

## **2020 Mental Hygiene Executive Summary**

Nassau Co Office of MH, CD and DD Svcs

Certified: Omayra Perez (6/25/19)

Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services, along with stakeholders across the County, worked diligently to complete the 2020 Local Service Plan. The planning process ensured the needs of the County were captured, but more importantly, led to meaningful discussions on how to address such gaps in the system of care.

The Community Services Advisory Board and the Mental Health, Substance Use and Developmental Disabilities Subcommittees identified 5 key areas of need in Nassau County to be addressed in 2019-2020.

- The increase in maternal mortality rates among African American women with the highest communities impacted being Roosevelt, Hempstead and New Cassel Westbury.
- The need and availability of trauma focused treatment for the immigrant communities.
- The need for increased support services and treatment in the LGBTQ community.
- The increase complexities of mental health and substance use within the aging population.
- High prevalence of suicide being the 2nd leading cause of death among adolescents.

As the 2020 Local Service Plan will further detail, additional areas of need include housing, crisis services, workforce recruitment and retention for OPWDD, prevention, inpatient treatment services, recovery and support services, Substance Use Disorder outpatient services, heroin and opioid program/services, mental health services (non-clinic/care coordination) and multiple areas in the OPWDD system.

The Local Service Plan also highlights key accomplishments with new initiatives funded by New York State Office of Mental Health and New York State Office of Alcohol and Substance Use Services. Those include the following:

- Jail Diversion Program (NYS-OMH)
- Open Access Center (NYS-OASAS)
- Emergency Department Buprenorphine Induction (NYS-OASAS 3 awards)
- Mobile Recovery Unit (NYS-OASAS)
- Jail MAT Services (NYS-OASAS)
- Nassau County Opioid Treatment Court
- Thrive Nassau—Recovery Support Services

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Nassau County is always exploring opportunities amongst local, state and federal funding initiatives to improve and strengthen the behavioral health services available to the 1.37 million people who reside in the County. This could not be done without the dedication and support of all the County stakeholders and in collaboration with our state partners.

**Mental Hygiene Goals and Objectives Form**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: Omayra Perez (6/25/19)

**1. Overall Needs Assessment by Population (Required)**

Please explain why or how the overall needs have changed and the results from those changes.

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

a) Indicate how the level of unmet **mental health service needs**, overall, has changed over the past year:  Improved  Stayed the Same  Worsened

Please describe any unmet **mental health** service needs that have **improved**:

Mental Health Services in Nassau County have improved over the past year due to several ongoing initiatives:

1. Nassau County's Mobile Crisis Team (MCT) expanded its hours of operation from 10am to 11pm seven days a week, to eligible clients served by the Certified Community Behavioral Health Clinic located at Central Nassau Guidance and Counseling Services.
2. Nassau County continues to support and strengthen the implementation of the New Hope Crisis Center. The Crisis Center provides respite housing as a diversion to hospitalization and/or incarceration. The police, in collaboration with the Nassau County Crisis Team, explores this option after an assessment by the MCT is completed and the individual is cleared to be transported to New Hope. It is a medically supervised site and individuals served must have a co-occurring disorder.
3. Nassau County's Assessment & Referral Center located within Department of Human Services and the Department of Social Services' physical site, provide multiple behavioral health services such as access to the Nassau County Mobile Crisis Team through 516-227-Talk, behavioral health assessments and screenings, crisis intervention and access to Health Home enrollment.
4. In 2017, the Nassau County District Attorney's Office developed a program called the Office of Alternative Prosecution and Resources, "The Phoenix". The office is responsible for coordinating comprehensive alternative-prosecution options and resources for justice-involved individuals and invited the Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities in a collaborate effort to connect low level offenders to treatment as an alternative option. "Depending on the nature of the offense, alternative-prosecution programs may include drug, alcohol and/or mental health treatment, community-based support programs including education, vocational and job training, and other evidence-based programs aimed at reducing recidivism and promoting personal development." Since the inception of The Phoenix on April 2018, approximately 850 individuals have been served by the program.
5. Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services has developed at the request of several Nassau County School Districts, a Mental Health Wellness Training Program to assist the numerous districts in meeting the New York State Education Department's mandate in the implementation of Social and Emotional Learning (SEL) within their education curriculum.
6. The Nassau County Speakers Bureau was re-invigorated at the end of 2017 and launched in 2018 focused on providing education and training opportunities to the community on mental health and substance use topics. In 2018 35 trainings were provided in the community and to contract agencies training a total of 560. In the first five months of 2019 the Office has provided 49 trainings for over 900 people.
7. Nassau County was granted a one-time grant funding opportunity to develop a jail diversion program. The funding opportunity allowed for two psychiatric social workers, one care coordinator and three Mental Health First Aid Trainings in the courts. This one-year pilot comes to completion on September 2019. Nassau County hopes the funding will continue based on the needs of the community it serves.
8. Central Nassau Guidance, a Nassau County community based organization, has been awarded funding for several initiatives in the County.
  - Mental Health First Aid Trainings- CNG received a SAMHSA Grant to train members of the public who serve on the front lines—teachers, first responders, veterans, medical and social service staffers— to identify and de-escalate mental health crises and refer people to needed treatment.
  - Federal grant from the Administration of Children and Families to work with at risk young individuals and couples to develop relationship and communication skills.
9. Central Nassau Guidance has also began working in Hempstead with The INN (Interfaith Nutrition Network)—which provides many services to housing-unstable guests, who come to The INN's soup kitchen and receive a warm lunch daily and often a brown-bag dinner. CN Guidance provides on-site assessments and ongoing counseling to the guests who may be struggling with homelessness, mental health distress, and substance use disorders.

Please describe any unmet **mental health** service needs that have **stayed the same**:

NA

Please describe any unmet **mental health** service needs that have **worsened**:

NA

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, overall, has changed over the past year:  Improved  Stayed the Same  Worsened

Please describe any unmet **SUD** service needs that have **improved**:

Substance Use Services in Nassau County have improved over the past year due to several initiatives:

1. New York State Office of Alcohol and Substance Abuse Services granted an Open Access Center award to Family and Children's

Association, located in Nassau County with the expectation of offering treatment and support services to residents who struggle with addiction. Since opening extended hours in November 2018, the program has served over 70 individuals seeking treatment and/or recovery support during non-traditional business hours (evenings 9pm-midnight and weekends). Individuals walking in are linked with peers and clinical staff for education, referrals, and connection to treatment as needed.

