



Finding Your Way

A Guide to Behavioral Health Services
in The Greater Rochester Area

2022



Introduction

This guide is intended to assist consumers of behavioral health services, their families, and professionals in finding and accessing appropriate mental health services in Monroe and Livingston Counties. Services are listed according to categories. As programs, services and addresses may change, we recommend that persons interested in a particular listing call that agency or organization directly to obtain more complete information on eligibility requirements and the provided services. An individual can't be turned away from services due to an inability to pay for them. The inclusion of an agency or organization does not imply endorsement of its services, nor does exclusion imply disapproval.

The second half of the guide provides useful information related to topics of concern to consumers and their families, such as types of mental illnesses, medications, and how to access treatment. This guide does not attempt to list the many services in our community available for other types of disabilities. The listings are meant to be a starting point and additional information can be obtained by calling the listed agencies. 2-1-1 of the Finger Lakes Region or in Monroe County, or reference MonroeCounty.Gov/MH

The Metal Health Association of Rochester/Monroe County, Inc. chooses to describe individuals who have received or are receiving mental health services as consumers. This description appears consistently throughout this publication.

The Metal Health Association of Rochester/Monroe County, Inc. provides education, information, and support to the community.

MONROE COUNTY

IMPORTANT TELEPHONE NUMBERS

- **2-1-1/Life Line of the Finger Lakes Region** 211 OR 585-275-5151
TDD 585-275-2700
Outside Monroe County 1-800-310-1160
- **Police, Fire, & Medical Emergencies** Voice/TDD 911
- **Monroe County Child Protective Hotline** 585-461-5690
1-800-342-3720
- **Suicide and Crisis Lifeline** 988
- **Monroe County Adult Protective Hotline** 585-753-6532
After 5pm, Weekends, & Holidays 585-461-5698
monroecounty.gov/hs-adult
- **Restore Sexual Assault Services** 585-546-2777
restoresas.org
- **Lifespan** 585-244-8400
866-454-5110
lifespan-roch.org

Mental Health Association of Rochester/Monroe County

Self-Help Drop-In Support Services

585-325-3530

Open 7 days a week 5 PM-9 PM

344 N Goodman St., Rochester NY 14607





Services Offered By Mental Health Association of Rochester/Monroe

Community Education
Creative Wellness Opportunities
Education Support Services
Employment Support Services
Family Support
Life Skills
MHA Peer Training Academy
Peer Support
Self-Help Drop-In Support Services

Rochester/Monroe County Office

320 N. Goodman St., Suite 202
Rochester, NY 14607
P: (585) 325-3145
F: (585) 325-3188

Ontario County Office

120 North Main St.
Canandaigua, NY 14424
(585)325-3145 x501

Self-Help Drop-In Center

344 N. Goodman St.
Rochester, NY 1607
(585) 454-3530

Livingston County Office

10 Park Place
Avon, NY 14414
P: (585) 325-3145 ext 401

Please visit mharochester.org for more information

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Monroe County: Emergency & Crisis Services

Hillside Family Agencies 585-256-7500
Integration Crisis Triage

24/7 phone support for mental health crises is available to youth and families in Monroe County. Services include Family Crisis Support Services (FCSS), a short-term home-based assessment/support and family advocacy program for youth ages 5-26 with serious emotional disturbances or significant mental health challenges.

2-1-1/Life Line 211

Telephone crisis response service. Available 24/7.

Suicide and Crisis Lifeline 988

Rochester Community Mobile Crisis Team 585-529-3721

The Mobile Crisis Team is a psychiatric emergency team serving anyone within Monroe County. Our multidisciplinary team of professionals will visit you or your family in your home, place of employment, school, or any other location in Monroe County. Our services are designed to help divert individuals from the county's psychiatric emergency department.

Lifeline 585-275-5151
TDD 1-800-310-1160

The Mobile Crisis Team is a psychiatric emergency team serving anyone within Monroe County. Our multidisciplinary team of professionals will visit you or your family in your home, place of employment, school or any other location in Monroe County. Our services are designed to help divert individuals from the county's psychiatric emergency departme

Rochester Regional Health

Behavioral Health Access and Crisis Center 585-368-3950

Located in the St. Mary's Medical Campus Building, this service is available for those who need help with substance abuse or mental health issue. The Center is an alternative to a trip to the emergency department for urgent mental health needs. Services are available to adults aged 18+, on a walk-in basis.

**Comprehensive Psychiatric
Emergency Program (CPEP)** 585-275-4501

The primary purpose of this unit is to provide individuals with a psychiatric evaluation to determine if inpatient hospital intervention is needed and if so, to facilitate admission to an inpatient psychiatric unit. All individuals seen in the CPEP Emergency Unit are evaluated by a psychiatrist, in addition to psychiatric nursing and clinical social work staff members.

Crisis Call Line 585-275-8686

Available 24 hours a day, seven days a week for people coping with mental health issues but who do not feel the need to visit the hospital.

Monroe County: Adult Alternative Crisis Centers

Affinity Place 585-563-7083
Warm Line 585-563-7470

Affinity Place provides a peer-based, recovery-oriented alternative to emergency room and/or inpatient behavioral health care services. Affinity Place is a no fee service, is staffed 24 hours per day, offers a warm line for support, has 8 single bedrooms for individuals in need of a 3-5 day respite, as well as 30-60 day peer support following respite services. This service is offered to adults (18 years or older) who are residents of Genesee, Livingston, Monroe, Orleans, Wayne or Wyoming Counties.

Rochester Psychiatric Center 585-241-1642
Alternative Living Residence

An outpatient, temporary residence program for mental health consumers who are in a situational crisis. The individual must currently be receiving mental health treatment. The program provides a supportive setting where staff works with both the consumer and community providers to resolve a crisis situation. The maximum length of stay is 21 days.

MHA of Rochester/Monroe County, Inc. 585-454-3530
Self-Help Drop-In Support Service Center

The Center is open seven days a week from 5 p.m. – 9 p.m., with no referral or appointment needed. Support is provided by a staff of peers, who understand personally the challenges you are facing and will help you find the support you're looking for at no cost to you. In addition to free one-on-one support, the Center also offers a variety of workshops to help maintain mental wellness and well-being long term.

Located at 344 N. Goodman St, Rochester, NY 14607.

Monroe County: Adult Inpatient Psychiatric Services

NYS Office of Mental Health

Rochester Psychiatric Center 585-241-1200

RPC partners with people with serious mental health challenges by providing recovery-oriented services in a safe environment.

Rochester Regional Health

Rochester General Hospital (RGH) 585-922-4000

Emergency services are provided at RGH Emergency Department.

Unity Psychiatric Emergency Center 585-368-3541

Emergency services are provided at Unity Emergency Department.

UR Medicine Mental Health & Wellness

**Comprehensive Psychiatric
Emergency Program (CPEP)** 585-275-4501

The primary purpose of this unit is to provide individuals with a psychiatric evaluation to determine if inpatient hospital intervention is needed and if so, to facilitate admission to an inpatient psychiatric unit. All individuals seen in the CPEP Emergency Unit are evaluated by a psychiatrist, in addition to psychiatric nursing and clinical social work staff members.

Monroe County: Outpatient Treatments

Partial Hospitalization

UR Medicine

Adult Partial Hospitalization Services 585-279-7850

Specialty Areas: Serves individuals with co-occurring mental illness and substance use disorders.

Child & Adolescent Partial Hospitalization Services 585-273-1776

Serves children/adolescents ages 12-18

The Healing Connection 585-641-0281

Comprehensive partial hospitalization eating disorders program for adolescents and adults ages 12 and over.

Family Access & Connection Team (FACT) 585-753-2639

Intensive mental health services for children with serious emotional disturbance are accessed through the Family Access and Connection Team. This includes the Home and Community Based Services Waiver program and the Intensive/Supportive Case Management program.

Clinics

Catholic Family Center 585-546-7220

Mental Health Clinic. Serves children, adolescents, and adults.

Liberty Resources 585-410-3370

Mental Health Clinic. Serves adults and children 5 years+.

Walk-in hours available for those seeking initial services.

Rochester Regional Health

Genesee Mental Health Center 585-922-7770

The adult outpatient services at the Genesee Mental Health Center provide mental and behavioral health services for adults ages 18 and over and their families. Our primary focus is the overall emotional wellbeing of our patients and respect for their individual needs.

Rochester Mental Health Center 585-922-9900

Serves children, adolescences, and adults.

Greece Behavioral Health Center 585-922-9900

Serves adults ages 18+.

**Evelyn Brandon Health Center
Personalized Recovery Oriented Services (PROS)** 585-368-6982

Serves adults ages 18+.

**Evelyn Brandon Health Center
Chemical Dependency Care** 585-368-6900

Serves adults ages 18+.

UR Medicine Mental Health & Wellness

Rochester Rehabilitation 585-271-2520
Serves adults ages 18+. Adult Mental Health Clinic.

Child and Adolescent Outpatient Service 585-279-7800
Serves children/adolescents.

Deaf Wellness Center 585-273-5041
The DWC provides evaluation and psychotherapy services to individuals ages 17 and older, couples, and families.

Videophone: 585-286-5041

**Lazos Fuertes:
Health Care for Spanish-Speaking Families** 585-273-5050

Lazos Fuertes offers an array of services and treatments for persons 18 years and older including medication management for established patients, as well as individual, family, couples, and group counseling. Specializing in Cognitive Behavioral Therapy, Interpersonal Therapy, Dialectical Behavioral Therapy, and Problem Solving Therapy.

Older Adult Services 585-275-0320
Serving families and individuals to provide specialized mental health care for our community's aging population, 65 years and older. Also serves caregivers with psychiatric illnesses.

Strong Family Therapy Services 585-275-0320
Serving individuals and families who are experiencing a wide variety of issues including relationship problems, anxiety, depression, substance dependency, post-traumatic stress disorder, bipolar disorder, obsessive-compulsive disorder, schizophrenia, or other mental illness.

Rochester Psychiatric Center 585-241-1262
Steven Schwarzkopf Community Mental Health Clinic.
Provides mental health outpatient services that include counseling,
smoking cessation counseling, and community integration.

Strong Ties Community Support Clinic 585-279-4900
Serves adults with serious and persistent mental illness (SPMI).

Monroe County:

Personal Recovery-Oriented Services (PROS)

DePaul PROS 585-922-7770
Comprehensive PROS with clinic treatment.

Genesee Health Center (PROS) 585-922-9900

Evelyn Brandon Health Center 585-368-6982
Personalized Recovery Oriented Services (PROS)
Serves adults ages 18+.

Rochester Rehabilitation-Ventures PROS 585-271-2520
Comprehensive PROS with clinic treatment

Monroe County: Vocational Services

NYS Education Dept. 585-238-2900
Adult Career & Continuing Education Services
Vocational Rehabilitation (ACCES-VR)

The New York State Office of Adult Career and Continuing Education Services serves individuals with physical, emotional, and developmental disabilities.

East House Education and Employment Services 585-238-4800

Through the East House Education and Employment Services Program, clients develop the necessary skills, experience, and confidence to increase their potential for meaningful activity.

DePaul WorkGuide 585-777-3500

WorkGuide offers a wide range of services to assist consumers (ages 16 and older) in obtaining long-term employment in their chosen field. Programs are offered in English and Spanish to Monroe County residents who qualify for Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR).

Monroe County: Adult Nonresidential Services

Rochester Regional Health

Health Care Management

A support team of healthcare and service providers will help you get the healthcare and services you may need. This free program is available to those enrolled or eligible for Medicaid and is designed to help people who may have behavioral health or chemical dependency needs, or who experience ongoing chronic health issues.

Rochester Behavioral Health Center (RBHC) 585-922-2506

St. Mary's Campus 585-386-3237

UR Medicine

Health Home Care Management 585-279-4900

The UR Medicine Health Home Care Management Program provides services to Medicaid and Medicaid/Medicare enrollees associated with the Greater Rochester Health Home Network (GRHHN) and the Health Home of Upstate NY (HHUNY).

Unity Specialty Hospital

Health Care Management 585-368-3237

This free program is available to those enrolled or eligible for Medicaid and is designed to help people who may have ongoing chronic health issues, behavioral health needs, and/or chemical dependency needs.

