2012
Local Services Plan
For Mental Hygiene Services

Nassau Cty Dept of MH, CD Dev Dis Svcs
December 6, 2011

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2012 Planning Activities Report Form (Part A: Needs Assessment)
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: James Dolan (6/1/11)

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

1. Assessment of Mental Hygiene Problems - Provide a brief geographic and demographic description of the service area. Based on all the planning and needs assessment activities conducted over the past year, define the nature and extent of mental hygiene problems in the county. Include only the results of qualitative and quantitative activities in this section and describe those activities in more detail in Item #3 below. Describe how specific resources available on the CPS County Data Page were used in your needs assessment. Resources you may find particularly helpful include: OMH County Mental Health Profiles (Community Characteristics), OASAS Service Need Profiles, and OASAS Chemical Dependence Treatment Profiles.

Description of Service Area

Nassau County together with Suffolk County makes up the region of Long Island. A suburb of New York City, Nassau County has a population of over 1.3 million people with a population density of 4,650 persons per square mile. It is the most densely populated county outside New York City in the downstate region. According to the U. S. Census Bureau, population estimates show a slight increase of 1.7% from 2000 to 2009.

Nassau is a well-established mature suburb that is slowly undergoing changes—the population is aging (the percent of the population aged 65 or older more than doubled from 6% in 1950 to 15% in 2009). Undeveloped land has become scarce, making the lack of affordable housing a major problem in the county. There are not enough apartments, condos and co-ops to meet the needs of those individuals who can't afford single family homes. This lack of affordable housing is felt throughout the population by young singles, young married couples, elderly individuals who can no longer take care of their homes nor live alone, and especially by individuals with special needs.

Individuals recovering from substance abuse problems that are re-entering community life often can only find a place to live in areas that have drug problems making recovery that much more difficult. Individuals being discharged from inpatient or other more intensive levels of care are not always ready to be totally on their own and yet there may be no placement options with appropriate supervision. Individuals with co-occurring disorders are even more vulnerable and in need of appropriate housing options and appropriate levels of care. Attitudes of "Not in My Backyard" still abound and make the housing issue even more difficult.

The county's employment has been centered around a more locally-oriented economy which means a shift from higher-paying jobs to lower-paying ones. In January 2011 the preliminary unemployment rate for Nassau County was 7.5%, up from 4.7% in 2008. New jobs have been created but tend to be in low-paying manufacturing endeavors. With a difficult economic recovery, young and old individuals can't count on finding part-time work for additional financial assistance. The burdens on the employed individuals are increasing since costs continue to go up, taxes are extremely high, threats of layoffs and job loss instill fears of being unable to meet obligations, fear of foreclosures, lack of medical care, and caring for those in their families with special needs.

Transportation is another issue that is not ideal in the county. Most individuals rely on cars and public transportation is relied on primarily by individuals who are laborers, students, elderly, disabled, and poorer constituents in general. For someone who needs to seek treatment, traveling in Nassau can be a very time consuming and overwhelming endeavor. Service cuts were forestalled last month but the threat is still there for the future which could leave many bus riders with no transportation.

Demographic data from the US Census Bureau indicated that in 2008, White persons comprised 80.1% of the county's population. Black persons made up 11.3%, up from 10% in 2000. Asian persons numbered 7% of the population in 2009 compared to 4.7% in 2000. Persons of Hispanic or Latino origin made up nearly 13% of the population compared to 10% in 2000. White persons that are not Hispanic, comprised 68.5% of the county's population compared to 74% in 2000. These demographics of Nassau County residents indicate a greater diversity as more immigrants arrive from Latin America and Asia. Because many immigrants tend to locate in certain areas, needs within communities are gradually changing as well. Treatment agencies need to have an understanding of the cultural differences within communities in order to interact in culturally competent ways with the community's population.

Nature and Extent of Chemical Dependence Problems in the County

The OASAS March 2011 Service Need Profile estimated the number of county residents with chemical dependence problems at 157,859 or 13.6% of the county's population aged 12 and over. This rate is similar to but lower than the other counties comprising the NYC Metro Suburbs planning areas (Dutchess, Orange, Putnam, Rockland, Suffolk, Ulster, and Westchester counties).

Of the total number estimated to have chemical dependence problems, 115,328 (11.1%) are adults aged 18 and over with alcohol only dependency problems, 24,439 (2.3%) are adults aged 18 and over with alcohol and non-opiate drug problems. Youth aged 12-17 with alcohol and/or non-opiate drug abuse are estimated at 11,836 or 10% of the population and that percentage is used through all the counties in NY State to estimate adolescent chemical dependence prevalence. The prevalence of opiate users aged 16 and over is estimated to number 5,889 or 0.5% of the population aged 16 and over.

Based on January – December 2008 client data from the Nassau County Chemical Dependence Profile, the total number of unique clients served in the county was 14,983. A total of 15,329 unique county residents were served anywhere in NY State. The average daily enrollment across all program categories was 5,651 clients with the greatest number being served in outpatient programs. The number of estimated service dollars spent per person in the county for Chemical Dependence Treatment Services was $4,159 compared to $6,487 statewide, a difference of $2,328 (OASAS Summary of the County Profile).

The OASAS Chemical Dependence Treatment Profile for Nassau County based on 2008 calendar year Admissions and Discharges indicated the following client characteristics across all treatment program categories:

- 71.6% were Males; 28.4% were Females
- 7% of clients were 17 years of age or less; 21.7% were 18-24; 23% were 25-34; 22.6% were 35-44; 19.5% were 45-54; and 6.2% were 55 and older.
- 65.5% were White; 18.3% were Black; 13.2% were Hispanic; and 3% were Other
- White clients comprised the highest percents of clients in the following services: Crisis Services (71.4%), Inpatient (76.9%), and MMTP (78%) services; Blacks utilized Residential Services (32.8%) more than other services; Hispanics tended to utilize Outpatient Services to a greater degree.
- 36.7% of the clients were employed Full or Part Time.
- 75.1% were high school graduates across all program categories
- 41.7% were involved with Criminal Justice across all program types with 52.8% in Non-Crisis Programs

and 3.5% in Crisis programs.
· The percent of clients with co-occurring mental health problem was 31.8% for non-crisis programs.
· 46.3% indicated alcohol as the primary substance of abuse across all program types; 14.7% Marijuana; 20.5% Opioids (38% in Crisis programs); 12.7% Crack/Cocaine and 2.3% for other substances.
· 23.1% had Medicaid as the principal payment source at time of discharge; 24.5% had private insurance; 24.5% were Self-Pay; and 18.7% had none. 55% of discharges from crisis services had no payment source.

More recent data indicated that the percentage of admissions to non-crisis chemical dependence treatment services of individuals with a co-occurring mental illness continues to grow every year and was 42% of the total reported in 2010, up from 35% in 2006 in NY State (noted in the 2012 Local Services Plan Guidelines for Mental Hygiene Services).

SAMHSA's Results from the 2009 National Survey on Drug Use and Health indicated that of the adults aged 18 or older with any mental illness in the past year, 19.7% met criteria for substance dependence or abuse in that period compared with 6.5% among those who did not have mental illness in the past year. Among the adults aged 18 or older having serious mental illness (SMI), about 26% also had past year substance dependence or abuse compared with 6.5% of adults who did not have mental illness. Among the population aged 12 to 17, 8.1% indicated they had major depressive episode (MDE) during the past year. Of these youths who had past year major depressive episode, nearly 36% used illicit drugs in the past year compared with 18% among youths who did not have past year MDE.

Treatment and Prevention programs had noted that many substances are highly available in their communities and usage is occurring at an earlier age as reported in the 2008 Community epidemiology Survey, through subcommittee meetings and meetings with providers over the last year. An analysis of admissions to treatment programs as reported in last year's plan indicated that there had been a substantial increase in the number of heroin admissions since 2005. In 2010 there was a decrease of 13% in the number of admissions with heroin as a primary substance to withdrawal and stabilization services. Admissions for prescription drugs, however, continued to increase across outpatient and withdrawal and stabilization services (see Attachment - Prescription Drug Admissions by Year).

The Nassau County Medical Examiner reports the number of drug and alcohol related deaths every year. In 2000 the number was 75 and has gradually increased every year since then. In 2008 the total number of deaths was 169 that were directly related to drugs and/or alcohol. The number of deaths attributed to Heroin was 46 in 2008 with the greatest number of deaths (17) occurring in the 21-30 age group. In 2009 there were 38 deaths attributable to heroin. Deaths due to non-heroin drugs increased from 28 in 2004 to 97 in 2008.

This department participates in the county's Heroin Prevention Task Force along with over 100 other members representing treatment, prevention, schools, parent organizations, law enforcement and other government agencies and consumers to decrease the presence and use of heroin and other opiates in Nassau County. Since 2008 special events and education efforts for parents and students have been conducted and will continue to reach as large and varied an audience as possible. Drug reclamation efforts, public service announcements, special classroom and school presentations have impacted on decreasing heroin use in the county. These efforts are continuing and are concentrating on the abuse of prescription drugs as well.