2. The New York State Governors Office awarded to NYS OASAS through the Opioid State Targeted Response Grant Program, administered by the Substance Abuse and Mental Health Services Administration, funding with the goal to increase access to treatment, reduce unmet need and reduce overdose-related deaths. NYS OASAS granted Central Nassau Guidance and Counseling Services the funding to address the opioid treatment needs in Nassau County. CNG Mobile Recovery Unit provides treatment for substance use disorders, directly helping individuals in the community. The goal is to reduce overdose related deaths by increasing access to treatment as individuals start down the road to recovery. Services are designed to add and expand treatment and recovery in high need areas across Nassau County. Services include peer supportive, telemedicine for Medication Assisted Treatment, and clinical counseling in the home, community, or on the MRU Vehicle. The Mobile Unit is staffed with a physician, registered nurse, counselors, case manager and peer advocates. Since November 2018 when the MRU became operational, the MRU team has worked with 84 individuals and has engaged an additional 204 within the Nassau County community. The individuals have resided all over Nassau County. In addition to providing Narcan trainings to the individuals the MRU team works with, Narcan trainings are also offered to the families of the individuals impacted directly by addiction.

**The MRU RV has visited:**

- BETHPAGE- near the train station
- EAST MEADOW- near Nassau County Jail
- HEMPSTEAD- the INN, the Hempstead bus terminal, Hempstead train station, Parole in Hempstead,
- HICKSVILLE- near the train station
- MASSAPEQUA- near the train station
- WESTBURY-near the train station
- UNIONDALE –near Jerusalem Ave.

3. In August of 2018, Nassau County MH, CD & DD received \$60,000 from NYS-OASAS and implemented a "guest dosing" program through its Opioid Treatment Program in Nassau County Corrections. The Guest Dosing Program provides MAT services to incarcerated individuals who were in treatment prior to their incarceration actively receiving medication assisted treatment. To date, approximately 101 individuals have been served. Continuation of funding is yet to be determined.

4. On March 2018, Nassau County established the Opioid Treatment Court and has served approximately 15 individuals to date. Funding in the amount of \$150,000 was awarded to a community based provider through the Research Foundation on Mental Health to provide the Court with a care manager and a peer recovery specialist.

5. Three Nassau County community based providers received State Opioid Response (SOR) grant award under the Emergency Department Buprenorphine Induction. The Research Foundation for Mental Hygiene (RFMH) is the fiscal agent for OASAS on this federal grant. The grantees are Family and Children Association in partnership with Long Island Federally Qualified Health Center, Central Nassau Guidance in partnership with Northwell Health, and Ocean Counseling Center with South Nassau Communities Hospital.

6. One of Nassau County's providers recently announced the opening of Thrive Nassau. Family and Children Association received State funding to establish a center offering recovery support services. The center provides health, wellness and other critical supports to people and families who are recovering from a substance use disorder or are seeking recovery services for a family member or friend. They provide a community-based, non-clinical setting that is safe, welcoming and alcohol/drug-free for any member of the community. The centers promote long-term recovery through skill-building, recreation, employment readiness and the opportunity to connect with other community services and peers facing similar challenges.

7. Nassau County established the Medication Assisted Treatment Workgroup composed of providers in the community with the goal of increasing MAT services in Nassau County and strengthening the coordination and collaborative efforts within the system of care.

**Future Initiatives:**

- **Long Island Addiction Resource Center**—Is an NY-OASAS funded service for both Nassau and Suffolk County. It is a web-based resource center available to all Long Island residents offering virtual, easy-to-use access to invaluable information about providers of education, prevention, treatment and recovery services in Nassau and Suffolk County.
- **Nassau County CARES Telephone Application**—Nassau County Legislative Office presented a resolution and passed into law the development of a telephone application which will allow Nassau County residents locate all available mental health and substance use services in Nassau County.
- **Substance Use Helpline (Timothy's Law)**—Nassau County Legislative Office presented a resolution and passed into law the development of a telephone helpline offering crisis counseling, linkages, information and referrals to treatment services. The helpline will offer 24/7 support to consumers and family member.

**Please describe any unmet SUD service needs that have **stayed the same**:**

- **Unmet County Need:** In 2012, Nassau County eliminated local funds to the county chemical dependency agencies due to fiscal challenges faced by the County. As a result, NYS OASAS withdrew the administrative funds given to the County for administrative oversight of programs, contracting, and claims reimbursement for all contracted community agencies and schools. Currently the Nassau County Office of MH, CD, and DD services is anticipating many retirements which will have a direct impact on the Office's ability to perform its LGU functions. Nassau County hopes that NYS OASAS considers the possibility of restoring funds needed to support its required responsibilities.
- While the level of death have decreased the use of other drugs have risen such as methamphetamines, cocaine and other prescription drugs.

**Please describe any unmet SUD service needs that have **worsened**:**

NA

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year:  Improved

Stayed the Same  Worsened

Please describe any unmet **developmentally disability** service needs that have **improved**:

The Office of MH,CD, and DD will explore the creation of an assessment tool to be used in the jail to assist in determining if an individual may have developmental disabilities. The Office will work closely with the Sheriff's Dept. as well as community providers to develop this tool.

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

Nassau County, Local Government Unit (LGU), continues to explore opportunities to help strengthen the collaborative relationship with the New York State Office of People with Developmental Disabilities (NYS-OPWDD). Currently, NYS-OPWDD manages and coordinates all services without the inclusion of the LGU in its coordination of services. Often, families outreach to the LGU for guidance and assistance in navigating the system of care for their loved ones, unfortunately, the LGU is limited to the assistance it can be provided. Nassau County looks forward to entering a more collaborative and active role in partnering with NYS-OPWDD.

Please describe any unmet **developmentally disability** service needs that have **worsened**:

NA

The second section of the form includes: goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ab) Problem Gambling (NEW)
- ac) Adverse Childhood Experiences (ACEs) (NEW)

(After a need issue category is selected, related follow-up questions will display below the table)

## 2a. Housing - Background Information

The Nassau County Residential Program Indicators reflect high occupancy percentages in the behavioral health housing programs, therefore, housing efforts continue to be an important priority for clients in Nassau County. According to the LI DISRIP Needs Assessment, the number of beds for Family Care is 254, Congregate Treatment is 1,137, Apartment Treatment is 395 and Supportive Housing beds at 2,447. Most beds are located in Suffolk County. Over 500 individuals with a serious mental illness are on the SPA waiting list for housing in Nassau. Many of these individuals are discharged into the community from inpatient psychiatric units or are homeless and therefore, most are not eligible for the supported housing beds. In 2018 New York State Office of Mental Health funded a second peer run house called Turquoise House II through the Mental Health Association of Nassau County. The funding allowed the County to add an additional 3 bed peer run house for a total of 6 beds to provide hospital diversion, when appropriate. Nassau County also has a 3-bed crisis respite program run by Central Nassau Guidance as well as a 7-bed crisis respite program run by Melillo Center. There are waiting lists for the 3 respite providers listed above.

Over the past couple of years, SAIL was expanded to provide housing for individuals with a substance use disorder or co-occurring mental health disorders. There is a great need for additional housing resources for people with substance use disorders.