Monroe County: Children Nonresidential Services

Hillside Family of Agencies

585-256-7500

Home and Community Based Services – Waiver Program Care.
Coordination serves children and youth ages 5-21.

Liberty Resources

585-410-3370

A licensed mental health clinic serving adults and children. Provides individual and family therapy, case management, psychiatric evaluation and medication management. Also offers walk-in hours for those seeking initial services.

Villa of Hope

585-865-1550

HCBS Waiver- Serves children and young people ages 5-12.
Intensive and Supportive Case Management and Care Coordination.

Monroe County: Comprehensive Care Initiatives

UR Medicine

Strong Ties ACT (Assertive Community Treatment) 585-279-4900 Team and Project ACT (Assertive Community Treatment) Team

The New York State-licensed ACT teams are specialty programs located within Strong Ties. The ACT teams utilize a multidisciplinary treatment approach to provide intensive outreach mental health services to individuals with serious mental disorders who do not readily access traditional clinic services in our community. We provide in-home services, 24/7 availability, and daily clinical services to clients within the Monroe County region who are deemed most impaired due to their mental disorders. Referrals to each of the ACT Teams at Strong Ties must go through the Monroe County Single Point of Access Referral.

Monroe County: Recovery Support

Compeer Rochester

585-546-8280

An organization dedicated to helping individuals receiving mental health services find social support in their community through friendship. Community volunteers are recruited and matched in mentor relationships. Program coordinators train volunteers and monitor matches in order to guide successful relationships. Clients in transition to matches are encouraged to participate in Compeer and community events, with the goal of linking people to resources to sustain health. Programs include One-to-One Friendships, Compeer Calling, and E-Buddies, Compeer CORPS Veterans Services, and Supportive Partners. Referrals are made by community mental health providers.

Mental Health Association of Rochester

585-325-3145

The Mental Health Association teaches skills and provides support to individuals allowing them to make informed decisions on the path to mental wellness. Programs focus on providing impartial, confidential information and services to people with a wide range of mental health-related issues. Visit mharochester.org for a full list of services.

NAMI Rochester Chapter

585-423-1593

We provide support, education, and advocacy to individuals and families of all cultural backgrounds who are living with mental illness.

Monroe County: Residential Services

East House- Supportive Housing Program 585-238-4800

Operates group homes and supported apartments. Serves adults ages 18+. Specializes in serving individuals with co-occurring disorders, individuals in re-entry, homeless, Spanish-speaking and veterans.

Rochester Psychiatric Center (RPC)

John Romano Community Residence 585-241-1790

A group-living designed residential program that focuses on interventions necessary to address the specific functional and behavioral deficits which prevent residents from accessing generic housing.

Smith Road Community Residence 585-241-1776

A Community Residence that provides a supervised, therapeutic environment for six to eight children or adolescents, between the ages of 5 and 18 years, that includes structured daily living activities, problem-solving skills development, a behavior management system, and caring consistent adult interactions.

Family Care Program 585-241-1200

Family Care is a residential service that offers a home for people who have a mental health diagnosis and are in recovery. The Family Care Team matches persons who are willing to share their home and community with individuals who want guidance, support, and the companionship of a family environment.

DePaul Community Services 585-777-3500
Supported Housing Program

Operates community residences and treatment apartments.
Serves adults ages 18+.

Cornerstone 585-424-7300

Edgerton Square 585-647-1115

Halstead Square 585-654-3800

Parkside 585-586-8010

Recovery Options Made Easy (SPOA) 585-716-532-5508

Supported Housing Program

IBERO American Action League 585-256-8900

Supported Housing Program

Monroe County: Special Needs Programs

Children and Adults

Compeer Rochester

585-546-8280

An organization dedicated to fostering supportive environments for youth experiencing emotional issues. Compeer recruits, screens and trains adult volunteers from the community to match in mentoring relationships with youth. Programs include: One-to-One Mentoring, Skill Building, and Family Support. Referrals are made by mental health professionals.

Family Access and Connection Team (FACT)

585-753-2639

Intensive mental health services for children with serious emotional disturbance are accessed through the Family Access and Connection Team. This includes the Home and Community Based Services Waiver program and the Intensive/Supportive Case Management program.

Mental Health Association of Rochester

585-325-3145

The Mental Health Association teaches skills and provides support to individuals allowing them to make informed decisions on the path to mental wellness. Programs focus on providing impartial, confidential information and services to people with a wide range of mental health-related issues. Visit mharochester.org for a full list of services.

Liberty Resources Center

585-410-3370

A licensed mental health clinic serving children ages 5-25 and adults providing individual and family therapy, case management services, psychiatric evaluation, medication management for children.

Hillside Family of Agencies

585-256-7500

Hillside Family of Agencies is a family and children's services organization providing child welfare, mental health, youth development, developmental disabilities, juvenile justice, residential treatment, and special education services across central and Western New York.

Hillside Children's Center

An affiliate of Hillside Family of Agencies is a provider of care for youth and families with a wide range of emotional, behavioral, or life-circumstance challenges. Services for children, youth, and families include areas of behavioral health, mental health, child welfare, juvenile justice, special education, safety net, family development, and developmental disabilities throughout Western and Central New York.

Home and Community Based Services - Waiver Program

Care Coordination

Serves children and adolescents age 5-21

Snell Farm Children's Center

An affiliate of Hillside Family of Agencies, provides 24-hour-a-day, 7-day-a-week specialized residential treatment for male youth with sexually harmful behaviors. Snell Farm Children's Center is located on a rural residential campus with a working farm eight miles north of Bath, NY.

Rochester Community Mobile Crisis Team

585-529-3721
585-275-5151
1-800-310-1160

Lifeline

TDD

The Mobile Crisis Team is a psychiatric emergency team serving anyone within Monroe County. Our multidisciplinary team of professionals will visit you or your family in your home, place of employment, school or any other location in Monroe County. Our services are designed to help divert individuals from the county's psychiatric emergency department.

Rochester Psychiatric Center

585-241-1776

Smith Road Community Residence

A Community Residence that provides a supervised, therapeutic environment for six to eight children or adolescents, between the ages of 5 and 18 years, that includes structured daily living activities, problem-solving skills development, a behavior management system, and caring consistent adult interactions.

Villa of Hope

585-865-1550

Through a network of high quality programs and services, Villa of Hope specializes in helping at-risk youth overcome emotional and behavioral challenges and build lifelong strengths. The Villa's Community-Based, Residential and Educational programs address mental health needs, trauma-informed care, life-skills development, chemical dependence and eating disorders. Founded in 1942, today Villa of Hope serves more than 2,000 youth people and their families annually.

- Home and Community Based Services – Waiver Program
- Intensive Supportive Case Management Care Coordination
- Serves children and adolescents ages 12 and older

The Healing Connection

585-641-0281

Our unique treatment approach is rooted in the belief that eating disorders are diseases of disconnection. We work with recovering individuals and their loved ones to restore connection with themselves, with others, and with the world and universe around us. We help our patients grow stronger physically, emotionally, and spiritually – empowering them to disconnect from the eating disorder and reconnect with their genuine feelings, goals, and life values.

Older Adults

Lifespan

585-244-8400

Care Management & Planning (Eldersource).

Care managers are available to older adults ages 60+ in Monroe County to provide information, referral, and guidance about eldercare, disability, and long-term care options. Available to assist with decisions about housing options such as assisted living, adult homes, and nursing homes.

Rochester Regional Health

585-922-9900

Geri psychiatric clinic provides services to adults aged 60 and older who are experiencing problems from a mental illness and/or problems associated with aging. Services include individual and group therapy, medication services, support and information and consultation services. Also provides full services of a CMHC including inpatient and outpatient services.

UR Medicine

585-602-1000

Older Adult Services: Serving families and individuals to provide specialized mental health care for our community's aging population, 65 years and older. Also serves caregivers with psychiatric illnesses.

Veterans

Canandaigua VA Medical Center

585-394-2000
800-204-9917

The Canandaigua VA Medical Center, part of VA Healthcare Network Upstate New York, provides a full range of patient care services. The Medical Center also operates an outpatient clinic in Rochester, NY. A point of contact is available to work with service members and veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn.

988 Suicide & Crisis Lifeline

988

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.

National Call Center for Homeless Veterans

877-424-3838

Available 24 hours/7 days per week.

The National Caregiver Support Line

855-260-3274

Housed at the Canandaigua VAMC serves as the primary resource and referral center to assist Caregivers, Veterans and others seeking caregiver information.

Women Veterans Call Center

855-829-6636

The Women Veterans Call Center responds to questions from Veterans, their families and caregivers about the many VA services and resources available to women Veterans. 1-855-VA-WOMEN.

VA Finger Lakes Rochester Calkins Clinic

585-463-2600

Mental Health Services. Homeless Veteran Services. Post-Traumatic Stress Disorder Counseling. Substance Abuse Services. Vocational Rehabilitation Services.

Veterans Outreach Center

585-546-1081

An independent community-centered non-profit providing one-stop supportive services to veterans of the U.S. Armed forces and their families. Services include mental health counseling, art therapy, case management, accredited benefits counseling, employment services, peer mentoring, financial counseling, education resources and services, housing and legal services. A case manager (available during normal business hours) will determine eligibility for services and facilitate referrals.

Rochester VET Center

585-393-7608

Offers confidential help for Veterans, service members, and their families at no cost in a non-medical setting. Services include couples and family counseling; counseling for needs such as depression, post-traumatic stress disorder (PTSD); and the psychological effects of military sexual trauma (MST). Can also connect you with more support in VA and your community.

Monroe County: Addiction Treatment Programs

Helio Health: Rochester Evaluation Center 585-287-5622

Serves adults ages 18+. Operates 40 beds offering medically supervised withdrawal and stabilization services.

NYS Office of Addiction Services & Supports (OASAS) John L. Norris Addiction Treatment Center 585-461-0410

The Norris Addiction Treatment Center is a 44-bed inpatient treatment program. Patient services are provided through a structured treatment program which includes a strict set of behavioral guidelines, an intensive treatment program schedule, and individualized treatment.

Videophone (866)-681-4627

Westfall Associates 585-473-1500
Serves youth and adults

**Evelyn Brandon Health Center
Chemical Dependency Care** 585-368-6900
Serves adults ages 18+.

The Hope Haven Center 585-723-7366
Serves adults ages 18+. Serves English and Spanish Speaking.

Action for a Better Community 585-325-5116
Serves adults ages 18+.

Baden Street Settlement 585-325-4910
Serves adults ages 18+

Conifer Park 585-442-8422
Serves youth and adults – accept walk-ins for treatment/MAT services.

Catholic Charities Family & Community Services: Restart

585-546-1271 ext .6258

Serves adults ages 18+. Serves Spanish-Speaking individuals.
Integrated co-occurring track for mental health and substance abuse.

Delphi Drug & Alcohol Council

585-467-2230 ext. 121

Serves adults ages 18+

Huther-Doyle

585-325-5100 ext. 3571

Serves adults ages 18+. Serves Spanish-Speaking individuals.

Rochester Regional Health

585-922-2705

Serves adults ages 18+.

Unity Chemical Dependency

585-723-7740

Serves youth under age 18

Villa of Hope

585-865-1550 ext. 213

Serves adults ages 18+.

Sister's Hospital- Pathways

585-424-6580

Serves adults ages 18+. Provides Methadone Maintenance Treatment.

Strong Recovery

585-275-7545

Offers an array of treatment options within the Outpatient Chemical Dependency Services and Opioid Treatment Programs. Strong Recovery specializes in treating patients with opioid use disorders and patients with co-occurring mental illness and substance use disorders. Sobriedad Fuerte is designed to meet the unique needs of our Latino population. Provides comprehensive services for methadone maintenance treatment, as well as psychiatric support services when needed.

Care Coordination

Rochester Regional Health

Recovery Connection at General Hospital

585-922-7222

At Catholic Family Center Restart

585-546-1271 ext. 6383

This program is designed for individuals who have received frequent detoxification or other intensive levels of service, but who have not yet been successful in linking to any sustained addiction services. Care Coordinators are available through Catholic Family Center's Restart Outpatient Treatment Services and Rochester General Health System's Addiction Services.

