



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020 Local Services Plan For Mental Hygiene Services

Putnam County Mental Health Services
September 6, 2019

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Putnam County Mental Health Services	70310	(LGU)
Executive Summary	Optional	Certified
Goals and Objectives Form	Required	Certified
New York State Prevention Agenda Survey	Required	Certified
Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2020 Mental Hygiene Executive Summary
Putnam County Mental Health Services
Certified: Joseph DeMarzo (6/24/19)

The 2020 Mental Hygiene Summary indicates the work that has been undertaken to Plan to identify the gaps in services in Putnam County and the measures taken in order to provide the services to address those gaps . In addition to our regularly scheduled Provider Meetings, regularly scheduled Regional Director of Community Services meetings, NAMI meetings , and Community Services Board meetings, this planning document is informed by 2 meetings held with consumers, one on May 15th 2019 and another on June 6th 2019. In addition a Public Hearing was held on May 22nd 2019.

The following concerns are of priority to the LGU of Putnam County as well as the stakeholders in the Mental Hygiene System. Consumers continue to advocate for either a Mobile Crisis Intervention service or a Stabilization (Behavioral Health Urgent Care) Center to be located in Putnam. While a number of new programs have been instituted to arrange for immediate referral for detoxification for those who are addicted to opiates, persons with addictions to alcohol as well as those who are unable to function under the effect of a non-opiate drug would benefit from a place where an immediate assessment of need and detoxification regimen could be begun.

Consumers highly prioritize the need for a Drop - in Center where they could socialize. Historically the " State Clinics" . in the latest case the Rockland Psychiatric Center Community Services Clinic in Brewster , has served not only as the home of the Mental Health Association of Putnam II but also as a location where consumers felt welcome to hang out, to take part in lunch and an occasional dinner , engage in classes and workshops that were non clinical and to schedule meetings with the LGU to discuss their concerns. however that space is no longer available. Ideally a consumer Drop In Center specific to address these needs could function not just as a place to socialize, but the proper facility could harbor a shelter, a warming center , a location for the crisis respite program " Rose House" and even a Stabilization Center. In this area the constant issue of the difficulty in having a transportation system in a rural community that can meet the needs of clients who cannot drive is also always discussed as a barrier.

Our local Providers have taken on the challenge of increasing training for the purpose of assuring that any agency in the County is capable of being a welcoming therapeutic environment for persons with Co-Occurring Disorders. Agencies have taken on this challenge and have taken part in regional trainings and then translated those regional trainings to action steps designed to increase their capacity to therapeutically treat persons with Co-Occurring Disorder. One of the next steps in this process is to integrate staff from Developmental Disability Clinics so that when we speak of " Co-Occurring Disorder " we also do not neglect those with Developmental Disabilities and Mental Illness and or Substance Abuse issues.

One of the issues that creates the most disruption in the system is the crisis that occurs when a person with Developmental Disabilities brought to the Emergency Room (by various means) is judged to not need medical treatment and it is discovered that there is no safe living situation for that person to go to. Generally these occur when a person has been living home with family and for one reason or another a crisis occurs in the home, going back to the family is no longer an option and the hospital is faced with a person with no place to go. Efforts to discharge that person to Adult Protective Services as homeless are impractical as there is no safe shelter situation that can be provided. In fact certain discharge plans would likely have resulted in tragedy if the Department of Social Services had followed them. However after several of these incidents in the past 12 months the local hospital states they will no longer admit these persons as a " Social Admission" meaning there is no medical reason to admit them. Clearly the State Office for Persons with Developmental Disabilities has to assure that there are a sufficient number of crisis respite beds in each region to manage these situations.

Much of the work of the LGU in the past year has been working with Putnam / Northern Westchester BOCES and our Westchester colleagues, developing strategies to ensure School settings safe from Suicide , and determining new services to intervene in Behavioral Health situations before they become a crisis in the school. The ways in which we the community (school and community together IS our "community") can collaborate to bring services to the school quicker has been the focus of our discussion. The planning for potential satellite mental health clinics in certain schools has begun and we want to support these initiatives as much as possible.

2018 saw a slight reduction in the number of deaths by accidental narcotic overdose . The availability of Narcan and increased trainings of the proper administration is one way to reduce the number of fatalities. However we believe strongly that Prevention remains a key fight in the war on addiction and we are very concerned about the loss of grant funding that has supported our Prevention efforts. This concern will be a great priority in 2019 and 2020.

We have also seen a slight decrease in the number of completed suicides from 2017 to 2018. We are grateful that our community partners, forming the Suicide Prevention Task Force have devoted themselves to regular presentations of " Safe Talk" and have also developed a " Hope " brochure developed to provide Post vention. These brochures, available to Law Enforcement , The County Coroners, Funeral directors and the Emergency Room, provide a road mapp for grieving families who , on their own time and if they wish, can call on community agencies and self help groups to help them in the bereavement process.

Finally a great need articulated by the Local Providers is the difficulty to recruit and retain staff in the Mental Hygiene System. We look forward in 2019- 2020 in working with our State Partners in meeting the needs of the community and filling the gaps in services presented.

