

2013
Local Services Plan
For Mental Hygiene Services

Nassau Cty Dept of MH, CD Dev Dis Svcs
October 23, 2012



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Mental Hygiene Priority Outcomes Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Plan Year: 2013
Certified: James Dolan (5/30/12)

Attachments

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

2013 Priority Outcomes

Priority Outcome 1

Expand the SPOA to all clients in need of care coordination, both Medicaid fee for service and non-Medicaid eligible and/or Medicaid managed care individuals.

The development and implementation of Health Homes requires that referrals for care coordination be based on client choice, client-provider loyalty, geography, and slot availability. The SPOA is in the best position to equitably distribute referrals based on client need and choice, and availability of service.

Agencies: OASAS; OMH;
This outcome has been selected as a top priority.

Strategy 1.1

The SPOA will collaborate on a scheduled, regular basis with the two Health Homes in Nassau County. Legacy slots will be monitored and a contract with specific deliverables will be developed to address the care coordination needs of clients who will receive that support through net deficit funding.

Metric:
Determination of the number of non-medicare clients to be served by each agency and delineation of the specific deliverables.

Agencies: OASAS; OMH;

Strategy 1.2

With enhanced IT support, the SPOA will be able to receive, review and assign all Health Home care coordination referrals.

Metric:
A monthly report will be developed in collaboration with the two Health Homes, which will detail assignments based on diagnosis, level, and agency to which client has been assigned, be it a TCM agency or COBRA agency.

Agencies: OASAS; OMH;

Priority Outcome 2

Develop and implement an Assessment and Referral Center, co-located with the local Department of Social Services for individuals with behavioral and/or physical health care needs.

The Nassau County Department of Social Services serves 1500-2000 individuals on a daily basis. These clients, on average, appear at Social Services approximately 8 times per year. Many of these individuals have unmet behavioral and/or physical health care needs. Co-locating The Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services, Assessment and Referral Center(ARC) with the Department of Social services will provide for assessment and access to needed services, as a positive alternative to unnecessary emergency room or hospital visits.

Agencies: OASAS; OMH;
This outcome has been selected as a top priority.

Strategy 2.1

Develop a partnership with the lead Health Homes in Nassau County, whereby the ARC will provide outreach, and will engage clients who are assigned to respective Health Homes by NYS DOH. Having done so, the ARC will make a 'warm' hand off of the identified client to the appropriate Health Home.

Metric:
Document the number of clients provided with a warm hand off to a Health Home on a monthly basis. It is anticipated that this number will range from a low of 2 as Health Homes are implemented to a high of 25.

Agencies: OASAS; OMH;

Strategy 2.2

The ARC will be staffed with behavioral health professionals and a peer support specialist to conduct assessments as needed; and when appropriate connect individuals to community based services, and/or refer clients to a Health Home for inclusion on the DOH roster.

Metric:
Document through reports number of individuals served, number referred to a Health Home, CD or MH treatment. It is anticipated that an average of 20 clients per month will be served.

Agencies: OASAS; OMH;

Priority Outcome 3

Support the development of safe, stable housing which promotes recovery, facilitates rehabilitation and maximizes the 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 not

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.

The substantial shortage of residential options is a function of both the cost of housing in Nassau County and the suburban attitude of "Not in my Backyard" prevalent in many communities. For these reasons many of those struggling to recover from MH or CD are forced to reside in settings that undermine their sense of self-being and their overall recovery.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top priority.

Strategy 3.1

Provide direction and program development assistance to an identified provider as part of their application to OASAS for certification as a community residence for women

Metric:
Add 8 to 10 certified community residential beds for women within 24 months.

Agency: OASAS;

Priority Outcome 4

Improve services provided to an adolescent/young adult population with both substance use and emotional/mental health needs.