Rapid Engagement Delivery

(Red) Project: 585-753-6333

Rapid Engagement is a service of the Monroe County Department of Human Services/Office of Mental Health. The Engagement Facilitator is available through the Office of Mental Health to individuals in Monroe County who have a substance use/co-occurring disorder. The program is designed to make recovery possible for individuals who have had frequent unsuccessful DHS application attempts and/or use of Emergency Housing Services.

Residential Programs

Intensive Residential Program (IR)

Individuals appropriate for this service category include persons unable to comply with treatment outside a 24-hour setting as evidenced by recent unsuccessful attempts at abstinence or prior treatment episodes including unsuccessful outpatient treatment with substantial deficits in functional skills or in need of ongoing management of medical and/or psychiatric problems.

Residential Rehabilitation Services for Youth (RRSY)

The RRSY program is designed specifically to serve chemically dependent individuals who are under the age of 21. The RRSY program will provide active treatment, including structured therapeutic activities, as well as clinical, medical, educational and recreational services.

Community Residences (CR)

These services provide a structural therapeutic milieu while residents are concurrently enrolled in an outpatient chemical dependence service which provides addition counseling. Community Residence services are located in neighborhood/community settings and provide group living in a home environment.

Recovery Supports

Non-clinical, community-based programs and services that assist individuals in maintaining their recovery.

Supportive Living

Catholic Family Center- Restart 585-546-7220

Offers IR/CR/SL. Serves adults ages 18+. Serves women and children.

East House- Chemical Dependency Program 585-238-4800

Offers CR/SL. Serves adults ages 18+.

Rochester Regional Health 585-723-7740

Unity/Greece Chemical Dependency

Offers RRSY – Serves youth 14 to 21. Offers CR – Serves women ages 18+.

Villa of Hope 585-865-1550

Offers RRSY. Serves youth up to age 21.

Veterans Outreach Center	585-506-9060
Offers SL, Emergency, and Transitional Housing. Serves adults ages 18+.	
YWCA	585-368-2225
Offers SL. Serves women ages 18+ with and without children.	
Rochester/Monroe Recovery Network	585-328-8230

Monroe County: Other Agencies and Services

Endeavor Health Services

585-445-5310

Services accepts Medicaid and most insurance plans.

Sliding fee based on income may be available.

Sex Offender (SO) Assessment & Counseling

Offers individual therapy sessions. Clients enrolled in the three-phase SO Program attend weekly treatment group therapy. Orientations are held on Wednesdays from 9:00 – 10:00 am. Individuals should bring their insurance card and social security number in order to complete paperwork.

Anger Management Group

A 26 week, 1.5 hour group that covers treatment topics derived from Cognitive Behavioral Therapy.

Domestic Violence Program

Counseling for clients who are mandated by NYS Parole, County Probation, or the Court. A 26 week treatment group is offered for men and women.

Problem Sexual Behaviors (PSB)

Offers mental health and problem sexual behavior assessments and subsequent individual therapy sessions. Clients admitted to treatment engage for about a one year program, or longer if needed or wanted. Youth under the supervision of PINS, Pre-trial services, County Probation, State Parole, OCFS Aftercare, CPS, or un-charged/un-convicted youth are eligible for admission. Youth must be at least 13 years of age. Referrals accepted from parent/guardians, PO, caseworker, guidance counselor, other school personnel, court or investigator.

Vulnerable Persons Central Register Hotline

855-373-2122

A 24/7 line to report allegations of abuse, neglect and significant incidents occurring in any Office of Mental Health (OMH) or OASAS (Office of Alcoholism and Substance Abuse Services) agency.

NYS Department of Health

800-663-6114

Office of Professional Medical Conduct

518-402-0836

Investigates complaints of medical misconduct by physicians, specialist assistants and physician assistants when appropriate.

Monroe County Office of Mental Health

585-753-6047

Coordinates, monitors, and funds services for individuals who have mental health issues, alcohol and substance use problems, and developmental disabilities. Key services provided by MCOMH (which are described in detail in the website www.monroecounty.gov) include: community education, Assisted Outpatient Treatment (Kendra's Law), Disaster Mental Health Response Team, the Monroe County System of Care, Rapid Engagement Delivery (RED) Team, Single Point of Access (SPOA) for care management and residential services, Socio-Legal Center (including court evaluations and transition management), SWAT Youth Council and TIG Consortium/Grief Resources.

The Community Services Board (CSB) and its subcommittees for Mental Health, Developmental Disabilities and Alcoholism/ Substance Abuse services provide advice to the Director of Mental Health. The CSB and its subcommittees are comprised of consumers, family members, providers and interested citizens.

Services in all disability areas are provided through contracts with local agencies, utilizing county and state funding. The office also serves as an information and referral source.

NYS Education Department

800-442-8106

Local

585-241-2810

New York State

518-474-3817

Office of the Professions/Professional Discipline Office

Accepts professional conduct complaints about all professions except medical doctors. Call or visit www.op4info.nysed.gov

NYS Justice Center for the Protection of People with Special Needs

800-624-4143

518-388-2888

Provides a broad range of advocacy services regarding care and treatment, information and referral pertaining to disability issues, and technical assistance regarding the Americans With Disabilities Act (ADA). Also provides training on various disability-related issues for agencies. Serves individuals with any disability.

Information/Referral Line 800-624-4143

Provides information on any disability question or concern

161 Delaware Ave.

Delmar, NY 12054

I/R Line 800-624-4143

Hotline 855-373-2122

Legal Supports

Mental Hygiene Legal Service

585-530-3050

Responsible for protecting and advocating for rights of persons who reside in facilities licensed to provide services for mental illness, developmental disabilities or alcoholism, and for people alleged to be in need of care and treatment in a licensed facility.

**Monroe County Priority
& Socio-Legal Services**

585-753-5530

Provides mental health consultation and services to the courts and other departments in the criminal justice system. The Socio-Legal Services brings together agencies with a shared interest in ensuring that the criminal justice as well as the homeless population receives appropriate services. Assisted Outpatient Treatment (Kendra's Law), Rapid Engagement Demonstration (RED), Transition Management Services, Single Point of Access (SPOA) and Medication Grant Program are also available.

Disability Rights New York (DRNY)

800-993-8982

Disability Rights New York (DRNY) is the Protection & Advocacy System and Client Assistance Program (P&A/CAP) for persons with disabilities in New York. As the P&A/CAP for New York, DRNY advocates for civil and legal rights for New Yorkers with disabilities.

The Client Assistance Program (CAP) is for individuals who are applying for vocational rehabilitation services (ACCES-VR and NYS Commission for the Blind). It provides information about rights and assists individuals in resolving disputes.

The Protection and Advocacy Program (PAIMI) provides services to individuals with a diagnosis of serious mental illness. The services include advice/counsel; support in pursuing administrative remedies; technical assistance; investigation and monitoring; negotiation or mediation; direct legal representation; training; information or referral. The PAIMI program places a priority on serving persons with serious mental illness who live in facilities that provide care and treatment but also serves individuals with serious mental illness who live in the community. There is no charge for our services.

Local Address: 44 Exchange Blvd. Ste. 110 Rochester, NY 14614

Ontario County: Emergency and Inpatient Services

Clifton Springs Hospital & Clinic 585-922-9900
CPEP 315-462-1080

Clifton Springs Hospital & Clinic is part of the Rochester Regional Health Eastern Region that also includes the programs and services provided by Newark-Wayne Community Hospital. Together, they offer the a full range of services needed by the people in Wayne and Ontario Counties. Exceptional care is delivered by a highly qualified team of primary care and specialist physicians and a skilled caring staff.

2 Coulter Rd, Clifton Springs, NY 14432

Family Counseling of the Finger Lakes 800-695-0390
Domestic Violence

Family Counseling Service of the Finger Lakes provides assistance to victims of domestic violence and their children for residents of Ontario and Wayne County.

FLACRA/Crisis Center 315-462-9466
Telehealth

If you have an urgent addiction or opioid crisis, please call **1-833-4-FLACRA (833-435-2272)** for immediate response. We are providing 24/7 onsite emergency support for those in crisis.

28 E Main St, Clifton Springs, NY 14432

Lakeview Health Services 315-789-0550
Prospect House 585-919-2561

Prospect House, located in Canandaigua, NY, is designed to assist in alleviating mental or emotional distress that could lead to hospitalization and is also valuable as a step-down option coming out of the hospital and before returning home.

Safe Harbors of the Finger Lakes

Geneva Office	315-781-1093
Canandaigua Office	585-577-3257
24/7 Hotline	800-247-7273

Safe Harbors of the Finger Lakes, Inc. provides confidential services, at no charge, for individuals, children, and families who have experienced sexual assault, domestic violence, child abuse, and human trafficking in Ontario, Seneca, and Yates Counties.

Live chat is available Monday-Friday, 8:30 AM-4:30 PM: shflny.org/

Elmira Psychiatric Center 607-737-4905

Inpatient programs (located in Elmira) consists of a 52 bed Adult Unit and a 12 bed Child/Adolescent Unit. Community-based services comprise the largest component of the treatment spectrum and include Assertive Community Treatment, Clinic Treatment, Community Residences, School-based Day Treatment, Drop-In Centers, Family Care Residences, Intensive Case Management, Mobile Mental Health, and Prepaid Mental Health.

Canandaigua Behavioral Health Clinic 585-922-9900

Meeting and accepting every individual wherever they are in their path to recovery. Offering individualized treatment plans to meet each clients needs allowing safe returns home or to other programs.

235 North Street, Canandaigua, NY 14424

Ontario County: Outpatient and Nonresidential Services

Clifton Springs Hospital & Clinic 585-509-6606
CPEP 315-462-1080

Clifton Springs Hospital & Clinic is part of the Rochester Regional Health Eastern Region which also includes the programs and services provided by Newark-Wayne Community Hospital. Together, they offer the full range of services needed by the people in Wayne and Ontario Counties. Exceptional care is delivered by a highly qualified team of primary care and specialist physicians and a skilled caring staff.

2 Coulter Rd, Clifton Springs, NY 14432

Boike Marriage, Family & Individual Counseling 585-394-1442
Individual, couples and family therapy.
Psychological testing to patients of all ages.

3180 West St., Canandaigua.

Clinical Associates of the Finger Lakes 585-924-7207
Counseling for children (birth - 5), parents, and or families. Access through Early Intervention (Ontario County) and school districts.

590 Fishers Station Dr., Suite. 130, Victor

Finger Lakes Area Counseling & Recovery Agency: FLACRA

Farmington 585-396-4190
1386 Hathaway Dr, Farmington

Geneva 315-781-0771
246 Castle Street, Geneva

FLACRA's outpatient clinics offer evaluations, individual counseling, group sessions, and family & youth counseling. Outpatient addictions counselors work with clients to create an individualized, strength-based pathway to recovery. **Flacra.org/outpatient-services**

Lake View Health Services

Community Support Building 315-789-0550

The Lakeview RSS Outreach Program is an advocacy program that assists individuals residing in Ontario, Seneca, and Yates Counties. The RSS staff work in coordination with Lakeview's Programs to enhance the services being offered to individuals with co-occurring mental health and substance abuse disorders. **Lakeviewhs.org/our-services**

611 West Washington Street, Geneva

Victor Counseling Practice 315-789-0550

Serves children, teens, adults, and couples.

Victorcounseling.com

Canandaigua Vamc 888-363-2855

Offers Outpatient treatment, Telehealth, and Partial hospitalization/day treatment. Trauma therapy, Behavior modification, and Individual psychotherapy for Adults, Young adults, and Seniors 65 or older. Canandaigua Vamc also supports Veterans. Some other services provided by Canandaigua Vamc include Suicide prevention services, Chronic disease/illness management, and Psychosocial rehabilitation services.

Clifton Springs & Canandaigua Outpatient Clinic

Canandaigua 585-394-0530

Clifton Springs 315-462-1050

Serves behavioral health/CPEP Crisis

Outpatient Chemical Dependency. Mental health services include support in depression, anxiety, PTSD, bi-polar disorder, schizophrenia, trauma.

