2017
Local Services Plan
For Mental Hygiene Services

Putnam County Mental Health Services
August 15, 2016

NEW YORK STATE OF OPPORTUNITY.

Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office for People With Developmental Disabilities

Table of Contents

Consult the LSP Guidelines for additional guidance on completing this exercise.
PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

While the focus has been on the increased suicide rate between 2010 and 2014 , and the increase in unintentional overdose fatalities involving opiates, the assessment of the mental hygiene needs in Putnam county also must include the inability of current OMH housing to house persons who are too disruptive for the models , the increase of persons with developmental disabilities in the community no longer adequately served in that system, and the increase in the number of persons with psychiatric illness and substance abuse disorders in the local correctional facility. This is the landscape of concern in the County for 2017

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

In the mental health disability area the prioritized needs are the reduction of suicide, the establishment of mobile crisis outreach teams, and the addition of housing that safely can manage a more disturbed population with greater behavioral needs, the establishment of a recovery center. We hope to manage our resources to as a county to have a functioning mental health court despite the reduction in funds by the Office of Court Administration for that purpose. Many of the needs in the county are the result of the continued closure of the state psychiatric hospital system. Presently Putnam has 2 residents in Rockland Psychiatric Center. Both have been long term patients due to their disability. however there are 4 people currently in the acute care hospital unit who have been there for such a long time, and or whose behavior makes them unable to be managed safely in the community. However the fact that RPC's census is primarily made up of court orders there is no room available. Unfortunately several of the clients needing admission are also candidates for Court committal and the unintended consequence may be that Judge's orders may make up the bulk of state hospital census in the future, leaving little room for those in need who are not presently coming through the court system. Case management is required both for persons with mental illness released from jail as well as for Collaboration between community based providers and veteran serving agencies is increasing. The Dwyer Veteran's peer to peer program is also becoming more established. those persons with SUD diagnoses. In substance Abuse Treatment the priority is the reduction of deaths due to opiate overdose. We support OASAS proposal to establish recovery homes and Youth clubhouses to increase the options for sober support for both adolescents and adults with SUD. These should be available in every county. Persons with Developmental Disabilities who choose to live home or in the community present a new challenge for a mental health system not equipped to provide appropriate treatment to this population. Putnam is embedding in the CIT training modules on increasing law enforcement sensitivity to the needs of the DD population who increasingly come into contact with law enforcement. Crisis and transitional beds continue to be a high need for the DD population so that persons with DD who become admitted to a psychiatric acute care unit do not languish there as result of an inability to make a proper and appropriate placement in the DD system. The integrated employment plan continues to be a concern to the DD community and continued collaboration among school districts, Access /VR and OPWDD are required to ensure that persons with DD are able to access all services and enhance their employment and educational opportunities. START continues to be helpful to the community in need but the need still outweighs the ability of START to serve everyone in need.

3. Assessment of Local Needs - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21) High	Moderate	Low	Adult (21+) High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	◉	○	○	◉	○	○
b) Crisis Services	◉	○	○	◉	○	○
c) Inpatient Treatment Services	◉	○	○	○	◉	○
d) Opioid Treatment Services	◉	○	○	◉	○	○
e) Outpatient Treatment Services	○	◉	○	○	◉	○
f) Residential Treatment Services	○	◉	○	○	◉	○
g) Housing.	○	◉	○	◉	○	○
h) Transportation.	○	◉	○	○	◉	○
i) Other Recovery Support Services	○	◉	○	◉	○	○
j) Workforce Recruitment and Retention	○	◉	○	◉	○	○
k) Coordination/Integration with Other Systems	◉	○	○	◉	○	○
l) Other (specify):	○	○	○	○	○	○
Mental Health Services:						
m) Prevention	○	◉	○	○	◉	○
n) Crisis Services	◉	○	○	◉	○	○
o) Inpatient Treatment Services	◉	○	○	◉	○	○
p) Clinic Treatment Services	◉	○	○	◉	○	○
q) Other Outpatient Services	◉	○	○	◉	○	○

