

2015  
Local Services Plan  
For Mental Hygiene Services

Nassau Co Office of MH CD &DD Svcs OTP  
April 24, 2015



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Executive Summary	Optional	<b>Not Completed</b>
Outpatient Sub-County Service Planning Form	Optional	<b>Not Completed</b>
Community Residence Multi-County Collaboration Agreement	Optional	<b>Not Completed</b>
Priority Outcomes Form	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
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 <b>Nassau Co Office of MH, CD and DD Svcs</b>	 <b>40150/40150</b>	 <b>(Provider)</b>
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**Mental Hygiene Priority Outcomes Form**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Plan Year: 2015  
Certified: Anna Halatyn (6/3/14)

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

## 2015 Priority Outcomes

### Priority Outcome 1:

Provide increased and rapid access to behavioral health services.

#### Priority Rank: 1

**Rationale:** As inpatient care for behavioral health disorders is de-emphasized, there is an increased need in the community for access to behavioral health services. The emphasis is on serving individuals in the community who have multiple needs and are at high risk for preventable inpatient hospitalizations and/or emergency room visits.

Applicable State Agencies:

**OASAS Priority Focus:** Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with MH, DD, and/or Primary Health Services

**OMH Priority Focus:** Service Coordination/Integration.

**OPWDD Priority Focus:** Infrastructure. **Sub-focus Area(s):** Cross-system Collaboration

#### Strategy 1.1

Implement and expand walk-in services, including medication management and psychiatric evaluation time at all community-based mental health contract agencies.

**Metric:** At least eight clinics will have walk-in capacity during all hours of operation.

**State Agency:**

OMH

#### Strategy 1.2

Expand the availability of Respiradol Consta, Inveiga, and Abilify injectables at Mental Health clinics.

**Metric:** All community-based mental health contract agencies will provide Respiradol Consta.

**State Agency:**

OMH

#### Strategy 1.3

Toxicology testing will be available at mental health clinics.

**Metric:** All mental health clinics will provide toxicology testing.

**State Agency:**

OMH

#### Strategy 1.4

Development of a PROS Readiness Track in order to serve clients who are unable to be currently served in the traditional PROS model, with a focus on individuals with co-occurring disorders, including significant developmental disabilities. The program would provide support and advocacy, pre-vocational and organizational skills, information and assistance in support of the client's direction, utilization of community resources, and peer supports.

**Metric:** All PROS programs in Nassau County will implement a PROS Readiness Track.

**State Agencies:**

OASAS

OMH

OPWDD

#### Strategy 1.5

All outpatient behavioral health agencies with two licenses will apply for the integrated licensure.

**Metric:** A count of the number of agencies with an integrated licensure.

**State Agencies:**

OASAS

OMH

#### Strategy 1.6

Increased provision of primary medical services in behavioral health clinics.

**Metric:** All clinics granted an integrated license will provide primary medical services.

**State Agencies:**

OASAS

OMH

#### Strategy 1.7

Support the development of a peer-run, three bed diversion house to decrease preventable hospitalizations and emergency room visits.

**State Agency:**  
OMH

**Priority Outcome 2:**

Provide Ancillary Withdrawal Management programs for persons in mild to moderate or persistent withdrawal in outpatient treatment settings for long-term recovery and prevention of relapse.

**Priority Rank: 2**

**Rationale:** Over 4,500 individuals were turned away from treatment at the one inpatient hospital-based detoxification program in the county. Individuals with mild to moderate withdrawal symptoms don't require such an intensive level of care and often do not engage in further treatment upon discharge after completing a 4-5 day detox regimen. By providing the withdrawal management in an outpatient treatment program in conjunction with ongoing care, it may facilitate greater patient engagement in recovery.

Applicable State Agencies:

**OASAS Priority Focus:** Service Capacity Expansion. **Sub-focus Area(s):** Services for a Target Population (specify population):

**Strategy 2.1**

The LGU issued an RFI in the spring of 2014 to determine how many providers would be interested in operating an Ancillary Withdrawal Management Program and to determine what financial assistance would be required for implementation. Initial responses indicated that several programs would like to add this service to their program with varying start-up times.

**Metric:** Monitor the number of clients served and provide a forum for programs to share any problems that they encounter.

**State Agency:**  
OASAS

**Strategy 2.2**

One of the requirements for Ancillary Withdrawal Management Services to benefit clients is that they have a stable environment including housing and a support system. To help fulfill this requirement, Mary Haven Center of Hope, a medically monitored withdrawal program, has proposed to set aside three beds and priority for two additional beds for clients who are homeless and are participating in outpatient detox services.

