone, residential and gambling treatment programs including community and school-based substance abuse prevention have been developed to meet the needs of all Westchester County residents.

The Department provides programmatic and fiscal oversight for twenty-two (22) NYS OASAS licensed prevention and treatment providers in Westchester County. A total of \$11 million in NYS OASAS state aid is monitored and disbursed to 53 substance abuse treatment and prevention programs.

During the period of November 2012 to October 2013, 8,415 Westchester County residents were admitted to NYS OASAS licensed chemical dependence treatment programs.



Programs and Services

Employee Assistance Program (EAP): EAP provides assessment and referral services to the employees of Westchester and Putnam counties, 33 municipalities and the Westchester County Medical Center. Approximately 60 to 70 percent of the contacts with EAP are from employees seeking assistance for stress related to work and/or family problems. The remaining 30 to 40 percent of referrals are made directly to EAP by supervisors seeking help for employees who are having difficulty on the job. In 2013, EAP accomplished the following:

- Conducted 122 trainings with 2,039 employees on topics such as conflict resolution, collaboration in the workplace, building personal and professional resilience, coping with change, supervision and new employee orientation.
- Provided 395 EAP intake assessment and follow-up services.

Treatment Alternatives for Safer Communities (TASC):

TASC is an alternative to incarceration program working within Westchester County's 43 local criminal and County courts. TASC provides assessment, referral and monitoring services to defendants with substance abuse disorders and/or mental illness. This program provides the District Attorney's office and judges the opportunity to offer treatment instead of incarceration for non-violent offenders who are suffering from mental health and/or substance abuse disorders.

The data below indicates the number of TASC admissions, discharges and successful completions for 2012 and 2013.

Year	TASC Admissions	TASC Discharges	Successful Completion
2013	3,711	5,465	(76%)
2012	3,909	3,043	(79%)

Using the estimated jail/prison costs provided by the Criminal Justice Advisory Board, TASC saved an estimated total of \$64,526,635 in 2013. Estimated savings to the county and state are \$58,731,204 and \$5,795,431 respectively.

Managed Addiction Treatment Services (MATS):

The MATS program provides person centered case management to high cost Medicaid-eligible recipients of chemical dependency services. Like the implementation of health homes in the mental health arena, MATS was transitioned from a state and county funded program to a billable Medicaid service. It is now a care management

program. Historically, the goal of MATS was to identify high utilizers of services and engage them in case management and to support and maintain recovery while also containing Medicaid costs. As a care management program, these goals remain. However, DCMH will no longer directly provide this service. It will be provided by capable and proven non-profit organizations monitored by DCMH.

Building Bridges: DCMH completed the 6th and final year of a \$2.5 million dollar grant from the US Department of Health and Human Services, Administration of Children and Families to create a countywide process to identify, assess, and refer children living with adult substance abusers. These children themselves are at significant risk of becoming dependent upon substances. The goals of the program are to stop the cycle of inter-generational chemical dependencies by supporting the parent in their recovery and to reduce the instances of child abuse and neglect.

At the conclusion of the grant:

- Cost analysis estimated the savings generated by the provision of intensive case management services was between \$932,381 and \$2,075,002 over a thirty-one month sample period.
- Of the families receiving intensive case management services 96% of children remained in the household through the end of case closure with 94% remaining in the household one (1) year post discharge.
- Of children screened positive for social, emotional and behavioral issues 47% were newly identified and referred for services.

Westchester County Family Based Offender Program:

In 2011, DCMH in partnership with Westchester County Department of Correction, St. John's Riverside Hospital and Social Policy Innovations, Inc. was awarded a 2 year, \$443,188 grant funded under the Second Chance Act Family-Based Offender Substance Abuse Treatment Program from the US Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. The goals of the Westchester County Family Based Offender Program are to increase public safety and reduce recidivism by addressing offender's criminogenic risk and needs. These goals will be achieved by enhancing and expanding Westchester County's pre and post release services targeted to the medium and high risk offender and their children and family. As part of the program evaluation design, participants are randomly assigned to the treatment or control group. Since the program began in 2011, the program has received 82 referrals, with 36 admitted to the control group and 44 admitted to the treatment group. As of December 2013, 21 clients and their families are receiving post release services in the community.

Training and Technical Assistance: DCMH continues to provide technical assistance to Westchester County agencies to ensure compliance with NYS Office of Alcohol and Substance Abuse Services regulations, increase access to and support for quality and effective treatment services, and the maintenance of fiscal viability. Implementation support related to evidence based services and the incorporation of family focused treatment is also provided.

Employability Assessment: Since 1999, DCMH - via an annual Interdepartmental Cooperative Agreement with the Westchester County Department of Social Services (DSS), has conducted drug and alcohol assessments on appropriate applicants and recipients of Public Assistance. The Personal Responsibility and Work Opportunity Reconciliation Act of 1999 (PRWORA) provided the ability for states to conduct drug and alcohol screening and assessment and treatment activities that are now linked to continued eligibility for Public Assistance. During the 12 month period from December 2012 through November 2013, 2,278 drug and alcohol employability assessments were completed, with 26% referred for substance abuse treatment. This does not include those clients who were already enrolled in treatment.

