



## **Mid-Hudson Coalition, Inc. Directors**

**Gerard Dohrenwend, President**  
Asst. Executive Director, Abbott House

**Catherine Doyle, 1st Vice President**  
CEO, Greystone Programs, Inc.

**Elizabeth Connolly, 2nd Vice President**  
Director of IRAs, Greystone Programs, Inc.

**Cynthia Mowris, Secretary**  
Staff Development Specialist, Anderson School

**Regis Obijiski, Treasurer**  
Executive Director, New Horizons Resources, Inc.

**Mette Christiansen, MSW, CSW**  
Director, Concentration in Human Services  
SUNY New Paltz

**Don Gavin**  
Residential Coordinator, New Horizons Resources,  
Inc.

**Kathy Forte, M.A.**  
Director, Henry Ittleson Center, J.B.F.C.S.

**April Isaacs**  
Teacher I, Anderson School

**Laurie Kelley**  
Executive Director, Ulster Greene ARC

**James J. Lawler**  
Executive Director, Crystal Run Village, Inc.

**Gerry Leventhal**  
Vice President of Westchester Services, Graham  
Windham

**Winston Long**  
Professional Staff Development Coordinator, Abbott  
House

**Carl Valentino**  
President, Glocal Vantage Enterprises, Inc.

**Mareve E. Van Voorhis, M.P.S.**  
Program Chair, Human Services  
Dutchess Community College

## **WIB Grant Recipients Talk About Their Educational Experiences**

At the end of July, the Mid-Hudson Coalition (MHC) received a grant of \$50,000 from the Dutchess County Workforce Investment Board (WIB). The purpose of this funding opportunity is to assist in the development and strengthening of the health care workforce in the county by providing scholarships to individuals who are MHC members. The grant requires recipients to be Dutchess County residents or work for an agency based in Dutchess County.

This funding is being applied to 50 individuals from six member agencies over the course of the 2003 fall and 2004 spring semesters at Dutchess Community College (DCC). As with each of the colleges that the MHC has developed educational programs, the curriculum at DCC uniquely addresses the study of and competence in the Community Support Skill Standards, a national measure of direct support proficiency. These skill standards as well as the successful completion of the individual courses themselves are the outcomes measures of the grant criteria.

Four of the students were invited to respond to the following questions about their participation in the program. The students are: Jodi Lord from New Horizons Resources; Diana Harmon of Anderson School; Juliette Minor of REHAB Programs; and Barbara Hines of Cardinal Hayes Home For Children.

*Why did you decide to start this program in direct care education at DCC?*

JL: My motivation for returning to school was a very personal one: my 16-year-old daughter quit school at age 16, so I decided that I would teach the importance of school by example. Not only has she decided to return to school but so has my 23-year-old daughter.

DH: Going to college was something that I wanted to do since 1976, but I fell in love, got married and raised kids. Thanks to my agency and the MHC, my dream is no

longer on hold.

JM: The positive encouragement from the administration at REHAB and the generosity of the grant were all the reasons I needed.

BH: Michelle, Linda and Katie talked me into it. Peer encouragement works even at 57.

*What was it like to return to school?*

JL: I hadn't been to school since age 18. The adjustment was hard in the beginning because some of the students were half my age. Then, I met other adult students who were in the same situation of returning to school to improve themselves.

DH: I was very scared to start. The fear of failure was strong. Mareve and the other teachers were so understanding of people who have been away from school and they were so welcoming that those fears disappeared quickly.

JM: The hardest part was learning time management—balancing my job, my personal life and college. It's not automatic, but it can be done.

BH: I just kept telling myself "this is my choice and I'm doing it for me".

*What is the relationship between the college classes and your work at the agency?*

JL: There is a direct relationship between what I study and the work that I do. I am relearning how to think and appreciate the perceptions of others—clients and staff.

DH: My last performance evaluation at work said it all—that I am more assertive in a professional way and I am an effective advocate for the people in my program.

JM: College makes my work more real and vice versa. I bring a freshness to my job. My thinking and planning are sharper than ever.

BH: I have a sense of the big picture of human services and how I fit into that picture. I guess it's called perspective.

