

2018  
Local Services Plan  
For Mental Hygiene Services

Rockland County Dept of Mental Health  
October 31, 2017



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

## Table of Contents

<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Rockland County Dept of Mental Health</b>	<b>70460</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
Office of Mental Health Agency Planning Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**Mental Hygiene Goals and Objectives Form**  
 Rockland County Dept of Mental Health (70460)  
 Certified: Bonnie Halley (6/30/17)

**1. Overall Needs Assessment by Population (Required)**

Please explain why or how the overall needs have changed and the results from those changes.

a) Indicate how the level of unmet **mental health service needs**, in general, has changed over the past year:  Improved  Stayed the Same  Worsened

Please Explain:

The mental health needs for adults has remained the same.

Overall, the level of unmet mental health service needs for children has stayed the same. However, this is the net impact of both some positive and negative changes over the last year.

There has not been a significant change in access to outpatient and inpatient levels of care. One clinic hired a full-time child psychiatrist and another lost their child psychiatrist. The County, however, identified that access to an adolescent Partial Hospital Program was lacking and was able to partner with one of our DSRIP PPS' to fund transportation to and from two PHP programs in a neighboring county. By doing so, we eliminate transportation as a barrier to referral to PHP which aligns with the DSRIP goal of reducing avoidable hospital and ER visits.

Health Homes Serving Children began in early December and has presented some challenges, specifically for non-Medicaid children and families. Our county currently has one legacy TCM provider who is now our only children's care management agency for SED youth. This agency has limited capacity to serve non-Medicaid children as they are not able to bill for this service. This results in non-Medicaid children being placed on a waitlist for care management services while children with Medicaid get enrolled in the HHSC and receive care management services in an expeditious manner. Children on the waitlist are offered other community services but are not receiving services equivalent to care management.

Our county continues to struggle to have enough Spanish speaking mental health providers. The county clinic is recruiting for a Spanish speaking social worker but has not received many applications. Most outpatient clinics are able to offer Spanish speaking therapy or medication management but not both.

After the changes to PC1650 the county lost an afterschool program that served children with emotional and behavioral health needs. Some families have found it difficult to replace this service and the agency is looking into grant funding in order to replace the loss of this program.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, in general, has changed over the past year:  Improved  Stayed the Same  Worsened

Please Explain:

The level of unmet substance use disorder needs in general has stayed the same due to ongoing opiate/heroin epidemic.

There have been some improvements in a few areas:

- Lexington Opioid Treatment Program has removed the cap on the 250 Maximum client census and can expand to accommodate more admissions and eliminate wait list for treatment for methadone program.
- Lexington willing also to expand Opioid Treatment Program Services to include other Medication Assisted Treatment options for suboxone and vivitrol.
- Samaritan Daytop has been approved to start an Ancillary Withdrawal Ambulatory Detox Service and a 5day per week, Day Rehabilitation Program in the lower end of Rockland County.
- Samaritan Daytop has started to sponsor Community Narcan Overdose Prevention Trainings in addition to Blaisdell's monthly Overdose Prevention Trainings and Community Events.
- Bikur Cholim has opened an OASAS licensed clinic to accommodate underserved population in Monsey/Spring Valley area with language and cultural needs that have been impacted by Opiate/Heroin Epidemic in their community
- Narcan trainings to the community have expanded, including multicultural trainings in other languages to meet the needs of all members of the community.

The current gap in unmet needs would be when Narcan is being administered by paramedics and individual is brought to Emergency Department and released without referral for treatment or recovery supports. There has been discussion about connecting individuals who have received Narcan through Rockland Paramedics being connected with recovery coaches, peer advocates and recovery support services through Rockland Council on Alcohol and Other Drug Dependence.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, in general, has changed in the past year:  Improved  Stayed the Same  Worsened

Please Explain:

Overall, the level of unmet needs of the developmentally disabled population has stayed the same with one exception. The need for child and adult autism services has increased as there is an increasing number of individuals diagnosed with Autism and limited availability of treatment, housing (adults) and supports. Increased educational opportunities are needed for stakeholders, treatment providers (OMH, OPWDD, OASAS), schools, criminal justice system, first responders and the community to support the needs of individuals with Autism.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2a. Housing - Background Information**

Availability of housing options for persons with substance use disorder continues to be a significant barrier in Rockland County. Open Arms has been the only safe, sober community residence and supported living housing available in the County and is not sufficient to meet the need. Lack of funding to expand the availability of sober housing is a challenge.

Availability of affordable housing for persons with serious mental illness continues to be a significant barrier in Rockland County. The needs of individuals seeking residential supports do not always match the restorative services model of OMH. Individuals returning from prison, long-term hospitalization or Residential Treatment Facilities often need more intensive, directive supports than the certified OMH residential provider can provide. The high cost of rental housing in Rockland County limits the availability and accessibility of supported housing opportunities. Staffing at congregate treatment residences is often inadequate to fully realize person-centered, restorative planning. There are limited residential opportunities for persons who have co-occurring substance use disorders and persons with dual diagnosis of intellectual disability or Autism Spectrum Disorder.