Service	1	2	3	4	5	6
r) Care Coordination	●	○	○	●	○	○
s) HARP HCBS Services (Adult)				●	○	○
t) HCBS Waiver Services (Children)	●	○	○			
u) Other Recovery and Support Services	○	●	○	●	○	○
v) Housing	●	○	○	●	○	○
w) Transportation	●	○	○	●	○	○
x) Workforce Recruitment and Retention	○	●	○	○	●	○
y) Coordination/Integration with Other Systems	●	○	○	●	○	○
z) Other (specify):	○	○	○	○	○	○
Developmental Disability Services:						
aa) Crisis Services	●	○	○	●	○	○
bb) Clinical Services	○	●	○	○	●	○
cc) Children Services	○	●	○			
dd) Adult Services				○	●	○
ee) Student/Transition Services	●	○	○	●	○	○
ff) Respite Services	○	●	○	○	●	○
gg) Family Supports	○	●	○	○	●	○
hh) Self-Directed Services	○	○	●	○	●	○
ii) Autism Services	○	●	○	○	●	○
jj) Person Centered Planning	○	○	●	○	●	○
kk) Residential Services	○	○	●	○	●	○
ll) Front Door	○	●	○	○	●	○
mm) Transportation	○	○	●	●	○	○
nn) Service Coordination	○	●	○	○	●	○
oo) Employment	○	○	●	●	○	○
pp) Workforce Recruitment and Retention.	●	○	○	●	○	○
qq) Coordination/Integration with Other Systems.	●	○	○	●	○	○
rr) Other (specify):	○	○	○	○	○	○

Follow-up Questions to "Prevention Services" (Question 3a)

3a1. Briefly describe the issue and why it is a high need for the populations selected.
Prevention is cost effective, saves lives and prevents misery and is empirically proven and a best practice.

Follow-up Questions to "Crisis Services" (Question 3b)

3b1. Briefly describe the issue and why it is a high need for the populations selected.
Crisis services are important to prevent hospitalization of individuals in need. The more intense the crisis service, the more diversion from hospitalizations occurs.

Follow-up Questions to "Inpatient Treatment Services" (Question 3c)

3c1. Briefly describe the issue and why it is a high need for the populations selected.
One of the concerns noted in all the public hearings, is that length of stay for persons who are opiate dependent, does not adequately address the ability of the addict to prevent relapse upon discharge.

Follow-up Questions to "Opioid Treatment Services" (Question 3d)

3d1. Briefly describe the issue and why it is a high need for the populations selected.
The rate of death due to unintentional overdoses remains at the high rate that began in 2006.

Follow-up Questions to "Housing" (Question 3g)

3g1. Briefly describe the issue and why it is a high need for the populations selected.
Housing first should be included in recovery for people with addictions. Stable housing is one of the key factors in recovery.

Follow-up Questions to "Recovery Support Services" (Question 3i)

3i1. Briefly describe the issue and why it is a high need for the populations selected.
Recovery homes and case management for people in treatment for SUD will help provide sober environments for socialization and help promote lasting recovery

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3j)

3j1. Briefly describe the issue and why it is a high need for the populations selected.
Jobs are another important factor in recovery. Individuals who work, able to support themselves and are busy with ADL are more likely to remain in recovery than those individuals who are unemployed.

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3k)

3k1. Briefly describe the issue and why it is a high need for the populations selected.
Many individuals who have an addiction have other co-occurring disorders. It is important that coordination and integration with other systems be part of recovery to meet the needs of the individual.

Follow-up Questions to "Crisis Services" (Question 3n)

3n1. Briefly describe the issue and why it is a high need for the populations selected.
Crisis services is very important if we are to keep individuals out of emergency rooms and hospitals. Often individual crises are short term but are exacerbated by not being addressed by a crisis intervention service.

Follow-up Questions to "Inpatient Treatment Services" (Question 3o)

3o1. Briefly describe the issue and why it is a high need for the populations selected.
There still continues to be a need for inpatient treatment for individuals who have deteriorated due to non-compliance with either meds, treatment or other circumstances. Inpt services can help an individual get back on track with their program . Additionally one of the concerns is that persons are in the hospital for long periods (3 months) since there are no placement options available at the State Hospital.