*Describe the difference between the education on the college campus and training at your agency.*

*(Continued on page 5)*

## Message from the MHC President—A Day in the Life Of...

### MONDAY

*5:45 a.m. The alarm clock rings and after a quick shower I wake up my two children and get them ready for school.*

*6:45 a.m. We had a quick breakfast and are in the car to a friend's house who will make sure the kids get on the school bus. After a kiss, hug and goodbye, I say a small prayer that I have not forgotten anything that the kids need because it is almost impossible for me to leave work if something needs to be brought to school.*

*7:30 a.m. I am at work. I work in a group home with seven developmentally disabled consumers and it is my job to help these consumers live as full and complete lives as possible. I walk in the door and am greeted by the evening staff, am given a verbal update regarding any incidents that happened during the night and head down to the staff office to prepare the morning medication. After pouring the medication and carefully documenting the process that I have just completed, I go back upstairs to help my other two colleagues in waking the consumers and helping them prepare for their day. The morning follows its regular routine—some of the consumers are quick to wake and eager to get their day started while two of the consumers require a great deal of one-to-one support in order to get out of bed, wake up and begin their day. Three of the consumers require that I assist them in attending to their personal hygiene. This can be a physically demanding task and by the end of the day my 30-year-old muscles feel the strain from the work.*

*8:45 a.m. All the consumers are dressed and ready for their day. While I have been helping the consumers get dressed, my colleague has been preparing breakfast. As the consumers begin to assemble in the kitchen, I take time to make a note of the small mark I saw on one of the consumer's legs so that the nurse can check it out later on. Breakfast goes as usual. We follow the menu that is posted and make note of what each consumer has eaten. Then there is a quick cleanup of the breakfast dishes and onto assisting the consumers into the van for their trip to the Day Habilitation Program. After getting all the consumers correctly seated and buckled in, I drive 15 miles to the center and assist the Day Habilitation staff in helping the consumers out of the van. There are the usual goodbyes and "we'll see you this afternoon" and I am back to the group home to complete my daily log notes for the morning activities.*

*10 a.m. Back on the road to buy food for the house. I take careful note of the menus that have been prepared for the consumers and ensure that there is enough variety in the food to satisfy all the members of the house. I arrive back at the group home; unpack all the food just in time for a meeting with the house administrator who informs us that we require re-certification in our medication and SCIP-R training later this month. I am conflicted because the training is scheduled during the afternoon when I am at my second job and it requires me to lose hours there and find someone else to cover my shift. The agency I work for tells me that they will give me comp time for the extra hours that I attend the training but I must take vacation or personal time from my second job to attend the training.*

*1 p.m. I talk to the nurse about the mark that I had found on the consumer's leg and am instructed to bring the consumer to the doctor. An appointment is made for 2:30 that afternoon. I get back in the van, drive to the Day Habilitation Center, pick up the consumer, assist him into the van, head to the doctor's appointment praying that the wait to see the doctor is not too long as my shift today ends at 3:30.*

*4 p.m. Luckily enough I am back in the group home by 4:00. As I arrive, there is the normal confusion regarding the consumers' re-entry into the program after returning from Day Hab. I briefly meet with the staff who will be working during the evening to cover the events of the day and inform them of the results of the doctor's visit, write my log entries and leave.*

*4:15 p.m. I am on my way to the babysitter to pick up my children.*

*5 p.m. We arrive home. I prepare dinner, ask the children how their day went, help with homework and attempt to gather whatever information I can regarding their schedules so that I can try to coordinate the upcoming week's activities. Being a single parent, this involves a great deal of coordination with friends and, for the most part, little opportunity to participate as a coach or parent supporter. My son informs me of his soccer practice schedule and my daughter of her peer leadership and basketball schedules and I begin making phone calls to friends to synchronize the transportation schedule to ensure that everyone is taken care of.*

*8 p.m. My mother arrives at the house to watch the children as I head off to my second job working the 8:30 to 11:30 p.m. shift at another agency. I'm lucky that my mother is available. Some of my peers pay babysitters at almost the same rate that I get paid working per diem. As I arrive at the group home for severely disabled older adults, I am warmly greeted by the consumers. It is this reception that provides me with much of the energy to propel me through the rest of my day.*

*9 p.m. My two colleagues and I assist the consumers in washing up and preparing for bed and, given the disability of these consumers, this can be a physically daunting task. I don't mind though because each consumer's smile and genuine warmth remind me that the work that I do directly benefits another person's life.*

*10 p.m. I am in the staff office, once again pouring medications and carefully documenting each medication poured as per the medication training that I receive each year as part of my job. After finishing with the medication it is now time to help the consumer get ready for bed. All is going smoothly until one consumer begins to yell and flail his arms as I try to assist him in getting to the bedroom. Through my SCIP-R training I have learned to attempt to redirect the consumer and it is quickly apparent to me that this consumer is very interested in continuing to watch TV despite the late hour. I begin to talk to the consumer about tomorrow's activities while my colleague shuts off the TV set and after twenty minutes we are able to assist the consumer into bed for the night. It is now 11:30 and I just have enough time to write my log notes and pack up for the drive home arriving there at 12:00.*

The above is a day in the life of a typical direct care worker in the United States.

