2010
Local Services Plan
For Mental Hygiene Services

Nassau Cty Dept of MH, CD Dev Dis Svcs
March 9, 2010

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2010 Mental Hygiene Planning Activities Report
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
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Consult the LSP Guidelines for additional guidance on completing this exercise.
1. Assessment of Chemical Dependence and Problem Gambling (OASAS) - Provide an assessment of the nature and extent of chemical dependence and problem gambling in the county. Describe the results of qualitative activities, including the use of consumers, providers, task forces, workgroups, committees, public forums, key informant interviews, and other stakeholder groups. Describe the quantitative assessment activities, including data resources used, surveys conducted, etc. Include a geographic and demographic description of the service area. **Note: Please address prevention needs assessment separately in the next question.**

Description of Service Area

Nassau County together with Suffolk County makes up the region of Long Island. A suburb of New York City, Nassau County has a population of over 1.3 million people with a population density of 4,714 persons per square mile. It is the most densely populated county outside New York City in the downstate region. According to the U. S. Census Bureau, population estimates show a slight increase of 1.3% from 2000 to 2008.

Nassau is a well-established suburb that is slowly undergoing changes—the population is aging (the percent of the population aged 65 or older doubled from 6% in 1950 to 15% in 2008), undeveloped land has become scarce, affordable housing needs have increased, and employment is centered around a more locally oriented economy which means a shift from higher-paying jobs to lower-paying ones. The average annual unemployment rate for 2008 was 4.7%, slightly lower than the statewide average of 5.4%. In February 2009, the preliminary unemployment rate was 7.1% in Nassau County and 8.4% in New York State.

Demographics of Nassau County residents are changing and becoming more diverse as more immigrants arrive from Latin America and Asia. Because many immigrants tend to locate in certain areas, needs within communities are gradually changing.

Nature and Extent of Chemical Dependence and Compulsive Gambling Problems in the County

The OASAS March 2009 Service Need Profile estimated the number of county residents with chemical dependence problems at 127,206 or 11.4% of the county's population aged 12 and over. Of the total number in need, 110,041 (86.5%) are adults aged 18 and over and 11,276 (8.9%) are youth aged 12-17 with alcohol and/or non-opiate drug abuse. Individuals aged 16+ using opiates are estimated at 5,889 or 4.6%.

The table below lists the estimated prevalence rate of chemical dependency for Nassau which is similar to counties designated as a NY Metropolitan Suburban epidemiological region which includes Long Island and the Metro North areas (described in the OASAS 2007 CRISP documentation):

County	Population (aged 12+)	Prevalence	% of Population
Nassau	1,117,786	127,206	11.4%
Putnam	84,879	10,017	11.8%
Rockland	245,017	28,260	11.7%
Suffolk	1,224,615	145,167	11.9%
Westchester	803,645	94,402	11.7%

Nassau County as a whole presents a fairly stable profile, but there have been some changes over the years in the treatment population and use patterns. Based on admission demographic data for non-crisis treatment programs the following changes have been observed:

- Admissions in the 19-25 age group increased from 16% in 2000 to 21.7% in 2007
- The percent of clients that are unemployed increased from 26% in 2000 to 32% in 2007
- The number of referrals from criminal justice services increased
- The percent of clients ever treated for mental illness increased from 17% in 2000 to nearly 26% in 2007
- The reported primary substances of abuse indicate that alcohol increased from 41% in 2000 to 49.3% in 2007; heroin showed a slight decrease from 9% in 2000 to 6.7% in 2007; other opiate/synthetic substances showed an increase from 2% to 2.7%; OxyContin increased from .4% in 2005 to 1.6% in 2007.

Admission data for crisis treatment programs indicate that:

- Admissions in the 25 or less age group have increased from 11.5% in 2000 to 17.4% in 2007
- Primary substances of abuse show a change in pattern: whereas alcohol accounted for 67% of admissions in 2000, only 37% reported alcohol as a primary substance in 2007.
- Heroin and other opiates as a primary substance accounted for 14% of the admissions in 2000 but increased to 33% in 2007
- Length of stay has decreased which may be due to the implementation of no smoking regulations

Treatment and Prevention programs continue to note that many substances are highly available in their communities and usage is occurring at an earlier age as reported in the 2008 Community Epidemiology Survey. In addition, a more extensive use of prescription pain relieving drugs such as OxyContin, Vicodin, and Percocet, and more use of heroin was noted.

In 2008 the Nassau County Police Department indicated that more youths are abusing recreational drugs as indicated by sale and possession arrests. The Nassau Narcotics and Vice Squad expressed concern that they were seeing a rise in heroin use. They are working with school officials to educate teachers and parents to look for signs of abuse in students.
The Nassau County Medical Examiner reports the number of drug and alcohol related deaths every year. In 2000 the number was 75 and has gradually increased every year since then. In 2007 the total number of deaths was 166. In the majority of cases, death is not attributed to one substance as toxicologies tend to reveal the presence of numerous substances.

Gambling
Results from the OASAS 2006 School Survey indicated that about 10 percent of students in grades 7-12 have experienced problem gambling in the past year and may need treatment services while an additional 10 percent of students may be at risk of developing problem gambling. A review of the Gambling Survey for Treatment Providers indicated that only 54% screened for a compulsive gambling problem. The addition of a question to the OASAS admission form as of April 2009 will provide useful information going forward. Nassau County has two treatment gambling problems which together in 2008 admitted 18 clients. The prevention programs responded to an informal survey this year that in general gambling was not a major issue in the schools but one school indicated that it was a matter of concern. It seems to vary greatly among school districts.