Availability of housing for persons with intellectual and other developmental disabilities continues to be a significant barrier in Rockland County. Rockland County agencies are working with area developers to provide non-certified residential opportunities in the community. There is a continuing need to identify and develop residential opportunities that meet the needs of people with IDD, especially for those who are dually diagnosed with mental illness and/or substance use disorder, those who are aging and would benefit from a nursing home style environment, and those who can live with less supports.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Expand the availability and accessibility of a full continuum of safe, adequate and affordable housing in the least restrictive setting for persons across the mental hygiene service system.

**Objective Statement**

Objective 1: Offer ongoing training opportunities for mental health residential staff and advocate with OMH, DOH and DSS to require mandatory annual training in areas such as mental health first aid, de-escalation techniques, co-occurring and dual diagnosis issues, entitlements, chronic disease prevention and area resources.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Advocate that individuals leaving prison, RTF or long-term hospitalization have a detailed risk assessment and plan of support for people with histories of violence and/or sexual aberrant behaviors to be utilized by the residential provider, care manager and the behavioral health provider.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: OPWDD and OMH to jointly identify a certified residential opportunity that can support the needs of adults with dual diagnosis of IDD and mental illness.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Pursue development of various residential opportunities for persons with IDD in the community such as non-certified mixed-use opportunity, certified barrier free nursing home style opportunity and transitional housing opportunity.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2b. Transportation - Background Information**

Transportation services allow people with disabilities to live independently in the community. The Public and Para-Transit Transportation Department has worked with area providers to address specific needs, yet affordable and reliable access remains a continuous challenge. The limited hours of operation for both public and Medicaid transportation result in lengthy commutes and often missed medical/psychiatric treatment appointments. Missed appointments frequently result in increased use of the hospital emergency room. One crisis respite site is inaccessible by bus in the evening hours. The time spent in transit is often two or three hours each way; making it difficult for anyone with limited ambulation, stamina or who has mental health/cognitive issues. Transportation services are often not

accessible to people with IDD as the amount of opportunities and adequate funding is not available. Para-transit services are on a reservation basis and cannot provide door-to-door accommodations to every street in Rockland. The cost of travel, even with discounts, is often prohibitive for persons with limited cash resources. Use of Medicaid transportation is limited to medical/psychiatric appointments and specific care management visits. The limits to the public and para-transit system dictates access to employment and social/recreational opportunities. Certain people with behavioral health or cognitive issues require escorts to navigate the transit and para-transit system.

Rockland County does not have a PHP program for children and adolescents or adults. The lack of transportation to and from the PHP programs in Westchester is an obstacle for families and individuals and has prevented access to this important level of care which can help prevent hospitalization and provide a step-down from inpatient care. Prior attempts to arrange for transportation (either by the county or by the PHP programs) have been unsuccessful.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Increase access to and affordability of public and para-transit transportation for individuals across the mental hygiene services system.

**Objective Statement**

Objective 1: Create and publicize overlay maps showing bus routes and treatment and support site locations for mental health, IDD and substance use disorder services, area hospitals and area social services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Work with the Department of Public Transportation to expand transit and para-transit areas of service and hours of operation to accommodate the need.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Explore the option of persons with limited ambulation or behavioral health/cognitive issues to have an escort accompany them, free of charge.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Collaborate with Refuah PPS to create a program that will provide cost effective transportation to and from Westchester County's PHP programs for children, adolescents and adults.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 5: Increase utilization of the St. Vincents and Four Winds Hospital child and adolescent PHP programs by Rockland residents by 20% in 2018.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2c. Crisis Services - Background Information**

Progress has been made in the provision of and community awareness of services, including the Behavioral Health Response Team, Mobil Integration Teams for persons in long-term care and IOP/PHP levels of support. There is still, however, a need for continued funding and development to support diversion and stabilization in the areas of crisis residential services and peer facilitated hospital transition/hospital diversion services. Additionally, Rockland has limited overnight respite opportunities in the community for short or mid-term needs.

There is a significant lack of crisis/prevention supports for people with IDD, including those who have a dual diagnosis issues of mental illness and/or substance use disorder. Rockland County has the Behavioral Health Response Team, the Jawonio Weekend Community Care Response Team and NYSTART. Each entity has its benefits and its limits with regard to hours of operation, individuals who can be served and ability to provide comprehensive crisis or prevention supports. Provider agencies across the mental hygiene service system, I&R resources, general health care providers and the community require ongoing awareness training about these opportunities. Further development of cross systems education and encouragement of community members to utilize training modules geared to recognize and intervene will help to avert crises and to prevent unnecessary hospitalization.