2 Coulter Rd., Clifton Springs

Family Counseling Services of the Finger Lakes

Canandaigua 585-394-8220

514 S Main St, Canandaigua

Geneva 315-789-2613

671 South Exchange St, Geneva

Bilingual/ School Based Services. Domestic Violence & LGBTQ. Trauma Care.

Ontario County Mental Health Center 585-396-4363

Provides evaluations, treatment and referral sources from ages 5 to adult.

Telehealth options available.

Center For Dispute Settlement 585-396-0840

Promoting alternative dispute resolution processes that enable individuals, community/neighborhood groups, and organizations to resolve conflicts without litigation. cdsadr.org/

Mental Health Association of Ontario

585-629-0386

Life Skills Workshops. Peer Support/Navigation. Youth Services & Counseling. Bereavement. Drop-In Services Support Groups.

5120 North Main St., Canandaigua

Catholic Charities

585-394-0190

Catholic Charities of Onatario County is a multi-service, non-profit agency working to alleviate poverty through 10 active programs. Services include emergency food, clothing, furniture, emergency medical and prescription assistance, one-time utility and rent payment assistance, emergency housing, transportation, youth mentoring, counseling, and case management for at-risk pregnant and parenting women and teens.

Ontario County: Residential Services

Lake View Health Services

315-789-0550

The Lakeview RSS Outreach Program is an advocacy program that assists individuals residing in Ontario, Seneca, and Yates Counties. The RSS staff work in coordination with Lakeview's Programs to enhance the services being offered to individuals with co-occurring mental health and substance abuse disorders. **[Lakeviewhs.org/our-services](https://www.lakeviewhs.org/our-services)**

611 West Washington Street, Geneva

Finger Lakes Area Counseling & Recovery Agency (FLACRA)

Community based services

315-462-9466

FLACRA community residences offers 820 residential services for people with substance use disorders providing a safe living environment for people in recovery. FLCRA offers both 24-hour supervised housing treatment as well as permanent independent and veteran housing with substance abuse or mental health disorders.

Supportive Living Programs (SPLV) are also available for people with substance-use disorders that need assistance toward long-term recovery.

<https://www.flacra.org/flacra-services>

Ontario County: Vocational Services

Ontario County Workforce Development Career Center

Finger Lakes Works- Canandaigua 585-396-4020

Finger Lakes Works- Geneva 315-789-6340

The Ontario County Workforce Development Career Center Resource Room is a cooperative effort with partners in the Finger Lakes Works Workforce Development System in the four-county Finger Lakes region and a Proud Partner of the American Job Center Network. We serve both job seekers and employers in programs supported by Title I of the Workforce Innovation and Opportunity Act.

<https://ontariocountyny.gov/93/Workforce-Development>

Canandaigua Churches In Action

Resource Room 585-396-2242

Area Churches working together to fill community needs. CCIA offers assistance with a range of services: employment, housing, food, travel, and more. Please visit the website for a full list: churchesinaction.org/

Livingston County: Emergency & Inpatient Services

Wyoming County Community Health System 585-786-2233

UBMD Emergency Medicine physicians 24/7.
400 N Main St, Warsaw, NY 14569

ST. James Mercy Health System (607) 247-2200

7329 Seneca Road North Hornell, NY 14843

Strong Memorial Hospital 585-275-4551

Emergency Department 24/7.
601 Elmwood Ave, Rochester, NY 14642

Rochester Regional Health

Behavioral Health Access and Crisis Center 585-368-3950

65 Genesee Street, Entrance at 11 Chili Avenue, Rochester, NY 14611

Rochester General Hospital 585-922-4000

Emergency Department 24/7. Inpatient services for adults only.

1425 Portland Ave, Rochester, NY 14621

Rochester Psychiatric Center 585-241-1200

Adolescents: (12 to 17 years of age) | Adults: (18 years of age and older).
1111 Elmwood Avenue, Rochester, New York 14620

Mobile Mental Health Team for Youth 585-243-7250

Adolescents: youth up to 18 years of age
Provides mobile crisis intervention, stabilization and referrals.

Livingston County: Outpatient Services

Livingston County Mental Health Services 585-243-7250

Livingston County Mental Health Services is a county-operated outpatient clinic licensed by the New York State Office of Mental Health. Serves children and adults with mental health needs.

Livingston Co Snf, 4600 Millennium Dr, Geneseo, NY 14454

Noyes Mental Health and Wellness Services 585-335-4316

Individual, group, and family therapy for adults, children, and families.

9221 Robert Hart Drive, Dansville, NY 14437

Mental Health Association 585-325-3145 ext: 401

The Mental Health Association teaches skills and provides support to individuals allowing them to make informed decisions on the path to mental wellness. Programs focus on providing impartial, confidential information and services to people with a wide range of mental health related issues. Visit mharochester.org for a full list of services.

Alcohol and Substance Abuse

Council on Alcohol and Substance Abuse (Casa)

Dansville 585-335-5052

Geneseo 585-991-5012

Outpatient services include a comprehensive evaluation of personal alcohol or drug concerns, with the development of an individualized treatment plan. The treatment program may include a combination of individual and group counseling, family counseling, or referral to other levels of care. Serves adolescents and adults.

Livingston County: Nonresidential Services

Adults

Catholic Charities

585-658-4466

Catholic Charities of Livingston County is a multi-service, non-profit agency working to alleviate poverty through 10 active programs. Services include: emergency food, clothing, furniture, emergency medical and prescription assistance, one-time utility and rent payment assistance, emergency housing, transportation, youth mentoring, counseling and case management for at-risk pregnant and parenting women and teens.

Compeer of Livingston County

585-226-8220

An organization dedicated to helping individuals receiving mental health services find social supports in their through mentoring friendships. Compeer matches volunteers from the community in one-to-one supportive friendships with adults with mental illness.

Mental Health Association

585-325-3145 ext: 401

This program works with individuals and existing community services and organizations to increase awareness of mental health/illness issues and to decrease the stigma surrounding them. Staff also provides support to those with mental health issues through a peer-run social and support group, Hand in Hand.

Youth

Catholic Charities

585-658-4466

Catholic Charities of Livingston County is a multi-service, non-profit agency working to alleviate poverty through 10 active programs. Services include: emergency food, clothing, furniture, emergency medical and prescription assistance, one-time utility and rent payment assistance, emergency housing, transportation, youth mentoring, counseling and case management for at-risk pregnant and parenting women and teens.

Focus on the Children

585-502-7157

Assists children and their families with needs that can't be met by any other agency (one-time only emergency assistance). Also provides information, referral, and advocacy.

<https://www.focusonthechildren.org/how-we-work>

Glow Family Support Program

585-256-7500

Support for families with children having emotional and/or behavioral challenges. Serves Genesee, Livingston, Orleans, and Wyoming Counties. Offers advocacy, educational opportunities, parent library, referral and linkage support, support groups with respite provided, home visits, phone support, and family activities.

Livingston County: Vocational Services

**Adult Career and Continuing Education Services-
Vocational Rehabilitation (ACCES-VR)** 585-238-2900

For a description of services, see ACCES-VR. in the Monroe County section of this book.

Livingston County: Residential Services

Arbor Development 607-654-7487

Empower people to live within their means in communities of their choice. Our assistance for renters and home-buyers creates a pathway to security and stability. Our residential behavioral health and domestic violence services help people overcome challenges to live safely on their own.

<https://arbordevelopment.org/>

DePaul Supported and Transitional Housing 585-344-3727

DePaul has two apartments in Livingston County providing short-term housing to adult individuals who in addition to their mental illness, need immediate and safe housing. The two-bedroom apartment may be utilized by someone who has a family member or a dependent living with them. The goal of this program is to provide someone who is in a housing crisis with short-term housing while the Mental Health Department works with the individual to secure more permanent housing. Both apartments are furnished and stocked with non-perishable food items. DePaul staff with visiting the individuals who will be utilizing these apartments regularly.

Livingston County Department of Social Services 585-243-7300

Livingston County DSS provides housing assistance and access to other services.

Part Two: Information, Descriptions, and Definitions

How to Decide If you Need Help

What Are Mental Illnesses?

Over 50 million Americans suffer from some form of mental illness, including schizophrenia, depression, and anxiety disorders. The phrase “mental illnesses” is used for several reasons:

- Recent research has shown that many of these disorders have a biological origin;
- Medication is frequently a part of treatment; and
- As with physical illnesses, mental illnesses are not signs of personal weakness, but real and serious disorders, deserving skilled and compassionate treatment.

A range of mental health problems, such as family quarrels, dealing with stress, and fears, can benefit from short-term counseling and treatment. Mental illnesses, however, are very serious conditions in which symptoms such as depression, anxiety, and disorientation are severe and last for a prolonged period of time, often leading to an inability to cope with everyday life.

What Causes Mental Illnesses?

The causes of mental illnesses are not well understood; there are undoubtedly different causes for different disorders. Current research suggests that there may be an inherited predisposition to develop a disorder and that many disorders involve a problem in transferring information from one brain cell to another. Stressful situations and the use of recreational drugs may contribute to the onset of a disorder in a susceptible person. Formerly popular theories that dysfunctional family systems cause mental illnesses are not supported by research.

What Are the Signs of Mental Illnesses?

The following various signs may indicate that a person needs to seek treatment. Having one symptom is not necessarily a sign of a mental illness, but if problems worsen or multiply, a mental health professional should be consulted.

- Marked personality change over time.
- Confused thinking; strange or grandiose ideas.
- Prolonged severe depression, apathy, or extreme highs and lows.
- Excessive anxieties, fears, or suspiciousness; blaming others.
- Withdrawal from society, friendlessness; abnormal self-centeredness.
- Denial of obvious problems; strong resistance to help.
- Thinking or talking about suicide.
- Numerous unexplained physical ailments; marked changes in eating or sleeping patterns or hostility out of proportion to the situation.
- Abuse of alcohol or drugs.
- Growing inability to cope with problems and daily activities such as school, job, or personal needs.

What Are the Signs of Mental Illnesses?

Sometimes physical health problems can produce symptoms that closely resemble those of mental illnesses. Various physical diseases and many other conditions (ranging from dietary deficiencies to lead poisoning) can cause or worsen psychiatric symptoms. For this reason, it may be important to have a physical health evaluation to make sure the problem is not reflected by a physical condition.

Where to Go For Services

Types of Community Treatment

There are several options for individuals who wish to receive treatment therapy in a community setting. These include public agencies, therapists in private practice, and community mental health centers.

Community Mental Health Centers

Community Mental Health Centers are government-supported centers, which provide a range of mental health services, regardless of a person's ability to pay. Services of a Community Mental Health Center include outpatient treatment, partial hospitalization, emergency services, alcohol, and drug abuse programs, consultation and education, and many more.

Other Places to Get Help

Partial Listing

- Family Service and Private Counseling Agencies: provide counseling and referrals for troubled individuals and families.
- Therapists in Private Practice: psychiatrists, psychologists, social workers, and others provide treatment in a private office setting.
- Help for Special Populations: school and college counseling services help students with emotional and psychological problems. Treatment centers for children with emotional and/or behavioral problems provide screening, diagnosis, and treatment for this age group. Children are usually referred to these centers by their school district.
- Information and Referral: The Mental Health Association gives information about mental health and illnesses and appropriate services. Visit the Mental Health Association's website at www.mharochester.org for a Support Group Directory that lists groups in our community.

Choosing a Therapist

Therapists have different training and credentials, offer various kinds of therapy depending on their qualifications and school of thought, and may operate in different settings. (See types of community treatments above).

New York State has expanded the mental health professions it licenses to include psychiatrists, psychologists, social workers, nurses, mental health counselors, marriage and family therapists, creative arts therapists, and psychoanalysts. When an individual decides to seek services, licensure is one way to assess the qualifications of a therapist. By obtaining a New York State license the therapist has met certain basic requirements including being a graduate of a licensure qualifying program of study and meeting certain competency requirements. While the relationship that is developed between the client and the therapist is the ultimate determinant of whether the therapeutic experience is a success, licensure provides a certain level of quality control.