**Metric:** Monitor the use of the beds by clients in an Ancillary Withdrawal Management Program.

**State Agency:**  
OASAS

**Priority Outcome 3:**

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

**Priority Rank: 3**

**Rationale:** 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.

Applicable State Agencies:

**OASAS Priority Focus:** Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with MH, DD, and/or Primary Health Services

**OMH Priority Focus:** Service Coordination/Integration.

**Strategy 3.1**

Continue the partnership with the lead Health Homes in Nassau County, whereby ARC provides outreach, and engages clients who are assigned to respective Health Homes by NYS DOH. ARC will continue to 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.

The metric has been achieved and will continue. ARC provided a "warm hand-off" to 201 Health Home eligible individuals between July 2013 and March 2014.

**State Agencies:**  
OASAS  
OMH

**Strategy 3.2**

ARC will be seeking a mental health clinic license to provide short-term, interim clinical services as needed.

**State Agency:**  
OMH

**Priority Outcome 4:**

Continue to expand the role of 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.

**Priority Rank: 4**

**Rationale:** 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.

Applicable State Agency:  
**OMH Priority Focus:** Service Coordination/Integration.

#### Strategy 4.1

SPOA will continue to assess, review, and assign clients to the appropriate health home for care coordination.

**Metric:** Monthly metrics were developed to capture the SPOA activities. SPOA had over 1,150 incoming referrals in 2013.  
**State Agency:**  
OMH

#### Priority Outcome 5:

Support the development of safe, stable housing which promotes recovery, facilitates rehabilitation and maximizes the potential for independent living.

#### Priority Rank: 5

**Rationale:** 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.

Applicable State Agencies:  
**OASAS Priority Focus:** Service Capacity Expansion. **Sub-focus Area(s):** Housing  
**OMH Priority Focus:** Service Improvement/Enhancement.  
**OPWDD Priority Focus:** Housing. **Sub-focus Area(s):** Group Homes , Supported Housing , Rental Subsidies , Respite , Institutional Transition

#### Strategy 5.1

This Office will continue to work toward implementation of the SPA for all individuals with behavioral issues. This will simplify and expedite the housing process.

**Metric:** The Office will work with the state offices entities through the SPA to assure access and appropriate operation of this initiative  
**State Agencies:**  
OASAS  
OMH

#### Strategy 5.2

Develop a mobile residential support team to provide enhanced services, including medication support and monitoring and peer support to individuals in supported housing.

**Metric:** This Office will work with OMH and the housing providers to implement one team during the calendar year.  
**State Agency:**  
OMH

#### Priority Outcome 6:

Improve access to a more comprehensive transportation system to allow people with disabilities to live successfully in the community

#### Priority Rank: *Unranked*

**Rationale:** 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.

Applicable State Agencies:  
**OPWDD Priority Focus:** Infrastructure. **Sub-focus Area(s):** Transportation

#### Strategy 6.1

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. In March 2014 the LGU was provided with additional information regarding the three part process involved in obtaining funds and a timeline of projected dates of completion. Contracts will need to be executed and encumbered through the state process. We are hoping to hear more complete information by summer 2014.

**Metric:** Produce quarterly reports identifying grant outcomes including customer satisfaction surveys and a report outlining the recommendations of the Stakeholder Transportation Advisory Committee.  
**State Agency:**  
OPWDD

**Priority Outcome 7:**

Expand care coordination services in the Mental Health Court

**Priority Rank:** *Unranked*

**Rationale:** Referrals to the Mental Health Court continue to increase necessitating an additional care coordinator.

Applicable State Agency:

**OMH Priority Focus:** Service Capacity Expansion/Add New Service.

**Strategy 7.1**

Add one additional case manager. This has been achieved.

**Metric:** Expand current maximum mental health court participants from 30 to 45. The monthly census at the mental health court has averaged over 35 and continues to increase in 2014.

**State Agency:**

OMH

**Strategy 7.2**

This Office will work with the judiciary, the DA's office, legal aide and the private defense bar toward the development of a Behavioral Health Court, promoting integration of services of the current specialty courts in order to address the documented needs of individuals in these specialty courts, the majority of whom have co-occurring disorders.

**Metric:** Provide uniform strategies for all individuals in the specialty courts.

**State Agency:**

OMH

**Priority Outcome 8:**

Continuation and expansion of the Behavioral Awareness Campaign

**Priority Rank:** *Unranked*

**Rationale:** The Behavioral Awareness Campaign, a collaboration of our department, with 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.