Mental Hygiene Goals and Objectives Form
Putnam County Mental Health Services (70310)
Certified: Joseph DeMarzo (6/24/19)

I. Overall Needs Assessment by Population (Required)

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet **mental health** service needs that have **improved**:

Between 2017 and 2018... slightly reduced number of completed Suicides.
Slightly reduced number of unintentional fatal overdoses

Please describe any unmet **mental health** service needs that have **stayed the same**:

Need for Mobile crisis, Stabilization Center, Workforce Recruitment and Retention, Lack of Crisis Respite Beds for persons with OPWDD,

Please describe any unmet **mental health** service needs that have **worsened**:

The number of 730 examinations has increased as the number of persons with mental illness who encounter the criminal justice system increases.

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

Please describe any unmet **SUD** service needs that have **improved**:

Opiate related fatal overdoses fell in 2018 to 18 fatalities from 24 in 2017. 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 opiod 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.

Please describe any unmet **SUD** service needs that have **stayed the same**:

Please describe any unmet **SUD** service needs that have **worsened**:

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

Please describe any unmet **developmentally disability** service needs that have **improved**:

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.

This issue is the same as last year

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

Please describe any unmet **developmentally disability** service needs that have **worsened**:

The second section of the form includes: goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input checked="" 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 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 Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(After a need issue category is selected, related follow-up questions will display below the table)

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 2019

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.

However, the grant funding for the Community Coalitions is ending in September 2019 and is a source of concern as to how Prevention efforts will be hampered as a result. There will no longer be a Coalition coordinator or funding to implement evidence based environmental strategies.

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. This request was brought up again in meetings with th Consumers as the 2020 Plan was being formulated.

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)

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 mermbers 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

Family members of persons with opiate addiction cite the need for sober homes to promote abstinence after discharge from Rehab.

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/Integreation 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. See executive summary to see the detail of the work that has been done in the area of Co-Occurring Disorders in 2019 .

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. A Follow up Regional Training was provided in November 2018 and the Putnam Provider Community has continues to work together , and in partnership with Westchester providers, to increase their training in this area.

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)

2s. 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)

2t. 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. As of June 2019 Putnam Hospital states they will not admit persons with OPWDD as social admissions.

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)

2y. Developmental Disability Care 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)

2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Putnam County Mental Health Services (70310)
Certified: Joseph DeMarzo (6/24/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

Background

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

Questions

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

Putnam takes an active role in the development of the NYS DOH prevention agenda and is a partner in the counties "Communities that Care Coalition". The CHIP has identified Suicide prevention and Opioid OD as two of its priorities. We also partner with the Prevention Council of Putnam and Cove Care which are OASAS funded providers. The major goal is to reduce the rates of substance abuse in youth through the use of evidence based environmental prevention strategies and the five steps of the strategic prevention framework.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI

2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine

2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.

2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.

2.2 d) Build support systems to care for opioid users or those at risk of an overdose

2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days

2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy

2.2 g) Other

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting

2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration

2.3 c) Implement evidence-based home visiting programs

2.3 d) Other

Goal 2.4 Reduce the prevalence of major depressive disorders

2.4 a) Strengthen resources for families and caregivers

2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention

2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)

2.4 d) Other

Goal 2.5 Prevent suicides

2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing

2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)

2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use

2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program

2.5 f) Other

Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.

2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction

2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers

2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

The Mental Health Department, The Health Department and Putnam Hospital Center have prioritized cessation of tobacco and vaping as a goal across the entire population. We also have done a lot of education directed towards reducing tobacco use among people with Behavioral Health diagnoses. Our focus has been on persons with SMI, encouraging other ways to alleviate stress among the SUD population and we especially have attempted to address the issue of psychotropic medications, weight gain, obesity and diabetes.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

the LGU is a partner with the DOH on its CHIP and is a partner with the Prevention Council of Putnam with its successful CTC coalition.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

The LGU uses the Prevention needs assessment which it administers with CTC every 2 years since 2007 to track longitudinal changes.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

Limited funding and non-existent funding. Prevention takes intensive hours and programs can't exist with out support since it is a non-reimbursable service. Prevention Providers are in process of losing grant funding leaving prevention programs unfunded.

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

The LGU participates in the CHIP planning process and implementation of action plans. the Health Department is part of the provider network and is a participant of the counties CTC coalition.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Un/Underemployment and Job Insecurity | <input checked="" type="checkbox"/> Poor Education |
| <input checked="" type="checkbox"/> Food Insecurity | <input checked="" type="checkbox"/> Poverty/Income Inequality |
| <input type="checkbox"/> Adverse Features of the Built Environment | <input checked="" type="checkbox"/> Adverse Early Life Experiences |
| <input checked="" type="checkbox"/> Housing Instability or Poor Housing Quality | <input checked="" type="checkbox"/> Poor Access to Transportation |
| <input checked="" type="checkbox"/> Discrimination/Social Exclusion | <input type="checkbox"/> Other |

Please describe your efforts in addressing the selections above:

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a) No Yes

b) If yes, please list

Title of training(s):	All of our trainings are based on the idea that Trauma is a major factor in behavioral health disorders. The understanding of ACES has helped inform all of our training in particular our major Co-Occurring Disorder Trainings.
How many hours:	24 hours
Target audience for training:	Professionals and Peers
Estimate number trained in one year:	50

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

Yes, please provide examples:

No. Our policy and procedure is that we work closely with all stakeholders invested in the health of the entire Putnam population across all age ranges and life spans

Office of Mental Health Agency Planning (VBP) Survey
Putnam County Mental Health Services (70310)
Certified: Joseph DeMarzo (6/24/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or Melissa.Staats@omh.ny.gov

Background

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

DSRIP serves as a bridge to value-based payment in New York State.