Follow-up Questions to "Clinic Treatment Services" (Question 3p)

3p1. Briefly describe the issue and why it is a high need for the populations selected.
Individuals continue to need clinical treatment services to maintain their mental health and stay out of the hospital. And specialized Co- occurring disorder treatment is being implemented to the benefit of those person with co-occurring disorders.

Follow-up Questions to "Other Outpatient Services" (Question 3q)

3q1. Briefly describe the issue and why it is a high need for the populations selected.
Individuals require other out patient services so they can reach their full potential. Outpatient services are an important support if we are to help our clients reach their full potential and not be hospitalized. These include intensive Case Management and transportation.

Follow-up Questions to "Care Coordination" (Question 3r)

3r1. Briefly describe the issue and why it is a high need for the populations selected.
Many individuals require help in ADL, banking, housing, shopping and other needs. Care coordination is a great support for individuals who can't manage all of the Menasha of life.

Follow-up Questions to "HARP HCBS Services (Adult)" (Question 3s)

3s1. Briefly describe the issue and why it is a high need for the populations selected.
HARP eligible persons are going to need to be followed very carefully to ensure that services are adequate when managed care becomes implemented on July 1st.

Follow-up Questions to "HCBS Waiver Services (Children)" (Question 3t)

3t1. Briefly describe the issue and why it is a high need for the populations selected.
This service is important for many children who have needs that can be addressed in the home, with the family and is strength based. The family needs are addressed based on the needs of the family not what is available.

Follow-up Questions to "Other Recovery and Support Services" (Question 3u)

3u1. Briefly describe the issue and why it is a high need for the populations selected.
Many persons with serious mental illness require Representative Payee and some even require guardianship . These services often are delivered by the local Department of social Services . Clearly the needs of some of the population outweigh the ability of the Mental Health system to care for them.

Follow-up Questions to "Housing" (Question 3v)

3v1. Briefly describe the issue and why it is a high need for the populations selected.
In the recovery first model, housing has been proven to be one of the most important factors in keeping individuals in the community and out of the hospital or emergency room. There is an increasing number of individuals who are homeless or in substandard housing and the increase in housing would support their recovery.

Follow-up Questions to "Transportation" (Question 3w)

3w1. Briefly describe the issue and why it is a high need for the populations selected.
Transportation for individuals who are in treatment or recovery is a high need. Transportation is limited at all times and especially inn evenings and weekends. Individuals find it difficult to get jobs and have normal socialization opportunities on weekends or evenings. The lack of transportation is not conducive to recovery.

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3y)

3y1. Briefly describe the issue and why it is a high need for the populations selected.
Many individuals with a mental illness also have co-occurring disorders. It is a high need to coordinate/integrate with other systems to support the needs of the client as these persons often find no service in any system. Thus a person with DD who is hospitalized in a psychiatric unit finds that discharge options are limited.

Follow-up Questions to "Crisis Services" (Question 3aa)

3aa1. Briefly describe the issue and why it is a high need for the populations selected.
Persons with Developmental disabilities present in the emergency room of the 9:39 hospital with behavioral issues . The presentation makes it impossible for the person to return to where they were living. sometimes admission to the in patient unit results. Whether admission results or not the establishment of a crisis respite and transitional residential settings will help to divert hospitalizations and provide a safe place for respite and assessment to reestablish a safe housing plan for persons with DD in crisis.

Follow-up Questions to "Student/Transition Services" (Question 3ee)

3ee1. Briefly describe the issue and why it is a high need for the populations selected.
Transition from school to the adult service system requires several steps over several years prior to aging out to prepare for the differences in services in the adult system. Students in need of OPWDD services who have not already established eligibility should do so by the time they leave school in order to avoid a crisis later when early reports and records needed to support eligibility are no longer available.

Follow-up Questions to "Transportation" (Question 3mm)

3mm1. Briefly describe the issue and why it is a high need for the populations selected.
Individuals with DD who are employed or seeking employment cannot accept work in the evening and/or weekends because of the limitations of the Putnam public bus system. Many jobs require flexibility around scheduling. Limitations of the bus system make it impossible for many who are capable and have the desire to work to do so.

