



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Putnam County Mental Health Services
July 18, 2018

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2017 Mental Hygiene Executive Summary
Putnam County Mental Health Services
Certified: Joseph DeMarzo (7/5/18)

The 2017 Mental Hygiene Summary reveals that there are some significant gaps in services . On more than one occasion persons with Developmental Disabilities have been taken to Putnam Hospital Center and had to spend inordinate amounts of time hospitalized in either Psychiatric inpatient beds or med - surg beds inappropriately because there is no capability of the OPWDD system to manage these cases in their system.. There are no crisis respite beds available or other housing resources to manage these cases . In these cases inappropriate discharges from the hospital to DSS which could have had catastrophic consequences for these persons with DD who can not manage for themselves are stopped only because of the intervention of either the LGU or the DSS Commissioner.

An additional concern in this past year is managing the roles and responsibilities of the LGU and the entire mental health system in regards to community safety. AOT and the SAFE ACT have provided an opening to the expectation that the mental health community can manage the safety of the community when threatened by persons who may or not have mental illness and who may be at risk of a potential act of violence in the future . Public and Social Policy require that the expectations of law enforcement of the mental health community , and vice versa, be thoroughly reviewed and articulated.

The County continues to focus other efforts on the continuing opiod crisis and on the public health epidemic of suicide. In Putnam we have also become very involved in work with our local schools and BOCES to promulgate best practices and to be involved in a community wide response to crises in the schools. The work that we have done thus far has made clear that there is a great need in the schools in dealing with the behavioral health of their students and the gaps in services to meet this need.

The development of this plan was made in consultation with consumers, family members and other stakeholders. A Public Hearing was held on May 22nd 2018. An additional meeting with Consumers was held on April 26th 2018. At that meeting, attended by approximately 25 consumers the major issue raised was the need for a Consumer Drop In Center, for the purpose of socialization every day. Historically this service was available at the Hudson River Community Services Clinic of Rockland Psychiatric Center, but recently consumers felt that a social drop in center was not the mission of the clinic and so are asking for another location and venue.

Mental Hygiene Goals and Objectives Form
Putnam County Mental Health Services (70310)
Certified: Joseph DeMarzo (7/9/18)

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:

- 1 Lack of available OPWDD services has resulted in long lengths of stay of persons in Acute in patient psychiatric facility due to inability to establish a safe discharge plan. These are made worse when parents refuse to take their adult children back into their homes and present as homeless. Not only is the 2019 need as great as the 2018 need , but this need has grown worse, exacerbated by the inability to find housing and crisis respite for persons with Developmental Disabilities .
2. Increased discharges to DSS of homeless people from people being discharged from in patient facility. There is no change in this need for 2019. Persons have no business being discharged without a safe discharge plan. Discharge by taxi to DSS is not a safe discharge plan for a patient discharged from an inpatient psychiatric hospitalization.
- 3.The housing system that was established 20 years ago does not work for consumers today who require more intensive support for longer periods of time. In 2019 we continue to look for more housing solutions for all persons in the community who do not have adequate housing.
4. There are increased incidents of persons in the community with mental health needs who come into contact with the law enforcement system.
5. The Sheriff reports that there are more inmates in the county jail; with mental health needs.
6. Emergency room visits and incarceration might be averted if we had a 24 hour fully staffed Mobile crisis team as we did 25 years ago.
7. Stabilization centers available to our residents would be helpful in emergency room diversion as well.
8. Community stakeholders express frustration that persons brought to the emergency room get discharged because they do not meet admission criteria , yet they feel adequate supports do not exist to keep the client safely in the community.
- 9.The State title for Intensive Case Manager for children and adolescents has been vacant for the past year. Putnam has a high percentage of persons needing treatment who are not medicaid eligible and this position helps alleviate that need. The state has proposed to provide enough funding to cover one half of the service that was provided by the full time state ICM.
10. The State operated outpatient clinic has lost staff over the past year. Yet the need for service continues to arise.
11. Transportation does not exist for consumers to access employment opportunities and socialization groups.
12. The number of AOT orders has risen from 2 to 12 in the past 2 years.
13. There are still occasions when the Local Social Services District has to issue a voucher so that consumers can access to psychotropic medications.
14. Consumers state that they require a consumer drop in center for socialization purposes as well as for discussion regarding medications, employment and vocational opportunities .