DOH website

DSRIP Performing Provider Systems (PPS)

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit
DSRIP Performing Provider Systems (PPS Statewide)

Value Based Payment (VBP) - Reduce Costs/Improve Quality

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

Questions

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

a) Yes No

b) Please provide more information:

The PPS , via it's interaction with the IPA's may have helped providers, but the LGU has not been part of that enterprise.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

a) Yes No

b) Please explain:

3. Are there any behavioral health providers in your county in VBP arrangements?

a) Yes No

b) Please explain (if "yes" include steps providers have taken to execute contracts):
Possibly the agencies that are involved have begun to be involved in VBP payments

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a) Yes No

b) Please explain:

5. Is the LGU aware of the development of In-Lieu of proposals?

- a) Yes No
b) Please explain:

6. Can your LGU support the BHCC planning process?

- a) Yes No
b) Please explain:

We can support the planning process in terms of helping the BHCC identify needs.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

- a) Yes No
b) Please explain:

We have not accessed the IT data/system as of today.

Community Service Board Roster
 Putnam County Mental Health Services (70310)
 Certified: Joseph DeMarzo (6/24/19)

Note:

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.

Name: Edward Murphy	<input type="checkbox"/> Physician	Represents: advocate	Term Expires:	Email Address: Lioneddie@aol.com
	<input type="checkbox"/> Psychologist			
Name: Susan Limongello	<input type="checkbox"/> Physician	Represents: provider	Term Expires:	Email Address: Susan-limongello@putnamarc.org
	<input type="checkbox"/> Psychologist			
Name: John Rock	<input type="checkbox"/> Physician	Represents: advocate	Term Expires:	Email Address: jstone1011@verizon.net
	<input type="checkbox"/> Psychologist			
Name: Alison Carrol	<input type="checkbox"/> Physician	Represents: provider	Term Expires:	Email Address: acarroll@pfsinc.org
	<input type="checkbox"/> Psychologist			
Name: Karen Pilner	<input type="checkbox"/> Physician	Represents: advocate	Term Expires:	Email Address: normette@aol.com
	<input type="checkbox"/> Psychologist			
Name: Kristen McConnell	<input type="checkbox"/> Physician	Represents: provider	Term Expires:	Email Address: Kristen0606@hotmail.com
	<input type="checkbox"/> Psychologist			
Name: Angela Zamlowski	<input type="checkbox"/> Physician	Represents: Peeer	Term Expires:	Email Address: alzam@verizon.net
	<input type="checkbox"/> Psychologist			

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

Alcoholism and Substance Abuse Subcommittee Roster

Putnam County Mental Health Services (70310)

Certified: Joseph DeMarzo (5/20/19)

Note:

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.

Name: Kristen McConnel

CSB Member: Yes No

Represents: Providers

Email Address: Kristin McConnell
(carmel.ny@ncadd.org)

Name: John Rock

CSB Member: Yes No

Represents: Advocate

Email Address: John Rock

Name: Community

CSB Member: Yes No

Represents: Community and consumers

Email Address:

Mental Health Subcommittee Roster
Putnam County Mental Health Services (70310)
Certified: Joseph DeMarzo (5/20/19)

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.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

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.

Name: Angela Zamlowski CSB Member: Yes No Represents: CSB Email Address:

Name: John Rock CSB Member: Yes No Represents: CSB Email Address:

Name: Anonymous Consumers CSB Member: Yes No Represents: Consumers 8 to 12 Email Address:

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

Developmental Disabilities Subcommittee Roster
 Putnam County Mental Health Services (70310)
 Certified: Joseph DeMarzo (6/24/19)

Note:

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.

Name: Susan Limongello	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: PARC	Email Address: susan_limongello@putnamarc.org
Name: Michael Piazza	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Putnam County Mental Health	Email Address: 37a298@dfa.state.ny.us
Name: Rebecca Appleyard	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Careers	Email Address: careersforpeople@aol.com
Name: Louis Lindenbaum	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Psychologist	Email Address: louis_lindenbaum@putnamarc.org
Name: Gail Maisel	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Putnam County EI & Preschool Programs	Email Address: gail.maisel@putnamcountyny.gov
Name: Stan Kahn	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: None
Name: Medley Broege	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Putnam County Mental Health	Email Address: medley.broege@putnamcountyny.gov

2020 Mental Hygiene Local Planning Assurance
Putnam County Mental Health Services (70310)
Certified: Joseph DeMarzo (6/24/19)

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 2020 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 2020 Local Services planning process.