In 2008 4,241 Nassau County students participated in the OASAS 2008 Youth Development Survey which included 111,647 students statewide. In 2010 28,168 Nassau County students in grades 7–12 participated in the Long Island Youth Development Survey. The survey attempts to identify risk factors that are associated with problem behaviors such as substance abuse, delinquency, and violence and protective factors that help students avoid problem behaviors. These factors are divided into four domains: community, family, school, and peer-individual.

The percentages of students reporting risk factors were provided separately for different grade levels – 7-8, 9-10, and 11-12 grades. Of the 21 risk factors, those whose combined percentages across the three grade groupings were higher than the 7-state norm of 45% were of particular concern: 1) High Community Disorganization, 2) Parental Attitudes Favorable to Antisocial Behavior, and 3) Peer Rewards for Antisocial Behavior. These risk factors are presented in the attached table (Risk Factors – Nassau County). As indicated in the table, the risk factors increase as the grade levels increase. High Community Disorganization was reported only by 30% of 7-8 graders, but nearly 60% of 11-12 graders. In the family domain, more than 50% of the students in 9-10 and 11-12 grades reported parental attitudes that are favorable to antisocial behavior. Peer rewards for antisocial behavior were reported by only 29% of the 7-8 graders surveyed, but nearly 70% of the 11-12 graders.

Protective factors act as a buffer against risk influences and may prevent students from engaging in destructive behaviors. Of the 12 protective factors, those whose combined percentages across the three grade groupings were lower than the 7-state norm of 56% were the following: 1) Rewards for Prosocial Involvement, 2) Family Attachment, 3) School Rewards for Prosocial Involvement, 4) Religiosity, and 5) Peer Rewards for Prosocial Involvement. See the attached table (Protective Factors - Nassau County) for a breakout by grade levels. Nearly 74% of the students across all grades indicated that there were plenty opportunities for prosocial involvement, but only 41% reported being rewarded for prosocial involvement. Similarly, more than 80% of the students reported that there were many school oppotunities for prosocial involvement, but only about 50% said there were school rewards for prosocial involvement or peer rewards for prosocial involvement. Religiosity was also below the 56% 7-state norm for the county. Overall, risk factors increase for 9th-12th grades and protective factors decrease for the same grades. Efforts for prevention need to concentrate on the lower grades (middle school students) to help the students make the proper decisions in high school. Communities need to be more involved with the young people in their areas and be cognizant of how they impact on youth.

Students were asked about their substance use and the county percentage figures could be compared to the national survey , Monitoring the Future (MTF), for 8th, 10th, and 12th grade responses. The question asked students about their past 30 day use of various substances. The greatest percentage of county students indicated they used alcohol and more than the MTF students for the same grades (39.5% county 10th grade compared to 28.9% MTF 10th grade; 61.1% county 12th grade compared to 41.2% MTF 12th grade). More alarming is the result that 40% of 11-12 grade county students indicated heavy use of alcohol (5 or more drinks of alcohol in a row in the past two weeks). County 12th graders also used more marijuana in the past 30 days than the MTF 12 grade students (28.5% - county; 21.4% MTF). Students who drank alcohol in the past year indicated that they usually got it from someone they know under age 21 or from someone they know age 21 or older. More students reported that if they drank alcohol in the past year, they were most likely to drink at someone else's home. Families, communities, schools and treatment agencies need to continue to work together to help increase the student's awareness of the dangers of drinking to themselves and those around them.

Nature and Extent of Mental Health and Developmental Disabilities Problems in the County

The National Institute of Mental Health (NIMH) and the National Institutes of Health (NIH) have reported the following about mental illness:

- Mental Health disorders account for four of the top 10 causes of disability
- 1 in 5 adults suffer from a diagnosable mental disorder in a given year
- Americans with serious mental illness die, on the average, at age 53 (NYS OMH)
- Many people suffer from more than one mental disorder at a given time. In particular, depressive illnesses tend to co-occur with substance abuse and anxiety disorders
- Women are nearly twice as likely to suffer from major depression than men
- More than 90% of people who commit suicide have a diagnosable mental disorder - most commonly a depressive disorder or a substance abuse disorder
- Four times as many men than women commit suicide; but women attempt suicide 2 to 3 times more often than men
- Male Veterans have double the suicide rate of civilians
- Suicide is the third and most preventable leading cause of death in adolescents and young adults aged 15 to 24
- About 13.3% of adults aged 18-54 have an anxiety disorder in a given year
- Attention-deficit/hyperactivity disorder (ADHAD)affects an estimated 4% of youth aged 9 to 17 in a six-month period.

The OMH Community Characteristics Profile for Nassau County for 2008 indicated that there were 6,419 mental health consumers in 2009 during the week of the Patient Characteristic Survey; 4,412 adults with serious mental illness and 926 children with severe emotional disturbances. This survey is used to obtain demographic information about the clients. The age breakout was youth 0-17 numbered 1,178 or 18.4%. Adults aged 18-64 comprised 4,837 or 75% of the mental health consumers and adults aged 65+ numbered 403 or 6.3%. The majority of the consumers were white, non-hispanic (61.3%); 1,303 or 20.3% were black, non-hispanic; 866 (13.5%) were hispanic and 182 (2.8%) indicated an other race. The age breakdowns of the mental health consumers in Nassau County were very similar to the NY State percents. The race information indicated that a larger percentage of hispanic or latino consumers were served in NY State compared to Nassau County. Some additional demographics are listed below:

- 49.6% were males; 50.4% were females
- 28.6% had HS Diploma or GED
- 21% had some type of employment either through private employer or employment run by State or Local Agency
- 14.8% were MICA (mental illness and chemical abuse) clients (the largest number utilized outpatient services
- 38% had at least one chronic medical condition
- 91% were not a Criminal Justice nor Juvenile Justice client
- 10.8% of clients were homeless within the last six months
- 59.5% indicated Medicaid as primary insurance

The Medicaid Provider Summary Profile for Nassau County indicated that while the total medicaid dollars paid for OMH-Licensed Services decreased 4.7% between SFY 2009 and SFY 2010, the unduplicated number of recipients increased by 5.8% from 37,682 to 39,883. The percent of total medicaid paid for Inpatient services decreased from 23.2% in SFY 2009 to 21.1% in SFY 2010 but is still high compared to the statewide figures provided as of 3/1/11 (2010 data are still being updated). It is an important consideration in our planning efforts to try and decrease the utilization of this expensive treatment modality as much as possible. One contributing factor to longer inpatient stays is the lack of housing, extending a patient's in-hospital stay unnecessarily.

The nature and extent of the local needs and problems in our Developmental Disabilities Service System is difficult to fully assess and estimate for our constituents due to the serious limitations in the data collection system. Our assessment efforts depend on our Advisory Board, Developmental Disabilities Subcommittee as well as input from other key stakeholders in our service system, and tend to concentrate on the barriers to service as identified through these efforts. In order to best serve our system, there is a need to know how many individuals are applying for various needed services which is unavailable at this time. Needs are identified but cannot always be adequately substantiated with data, and therefore, reliance at this time is concentrated on results of qualitative efforts described in question 3.

2. Analysis of Service Needs and Gaps - Based on the needs assessment results reported in Item #1 above, describe and quantify the mental hygiene prevention and treatment service needs of the population, including recovery support services and other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify target populations and specialized service needs. Use this section to describe changes in the current configuration of the local service system that you believe would better meet the needs of individuals and families in your county, and identify any capital improvement needs within the local mental hygiene service system. This item provides the basis for developing priority outcomes and related strategies designed to achieve those outcomes. Resources you may find particularly helpful in completing this item include: OMH County Mental Health Profiles (Service Use Snapshot), OASAS Service Need Profiles, and OASAS Summary of County Profiles, OPWDD County Profiles, and OPWDD Special Population Enrollments.

Mental Hygiene Service Needs and Gaps

The March 2011 Service Need Profile (see attachment - Nassau Service Need Profile) estimates 157,859 persons with a chemical dependence problem in Nassau County. The potential treatment demand is estimated at 44,604 (28.3% of prevalence) individuals aged 12+ over who would seek treatment in a given year which is similar to last year's estimates. There were 15,171 unique county clients served in treatment programs in NY State, and the admission rate to Nassau County programs was 73% across all treatment services. This rate has stayed the same since last year since the available capacities have not changed, and clients continue to seek certain treatment levels outside of the county.