Follow-up Questions to "Employment" (Question 3oo)

3oo1. Briefly describe the issue and why it is a high need for the populations selected.
People with DD, as well as other disabilities want to work and are capable. Appropriate employment opportunities, lack of transportation and stigma contribute to this problem.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3pp)

3pp1. Briefly describe the issue and why it is a high need for the populations selected.
Individuals approved for services like service coordination, habilitation and respite often must wait for a long time to receive the service due to staffing shortages. As was discussed at our public meeting, the ability to attend events is often impossible due to lack of staff to transport group home residents which impacts their quality of life.

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3qq)

3qq1. Briefly describe the issue and why it is a high need for the populations selected.
As more persons with Developmental disabilities reside in the community, either at home with their parents or more independently, they are just as likely as any other person to become dependent on alcohol and other drugs. Likewise it is unlikely that a person with a substance use disorder is not also going to evidence other symptoms of mental illness. Especially since the causes of those two disabilities are so closely linked with trauma. Therefore a great deal of coordination and integration is required among all three disabilities in order to ensure that the individual in need is seen as a whole person and not just as a silo of symptoms. (The same can be said for the integration of physical health assessment with the three mental hygiene disabilities.)

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

4. How have the overall needs of the **mental health** population changed in the past year?

○ a) Overall needs have stayed about the same.

○ b) Overall needs have improved.

◉ c) Overall needs have worsened.

○ d) Overall needs have been a mix of improvement and worsening.

○ e) Not sure.

4c. If you would like to elaborate on why you believe the overall needs of the mental health population have worsened over the past year, briefly describe here

There is a growing need for housing for individuals who have a mental illness. a Housing system that fits the needs of the client not the needs of a system that was created in 1984, flexibility and creativity for those people who can't live in a CR but unable to live in an apt treatment program with minimal supervision. Also the reduction in state hospital beds has put enormous stress on a local system to house and treat individuals who once would have been in a state hospital.

5. How have the overall needs of the **substance use disorder** population changed in the past year?

○ a) Overall needs have stayed about the same.

○ b) Overall needs have improved.

◉ c) Overall needs have worsened.

○ d) Overall needs have been a mix of improvement and worsening.

○ e) Not sure.

5c. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have worsened over the past year, briefly describe here

Increase in the use of prescription medication, opioids/herion, accidental over doses and the increase in marijuana use.

6. How have the overall needs of the **developmentally disabled** population changed in the past year?

◉ a) Overall needs have stayed about the same.

○ b) Overall needs have improved.

○ c) Overall needs have worsened.

○ d) Overall needs have been a mix of improvement and worsening.

○ e) Not sure.

6a. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have stayed about the same over the past year, briefly describe here

On occasion the Developmentally disabled person finds that there are not adequate services when needed. However for the most part the personnel of OPWDD and the not for profits are willing to be partners in attempting to find solutions.

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

◉ a. Yes

○ b. No

7a. Briefly describe those planning activities with your Local Health Department.

Full participation is the Putnam County Health Summit. An annual event to address the need of the community which includes mental health, substance abuse and MR/DD services. In addition the LGU is a member of the Community Health Needs Improvement Plan (CHIP)along with the local hospital and LDOH.

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

◉ a. Yes

○ b. No

8a. Briefly describe those planning activities with other local government agencies and non-government organizations.

Yes we are part of CTC, communities that care coalition, Veterans coalition, suicide prevention task force, Treatment court. All community partnerships to provide cross system support and collaborate on community issues to better support our residents. And the Regional Planning Consortiums (RPC's) will begin tomorrow!(June 8th 2016.)

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

◉ a. Yes

○ b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

The Mid Hudson Region LGU's meet on a regular basis among themselves for planning. Occasionally these planning sessions involve the local DSRIPS as well.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

◉ a. Yes

○ b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?

○ a. Yes
○ b. No

9d. Briefly describe the consensus needs identified by the counties in your region

Mobile Crisis Outreach is considered a priority by all. We have also discussed the need to ensure that persons who are not eligible for Medicaid have access to insurance.