The Behavioral Awareness campaign will also address issues of children living in households with a parent with a co-occurring disorder. There is a consensus that these children are at higher risk for developing disorders in adolescence or young adulthood. Young children manifesting psychological or behavioral issues are at increased risk of developing mental health or chemical dependency disorders in adolescence or adulthood. Research shows that early identification and intervention can limit long-term disability.

Applicable State Agencies:

**OASAS Priority Focus:** Service Improvement/Enhancement . **Sub-focus Area(s):** Train Workforce , Improve Outreach to a Target Population (specify population):

**OMH Priority Focus:** Outreach/Education.

**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. Monthly reports indicated the following: 64 educational presentations, fairs, forums, NARCAN trainings and conferences were provided to the county at large. Campaign also developed a webpage, brochures, banner and signs to further outreach efforts and promote events. This is an ongoing effort.

**State Agencies:**

OASAS

OMH

**Strategy 8.2**

Through the Behavioral Health Awareness Campaign, foster access to care through the provision of education and training to providers as well as other child support systems, such as pediatricians, educators, and caregivers.

**Metric:** Quarterly reports will be generated that will delineate the audience, number and type of training and outreach consistent with the goals of the Behavioral Health Awareness Campaign.

**State Agencies:**

OASAS

OMH

**Priority Outcome 9:**

Monitor post-hospitalization service gaps for patients in NUMC inpatient psychiatric units who are dual diagnosed with mental health and developmental disabilities.

**Priority Rank:** *Unranked*

**Rationale:** There are post-hospitalization service gaps for patients ready for release from NUMC inpatient psychiatric units who have both mental health and developmental disabilities.

Applicable State Agencies:

**OMH Priority Focus:** Service Improvement/Enhancement.

**OPWDD Priority Focus:** Infrastructure. **Sub-focus Area(s):** Cross-system Collaboration

#### **Strategy 9.1**

The LGU will liaison with NUMC discharge planners and will meet as needed to assist with discharge planning.

**Metric:** The LGU liaison will maintain a record of discharge plans and obstacles; and prepare a final report.

**State Agencies:**

OMH

OPWDD

#### **Priority Outcome 10:**

Increase Home and Community Based Services (Waiver) slots by 12 as per the NY State Office of Mental Health by September 2014.

**Priority Rank:** *Unranked*

**Rationale:** The 2014-2015 State Budget made historic investments into services designed to enhance community-based care across all regions of New York State, services that will reduce the need for and length of stay in state inpatient settings. The Regional Advisory Committee recommended HCBS (Waiver) expansion of slots. Its mission is to serve children and youth who face the likelihood of out of home placements due to serious emotional disturbance.

Applicable State Agency:

**OMH Priority Focus:** Increase Access to Services.

#### **Strategy 10.1**

A Request for Services was developed for the new HCBS (Waiver) slots. Announcement will be made to identify the ICC Agency selected by June 2014.

**Metric:** The 12 slots will be filled with children/youth meeting the priority from the current wait list. Wait list prioritization is needs-based and is reevaluated continuously. Priority on the wait list is determined using strict OMH Guidelines.

**State Agency:**

OMH

#### **Priority Outcome 11:**

Nassau County will begin to enroll children/youth in Health Home in 2015.

**Priority Rank:** *Unranked*

**Rationale:** Children's Health Home is to ensure managed care and care coordination networks provide comprehensive, integrated physical and behavioral health care that recognizes the unique needs of children and their families.

Applicable State Agencies:

**OASAS Priority Focus:** Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with MH, DD, and/or Primary Health Services

**OMH Priority Focus:** Service Coordination/Integration.

#### **Strategy 11.1**

Currently Nassau County has a Single Point of Access (SPOA) structure for children/youth's intensive in-home services. This current process streamlines and facilitates access to care. The Children's Health Home will be under this current (SPOA) structure to continue facilitating access and provide administrative oversight.

**Metric:** SPOA, under Nassau County Office of Mental Health, will provide administrative oversight and assign children/youth on the DOH assignment list to the appropriate level of care coordination. Metrics similar to those developed for adult SPOA will be maintained monthly.

**State Agency:**

OMH

#### **Priority Outcome 12:**

Improve discharge planning in the Nassau County Correctional Facility for individuals with a diagnosed mental illness and/or co-occurring disorder.