Rockland is in need of a Crisis Stabilization Center to provide a more person-centered response and an alternative to the hospital emergency department. It is also needed to address issues of co-occurring disorders, need for detox, homelessness for safety and stabilization during observation period and to enhance access to follow-up treatment and support services. A crisis Stabilization Center would also address gaps in service for both children and adults and would help to prevent avoidable emergency room visits for situations such as running out of medication and not being able to obtain a timely outpatient appointment when an individual is in crisis.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Establish a Crisis Stabilization Center for persons across the mental hygiene service system while expanding the availability and utilization of existing crisis services and community based crisis prevention programs.

**Objective Statement**

Objective 1: Collaborate with OMH and lead DSRIP entities to develop a Crisis Stabilization Center.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Identify funding to support peer advocates to provide hospital transition/hospital diversion services for time limited enhanced advocacy and crisis/recovery support skill building.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: In conjunction with local agencies and NAMI, encourage the utilization by the general community of opportunities such as Mental Health First Aid, NAMI Basics and NAMI Family to Family.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: In conjunction with local OPWDD provider agencies, identify a point in time count of individuals who used the local ED and hospitals for DSRIP planning.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 5: In conjunction with NYSTART, NKI and other local experts, continue to provide cross training for providers and prevention services across the mental hygiene service system to meet the needs of people with IDD who are in crisis.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

#### 2d. Workforce Recruitment and Retention (service system) - Background Information

Workforce recruitment and retention continue to be significant issues for agencies across the mental hygiene service system and for persons receiving services. The ability for agencies to secure and retain a competent workforce while providing person-centered services continues to be a challenge in this environment of national and State policy transformations. High employee turnover, low wages, residential staffing formularies, ongoing overtime challenges, reporting/ accountability issues, regulatory requirements, changes in funding structures and the need to learn a changing healthcare reform system are some of the obstacles. OPWDD has been able to authorize many services through the Front Door, yet agencies do not have the staffing to provide the services, leaving individuals and their families without adequate supports. Impacts to the labor pool are expected in response to the OPWDD changes in Respite structure and rates as well as the transitioning of OPWDD coordination of supports to a Conflict Free Care Management model. OMH and OASAS providers are met with challenges resulting from changes to Medicaid Managed care, the HCBS Waiver, value based performance and integrated licensing.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Enhance workforce recruitment and retention of staff for agencies that serve persons across the mental hygiene service system.

#### Objective Statement

Objective 1: Explore a student loan forgiveness program for licensed and non-licensed staff who provide direct services to recipients after a prescribed number of years.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Provide annual training for persons supporting people with serious mental illness in such areas as mental illness recovery, de-escalation, co-occurring and dual diagnosis issues, entitlements and area resources.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Launch a PSA campaign to educate the public about people with IDD and the direct support staff who support them.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Review the impact of proposed OPWDD service restructuring on the available labor pool in Rockland County.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

#### 2h. Recovery and Support Services - Background Information

Recovery centers for individuals with substance use disorder can offer education, recovery coaching, life skills training, vocational counseling, childcare, and peer recovery groups to support individuals to establish and maintain a drug free lifestyle. There is a need to incorporate peer based services into treatment programs. There is also a need to incorporate recovery coaches in the emergency departments, detox units, rehab units and outpatient programs to provide in-person support to connect individuals with the network of community based services.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Enhance recovery and support services for individuals with substance use disorder.

#### Objective Statement

Objective 1: Increase the number of certified recovery coaches and peer advocates through Rockland Council on Alcoholism and Other Drug Dependence.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Establish a Recovery Center.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Expand recovery coach and peer advocate services to treatment programs and emergency departments.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

#### 2i. Reducing Stigma - Background Information

There continues to be stigma surrounding mental illness, substance use disorder and intellectual and developmental disabilities. There is a stigma that substance use is a moral failing rather than a disease of addiction. Many individuals with substance use disorders are treated disrespectfully and denied access when seeking treatment. Addiction needs to be recognized as a chronic, relapsing mental illness that requires treatment.

There is a pervasive stigma regarding mental illness, those who have lived experience with mental illness and the recovery process. Stigma and bias are present in common language colloquialisms, media depictions, the lay public at large and even within some providers/recipients of services across the mental hygiene system. The view of mental illness as anything other than a medical disease negatively impacts the utilization of treatment and long-term recovery.

People with IDD issues will be more visible in the community as they partake in integrated day services, residential opportunities, employment opportunities and recreational/leisure activities. Their direct support staff will also have a more visible, albeit supporting role, in the community. People with IDD issues experience disparities in general health care settings, OMH/OASAS services and the criminal justice system.

Do you have a Goal related to addressing this need?  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Increase awareness and provide education for community, schools and health providers about addiction, mental illness and intellectual and other developmental disabilities.