The percent of need met is low across most treatment service categories. There are no Medically Supervised Withdrawal Services (Inpatient or Outpatient) in Nassau County, and Medically Managed Detoxification services are only meeting 59.6% of the need compared to the statewide 139.8%. Medically Monitored Withdrawal services are meeting only 31.9% of the need compared to the statewide 40.5% met need. Methadone Treatment is meeting only 40.8% of the need and for Community Residential Services only 10.6% of the need is met. It is estimated that 395 beds are needed in the county, but only 42 are available. Inpatient Rehabilitation has the highest percentage of need met at 70%, but this is primarily due to this service being part of the regional resource. Nassau has only 30 Inpatient Rehabilitation beds, but 315 beds are available in Suffolk. Similarly, Intensive Residential Services are also a regional resource with no beds available in Nassau County and only 331 of an estimated needed 1,723 beds are available in the region. The statewide percent of need met is 67.3% compared to the LI Region 19.2% of need met.

The current capacity for Outpatient Services for Adolescents (12-17) decreased from 34,434 visits (March 2010 Service Need Profile) to 26,805 with only 46.6% of the need met. Fewer adolescents are being treated in Nassau County. In 2005, 806 adolescents under 18 were admitted compared to 679 in 2009, a decrease of 16%. The unmet need is 53.4%. More specialized services and professional staff trained in techniques to work with adolescents are needed. The statewide percent of need met for outpatient services for adolescents is only 46.2% indicating that this is a statewide problem. The percent of need met for adult outpatient services in Nassau County is 57.2% which is well below the statewide 74.7%.

Outpatient services to adults are meeting 57.2% of the need. More clients with co-occurring illnesses present challenges that require better trained staff and a variety of services to meet their needs. Also without a continuum of care availability in the county, clients have to be uprooted and seek services in other counties which may make the participation of significant others impossible. Particularly in the case of young adolescents, families need to be involved and participate in treatment.

OMH Service Use Snapshot indicated the counts and percentages of adults and children who received services in Nassau County in different service categories during the 2009 patient Characteristics Survey week (Oct.26 to Nov. 1, 2009) and are listed below:

- Adults (age 18+) n = 5,240
  - 2% (104) utilized Emergency Services
  - 6.3% (331) utilized Inpatient Services
  - 64.7% (3,389) utilized Outpatient Services
  - 21.8% (1,140) utilized Residential Services
  - 25.8% (1,354) utilized Support Services
- Children (age 0-17) n = 1,178
  - 3.6% (42) utilized Emergency Services
  - 3.1% (37) utilized Inpatient Services
  - 71.6% (844) utilized Outpatient Services
  - 2.1% (25) utilized Residential Services
  - 25.5% (300) utilized Support Services

The NY State OPWDD provided the following enrollment data by type of service for persons aged 0-21 and persons 22 and over. Note that a person may be counted more than once based on the program type utilized.

- Community Residential Services
  - 0-21 = 47
  - 22+ = 1774
- Family and Individual Services
  - 0-21 = 3647
  - 22+ = 4918
- Day Services
  - 0-21 = 91
  - 22+ = 3571
- Clinic Services
  - 0-21 = 72
  - 22+ = 880

The number of people with Autism by age is provided below:

- Birth - 8 = 146
- 9 - 17 = 462
- 18 - 21 = 257
- 22 - 64 = 981
- 65 + = 11
- Total = 1857

The number of people withe a dual diagnosis of a developmental disability and mental health diagnosis are provided below by age group:

- Birth - 8 = 4
- 9 - 17 = 23
- 18 - 21 = 40
- 22 - 64 = 1,079
- 65+ = 65
- Total = 1,211

Despite the availability of a rich array of resources in Nassau County, services need to expand in those areas where there is a large unmet need. As previously reported from various assessment efforts, major areas of concern were identified as having critical gaps in services available compared to the need for service. The need for Out-of-Home Residential Care was identified for persons residing with aging parents. It was evident for people with behavioral challenges as well as for the medically frail and aging persons with developmental disabilities.

There is a need for increased Day Services for students transitioning from the children's system to the adult system. In addition, the need for increased Respite and particularly Crisis Respite Services was also emphasized at meetings with stakeholders. It was suggested that expansion of crisis respite programs could serve as a "step up" or "step down" option between home and hospital admissions, reducing the cost of inpatient hospital utilizaation when unnecessary. Anecdotally we have been informed of a large regional waiting list (over 2300) for housing, but cannot confirm the information without concrete data regarding the number of applications that were submitted by individuals seeking services and the number enrolled in services.

In summary, Nassau County would like to be able to provide a continuum of care at all levels to their constituents. With many gaps in service and no or inadequate funding levels, it will be very difficult to achieve this goal. As with the housing problem for all mental hygiene clients, there is insufficient incentive for agencies and organizations to provide housing at the levels many clients require or in the numbers required. There are waiting lists of clients with mental health, chemical dependency, and developmental disabilities problems who need certain levels of supervision and support in order to sustain themselves in their communities.

3. Effective Assessment Techniques and Practices Utilized - One of the objectives of the Community of Practice for Local Planners (CPLP) is to identify effective or innovative planning and needs assessment practices being used in the local planning process that could be shared with other county planners across the state to improve planning efforts. This may also include innovative process change activities that have resulted in a more efficient use of time and resources employed in the planning process. This section contains a list of common needs assessment

techniques that could be used to assess the mental hygiene problems and service needs in the population. Indicate each technique or practice that was utilized in your county's planning process and provide a brief description of how it was used, who participated, and the results achieved.

- [ ] a) Community Forum
- [ ] b) Focus Groups
- [x] c) Advisory Groups/Task Forces/Coalitions
- [ ] d) Key Informant Interviews
- [x] e) Population Surveys
- [x] f) Provider Surveys
- [ ] g) Patient Satisfaction Surveys
- [x] h) Analysis of Secondary Data
- [ ] i) Other (specify):

3c. Advisory Groups/Task Forces/Coalitions:

The department worked with the Community Services Advisory Board and the three subcommittees for mental health, chemical dependency, and developmental disabilities to address issues of concern to the providers, consumers, and other stakeholder's on each of these committees. Some identified problems were unique to the discipline involved, but in most cases problems were not symptomatic of any one system, but crossed all three systems. The subcommittees provided meaningful input regarding our local problems and service needs. The meetings focused on what was not working well in the service delivery system and members brainstormed possible solutions to achieve a better system.

In addition, to the Community Services Advisory Board and the three subcommittes, which are required under Mental Hygiene Law, The Department held regularly scheduled meetings with The Nassau Consumer Advisory Board and with representatives of the multiple groups within the National Alliance For the Mentally Ill. These groups raised and addressed issues which were then brought to the sucommittees for consideration. In some instances it was possible to explore and address issues immediately.

The department is a member of the Heroin Prevention Task Force which came into existence to deal with the problem of heroin abuse and overdose in Nassau County in 2008. With over 150 members, the Task Force has addressed the issues associated with heroin abuse and participated in many activities to educate the public, students, legislators, and the medical community as to the hazards and possible solutions.

The Department also participates on the Education Sub-Committee for the Heroin Prevention Task Force. This committee consists of representation from community-based treatment/prevention, school-based prevention, PTA, school-based administration, local and state government. Currently the committee is utilizing the data from the Youth Development Survey to develop a program for parents that is geared toward the identified risk and protective factors.

3e. Population Surveys:

Nassau County and Suffolk County participated in the 2010 Long Island Region Youth Development Survey which continued the effort of the OASAS 2008 New York State Youth Development Survey. With funding from OASAS, the county was able to sample a larger number of students and compare it's results to the 7-state norm, the Monitoring the Future Study, and to Suffolk County. It provided specific information to the school districts that participated and allowed them to identify areas in which they are doing well and areas they need to improve.

3f. Provider Surveys:

A survey was emailed to all local developmental disabilities provider agencies as well as key advocates and recipients of services in an effort to elicit their views regarding local issues and concerns. The goal was to obtain ideas and insights on how to improve quality and outcomes for all the service recipients, and served in the development of a priority outcome for OPWDD. The survey consisted of the following four questions:

- What is your vision for a better system?
- What is currently working?
- What is not working well?
- What should be done to reach a better system?

An informal survey was sent to all school-based social workers concerning suicide prevention/intervention/postvention policies and/or procedures. 18 districts provided information, 17 districts returned survey forms.

- 16 districts had reported incidences of suicidal ideation and/or suicide attempts, the 17th was an elementary school district10 districts responded that they had a suicide plan, but the majority stated that this plan was part of a crisis plan
- 6 districts responded that they had a written policy or procedure for a crisis that includes suicide
- 14 districts responded that they have a crisis team, although some were more informal and limited in the scope of

membership
- 9 districts responded that suicide prevention/postvention awareness training is provided but not conducted on an ongoing or formal basis
- 6 districts responded that parent awareness and education programs are provided, though not on a regular or formal basis and in many instances via pamphlet distribution
- 13 districts responded that student awareness and education programs are provided predominantly through the health class curriculum

3h. Analysis of Secondary Data:

Data is obtained from various other departments and maintained for trend analyses, e.g., Medical Examiner's Office, Police Department, Traffic Safety Board, Health Department, SAMHSA, Office of Mental Health, National Institute for Mental Health, PARIS, Center for Substance Abuse Prevention, Center for Substance Abuse Treatment. Data are routinely extracted from the OASAS client data system and requests are also submitted to OASAS for special data runs to answer questions that have been raised in the county.

