

WHAT ARE WELLNESS SERVICES AT MHA IN ULSTER?

The Wellness Services Department provides support, information/referral, advocacy, and a continuum of services to adults who have a major psychiatric disability and/or a developmental disability diagnosis. These services are also offered to the individual's family, health care professionals in the county and the public. The goal of all departmental activities is to assist participants in realizing individual educational, recreational, vocational, and social goals in the most natural and meaningful setting. The focus of the program is for our participants to achieve physical and psychological wellness. We also heavily emphasize social integration and community inclusion. Our program services are person-centered, trauma-informed, and strength-based focused on supporting a person in their recovery process; This is accomplished through goal-oriented service plans; linking the client to appropriate services; monitoring effectiveness of services as they relate to the service plan; and advocacy.

Service Programs Include:

- **Compeer** (Volunteer & relationship building)
- **Wellness Resource Counseling & Support Groups**
- **Wellness Coordination & social club** [includes creative arts & computer literacy classes]
- **ACES** (Academic Coaching for Educational Success)
- **Transitions** (Ages 18-26, care management)
- **FPSS/FPA** (Family Peer Support & Advocacy Services)
- **RAH** (Respite, Advocacy & Health- for dually diagnoses I/DD & MH clients)
- **Youth Respite** (Ages 5-18 respite)
- **Drop-in & Meals**

WHAT IS THE ELGIBILITY CRITERIA?

Each service program has its own specific eligibility requirements. In general, to participate in our services, the client must have a DSM-5 diagnosis that meets criteria for Serious Mental Illness (SMI), or a DSM-5 diagnosis with extended impairment of functioning due to mental illness. All our programs (other than Youth Respite) require the client to be 18+ years old. There is no insurance required, and no cost for services other than meals.

Date of Referral: _____

Referring Person: Name: _____ Agency: _____

Phone #: _____ E-Mail Address: _____

Reason for Referral: _____

Service Program Needs:

- ☐ Compeer ☐ Wellness Resource Counseling & Support Groups ☐ Wellness Coordination & social club
☐ ACES ☐ Transitions ☐ FPSS/FPA ☐ RAH ☐ Youth Respite ☐ Drop-in & Meals

Client's name: _____ DOB: _____ Gender: _____

Address: _____ Phone: _____ Cell phone: _____

City/State/Zip: _____

Primary Language Spoken/Written: _____ Pronouns: _____

List all Psychiatric diagnoses: _____

Developmental Disorder: _____

Does the client have access to transportation? ☐ Yes ☐ No

Please return this referral to:

MHA- Wellness Services Director, 300 Aaron Court, Kingston NY 12401

or FAX: 845-339-9306 or email: wellnessinfo@mhainulster.com