

2014
Local Services Plan
For Mental Hygiene Services

Nassau Cty Dept of MH, CD Dev Dis Svcs
February 3, 2014



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Nassau Cty Dept of MH, CD Dev Dis Svcs	40150	(LGU)
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2013 Planning Activities Report	Required	Certified
Outpatient Sub-County Service Planning Form	Optional	Not Completed
Community Residence Multi-County Collaboration Agreement	Optional	Not Completed
Priority Outcomes Form	Required	Certified
Multiple Disabilities Considerations Form	Required	Certified
Community Services Board Roster	Required	Certified
ASA Subcommittee Membership Form	Required	Certified
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Developmental Disabilities Subcommittee Membership Form	Required	Certified
2013 Mental Hygiene Local Planning Assurance	Required	Certified
2013 County Outcomes Management Survey	Required	Certified
 Nassau Cty Dept of MH, CD Dev Dis Svcs	 40150/40150	 (Provider)
 Nassau Cty Dept of MH Dev Dis Svcs OTP	 40150/40150/52127	 (Treatment Program)
Status of Influenza Vaccinations of Direct Care Staff and Volunteers - October 2013	Required	Not Completed
SAPT Block Grant Level of Effort Survey	Required	Not Completed
 Nassau Cty Dept of OTP-MM	 40150/40150/52128	 (Treatment Program)
Status of Influenza Vaccinations of Direct Care Staff and Volunteers - October 2013	Required	Not Completed
SAPT Block Grant Level of Effort Survey	Required	Not Completed

2013 Planning Activities Report
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: James Dolan (5/30/13)

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

Part I: Collaboration on the Prevention Agenda 2013-2017

1. Describe the collaborative activities between the LGU and the local health department (LHD) related to the Prevention Agenda 2013-2017. Identify other stakeholder organizations that were also involved in these activities.
One of the collaborative activities between the LGU and the LHD is a Nassau County Government project that involves a partnership between the LGU and the local health department (LHD) in the creation and expansion of a safety net for women in Nassau County who experience Perinatal Mood and Anxiety Disorders and well as Childbirth Trauma. This project is led by the Nassau County Perinatal Mood and Anxiety Disorders Task Force with the following partners and members: Nassau County Perinatal Services Network, Nassau County Office of Mental Health, Postpartum Resource Center of New York, Mental Health Association of Nassau County, North Shore Child and Family Guidance Center, Mercy Medical Center, NuHealth-Nassau University Medical Center, South Nassau Communities Hospital, Winthrop University Hospital, North Shore/LIJ Health System – Zucker-Hillside Hospital Perinatal Psychiatry Service, Dr. Francine Guzman, OB/GYN, Dr. Jack Levine, Pediatrician. The LGU and the LHD are also members of the Heroin Prevention Task Force which addresses the issues of heroin prevention, misuse of prescription drugs, education of students and Nassau County residents on proper storage and disposal of prescription drugs, and participation in the ISTOP and other legislative efforts. The LGU provided Narcan training to concerned residents and professionals and members of the LGU were part of numerous subcommittees devoted to specific activities. This Task Force is made up of members from Adelphi University, School of Social Work, Community Parent Center, Coordinated Agency for Spanish Americans, Long Island Council on Alcoholism & Drug Dependence, Nassau Alliance for Addiction Services, Nassau County Department of Probation, Nassau County District Attorney, Nassau County Executive's Office, Nassau County Municipal Police Chiefs Association, Nassau County Police Department, Nassau County Superintendents Association, Nassau Region PTA, NYS OASAS, YES Community Counseling Center, Education & Assistance Corporation (EAC, Inc.), Family & Children's Association (FCA), and YES Community Counseling Center. The LGU also received a grant for suicide prevention from Office of Mental Health and implemented the Nassau SPEAKS Out awareness program to promote prevention of suicide by increasing awareness of the risks and warning signs. The program created an awareness campaign and provided training, information and referrals to County residents, professional treatment and prevention staff and to other departments in Health and Human Services offices. Website materials are also being created and updated to the LGUs website.
2. Identify the specific goals and objectives related to the Prevent Mental Health and Prevent Substance Abuse priority area that are being considered for inclusion in the LHD's Community Health Improvement Plan (e.g., suicide prevention, underage drinking, misuse of prescription drugs). Goals and objectives related to the Prevent Mental Health and Prevent Substance Abuse priority areas are addressed in multi-pronged fashion in the county by individual departments, by collaborations among departments and other public and private entities, by specific task forces and community coalitions.
3. Identify any priority outcomes or strategies included in this year's local services plan that are directly related to the goals and objectives identified under the Promote Mental Health and Prevent Substance Abuse priority area of the Prevention Agenda 2013-2017. Priority outcome 8, the establishment of the Behavioral Awareness Campaign is directly related to the goals and objectives identified under the Promote Mental Health and Prevent Substance Abuse priority area of the Prevention Agenda 2013-2017.