Attachments

- Prescription Drug Admissions by Year.xlsx - Prescription Drug Admissions
- Risk Factors - Nassau County.xlsx - Risk Factors
- Protective Factors - Nassau County.xlsx - Protective Factors
- Nassau Service Need Profile.pdf - March 2011 Service Need Profile

2012 Planning Activities Report Form (Part B: Policy and Planning)
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: James Dolan (6/1/11)

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

1. Recovery Support Awareness Efforts (OASAS)

In the wake of the court ruling in DeStefano v. Emergency Housing Group in 2001, OASAS issued a local services bulletin LSB 2002-05 clarifying what providers could and could not do regarding attendance at AA meetings or other community-based and faith-based self-help meetings. Refer to the discussion about this issue in the guidelines for additional context before answering Question 1a below. Among the variety of recovery support services that may be available in your county, Recovery Coaching and Telephone Recovery Support have each shown to have success for people in early recovery while still in treatment. OASAS is trying to increase awareness and use of these two recovery supports.

1a. What effort has the county made, or is making, to ensure that providers understand the guidance provided in LSB 2002-05 and are connecting individuals to community and faith-based recovery supports such as AA or other self-help groups while they are still participating in treatment?

The LGU provided intrepretive guidance regarding the contents of LSB 2002-05 at the time it was issued. Since that time the Program Liaison staff during annual program reviews have determined that contract program staff have continued to encourage c;ient participation in self-help activities concurrent and subsequent to the client's enrollment in treatment.

1b. What effort has the county made, or is making, to increase the awareness of providers of Recovery Coaching and Telephone Recovery Support these two recovery support activities?

In absence of the verification of a funding mechanism for the staff needed to provide recovery coaching and telephone recovery support, this LGU has not been active in encouraging these activities. Should the services provided by these paraprofessional staff become reimburseable under the APG funding mechanism, we will, of course, actively encourage that they be added to the staffing patterns.

2. Medicaid Redesign (Optional)

In January, Governor Cuomo established a Medicaid Redesign Team. Its objective is to find ways to reduce costs and increase quality and efficiency in the Medicaid program. Part of this effort includes seeking ideas from the public at large, as well as experts in health care delivery and insurance, the health care workforce, economics, business, consumer rights and other relevant areas. These guidelines provide counties with an additional opportunity to provide input into this process. Resources you may find particularly helpful in completing this item include: OASAS Detailed Medicaid Recipient Profiles (2007-09), OMH County Mental Health Profiles (Adult Medicaid Expenditures).

2a. What specific system or program reforms/changes have you enacted, or are you proposing to enact during the reporting period, that will improve quality and/or reduce costs to the Medicaid program?

2b. What specific regulatory or administrative changes have you implemented locally (in partnership with your Medicaid Managed Care companies or local Commissioners of Social Services/Human Services) to lower costs and/or improve quality within the Medicaid program?

The county has previously implemented a MATS program. The funding was curtailed by OASAS. We continue, however, to believe that the ability to identify, and manage the care of high end users of medicaid funded behavioral health services is an effective means of reducing Medicaid costs. The lack of succes in our prior effort was directly related to the receipt of delayed and inaccurate identifying information supplied to the LGU by State DOH.

2c. What current elements of your local Medicaid program or system of care do you find have truly worked to control costs and enhance quality, and that you feel should be preserved or expanded?

2d. What other recommendations do you propose to restructure the State Medicaid program that could "...achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure?"

3. Mandate Relief Redesign (Optional)

In January, Governor Cuomo established a Mandate Relief Redesign Team to review unfunded and underfunded mandates imposed by the New York State government on school districts, local governments, and other local taxing districts. Unfunded and underfunded mandates drive up costs of schools, municipalities, and the property taxes that support them. The team is looking for ways to reduce the costs of mandated programs, identify mandates that are ineffective and outdated, and determine how school districts and local governments can have greater ability to control expenses. Given the objectives of the Mandate Relief Redesign Team described in these guidelines and the categories in which it is soliciting recommendations, identify potential mandate relief actions that you would like passed on to the team for consideration. For each recommendation, indicate whether the recommendation is for statutory or regulatory relief.

4. Integration of Mental Hygiene Services (Optional)

Given the current fiscal climate and dire budget projections for the years ahead, and given the ongoing efforts of LGUs to find more efficient and effective ways to meet the needs of people with co-occurring disabilities or to meet common needs across the different mental hygiene service systems, and given the priority of the governor to reduce the cost of needed services, identify potential strategies that will meet these objectives.

4a. Identify efforts the county has undertaken, or plans to undertake, that will lead to efficiencies and improved quality of care.

1) The county has initiated an integration process for mental health and chemical dependency LGU staff to share expertise in assessing and identifying service needs of the co-occurring population of Nassau County. The goal is to implement evidence-based strategies for the COD population so as to improve treatment outcomes while formulating a more comprehensive system of care for Nassau County residents.

2) The county has identified administrative leadership staff that relate to both mental health and chemical dependency executive directors. This promotes both system and provider integration which is central for increasing the quality of care for COD clients.

3) The county previously funded a Pilot COD Treatment Program. The program design followed the Integrated Dual Disorder Treatment (IDDT)

protocols and assessed efficiency and effectiveness through monitoring of National Outcome Measures (NOMS) for co-occurring disorders.

4) The county presented a conference on "Co-occurring Disorders:Emerging Solutions to Integrated Care" which featured national and regional leaders.

4b. Identify strategies for service integration and care coordination.

The Nassau County LGU is committed to improve the treatment systems ability to provide appropriate and effective intervention for persons with co-occurring disorders. Toward that end we will:

1-Continue to partner with the NYS Health Foundation funded Center of Excellence in Integrated Care to evaluate and enhance integrated care and to address barriers which inhibit necessary care coordination.

2- Continue to identify training needs and partner with the NC Mental Health Association, NYS OASAS, and NYS OMH to design and deliver training such as motivational interviewing, CBT, stage-wise interventions, etc.

3- The county LGU is anticipating working with CEIC Director Dr. Stanley Sacks to refine strategies for both service and system integration.

4c. Identify potential strategies beyond the Medicaid redesign and mandate relief strategies covered in the two previous questions that can or should be employed at the state government level that will create a more favorable environment for the county and providers to provide more efficient and quality services.

Inclusion of LGU personnel in decisions affecting the local service delivery system will help to create a sense of partnership and acknowledgment of LGU awareness of community needs and priorities

2012 Mental Hygiene Priority Outcomes Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Plan Year: 2012
Certified: Anna Halatyn (6/13/11)

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

2012 Priority Outcomes

Priority Outcome 1 In Progress
The availability of evidence based treatment services and coordination of care for persons with multiple disabilities.

Both anecdotal and quantitative data support the reality that persons often enter chemical dependency treatment, or mental health treatment while simultaneously suffering from the ill effects of a co-occurring CD, MH diagnosis, or with the challenge of a developmental disabilty. Similarly, it is not uncommon to find persons in developmental disability services who also have a MH or CD diagnosis. To adequately address the needs of these clients with multiple needs, it is necessary that staff be adequately trained and that resources are adequate to support a range of services to allow for integrated treatment through the application of best practice models. In this way outcomes will be improved.

Beginning in 2009 The Center for Excellence in Integrated Care identified and reviewed 3 cohort groups of programs to assess their ability to provide services to clients with co-occurring MH and SA diagnosis. To date the Nassau CD and MH programs reviewed are "approaching" the 3.0 level of co-occurring capable. The goal is to move all services to at least the 3.0 level.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top two priority for OASAS.
This outcome has been selected as a top two priority for OMH.
This outcome has been selected as a top two priority for OPWDD.
Target Complete Year: 2013

Strategy 1.1 In Progress

Continued integration and operational understanding among the CD, MH and Developmental Disability staff of a recently merged county department. This includes developing forums for staff exchange of information to facilitate cross training, for leadership meetings across areas to further educate on treatment philosophies, protocols, regulations and barriers to integrated treatment, and for merged program visits and reviews for programs reporting service provisions to those with multiple disabilities.