**Objective Statement**

Objective 1: Establish Stop the Stigma programs at Rockland Council on Alcohol and Other Drug Dependence and promote positive images of individuals with substance use disorder who are in long term recovery via Friends of Recovery NY.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Work with community based organizations to provide ongoing education to a broad cohort of stakeholders regarding topics such as mental illness, trauma, suicide prevention, IDD, substance use disorder and access to services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Create a PSA project with local college film students to highlight the recovery model and the Zero Suicide Initiative to instill the reality of hope and that a full life is possible with a mental illness.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Promote a series of PSA projects with local college film students to highlight all the things people with IDD and their direct support professionals are doing in the community.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2j. SUD Outpatient Services - Background Information**

Due to heroin/opiate epidemic there is an increased need for more outpatient treatment options that specialize in the treatment of opioid use disorders.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Increase outpatient treatment options for substance use disorders.

**Objective Statement**

Objective 1: Increase medication assisted treatment (methadone, suboxone, vivitrol) at Lexington Center Opioid Treatment Program.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2k. SUD Residential Treatment Services - Background Information**

There is a greater demand in the community for residential treatment services for substance use disorders. There is a need to increase access to residential treatment services for hospital referrals after completion of inpatient rehab programs to enhance long term recovery.

**Do you have a Goal related to addressing this need?**  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

There are many challenges with payor sources, including Medicaid, Medicare and insurance, to cover cost of residential treatment services. The number of allowable days needs to increase.

**Change Over Past 12 Months (Optional)**

**2l. Heroin and Opioid Programs and Services - Background Information**

Due to the heroin/opiate epidemic, Narcan is being administered by paramedics and police departments to reverse overdose from opiates. When brought to emergency department of hospital individuals can refuse services and are often released without a referral for follow-up treatment and recovery support services.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Link individuals who receive Narcan administration from paramedics or police and who are brought to the emergency department with follow-up treatment and recovery support services.

**Objective Statement**

Objective 1: Establish a coordinated network of peer advocates and/or recovery coaches to connect with paramedics in the emergency department after a Narcan administration and arrange for follow up treatment and recovery support services following emergency department discharge.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Develop a postvention response protocol for opioid overdose.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2n. Mental Health Clinic - Background Information**

There is a limited amount of outpatient child and adolescent outpatient providers, especially those who accept insurance and offer services in Spanish. In addition, it is difficult to find and hire child psychiatrists. Frawley clinic has a 0.8 FTE female child psychiatrist but lacks the therapy staff to support a full caseload for their child psychiatrist. North Central Rockland Clinic has a larger number of child therapist hours and limited hours from a male Spanish-speaking psychiatrist who sees children.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Increase language competent outpatient treatment options for children and adolescents with serious emotional disturbance.

**Objective Statement**

Objective 1: North Central Rockland Clinic will collaborate with Frawley Clinic on the care of 10-20 patients to maximize utilization of available child psychiatrist and therapist time.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Change Over Past 12 Months (Optional)

**2p. Mental Health Care Coordination - Background Information**

Since Health Homes Serving Children began enrollment in December 2016 the care management system has struggled to provide timely services to non-Medicaid children with serious emotional disturbance.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Identify and assign effective and accessible services that can serve non-Medicaid children while they are on the waitlist for care management.

**Objective Statement**

Objective 1: Include a review of non-Medicaid children on the care management waitlist during weekly SPOA meetings to identify and refer to the most appropriate and timely service for each child.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Change Over Past 12 Months (Optional)

**2q. Developmental Disability Clinical Services - Background Information**

There is a significant lack of outpatient resources for people with IDD issues who have a dual diagnosis of mental illness and/or substance use disorder. Jawonio, Inc has been able to accommodate OPWDD eligible adults into a track of their PROS program. Further development of behavioral health treatment for adults and children in the OPWDD, OMH and OASAS systems are needed to address crises and prevent unnecessary hospitalization. Area providers need to establish proficiency to provide for the behavioral health needs of adults and children with IDD and dual diagnosis.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Expand the availability and accessibility of affordable, person-centered, age appropriate and evidence based treatment services for people who have an intellectual/developmental disability and a dual diagnosis of mental illness and/or substance use disorder.

**Objective Statement**

Objective 1: Develop outpatient programs/tracks for adults and children that can provide for the needs of individuals with IDD and a dual diagnosis of mental illness and/or substance use disorder, regardless of OPWDD, OMH or OASAS eligibility.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: In conjunction with NYSTART, NKI and other local experts, provide training across the mental hygiene system of care concerning the clinical needs of individuals with IDD and mental health/substance use disorder issues.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Change Over Past 12 Months (Optional)

**2t. Developmental Disability Student/Transition Services - Background Information**

Rockland County agencies are meeting the State Transformation Agreement through the closing of their sheltered workshop programs, the transitioning of people into other person-centered day services and the transitioning of people from traditional certified settings to integrated community settings. In order to meet the need for day services opportunities for all people with IDD, especially those transitioning from school into adult life, local providers need to be innovative such as in the creation of a variety of small community-based program opportunities. Local mental health, substance use disorder/prevention providers, local businesses and community organizations need to have the capacity to address the needs of people with IDD issues.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Provide comprehensive person-centered, transitional services to youth with IDD issues leaving school for adult life.