It has come to be the expectation rather than the exception that adolescents entering treatment for chemical dependency are also evidencing a range of emotional or mental disturbances. Likewise, the majority of adolescents/young adults receiving mental health treatment are abusing alcohol, marijuana or other substances to some degree. In the majority of instances the mental and emotional stressors impact upon the use of substances and the use of substances has an effect on the mental/emotional stability. In addition the young adult population ages 18 to 24 has grown from 23% of persons admitted for outpatient treatment in 2007 to 27% of those admitted in 2011. This population brings its own set of challenges for both the outpatient and crisis settings. They are chronologically not adolescents, but have not yet assumed adult roles within society.

Agencies: OASAS; OMH;

Strategy 4.1

Define a set of clinical practice guidelines for effective treatment interventions for adolescents and their families

Metric:
Produce a consensus driven guideline document within 12 months

Agencies: OASAS; OMH;

Strategy 4.2

Meet with provider groups to determine the needs of this young adult population, to review what is currently working and to determine an improved comprehensive response to their treatment and psycho-social needs.

Metric:
Over a 12 month period record results of meetings and develop a plan to improve the system response to this population.

Agencies: OASAS; OMH;

Priority Outcome 5

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 & evolve this critical service.

Agency: OPWDD;

Strategy 5.1

1.1 Convene a Transportation Task Force comprised of all stakeholders including Voluntary Providers, Family members, Consumers and County Departments to explore Federal Grant Programs that fund innovative and flexible programs that identify and address the transportation and mobility needs of individuals with developmental disabilities.

Metric:
Produce an accepted Grant Proposal to provide improved and expanded transportation services to people with disabilities.

Agency: OPWDD;

Priority Outcome 6

Promote systems collaboration to increase community awareness and understanding of services and supports

Families often experience difficulties in obtaining information about the nature and location of services, supports and other resources available to them. There are informational needs for parents of infants and young children, as well as for parents of students transitioning into the adult system of care. Families and consumers need easier access to information so they are aware of what is available to them and how to access the services. The need for this is most evident in the area of assuring that our graduating students with developmental and intellectual disabilities get connected to adult services. Successful transitions are more likely if parents are educated and supported in the process of moving their child from school based care into the OPWDD system. It is essential that the ties between the education

system and families in need of service be strengthened.

Agency: OPWDD;

Strategy 6.1

1.1. Convene a Focus Group comprised of County and State government personnel, as well as representatives from the Department of Health and State Education to define specific methods for improving parent knowledge about the service system and for enhancing the parent's ability to advocate for their child.

Metric:

Produce a report with specific outreach activities each member will be responsible for to facilitate community awareness of service opportunities and access.

Agency: OPWDD;

Priority Outcome 7

Expand care coordination services in the Mental Health Court

Referrals to the Mental Health Court continue to increase necessitating the addition of an additional care coordinator.

Agency: OMH;

Strategy 7.1

Add one additional case manager.

Metric:

Expand current maximum mental health court participants from 30-45.

Agency: OMH;

Priority Outcome 8

Establish an Urgent Care Center for Individuals in crisis who require immediate urgent care.

The Nassau County Office of Mental Health will issue an RFI for the development of an Urgent Care Center which will operate in an existing behavioral health clinic between the hours of 4pm and 11pm 7 days per week. Research has indicated that these are the peak hours for Emergency Room visits. The Urgent Care Center will provide crisis intervention, risk assessment, client driven wellness, safety plans, physical health screening and psychotropic treatment and administration.

Agency: OMH;

Strategy 8.1

The Urgent Care Center will coordinate with the ARC in those instances when it is determined by the ARC staff that treatment at the UCC would be an appropriate alternative to unnecessary Emergency Room visits or an in-patient hospitalization

Metric:

A minimum of 50 referrals from ARC to the Urgent Care Center will be made during the first year.

Agency: OMH;

2013 Multiple Disabilities Considerations Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: James Dolan (5/30/12)

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

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:

- Individuals with co-occurring mental health, chemical dependency and/or physical health care issues, are identified through the SPOA process and assigned to targeted case management or Health Home care coordination.

