GATEWAY
HUDSON VALLEY

1 Amy Kay Parkway
Kingston, NY 12401
(845) 331-1261
(845) 331-2112

Personalized Recovery Oriented Services Referral

Welcome to PROS!

Who are we?

PROS is a unique therapeutic environment that offers a variety of classes and therapy services Monday through Friday 9am-3pm. Participants engage in group classes that cover a variety of psychiatric rehabilitative topics. The schedule is updated three times a year, and provides 50+ different classes covering wellness self management, basic living skills, intensive rehabilitation, community exploration, and more. Classes are provided in a combination of discussion, art based activities, movement, and getting out into the community. Our team is made up of a diverse group of peers, therapists, facilitators, and rehabilitation professionals who serve a variety of individuals struggling with a Mental Health diagnosis.

Gateway's vision is to be a leader in supporting individuals as they strive to achieve a hopeful, satisfying, active, and contributing life. PROS supports that vision by providing personalized goal setting and services to support all walks of life.

What to Expect

Staff and Participants will welcome you in the environment! To join, you or your provider will fill out a referral form with your information and areas of need. After your referral is received, a member of the PROS team will contact you over the phone to complete a short screening and schedule you for an Orientation.

On the day of your Orientation, you will receive a tour, answer some questions with one of our staff, and select the classes and services you would like to engage in. At the end of the day, you'll meet with a PROS member to share if PROS is right for you and review and sign general guidelines including our Code of Conduct, Patient Rights, Group Rules, and other PROS information. You will be assigned an advisor you can connect with, who will assist with setting up transportation and ongoing support while at PROS. Your PROS Journey starts right away, identifying areas that you are looking forward to growing in. Our staff will explore your goals and work with you to select a schedule of classes that meets your personalized needs.

Engagement at PROS after Admission is essential to a full experience of Psychiatric Rehabilitation. Minimum engagement looks like 2 days a week, with participation in 2-3 classes each day. We offer Community areas fostered for socialization and engagement, and provide light snacks and refreshments. Additionally, PROS offers breakfast twice a week, and lunch on Wednesdays. The PROS Community is welcoming and supportive, and the Student Committee helps to orient new Participants to the program.

PROS offers add on services of Ongoing Rehabilitation and Support Services for individuals who are working a minimum of 10 hours a week, and Clinical Services for medication and monthly therapy. Clinic add on services require 2 months of engagement in PROS Services prior to presentation for enrollment with our Psychiatric provider. Individuals must provide consent for previous providers to obtain clinical records for review.

REFERRAL

To be eligible for admission to a PROS program, a person must be 18 years of age or older, have a designated mental health diagnosis and have a functional disability due to the severity and duration of mental illness. Please complete as thoroughly as possible; **if an LPHA Signature is not obtainable, PROS is able to sign so long as supporting documentation is present.**

Applicant Information: Date: _____

Name: _____ Date of Birth: _____

Primary Language: _____ Preferred Pronouns: _____

Address: _____

Telephone Number: _____ Email Address: _____

Social Security # _____

Insurance Type: Medicaid _____Medicaid ID #_____

Medicare _____Medare ID #_____

Non Medicaid _____ *Please include a copy of the insurance card(s).*

The following is required with the application for review and before an intake can be scheduled:

_____Psychiatric Assessment

_____Psychosocial Assessment

_____Permission to Release/Obtain Information

Please include the following documents, if available and applicable:

_____Health Assessment

_____Substance Abuse Assessment

DSM V & ICD 10 CODES: Diagnoses (Please list Primary Mental Health Diagnosis first):

_____

_____

Please describe the reason for referral to PROS:

_____

_____

_____

_____

Please check the services for which the applicant is being referred:

* ***(Groups—Required)*** Psychiatric Rehabilitation ***X***
* ***(Clinical Treatment after 2 months of engagement)*** Psychotherapy/Medication Management _____
* ***(For those already employed 10+hours weekly)*** On-Going Employment Supports _____

Please check areas of functional impairment due to the applicant's mental health condition:

_____Self Care (i.e. personal hygiene, diet, clothing, avoiding injuries, securing health care, complying with medical advice)

_____ Activities of Daily Living (i.e. maintaining a residence, using transportation, day to day self-management, accessing community services, participating in community activities)