The nature of one's problem may be the most important determinant of the type of therapist that should be chosen. A psychiatrist should see a person with serious mental illness with a probable physical component, such as bipolar disorder or schizophrenia, initially because medical treatment will be required. Persons whose primary problems involve psychological functioning and adjustment to daily living such as relationships and communication issues may choose any of the other professions.

Physicians, clergy, and friends can often recommend therapists. Professional organizations such as the Medical Society, the American Psychiatric and Psychological Associations in our area, and the local branch of the National Association of Social Workers may be able to help find a therapist. The Mental Health Association offers a **Therapist Referral Service**. Individuals can call with their requests and information on up to three therapists taking new patients will be given. The **Yellow Pages** list therapists under Physicians, Psychologists, Social Workers, Counselors, Marriage and Family Counselors, Social Service Organizations, and Psychotherapists.

Clients should remember that they are consumers paying for a service, and thus have a right to be satisfied with the service received.

Clients may want to ask questions about the therapist's credentials, the kind of therapy used cost, and the expected length of therapy. As mentioned above, the therapist's credentials, education, training, licensing, etc. are important, although they alone don't insure successful therapy. The therapist's style and the client-therapist relationship should be considered. A person seeing a therapist in a public clinic has less choice than a person seeking a therapist in private practice. Nonetheless, clients in public settings may ask to change therapists if they are dissatisfied with the one assigned to them.

Who's Who

Psychiatrist: A medical doctor (M.D.) specialized in the diagnosis and treatment of mental illnesses and licensed to prescribe medications.

Psychologist: A health care professional who diagnoses and treats mental, nervous, emotional, and behavioral disorders and ailments. Psychologists' practices also include industrial/organizational psychology, research, and teaching. New York psychologists have earned a doctoral degree in psychology from a program registered or accepted as equivalent by the New York State Education Department. Psychologists with doctoral degrees with the letters Ph.D., Psy.D., and Ed.D. all have met the same educational requirements.

Social Worker: A person who helps individuals and families with personal and practical problems. In New York State, there are two professional licenses for social workers with different qualifications. Only licensed social work professionals may legally use the title Licensed Master Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW). Clinical social workers may provide all social work services, including the diagnosis of mental, emotional, behavioral, developmental, and addictive disorders, the development of treatment plans, and the provision of psychotherapy. The Licensed Master Social Worker may provide these clinical services only under the supervision of an LCSW, licensed psychologist, or psychiatrist.

Psychiatric Nurse: A registered nurse (R.N.) who has also received an advanced degree in psychiatric nursing and who may have passed a qualifying examination.

Mental Health Counselors have completed a master's or higher degree in counseling. They work in both agencies and private practice settings and provide evaluation, assessment, and treatment by the use of verbal or behavioral methods. In New York State they are referred to as Licensed Mental Health Counselors or LMHC.

Marriage and Family Therapist: A person who uses mental health counseling, psychotherapy, and therapeutic techniques to evaluate and treat marital, relational, and family systems, and individuals in relation to these systems. In New York State they are referred to as Licensed Marriage and Family therapists or LMFTs.

Registered Therapist: A person who has been trained in a particular aspect of treatment related to the daily living skills of clients. These include occupational (O.T.R.), physical (P.T.R.), and recreational therapists (R.T.R.), as well as rehabilitation counselors (C.R.C.).

Creative Arts Therapists: A person trained in psychotherapy and specific arts disciplines. By guiding patients to create and reflect on art and the artistic process, they help people increase awareness of self and others to cope with symptoms of stress, illness, and trauma and enhance cognitive abilities. Creative art therapists may be trained in dance/movement therapy, drama therapy, music therapy, poetry therapy, and art therapy. Creative Arts Therapists are a licensed profession under New York State Law.

To check the status of a therapist, go to the Office of the Professions of the State Education Department (see index).

Types of Therapy

There are many kinds of therapy, sometimes used in combination, which can be used in treating a mental illness. Your needs and the background and orientation of the therapist will determine what type of approach is used. One of the first steps is to determine if you need medications to help decrease or stabilize your symptoms. At this point, it is best to be evaluated by a psychiatrist who can prescribe and monitor medication. In recent years, primary physicians have also become a source of drug therapy. However, medications usually cannot address all of your issues and most people find it useful to also see a therapist. Many people do not need or want medications and enter psychotherapy as a means of handling their emotional problems. Psychotherapy is a general term that refers to the talking therapies where you talk about your condition and related issues with a mental health professional. Psychotherapy varies in length and can take place in individual, couples, family or group sessions. Most therapists use a combination of approaches to therapy.

Types of Therapy Include:

Psychodynamic: A problem, such as fear of heights, is considered a symptom of a deep, unconscious conflict, and therapy is focused on helping you to gain awareness and insight into the repressed conflicts. The goal is then to resolve these conflicts so that you can modify the unwanted thought and behaviors that are the result of the conflict.

Behavioral: The unwanted behavior is identified and the therapist uses a system of rewards, reinforcements of positive behavior, and desensitization to help you change the unwanted or unhealthy behavior.

Cognitive: This therapy looks at your thought process and helps you to identify and change the distorted thought patterns that lead to self-destructive feelings and behaviors.

Cognitive-Behavioral: Combines elements of both approaches. After the identification of the dysfunctional thought process, therapy focuses on providing new information-processing skills to allow you to replace negative thoughts with more positive thoughts and behaviors.

Dialectical Behavior: A type of cognitive-behavioral therapy, that teaches you behavioral skills to help you better tolerate stress, regulate your emotions and improve your relationships with others.

Use of Medication in Psychiatry

It is vital that there be a collaboration between the patient, the primary therapist, the physician, and involved family members. Patients who are educated about their medications are far more likely to succeed than those with less knowledge. This section is meant to provide you with an overview of the various medications, their indications, and their side effects. If any of the material that follows is disturbing to you, please discuss it with your physician. Some of the key questions to discuss when medication is suggested might include:

- What can we hope for this medicine to accomplish? How will we tell if it is successful?
- What information do you need from me for this purpose?
- What side effects might I reasonably expect? (NO doctor can list all of the potential problems; there are simply too many possibilities. The common side-effects and suggestions on how to manage them should be discussed.)
- What sort of difficulties should I call you for?
- What will the medication cost?
- What should I do if I miss a dose?
- How will we decide when it is time to stop the medicine?

Antipsychotics

Antipsychotic medications can be divided into two groups: the older “conventional” agents and the newer “atypical” medications. The newer agents have different side effects from conventional agents and are generally better tolerated. But, some of the toxicities associated with the newer medications can be serious. Also, newer medications tend to be more expensive. Some of the newer medications are reserved for patients who are intolerant or non-responsive to conventional agents, while some are now used as first-line medications.

The newer antipsychotic medications will be discussed in the section on Atypical Antipsychotics. The indications for antipsychotics, discussed next, are largely the same for both classes of medication, though there is a suggestion that negative symptoms of schizophrenia (difficulty with motivation, energy, and social interaction) may be more responsive to the newer agents.

Common Indications: used to treat hallucinations, delusions, agitation, thought disorder (difficulties with thought, language, and communication), and acute mania. Some of the diagnostic indications include schizophrenia, schizoaffective disorder, psychotic depression, and mania.

Examples of older antipsychotic medication ranked from low potency to high potency (see side effects for explanation): Chlorpromazine (Thorazine), mesoridazine (Serentil), loxapine (Loxitane), molindone (Moban), trifluoperazine (Stelazine), fluphenazine (Prolixin), thiothixene (Navane), haloperidol (Haldol).

Side-effects: all antipsychotic medications, with the exception of clozapine (Clozaril) and risperidone (Risperdal), which will be discussed separately, are the same in terms of their mechanism of action and what can be reasonably expected. The selection of a particular medication is based on which side effect can be most readily tolerated. High potency agents require fewer milligrams to have the same effect; thus 2 mgs. of haloperidol, a high potency agent, will have compatible effects to 100 mgs. of chlorpromazine. High potency antipsychotic medication will pose a greater risk of Parkinsonian side effects and less risk of lowering blood pressure, sedation, or anticholinergic difficulties. Parkinsonian side effects can include tremor, stiffness, akathisia (a sense of restlessness and difficulty sitting still) and lessened facial expressions. Selecting a different antipsychotic, lowering the dose or taking another medication for the side effects usually manages these. Anticholinergic problems might include dry mouth, constipation, visual blurring, and difficulty with urination, sexual difficulties, and confusion.

Unusual and more serious side effects include tardive dyskinesia (TD) and neuroleptic malignant syndrome (NMS). TD is the occurrence of involuntary (not under conscious control) movements that might involve any part of the body, but which most often involve the mouth, arising from prolonged use of antipsychotics. NMS also results from exposure to antipsychotics and may be early or late in treatment. Patients develop a sudden fever, stiffness, and may become profoundly confused or lose consciousness. There can be extensive damage to muscle. This is a real medical emergency and could lead to death. It should be kept in mind, though, that NMS is very rare. A physician should promptly evaluate sudden fevers or stiffness.

Special Antipsychotics

Depot Antipsychotic: the most commonly used are haloperidol (Haldol) decanoate and fluphenazine (Prolixin) decanoate. These are medicines given by injection from once a week to once a month. They are used when patients are having difficulty taking daily doses by mouth. Injectable antipsychotics have, unfortunately, been subject to manufacturing shortages and your physician may have to switch you to oral medication or a different medication, depending on the situation.

Atypical Antipsychotics: clozapine (Clozaril), risperidone, (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel), ziprasidone (Geodon) and aripiprazole (Abilify). Geodon is the first to market a quick-acting intramuscular preparation.

The effects of these medications are very like those for conventional antipsychotics, but they differ in terms of side effects (usually less), price (usually more), the possibility that they may do a more effective job of treating the “negative” symptoms (lack of interest, difficulty in initiating activities, and social withdrawal) that can plague some people with schizophrenia. There are also data indicating that as many as a third of schizophrenic patients who have not responded to conventional agents will respond to these atypical agents.

The newer medications can be expensive. The typical cost of a year's medication with clozapine will be in excess of \$5,000. Risperidone will cost about half as much. Clozapine will not be expected to cause parkinsonian side effects or tardive dyskinesia, although one cannot guarantee this. It will cause many other side effects mentioned for low potency agents. Risperidone at low doses (most typically around 6 mg. or less, per day) should also be free of these difficulties, but there is no guarantee. If the dose is advanced much more it starts to be very like a conventional antipsychotic and the benefit tends to be lost. Olanzapine has been most effective in the 10 mg. to 20 mg. dose range.

The major problem with clozapine is bone marrow suppression. This occurs with about one percent of patients and can be fatal if not addressed. Because of this, weekly, biweekly or monthly (depending on how long one has been on the medication) blood tests are required to monitor the bone marrow production of blood cells as long as patients are taking the medication. Although this can seem onerous, it should be weighed against the possibility of a significant improvement in symptoms for people who have not done well on other medications.

Most of the newer antipsychotics can affect glucose (blood sugar) regulation and lipid levels, and weight gain. Weight gain tends not to be related to the dosage. A collection of signs (diabetes, increased lipids, hypertension and weight gain) has been called Metabolic Syndrome. People taking atypical antipsychotic medication need to have their weight, lipids, blood pressure and blood glucose monitored by their doctor.

Of note: antipsychotic medication may affect the body's ability to regulate temperature. This is important to keep in mind for the summer months when people tend to spend more time in the sun.

Agents For Sleep

These are almost exclusively benzodiazepines (see the comments about anti-anxiety agents). The important thing to remember is that these medicines will lose their impact after a couple of weeks, so use should not be on a nightly basis for much more than a week. It is possible to create considerable confusion since there will often be a kind of withdrawal effect after prolonged nightly use which will lead to more difficulty with sleep and the mistaken belief that the appropriate response is to increase the hypnotic. It is also possible to become psychologically dependent on taking something to fall asleep. The other worry is if you are a heavy snorer. This might indicate that you have sleep apnea, which would worsen if you used a benzodiazepine, as these medications can suppress breathing. Examples: flurazepam (Dalmane), temazepam (Restoril), triazolam (Halcion), zolpidem (Ambien) which is not a benzodiazepine, but works the same way. There are many over the counter (OTC) sleep aids, the majority of whose active ingredient is diphenhydramine (Benadryl), essentially an antihistamine that makes you drowsy.