2011 Progress: The mental health, chemical dependency and developmental disability staff routinely and regularly participate in meetings to share and exchange program information, to discuss common issues and to plan for maximization of system resources.Many of the barriers to fuller collaboration and cooperation among the systems could also be viewed as assets to that process if there were true integration of the behavioral health systems. For instance, the mechanisms and support for housing and case management within the MH system would benefit clients receiving chemical dependency services; and the support and mechanism for vocational development services within the CD system would be of benefit to those in the MH and DD systems. Likewise, the data collection efforts, resulting IPMES reports and outcome measurement is well developed in the OASAS system but absent from the MH and OPWDD system. Integrating these support and administrative systems would result in a more appropriately responsive system of care for the client population. 2012 Update: A renewed effort and energy has been infused into the department's movement toward full integration. The division into an Adult and Children's division while respecting and retaining the appropriate level of experience and expertise in leadership positions has resulted in significant progress in informational exchange, idea generation and systems planning. Both the Adult and Children Program Liaison's will operationalize an integrated approach to program oversight and review in the coming year. In addition the department will work to revise its vision and mission statements to better reflect a service integration approach to the delivery of behavioral health services.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Cross System Collaboration; Mental Hygiene Workforce Development;

Strategy 1.2 In Progress

Continued training and improved capacity for the development of best practice treatment approaches including the integration of Motivational Interviewing as a standard of care in at least 50 % of all funded CD outpatient programs.

2011 Progress: Through the Reclaiming Future Initiative additional provider staff received training in motivational interviewing and other EBT approaches. Although most funded programs now have at least 1 or more tstaff trained in these methods, they find it difficult to train all staff due to the time requirements and the shortage of replacement personnel. So while the EBP is not yet the standard of care, it is practiced with greater frequency in a greater number of programs. We will continue to monitor progress made through 2010 in training and integrating MI as a standard of care. 2012 Update: In keeping with the departmental focus on integrated treatment capacity, this strategy is expanded to included MH agencies. They will be encouraged to integrate this evidence based practice into their treatment approach for persons with co-occurring disorders.

Agencies: OASAS; OMH;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Service Engagement;

Strategy 1.3 Dropped

Continue to provide operational oversight and outcome evaluation to the county funded co-occurring demonstration program operated by Peninsula Counseling. The experiences and resulting operational analysis and data will be used to inform other providers of the most effective and efficient program design and clinical interventions.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Cross System Collaboration;

Strategy 1.4 Accomplished

Support for a proposed outpatient Mental Health Clinic (Article 31) application by a licensed OPWDD Outpatient Clinical Service provider (Article 16). The Clinic will specialize in providing Mental Health services to individuals with a secondary diagnosis of epilepsy and/or cognitive limitations (i.e., Borderline intellectual functioning).

2011 Progress: On April 1, 2010 an OPWDD licensed program began operating an OMH licensed clinic for clients with a dual disorder.

Agencies: OMH; OPWDD;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Health & Wellness;

Strategy 1.5 In Progress

Department leadership and program liaison staff will work with Drs. Stanley and Jo-Ann Sacks on system integration to complement the work being accomplished on the service level towards a system of appropriate services for persons with a co-occurring disorder. This will assist with developing vision and mission statements and a strategic plan to include strengths, weaknesses, opportunities, analysis of the current system and ultimately goals and objectives for moving forward.

Agencies: OASAS; OMH;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Cross System Collaboration;

Strategy 1.6 In Progress

Development and Implementation of 12 step Double Trouble groups within Nassau County to address the specific needs of individuals with co-occurring mental health and chemical dependency issues.

Agencies: OASAS; OMH;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Social Connectedness / Inclusion / Social Support;

Strategy 1.7 In Progress

Revitalization of the Memorandum of Understanding that was initiated in 1988 and revised in 1998 regarding services to the multiply disabled (Mental Illness & Mental Retardation/Developmental Disabilities). This memorandum recognizes the need for programs from OPWDD and OMH to be available to persons with multiple disabilities in the County.

Agencies: OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Cross System Collaboration;

Strategy 1.8 In Progress

Encourage outpatient mental health treatment agencies to provide injectable medication. When necessary and appropriate, injectable medication may increase psychiatric stability, enabling the individual to address other issues including chemical dependency and/or physical issues.

Agency: OMH;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity);

Priority Outcome 2 In Progress
Improve the availability of a stable, well-trained work force to improve consumer outcomes and satisfaction with services

Individuals with disabilities deserve competent and consistent care from people who care about them, but also from people who enjoy and take pride in their work. It means that as we enhance the types of services we offer, we must also work to improve the job of the direct support worker, making it one of high standards and desirable, rewarding work. Improved training regimens and enhanced direct support skills training, incorporating elements of values-based competencies, are needed as are other methods to stabilize our workforce. We must also address comprehensive strategies to expand our applicant pool to improve the stability of our workforce.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013

Strategy 2.1 In Progress

Agencies that employ direct support workers should use a mix of techniques, such as realistic job previews and job shadowing, to identiify those workers who value developing positive, interested and caring relationships with the people they serve.

Agencies that employ direct support workers should undertake a comprehensive review of their employee training regimen and enhance direct support skills training by incorporating elements of values-based competencies.

Agencies that employ direct support workers should make employee training for all levels of staff ongoing and establish a schedule and procedures for regularly assessing the effectiveness of their training programs.

2011 Progress: The importance of skilled and motivated staff, especially direct support staff in delivering quality service continues to be a priority issue. Our provider agencies report investing considerable resources in staff training and development and have developed training standards according to best practice competencies. Training protocols include initial orientation to the agency's mission goal and services and supervisory oversight and training of direct care workers performance of their specific job responsibilities. Employees hired or promoted into supervisory positions are also expected to attend Supervisory Management Training courses. Also, data bases are being employed to track attendance and completion of training courses and monitor as to when staff are due for retraining. Other specific methods utilized by the LIDDSO to combine skills based training programs with comprehensive self assessment practices include: The development of a 3-day on-the-job training program for new Direct Care staff to give them first-hand, early out-of-the-classroom experience in working with our individuals.Attendee evaluations of our LI DDSO training sessions to obtain feedback to improve class trainings. Participants are also asked to assist in the development of other topics that would be help them with their jobs. A varied menu of short computer classes has also been developed by our LI DDSO. The topics are often conceived "on the fly" by special request of the Users participating in the training. Hands on computer training assists in the development of enhanced network and system skills which support all aspects of our work. The LI DDSO has also been a proud participant in the SUNY Stony Brook School of Social Work's "Extraordinary Caregiver Recognition Program", as well as the "Caregiver Fatigue Program" wherein select employees participate in educational presentations, group discussion and are awarded certificates of recognition for their outstanding work as direct care professionals.

Agencies: OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Mental Hygiene Workforce Development;

Strategy 2.2 In Progress

In addition to the mandatory training requirements, the County will continue to support and encourage program staff to access workshops and seminars which provide skill development in best practice methodologies. By supporting professional growth and development, treatment effectiveness is enhanced and job satisfaction is improved.

2011 Progress: The number of training opportunities available through the Mental Health Association with funding from the Department has been expanded to include topic relevant to CD treatment and prevention providers and is offered at little or no cost. 2012 The Department will continue to sponsor an annual conference highlighting relevant training topics

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Mental Hygiene Workforce Development;

Strategy 2.3 In Progress

Agencies that employ direct support workers should continue to press with their elected officials, advocacy groups, professional associations and the media to obtain a living wage for persons working with individuals with developmental disabilities, particularly so given the high costs of living in the Long Island region.

Addressing the disparity between the salaries and benefits offered to State employees and those of individuals employed in the non-profit sector, where the overwhelming amount of turnover occurs, should be considered.

2011 Progress: Our agencies continue to be committed to advocating at various public forums for a fair and equitable living wage for direct care staff who are vital to assuring that quality services continue to be provided.

Agencies: OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Mental Hygiene Workforce Development;

Strategy 2.4 In Progress

Development of a comprehensive and targeted advertising campaign to recruit direct support personnel from a wider geographical area using a wide variety of media: billboards, television, radio, print and web-based recruiting.

Agency: OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Mental Hygiene Workforce Development;

Strategy 2.5 In Progress

Direct care clinical staff continue to care for an increasingly complex clientele with the expectation that they learn and incorporate new, innovative, evidence-based treatment methodologies and respond to the documentation demands of funders, certifying agencies, contract holders and referrers. The pay scale for these professionals has not been adequately addressed and wages in general for behavioral health professionals is below the market value for other similarly educated and experienced professionals. Funding to equalize this disparity will be necessary if the public treatment system is to compete for the necessary professional staff to assure competent service delivery.

Agencies: OASAS; OMH;
Target Complete Year: 2014
Is this an innovative practice that you would like to share with others?: No
Focus: Mental Hygiene Workforce Development;

Strategy 2.6 In Progress

Agencies that employ direct support workers should encourage staff to enroll in certification training programs. The Reaching Up Program through Nassau Community College provides carefully designed direct support courses that target skills needed by today"s DSPs. It is a tuition free program available to full time employees after 6 months of continuous service who are in good employment standing.

Agency: OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Employment / Education; Mental Hygiene Workforce Development;

Priority Outcome 3 In Progress
Greater choice and input regarding individualized services by consumers, with a focus upon community inclusion.