**Objective Statement**

Objective 1: Encourage school districts and families to pursue OPWDD eligibility before 16 years of age to aid in careful person-centered transitional planning.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Establish multiple, small community program hubs in downtown areas which allow for person-centered and directed services with access to local businesses, volunteer opportunities and community inclusion.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Explore the development of a Transitional Housing Project in a college campus dorm.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Provide education to individuals with IDD, their families and local agencies about community based supports and opportunities.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

#### 2u. Developmental Disability Respite Services - Background Information

There has been an increase in the number of authorized supports and services for people with intellectual and other developmental disabilities through the Front Door. The proposed changes to Respite categories and fee schedule will have positive and negative effects on the delivery of this HCBS opportunity. The introduction of Intensive Respite for high behavioral needs and high medical needs will allow more individuals to receive respite supports. The proposed fee schedules and agency responsibility to track allocation will impact agencies and, by extension, an already limited workforce. Agencies are preparing to limit or eliminate certain respite supports in Rockland County. The State OPWDD and NYSTART planned and crisis respite site for adults is expected to open by the end of 2017. This resource cannot address the respite needs of all adults in the Hudson Valley Region and it does not address the respite needs of children. Reduction in respite opportunities and a lack of workforce to meet the number of authorized opportunities will continue to put stress on individuals and their families. It is anticipated that a lack of robust respite supports may result in increased use of community and agency crisis/prevention support services as well as local hospital emergency room services.

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

The Local Governmental Unit and area providers cannot override the changes to HCBS Waiver Respite. These entities can, however, monitor the effects of the changes to individuals with IDD, to their families, to the agencies providing services and to the community infrastructure. The above entities will continue to promote the availability and utilization of Respite services as part of person-centered planning. These entities will also monitor the use of crisis/prevention services and hospital emergency rooms to identify any changes in utilization through quarterly usage reports by agency providers.

### Change Over Past 12 Months (Optional)

#### 2x. Autism Services - Background Information

There is a significant growing need for enhanced services for adults and children with Autism. It is estimated that 1 in 50-64 children have autism. As they age out of educational services their needs continue while the supports available to them diminish. Rockland County has limited providers with formal, structured and evidenced based programs for adults with Autism. Adults with autism require additional supports including enhanced staffing, enhanced staff training, mentoring and supervision, behavior supports and community integration opportunities. Jawonio's OMH licensed PROS program has begun to address the social integration needs for a small cohort of adults on the spectrum. Other providers across the mental hygiene service system and community based opportunities need to have the capacity and services to support people with autism and their families. Funding for appropriate intervention and innovative programming needs to be evaluated.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Expand the availability and accessibility of a full continuum of supports and services for adults and children with Autism.

#### Objective Statement

Objective 1: Provide education to providers of services across the mental hygiene system, to school personnel, the local business community, the criminal justice system and the public about Autism and area resources.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Increase the capacity of OPWDD day programs, all behavioral/general health providers and other community services for people with autism through cross systems education.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Expand the number of OMH and OASAS providers who are providing integrated treatment tracks for people with autism.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

#### 2ac. Other Need (Specify in Background Information) - Background Information

There is a lack of inpatient and hospital diversion resources for adults and children with IDD who have a dual diagnosis of mental illness, substance use disorder or who have significant behavioral needs. There is a need for the creation of a regional inpatient specialty unit to provide for the unique needs and safety issues of adults and children with IDD and dual diagnosis.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Formulate strategies to address the behavioral health needs of adults and children with IDD who have a dual diagnosis of mental illness, substance use disorder or who have significant behavioral needs who require inpatient hospitalization.

#### Objective Statement

Objective 1: Through collaboration between OMH, OPWDD and local voluntary agencies, advocate for the creation of regional inpatient units, with specially

trained staff able to accommodate varying ambulation and comorbid medical needs for adults and for children with IDD who have a dual diagnosis of mental illness, substance use disorder or significant behavioral needs.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Provide education to individuals with IDD, their families and local agencies about community based supports and opportunities to reduce the need for hospitalization.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**3. Goals Based On State Initiatives**

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**3a. Medicaid Redesign - Background Information**

Due to heroin/opiate epidemic there is an increased need for more outpatient treatment options that specialize in the treatment of opioid use disorders.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal?  Yes  No

Increase outpatient treatment options for substance use disorders.

**Objective Statement**

Objective 1: Increase medication assisted treatment (methadone, suboxone, vivitrol) at Lexington Center Opioid Treatment Program.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Secure permanent capacity lift of Lexington Center Opioid Treatment Program.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information**

Progress has been made in the provision of and community awareness of services, including the Behavioral Health Response Team, Mobil Integration Teams for persons in long-term care and IOP/PHP levels of support. There is still, however, a need for continued funding and development to support diversion and stabilization in the areas of crisis residential services and peer facilitated hospital transition/hospital diversion services. Additionally, Rockland has limited overnight respite opportunities in the community for short or mid-term needs.