Many doctors prescribe trazedone (Desyrel) for sleep. This is actually an antidepressant with some anti-anxiety effect. The dosages for antidepressant effect are around 150 to 400 mg. a day in divided doses. Unfortunately, many people complained of drowsiness. When better medications came along it was rarely used as an antidepressant, but instead prescribed as a sleeping aid. Doctors like it because it has no real abuse potential (as do benzodiazepines) and very little, if any, problems with drug interactions. One potential side effect of trazedone is called priapism, a sustained erection. If this occurs the patient should stop the medication and alert the prescribing provider.

Antidepressants

Common Indications: not surprisingly, the main indication is for depression. This is not the same as sadness, but is, instead, a sustained period of depressed mood, which can include: difficulty with sleep and appetite, diminished interest in sex, guilt, limited energy, difficulty in enjoying previously pleasurable activities, suicidal thoughts, hopelessness, and helplessness in its classical form. Other reasons for antidepressants include panic disorder, obsessive-compulsive disorder, some chronic pain syndromes, and some eating disorders.

General Comments: it is important to realize that it is quite common for someone to fail to respond to a good trial of one antidepressant and to do quite well with another, so do not give up if the first agent fails to help. Unfortunately, all of these medications take from 1 to 5 weeks before anything worthwhile happens. To make things worse, side effects can be immediate, making it hard to judge if it is worthwhile to continue the medication. The typical pattern of response is for sleep, appetite, and energy to improve before the mood starts to improve. Curiously, your friends or family might notice some improvement before you are aware of it, so ask for feedback. It is vital that you let your prescriber or therapist know if you are experiencing suicidal feelings. Many of these medications (paradoxically) can cause suicidal thoughts, but this is not common and there is no good information to prove that they actually cause anyone to harm themselves.

Examples: The traditional tricyclics include imipramine (Tofranil), amitriptyline (Elavil), desipramine (Norpramin), nortriptyline (Aventyl, Pamelor), clomipramine (Anafranil) and doxepin (Sinequan), among others. Newer agents called Serotonin Selective Re-Uptake Inhibitors (SSRI) include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), fluvoxamine (Luvox), escitalopram (Lexapro), and citalopram (Celexa). Lexapro and Celexa are very similar.

Atypical anti-depressants include nefazodone (Serzone), mirtazapine (Remeron), and bupropion (Wellbutrin), venlafaxine (Effexor), Trazodone and duloxetine (Cymbalta). A new medication, desvenlafaxine (Pristiq), is essentially a metabolite of venlafaxine.

MonoAmine Oxidase Inhibitors block an enzyme, increasing levels of serotonin, norepinephrine and dopamine. They include tranlycypromine (Parnate), phenelzine (Nardil), and isocarboxazid (Marplan). MAO inhibitors require a special diet and caution about other medications taken while on an MAOI. The diet excludes almost all cheese and aged meats, but is not usually a great problem. The MAO'S are usually used for patients who fail to respond to other antidepressants or for those who have atypical depressions. They are rarely prescribed today, but are very helpful to a select group of patients.

Side effects: there is considerably more variation here than with antipsychotics. Some medicines lead to dry mouth and decreased blood pressure with changes in position; others lead to anorgasmia or difficulty in achieving sexual satisfaction. All carry the risk of inducing mania in those with a propensity for mood swings. As with antipsychotics, weight gain is common with many of the antidepressants. Weight gain is not inevitable, but you will have to watch your intake more closely than usual.

Of note: sometimes if an SSRI medication is stopped abruptly, the person can have a "withdrawal" syndrome of anxiety, agitation, stomach upset and flu-like symptoms that can last a few days. This is not a sign of addiction, just the body readjusting to a different level of serotonin. To avoid this (or if it starts), one can taper the use/dose of the medication. It is best to ask the prescriber about this.

Mood Stabilizers

Indications: these medicines can act to prevent recurrent depression or mania and also act acutely to help control a manic episode. In addition, lithium is often used to increase the effect of an antidepressant.

Examples: lithium is the old standby. More recently, anticonvulsants including carbamazepine (Tegretol), clonazepam (Klonopin), valproate (Depakote), topiramate (Topamax), oxcarbazepine (Trileptal), and tiagabine (Gabitril) have also been used. Valproate is considered more effective for “rapid cycle” mood disorders (a series of highs and lows).

Side effects: lithium side effects are usually predictable and related to the dose. For this reason, your doctor will probably want to follow your blood levels closely while trying to establish the right dose for you. Problems at relatively low levels may include a fine tremor and increased thirst. As levels climb you may notice diarrhea and nausea. (Lithium will irritate your stomach if it is empty, so always take it after eating something.) As levels increase further you might notice difficulties with coordination or speech and your muscles starting to twitch. If you reach this point, it is important for you to be seen by a doctor. Lithium levels climb when people lose salt with situations such as sweating profusely or fever. Sprinkling a little extra salt on your food before a summer outdoor workout is probably prudent. Long-term use of lithium can be associated with kidney damage, so your doctor will want to get a blood test to check for this once or twice a year. Similarly, there is a chance of thyroid dysfunction, especially in women; a blood test will help to monitor for this. If this were to occur, the prescriber and patient would discuss the pros and cons and could decide to switch to a different mood stabilizer or just add some thyroid hormone to the regimen.

Weight gain is distressingly common. Some patients feel as if their thinking slows with lithium, although it is sometimes difficult to know whether this is associated with the loss of mania or the medicine itself.

Carbamazepine has significant side effects. There may be problems in the beginning if it is increased too rapidly. These problems might include problems with coordination, walking, or speech. If these occur, let your doctor know, so the dose can be decreased. The major problem is a rare suppression of the bone marrow (like with Clozaril). Your doctor may want to get a blood test to monitor for this. Valproate may cause tremor, but is usually well tolerated, and has less side effects than Lithium or Tegretol. Weight gain is a major side effect. Also, occasionally it might cause pancreatitis which presents with significant abdominal pain. Oxcarbazepine (Trileptal), a relative of Tegretol, has fewer side effects. Topamax (Topiramate), which is as effective as Depakote without significant weight gain should not be used for patients with glaucoma or a history of kidney stones. Neurontin has been used but is less effective in studies. Lamotrigine (Lamictal) has been used but has a serious side effect in a small group of people (a skin rash that can be lethal). All individuals should thoroughly discuss potential side effects with their treating physician or nurse practitioner. While most patients can take these medications safely, liver function should be monitored.

Anti-anxiety Agents

There are two general medication approaches to treating anxiety: 1) Benzodiazepines and buspirone, and 2) antidepressants. Barbiturates and other related compounds should not be prescribed, as they are significantly more dangerous.

Common Indications: these agents are typically given for anxiety. They are also effective for insomnia and are sometimes used for alcohol withdrawal. Examples: alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan), and oxazepam (Serax) are all benzodiazepines. Buspirone (Buspar) is not a benzodiazepine, instead being a member of a unique class. There is some question about how well buspirone works. It is clear that it cannot be used on an, as needed, basis, but must instead be used regularly since it may take weeks to become effective.

Anti-anxiety Agents

Side effects of benzodiazepines: these are clearly sedating agents. As a result, motor abilities for such activities as driving decline. They also can suppress breathing, especially when combined with other things, such as alcohol and opiates. Also, there is a subtle decrease in people's cognitive (thinking) performance when tested on these medications. There is an interaction with alcohol so that the effects of alcohol are increased. The major issue is that of dependence on these medications (not buspirone). Regular use of high doses will lead to withdrawal effects if you stop them suddenly. Withdrawal symptoms can range from being edgy to increased anxiety to tremors, increased heart rate, and blood pressure, to seizures. Benzodiazepines should not be the strategy for treating anxiety, but rather a helpful step to allow the patient and the prescriber to manage anxiety in the present while looking for a longer-term strategy that could include other (non-benzodiazepine) medications, psychotherapy, or both.

If you have been on significant amounts of these medications for a long time, it would be wise to have a physician guide you in considering discontinuing their use. It is not possible to list specific guidelines for when you should be concerned about this, so be sure to discuss this with your physician or prescriber. New York State's concern about the potential for habituation and abuse of these medications led them to be listed as controlled substances.

Some antidepressants (for example, paroxetine, brand name Paxil) work very well with anxiety. A common strategy is to begin with a benzodiazepine to treat acute anxiety and then switch to an antidepressant with a good anti-anxiety effect, discontinuing the benzodiazepine when the other medication begins to help.

Cost of Community Treatment

The cost of treatment varies depending on whether you are seen in a public agency or by a private therapist. Agencies charge fees based on a person's income known as a sliding scale. All agencies and some private therapists will accept Medicaid and/or Medicare.

Insurance plans offered through a person's employment vary with some plans requiring a referral from a primary care physician if mental health services are to be covered. All public mental health providers accept these plans as a form of payment. If you plan on seeing a private therapist, you should discuss whether or not they accept your insurance coverage before beginning therapy.

As of January 1, 2007, New York State implemented Timothy's Law. This law requires that health insurance policies include coverage for the treatment of mental illnesses at the same levels as a treatment for physical illness or injury. This is referred to as mental health parity.

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Self-Help and Professional Treatment: A Collaborative Relationship

Both self-help and professional treatment play an important role in aiding consumers and families. Self-help groups provide mutual support from peers who have experienced similar feelings and concerns. They stress the ability of an individual to solve his or her own problems with the aid of others in the same situation; they offer education and information in an informal setting and the chance for people to explore various alternatives to living with their common concerns.

Mental health professionals stress the importance of a particular therapeutic program delivered in a one-to-one relationship by a trained practitioner. Professionals are a valuable resource for information and can offer a consumer the opportunity to discuss various forms of treatment. They can also offer, to self-help groups, their expertise, and perspective as consultants and speakers. Through developing a collaborative relationship with self-help groups and group members, mental health professionals may gain a greater understanding of the emotional issues people face.

There is no one correct type of help that is best for all; some may benefit most from self-help, others from professional treatment, and many from using both.

The Treatment Process

Phases of Hospitalization

Treatment in a hospital should progress in certain, orderly stages. From the moment a person enters the hospital, the staff should be formulating a treatment plan, with a focus on the ultimate goal of discharge. Patients and family members can be of great assistance in planning effective treatment and in working toward a smooth transition to community living.

Admission

The patient's history is reviewed and immediate needs are assessed (e.g. need for suicide precautions). A physician should conduct a physical examination. An interim treatment plan should be developed. Patients who are able, and family members, can assist staff by providing information about recent behavior, hospitalization and medication history, recent outpatient care, and insurance coverage.

Treatment Planning

After admission, the treatment planning team assesses the patient and writes a comprehensive treatment plan. Treatment plans are a way to stabilize the patient for discharge. Family members and well-functioning patients can offer suggestions about programs; ask for frequent reviews of treatment and, possibly, revisions.

Assessment Plan

Periodically, the treatment team will review the plan to identify the patient's strengths and weaknesses, and alter the plan accordingly to best meet the patient's needs. Family members and patients should report the effects (and side effects) of medication, and how the treatment is generally progressing.

Discharge Planning

Prior to discharge, the staff should hold a discharge-planning meeting. Patients may be included in this meeting, and also family members (unless the patient objects). The written discharge plan should address the patient's current needs and goals, and specify the services to be provided and by whom. Among the areas that should be addressed in the discharge plan are mental health services, case management, living arrangements, economic assistance, vocational training, transportation, and medication.

Whether or not a patient is actually linked to community services depends upon a number of factors. These include whether or not a case manager is assigned, the patient's status upon admission (voluntary or involuntary status), the severity of the patient's problems, use of the public mental health system in the past, the family's involvement in developing the discharge plan, and the patient's motivation. In theory, patients leaving the hospital should have an appointment at a community mental health service within one week of their discharge.