Also an issue of concern has been the current lack of regulations and oversight of sober homes. This can lead to potentially dangerous living conditions for consumers, compromising their recovery.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

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

### Objective Statement

Objective 1: This Office will continue to work toward implementation of the SPA for all appropriate individuals with behavioral issues. This will simplify and expedite the housing process and ensure that all beds available are utilized at capacity. The software application is still being modified to fit the established criteria.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Substance Use Subcommittee will explore and make recommendations to OASAS regarding the need to regulate sober homes.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

## 2c. Crisis Services - Background Information

The goal of the crisis response system in Nassau County is to reduce unnecessary emergency department visits and inpatient hospitalizations, to maintain people safely in their communities with appropriate supports, and to reduce the risks of future crises by providing a prompt response and resolution of the immediate crisis. The crisis response system that serves Nassau County's 1.3 million residents is funded by the New York State Office of Mental Health. The existing crisis response system consists of a crisis call service and redundancy backup, available twenty-four-hours a day, three-hundred and sixty-five day a year; and a Mobile Crisis Team (MCT) daily from 10:00am to 11:00pm available for dispatch to assess adults and children who are experiencing or are at imminent risk of experiencing a psychiatric or substance use (BH) crisis. The Nassau County Mobile Crisis Services is composed of four teams of licensed professional with extensive clinical experience. The efforts of the mobile crisis teams have continued to expand with over 1,632 on-site visits made in 2018. The accessibility of the mobile crisis teams has increased through our 227-TALK helpline.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Continue to improve and expand services provided by the Nassau County Mobile Crisis Team.**

### Objective Statement

Objective 1: Increase education and awareness of the availability of Nassau County Mobile Crisis Services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Launch the Nassau County CARES phone application connecting people to Mobile Crisis as well as all other mental health and substance use services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

## 2d. Workforce Recruitment and Retention (service system) - Background Information



OPWDD: Direct Support Professionals (DSP's) are the "line staff" in the field of intellectual and developmental disabilities. DSP wages are not always competitive, some smaller agencies cannot compete with the larger more financially deep agencies: DSP is often considered "entry level" without a career path resulting in low retention and prolonged vacancies.

OMH & OASAS: Nassau County has a growing shortage of mental health professionals, especially child psychiatrist. Families have been forced to pay unaffordable out of pocket fees and wait weeks for a psychiatric appointment. This is due to the low insurance reimbursement rates and the arduous process of submitting claims for services rendered, leading to only 55 percent of psychiatrist accepting medical insurance. Aside from the issue of low insurance reimbursement rates is the overall shortage of psychiatrist. According to Forbes, "there are about 28,000 psychiatrists in the United States, but the number is dwindling rapidly since those practicing are aging. Three in five psychiatrists currently in practice are 55 years of age or older". Many Nassau providers have expressed the challenges they have had in finding qualified health professionals.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**OPWDD: Increase retention and decrease vacancies in the ID/DD employment field, including for self-directed persons.**

**OMH & OASAS: Nassau County will develop strategies in addressing the shortage of qualified mental health professionals.**

#### Objective Statement

Objective 1: Meet with local college and university personnel and orient them to employment and career opportunities in the developmental disabilities service system and develop student internship opportunities within the I/DD service system and meet with local college and university personnel to orient them to these opportunities.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Work with the County's media liaison to develop public service announcements about employment and careers in the developmental disabilities provider system and meet with the Department of Social Service's Employment Director to explore opportunities for collaboration.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Investigate the processes for tuition reimbursement for employees in the developmental disabilities provider system and facilitate a job fair for persons enrolled in self-direction who are seeking staff.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Community Services Advisory Board Mental Health and Substance Use Subcommittees will develop an ad hoc workgroup that will assess and make recommendations for how to address the shortage of psychiatrist such as implementation of telepsychiatry and recruitment.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

#### Change Over Past 12 Months (Optional)

#### 2f. Prevention - Background Information

Goal 1: The Nassau County Office MH, CD, and DD Services continues to support drug and alcohol prevention programs that are provided through contacted schools and community based agencies. The Office continues to accompany OASAS during site visits to review the programs and provide technical assistance. Contracted providers submit prevention workplans annually, which are reviewed by the Office. The workplans allow the providers to outline the anticipated services and programming for the following academic year. All workplans submitted for the 2019-2020 school year have been approved at the County level. The Office is also involved with the prevention providers through attending the Association of School Prevention, Intervention, Resource and Educational Professional (ASPIRE) meetings. These meetings give the contracted prevention providers an opportunity to gain knowledge and skills surrounding prevention as well as discuss challenges while brainstorming solutions collaboratively. OASAS also uses these meetings to provide updates and guidance to the providers. The ASPIRE group as a whole have continued to indicate that they have many challenges providing prevention work to their full capacities, often due to other obligations, roles, mandates, and responsibilities that they are tasked with at their places of employment.

Goal 2: It is estimated that 20% of people age 55 years or older experience some type of mental health concern. The most common conditions include anxiety, severe cognitive impairment, and mood disorders (such as depression or bipolar disorder). Mental health issues are often implicated as a factor in cases of suicide. Older men have the highest suicide rate of any age group. Men aged 85 years or older have a suicide rate of 45.23 per 100,000, compared to an overall rate of 11.01 per 100,000 for all ages. Currently Nassau County partners with Family and Children Association and Central Nassau Guidance to provide case management services to seniors with mental health and substance use disorders through a program funded by NYS called Link-Age. All partners are currently working on a sustainability plan for when the grant funding ends.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Goal 1: The Office will continue to collaboratively work with OASAS to provide oversight to the contracted drug and alcohol prevention providers in both the school and community based setting to ensure the services are being provided to their respective targeted populations.**

**Goal 2: To continue improving education on how mental health presents in the geriatric population and connecting individuals to services.**

#### Objective Statement

Objective 1: Goal 1: Continue to provide support and technical assistance to contracted prevention providers in their prevention efforts.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Goal 1: Continue to promote community education and awareness of drug and alcohol prevention by providing support and technical assistance to community coalitions within Nassau County.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Goal 1: Ensure that Nassau County LGU gets copies of all the annual prevention reports sent to NYS OASAS.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Goal 2: The office will consult with the Office of Aging to help identify those who may be experiencing a mental health disorder because of the aging process.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

## 2g. Inpatient Treatment Services - Background Information

Nassau County currently has a growing population of 1.3 million people and needs to ensure that inpatient psychiatric services are always available and accessible to our residents. Currently Nassau County has 223 psychiatric beds available. According to the New York State Department of Health, NYS Health Profile, Nassau County has the following number of psychiatric beds within four hospitals:

Mercy Medical Center-39

Nassau University Medical Center-128

South Nassau Community Hospital-36

Syosset Hospital-20

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Nassau County will continue its efforts in preventing the closure of psychiatric beds available to its residents.**

### Objective Statement

Objective 1: Continue to maintain collaborative relationships with the hospitals and NYS OMH to ensure that no further beds are eliminated from Nassau County's system of care.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

## 2h. Recovery and Support Services - Background Information

On March 2019, Nassau County initiated the Opioid Treatment Court. It is a specialized court that will offer offenders struggling with opioid addiction who have been charged with a misdemeanor offense a "fast track" option for beginning rehabilitation. The New York State Unified Court System launched the first New York Opioid Court Planning Initiative on June 6th and 7th 2019 with the focus of bringing all Counties in New York State with an Opioid Treatment Court together to discuss implementation strategies and best practice. One of the key best practices presented was the incorporation of Certified Recovery Peer Advocates (CRPA) in the Courts. Nassau County identified the search of a CRPA as a challenge.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Explore opportunities in hiring a Certified Recovery Peer Advocate for the Opioid Treatment Court.**

### Objective Statement

Objective 1: Connect with ASAPNYS for assistance in hiring CRPA for the Opioid Treatment Court.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Explore funding opportunities through OASAS for hiring and embedding CRPAs in other Treatment Courts such as Misdemeanor Court.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

## 2i. Reducing Stigma - Background Information

The Behavioral Health Awareness Campaign is a county-wide effort to educate residents about the relationship between mental health, substance abuse and physical health, and it underscores the importance of moving toward a model of care that promotes wellness through prevention, early intervention and the delivery of integrated behavioral and physical health care. The Behavioral Health Awareness Campaign has had a great

impact in this county by providing education, resources, training opportunities and conferences. The campaign targets youths, colleges and universities, public safety officers, seniors, professionals and the general public. The campaign offers a series of training modules in Mental Health First Aid as well as Naloxone and other Medicated Assisted Treatment alternatives. Nassau County has achieved the milestone of training over **14,314** people in the use of Narcan/Naloxone.

The Office also offers two annual conference, the Multicultural Conference and the Co-Occurring Conference. The Multicultural Conference provide cultural competency training to behavioral healthcare professionals and recipients of services in Nassau County. The annual Co-Occurring Conference focuses on integrated mental health, chemical dependency and developmental disabilities issues offering presentations by experts in their fields on the latest trends and treatment interventions. The 2020 conference is to be announced.

Mental Health First Aid (MHFA) is a training that Nassau County Local Government Unit continues to offer and is working in partnership with Central Nassau Guidance who recently received a SAMHSA grant award for three years to provide MHFA trainings. In 2018, Nassau County passed legislation mandating MHFA training to County employees who are in contact directly with the public. This is an evidence-based, 8 hour course focused on providing public education and prevention tools designed to improve the public's knowledge of mental health and substance use problems and connects people with treatment. MHFA courses teach a five-step action plan to teach trainees to identify risk factors and warning signs of mental illness and addiction. Over **1,695** individuals have been trained in Mental Health First Aid since the inception of such trainings.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Continuation and expansion of the Behavioral Health Awareness Campaign with particular emphasis placed on promoting education and awareness of the needs of the LGBTQ community and suicide prevention across all communities with attention to the high prevalence of Latina adolescent suicides.**

**Objective Statement**

Objective 1: Professional staff will continue to provide community training on topics to increase awareness and understanding of mental health and chemical dependency issues by expanding the number of trainers available to train Mental Health First Aid. This is an on-going strategy.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Nassau County will continue to collaboratively work with school Superintendents and their districts in the implementation of mental health wellness into their curriculum. Each curriculum is uniquely designed to meet the needs of the districts.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Annual Multicultural Conference and Co-Occurring Conferences TBD for Spring and Winter of 2020.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Nassau County will continue to work collaboratively with the Nassau County Correction Center to train all of their staff in the use of Narcan and train their new Corrections Recruits in Mental Health First Aid.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 5: Develop awareness and education regarding the high prevalence of Latina adolescent suicides and explore funding opportunities.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2j. SUD Outpatient Services - Background Information**

Nassau County recently developed the Medication Assisted Treatment Committee with participating members from the outpatient clinic providers with the goal of increasing MAT services in Nassau County and strengthening the coordination/collaboration within the system of care.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Increase Medication Assisted Treatment Services for Opioid Use Disorder in Nassau County and increase the number of pregnant females in need of treatment with Opioid Use Disorder. Medication assisted treatment is recognized as the standard of care for pregnant females diagnosed with Opioid Use Disorder.**

**Objective Statement**

Objective 1: Utilize the newly developed Medication Assisted Treatment Committee to identify barriers and develop community collaborations and coordination. This will assist Community Based Organizations in the implementation of MAT services, ensuring availability and accessibility of MAT services to Nassau County residents.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: The Medication Assisted Treatment Committee will develop at least three subcommittees such as Linkage/Resource, Regulations Review and Learning Collaborative to create strategies for expanding the availability of MAT services in Nassau County

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Explore funding opportunities to increase availability of Peer Support Advocates in Nassau County and explore with OASAS the



feasibility of opioid treatment programs providing a MAT track only which would allow the client to receive MAT at an Opioid Treatment Program (courtesy Dosing) while receiving counseling services at a community based organization.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Explore with OASAS the possibility of a waiver that would allow a program to share client(s) and potential barriers that would interfere with payment for services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 5: Meet with detox and rehabilitation centers and educate the staff about the importance of referral and increase their knowledge base regarding best practice related to the pregnant female diagnosed with OUD and meet with OB/Gyn staff at family medical clinics as well as medical societies to educate on medication assisted treatment during pregnancy.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

## 2l. Heroin and Opioid Programs and Services - Background Information

**Background for Goal 1:** Nassau County Opioid Treatment Program was awarded \$60,000 in 2018 and received such funding in 2019 by NYS OASAS to provide Nassau County Correctional Center's Medical Unit with doses of Methadone for inmates who are enrolled in an Opioid Treatment program before their incarceration. These are individuals who are currently maintained on Methadone and enrollment has been verified. This is known as "guest dosing". The initiative has been a joint effort between Nassau County Correctional Center and Nassau County Opioid Treatment Program.