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:

Opiate related fatal overdoses rose in 2017 to 24 from 15 in 2016. Putnam is designated a HIDTA county . There has been a lot of attention paid to public education and awareness on the opiate epidemic and overall addiction in general. Licensed OASAS providers maintain a high public presence and the availability of treatment is well documented.
Some family members of younger addicts complain that the length of stay in residential programs is not sufficient to keep addicts from relapse after treatment. Putnam does not have a sober home , recovery home or Halfway House . Consumers have indicated a desire for these housing opportunities as well as peer engagement specialists and recovery coaches.
Prevention needs to be seen as a priority by the State. In order for the Continuum of Care to accurately reflect true integration of physical health, and behavioral health which includes mental health and substance abuse disorders, prevention needs to be a key component at all levels and points of entry.
Stakeholders have raised questions as to whether naran availability is sufficient, in particular when naran is administered by relatives or family members are they able to get replacement doses quickly and easily.
A medically assisted treatment outpatient clinic operated by Arms Acres opened in November 2017. This clinic not only dispenses Vivitrol but Suboxen and Methadone as well. It is the first methadone clinic in Putnam County . The model, to provide counseling and not just dispense methadone ensures that persons with opioid addiction have a much greater access to the type of treatment that can lead to a full recovery.
A medical withdrawal and stabilization Center was approved for our region, however it will be sited in Greene County which may make it difficult for access for those from Putnam.
We are seeking to form a committee with schools to provide CODA training to students.

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:

More individuals with co-occurring disorders (developmental disability and mental health) are coming into contact with law enforcement and being taken to the hospital. There is a question of whether admission to the behavioral unit is appropriate or whether there is no other safe option for that individual. When they are ready for discharge, there is inadequate transitional housing in the OPWDD system to support the individual, but they cannot re-enter the community safely. Individuals in the OPWDD system end up staying in the hospital for extended periods of time because there is no safe alternative in the OPWDD system.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input 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 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 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 checked="" 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 checked="" type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

N/A

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

The goal is to have a system of care that includes Mobile Crisis Intervention, Crisis Stabilization to provide diversion from Emergency room admissions, Residential opportunities for persons with mental illness and sud, adequate services for people with developmental disabilities so that the mental health system does not unsuccessfully attempt to aid them, vocational opportunities for all and adequate long term psychiatric hospitalization for those who need it.
 For 2018 we are actively engaged with Providers who may be able to deliver crisis intervention services to the Ccounty. Putnam continues to fund a 24 hour 7 day per week Crisis Hot Line through a contract with 2-1-1 .

Objective Statement

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

24 hour Mobile Crisis is noted as a need in both public hearings and provider focus groups.

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

Putnam seeks funding to establish a 24 hour Mobile Crisis Team.. And this continues in 2018

Objective Statement

Change Over Past 12 Months (Optional)

LGU will work with the State to identify funding sources for this purpose.

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

Workforce Retention and the inability to hire and keep clinical social workers and other direct care staff is raised as an issue universally by providers. Individuals approved for OPWDD services like service coordination, and respite often wait for a long time to receive the service due to staffing shortages. In addition, shortages of direct care staff in DD residences impacts quality of life for individuals who cannot get transportation or support to participate in community activities.

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):

Change Over Past 12 Months (Optional)

2e. Employment/ Job Opportunities (clients) - Background Information

Putnam has established a one stop employment center to allow those seeking training or retraining, or who need help in revising their resumes . However in meetings with clients it is still raised that there is not enough meaningful work to meet the desired needs of consumers.

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

Continue to refer consumers to the Putnam Workforce Partnership.

Objective Statement

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Prevention is a critical piece of the early identification and intervention of behavioral health illness. Clear information can reduce stigma and allow consumers and their families an opportunity to identify treatment resources and reduce the effects of the illness. But in the world of managed care where does funding come from for Prevention? This is a great concern for our Putnam Provider Community and has been identified in our Regional Planning consortiums as well. In addition to ongoing efforts re prevention, Putnam is attempting to set up CODA groups in the County's high schools. CODA is a prevention activity that helps students identify ways to remain drug free as well as understand the linkages between Co-Occurring 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

Continue to promote and utilize our Community Coalitions to the best of our ability given existing funding. And attempt to introduce CODA to schools.

Objective Statement

Change Over Past 12 Months (Optional)

Continue to support Prevention and community coalitions.