Part II: LGU Emergency Management Planning

Section A: OASAS Emergency Management Assessment

All questions regarding the following survey should be directed to Kevin Doherty, OASAS Emergency Manager, at (518) 485-1983, or at KevinDoherty@oasas.ny.gov.

1. Does your agency's Comprehensive Emergency Management Plan include all of the following: planning, mitigation, response, and recovery contingencies for OASAS providers that are located in your county?
- a) Yes
 b) No
2. Does your agency have an inventory of contact information (Name/address/phone/email) for OASAS certified or funded programs in your county on a site-by-site basis?
- a) Yes
 b) No
3. How often does your agency meet with OASAS certified or funded programs in your County to discuss emergency management issues?
- a) Monthly
 b) Quarterly
 c) Annually
 d) Other (specify): N/A
 e) Never
4. Has your agency developed hazard-specific evacuation routes and re-location sites for OASAS certified or funded programs in your county?
- a) Yes
 b) No

Section B: OMH Disaster Mental Health Planning Assessment

All questions regarding the following LGU survey should be directed to Steven Moskowitz, OMH Coordinator of Emergency Preparedness and Response at 518-408-2967, or at steven.moskowitz@omh.ny.gov.

1. Is your mental health agency/department engaged in planning with your county Emergency Management Agency?
- a) Yes

b) No

2. Does your county Comprehensive Emergency Management Plan (CEPM) include a section or annex that speaks directly to mental health concerns of survivors in an emergency?

a) Yes

b) No

3. Are you familiar with the OMH County Disaster Mental Health Planning and Response Guide? (NOTE: The guide is currently being updated and will be available by April 1, 2013. Copies may be requested by contacting the EPR office at the email listed above.)

a) Yes

b) No

4. Does your county sponsor or support a designated team of responders that are called upon for assistance to the public following a traumatic/disaster event?

a) Yes

b) No

5. Please indicate the type(s) of DMH team utilized. (check all that apply)

a) Red Cross DMH team

b) OMH curriculum-based DMH team

c) CISM Team

d) Other (please identify): N/A

6. If there is an OMH psychiatric facility located in your county, are you actively engaged in reviewing and/or drilling emergency planning with that facility?

a) Yes

b) No

Mental Hygiene Priority Outcomes Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Plan Year: 2014
Certified: James Dolan (5/30/13)

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

2014 Priority Outcomes

Priority Outcome 1

Expand the SPOA to all clients in need of care coordination, those with a serious mental illness and individuals with two or more chronic medical conditions including substance abuse.

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

With enhanced IT support, the SPOA will be able to receive, review and assign all Health Home care coordination referrals. IT support is still in development and is an on-going process.

Metric:
80% of eligible clients will be assigned within two business days.

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

OASAS has designated Nassau County to receive funding for the development and operation of 23 supportive housing beds for substance abusers. The RFP was

awarded to a partnership between Mercy Medical Center and SAIL.

Metric:

The Office will work with those entities through the SPA to assure access and appropriate operation of this initiative

Agency: OASAS;

Strategy 3.2

The department will explore ways individuals and groups have been successful in obtaining housing in Nassau County, attempts that have resulted in barriers, and ways to overcome barriers across OASAS, MH, and OWPDD providers.

Metric:

Minutes of meetings will serve to document shared ideas and help to form new specific strategies where applicable.

Agencies: OASAS; OMH; OPWDD;

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

During the course of 2013 through April 2014 review all designated adolescent providers to determine their adherence to the developed guidelines

Agencies: OASAS; OMH;

Strategy 4.2

Meet with provider groups and young adult clients 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

The LGU submitted a grant proposal seeking funds to provide improved and expanded transportation services for adults with developmental disabilities in Nassau County. Consistent with the grant application, the LGU will convene a Stakeholder Transportation Advisory Committee, consisting of representatives from Rides Unlimited of Nassau & Suffolk, NYS Office for People With Developmental Disabilities, the LGU, developmental disability provider agencies, and transportation providers; representatives from the target population, family, advisory and advocacy groups, the Nassau County Office of Physically Challenged, Able-Ride and the Nassau Inter-County Express.