**Background for Goal 2:** In 2018, New York State Department of Health announced that opioid use be added as one of the twelve "qualifying condition" for medical marijuana under the Compassionate Care Act. As of 2018, there are 59,327 certified patients and 1,697 registered practitioners participating in a Medical Marijuana Program.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**1. Enhance discharge referral processes and coordination of care at Nassau County Correctional Center for clients who received Medication Assisted Treatment while incarcerated.**

**2. Explore the impact of client(s) using Medical Marijuana in the treatment of Substance Use Disorder.**

### Objective Statement

Objective 1: Goal 1: Meet with discharge planner at Nassau County Correctional Center to assist in the design of referral protocols to fast track referral processes upon release of the inmate. Meeting should include Community Based Agencies offering Medication Assisted Treatment and Nassau County Opioid Treatment Program.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Goal 1: Fast Track admissions of newly released inmates into Nassau County Opioid Treatment Program that meet inclusion criteria for admission. Nassau County Opioid Treatment Program to explore a waiver process with OASAS that would allow same day/next day admission into the program.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Goal 2: Design protocols/policies/procedures that provide guidance for treatment agencies that can be used in the clinical management of clients receiving SUD treatment who are being prescribed medical marijuana.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Goal 2: Develop assessment tools to gather data on numbers of clients on Rx Marijuana, for what conditions, at what dosages. Utilize that data to assist in designing procedures/policies/protocols for management of SUD clients who are prescribed medical marijuana.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

## 2m. Coordination/Integration with Other Systems for SUD clients - Background Information

During 2018, Nassau County MH, CD & DD services has been engaged in collaborative discussion with the Nassau County Corrections Center to explore ways to provide Medication Assisted Treatment in the jail specifically for Vivitrol and Methadone medication treatments.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Methadone Administration at Nassau County Correctional Center for inmates who it have been determined are enrolled in an Opioid Treatment program and are receiving Methadone Maintenance Treatment.**

## Objective Statement

Objective 1: The screening process for all inmates entering Nassau County Correctional Facility will include an assessment that will derive information related to treatment history and current enrollment in a Methadone Maintenance Treatment Track.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Coordination of care efforts between Nassau County Correctional Center and Nassau County Opioid Treatment Program will focus on verification of inmate's enrollment in a Methadone Maintenance Treatment Program, dose verification, SAMSHA exemption requests for inmates who are determined to be enrolled in an out of county Methadone Maintenance Treatment program. Nassau County Opioid Treatment Program will provide the Methadone to the Nassau County Correctional Facility following OASAS "Guest Dosing" guidelines for the duration of the inmates stay and or until it is determined that the inmate will need to be detox' d (i.e. sentence greater than a year will be going to prison).

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Nassau County Opioid Treatment program in collaboration with Nassau County Correctional Center will design a mechanism for transport of Methadone and daily dosing. A medication management plan that focuses on transport of methadone, storage of methadone, and medication reconciliation of methadone will be implemented when the program is initiated.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

## Change Over Past 12 Months (Optional)

### 2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

According to the CDC, for every 100,000 live births in the United States, roughly 47 Black women, 39 American Indian and Alaskan Native women, 18 White women, 12 Hispanic women and 12 Asian/Pacific Islander women die from pregnancy related causes. Black women are experiencing three times higher maternal mortality risk than white women. Seven percent of pregnancy related deaths were associated with underlying mental health conditions, according to findings from nine maternal mortality review committees published in 2018. Of those deaths, approximately 42% had patient related mental health contributing factors such as the absence of social supports systems and lack of adherence to medications or treatment plans. Another 27% had provider related mental health contributing factors, such as using ineffective treatments or failing to screen. Of all pregnancy related deaths, roughly 63% were preventable. If these women had access to mental health supports and treatment, they may still be alive. These racial disparities persist even across socioeconomic status levels, with black infant and maternal mortality risk being three times than white women.

In NYS, the black infant and maternal mortality is 51.6 deaths per 100,000. More specifically to Nassau County, the most impacted communities are Roosevelt, Hempstead and Westbury New Cassel. According to the NYS Taskforce on Maternal Mortality and Disparate Racial Outcomes listening sessions across the State identified the following barriers:

- Access to health care (limited facility choice, quality of provider and facility care).
- Poor communication with health care providers (especially feeling providers were not listening to them, that they were not given enough time with providers, and that few providers reflected their lived experience).
- Lack of information and education from providers.
- Racism and its impact on the quality of care received.
- Disrespect from health care providers, including support and administrative staff.
- Lack of social supports.

This is not a recent emergent problem. It has it's historical roots and needs real attention.

Experts, advocates and stakeholders will soon develop the Nassau County Maternal and Infant Mortality Task Force to review and explore ways to implement the recommendations from the *NYS Taskforce on Maternal Mortality and Disparate Racial Outcomes report* released March 2019. "The Task Force will take the lead to provide a county-wide coordinated effort to address maternal mortality. No other County in NYS has responded to this issue in a coordinated way" (Birth Justice Warriors)

### Recommendations made from *NYS Taskforce on Maternal Mortality and Disparate Racial Outcomes report*:

- Expand and enhance community health worker programs and further develop their role
- Optimize postpartum care by ensuring that women can receive ongoing support during their postpartum period with the use of providers and agencies
- Promote birth preparedness and postpartum continuity of care for all women
- Increase health care professionals' awareness of racial disparities in health outcomes
- Promote a better understanding of the reasons why African American women have poorer pregnancy health outcomes, and acknowledgement of the impact of race and racism of those outcomes

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Reduce black infant and maternal mortality rates by ensuring access to behavioral health services.**

### Objective Statement

Objective 1: The Nassau County Office of Mental Health will continue to participation with the Department of Health Perinatal Work Group.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Seek community collaborations with wellness agencies that offer access to physical, mental health and substance use treatment.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Explore intervention strategies and funding opportunity to develop a program design to improve access to mental health and substance use treatment for pregnant mothers.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

#### 2p. Mental Health Care Coordination - Background Information

Goal 1: Nassau County will continue with efforts to ensure that the care coordination services requested through SPOA continue in an expeditious manner and done so in way that matches the client to the provider that is best suited to meet their needs.

In accordance with the statewide guidance, Nassau County's current Children's Home and Community Based Services (HCBS) Medicaid Waiver Program transitioned to Medicaid Health Home Care Management program entitled, "Children and Family Treatment and Support Services". All children previously enrolled in HCBS services, transitioned to Children and Family Treatment and Support Services by April 2019. The Nassau County agency providing HCBS services lost staff members during this transition due to a decrease in salary based on the anticipated state-issued reimbursement rates.

Nassau County's net-deficit funded children's care coordination program is known as Non-Medicaid Care Coordination. In Nassau County there is a higher percentage of children who have private insurance than there are of children who are eligible for Medicaid. Approximately 25-27% of children in Nassau are eligible for Medicaid, while approximately 70% of children are not Medicaid eligible. Currently, the number of children who need Non-Medicaid Care Coordination services is higher than the number of children who can be served by the program.