Consumers and families desire a planning process that places the consumer or family squarely in the center, basing services and supports on their personal capacities, needs and interests. As part of this, many individuals expressed the need for typical supports, activities and services in the community to be more accommodating, accessible and available to children and adolescents with developmental disabilities, through home school districts rather than having to rely upon OPWDD-funded activities that are not necessarily integrated. Many families expressed that children and adolescents with developmental disabilities do not have equal access to after school activities that are enjoyed by neuro-typical children such as clubs (i.e. photography, chess, school paper), sports (i.e., track, baseball...) and activities (school plays, art and music), whether inclusion or parallel programs.

Within the Person Centered Planning framework individuals with developmental disabilities and families will be encouraged to exercise more input over the identification, individualization and design of their personalized system of supports and services to make these more responsive to their personal needs and preferences, many of which will involve natural community supports of their choosing.

Agency: OPWDD;
Target Complete Year: 2013

Strategy 3.1 In Progress

To advocate for greater opportunities for interpersonal contribution in the community, through working, volunteering and joining clubs and civic organizations that are not disability -related or provider-agency driven/organized. For example: persons interested in physical fitness to be enrolled in the gym or fitness program of their choice (i.e., Gold's Gym or Jenny Craig or Weight Watchers).

Exploration of alternative transportation methods to access vocational, recreational and other resources in the community.

Encouraging higher-functioning consumers to manage their own plan of services through self-determination and increased levels of self-advocacy to allow for greater independence in decision making and more fiscal control.

Increased use of ISS and/or Consolidated Support Services funding by families and consumers.

2011 Progress: In Nassau County our agencies have engaged in activities that enhance self-determination recognizing our consumers and their families as an important part of the planning process. Several of our agencies are Compass certified requiring a management plan and self survey process which is consumer centered and involves all stakeholders including consumers and their families. Within the Person Centered Planning framework a greater number of our residents with developmental disabilities and their families have exercised input over the design of their personalized system of supports and services, many of which have involved natural community supports of their choosing. In furthering our progress towards full community participation in all activiites, Nassau County has also engaged in the Portal initiative which has facilitated the self determination process. This service model can hopefully be expanded over time to include additional residents in our region. As people with all levels of disabilities attempt to live inclusive and contributory lives in the community, transportation continues to be an ever increasingly vital service that many cannot addess. Inadequate transportation continues to be the over-riding issue identified as an obstacle preventing people with disabilites from maximizing their potential for full communtiy inclusion.

Agency: OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Social Connectedness / Inclusion / Social Support; Self-Direction;

Priority Outcome 4 In Progress
To assure safe, stable, supportive housing which promotes recovery, facilitates rehabilitation and maximizes potential for independent living.

In the absence of appropriate transitional and permanent housing, the return to full familial functioning and social standing is delayed and complete recovery is never achieved for those with CD and/or MH disabilities. Housing is equally important for persons with Developmental Disabilities as it serves as the foundation for achievement of their life goals.

Unfortunately, there are substantial shortages of residential options for our clients and at times clients are forced to dwell in an environment that undermines their sense of well being. In Nassau County the housing dilemma is complicated by the suburban attitude of "Not in My Backyard." Increasingly there are fewer areas that are not in someone's backyard which makes citing of residential and housing resources a difficult undertaking.

This situation has also been difficult to resolve because the funding levels received from state government are barely sufficient to cover the cost of living on Long Island.

New York State has been developing only the least supervised housing and this housing is slotted for individuals with a major mental illness, who are being discharged from long long term facilities. It is evident that a higher level of care is needed. Our system is therefore clogged with minimal movement due to the low number of supervised housing slots, which are the ones most needed and in demand.

New York State Cares continues to be a crucial initiative providing out-of-home residential opportunities for our Developmentally Disabled clientele. However, it should also be recognized that there is concern in our area regarding the limits on development of supervised opportunities for individuals currently living at home with aging parents. It is our recommendation that OPWDD consult with our agencies to continue to establish new opportunities for this special population.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top two priority for OMH.
This outcome has been selected as a top two priority for OPWDD.
Target Complete Year: 2013

Strategy 4.1 In Progress

Support the development of a housing initiative resulting from the OASAS 100 bed planning supplement

2011 Progress: There continues to be movement toward the Center for Rapid Recovery application. A site has been identified in Freeport but will require a zoning variance before the funding is made available for purchase. In addition the proposal has been altered from a female to a male community residence.Update: The identified site was not able to be developed and the provider has been unable to identify an alternative. The funding continues to be available and so the situation will continue to be monitored in the current year.

Agency: OASAS;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Housing;

Strategy 4.2 In Progress

Participate in dialogue with OASAS/OMH/OPWDD regional staff and others to identify and pursue the establishment of permanent housing options within Nassau County.

2011 Progress: We are in the process of developing a 50 bed CRSRO facility. The planning and developing stage has begun. The time line for implementation and completion is still in question.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Housing;

Strategy 4.3 In Progress

It is our recommendation that OMH adopt a funding methodology for supported housing beds that is commensurate with the cost of living in Nassau County. If this is done it would allow for the establishment of new beds in a timely manner and it would enable providers to not limit their search for apartments to the lower socio-economic areas of the county.

2011 Progress: This issue remains a priority concern given the fact that a high percentage of the supported housing beds are in neighborhoods that are considered undesirable.

Agency: OMH;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Housing;

Strategy 4.4 In Progress

Many of the clients living in community beds have complex, difficult to manage conditions, such as MICA, MI/DD or forensic backgrounds. Because of this, supported housing providers would benefit from receiving additional funds to be used to provide skill enhancement services for clients whose community tenure is jeopardized.

2011 Progress: Many of our clients who are severely symptomatic, require additional skill enhancement services for extended periods of time. Nassau County, using wrap around funds through reinvestment funds, has been providing individual plans for such services. Currently, there is no traditional funding stream that will provide for housing supports of this nature.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Housing;

Strategy 4.5 In Progress

There is a need for people who cannot live in shared housing and require more support than offered in scatter site apartments. Therefore, we recommend that additional beds be clustered in such a way that 24 hour staff can be on premises in a separate apartment.

2011 Progress: This remains a priority concern and it is our recommendation that OMH offer housing of this sort to accomodate the client who would not tolerate or benefit from a group living situation, and needs more supervision than what is available in supported housing.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Housing;

Strategy 4.6 In Progress

Persons with Austims-Spectrum Disorders and those with behavioral challenges represent a significant proportion of the persons served by OPWDD and constitute a population of major concern. Because of the needs of the consumers with behavioral challenges, agencies are required to provide more intensive levels of supervision and support. The staffing of these residences has become increasingly more difficult due in part to the nature of the clients served; and, difficulties in attracting and retaining qualified direct-care personnel, particularly so when the individuals span multiple service delivery systems.

On the local level, meetings need to be held between the heads of the Nassau and Suffolk LGUs, the LIDDSO and the Regional offices of OMH and OASES to focus upon the re-development and coordination of residential services with appropriate clinical supports. It would also appear to be appropriate to involve the local Department of Social Services.

2011 Progress: This remains a priority concern and it is our recommendation that OPWDD and OMH continue a more collaborative approach to provide residential services with appropriate clinical supports.

Agencies: OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Housing; Cross System Collaboration;

Priority Outcome 5 Dropped
To provide prevention, intervention and treatment responses to the increased abuse of heroin and other opiates by adolescents and young adults.

According to the Nassau County District Attorney's Office the number of annual heroin overdose deaths has risen from 24 in 2004 to 46 in 2008. During that same time peroid the number of overdose deaths from other opiates has gone from 28 to 97. Heroin arrests have increased from 171 in 2007 to 386 in 2009. In 2008 there were 168 arrests for illegal possession of prescription medications. That number increased to 673 in 2009.

Within the county's CD treatment system admissions to non-crisis services (outpatient, residential, inpatient rehabilitation) of persons indicating heroin as the primary, secondary or tertiary substance of abuse increased from 9% of the total to 12% between 2004 and 2009. During the same time period admissions to crisis services (detoxification and medically monitored withdrawal services) of those with primary, secondary or tertiary heroin increased from 35% to 47%. Within crisis services the percentage of admissions for persons ages 19 - 25 whose primary substance of abuse is heroin has increased from about 30% in 2004 to 48% in 2009.

A response to these statistics utilizing the approaches grounded in prevention, intervention and treatment will help to avoid the continued loss and destruction to young lives.

Agencies: OASAS; OMH;
Target Complete Year: 2012

Strategy 5.1 Dropped

Establish and prticipate in a Community of Solution to form a consensus direction/strategy to address the issue of heroin abuse among the adolescent and young adult population in Nassau and across Long Island

Agencies:
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Quality Management; Cross System Collaboration;

Strategy 5.2 Dropped

Engage in efforts to increase EBP prevention throughout the county to assure that young people, schools, parents and communities are exposed to consistent messages and approaches to reduce risk and increase protective factors against any substance use/abuse and other destructive

behaviors.

Agencies:
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Health & Wellness; Service Engagement;

Priority Outcome 6 In Progress
To provide a comprehensive service system to address the needs of the adolescent population.