Administration

Administration oversees the day to day operations of the Department of Community Mental Health. This includes budgeting, accounting, contract management, hardware and software management, facility management and human resources.

The DCMH total operating expenditure budget for 2013 was \$8,789,306. These expenses were offset by \$2,554,826 in State and Federal Aid, \$941,108 in Interdepartmental and Departmental Revenue and \$5,293,372 in County Tax Levy.

The DCMH total operating expenditure budget for 2014 is \$8,635,641. These expenses are offset by \$1,473,235 in State Aid, \$1,000,000 in Federal Aid and \$996,230 in Interdepartmental and Departmental Revenues and \$5,166,176 in County Tax Levy.

Contract Management, Claims Processing and Accounting Services

Administration manages contracts, accounts for revenue and expenditures and processes all payments and claims, including those related to State and Federal Aid. In 2013, in addition to the Operating Budget, DCMH Administration managed the following grants totaling \$47,070,443

- 13 HUD Rental Assistance grants of \$7,273,195 providing permanent housing subsidies for approximately 415 units for homeless singles/families in Westchester County.
- 3 Unified Services (state aid and federal pass Through) grants of \$32,135,704 contracted with 47 not-for-profit agencies, to provide Mental Health, Alcohol and Substance Abuse and Developmental Disabilities services.
- 6 Grants totaling \$5,019,739 administered directly by DCMH to provide Mental Health, Alcohol and Substance Abuse and Developmental Disabilities Services. These grants are funded with either State Aid, interdepartmental or generated revenues for services rendered (Medicaid) and tax levy match.
- 4 Grants in the amount of \$2,290,745 addressed homelessness, re-entry from correctional facilities and families with chemical dependencies.

- 33 contracts with local municipalities/government units for providing employee assistance program services earning \$351,060 in departmental revenues.

This subdivision also manages the Department's software and hardware information technology and facility needs.

Personnel/Human Resources Services

The Department employed a total of 79 individuals in 2013. Administration is responsible for ensuring that the Department adheres to all state and county employment rules and regulations. This subdivision oversees all Human Resource related issues.

State Aid Monitoring

Administration monitors contract agencies to ensure their compliance with the rules and regulations of the State of New York regarding State Aid reporting. Total State Aid allocated to the providers and the Department in 2013 was over \$38 million.

Billing

Administration oversees all billing (Medicaid and Medicare), licensure, and reconciliation related to the MSC and care management operations. Administration tracks revenue to forecast the Department's status as it relates to Budget projections. In 2013, DCMH estimated revenues of \$554,800 from Medicaid and Medicare for services rendered

Revenues and Expenditures

- 2013 Operating Budget is \$8,789,306
- 2013 Grant funding is \$47,070,443
- 2013 Total funding is \$55,859,749

Corporate Compliance

As the Departments of Community Mental Health and Health earn Medicaid revenue in excess of \$500,000, they must adopt, implement and attest to a compliance program (Codes NYCRR Title 18, Part 521). A corporate compliance program is required to participate in the Medicaid program - meaning to submit claims and to be paid for services rendered. An agency can also be cited for fraud on past payments if a compliance plan is not in place.

A program should also include written policies and procedures related to: (1) guidance to employees on how to deal with potential compliance issues—including training and education; (2) designation of a compliance program officer; (3) disciplinary procedures to encourage good faith participation; and (4) a system for identifying and responding to problems in risk areas.

DCMH has implemented its corporate compliance plan in consultation with the Bonadio Group, an expert in corporate compliance.

Required compliance programs shall be applicable to:

- Billings;
- Payments;
- Medical necessity and quality of care;
- Governance;
- Mandatory reporting;
- Credentialing;
- Other at risk areas that are or should with due diligence be identified by the provider of service (Codes NYCRR Title 18, Part 521).

Financial Information 2013 Annual Budget

Total Departmental Expenditures		\$8,789,306
Revenues (Departmental and Interdepartmental Income, State and Federal Aid)		\$3,495,934
Westchester County Tax Levy Support		\$5,293,372
Mandated Court Treatment Program		\$775,000
2013 Department's County Tax Levy Non-Profit/Voluntary Agencies		
Agency	Program Services	Funding
Family Services of Westchester	Early Step Forward	\$193,500
Guidance Center	Early Step Forward	\$205,000
Jewish Community Center on Hudson		\$25,000
Mental Health Association	Court Appointed Special Advocate Program (CASA)	\$69,200
Westchester Jewish Community Services	PINS	\$27,680
	Family Court Services	\$130,411
	Spanish Speaking Therapist	\$100,000
	Early Step Forward	\$193,500
	Electronic Monitoring Services	\$16,000
Total		\$960,291

Operating Budget

Mission Statement

The mission of DCMH is to collaborate with community partners in providing prevention, treatment, and advocacy services for individuals and families affected by mental illness, developmental disabilities, and chemical dependency; so that they may lead productive and fulfilling lives.