**Priority Rank:** *Unranked*

**Rationale:** Based on need identified through the Justice Collaboration Grant, individuals released from the Correctional Facility without an appropriate discharge plan (including linkage to treatment and care coordination) are more likely to re-offend or be at high risk for inpatient hospitalization and emergency room visits.

Applicable State Agencies:

**OASAS Priority Focus:** Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with MH, DD, and/or Primary Health Services

**OMH Priority Focus:** Service Coordination/Integration.

#### **Strategy 12.1**

An LCSW staff member of the Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services will be located at the jail one day per week. The staff member will provide medication grant cards, resource information, complete medication grant and SPOA care coordination forms. Staff member will work with ARMOR Correctional, a for profit, providing all medical and mental health services in the jail to improve collaboration.

**Metric:** Reports will be generated numerating the services provided to identified clients in need.

**State Agencies:**  
OASAS  
OMH

**Strategy 12.2**

Obtain a daily census from the Nassau County Correctional Facility to compare with database information of clients known to the mental health system.

**Metric:** Metrics will be maintained of the number of clients identified through the census.

**State Agency:**  
OMH



**2015 Multiple Disabilities Considerations Form**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: James Dolan (6/3/14)

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

**LGU:** Nassau Co Office of MH, CD and DD 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.

**2015 Community Service Board Roster**  
 Nassau Co Office of MH, CD and DD Svcs (40150)  
 Certified: James Dolan (6/3/14)

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** Barbara Roth  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 1/1/2017  
**eMail** elbsat@aol.com

**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** 1/1/2017  
**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** Thomas Hopkins  
**Physician** No  
**Psychologist** No  
**Represents** EPIC  
**Term Expires** 1/1/2015  
**eMail** thopkins@epil.org

**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** Ann Pinto  
**Physician** No  
**Psychologist** No  
**Represents** Advocate  
**Term Expires** 1/1/2017  
**eMail** ruby73157@aol.com

**Member**

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

**Member**

**Name** Lisa Jacobson  
**Physician** No  
**Psychologist** No  
**Represents** Nassau University Medical Center  
**Term Expires** 1/1/2017  
**eMail** ljacobso@numc.edu

**Member**

**Name** Rajvee Vora  
**Physician** Yes

**Member**

**Name** Carlos Tejera  
**Physician** Yes

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

**Psychologist** No  
**Represents** FECS - Clinic  
**Term Expires** 1/1/2017  
**eMail** mrcuba86@aol.com

**Member**  
**Name** Mary Fasano  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 1/1/2017  
**eMail** maryf371@aol.com

**2015 Mental Hygiene Local Planning Assurance**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: James Dolan (6/3/14)

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 2015 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 2015 Local Services planning process.

**County Needs Assessment Survey**  
 Nassau Co Office of MH, CD and DD Svcs (40150)  
 Certified: Anna Halatyn (7/14/14)

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

The current OASAS treatment need methodology was implemented in 2003 and has undergone periodic adjustments over the past decade. Considering the evolution of the substance use disorder treatment system during that time and the dramatic changes underway today, the entire methodology is now under review. As OASAS considers the development of a new methodology for estimating specific treatment service needs at the county, region and state levels, counties are being asked to complete this survey to inform the state about: 1) how local service needs are determined, 2) how accessible services are or should be, 3) the extent to which local treatment needs are being met and where service gaps may exist, and 4) existing barriers to accessing treatment. All questions regarding this survey should be directed to Jean Audet at 518-485-2410 or at Jean.Audet@oasas.ny.gov

**1. Resources for Identifying Service Needs:** How important is each of the following resources in identifying substance use disorder problems and service needs in your county?

Needs Assessment Resources	Very Important	Somewhat Important	Not Very Important	Resource Not Used
1. Public forums or hearings	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Focus groups on specific topics	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Advisory group/task force/coalition reports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. CSB/sub-committee/provider meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Population surveys	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Patient satisfaction/perception of care surveys	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Provider surveys	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Provider waiting lists	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. OASAS client data/LGU Inquiry Reports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. OASAS treatment need methodology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Medicaid data	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Other secondary data (e.g., census, health stats)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Other (Specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. Service Areas:** From a service planning perspective, indicate whether each service listed below should be considered primarily a county or regional resource (i.e. should the service be available in every county or should it be accessible within a multi-county service area?) If you indicate that the service should be a regional resource, identify the counties that you believe fall within your county's service area for that particular service.