Goal 2: A study conducted by a postdoctoral fellow at Rice University interviewed 248 undocumented immigrants and found that 23% of adults are at risk for mental health disorders. The most common disorders being depression and anxiety. Children are affected by the same stressors as their undocumented parents. Post-migration stressors according to the Mental Health Research include: changes in social status, language barrier, conflicting values, isolation, discrimination and feelings of uncertainty about the future. In the last three years, Nassau County has had 3,858 unaccompanied minors resettled according to the US Office of Refugee Resettlement.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Goal 1: Continue to expand and solidify the role of SPOA to all behavioral health clients in need of care coordination, for both adults and children.**

**Goal 2: Support the development of care coordination services specifically focusing on connecting the undocumented individuals to resources and mental health supports with cultural and linguistic competence.**

### Objective Statement

Objective 1: Goal 1: SPOA will continue to assess, review, and assign clients to the appropriate health home for care coordination services requested through SPOA.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Goal 1: The Office will continue to explore ways to increase net-deficit funding for children's services. With the transition of the current HCBS program to Medicaid Health Home Care Management, it is anticipated that additional funds will be needed to secure services for children who are not enrolled in Medicaid.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Goal 2: Collection of statistical data on the effectiveness of utilizing care coordination to implement appropriate connections meeting the needs of the undocumented.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Goal 2: Explore availability of funding opportunities for care management services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 5: Goal 2: Address and improve linguistic barriers in treatment.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

#### 2s. Developmental Disability Student/Transition Services - Background Information

Persons with intellectual/developmental disabilities may be "students" in the educational system until the age of twenty-one, or when they stop attending school. When students stop attending school or complete their educational opportunities until age twenty-one, they then "transition" to

adult OPWDD services.

Some parents are proactive in filing for OPWDD eligibility and benefits (i.e.: SSI, Medicaid) well before their child's education ends or is completed. Some parents do not seek OPWDD eligibility & benefits until their child is out of school. Some districts do an excellent job of transitioning students into the OPWDD service delivery system and assist with understanding and applying for benefits; some not so good. The consequence of a delayed transition or (substitute faulty or incomplete) transition into the OPWDD service delivery system is a postponement of service acquisition. Delays in service delivery have a negative impact on the individual's functioning and deprives loved one of opportunities for long-term planning. In addition, applying for OPWDD eligibility after a person is out of the education system is extremely difficult.

With parity in mind, model the OMH/OASAS system of the employment of Family Navigators, Certified Recovery Peer Advocates, and Sherpas. OPWDD consumers are no less deserving than their fellow OASAS/OMH consumers and the OPWDD system of care is more complex than its fellow "O" agencies.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Foster "early" application for OPWDD eligibility by loved ones and school districts and proactive decision making to facilitate a prompt and smooth transition.**

**Objective Statement**

Objective 1: Fund and hire two developmental disabilities specialist who will work as a "Family Navigator" and a "Certified Peer Advocate" to help consumers file eligibility applications to OPWDD, navigate the OPWDD system of care and the student transition process.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Fund and hire one "Benefits Liaison" who will assist with navigating DSS to facilitate applications & recertifications for benefits in a timely manner.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2t. Developmental Disability Respite Services - Background Information**

There are a lack of beds in respite care and a shortage of placements resulting in extended lengths of stay and in some cases, families dropping their loved ones off at hospital emergency departments.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Increase the number of respite beds, decrease the length of stay and increase the number of placements.**

**Objective Statement**

Objective 1: Obtain census and length of stay data from Respite Care providers and meet with OPWDD to seek more funding for respite care.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2x. Developmental Disability Front Door - Background Information**

The Front Door is the portal for service selection for persons who have been deemed "eligible" for OPWDD. The "Front Door" is a catchy phrase that is easy to remember and is reminiscent of the "no wrong door" in human services. Although conceptually appealing, consumers, their loved ones, schools and provider agencies report that operationally it is fraught with problems.

It is reported that consumers are steered towards more "cost effective" services, there are delays in service utilization and the process itself is overwhelmingly frustrating. Some have taken to referring to the Front Door as "the wrong door" or "the trap door" and note that "they are left waiting on the steps." And the OPWDD and public benefits system itself is overwhelmingly difficult to navigate.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Decrease the length of time it takes to enter the Front Door, proceed through required meetings, orientations and information sessions, and increase utilization of preferred services regardless of cost.**

**Objective Statement**

Objective 1: 1. Develop "Tool Kits" or "User's Guide(s)" that are disability inclusive & accessible (audio, visual, video) and written in plain language, about: benefits available to persons with developmental disabilities such as Social Security, Supplemental Security Income and Medicaid; the eligibility application process for OPWDD; the process for transitioning from the educational system to the OPWDD system; and services available within the OPWDD adult service system.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2y. Developmental Disability Care Coordination - Background Information**

Care Coordination is a concept that is not new to the human service or health care delivery system. It is new to OPWDD which has phased out traditional Medicaid Service Coordination (MSC) in favor of Care Coordination. Three Care Coordination Organizations have replaced the MSC system for OPWDD beneficiaries on Long Island: Tri-County Care, Advanced Care Alliance and Care Design New York. Consumers and providers report that the transition has been problematic, with inconsistent and sometimes misinformation provided by CCO's; high turnover among employees and a lack subject matter expertise; and consumers who remain confused and perplexed by Care Coordination.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Collaborate with and provide feedback to OPWDD and Care Coordination Organizations about flaws and weaknesses in service delivery to diminish consumer frustration and increase standardization of service delivery.**

**Objective Statement**

Objective 1: Revise the Office's website so that it is disability inclusive and accessible and is a comprehensive reference for consumers and families and written in plain language.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information**

Nassau County residents continue to endure the traumatic impact of substance use and mental health challenges in our communities leading to increases in depression, substance use, suicidality, anxiety and high risk behaviors, especially amongst children and youth.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Provide trauma-based training opportunities to Nassau County providers treating children and youth.**

**Objective Statement**

Objective 1: Fund and support trauma training opportunities for clinicians in collaboration with the Nassau County Office of Youth Services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Strengthen current respite programs for affected children and youth.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Explore the impact of trauma on the immigrant/undocumented population with mental health and substance use disorder and develop initiatives to address the needs of the population utilizing evidence-based trauma focused therapies.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**



**New York State Prevention Agenda Survey**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: Omayra Perez (6/25/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

### Background

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

### Questions

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

The Nassau County Office of Mental Health, Chemical Dependency, and developmental Disabilities Services has adopted several initiatives towards improving overall wellness within our County that align with several of the Statewide Prevention Agenda. Many evidenced based initiatives have been implemented within our Provider community and supported by the LGU.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

#### Focus Area 1: Promote Well-Being

##### Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

##### Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

#### Focus Area 2: Mental and Substance Use Disorders Prevention

##### Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI

2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

**Goal 2.2 Prevent opioid overdose deaths**

2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine

2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.

2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.