2017 Multiple Disabilities Considerations Form
Putnam County Mental Health Services (70310)
Certified: Joseph DeMarzo (5/17/16)

Consult the LSP Guidelines for additional guidance on completing this form.
LGU: Putnam County Mental Health Services (70310)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

◉ Yes
○ No

If yes, briefly describe the mechanism used to identify such persons:

There is a dispute resolution committee comprised of the Commissioner of Mental Health and Social Services, Deputy Commissioner of Mental Health and Social Services and the OPWDD Coordinator that attempts to resolve disputes arising from cross systems issues. However, it is clear that a dispute resolution committee requires state agency involvement in order for resolutions to be meaningful.

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

◉ Yes
○ No

If yes, briefly describe the mechanism used in the planning process:

The LGU personnel described above all prepare the plan for services for people with disabilities together. Our plan reflects the needs of the multiply disabled.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

◉ Yes
○ No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

The Commissioner is required to convene case conferences in an attempt to resolve the disputes.

Consult the LSP Guidelines for additional guidance on completing this form.

2017 Priority Outcomes - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

Priority Outcome 1:

Suicide prevention and awareness.

Progress Report: (optional) *new*

Priority Rank: 1

   Applicable State Agencies: OASAS OMH

   Aligned State Initiative: *new*

☑ The Prevention Agenda 2013-2018

   Is this priority also a Regional Priority? *new* Yes

Strategy 1.1

Several Safe Talk trainings will continue to be offered in the community 2016. The Suicide Prevention Task Force continues to meet regularly and is a vital tool for continuing education in the community. This TF includes, providers, advocates, Health Department, law enforcement and our local school districts. We will continue the Means Matters Training in 2016. This is an important component due to the continued suicide by fire arms in PC. On May 28th and 29th a presentation on PTSD was offered to mental health and law enforcement personnel. Mental Health first Aid training will also be offered in 2016 to Child Welfare case workers and school resource officers.
   Applicable State Agency: OMH

Strategy 1.2

LGU has begun to initiate a process in collaboration with the County Coroner and the local Commissioner of Health to obtain immediate , comprehensive information regarding suicides completed in Putnam County. Up to this point the LGU has been reliant on state data which is old and not always full of the information required. The receipt of this new data will guide the LGU in the development of a comprehensive suicide awareness campaign. Up to this point our "Safe Talk " and "Project Assist" continue to be provided to professionals and consumers. Project Connect is being planned for 2016.
   Applicable State Agency: OMH

Priority Outcome 2:

Address unintentional opiate overdose

Progress Report: (optional) *new*

Priority Rank: 2

   Applicable State Agencies: OASAS

   Aligned State Initiative: *new*

☑ The Prevention Agenda 2013-2018
☑ Combat Heroin and Prescription Drug Abuse

   Is this priority also a Regional Priority? *new* Yes

Strategy 2.1

In 2016 Public Awareness campaigns will continue and many public service events are being organized. The focus on the dangers of drug use, particlarly heroin and other opiates. Several Public Service Announcements will ben produced and broadcast. Billboards have been erected with these PSA messages. We continue to have Medication Take Back Days and have partnered with 5 groups to have Med Take Back Boxes in local municipalities. We are a partner in the CTC coalitions and participate in community education.
   Applicable State Agency: OASAS

Strategy 2.2

Narcan training was begun in 2014 . In 2016 we have completed 3 Narcan trainings and 3 more are scheduled for the year. 11 Narcan " saves" have been made since these trainings were held.
   Applicable State Agency: OASAS

Priority Outcome 3:

Supported Housing

Progress Report: (optional) *new*

Priority Rank: 3

   Applicable State Agencies: OASAS OMH

   Aligned State Initiative: *new*

☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑ Adult Medicaid Behavioral Health Managed Care Implementation

   Is this priority also a Regional Priority? *new* Yes

Strategy 3.1

Additional funding is need to adequately and safely house individuals in need due to the closure of the state hospital system.
   Applicable State Agencies: OASAS OMH

Priority Outcome 4:

Facilitate access to services across service systems via interagency collaboration.