Service	County Resource	Regional Resource	Counties in Service Area
1. Medically Managed Detoxification	<input checked="" type="radio"/>	<input type="radio"/>	
2. Medically Supervised Withdrawal Inpatient	<input checked="" type="radio"/>	<input type="radio"/>	
3. Medically Supervised Withdrawal Outpatient	<input checked="" type="radio"/>	<input type="radio"/>	
4. Medically Monitored Withdrawal	<input checked="" type="radio"/>	<input type="radio"/>	
5. Inpatient Rehabilitation Treatment	<input checked="" type="radio"/>	<input type="radio"/>	
6. Outpatient Treatment (non-opioid)	<input checked="" type="radio"/>	<input type="radio"/>	
7. Opioid Treatment	<input checked="" type="radio"/>	<input type="radio"/>	
8. Intensive Residential Treatment	<input checked="" type="radio"/>	<input type="radio"/>	
9. Community Residential Treatment	<input checked="" type="radio"/>	<input type="radio"/>	
10. Supportive Living Facility	<input checked="" type="radio"/>	<input type="radio"/>	
11. Primary Prevention	<input checked="" type="radio"/>	<input type="radio"/>	
12. Prevention Counseling	<input checked="" type="radio"/>	<input type="radio"/>	
13. Housing	<input checked="" type="radio"/>	<input type="radio"/>	
14. Recovery Supports	<input checked="" type="radio"/>	<input type="radio"/>	

**3. Assessment of Service Capacity Within County or Region:** For each service listed below, indicate whether there is sufficient or insufficient capacity available within your county or region to meet the needs of the residents of your county. (NOTE: If you indicated above that the service should be considered a regional resource, assess available capacity for that service on a regional level.) If you indicate that the capacity within your county is insufficient, indicate whether filling the service gap represents a high, moderate, or low priority. (NOTE: When determining priority level, assess each service relative to all other services.)

Service	Insufficient or Unavailable Capacity			
	Sufficient Capacity	High Priority	Moderate Priority	Low Priority
1. Medically Managed Detoxification	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Medically Supervised Withdrawal Inpatient	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Medically Supervised Withdrawal Outpatient	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Medically Monitored Withdrawal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Inpatient Rehabilitation Treatment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Outpatient Treatment (non-opioid)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Opioid Treatment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Intensive Residential Treatment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Community Residential Treatment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Supportive Living Facility	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Primary Prevention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Prevention Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13. Housing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Recovery Supports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. Access to Services by Population Group:** For each population group listed below, indicate the extent to which you believe it has access to needed services. If you indicate that access is insufficient, indicate whether filling the service gap for that population is a high, moderate, or low priority, and identify the services that are lacking for that population within your county or region. (NOTE: When determining priority level, assess each service relative to all other services.)

Population Group	Sufficient Access	Insufficient Access			Services That are Lacking
		High Priority	Moderate Priority	Low Priority	
1. General Population	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Adolescent Inpatient & Outpatient; Co-occurring; Housing
2. Men	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Housing, Residential Tx
3. Women	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Housing, Residential Tx
4. Women with Children	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Day care, Transportation, Housing
5. Adolescents (under age 18)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Co-occurring; Inpatient, Residential, Transportation
6. Young Adults (age 18 to 24)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	housing, Residential Tx
7. Seniors (60+)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Housing, Residential Tx
8. Persons with Co-occurring Disorders	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Inpatient & Outpatient, Housing
9. Veterans	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Inpatient & Outpatient; Co-occurring, Housing
10. LGBT	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Cultural Competent Tx in all modalities
11. Other (specify):	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Housing
12. Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**5. Barriers to Accessing Treatment:** How significant would you say each of the following barriers to treatment are for the residents in your county?

Barriers to Treatment	Significant Barrier	Moderate Barrier	Minor Barrier	Not a Barrier
1. Not enough service capacity in county	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Appropriate services not available in county	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Waiting time to get admitted to treatment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Individuals not being referred to treatment	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Insufficient case management/care coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Lack of insurance coverage	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Insurance/managed care restrictions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Restrictive government regulations/policies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Insufficient childcare services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Insufficient transportation services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Insufficient culturally competent clinical staff	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Stigma, cultural/language barriers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Other (specify): Housing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following question pertains to the OMH State psychiatric inpatient transformation and Regional Centers of Excellence. All questions regarding this question should be directed to Jeremy Darman at 518-474-4403 or at [Jeremy.Darman@omh.ny.gov](mailto:Jeremy.Darman@omh.ny.gov)