Outpatient Services

Outpatient services can be accessed without prior hospitalization, simply by calling the agency for an appointment. An Intake Secretary will ask for information, including the nature of the problem, name of the potential client, involvement of family members, type of service requested, and financial arrangements. The Intake Secretary will then set up an intake appointment. It may not be for several weeks, as there are often long waiting lists.

The intake appointment involves completing paperwork and arranging for payment. Members of HMOs need referrals from the primary care physician if services are to be covered.

The intake interview with a therapist takes from one to one and a half hours. The therapist may be from any discipline. The therapist will ask detailed questions about the reason for the visit, as well as some medical questions. Consent forms are signed at this initial session.

Depending on the nature and severity of the problem, a second appointment is scheduled. It can be a continuation of the intake process or the beginning of treatment. Treatment can take many forms including medication evaluation, and individual, group, family, or marital counseling. It may involve a weekly appointment or attendance at a day program, which emphasizes socialization skills, life skills, and possibly vocational or educational training. Treatment is determined by your needs and the agency's philosophy. Clients have the right, at all times, to ask questions about the treatment that is being prescribed.

Terminating Treatment

The ideal situation is when both therapist and client agree that the client has reached his/her goals. The therapist might suggest that the client become involved in a self-help group, a volunteer job or other social activity to help maintain the progress that has been made.

Sometimes, the relationship ends sooner than the client wishes. If the therapist terminates the relationship due to a work issue, the client may wish to suggest a meeting with both the old and the new therapist so that all three can discuss past progress and future goals.

If the client and therapist disagree on when to stop treatment, the issue should be openly discussed. The therapist should be asked to develop a plan so the client feels supported in daily life once therapy stops. Most therapists end a relationship by letting clients know that they are welcome to return if the need arises either for a brief visit or for future therapy.

What Are Your Rights?

Inpatient Settings

Informal Admissions (9.15 Mental Hygiene Law) is the least restrictive of all admissions. The person must be in need of treatment, request admission, and be suitable for informal status. No formal application is required. If an informal patient requests discharge, he/she may leave at any time.

Voluntary Admission (9.13 MHL) occurs when a person makes a written application for admission. If the person is under 16, he/she can be admitted only under application of a parent or another individual or agency authorized in the Mental Hygiene Law. If a person is between 16 and 18, a person may be admitted either on his/her own, or on the application of an authorized individual or agency. The person to be admitted must understand the need for inpatient treatment and be willing to be hospitalized.

A voluntary patient must be promptly released upon a written request. However, if the hospital director believes the patient is in need of involuntary care, the director may apply to a court for authorization to retain the individual. When an application to retain is made to a court within 72 hours of a patient's written request for release, the hospital may retain the patient involuntarily until the court reviews the matter. The Mental Hygiene Legal Service represents the patient during this process.

Involuntary admission on Medical Certification (9.27 MHL) requires two examining physicians to certify that a person is in need of involuntary care and treatment. Family members and persons with whom the person alleged to be mentally ill resides may generally make applications for this certification.

A person who has been involuntarily admitted may be retained in the hospital for up to 60 days. The patient may, however, apply for a court review during the 60 days. At the end of the 60-day period, the hospital director may apply to the court for authorization to retain the patient for an additional period of time. The patient must be notified of this application and has the right to object by requesting a court hearing. The Mental Hygiene Legal Service will represent the patient at the hearing.

Certification of a Director of Community Service

The Director of Community Service may also be called the Director of Mental Health Services in some counties. When a Director of Community Services or a designee believes that a person has a mental illness that is likely to result in serious harm to himself/herself or to others, and for which immediate inpatient care is appropriate, the Director or designee may apply to admit that person to a hospital. The Director of Community Service may request the police or ambulance service to transport the individual to a hospital.

A physician on the hospital's staff must confirm the need for immediate hospitalization prior to admission. The hospital may not retain the patient more than 72 hours after the admission, unless the person agrees to remain in such hospital as a voluntary patient, or unless an additional physician has examined the person and certified the need for involuntary care and treatment. The patient is entitled to request a court review of any admission by the Director of Community Service, and the Mental Hygiene Legal Service will represent the patient at the court hearing.

Emergency Admission

Emergency Admission (9.39 MHL) to a hospital can be based on an allegation that a person has a mental illness that is likely to result in serious physical harm to himself/herself or others, and for which immediate observation, care, and treatment is appropriate. The allegations may be made by police officers, the courts, or the Director of Community Services. Within 48 hours of admission, a psychiatrist on staff of the hospital must examine the patient, and either release the patient or confirm that he/she meets emergency standards. The patient is entitled to request a prompt review by a court, and the Mental Hygiene Legal Service will provide representation at the court hearing. An emergency admission may not exceed 15 days, unless the person has been converted to medical certification, or agreed to remain as a voluntary admission.

Mental Hygiene Legal Service

MHLS provides representation, without charge, to individuals who are patients or residents of mental health, developmental disability, or alcoholism and chemical dependency facilities. When representing a client, MHLS employees advocate for the wishes of the client. Legal assistance is available for issues involving the individuals' care and treatment at the facility, as well as the patient's retention or discharge from the facility. MHLS also represents individuals subject to court-ordered assisted outpatient treatment.

MHLS will take requests for help by telephone, letter, or in person. They take requests from clients, their families, and friends without breaching the client's confidentiality. They also respond to requests for general information about the rights of patients and residents. If MHLS cannot represent an individual requesting help, they will try to refer the individual to the appropriate agency.

Grievances

Many agencies listed in this brochure have committees such as Advisory Councils, Citizen Councils, or Consumer Groups, which help establish agency policy. These committees also serve as a mechanism for arbitrating grievances by clients against that particular agency. Clients are encouraged to attempt to resolve a problem by following that agency's grievance process before taking it to an outside party.

Clients, in all settings, retain their civil rights. Additionally, all clients of both inpatient and outpatient services have the right to an individual program of service, the right to medical care and treatment, and the right, at all times, to object to any form of care, treatment or rehabilitation with which they disagree.

Complaints

Sometimes things do not go as expected, and there are valid reasons to make a complaint. Remember, the system is there for you. You should feel free to make your views known to the appropriate person.

In general, it makes sense to complain first to the person most directly involved with the problem (i.e. caseworker, therapist, psychiatrist). If the complaint has been ignored or if it is a vital matter, the complaint may be taken to the professional's supervisor or to the administration of the agency. Clients may call and see if the agency has a grievance process. Also, there are specific groups set up to receive complaints (See Part I under Advocacy and Complaint Receiving Groups for a listing of appropriate agencies).

Complaints

Identify the problem as clearly as possible and identify some possible solutions. Keep in mind that the purpose of the complaint is to solve the problem rather than to apply blame. Some planning is necessary so that you can keep your complaint factual, to the point, and polite.

Making a complaint in person or by phone may be the best way to begin. A more formal method is to register a complaint in writing, indicating the serious concern, and provide a record of what has occurred. Keep a copy of your complaint. Following up on an in-person complaint with a letter can also be useful. In all situations be sure you are communicating with the appropriate person—someone with the authority to make the changes needed. Establish a time by which you expect a response to your complaint. Follow through if no action has been taken on your concern. If action is taken, be equally prompt in thanking the appropriate people.

Outpatient Settings

In New York State a court is permitted to order a program of assisted outpatient treatment (AOT) for people with mental illness who are unable to live safely in the community without supervision. This legislation is often referred to as “Kendra’s Law.” There are strict criteria, conditions, and a formal process that must be satisfied before AOT may be authorized.

People authorized to file petitions for AOT are a parent, spouse, adult sibling or adult child of a person, an adult roommate, the director of a hospital in which the person is hospitalized, the director of an organization, agency, or home in which the person resides and receives services, a psychiatrist who is either treating or supervising the person’s treatment, the social services official or mental health director for the county where the person is believed to be present, a parole or probation officer assigned to supervise the person.

Before a court may order AOT, it must be satisfied that it is the least restrictive alternative for the person. The court must determine that the person is unlikely to survive in the community without supervision, based on a history of non-compliance with treatment for mental illness, acts of violence and/or threats of serious physical harm to self or others, or the need to avoid a relapse or deterioration that would likely result in serious harm to self or others.

In Monroe County, it is the philosophy that AOT is to be accessed for individuals ONLY as a last resort after other options have been exhausted.

In Monroe County, individuals may call 753-6634 or 753- 5530 for additional information. In Livingston County, call 243-7250. There is also information available at www.omh.state.ny.us.

Special Concerns of Families

Guilt: Families often feel guilty and frustrated when a family member is ill and are concerned that the illness may be the result of something they said or did. Parents may feel that they passed on a defective gene to their child. Although there is a general consensus that serious mental illness has a chemical or hereditary component, the truth is that not all individuals exposed to the same circumstances become ill. While identical twins have the same genetic makeup, there is only one in four chances that both twins will become ill. Genetic inheritance is not the only cause of mental illness. Mental illness significantly alters a family's relationship with each other and with the ill relative. It is important to remember that the best families can do is to be supportive and encourage their relatives to remain in treatment.

Treatment: The very best way to keep your ill relative well is to see that he/she receives proper care and treatment. If on medication, it should be taken faithfully as prescribed. Your relative should visit his or her therapist or doctor as often as necessary and participate in activities during the day. It may be beneficial for individuals with mental illnesses to have a case manager who will advocate for them and help them with housing, finances, recreation, and other supports. Families should make themselves available to doctors, case managers, and therapists. Ask to be included in the development of treatment or discharge plans. Families may become involved in family therapy or they may join a support group. Here in Rochester, we have a local chapter of the National Alliance on Mental Illness (NAMI).

Stigma: (Deciding whom to tell about a mental illness is a very sensitive and personal issue. Many ill people will not admit to being ill, therefore reinforcing the stigma attached to mental illness. Throughout our lives, one in five people is affected by mental illness in one form or another. It is truly unfortunate that people find it difficult to discuss mental illness the same way that they do other illnesses.

Mental Health Professionals: More and more, mental health professionals are recognizing the value of communicating with the family during the course of therapy. Of course, mental health professionals are bound by confidentiality laws regulating the disclosure of information about specific therapy sessions. Families are encouraged, however, to keep the lines of communication open and to ask about the general progress of therapy and the prognosis for the ill relative. Families can also offer therapists a unique perspective on the illness because of their close and ongoing relationship with the consumers. Consumers may sign a release form at any time during therapy, which will allow the therapist more freedom to discuss the therapy process with family members. Particularly when therapy is on an outpatient basis and treatment teams cannot observe the client on a daily basis, the information provided by the family can significantly aid the progress of therapy. Most professionals welcome the opportunity to have input from the family.

Where to Live: Once the relative is recovered, the question of an appropriate residential setting may be raised. The answer depends on the needs of the relative as well as the needs of the family. Many consumers and families agree that living away from home is best. The consumer can live at a comfortable pace and the family can resume their own way of life. Options include licensed community residences, single-room occupancy programs, supported and supportive housing, and apartments. In making the decision, both the family's and consumers' needs should be respected.

Conclusion: Family members and consumers share many of the same goals for access to treatment, appropriate residential settings, and for a reduction in the guilt and stigma often associated with mental illness. Working together with mental health professionals, families and consumers can advocate for more research dollars, improved access to treatment, and appropriate, available living arrangements. As each of these goals is accomplished, individuals with mental illness will truly represent a meaningful, important, and productive segment of our population.

Special Concerns of Consumers

Stigma: Despite the fact that mental illnesses have a biological component and are no one's fault and that millions of people have such illnesses, there still remains a stigma (shame or discredit) attached to having mental health problems. Unless you are prepared, this stigma may prevent you from getting the help you need.

Many individuals who have received services have begun using the words consumer or recipient rather than the patient to indicate that they are competent recipients of services rather than helpless victims. As a consumer, remember that you have a right to the best available services, and getting services should be more important than what people will think of the illness. This booklet lists a number of services and all services that you receive are confidential (no information about your treatment, or even that you are receiving treatment, is given out to anyone, except in an emergency).