2.2 d) Build support systems to care for opioid users or those at risk of an overdose

2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days

2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy

2.2 g) Other

**Goal 2.3 Prevent and address adverse childhood experiences (ACEs)**

2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting

2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration

2.3 c) Implement evidence-based home visiting programs

2.3 d) Other

**Goal 2.4 Reduce the prevalence of major depressive disorders**

2.4 a) Strengthen resources for families and caregivers

2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention

2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC\_CBT)

2.4 d) Other

**Goal 2.5 Prevent suicides**

2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing

2.5 b) Strengthen access and delivery of suicide care "Zero Suicide" (a commitment to comprehensive suicide safer care in health and behavioral health care systems)

2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use

2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program

2.5 f) Other

**Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population**

2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.

2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction

2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers

2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

Nassau County LGU continues to support wellness and the goal to significantly reduce stigma through offering Mental Health First Aid (MHFA) to the community. MHFA is now mandated for some civil service titles employed within the County. MHFA modules have been rolled out to date are: Youth, Adult, Public Safety, Higher Education and Older Adult. By the end of this year, an additional three certified trainers will be availability to meet the needs of offering this training to the community. There are Community Based Organizations that offer senior network opportunities as an integrated social and emotional environment that address topics specific to this population. The LGU is partnering with the NYS OASAS and Community Based Organizations supporting the use of MAT's and hold bi monthly workshop meetings to address opportunities and barriers in moving this agenda forward. To date over 14,000 individuals received NARCAN trainings and kits that have been delivered in the County's effort to educate and prevent over dose deaths. Lastly, there has been an initiative supported by the state and LGU to provide mobile substance treatment services in identified high risk communities to bring services directly to individuals who might not otherwise be in a position to transport themselves to facilities for treatment.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

The Nassau County Office of Mental Health, Chemical Dependency and Disabilities Services has an Advisory Board that compromise of

representation from NYS OMH, OASAS, local hospitals, Community based organizations and Peers with lived experience. The Advisory Board plays an integral role in the shaping of the delivery of care, implementation and participation in the local service plan for Nassau County.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services is currently in process of streamlining the data to efficiently capture metrics as it relate to the prevention agenda behavioral health interventions.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

LGU has not been informed of the different funding opportunities between DSRIP and our community providers who were in receipt of this funding opportunity.

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

Un/Underemployment and Job Insecurity

Poor Education

Food Insecurity

Poverty/Income Inequality

Adverse Features of the Built Environment

Adverse Early Life Experiences

Housing Instability or Poor Housing Quality

Poor Access to Transportation

Discrimination/Social Exclusion

Other

Please describe your efforts in addressing the selections above:

Nassau County LGU continues to address the mental health needs of its constituents as it relates to the social determinants identified above. This is reflected on the goals and objectives of the 2020 local service plan. The LGU has explored funding opportunities through SAMSHA grants and unallocated funding resources to develop ways in which to improve housing instability, discrimination, transportation barriers and adverse early life experiences.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a)  No  Yes

b) If yes, please list

Title of training(s):

Nassau County LGU provide funding to sponsor trauma informed approaches through collaboration with a community based organization. Theses trainings are offered to the community at large. There has been three trainings within the last year and another one scheduled later this year. The titles of the trainings presented are: (1) Trauma Informed Care, (2)Preventing Vicarious Trauma, (3)Grieving a Loss while living a life)and (4) Trauma informed care workshop

How many hours:

11 contact hours

Target audience for training:

Community at large

Estimate number trained in one year:

69 participants

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

Yes, please provide examples:

Nassau County LGU will explore the development of policies and procedures regarding the positive environment, economic, and social factors that influence the health and well-being of all its residents and ensure that we meet the expectations of our endeavors.

**Office of Mental Health Agency Planning (VBP) Survey**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: Omayra Perez (6/25/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or [Melissa.Staats@omh.ny.gov](mailto:Melissa.Staats@omh.ny.gov)

**Background**

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

**DSRIP serves as a bridge to value-based payment in New York State.**

DOH website

**DSRIP Performing Provider Systems (PPS)**

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

**DSRIP Project Lists**

New York State Delivery System Reform Incentive Payment Program Project Toolkit  
DSRIP Performing Provider Systems (PPS Statewide)

**Value Based Payment (VBP) - Reduce Costs/Improve Quality**

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

**NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program**

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

**Value Based Payment Readiness for Behavioral Health Providers**

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

**Questions**

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

a)  Yes  No

b) Please provide more information:

The PPS has not addressed the rapid changes on Long Island. There were projects funded, but didn't fully address gaps in the system of care community wide. In addition, community based organizations were not involved in the planning and sustainability of the endeavor. In addition, the additional documentation required has burdened many community based organizations.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

a)  Yes  No

b) Please explain:

The Local Government Unit was not involved in the planning nor the wrap up of the program.

3. Are there any behavioral health providers in your county in VBP arrangements?

a)  Yes  No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

The Central Nassau and Guidance Counseling Center has a VBP arrangement, however no further details are available.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a)  Yes  No



b) Please explain:

The LGU is not aware and does not participate with the workgroups (AHN and RHS).

5. Is the LGU aware of the development of In-Lieu of proposals?

a)  Yes  No

b) Please explain:

It is the LGU understanding that Managed care Organizations will work with Provider to fill in gaps not covered by other means.

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

The LGU is opened to participating in the planning process.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a)  Yes  No

b) Please explain:

The County LGU does not currently have access to VBP and outcomes management (NUMC) however would like to be in a position to obtain access.

**Community Service Board Roster**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: Omayra Perez (6/10/19)

**Note:**

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.

<b>Name:</b> Gladys Serrano	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Hispanic Counseling Center	<b>Term Expires:</b> 01/2022	<b>Email Address:</b> gserrano@hispaniccounseling.org
<b>Name:</b> Ellen Ritz	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> NAMI	<b>Term Expires:</b> 01/2022	<b>Email Address:</b> el.ritz@yahoo.com
<b>Name:</b> Andrew Malekoff	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> North Shore Child & Family Guidance	<b>Term Expires:</b> 01/2020	<b>Email Address:</b> amalekoff@northshorechildguidance.org
<b>Name:</b> Paula Young	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Nassau County Opioid Treatment Program	<b>Term Expires:</b> 01/2022	<b>Email Address:</b> pyoung@nassaucountyny.gov
<b>Name:</b> Jeffrey Friedman	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Central Nassau Guidance Center	<b>Term Expires:</b> 01/2023	<b>Email Address:</b> jfriedman@centrالنassau.org
<b>Name:</b> Lisa Burch	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family and Children Association	<b>Term Expires:</b> 01/2023	<b>Email Address:</b> LBurch@FCALI.org
<b>Name:</b> Melinda Carbonell	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> LIFQHC	<b>Term Expires:</b> 01/2020	<b>Email Address:</b> mcarbhone@numc.edu
<b>Name:</b> Maria Elisa Cuadra-Fernandez	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> COPAY	<b>Term Expires:</b> 01/2023	<b>Email Address:</b> MariaElisaCuadra.COPAY@gmail.com
<b>Name:</b> Allen Cardwell	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Mental Health Association of Nassau	<b>Term Expires:</b> 01/2021	<b>Email Address:</b> acardwell@mhanc.org
<b>Name:</b> Jennifer Colbert	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> EPIC LI Inc.	<b>Term Expires:</b> 01/2021	<b>Email Address:</b> jcolbert@epicli.org