	2012	2013
POSITIONS		
Operating	42	38
Grants	44	41
	<u>86</u>	<u>79</u>
 OPERATING BUDGET EXPENDITURES		
Personal Services	4,959,461	2,955,231
Equipment	0	0
Materials & Supplies	42,389	41,930
Expenses	4,653,110	4,504,558
Interdepartmental Charges	1,490,288	1,287,587
TOTAL EXPENDITURES	11,145,248	8,789,306
 OPERATING BUDGET REVENUES		
Interdepartmental	1,316,728	938,108
Departmental	11,580	3,000
State and Federal Aid	2,824,245	2,554,826
TOTAL REVENUES	4,152,553	3,495,934
 DEPARTMENT TAX LEVY	6,992,695	5,293,372
 DEPARTMENT TOTAL	6,992,695	5,293,372

Minority and Women Owned Business Enterprise

Contract Statistics for the Year 2013

I. Name of Commissioner/Department Head:

Melissa Staats, MA, MSW

II. Department:

Community Mental Health

III. Contact Person:

Thomas Poovappallil

IV. State the total number of contracts for the year 2013 that were awarded by and on behalf of your department.

Total: 102

V. State the type of contract, number of contracts and the dollar amount for each contract your department entered into with outside vendors/contractors for the year 2013:

1. a. Type of Contract(s):

87 Services

10 Services/Housing

5 Consulting

b. Total number of Contracts for the year 2013

102

c. Total dollar amount

\$44,052,767

VI. Number of Contracts awarded to Minority & Women Owned Business Enterprise:

1

Contract Agencies

Contracts for Mental Health Services

ACCLAIMH
AHOME
Careers for People with Disabilities
Center for Career Freedom
The Children's Village
CHOICE of New Rochelle
CLUSTER
Community Aid for Retarded Children
Family Service of Westchester
Family Ties of Westchester
Grace Church Community Center
The Guidance Center of Westchester
Human Development Services of Westchester
Jawonio, Inc.
Julia Dyckman Andrus
The Mental Health Association of Westchester County
The Mental Health News

Mount Vernon Hospital
National Alliance for the Mentally Ill of Westchester
Phelps Memorial Hospital
St. Joseph's Medical Center
Search for Change
The Sharing Community
Volunteer Center – United Way
Volunteers of America – Greater New York
Westchester Arts Council
Westchester Consumer Empowerment Center
Westchester Independent Living Center
Westchester Jewish Community Services
Westchester Health Care Corporation
Westchester Residential Opportunities
Westhab

Contracts for Alcohol and Substance Abuse Services

The Center for Human Options
Cortlandt Youth Services Program
Daytop Village
The Guidance Center of Westchester
Halfway Houses of Westchester
Harrison Youth Council
Hastings Youth Advocate Program
Hudson Valley Hospital Center
Larchmont/Mamaroneck Guidance Council
Lexington Center for Recovery
Mount Vernon Board of Education

Mount Vernon Hospital
Phelps Memorial Hospital
Renaissance Project
St. John's Riverside Hospital
St. Joseph's Medical Center
Student Assistance Services
Volunteers of America – Greater New York
White Plains, City of
Yonkers Community Action Program

Contracts for Developmental Disabilities Services

Association for Mentally Ill Children of Westchester
Careers for People with Disabilities
Community Aid for Retarded Children
Epilepsy Society of Southern New York
Young Women's Christian Association of White Plains
and Central Westchester

Employee Assistance Programs

City of New Rochelle Public Library
City of New Rochelle
City of Rye
City of White Plains
City of Yonkers
County of Putnam
Eastchester Fire District
Hartsdale Fire District
Lake Mohegan Fire District
Montrose Fire District
Northern Westchester Joint Water Works
Town of Cortlandt
Town of Greenburgh
Town of Harrison
Town of Mamaroneck
Town of Montrose Fire Department
Town of North Salem
Town of Yorktown

Town of Rye
Valhalla Fire District
Village of Elmsford
Village of Hastings on Hudson
Village of Mamaroneck
Village of Ossining
Village of Pelham
Village of Pelham Manor
Village of Pleasantville
Village of Port Chester
Village of Rye Brook
Village of Scarsdale
Village of Tarrytown
Westchester Joint Water Works
Westchester Health Care Corporation

COMMUNITY SERVICES BOARD MEMBERS

Susan Wayne, LCSW-R, Chairperson

Jessica Grimm

Vera Halpenny, C.S.W.

Virginia Hawkins

Tom Hughes (Ex-Officio)

Barbara Kapetanakes, Psy.D.

Stamatia Pappas

Claus von Schorn, M.D

Barbara Waltman



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