Relationships With Mental Health Professionals: Consumers and mental health professionals should develop a common goal and work together toward that goal. In the most severe stage of the illness, the consumer wants relief from disabling symptoms, and the family (or other professionals) will probably be in the best position to know if the consumer is receiving good care and getting better. After the acute symptoms have diminished, the consumer should take a more active role in evaluating the treatment received. Do the consumer and the professional share the same treatment goal? Is the medication effective (correct dosage, side effects controlled, etc.)? Are ethical standards being adhered to? Are consumers treated equally regardless of age, race, sexual orientation, and income, and are they treated with dignity? Consumers and families should not feel intimidated by mental health professionals. Expect a cooperative relationship, and don't be afraid to get a second opinion.

Whom and What Should You Tell: Consumers of mental health services are in a unique position to help reduce the stigma associated with mental illness. As your treatment progresses you may wish to take appropriate opportunities to talk with those closest to you about your symptoms, diagnosis, medication, etc. As family and friends come to understand that mental illness is an illness like any other, you may want to encourage them to spread the word to persons they know, live near, and work with. As the community becomes better educated, you can take justifiable pride in having made the road to recovery easier for those who will follow you by helping to remove the stumbling block that stigma can create.

Coping When You're First Out of the Hospital: When people first leave the hospital they may feel positive about the possibilities ahead but it is also natural to feel fearful, isolated, and unsure of their ability to cope. It is important to get as much support as possible, whether by surrounding yourself with family and friends (and letting them know your needs) and if more social contacts are desired, by contacting a support group or one of the Mental Health Association's peer programs. Putting some structure into your day and planning activities can help a great deal. Try relaxing activities such as painting, walking, listening to music, and anything else that you enjoy. Just getting out of the house every day can be a boost. Many former patients have noted the importance of setting reasonable goals and realizing that you can't do everything when you're first out of the hospital. It may be wisest to stay close to home and avoid making big decisions right away. One might choose to go back to work gradually or to do volunteer work before taking a paying job. In general, controlling stress is probably a helpful strategy. Getting stabilized on medications is an important priority for many people. Appointments with doctors and therapists should be kept, instructions written down, and medications taken as indicated. Finally, case managers and/or advocates can be a great help with the paperwork and interviews required by social service agencies with which you may be dealing.

Program and Services Descriptions

Emergency Services

When an individual who is already receiving other mental health services requires emergency mental health services, the individual's service provider should be contacted for assistance. If this provider is unavailable to assist the individual in crisis, then other community emergency services (as listed below) are available for care. When an individual is not currently receiving mental health services, entry to psychiatric services can be done on an emergency basis. The agencies listed below provide screening and/or emergency services. Screening is the initial face-to-face process of determining the appropriateness of a person for a particular service. Emergency services include the clinical treatment provided in an emergency unit or by emergency unit staff to stabilize a person who is at risk due to a psychiatric crisis.

Emergency and Crisis

Crisis Services, including detoxification and withdrawal services, are for individuals who are actively using drugs and/or alcohol and who (i) are at risk of experiencing withdrawal symptoms if they stop using those drugs or alcohol, (ii) are experiencing a situational crisis related to their use of drugs or alcohol, (iii) are unable to stop using drugs or alcohol outside of a structured setting. Crisis Services are currently available on an inpatient and an outpatient basis based on individual needs.

Partial Hospitalization

Partial hospitalization provides, in an outpatient setting, most of what is provided in inpatient care. The focus is on acute, short-term crisis intervention and there is a heavy reliance on individual and group therapy. Clients generally participate for half or full day. It is designed to prevent hospitalization or shorten the length of stay of inpatient care.

Inpatient Services

If a person's symptoms are severe, an inpatient setting may be appropriate. This includes a 24-hour program of medical, psychiatric, social and nursing services for persons with a mental health disability. Upon discharge from an inpatient unit, an individual plan will be developed for the individual, which will include referrals for all appropriate post-hospitalization services. These may include medical, mental health, vocational, housing and psychosocial services.

Outpatient Treatment

Outpatient treatment is designed for individuals who have a dependence or abuse condition, but who are able to participate in treatment and comply with treatment outside a 24-hour treatment setting. Programs use an individualized approach to providing services which include assessment, crisis intervention, group, individual and family therapy, and medication management. Family, friends and other supportive individuals are encouraged to be involved in outpatient treatment.

Clinics

Clinic treatment programs may serve adults and/or children and youth providing an array of outpatient services designed to minimize symptoms and the adverse effects of mental illness, maximize wellness and promote recovery and resilience. Programs use a person-centered, recovery-oriented, and individualized approach to providing services which include assessment, crisis intervention, medication management, psychotherapy, and the coordination of all health-related services. Family, friends, and other supportive individuals are encouraged to be involved in care. All clinical providers utilize a variety of evidence-based approaches and each of the clinics provides integrated treatment for individuals with mental health and substance use concerns.

Recovery Support

Non-clinical, community-based programs and services that assist individuals in maintaining their recovery.

Personal Recovery-Oriented Services (PROS)

Personalized Recovery-Oriented Services (PROS) is an intensive mental health treatment program that integrates treatment, support, and rehabilitation services in one program site, under a single NYS OMH license, and offers individuals a customized array of recovery-oriented services. PROS is for people who are 18 years of age or older, have a designated mental illness diagnosis, and have a functional disability due to the severity and duration of mental illness.

PROS services have different levels of intensity and are designed to meet each person's needs on an individualized basis. PROS can help people develop the awareness, knowledge, and skills to manage the symptoms of their mental illness through skill-based classes, individual therapy, and skill development and practice so they can become contributing members of the community. This may include getting and keeping a job, getting their own place to live, returning to school, or improving or re-establishing meaningful relationships in their lives.

Care Coordination

Adults who need additional support to successfully navigate services, particularly those who would benefit from linkages to services to address chemical dependency, mental health and physical health needs can be referred to a case manager/care coordinator. The case manager/care coordinator works to assure the success of the treatment plan by linking the individual to appropriate services and coordinating those services in a way that organizes everyone's efforts around the client's goals.

NonResidential Care Management- Adults

Adults who need additional support to successfully navigate services can be assigned to a Care Manager. These care management services are available to adults with a mental illness who have care management needs OR those who receive Medicaid, have two or more chronic conditions, and have care management needs.

Care Managers work to support recovery by linking individuals to appropriate services, coordinating care, health promotion, transitional care (including appropriate follow up from inpatient to other settings), individual and family support and referrals to community and social supports tailored to the individual needs. Care Managers work with individuals to establish and attain recovery goals and to minimize the utilization of emergency and inpatient services. These services are provided by a number of different agencies within our community.

Nonresidential Care Management- Children

Children's care coordination services can be obtained through the Single Point of Access (SPOA) process and include Case/Care Management: Intensive and Supportive, Care Coordination, and Home & Community Based Services (HCBS) Waiver.

Supported Housing

The objective of the supportive housing program is to assist consumers in locating and securing mainstream housing of their choice and in accessing the supports necessary to live successfully in the community. Services may include assistance with choosing housing, roommates and furniture; help with initial and ongoing financing; and linkage with a comprehensive community support system of case management, mental health, rehabilitation, respite, social, employment and health supports.

Licensed Community Residence Programs

Programs are in congregate (group home) and apartment living settings and provide room, board and supervision. The overall goals of a community residence program are to help an individual learn the necessary skills to live independently in the community and to attain emotional stability. These programs are rehabilitative and transitional. Community residences have a maximum of 24 individuals in any one location. Supported apartments provide the least restrictive living environments with needed daily support at program sites. Services are generally paid for with funding from SSI, SSD, Monroe County Public Assistance, and Medicaid.

Residential Services

All residential chemical dependence services provide the following services: counseling, peer group counseling, supportive services, educational services, structured activity and recreation, and orientation to community services. Residential services seek to provide the necessary coping skills and self-sufficiency for an individual to initiate and maintain an abstinent lifestyle. Services are generally paid for with funding from SSI, SDD, Monroe County Public Assistance, and Medicaid or personal income.

Supportive Living

These services provide a minimum level of professional support which includes a weekly visit to the site and a weekly contact of the resident by a clinical staff member. Supportive living options provide community-based supervised living within shared or single apartment units.

Family Support Services

The program provides support and advocacy for families who have children with emotional or behavioral challenges. Support group meetings are offered at various times and locations. Respite for and transportation to meetings is available. Family Support Services also offers short-term telephone support, information and referral, school advocacy, and Family Development classes.

Comprehensive Care Initiatives

These programs serve individuals with serious mental illness who are experiencing extreme difficulty in accessing or maintaining mental health services. These individuals may be homeless, have a history of multiple psychiatric hospitalizations or incarcerations/arrests, or are experiencing a mental health crisis in combination with chemical substance abuse. These programs “go to the individual” to deliver a variety of needed services.

Forensic Services

Forensic services are provided for persons with mental illnesses who come in contact with the criminal justice system. Adult and juvenile services are available in our community. They may include counseling and other specialized programming.

Inpatient Rehabilitation

If a person's symptoms are severe or if they have not been able to stop using drugs and alcohol while engaged in outpatient treatment, an inpatient setting may be appropriate. This includes a 24-hour day program that offers medical supervision, education, and support in a comfortable environment that's completely focused on recovery. Upon discharge from an inpatient unit, an individual plan will be developed, which will include referrals for all appropriate post-hospitalization services. These may include chemical dependency, medical, mental health, vocational, housing, and psychosocial services. Serves adults ages 18+. Serves Deaf and Hard of Hearing.

Additional Resources

This Guide provides an introduction to mental health information and services. For additional information about mental health topics, treatments, or services, please feel free to explore the following websites listed below. These are not meant to be an exhaustive list of sources but can be used as a starting point for gathering more information.

www.mentalhealthamerica.org
(Mental Health America)

<https://www.samhsa.gov/>
(Substance Abuse and Mental Health Services Administration)

www.nami.org
(National Alliance on Mental Illness)

www.cliconhealth.org
(CLIC-on-HEALTH)

www.RochesterHealth.com
(Rochester Health)

www.MHANYS.org
(Mental Health Association of New York)

<http://uspra.org>
(United States Psychiatric Rehabilitation Association)

Ontario COUNTY

IMPORTANT TELEPHONE NUMBERS

- **2-1-1/Life Line of the Finger Lakes Region** 211 OR 585-275-5151
TDD 585-275-2700
Outside Monroe County 1-800-310-1160
211FingerLakes.org
Confidential crisis management available 24 hours a day, 7 days a week.
Including, but not limited to, general information and referrals for health
and human services in your area.
- **Police, Fire, & Medical Emergencies** V/TTD 911
- **Suicide and Crisis Lifeline** 988
- **Ontario County Child Protective Hotline** 585-396-4060
National Hotline 1-800-342-3720
<https://ontariocountyny.gov/546/Child-Abuse>
- **Ontario County Adult Protective Hotline** 585-396-4111
Case Supervisor: Martha Hart 585-396-4137
<https://ontariocountyny.gov/226/Adults>
- **Victim Assistance: Rape Crisis** 315-781-1093
Safe Harbors of the Finger Lakes 800-246-7273



LIVINGSTON COUNTY

IMPORTANT TELEPHONE NUMBERS

- **2-1-1/Life Line of the Finger Lakes Region** 211 OR 1-800-310-1160
TDD 585-275-2700
211FingerLakes.org

Confidential crisis management available 24 hours a day, 7 days a week. Including, but not limited to, general information and referrals for health and human services in your area.

- **Police, Fire, & Medical Emergencies** V/TTD 911
- **Suicide and Crisis Lifeline** 988
- **Livingston County Department of Social Services** 585-243-7300
585-243-7100
After hours nonemergency livingstoncounty.us/274/Social-Services
- **Restore Rape Crisis Center 24 hour hotline** 1-800-527-1757
- **Domestic Violence hotline** 585-658-2660
1-888-252-9360
- **NY Connects/Lifespan Rochester** 585-325-2800
Lifespan-Roch.org

A free service that provides information and assistance for all long-term care services, regardless of age. Resources include, but are not limited to, screenings for social and medical needs, financial status, available service options, needs assessment, service/care coordination and public education.



Finding Your Way

**A Guide to Behavioral Health Services in
the Greater Rochester Area**



**A Resource of the Mental Health Association
of Rochester/Monroe County, Inc.**

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