There is a significant lack of crisis/prevention supports for people with IDD, including those who have a dual diagnosis issues of mental illness and/or substance use disorder. Rockland County has the Behavioral Health Response Team, the Jawonio Weekend Community Care Response Team and NYSTART. Each entity has its benefits and its limits with regard to hours of operation, individuals who can be served and ability to provide comprehensive crisis or prevention supports. Provider agencies across the mental hygiene service system, I&R resources, general health care providers and the community require ongoing awareness training about these opportunities. Further development of cross systems education and encouragement of community members to utilize training modules geared to recognize and intervene will help to avert crises and to prevent unnecessary hospitalization.

Rockland is in need of a Crisis Stabilization Center to provide a more person-centered response and an alternative to the hospital emergency department. It is also needed to address issues of co-occurring disorders, need for detox, homelessness for safety and stabilization during observation period and to enhance access to follow-up treatment and support services. A crisis Stabilization Center would also address gaps in service for both children and adults and would help to prevent avoidable emergency room visits for situations such as running out of medication and not being able to obtain a timely outpatient appointment when an individual is in crisis.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal?  Yes  No

Establish a Crisis Stabilization Center for persons across the mental hygiene service system while expanding the availability and utilization of existing crisis services and community based crisis prevention programs.

**Objective Statement**

Objective 1: Collaborate with OMH and lead DSRIP entities to develop a Crisis Stabilization Center.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Identify funding to support peer advocates to provide hospital transition/hospital diversion services for time limited enhanced advocacy and crisis/recovery support skill building.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: In conjunction with local agencies and NAMI, encourage the utilization by the general community of opportunities such as Mental Health First Aid, NAMI Basics and NAMI Family to Family.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: In conjunction with local OPWDD provider agencies, identify a point in time count of individuals who used the local ED and hospitals for DSRIP planning.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

### 3c. Regional Planning Consortiums (RPCs) - Background Information

There continues to be stigma surrounding mental illness, substance use disorder and intellectual and developmental disabilities. There is a stigma that substance use is a moral failing rather than a disease of addiction. Many individuals with substance use disorders are treated disrespectfully and denied access when seeking treatment. Addiction needs to be recognized as a chronic, relapsing mental illness that requires treatment.

There is a pervasive stigma regarding mental illness, those who have lived experience with mental illness and the recovery process. Stigma and bias are present in common language colloquialisms, media depictions, the lay public at large and even within some providers/recipients of services across the mental hygiene system. The view of mental illness as anything other than a medical disease negatively impacts the utilization of treatment and long-term recovery.

People with IDD issues will be more visible in the community as they partake in integrated day services, residential opportunities, employment opportunities and recreational/leisure activities. Their direct support staff will also have a more visible, albeit supporting role, in the community. People with IDD issues experience disparities in general health care settings, OMH/OASAS services and the criminal justice system.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal?  Yes  No

Increase awareness and provide education for community, schools and health providers about addiction, mental illness and intellectual and other developmental disabilities.

#### Objective Statement

Objective 1: Establish Stop the Stigma programs at Rockland Council on Alcohol and Other Drug Dependence and promote positive images of individuals with substance use disorder who are in long term recovery via Friends of Recovery NY.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Work with community based organizations to provide ongoing education to a broad cohort of stakeholders regarding topics such as mental illness, trauma, suicide prevention, IDD, substance use disorder and access to services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Create a PSA project with local college film students to highlight the recovery model and the Zero Suicide Initiative to instill the reality of hope and that a full life is possible with a mental illness.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Promote a series of PSA projects with local college film students to highlight all the things people with IDD and their direct support professionals are doing in the community.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

### 3d. NYS Department of Health Prevention Agenda - Background Information

Availability of housing options for persons with substance use disorder continues to be a significant barrier in Rockland County. Open Arms has been the only safe, sober community residence and supported living housing available in the County and is not sufficient to meet the need. Lack of funding to expand the availability of sober housing is a challenge.

Availability of affordable housing for persons with serious mental illness continues to be a significant barrier in Rockland County. The needs of individuals seeking residential supports do not always match the restorative services model of OMH. Individuals returning from prison, long-term hospitalization or Residential Treatment Facilities often need more intensive, directive supports than the certified OMH residential provider can provide. The high cost of rental housing in Rockland County limits the availability and accessibility of supported housing opportunities. Staffing at congregate treatment residences is often inadequate to fully realize person-centered, restorative planning. There are limited residential opportunities for persons who have co-occurring substance use disorders and persons with dual diagnosis of intellectual disability or Autism Spectrum Disorder.

Availability of housing for persons with intellectual and other developmental disabilities continues to be a significant barrier in Rockland County. Rockland County agencies are working with area developers to provide non-certified residential opportunities in the community. There is a continuing need to identify and develop residential opportunities that meet the needs of people with IDD, especially for those who are dually diagnosed with mental illness and/or substance use disorder, those who are aging and would benefit from a nursing home style environment, and those who can live with less supports.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal?  Yes  No

Expand the availability and accessibility of a full continuum of safe, adequate and affordable housing in the least restrictive setting for persons across the mental hygiene service system.