Metric:

Produce quarterly reports identifying grant outcomes including customer satisfaction surveys and a report outlining the recommendations of the Stakeholder Transportation Advisory Committee.

Agency: OPWDD;

Priority Outcome 6

Promote the utilization of transitional services for individuals with developmental and intellectual disabilities aging out of the education system.

There is an extensive service delivery system for adults with developmental and intellectual disabilities, including a Transitional Services unit that facilitates access

to services for students graduating from the educational system. Parents, guardians, and caregivers sometimes decline these services, postponing utilization until they are unable to meet the challenges of caring for their adult children; due to their own aging, health problems, loss of a spouse, or relocation. When services are sought belatedly and urgently the complexities of accessing care can be daunting. To prevent gaps in service and facilitate long-term planning it is essential that parents be proactive in their utilization of transitional services.

Agency: OPWDD;

Strategy 6.1

The LGU will liaison with the OPWDD Transitional Services Unit and promote their services to parents in Nassau County. The LGU will liaison with the Long Island Citizens Task Force on Aging Out Committee and promote their services to parents in Nassau County.

Metric:

The LGU liaison will attend meetings, keep copies of meeting minutes; and identify and implement promotional strategies.

Agency: OPWDD;

Priority Outcome 7

Expand care coordination services in the Mental Health Court

Referrals to the Mental Health Court continue to increase necessitating 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

Establishment of the Behavioral Awareness Campaign

The Behavioral Awareness Campaign, a collaboration of our department, a representative from the County Executive's Office, and the Mental Health Association, seeks to increase the knowledge of consumers in the county regarding the prevalence of mental health, chemical dependency, and the co-occurrence of mental illness and substance abuse disorders. Current and pertinent issues such as suicide prevention, prescription drug abuse, and what resources are available would be addressed as part of this effort.

Agencies: OASAS; OMH;

Strategy 8.1

Professional staff will provide community trainings on topics to increase awareness and understanding of mental health and chemical dependency issues.

Metric:

Produce quarterly reports regarding the number and type of trainings and outreach efforts consistent with the goals of the Behavioral Awareness campaign.

Agencies: OASAS; OMH;

Priority Outcome 9

Assess and identify post-hospitalization service gaps for dual diagnosed mentally ill/developmentally disabled adults utilizing inpatient psychiatric care.

Program executives have indicated that there are post-hospitalization service gaps that hinder the release of patients from inpatient psychiatric care. These gaps need to be addressed specifically to allow for a smoother transition of clients to the next lower level of care.

Agencies: OMH; OPWDD;

Strategy 9.1

Convene an inter-agency committee to determine post-hospitalization needs of the population, review favorable factors, obstacles and barriers to timely and effective discharge plans.

Metric:

Prepare a report summarizing the clinical presentation of patients and the unmet needs for this population.

Agencies: OMH; OPWDD;

2013 Multiple Disabilities Considerations Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: James Dolan (5/30/13)

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 (5/30/13)

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 thopkins@epil.org

Member

Name Nicole Sugrue
Physician No
Psychologist No
Represents Elija Foundation
Term Expires 1/1/2017
eMail nicolesugrue@gmail.com

Member

Name Meryl Jackelow
Physician No
Psychologist No
Represents Consumer
Term Expires 1/1/2014
eMail cpjack@optonline.net

Member

Name David Weingarten
Physician No
Psychologist No
Represents Family
Term Expires 1/1/2015
eMail davidw@latcp.org

Member

Name Barbara Roth
Physician No
Psychologist No
Represents Family
Term Expires 1/1/2014
eMail elbsat@aol.com

Member

Name Susan Burger
Physician No
Psychologist No
Represents Family
Term Expires 1/1/2017
eMail Sburger@lift4kids.org

Member

Name Janet Susin
Physician No
Psychologist No
Represents NAMI
Term Expires 1/1/2015
eMail jasusin@optonline.net

Member

Name Nicole Giambalvo
Physician No
Psychologist No
Represents Youth Advocate
Term Expires 1/1/2017
eMail nicolegiambalvo@gmail.com

Member

Name Andrew Malekoff
Physician No
Psychologist No
Represents North Shore Child & Family Guidance
Term Expires 1/1/2017
eMail amalekoff@northshorechildguidance.org