<b>Name:</b> Eileen Kadletz	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Long Island Families Together	<b>Term Expires:</b> 01/2021	<b>Email Address:</b> ekadletz@lift4kids.org
<b>Name:</b> Scott Maidat	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Southeast Nassau Guidance	<b>Term Expires:</b> 01/2021	<b>Email Address:</b> smaidat@sngcounseling.org
<b>Name:</b> Barbara Rakusin	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Youth & Family Counseling of Oyster Bay	<b>Term Expires:</b> 01/2021	<b>Email Address:</b> brakusin@yfcaoysterbay.org
<b>Name:</b> Judi Vining	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Long Beach Aware	<b>Term Expires:</b> 01/2021	<b>Email Address:</b> jvining@lbcoalition.org
<b>Name:</b> David Weingarten	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Content Critical	<b>Term Expires:</b> 01/2021	<b>Email Address:</b> david.weingarten@contentcritical.com

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

## Alcoholism and Substance Abuse Subcommittee Roster

Nassau Co Office of MH, CD and DD Svcs (40150)

Certified: [Omayra Perez](#) (6/10/19)

Note:

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.

<b>Name:</b> Ashley Walker	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Maryhaven New Hope, Catholic Health Services LI	<b>Email Address:</b> ashley.walker@chsli.org
<b>Name:</b> Jennifer Colbert	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> South Shore Child Guidance Center	<b>Email Address:</b> jcolbert@epicli.org
<b>Name:</b> Jayne Greene	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Nassau County Opioid Treatment Program	<b>Email Address:</b> JGreene@nassaucountyny.gov
<b>Name:</b> Judy Vining	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Long Beach AWARE	<b>Email Address:</b> jvining@lbcoalition.org
<b>Name:</b> Cindy Wolff	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Tempo Group/NAFAS	<b>Email Address:</b> cwolff@tempogroup.org
<b>Name:</b> Jamie Kahn-Rapp	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family and Children Association	<b>Email Address:</b> jkahnrapp@familyandchildren.org
<b>Name:</b> Joseph Smith	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Long Beach Reach	<b>Email Address:</b> jsmith@longbeachreach.com

**CSB**  
**Name:** Elizabeth Day  
**Member:**  Yes  No  
**Represents:** EAC Network  
**Email Address:** elizabeth.day@eac-network.org

**CSB**  
**Name:** Barbara Rakusin  
**Member:**  Yes  No  
**Represents:** YFCA Oysterbay  
**Email Address:** brakusin@yfcaoysterbay.org



## Mental Health Subcommittee Roster

Nassau Co Office of MH, CD and DD Svcs (40150)

Certified: [Omayra Perez](#) (6/10/19)

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.**

**New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."**

**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.**

<b>Name:</b> David Flomenhaft	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Mercy Medical Center	<b>Email Address:</b> david.flomenhaft@chsli.org
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<b>Name:</b> David Close	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> New York State Office of Mental Health	<b>Email Address:</b> david.close@omh.ny.gov
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<b>Name:</b> Mary Ellen Conrad	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Mary Haven Center of Hope	<b>Email Address:</b> maryellen.conrad@chsli.org
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<b>Name:</b> Claudia Boyle	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Hispanic Counseling Center	<b>Email Address:</b> cboyle@hispaniccounseling.org
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<b>Name:</b> Christine Miller	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family & Children Association	<b>Email Address:</b> cMiller@familyandchildrens.org
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**Name:**  
Eileen  
Kadletz

**CSB Member:**  
 Yes  
 No

**Represents:**  
Family/Long  
Island Families  
Together

**Email Address:**  
ekadletz@lift4kids.org

**Name:**  
Maria Elisa  
Cuadra-  
Fernandez

**CSB Member:**  
 Yes  
 No

**Represents:**  
COPAY

**Email Address:**  
mariaElisaCuadra.COPAY@gmail.com

**Name:**  
Holly  
Mosby

**CSB Member:**  
 Yes  
 No

**Represents:**  
Integrated Health  
and Community  
Services

**Email Address:**  
hmosby@familyres.org

**Name:**  
Ellen Ritz

**CSB Member:**  
 Yes  
 No

**Represents:**  
National Alliance  
on Mental Illness

**Email Address:** el.ritz@yahoo.com

**Name:**  
Allen  
Cardwell

**CSB Member:**  
 Yes  
 No

**Represents:**  
Consumer/Mental  
Health  
Association of  
Nassau County

**Email Address:**  
acardwell@mhanc.org

**Name:**  
Melinda  
Carbonell

**CSB Member:**  
 Yes  
 No

**Represents:**  
LIFQHC

**Email Address:**  
mcarbone@numc.edu

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

## Developmental Disabilities Subcommittee Roster

Nassau Co Office of MH, CD and DD Svcs (40150)

Certified: [Omayra Perez](#) (6/10/19)

Note:

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.

<b>Name:</b> Anu Arnold	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family Residences and Essential Enterprises, Inc.	<b>Email Address:</b> aarnold@familyres.org
<b>Name:</b> Eileen Egan	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community Mainstreaming Associates, Inc.	<b>Email Address:</b> eegan@communitymainstreaming.org
<b>Name:</b> Janet Koch	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Life's WORC, Inc.	<b>Email Address:</b> jkoch@lifesworc.org
<b>Name:</b> Robert McGuire	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> United Cerebral Palsy Nassau	<b>Email Address:</b> rmcguire@cpnassau.org
<b>Name:</b> Robert C. Goldsmith	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Adults & Children with Learning and Developmental Disabilities, Inc.	<b>Email Address:</b> goldsmithr@aclid.org
<b>Name:</b> Leslie Feinberg	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family	<b>Email Address:</b> Leslie.feinberg28@gmail.com

**Name:**  
Barry  
Donowitz

**CSB Member:**  
 Yes  
 No

**Represents:**  
AHRC

**Email Address:** bdonowitz@ahrc.com

**Name:**  
Susan  
McKenna

**CSB Member:**  
 Yes  
 No

**Represents:**  
Nassau County  
Department of  
Human  
Services

**Email Address:**  
Sue.McKenna@hhsnassaucountyny.us

**Name:**  
Nicole  
Sugrue

**CSB Member:**  
 Yes  
 No

**Represents:**  
The Nicholas  
Center

**Email Address:**  
nicole@nicholascenterusa.org