- The program liaison unit within the LGU has played an active role in increasing the capacity of OASAS and OMH licensed clinics to effectively serve those with mental health and chemical dependency disorders.

- We are active members of the Auspice Committee, in partnership with OMH and OPWDD, in the role of developing coordinated care plans for those who are diagnosed with mental health and developmental disability concerns.

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:

The planning process for each disability group no longer happens in silos. All planning for MH, CD or DD services incorporates the fact that a high percentage of all clients served have a co-occurring disorder.

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 are active members of the Auspice Committee, in partnership with OMH and OPWDD, in the role of developing coordinated care plans for those who are diagnosed with mental health and developmental disability concerns.

2013 Community Service Board Roster
 Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
 Certified: James Dolan (5/30/12)

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

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

Chairperson
Name 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

Member
Name Janet Susin
Physician No
Psychologist No
Represents NAMI
Term Expires 1/1/2015
eMail

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 NS-LIJ Health Systems
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 Constantine Ioannou
Physician Yes
Psychologist No

Member
Name Carlos Tejera
Physician Yes
Psychologist No

Represents Nassau University Medical Center
Term Expires 1/1/2015
eMail

Represents FECS - Clinic
Term Expires 1/1/2014
eMail

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

2013 ASA Subcommittee Membership Form
 Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
 Certified: Patricia Fulton (5/23/12)

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

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

Chairperson

Name 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

2013 Mental Health Subcommittee Membership Form
 Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
 Certified: Harleen Ruthen (5/24/12)

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

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

Member
Name Barbara Roth
Represents MH Parent Advocate
eMail
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 FECS
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

Member
Name Mary Lou Jones
Represents South Shore Child and Family Guidance
eMail
Is CSB Member No

Member
Name Janet Susin
Represents NAMI
eMail
Is CSB Member Yes

2013 Developmental Disabilities Subcommittee Membership Form
 Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
 Certified: Jean Mulvey (5/29/12)

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

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

Member
Name Thomas Hopkins
Represents Provider
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@aofd.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

2013 Mental Hygiene Local Planning Assurance
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: James Dolan (5/30/12)

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

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 2013 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.

County Outcomes Management Survey
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Anna Halatyn (3/29/12)

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

Since 2007, OASAS has been committed to using and promoting outcomes management (also referred to as performance management) as a tool to improve client level outcomes and communicate results. We define outcomes management as "the systematic use of client and program level data to set targets, assess and improve performance." OASAS is again administering the Outcomes Management Survey as part of the annual local planning process in order to better understand and assist counties and providers with their outcomes management efforts. All questions regarding this survey should be directed to Ms. Constance Burke at 518-485-0501 or at constanceburke@oasas.ny.gov.

1. Using the definition above, does this agency have an active **outcomes management** program in place?

- a) Yes
- b) No

2. How long has this agency been involved with outcomes management

- a) At least ten years
- b) At least five, but less than ten 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. How often do managers in this agency review progress towards established program outcomes?

- a) Monthly
- b) Quarterly
- c) Semi-Annually
- d) Annually
- e) Never

4. How often do managers in this agency meet with line staff to review progress towards established program outcomes?

- a) Monthly
- b) Quarterly
- c) Semi-Annually
- d) Annually
- e) Never

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

- a) Program Scorecard
- b) IPMES
- c) Other Data Source (please specify):
- d) None

6. With whom does this agency regularly discuss program performance and progress toward achieving outcomes? (Check all that apply)

- a) Community Services Board
- b) Program Administrators
- c) OASAS Field Office
- d) Other (please specify): LGU Administrators, Community Liaison Staff

7. Which of the following does this agency use to disseminate data and/or summary information about program performance? (Check all that apply)