Member

Name Tom Gallagher
Physician No
Psychologist No
Represents Advocate
Term Expires 1/1/2017
eMail sobertom@live.com

Member

Name Anthony Cummings
Physician No
Psychologist No
Represents Consumer
Term Expires 1/1/2015
eMail anthonicummings8@yahoo.com

Member

Name Patricia Hincken
Physician No
Psychologist No
Represents NS-LIJ Health Systems
Term Expires 1/1/2014
eMail phincken@lbmc.org

Member

Name Constantine Ioannou
Physician Yes

Member

Name Carlos Tejera
Physician Yes

Psychologist No
Represents Nassau University Medical Center
Term Expires 1/1/2015
eMail cioannou@numc.edu

Psychologist No
Represents FECS - Clinic
Term Expires 1/1/2014
eMail mrcuba86@aol.com

Member
Name Mary Fasano
Physician No
Psychologist No
Represents Family
Term Expires 1/1/2014
eMail maryf371@aol.com

2014 ASA Subcommittee Membership Form
 Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
 Certified: James Dolan (5/30/13)

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@nshs.edu
Is CSB Member Yes

Member

Name Tom Gallagher
Represents Consumer
eMail sobertom@live.com
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 anthonymcumings8@yahoo.com
Is CSB Member Yes

Member

Name Constantine Ioannou
Represents Nassau University Medical Center
eMail cioannou@numc.edu
Is CSB Member Yes

Member

Name Nicole Giambalvo
Represents Youth Advocate
eMail nicolegiambalvo@gmail.com
Is CSB Member Yes

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 Scott Maidat
Represents Southeast Nassau Guidance Center
eMail smaidat@sngcounseling.org
Is CSB Member No

2013 Mental Health Subcommittee Membership Form
 Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
 Certified: James Dolan (5/30/13)

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

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

Chairperson

Name Steve Rutter
Represents FECS
eMail srutter@fegs.org
Is CSB Member No

Member

Name Adam Berkowitz
Represents Consumer
eMail aberkowitz@mhanc.org
Is CSB Member No

Member

Name Sheila Gaeckler
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Is CSB Member No

Member

Name Janet Susin
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Is CSB Member Yes

Member

Name Andrew Malekoff
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Is CSB Member Yes

Member

Name Marcos Martorano
Represents Hispanic Counseling Center
eMail mmartorano@hispaniccounseling.org
Is CSB Member No

Member

Name Barbara Roth
Represents MH Parent Advocate
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Is CSB Member Yes

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
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Is CSB Member No

Member

Name Marge Vezer
Represents South Shore Assoc. for Independent Living
eMail mvezer@sail-inc.org
Is CSB Member No

2013 Developmental Disabilities Subcommittee Membership Form
 Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
 Certified: James Dolan (5/30/13)

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 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@aclid.org
Is CSB Member No

Member

Name Michael Mascari
Represents Provider
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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 Nicole Sugrue
Represents Provider
eMail nicolesugrue@gmail.com
Is CSB Member Yes

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

2014 Mental Hygiene Local Planning Assurance
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: James Dolan (5/30/13)

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 2014 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 2014 Local Services planning process.

2013 County Outcomes Management Survey
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Anna Halatyn (3/29/13)

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

The use of Outcomes Management is becoming increasingly important as behavioral health care is integrated into the larger health care system where performance measures are utilized to assess treatment outcomes and, in turn, provider performance. In using **outcomes management** (also referred to as performance management) as a tool to improve client level outcomes and overall program performance programs are able to communicate their strengths in a language shared by other providers within the healthcare system. OASAS encourages providers' use of outcomes management to both improve individual, patient level outcomes, as well as overall program and system level outcomes that are relevant in the larger arena of healthcare. We are administering this annual survey to continue to encourage and measure the use of outcomes management within the field of substance abuse treatment.

Questions regarding this survey should be directed to Ms. Constance Burke at 518-485-0501 or at constanceburke@oasas.state.ny.us.

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 does your county agency review progress towards the performance targets

- 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)

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

6. 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
- b) Program Administrators
- c) OASAS Field Office
- d) Other (please specify):

7. 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)

- a) County-level Dashboard or Report Card
- b) Annual report
- c) County Agency Website
- d) Grant applications
- e) Other (please specify): In-House Management Reports
- f) None

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

- a) Planning
- b) Program services
- c) Policy development
- d) Budget development
- e) Other (please specify):

f) None