

## 2021 Mental Hygiene Executive Summary Putnam County Mental Health Services

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.

**Office of Addiction Services and Supports**

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### Q1

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### Q2

Putnam County Mental Health Services

LGU:

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### Q3

a. Indicate how your local mental hygiene service system (i.e., mental health, substance use disorder and problem gambling, and developmental disability populations), overall, has been affected by the COVID-19 pandemic: Please specifically note, Any cross-system issues that affect more than one population; Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

Our needs for creative treatment have increased due to COVID-19. More individuals are isolated and unable to have "normal life". The community is uncertain about the future and their activity of daily living. Children have been effected due to the up and down issues surrounding their education including socialization, day care and transportation. All of the systems have been effected including Mental Health, SUD and DD Population. The anxiety and depression levels have increased for the community, it has increased for those who receive services and individuals who previously had not been receiving services. Our cross-system initiative is moving forward during these difficult times and a tribute to the dedication of our providers.

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### Q4

b. Indicate how your mental health service needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

The MH needs have increased for our community, providers have been addressing existing clients and flexible for new clients. The use of telemedicine has helped and in some cases has helped those who are anxious about leaving their homes prior to and during this epidemic.

**Q5**

c. Indicate how your substance use disorder (SUD) and problem gambling needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

We are seeing an increase in substance use due to COVID-19. Our providers are working to meet the needs but have had to cut back especially inpatient. We continue to promote medication treatment options and educate the community on services.

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**Q6**

d. Indicate how the needs of the developmentally disabled population, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

Covid-19 has created higher anxiety for the DD population as activity of daily living has been disrupted. Routine are important for individuals, services are being re-engineered to meet the needs but at times creates an environment which at times is hard to regulate for some individuals. Providers are doing a great job supporting their clients and are going the extra effort to provide supports.

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**Q7**

a. Mental Health providers

Safe care

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**Q8**

b. SUD and problem gambling service providers:

Self care

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**Q9**

c. Developmental disability service providers:

Self care

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COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan  
Supplemental Survey

**Q10**

a. Since March 1, 2020, how would you describe DEMAND for mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	<b>Increased</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>Increased</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>Increased</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Increased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>Increased</b>

**Q11**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

**Q12**

b. Since March 1, 2020, how would you describe ACCESS to mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	<b>Decreased</b>
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	<b>No Change</b>
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	<b>No Change</b>
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	<b>Increased</b>
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	<b>No Change</b>

**Q13**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

**Q14**

a. Since March 1, 2020, what number of mental health program sites in your county closed or limited operations due to COVID-19, apart from transition to telehealth?

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COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan  
Supplemental Survey

**Q15**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

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**Q16**

b. What number of mental health program sites in your county remain closed or are offering limited services now, apart from transition to telehealth?

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**Q17**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

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**Q18**

N/A

c. If your county operates services, did you maintain any level of in-person mental health treatment

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**Q19**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

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**Q20**

No

d. As a result of COVID-19, are any mental health programs in your county closing operations permanently? If yes, list program name(s) and type(s).

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**Q21**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

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**Q22**

No

e. Did any mental health programs in your county close due to workforce issues (e.g. staff infections, recruitment/retention issues)?

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**Q23**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

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COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan  
Supplemental Survey

**Q24**

**No**

a. Apart from telehealth, during COVID-19, did your county or mental health providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

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**Q25**

**No**

b. During COVID-19, did any mental health providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

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**Q26**

a. During COVID-19, how many mental health providers within your county implemented existing continuity of operations plans?

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**Q27**

**Respondent skipped this question**

If you would like to add any detail about your responses above, please do so in the space below:

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**Q28**

b. During COVID-19, how many mental health providers within your county did not implement existing continuity of operations plans?

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**Q29**

**Respondent skipped this question**

If you would like to add any detail about your responses above, please do so in the space below:

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**Q30**

**Both**

c. During COVID-19, did your county LGU or Office of Emergency Management (OEM) assist any mental health providers in the development or revision of continuity of operations plans?

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**Q31**

**Respondent skipped this question**

If you would like to add any detail about your responses above, please do so in the space below:

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**Q32**

During COVID-19, what OMH guidance documents were beneficial to your disaster management process?

**Program-level Guidance,  
Telemental Health Guidance,  
Infection Control Guidance,  
Fiscal and Contract Guidance,  
FAQs**

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**Q33**

1. Please indicate any needs for or issues with SUD and problem gambling prevention, treatment, and recovery providers acquiring Personal Protective Equipment (PPE), face masks, cleaning or disinfectant supplies, or similar materials related to the COVID-19 pandemic:

The needs for PPE equipment and safety protocols is always a priority. Proudly the provider community and the LGU have supported each other in the PPE equipment and sharing of best practices for safety.

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**Q34**

a. How has COVID-19 affected the delivery of and demand for SUD and problem gambling prevention services in your county?

Yes, SUD population demand has increased and programs have responded with telemedicine. The prevention programs have been effected but have responded to the change is programming. Schools are limiting or not allowing outside programs on grounds. The prevention programs have gone virtual and have been working hard with our school districts. Prevention continues to be provided and the evolution has strengthened the relationship with schools and our youth have participated and responded. The use of public service announcements has been an effective tool as has the Communities that Care process.

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**Q35**

b. How has COVID-19 affected the delivery of and demand for SUD and problem gambling recovery services in your county?

we see an increase in demand for SUD.

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**Q36**

c. How has COVID-19 affected the delivery of and demand for problem gambling treatment services in your county?

There has been no increase of Problem gambling treatment but the county continues to provide prevention services in that regard.

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**Q37**

d. Since March 1, 2020, how would you describe DEMAND for SUD Treatment services in each of the following program categories?

INPATIENT	Increased
OUTPATIENT	Increased
OTP	No Change
RESIDENTIAL	Increased
CRISIS	Increased

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**Q38**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

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**Q39**

e. Since March 1, 2020, how would you describe ACCESS to SUD Treatment services in each of the following program categories?

INPATIENT	Increased
OUTPATIENT	Increased
OTP	No Change
RESIDENTIAL	No Change
CRISIS	Increased

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**Q40**

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

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**Q41**

a. Apart from telehealth, during COVID-19, did your county or SUD and problem gambling service providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

Yes (please describe):  
The increase us of PSA and community education for SUD. Medication treatment options has increased.

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**Q42**

No

b. During COVID-19, did SUD and problem gambling service providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

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**Q43**

1. Has your county conducted analysis on the impact of COVID related to IDD services/OPWDD service system? If yes, please explain.

Yes (please explain):

We meet with the DD providers on a monthly basis and speak daily as needed on issues surrounding services and needs. The LGU has a coordinator who is in constant contact to help facilitate and meet the needs of our residents.

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**Q44**

2. What are the greatest challenges your county will be facing over the next 12 months related to IDD services?

Housing and crisis services for individuals who are diagnosed. Also seeing an increase for the needs for services for individuals who have dual diagnosis or secondary need besides IDD.

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**Q45**

3. Is there data that would be helpful for OPWDD to provide to better information the local planning process? Please list by order of priority/importance.

All data can be helpful, not sure what is available and what benefit to our residents.

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**Q46**

Please use the optional space below to describe anything else related to the effects of COVID-19 on Mental Hygiene service delivery that you were not able to address in the previous questions:

The 20 % "hold back" has put a strain on existing services. If the 20% becomes permanent it will have a devastating effect for our residents and services that are currently being provided.

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