In the past 2 years the county has focused its attention on the issue of heroin use among adolescents. While there was an increase in the number of deaths from heroin overdose, there was an even more significant increase in the number of overdose deaths from other opiates. It has gradually become clear that while the heroin issue cannot be ignored it also cannot be the sole focus of our efforts to improve life for the adolescents within Nassau County. The dialogue generated by the "Heroin Crises" indicates that our current CD/MH service system needs to develop addiitional innovative and best practice treatment models in order to meet the needs presented by an adolescent population using and abusing a range of both legal and illegal substances and often presenting with a co-occurring MH disorder.

Agencies: OASAS; OMH;
This outcome has been selected as a top two priority for OASAS.
Target Complete Year: 2013

Strategy 6.1 In Progress

Engage in efforts to increase evidence-based prevention throughout the county to assure that young people, schools, parents and communities are exposed to consistent messages and approaches to reduce risk and increase protective factors against substance use/abuse and other destructive behaviors.

Agency: OASAS;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Service Engagement;

Strategy 6.2 In Progress

The development of adolescent specific detoxification and residential treatment beds is needed. It should be acknowledged that the reimbursement rate for these beds needs to be higher than the adult reimbursement rate due to the increased level of staffing needed for the adolescents.

Agencies: OASAS; OMH;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity);

Strategy 6.3 In Progress

This LGU and several identified adolescent treatment providers are willing to work with OASAS and OMH to define and refine the outcome indicators and best practice parameters for adolescent treatment. The outpatient treatment of adolescents continues to be "measured" by the same indicators with the same expected parameters used with adult ambulatory services. This approach denies the very real needs of the adolescent population and the staffing resources necessary to adequately address those needs. To continue to "measure" adolescent providers using adult treatment standards is contrary to adolescent best practice standards.

Agencies: OASAS; OMH;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Quality Management; Cross System Collaboration;

Priority Outcome 7 In Progress
Addressing the physical health needs of individuals with behavioral health issues

Anecdotal and quantitative data indicate that individuals with a mental health, chemical dependency, or developmental disability and individuals with multiple disabilities do not receive adequate, on-going and consistent treament for physical health issues. This has resulted in life spans which are, on average, 25 years less than other segments of the population. To adequately address the needs of these clients, there must be an increased emphasis on physical health education, prevention and treatment together with increased collaboration between the behavioral health and physical health entities.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013

Strategy 7.1 In Progress

Behavioral health providers will develop MOU's with Medical Homes, hospitals and physical medicine departments to provide evidence based medical care for individuals with mental health, chemical dependency, developmental disabilites and medical comorbidities. The MOU's would include provision of care, coordination of care and sharing of information.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Health & Wellness; Cross System Collaboration;

Strategy 7.2 In Progress

Behavioral Health Agencies, to the extent allowed by regulation, will incorporate physical medicine as part of the ongoing treatment regimen.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Health & Wellness; Cross System Collaboration;

Strategy 7.3 In Progress

Plan the development and implementation of behavioral health homes within Nassau County.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Health & Wellness; Service Access (Capacity);

Strategy 7.4 In Progress

To participate and help in the formation of the Long Island Regional Health Information Organization System, LIPIX. This will facilitate information to be electronically shared between participating providers, improving the integration of care for clients.

Agency: OMH;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Cross System Collaboration;

Priority Outcome 8 In Progress
Move away from an "input" oriented system of services to an "outcome" driven model.

We all agree that New York is at an historic turning point in its support and administration of public health care. As we reappraise our current delivery system and examine alternative approaches to deliver quality services, regulatory reforms that will promote efficient, coordinated and cost effective services are essential.

Agencies: OMH; OPWDD;
Target Complete Year: 2013

Strategy 8.1 In Progress

Maintain full County participation in concert with our Voluntary Provider sector with the restructuring of our system of care thru the 1115 Waiver (People First Waiver).

Agency: OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Health & Wellness; Cross System Collaboration;

Strategy 8.2 In Progress

Promote regulatory reform to eliminate billing and compliance documentation standards that do not contribute to valued outcomes for individuals. The significant fiscal burden of ever increasing State issued compliance mandates continues to diminish Provider funds that could enhance and increase client services resulting in improved outcome success.

Agency: OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Health & Wellness; Cross System Collaboration;

Priority Outcome 9 In Progress
Improve access to a more comprehensive transportation system to allow people with disabilities to live successfully in the community.

As people with disabilities attempt to live inclusive and contributory lives in the community, transportation continues to be an increasingly vital service that many cannot access. Inadequate transportation is an over-riding issue identified as an obstacle preventing people with all levels of disability to live productively and successfully in the community. Improving individualized transportation opportunities is indeed a challenge.

We must continue to promote and support creative initiatives to further develop, expand and evolve this critical service

Agencies: OMH; OPWDD;
Target Complete Year: 2013

Strategy 9.1 In Progress

Exploration of a volunteer and scheduler initiative across all agencies that will enable consumers and families to pool their transportation resources, allowing for greater community inclusion utilizing consumers who drive, family resources and agency resources.

Agency: OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Social Connectedness / Inclusion / Social Support; Transportation;

Priority Outcome 10 In Progress
To ensure the availability of a conintuum of behavioral health care.

Resource limitations are having a major impact on the service delivery system.There needs to be a focus on maintaining an array of appropriate levels of care in an environment in which services are being dramatically eroded. The continued down-sizing of the state hospitals without a concomitant fiscal investment in community based resources, has resulted in clients who are unstable, or marginally stable being treated in outpatient treatment agencies. Due to the loss of most day treatment and clubhouse slots, there are limited structured activities available for individuals with a serious and persistent mental illness and those with co-occurring disabilities. Statistics indicate an increasing rate of re-hospitalizations and incarcerations.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2011

Strategy 10.1 In Progress

Encourage the development of alternative strategies, alliances, and mergers among providers in an effort to maintain a continuum of care, as resources are reduced.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Cross System Collaboration;

Priority Outcome 11 In Progress
Provide culturally competent treatment services for Veterans and their families.

Data indicate that Veterans and their families are reluctant to obtain services through the traditional mental health system. Anecdotal data indicates that combat Veterans, in particular feel that treatment staff do not understand and may have a negative reaction to issues emanating from their combat training and experiences.

Agencies: OASAS; OMH;
Target Complete Year: 2011

Strategy 11.1 In Progress

Provide specific training for treatment staff in agencies to work with Veterans and their families.

Agencies: OASAS; OMH;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Cross System Collaboration; Mental Hygiene Workforce Development;

Strategy 11.2 In Progress

Encourage each mental health and chemical dependency agency to ensure, at least, one staff member is trained to provide culturally competent services to Veterans and their families.

Agencies: OASAS; OMH;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity);

2012 Multiple Disabilities Considerations Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: James Dolan (6/1/11)

Consult the LSP Guidelines for additional guidance on completing this exercise.
LGU: Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)

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

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

(●) Yes
( ) No

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

The Department of Mental Health, Chemical Dependency and Developmental Disabilities Services has units such as Case Management, EAP, and Court Services which are all staffed by persons with credentials and experience to recognize, identify and intervene with clients with mutiple health and social service needs. The department's single point of access for case managment, Assertive Community Treatment, intensive in-home services for children, and adult mental health housing are entry points for levels of care that address the needs of individuals with a primary mental health diagnosis, a large percent of those served also have a co-occuring drug/alcohol disorder. We also operate a Methadone Maintenance Treatment Program with a caseload of almost 600 clients, 100 of whom are prescribed psychotropic medications. In addition, we recently received approval from OMH to establish the first clinic in NYS that is licensed to served the mentally ill and developmentally disabled population.

Other county departments, such as Social Services, Veteran's Services, Senior Citizens, Youth Board, also utilize the expertise within the department to access and address the unmet mental health, chemical dependency and developmental disability needs fo their clientele.

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

(●) Yes
( ) No

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

Under the direction of the commissioner, with input from a range of stakeholders that includes state agencies, providers, family members, consumers, criminal justice, and DSS, we continue to modify and develop services that address the needs of those we serve. As part of that process the assurance of access to evidenced based practices for those with multiple disabilities is a priority concern.

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

(●) Yes
( ) No

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

We have an effectively functioning "Auspice Committee' that is comprised of representatives from the department, OMH, and OMRDD. The purpose of this committee is dispute resolution and the provision of joint service planning for mutiply disabled consumers. We also recently estabilised a "Difficult to Serve" committe that is comprised of executive directors of community based agencies. This group will develop recommendations for serving individuals who are high risk for hospitalization, homelessness, or criminal justice involvement. A high percentage of the cases to be addressed by that committee are likely to have co-occurring disorders.