#### Objective Statement

Objective 1: Offer ongoing training opportunities for mental health residential staff and advocate with OMH, DOH and DSS to require mandatory annual training in areas such as mental health first aid, de-escalation techniques, co-occurring and dual diagnosis issues, entitlements, chronic disease prevention and area resources.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Advocate that individuals leaving prison, RTF or long-term hospitalization have a detailed risk assessment and plan of support for people with histories of violence and/or sexual aberrant behaviors to be utilized by the residential provider, care manager and the behavioral health provider.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: OPWDD and OMH to jointly identify a certified residential opportunity that can support the needs of adults with dual diagnosis of IDD and mental

illness.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Pursue development of various residential opportunities for persons with IDD in the community such as non-certified mixed-use opportunity, certified barrier free nursing home style opportunity and transitional housing opportunity.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

#### **4. Other Goals (Optional)**

##### **Other Goals - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

**Change Over Past 12 Months (Optional)**

**Office of Mental Health Agency Planning Survey**  
Rockland County Dept of Mental Health (70460)  
Certified: Bonnie Halley (6/30/17)

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

**1. For Criminal Procedure Law 730 Chargeback Budgeting:** Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted  
County of Rockland.

Questions regarding the above survey item should be directed to Hank Hren at [hank.hren@omh.ny.gov](mailto:hank.hren@omh.ny.gov) or 518-474-2962.

**2. For Local Administration of the Assisted Outpatient Treatment Program:**

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment. New Petitions - Currently, new Rockland County AOT Petitions are being initiated by RPC, Nyack Hospital and a few Westchester County Hospitals (NYP, WMC, Northern Westchester). New Orders can be requested by the Rockland County AOT Coordinator on behalf of the DCS. These individuals may already be known to the AOT coordinator through prior episodes of treatment non-compliance and/or an act of violence secondary to treatment non-compliance, identified in the Rockland County SPOA Committee and/or known to Community/State Hospitals because of repeated admissions secondary to non-compliance. All referral sources to the Rockland County AOT Program are asked to complete an AOT Referral Form and provide hospital discharge and admission summaries where the documented eligibility criteria is found. Community Members/Family/Friends/Treatment Providers are encouraged to speak with the Rockland County AOT Coordinator as needed for all AOT information and advice on how to assist in providing key information regarding treatment compliance to treating Emergency/Hospital Personnel. The Rockland County AOT Coordinator provides pertinent training and support to outpatient community treatment providers, inpatient hospital treatment teams and advocacy groups in an effort to continually identify individuals who would benefit from the AOT Program.

Renewals - The Rockland County AOT Coordinator in conjunction with the Deputy Rockland County Attorney maintain a database of both active and non-active AOT recipients. Treating Psychiatrists/Teams and Care Managers are notified of AOT expiration dates approximately six (6) weeks prior to that date. Both renewed AOT Orders and requests for AOT expiration are reviewed along with supporting documentation by the LGU Medical Director and ultimately approved by the DCS.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

The Rockland County AOT Coordinator receives weekly Compliance Reports from Care Managers and expects regular reports from the community treatment providers. There is an AOT Committee Meeting scheduled monthly. All Community Providers and Care Managers are invited and most attend regularly. The Rockland County AOT Coordinator is always available for consultation. OMH Field Office representatives provide regular scheduled verification visits.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

Jawonio, Inc., Mental Health Association of Rockland County, Inc. and Rockland Psychiatric Center.

Questions regarding this survey item should be directed to Rebecca Briney at [Rebecca.Briney@omh.ny.gov](mailto:Rebecca.Briney@omh.ny.gov) or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov)

**Community Service Board Roster**  
 Rockland County Dept of Mental Health (70460)  
 Certified: Bonnie Halley (6/30/17)

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

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 Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Thomas A. Ternquist	<b>Name</b>	Arlene Thomas-Strand
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community	<b>Represents</b>	Family
<b>Term Expires</b>		<b>Term Expires</b>	
<b>eMail</b>	tternquist@gmail.com	<b>eMail</b>	arlenes@rocklandchildcare.org

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Gerry Trautz	<b>Name</b>	Peter T. Noonan
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Peer Advocate	<b>Represents</b>	Community
<b>Term Expires</b>		<b>Term Expires</b>	
<b>eMail</b>	Gerry.Trautz@omh.ny.gov	<b>eMail</b>	PETECPD@aol.com

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Marion E. Breland	<b>Name</b>	Erica L. Arancibia
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Substance Use Disorder - Village of Haverstraw - Reachout	<b>Represents</b>	Intellectual & Developmental Disabilities - RCALD
<b>Term Expires</b>		<b>Term Expires</b>	
<b>eMail</b>	MEBreland1@aol.com	<b>eMail</b>	Erica.Arancibia@yai.org