The average direct care worker earns slightly over \$16,000 a year which is \$800 a year above the poverty line for a single parent with a family of two children. Because of the low pay, almost all direct care staff have a second income to make ends meet. Unfortunately, this robs them of valuable time with their families and time necessary to recharge their batteries for the physically and mentally challenging work

*(Continued on page 5)*

# **Save the Date...**

**The Conference Committee of  
The Mid-Hudson Coalition  
Presents**

**The 12th Annual Direct Care Conference**

**“Moving Mountains:  
Building the  
Foundation for a New Landscape”**

**At Dutchess County Community College, Poughkeepsie, NY**

**Thursday, June 3, 2004**

**A Conference designed with the frontline workforce in mind**

**Presenters are needed! If you are interested, please complete  
the RFP form on the back of this page. For more information,  
please contact Conference Chairperson Winston Long  
at 914-591-7300 ext. 3156**

**The Mid-Hudson Coalition Presents the 12th Annual Direct Care Conference**

**“Moving Mountains: Building the Foundation for a New Landscape”**

**Thursday, June 3, 2004**

**Dutchess County Community College, Poughkeepsie, NY**

**REQUEST FOR PROPOSALS—DEADLINE APRIL 1, 2004**

Please note that workshops are one and a half hours in duration.

WORKSHOP TITLE: \_\_\_\_\_

TARGET COMPETENCY AREAS: (Please circle competency area). Cultural Competence; Behavioral Strategies; Teamwork; Communication; Alternative to Traditional Practice; Strength-based Assessment; Community Development; Service & Community Networking Strategies; Teaching Practice; Educational & Professionalization; Training Practices; Client & Family Empowerment.

BRIEF NARRATIVE OF WORKSHOP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TARGET AUDIENCE & LEARNING OBJECTIVES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you given previous presentations of this topic? \_\_\_\_ Yes \_\_\_\_ No

What equipment will you need? (Please circle) Overhead Projector; Slide Projector; Screen; Cassette; TV/VCR; Blackboard/Chalk; Other: \_\_\_\_\_

Presenter(s) Name & Job Title: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please attach a brief vitae/resume to this form when returning it to:

**Winston Long  
Abbott House**

**100 North Broadway**

**Irvington-on-the-Hudson, NY 10533**

**Phone # 914-591-7300 ext. 3156 Fax # 914-591-8751 Email: wlong@abbotthouse.net**

## MHC Education Committee Looks to Begin a Mentoring Program

In the past year, the MHC Education Committee has worked with a number of area colleges and universities during two forums. One forum took place in April and the specialized educators forum was held at the MHC annual conference at Dutchess Community College in June of 2003. Both gatherings were well attended and the enthusiasm generated on the topic of Direct Support Professional education was contagious.

*(Continued from page 2)*

that they do each day. When asked why they do the work that they do, most direct care staff will tell you that it is the satisfaction of helping another person that is the chief motivator for direct care staff to stay in the field. With low pay and little societal recognition, it is understandable why the direct care field has one of the highest turnover rates.

The Wyoming Department of Health completed a study in December 2001 that identified reasons why direct care workers leave the field. They found the following reasons for turnover and burnout:

- The lack of support from management and co-workers;
- Inadequate wages and lack of benefits;
- Lack of training for the challenging situations and dilemmas faced by direct care providers;
- Inadequate working conditions caused great concern for many direct care workers and many leave their positions due to distress or ambiguity and lack of the ability to provide quality patient care;
- Lack of career advancement opportunities and little opportunity to participate in credit-bearing educational opportunities that could eventually lead to movement upwards at the agency.

As the Mid-Hudson Coalition prepares for its upcoming conference “Moving Mountains” on June 2—3, 2004, we look to address these issues and create solutions that will allow the direct care workers to earn a livable income and participate in the educational opportunities that will allow for career advancement.

We hope that you will save the date for the conference and participate in the many quality workshops that will be presented.



The main focus of the Education Committee is to strengthen the curriculum development efforts of the two and four year colleges. This includes incorporating new trends in the field as well as innovations in the academic human services sphere. The committee members are currently working with Dutchess and Ulster community colleges and SUNY New Paltz. The MHC seeks to establish new certificate programs in more area colleges in addition to strengthening the programs in the existing and established certificate or degree programs.