Progress Report: (optional) *new*

Priority Rank: 4

   Applicable State Agencies: OASAS OMH OPWDD

   Aligned State Initiative: *new*

☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑ Adult Medicaid Behavioral Health Managed Care Implementation
☑ Child Medicaid Behavioral Health Managed Care Implementation
☑ OMH Transformation Plan

   Is this priority also a Regional Priority? *new* Yes

Strategy 4.1

START is underway and 7 individuals from Putnam County are currently being served. It appears promising and would only improve with increased staff. All reports indicate working with START has been beneficial to other agencies and clients alike.
   Applicable State Agencies: OMH OPWDD

Priority Outcome 5:

Ensure mental health training for First Responders

Progress Report: (optional) *new*

Priority Rank: 5

   Applicable State Agencies: OMH OPWDD

   Aligned State Initiative: *new*

   Is this priority also a Regional Priority? *new*

Strategy 5.1

CIT training is being offered to Putnam County by OMH this year. By September 30 2016 30 members of the Sheriff's Department will be trained in CIT by State trainers. Other First responders , including other police agencies that operate in the county, and 9-1-1 dispatchers, will be offered the 8 hour Mental Health First Aid Training after the completion of the 40 hour CIT training. One facet of our CIT training will be a segment on OPWDD issues , as more persons who are DD come into contact with the law enforcement system.
   Applicable State Agencies: OMH OPWDD

Priority Outcome 6:

Addressing mental health issues of veterans, senior citizens and other special populations.

Progress Report: (optional) *new*

Priority Rank: *Unranked*

Applicable State Agency: OMH

Aligned State Initiative: *new

Is this priority also a Regional Priority? *new

Strategy 6.1

Discussions are underway to develop appropriate services, which includes transportation, to meet the needs of our growing veteran, senior citizen, autistic and other special populations. A vehicle has been purchased and is being utilized by the County Office of Veteran's Affairs to transport veterans to medical appointments. In addition the County initiated the Joseph Dwyer peer to peer counseling program in 2014 and it will continue in 2016. In response to an increase in the number of people with brain injuries Putnam Associated Resource Centers (PARC) will establish a specialized regional brain injury center in Putnam County. This center will offer cognitive rehabilitation , specialized training services to health providers, schools, agencies etc, services to assist in home, family and community reintegration, assistance to all survivors and caregivers across the life span, and support groups.
Applicable State Agency: OMH

2017 Community Service Board Roster
Putnam County Mental Health Services (70310)
Certified: Joseph DeMarzo (6/3/16)

Consult the LSP Guidelines for additional guidance on completing this form.

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson		**Member**	
Name	Edward Murphy	**Name**	Susan Limongello
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	advocate	**Represents**	provider
Term Expires	12/1/2016	**Term Expires**	12/1/2016
eMail	Lioneddie@aol.com	**eMail**	Susan-limongello@putnamarc.org

Member		**Member**	
Name	John Rock	**Name**	Alison Carrol
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	advocate	**Represents**	provider
Term Expires	12/16/2016	**Term Expires**	12/16/2016
eMail	jstone1011@verizon.net	**eMail**	acarroll@pfcsinc.org

Member		**Member**	
Name	Karen Pilner	**Name**	Kristen McConnell
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	advocate	**Represents**	provider
Term Expires	6/16/2016	**Term Expires**	6/16/2016
eMail	normette@aol.com	**eMail**	Kristen0606@hotmail.com

Member	
Name	Angela Zamlowski
Physician	No
Psychologist	No
Represents	Peeer
Term Expires	12/16/2016
eMail	alzam@verizon.net

Consult the LSP Guidelines for additional guidance on completing this exercise.

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" $59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, $15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

○ a) Yes

○ b) No

◉ c) Don't know

2. Please provide any other comments regarding Transformation Plan investments and planning.
Anxiously hoping we see it and that it addresses some of the needs and gaps articulated in the local plan.

Consult the LSP Guidelines for additional guidance on completing this form.

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2017 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2017 Local Services planning process.