- a) County dashboard or report card
- b) Annual Report
- c) County agency website
- d) Grant applications
- e) Other (please specify): In-house as needed
- f) None

8. In which of the following areas does this agency use program performance information to support decision making? (Check all that apply)

- a) Strategic planning
- b) Program service operations
- c) Policy development
- d) Budget development
- e) Staff performance appraisals

- f) Individual staff supervision or staff meetings
- g) Other (please specify):
- h) None

9. 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

10. 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

OASAS Prevention Planning Survey
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Paula Pontrelli (5/31/12)

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

In an effort to increase the reach of prevention efforts and improve comprehensive community level planning, OASAS is supporting the work of over 80 community prevention coalitions statewide. OASAS has funded six regional Prevention Resource Centers to increase coalition efforts and effectiveness. Many of the current coalitions are county level and would benefit from LGU guidance and support.

To reduce underage drinking and its associated health, behavioral health and criminal justice costs, OASAS is supporting increased use of evidence-based environmental strategies, including policy change and enhanced law enforcement efforts. OASAS prevention providers partner with law enforcement, media outlets, colleges and others to implement environmental strategies to reduce youth alcohol access, better enforce underage drinking laws and change population norms regarding underage drinking. OASAS has also developed partnerships with the State Police, State Liquor Authority, Governor's Traffic Safety Committee, Division of Criminal Justice Services and other State and local agencies to increase the use of these prevention strategies.

The purpose of this survey is to help OASAS better understand the current and potential roles the counties play in planning, coordinating, or otherwise supporting these community systems change efforts. All questions regarding this survey should be directed to Barry Donovan at 518-485-2109 or at BarryDonovan@oasas.ny.gov.

1. Six OASAS regional Prevention Resource Centers are working to increase the efforts of community prevention coalitions in addressing substance abuse consequences and costs. Has your agency had any involvement with local community prevention coalitions?

- a) Yes
 b) No

2. Please describe your agency's involvement?

Nassau County provides assistance in coordinating training in coalition building and evidence-based programs; provides technical assistance and support to starting and existing coalitions; disseminates resource information and survey data results and; attends and/or participates on individual community coalitions throughout the county.

3. What role do you see for LGUs in supporting coalitions?

The role of Nassau County is to assist in the implementation of county-wide needs assessment survey; assist in coordinating training in coalition building and evidence-based programs; promote utilization of evidence-based programs; disseminate resource information on the strategic plan and prevention science; facilitate the movement from science to practice; promote collaboration and partnerships among communities, schools and other providers and; promote consistency when implementing prevention science.

4. To reduce underage drinking and its associated health, behavioral health and criminal justice costs, OASAS is supporting evidence-based environmental policy change and law enforcement strategies. Has your agency had any involvement with prevention providers, coalitions or others to support these environmental strategies?

- a) Yes
 b) No

5. Please describe your agency's involvement?

Nassau County provides technical assistance in the interpretation of environmental strategies; assists prevention programs and community coalitions in the identification and implementation of environmental strategies; assists in the identification and implementation of evidence-based programs and; provides resource information to assist provider program development and community coalition building.

6. What role do you see for LGUs in supporting these efforts?

The role of Nassau County is to promote training and implementation of evidence-based programs and curricula; disseminate resource information; increase knowledge base of providers and coalitions in environmental strategies and how best to relate those strategies to local needs assessments; assist in coordinating training and technical assistance to coalitions on prevention science and utilization of evidence-based prevention strategies; provide technical assistance and support to coalitions that strive to change policies and attitudes that tolerate and support underage drinking and abuse of substances; promote and support development of policy change; provide technical assistance in the implementation of evidence-based activities that complement existing pro-active policies; promote and support norm and culture change where needed; support providers and coalitions in their campaigns to educate the community and enhance adherence to underage drinking laws and; provide oversight and technical assistance in program planning and environmental strategies to 29 school-based and 11 community-based funded prevention programs.