**6. Local needs to support State psychiatric inpatient transformation and Regional Centers of Excellence:** What types of services and/or supports does your locality need to assist in reducing avoidable admissions and reduce length of stay in inpatient psychiatric facilities (Article 28, 31, and State-operated)? To reduce avoidable admissions and unnecessary lengths of stay in inpatient psychiatric facilities, Nassau County requires that the investment of dollars saved by downsizing of the state psychiatric facilities be used to develop a creative and comprehensive expansion of outpatient services for individuals with co-occurring disorders: mental illness and substance abuse, as well as mental illness and significant developmental disabilities. These outpatient services should include expansion of Mobile Crisis hours and capacity, increased access to Urgent Care for Adults, Children and Families, and the development of a PROS Readiness track in all PROS programs. The PROS Readiness programs will serve individuals with co-occurring chemical dependency issues, and/or cognitive deficits, as well as those with impulse and behavioral issues. A recent survey, has indicated that on average approximately 141 clients remain in Community Residences daily. This statistic does not include individuals residing with family or friends. These are individuals who are not engaged in meaningful structured activities because of difficulty with establishing goals and objectives, particularly in relation to education and employment. The PROS Readiness programs will provide for a focus on community living goals, including skill building, support and advocacy, and assisting the client toward integration into a PROS program. The Single Point of Access for housing (SPA) should also be expanded to include both OMH and OASAS housing, allowing for a streamlined and simplified process or accessing housing for those with behavioral health disorders. The alternative, to have multiple processes for accessing housing creates unnecessary complications, time

consuming extra steps and confusion that significantly detract from our ability to expedite needed care to those we serve. The simplified SPA process will facilitate housing placements and decreasing length of stay in hospitals. In addition, expansion of creative housing options, including proposals for funding of peer respite housing, and short-term transitional housing for individuals with a mental illness and/or chemical dependency diagnosis would expand the options for both hospital diversion and decreased length of stay. Furthermore, funding rates for supported housing also need to be increased to address the realities of the high cost of living in Nassau County, and the diminished rental-housing stock subsequent to Super storm Sandy. It also needs to be emphasized that difficulty with medication adherence is the factor most commonly associated with undermining a client's ability to adjust to living in a supported housing setting. This non-compliance is attributable, in part, to confusion about a medication regimen that may include multiple psychotropic medications, as well as medications for various medical conditions. Enhanced medication monitoring and support for up to 180 days would likely improve success in supported housing and decrease episodes of de-compensation resulting in preventable ER visits and re-hospitalization. Increased hours of operation of clinics, rapid access to psychiatric care and peer and family support, the ability of clients to receive services on a walk-in basis, and the provision of quick access to in-home support, is a priority for Nassau. The delivery of these services, which fall under the umbrella of clinic or community based "Urgent Care" and would decrease ER visits and avoidable admissions by providing immediate access to community-based treatment and supports. This Office has developed a mental health/chemical dependency awareness campaign, known as the Behavioral Health Awareness Campaign, and works with individuals, families and community groups to provide educational seminars, and easy access to expert guidance, information and resources. Consistent with this effort, we are in the process of developing a centralized and unified telephoning system that will serve as a "one stop shopping" for anyone who needs information related to a behavioral health concern. This service will be coordinated with existing help-line services. Nassau County has also implemented an Assessment and Referral Center (ARC) which is co-located with local DSS. The program assists Health Homes in locating and consenting individuals, providing a warm hand off to HH care coordinators, when possible, and assessing and referring individuals brought to the attention of ARC by the various components of local DSS. In addition, we will be seeking a mental health clinic license to provide short term, interim clinical services, as is needed. Approximately 1,500 individuals are seen at DSS each day. Many of these clients are seen multiple times throughout the year. Some of these clients are unwilling or unable to link to other mental health or substance abuse clinics. Due to the necessity to be seen multiple times at DSS this would be an easily accessible location to begin receiving treatment services with the goal of eventually transitioning the client to a community treatment agency. We also know that large numbers of individuals with untreated mental illness and co-occurring disorders are arrested and incarcerated. Judges from specialty courts and regular court parts are increasing requesting information about mental health and substance abuse status of defendants. It has, therefore, become clear that it would be an efficient and effective use of resources to move away from the specialty court model that focused on either the substance abuse or mental health aspect of a person's condition. Therefore, Nassau County is proposing the development of a Behavioral Health Court that will amalgamate the beneficial practices of the drug and mental health courts, and thereby further our ability to divert people from unnecessary incarceration; and ensuring access to and compliance with treatment that will decreasing the likelihood of re-offending and of ER and inpatient hospital usage.