_____ Social Functioning (i.e. establishing and maintaining social relationships; interpersonal interactions with primary partner, children or other family members, friends, neighbors; social skills; compliance with social norms; appropriate use of leisure time)

_____ Task Performance (i.e. initiating, persisting in and/or completing tasks commonly found in work, home or educational settings)

_____ Cognitive Functioning (i.e. concentration, attention, information processing, decision making, planning, problem solving, organizing, critical thinking)

Other (please describe):_____

PLEASE NOTE: A referral to PROS must be signed by a Licensed Practitioner of the Healing Arts, in accordance with Section 512.7 (c)(iv)(a) of 14 NYCRR Part 512.

I, the undersigned, am referring the above named individual to PROS

_____

Signature Date

_____

Name Title License Number

Agency Affiliation_____

Address_____

Telephone_____FAX_____

Participant Information

Do you receive any of the following services?

□ OPWDD Services	Agency/Contact: _____
□ Care Management	Agency/Contact: _____
□ Substance Abuse Treatment	Agency/Contact: _____
□ Mental Health Treatment	Agency/Contact: _____
□ Job Supports	Agency/Contact: _____
□ Other	Agency/Contact: _____

Emergency Contact

Name and Relationship: _____

Phone Number: _____

Medical Information

Allergies: _____

_____

Physical Restrictions: _____

_____

Do you need assistance in the event of a building evacuation? □ Yes □ No

Details: _____

Do you have any medical conditions that we should be aware of? □ Yes □ No

Details: _____

Current Medications:

_____

_____

_____

_____

_____

Transportation

□ Own Vehicle

□ Public Transportation

□ Medicaid Transportation

Please send completed referrals to:

Gateway Hudson Valley
Attn: Central Intake
1 Amy Kay Parkway
Kingston, NY 12401

Or by FAX (845)331-2112 **Or by EMAIL GHVreferrals@ghv.org**

For additional information or questions on the PROS Program or referral process please use the following contact information:

Ruthanna Kellerhouse, Clinical Team Lead

rkellerhouse@ghv.org

(845)331-1261 ext. 218

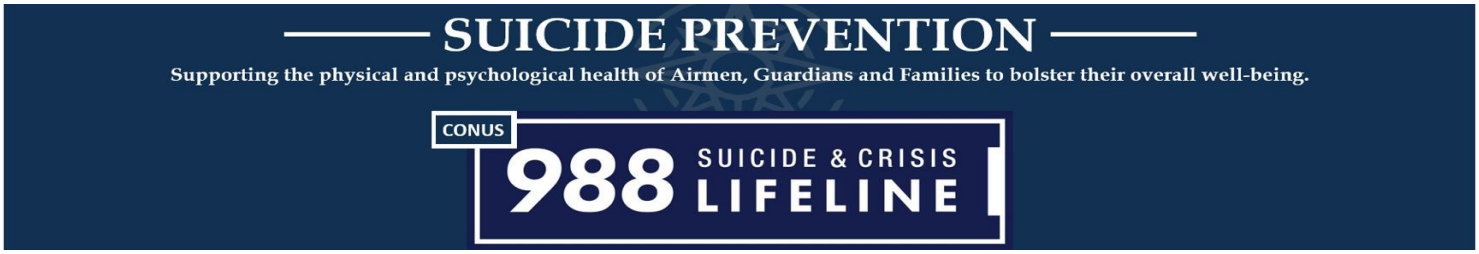
Melissa Utter, PROS Director
mutter@ghv.org
(845)331-1261 ext. 289

Inclement Weather and Building Closing Policy

In the event of inclement weather or the building closing, services may be delayed or cancelled depending on the situation.

If there is a delay, services will be provided, but may operate on a "light" schedule. See the PROS Board for any changes.

If the building is closed we will provide services and groups through telehealth on ZOOM.

You are able to join classes via ZOOM otherwise if you are not able to attend in person. See PROS Staff for ZOOM information and instructions.

◊ In the event of inclement weather you can refer to the recording on the main phone line as early as 6:30am. The main phone line is (845)331-1261. Or go to the Gateway Website https://ghv.org/ to find out the status of services at JCC.