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Maura Donoghue	<b>Name</b>	John J. Fella
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community	<b>Represents</b>	Community
<b>Term Expires</b>		<b>Term Expires</b>	
<b>eMail</b>	DonoghuaM@co.rockland.ny.us	<b>eMail</b>	John.Fella@dfa.state.ny.us

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Dominic Ferro, MD	<b>Name</b>	Evelyn S. Ha, MD
<b>Physician</b>	Yes	<b>Physician</b>	Yes
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Mental Health	<b>Represents</b>	Community
<b>Term Expires</b>		<b>Term Expires</b>	
<b>eMail</b>	drferro@optonline.net	<b>eMail</b>	DRHa@palisadespediatrics.com

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Helen Klein	<b>Name</b>	Aron Reiner
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Family	<b>Represents</b>	Mental Health & Substance Use Disorder - Bikur Cholim Inc.
<b>Term Expires</b>		<b>Term Expires</b>	
<b>eMail</b>	lipsonm@mharockland.org	<b>eMail</b>	aron@bikurcholim.org

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Rockland County Dept of Mental Health (70460)  
 Certified: Bonnie Halley (6/30/17)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

**Chairperson**

**Name** Marion E. Breland  
**Represents** Provider  
**eMail** MEBreland1@aol.com  
**Is CSB Member** Yes

**Member**

**Name** Peter T. Noonan  
**Represents** Public Representative  
**eMail** petecpd@aol.com  
**Is CSB Member** Yes

**Member**

**Name** Aron Reiner  
**Represents** Provider  
**eMail** aron@bikurcholim.org  
**Is CSB Member** Yes

**Member**

**Name** Judy Rosenthal  
**Represents** Public Representative  
**eMail** RosenthJ@co.rockland.ny.us  
**Is CSB Member** No

**Member**

**Name** Juliet Stiebeck  
**Represents** Provider  
**eMail** StiebeckJ@mharockland.org  
**Is CSB Member** No

**Member**

**Name** Christina Murphy  
**Represents** Provider  
**eMail** Christina.Murphy@oasas.ny.gov  
**Is CSB Member** No

**Member**

**Name** Ruth A. Bowles  
**Represents** Provider  
**eMail** rbowles@rcadd.org  
**Is CSB Member** No

**Member**

**Name** Sheila Magee  
**Represents** Provider  
**eMail** Sheila\_Magee@bshsi.org  
**Is CSB Member** No

**Member**

**Name** Derwin Manigault  
**Represents** Provider  
**eMail** Derwin.Manigault@samaritanvillage.org  
**Is CSB Member** No

**Mental Health Subcommittee Roster**  
 Rockland County Dept of Mental Health (70460)  
 Certified: Bonnie Halley (6/30/17)

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

Note: The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

**Chairperson**

**Name** Thomas A. Ternquist  
**Represents** Public Representative  
**eMail** tternquist@gmail.com  
**Is CSB Member** Yes

**Member**

**Name** Aron Reiner  
**Represents** Provider  
**eMail** aron@bikurcholim.org  
**Is CSB Member** Yes

**Member**

**Name** Dominic Ferro  
**Represents** Public Representative  
**eMail** drferro@optonline.net  
**Is CSB Member** Yes

**Member**

**Name** Sonia Wagner  
**Represents** Provider  
**eMail** wagners@mharockland.org  
**Is CSB Member** No

**Member**

**Name** Anne Arias  
**Represents** Family  
**eMail** anne@namirockland.org  
**Is CSB Member** No

**Member**

**Name** Joseph B. Zweig  
**Represents** Provider  
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**Is CSB Member** No

**Member**

**Name** Lisa Schroeder  
**Represents** Provider  
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**Is CSB Member** No

**Member**

**Name** Ian Laidlaw  
**Represents** Provider  
**eMail** ilaidlaw@vcs-inc.org  
**Is CSB Member** No

**Member**

**Name** Debbie Farrelly  
**Represents** Provider  
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**Is CSB Member** No

**Developmental Disabilities Subcommittee Roster**  
 Rockland County Dept of Mental Health (70460)  
 Certified: Bonnie Halley (6/30/17)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

**Member**  
**Name** Arlene Thomas-Strand  
**Represents** Family  
**eMail** arlene501@aol.com  
**Is CSB Member** Yes

**Member**  
**Name** Erica L. Arancibia  
**Represents** Provider  
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**Is CSB Member** Yes

**Member**  
**Name** Katherine Abramson  
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**Is CSB Member** No

**Member**  
**Name** Meyer Wertheimer  
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**Member**  
**Name** Janet Murphy  
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**Member**  
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**Is CSB Member** No

**Member**  
**Name** Steven J. Rubinsky  
**Represents** Provider  
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**Is CSB Member** No

**Member**  
**Name** Marie Pardi  
**Represents** Provider  
**eMail** marier@campventure.org  
**Is CSB Member** No

**2017 Mental Hygiene Local Planning Assurance**  
Rockland County Dept of Mental Health (70460)  
Certified: Bonnie Halley (6/30/17)

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

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 2018 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 2018 Local Services planning process.