2g. Inpatient Treatment Services - Background Information

The reduction of state hospital long term beds has created a backlog in the acute care hospital. At the same time hospitals feel the need to discharge rapidly the result being that appropriate discharge plans that will support recovery in the community, including appropriate housing are not made. As in other counties the number of discharges from acute care psych inpatient units to DSS as "homeless" is increasing and frustrating.

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

Continue to advocate through the RPCs for appropriate services for consumers

Objective Statement

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

Consumers of mental health and substance abuse treatment services ask for more emphasis on peer run programming and recovery coaches. Consumers also desire a Drop in Center for socialization and to have other services that promote recovery.

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

Seek ways to ensure funding for recovery coaches , navigators and other peer advocates for people with substance abuse and mental illness. And look for funding to establish a consumer drop in center.

Objective Statement

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

NAMI. MHA / Putnam and the Prevention Center of Putnam (formerly NCADD/Putnam) prioritize the reduction of stigma in their public efforts

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

Continue to maximize efforts to secure funding for these programs.

Objective Statement

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Some providers and family members of consumers , and some consumers themselves feel that the long term support of methadone and other medication assisted treatment would be helpful to enhancing recovery among those addicted to opiates. These issues have been raised in Provider meetings, public hearings and other public forums. The use of Vivitrol and Suboxone have been expanding with positive results.

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

A Medical Assisted Treatment Clinic offering methadone as a treatment opened in November 2017

Objective Statement

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

St. Christopher's Inn and Arms Acres routinely find themselves at capacity in the residential programs. Families of consumers seek longer term options for their addicted family members feeling that longer term residential stays help reduce the potential for relapse.

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):

Change Over Past 12 Months (Optional)

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

see above

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):

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

The issues presented by consumers with co-occurring disorder are problematic for all treatment providers. Integrated provider meetings and case conferences serve to enhance the treatment options for providers.

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

Putnam is working with the Hudson River RPC to present a two day training program on Integrating treatment for co-occurring disorders in October 2017 for Providers utilizing DSRIP . This training was delivered in November 2017 and as a result of the training each county in the Mid Hudson Region is working on a follow up plan that will bring together Providers to maximize their training so as to support treatment that promotes best practice.

Objective Statement

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

Medicaid transformation correctly has identified the need for care coordination to be a priority for a person to have a strong recovery and to prevent rehospitalization. The LGU supports all efforts at care coordination.

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):

Change Over Past 12 Months (Optional)

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

For students with developmental disabilities 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.

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

Putnam County identifies and works with OPWDD and school districts to ensure a smooth transition for students with developmental disabilities.

Objective Statement

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

Persons with DD in crisis often end up admitted to an inpatient psych unit because crisis respite options are not available. This problem gets worse each year. Persons routinely are admitted inappropriately in the community hospital because crisis respite is not available. The LGU is expected to magically find a way to house these persons because OPWDD does not have the needed housing such as crisis respite. The LGU has had to step in to prevent unsafe discharges to DSS of persons with Developmental Disabilities.

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

Putnam LGU has advocated for some time for the establishment of crisis respite beds that will address the need that exists. The state must address this need immediately.

Objective Statement

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

There is a pressing need for integrated and barrier free housing to support an aging disabled population. In addition, housing and wrap around support are needed for aging individuals who present with behavioral and medical needs related to Alzheimer's and dementia to avoid costly institutionalization.

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):

Change Over Past 12 Months (Optional)

2ab. Developmental Disability Service Coordination - Background Information

There is a shortage of service coordinators. Multiple reports of long waits, not only for the service itself, but also for return calls from short staffed provider agencies.

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):

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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

Providers have spent a lot of time ensuring that their service delivery system meets the efficiencies and value based treatment promoted by medicaid redesign . The long term financial viability of community based providers is a great concern to the LGU. This is a major topic of concern for all ot for profits

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

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

Promote training for Providers to ensure they meet the new standards.

Objective Statement

Change Over Past 12 Months (Optional)

Consumers of Behavioral Health services receive the care they need to promote recovery

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

We support the goal of DSRIP to reduce inpatient hospitalization by enhancing community based treatment.

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):

Change Over Past 12 Months (Optional)

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

We are very involved in the RPC's and have found that within the region, and statewide, among the regions, all have prioritized similar needs.