2012 Community Service Board Roster
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Patricia Fulton (4/13/11)

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

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

Member	
Name	Anthony Cummings
Physician	No
Psychologist	No
Represents	Consumer
Term Expires	1/1/2015
eMail	

Member	
Name	Patricia Hincken
Physician	No
Psychologist	No
Represents	Long Beach Medical Center
Term Expires	1/1/2014
eMail	phincken@lbmc.org

Member	
Name	Mary Lou Jones
Physician	No
Psychologist	No
Represents	South Shore Child Guidance Center
Term Expires	1/1/2013
eMail	mljones@southshorechildguid.org

Member	
Name	Arnold Gould
Physician	No
Psychologist	No
Represents	Family
Term Expires	1/1/2015
eMail	

Member	
Name	Constantine Ioannou
Physician	Yes
Psychologist	No
Represents	Nassau University Medical Center
Term Expires	1/1/2015
eMail	

Member	
Name	Carlos Tejara
Physician	Yes
Psychologist	No
Represents	FEGS - Clinic
Term Expires	1/1/2014
eMail	

Member	
Name	Mary Fasano
Physician	No
Psychologist	No
Represents	Family
Term Expires	1/1/2014
eMail	

Member	
Name	Thomas Hopkins
Physician	No
Psychologist	No
Represents	Epilepsy Foundation of America
Term Expires	1/1/2015
eMail	

Member	
Name	Nicole Dibra
Physician	No
Psychologist	No
Represents	Elija Foundation
Term Expires	1/1/2013
eMail	

Member	
Name	Meryl Jackelow
Physician	No
Psychologist	No
Represents	Consumer
Term Expires	1/1/2014
eMail	

Member	
Name	David Weingarten
Physician	No
Psychologist	No
Represents	Family
Term Expires	1/1/2015
eMail	

Member	
Name	Barbara Roth
Physician	No
Psychologist	No
Represents	Family
Term Expires	1/1/2014
eMail	

Member	
Name	Susan Burger
Physician	No
Psychologist	No
Represents	Family
Term Expires	1/1/2013
eMail	

Member	
Name	Herb Ruben
Physician	No
Psychologist	No
Represents	Advocate
Term Expires	1/1/2013
eMail	

Member	
Name	Wendy Tepfer
Physician	No
Psychologist	No
Represents	Community Parent Center
Term Expires	1/1/2013
eMail	

2012 ASA Subcommittee Membership Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Patricia Fulton (4/13/11)

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

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

Chairperson	
Name	Patricia Hincken
Represents	Provider
eMail	Phincken@lbmc.org
Is CSB Member	Yes

Member	
Name	Maria Elisa Cuadro-Fernandez
Represents	Provider, Exec Dir. COPAY
eMail	mecfcopay@aol.com
Is CSB Member	No

Member	
Name	Anthony Cummings
Represents	Consumer
eMail	
Is CSB Member	Yes

Member	
Name	Constantine Ioannou
Represents	Nassau University Medical Center
eMail	
Is CSB Member	Yes

Member	
Name	Wendy Tepfer
Represents	Community Parent Center
eMail	
Is CSB Member	Yes

Member	
Name	Sharon Harris
Represents	SAFE, Inc.
eMail	gcsafegc@yahoo.com
Is CSB Member	No

Member	
Name	Jamie Bogenshutz
Represents	YES Community Counseling
eMail	yesccc@vdot.net
Is CSB Member	No

Member	
Name	Art Rosenthal
Represents	Confide
eMail	Art@confideny.org
Is CSB Member	No

Member	
Name	Henry Dennis
Represents	Consumer
eMail	
Is CSB Member	No

Member	
Name	Bob Savitt
Represents	NSUH at Glen Cove
eMail	bsavitt@nsuh.edu
Is CSB Member	No

2012 Mental Health Subcommittee Membership Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Harleen Ruthen (5/4/11)

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

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

Member	
Name	Barbara Roth
Represents	MH Parent Advocate
eMail	
Is CSB Member	Yes

Member	
Name	Arnold Gould
Represents	Family
eMail	
Is CSB Member	Yes

Member	
Name	Mary Lou Jones
Represents	South Shore Child Guidance Center
eMail	mljones@southshorechildguid.org
Is CSB Member	Yes

Member	
Name	Barbara Bartell
Represents	Central Nassau Guidance
eMail	Bbartell@centralnassau.org
Is CSB Member	No

Member	
Name	Bill Stewart
Represents	Family & Children's Association
eMail	Bstewart@familyandchildrens.org
Is CSB Member	No

Member	
Name	Dr. Reddy
Represents	South Nassau Communities Hospital
eMail	
Is CSB Member	No

Member	
Name	Marge Vezer
Represents	South Shore Assoc. for Independent Living
eMail	
Is CSB Member	No

Member	
Name	Steve Rutter
Represents	FEGS
eMail	
Is CSB Member	No

Member	
Name	Adam Berkowitz
Represents	Consumer
eMail	
Is CSB Member	No

Member	
Name	Sheila Gaeckler
Represents	Consumers
eMail	sgaeckler@mhanc.org
Is CSB Member	No

2012 Developmental Disabilities Subcommittee Membership Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Jean Mulvey (5/26/11)

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

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

Member	
Name	Thomas Hopkins
Represents	Epilepsy Foundation of America
eMail	thopkins@epli.org
Is CSB Member	Yes

Member	
Name	Meryl Jackelow
Represents	Consumer
eMail	cpjack@optonline
Is CSB Member	Yes

Member	
Name	Mary Fasano
Represents	Parent Advocate
eMail	mjf371@aol.com
Is CSB Member	Yes

Member	
Name	Michael Smith
Represents	Provider
eMail	msmith@acds.org
Is CSB Member	No

Member	
Name	Aaron Leibowitz
Represents	Provider
eMail	liebowitz@acld.org
Is CSB Member	No

Member	
Name	Michael Mascari
Represents	Provider
eMail	mmascari@ahrc.org
Is CSB Member	No

Member	
Name	Robert Budd
Represents	Provider
eMail	rbudd@familyres.org
Is CSB Member	No

Member	
Name	Robert McGuire
Represents	Provider
eMail	RMCGUIRE@UCP.ORG
Is CSB Member	No

Member	
Name	
eMail	
Is CSB Member	No

2012 Mental Hygiene Local Planning Assurance
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: James Dolan (6/1/11)

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

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2012 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 2012 Local Services planning process.

2012 County Outcomes Management Survey
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Anna Halatyn (5/3/11)

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

All questions regarding this survey should be directed to Ms. Constance Burke at 518-485-0501 or constanceburke@oasas.ny.gov.

1. Does your county agency have an active outcomes management program in place?

- (●) a) Yes
- ( ) b) No

2. How long has your county agency been involved with outcomes management

- (●) a) At least five years
- ( ) b) At least three, but less than five years
- ( ) c) At least one, but less than three years
- ( ) d) Less than one year

3. Does your county agency set outcomes/performance targets based on client and/or program level data?

- (●) a) Yes
- ( ) b) No

4. How often do you meet to review progress on outcomes?

- ( ) a) At least Monthly
- (●) b) Quarterly
- ( ) c) Semi-Annually
- ( ) d) Annually
- ( ) e) Less than Annually

5. Which of the following data sources does your county agency use to track the progress of your contracted programs toward performance targets ? (check all that apply)

- [x] a) Program Scorecard
- [x] b) IPMES
- [x] c) Other Data Source (please specify): Client data system
- [ ] d) None

6. Does your county agency collect, maintain and analyze data using an electronic database system?

- (●) a) Yes
- ( ) b) No

7. What system does your county agency use to maintain and analyze this data?

- ( ) a) Celerity
- ( ) b) Foothold
- (●) c) Self Developed (specify the software you use; e.g., Microsoft Access, Excel, SPSS, etc.): Excel, Access
- ( ) d) Other (please specify): N/A

8. With whom does your county agency regularly discuss the performance and progress toward achieving outcomes of your contracted programs? (Check all that apply)

- [ ] a) Community Services Board
- [x] b) Program Administrators
- [ ] c) OASAS Field Office
- [x] d) Other (please specify): In-house management

9. Which methods does your county agency use to disseminate data and/or summary information about the performance of your contracted

programs? (Check all that apply)

- [x] a) County-level Dashboard or Report Card
- [ ] b) Annual Report
- [ ] c) County Agency Website
- [ ] d) Grant Applications
- [ ] e) Other (please specify): N/A
- [ ] f) None

10. In which areas of program management does your county agency use performance information to support decision making? (Check all that apply)

- [x] a) Planning
- [x] b) Program Services
- [x] c) Policy Development
- [x] d) Budget Development
- [ ] e) Other (please specify): N/A
- [ ] f) None

11. Is your county agency interested in participating in an Outcomes Management Community of Practice (CoP) to share your experience in using performance measures to track program outcomes or to learn from others' experience in using this approach to program management?

- (•) a) Yes
- ( ) b) No

12. How often has your county agency accessed information available on the OASAS Gold Standard Initiative web page about Outcomes Management (OM), which includes tools and resources to support the implementation of OM within your program?

- ( ) a) Often
- (•) b) Occasionally
- ( ) c) Once
- ( ) d) Never