In addition to these pursuits, the Education Committee continues to monitor the eligibility for student workers who apply for tuition and book reimbursements, and scholarships.

For the past year, the Education

*(Continued from page 1)*

JL: The difference is significant because training is something you show up for and learn something if it is interesting. Education challenges me personally. I have to read, study, and produce. If I don't bring all of myself to the education and give my very best effort, I have wasted talents, time and money.

DH: Way different. Agency training reaches down to the lowest common denominator, so that everybody understands. The college campus education raises us up to excellence.

JM: Agency training teaches the specifics you need to know. College education helps you not only to understand theory but think theoretically on the job.

BH: College campus learning gives me the opportunity to meet and learn from people with different work experiences, from other agencies, and with different

Committee through the hard work of its academic leaders, Mette Christiansen, SUNY New Paltz, and Mareve VanVoorhis, Dutchess Community College, has assisted Sullivan Community College in the establishment of its new Certificate Program in Human Services/Direct Support. The Education Committee has also established relationships with representatives from other area colleges including Rockland, Columbia/Greene and Orange Community Colleges, and Mt. Saint Mary College to develop a certificate program in Human Services/Direct Support. The Mid-Hudson Coalition was also instrumental in establishing and developing the concentration in Human Services for Direct Support Professionals at SUNY New Paltz.

The newest endeavor planned for the Committee is to design and establish a formal mentoring program for student-workers receiving tuition and book reimbursement from the MHC. This is a very exciting venture for the Coalition and we will begin to meet on the specifics of the program this month.

Anyone interested in more information or in assisting the Education Committee is asked to please contact us. We always welcome the input of new members.

*Elizabeth Connolly,  
MHC Education Committee  
(845) 452-5772 ext. 113*

perspectives. You don't get that in agency training.

*Any advice for other direct care staff who are thinking about returning to school?*

JL: When you improve yourself, you improve whatever you do. The fear of failure is natural. Trust yourself and just jump in. The personal satisfaction is great.

DH: Don't be scared. Take the first step. Education is something you own, everyone must acknowledge and no one can take from you.

JM: With education, you are making an investment in yourself. If you pace yourself and understand that education is about self-improvement, you will be serious and succeed.

BH: You are never too old to learn new tricks. Don't let the fear of failure get in the way. Do it. It's worth it.

## Direct Support Professional a New Trade in the NYS Dept. of Labor

Recently, the trade of Direct Support Professional was added to the New York State Department of Labor's apprenticeable occupations. This accomplishment is one of the many workforce development initiatives aimed at professionalizing the important work of direct care.

The reason for establishing apprenticed status with DoL is to advance the formal recognition of direct support work, to create an opportunity to develop national guidelines for what direct support staff need to know and do in order to be effective at their jobs. Apprenticeship becomes a practical way to get beyond rhetorical accolades for direct support and bridge theory with practice. If direct support is to receive its true acknowledgement, then it must be on the same national playing field as other professions in America. Apprenticeship is a step in that direction.

The 850 apprenticed occupations

recognized by federal DoL each have specific training curricula, on-the-job-training and national certification. The entire program can take a few years to finish. Any registered apprenticeship attracts motivated applicants who are prepared to learn by doing. It discourages turnover, elevates competency, connects commitment to achievement, enhances employee-employer relations, provides broad spectrum recognition, establishes a rung on a career ladder, and increases productivity and self-reliance. Outcomes are determined and driven by the specific industry.

Direct support personnel provide a range of services for persons with special needs such as personal care, counseling, health care, transportation, networking, skills teaching, recreation and leisure assistance—unique to the individual service recipient.

The standards for the Direct Support

Professional apprenticeship are drawn from the national Community Support Skill Standards: participant empowerment, communication, assessment, networking, facilitation of services, community living skills and supports, education and self-development, advocacy, vocational and career support, crisis prevention and intervention, organizational participation and documentation.

In addition to demonstrating proficiency in on-the-job skills, the apprentice is required to complete related classroom instructional hours during his or her progression through the program. In the Hudson Valley area, the curriculum in direct care practice at both Dutchess and Ulster community colleges as well as SUNY New Paltz satisfies the DoL's related instruction requirements.

For more information about the trade of Direct Support Professional, please contact Donna Seelbach at New Horizons Resources, Inc. 845-473-3000 ext. 319.

---

***Mid-Hudson Coalition, Inc.***  
***36 Violet Avenue***  
***Poughkeepsie, NY 12601***  
***845/452-5772 ext. 119***

***www.midhudsoncoalition.org***