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

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

So that the needs of the Providers and the Consumers are understood by the State.

Objective Statement

Change Over Past 12 Months (Optional)

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

Putnam LGU takes a active role in the development of the NYS DOH Prevention Agenda. Suicide Prevention and Opiate Overdose have been identified as two of the priorities of the CHIP. Additionally the health needs of consumers who gain weight due to the use of psychotropic drugs and the heightened risk of development of diabetes as a result, and the use of tobacco by those suffering from behavioral health illnesses has taken precedence in our planning sessions for the CHIP and the PHIP.

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

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

Continue public information to assure that behavioral health is included in the NYState Health Department Agenda.

Objective Statement

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

N/A

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):

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
 Putnam County Mental Health Services (70310)
 Certified: Joseph DeMarzo (7/5/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the iss
Psychiatrist	4	3	
Physician (non-psychiatrist)			
Psychologist (PhD/PsyD)	5	5	
Nurse Practitioner	4	4	
RN/LPN (non-NP)	3	3	
Physician Assistant			
LMSW	4	5	the pay and responsibility mwke it very difficult to recruit and retain.
LCSW	4	4	
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	4	4	
Peer specialist	3	3	
Family peer advocate	3	3	

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.

All of our OMH/OASAS and DD licensed programs (4) supply input into this issue. It is often discussed at our Provider meetings.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
 Putnam County Mental Health Services (70310)
 Certified: Joseph DeMarzo (6/26/18)

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.

Chairperson
Name Edward Murphy
Physician No
Psychologist No
Represents advocate
Term Expires
eMail Lioneddie@aol.com

Member
Name Susan Limongello
Physician No
Psychologist No
Represents provider
Term Expires
eMail Susan-limongello@putnamarc.org

Member
Name John Rock
Physician No
Psychologist No
Represents advocate
Term Expires
eMail jstone1011@verizon.net

Member
Name Alison Carrol
Physician No
Psychologist No
Represents provider
Term Expires
eMail acarroll@pfcinc.org

Member
Name Karen Pilner
Physician No
Psychologist No
Represents advocate
Term Expires
eMail normette@aol.com

Member
Name Kristen McConnell
Physician No
Psychologist No
Represents provider
Term Expires
eMail Kristen0606@hotmail.com

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

Alcoholism and Substance Abuse Subcommittee Roster

Putnam County Mental Health Services (70310)

Certified: Joseph DeMarzo (6/26/18)

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 Kristen McConnel
Represents Providers
eMail Kristin McConnell
(carmel.ny@ncadd.org)
Is CSB Member Yes

Member

Name John Rock
Represents Advocate
eMail John Rock
Is CSB Member Yes

Member

Name Community
Represents Community and consumers
eMail
Is CSB Member No

Mental Health Subcommittee Roster
 Putnam County Mental Health Services (70310)
 Certified: Joseph DeMarzo (6/26/18)

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.

Member		Member	
Name	Anonymous Consumers	Name	John Rock
Represents	Consumers 8 to 12	Represents	CSB
eMail		eMail	
Is CSB Member	No	Is CSB Member	Yes

Member	
Name	Angela Zamlowski
Represents	CSB
eMail	
Is CSB Member	Yes

Developmental Disabilities Subcommittee Roster

Putnam County Mental Health Services (70310)

Certified: Joseph DeMarzo (7/5/18)

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 Susan Limongello
Represents PARC
eMail susan_limongello@putnamarc.org
Is CSB Member Yes

Member

Name Michael Piazza
Represents Putnam County Mental Health
eMail 37a298@dfa.state.ny.us
Is CSB Member No

Member

Name Rebecca Appleyard
Represents Careers
eMail careersforpeople@aol.com
Is CSB Member No

Member

Name Louis Lindenbaum
Represents PARC
eMail louis_lindenbaum@putnamarc.org
Is CSB Member No

Member

Name Gail Maisel
Represents Putnam County EI & Preschool Programs
eMail gail.maisel@putnamcountyny.gov
Is CSB Member No

Member

Name Stan Kahn
Represents Family
eMail None
Is CSB Member No

Member

Name Medley Broege
Represents Putnam County Mental Health
eMail medley.broege@putnamcountyny.gov
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Putnam County Mental Health Services (70310)
Certified: Joseph DeMarzo (7/3/18)

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 2019 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 2019 Local Services planning process.