Data Sources
Quantitative data used by Nassau County included the County Resource Book (2008), OASAS Client Data System, County Planning System data resources, and others mentioned in the above narrative.
Qualitative data are collected informally through participation in meetings, task forces, and various committee activities.

2. Prevention Needs Assessment (OASAS) - Please describe the county's prevention needs assessment efforts, including the resources utilized and needs determined. Describe the role of prevention providers and other stakeholders in those efforts. Please describe or identify any existing prevention coalitions and prevention agency partnerships within your county that are addressing alcohol, other drug and/or problem gambling efforts. Please indicate if you think there is a need for prevention coalition training and technical assistance in your county.
The Department, through education and technical assistance, continues to encourage funded school-based and community-based prevention programs to implement formal needs assessments within their communities. Longitudinal review of programs who conduct surveys within measurable intervals is also encouraged. Nine Nassau County school districts participated in the OASAS Statewide Survey. The Department is awaiting the State and County results and will utilize them going forward. The Department continues to provide technical assistance and relevant data resources to assist the prevention network in the identification of needs and the development of appropriate services. There are ongoing meetings with our providers, allowing for an opportunity to address needs and learn trends and issues. Program visits are conducted to garner information, as well as, observe the implementation of services to students, parents and/or staff.

The Department is also planning to establish a focus group in the fall that should include prevention providers, treatment agencies, community members, parents and students.

In addition, the Department participates on the newly formed Nassau County Teenage Safety Coalition. This coalition hopes to include local school officials, school staff, PTA's youth groups, county and state agencies in the health and substance abuse sector, Department of Motor Vehicles, county and village law enforcement, restaurant and bar associations, MADD, community agencies and local coalitions against underage drinking and drug use.

The Department distributes an annual informal survey to our prevention providers to garner feedback on trends, issues, needs, etc. The 2009 survey identified marijuana (86%), alcohol (59%) and prescription drugs (45%) as the major substances of use/abuse by adolescents. Other identified substances were tobacco (35%), cocaine (23%) and heroin (18%). Low attachment to school, anger management and depression were the major behavioral issues identified. Those were followed by gambling and bullying (both physical and cyber).
For Chemical Dependency, the survey identified specialized services for hispanics and for adolescents as the two major areas of need. The major gaps identified were waiting lists for treatment and insurance issues. The major barrier identified was lack of parental acceptance and/or follow through.
For gambling, the survey identified lack of availability of local services, inability to assess and treat in existing agencies and lack of school and community education programs as needs. The gaps identified included lack of information and education and inability to detect the problem. The barriers included limited identification, perception that issue is not serious, clients reticent to identify gambling behaviors, reluctance of client to attend specialized programs and funding issues.

Nassau County has been proactive within the environmental approach especially in the area of coalition building. The Department has sponsored symposiums for existing coalitions and provided information for communities with coalitions in the start-up phase. The Department has identified the following coalitions that exist in Nassau County. Some of the following are more established than others:

- Baldwin Education Assembly-Substance Abuse Committee
- Community Parent Center of the Bellmores and Merricks
- Community Wellness Council of the Bellmores and Merricks
- Community Organized for Prevention/Education (COPE) of Farmingdale
- COPE of Massapequa
- East Rockaway Drug, Alcohol and Wellness Advisory Committee
- East Williston-Roslyn Community Coalition for Drug Free Youth
- Garden City Community Council on Substance Abuse and Violence Prevention, Inc.
- Hands Across Hempstead
- HEVN of Hempstead
- Herricks School District Youth Council
- Jericho District Safety Committee
- Lawrence Drug Free Task Force
- Levittown Council Health and Safety Task Force
- Lynbrook Community Coalition
- Malverne Tri-Community Partnership
- Manhasset Coalition Against Substance Abuse
- Massapequa Takes Action Community Task Force
- North Bellmore Prevention Program District Community Task Force
- North Shore Health and Wellness Committee
- Oceanside District Drug Awareness Council
- Port Washington School District Task Force
- Rockville Centre School District Drug and Alcohol Task Force
- Rockville Centre Youth and Families Committee
- Roosevelt Support Center
- Roslyn Alliance Against Drug and Alcohol Abuse
- SAFE Agency's Interagency Council
- SAFE's Pride Project Coalition
- Seaford Wellness Council
- Westbury HEVN Coalitiion

3. Analysis of Service Needs and Gaps (OASAS) - Describe and quantify the chemical dependence and problem gambling prevention and treatment service needs of the population. Describe the capacity and resources available to meet the identified needs, including those services that are accessed outside of the county and outside the OASAS funded and certified system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify target populations and specialized service needs. If the county believes that local service needs are different from those estimated by the OASAS treatment need methodology, include the alternative county estimates and explain the basis for those estimates. Use this section to describe changes in the current configuration of the local service system that you believe would better meet the needs of individuals and families in your county.

Based on the OASAS Service Need Profile – March 2009 for Nassau County, the estimated treatment demand for individuals aged 12 and over for all substances is 36,467. The table below further breaks out this number for adults aged 18+, youth aged 12-17, and opiate users aged 16+:

Prevalence and Treatment Demand for Chemical Dependence Problems

		Alcohol/Non-Opiate Drugs Adults Aged 18+		Youth Aged 12-17	
	Aged 12+ All Substances	Alcohol Only	Alcohol and Drug	Chemical Dependence	Aged 16+ Opiates
Population1	1,117,786	1,005,031	1,005,031	112,755	1,044,331
Prevalence of Problem2	127,206	88,762	21,279	11,276	5,889
Percent of Population	11.4%	8.8%	2.1%	10.0%	0.6%
Treatment Demand	36,467	22,191	8,512	2,819	2,945
Percent of Prevalence	28.7%	25.0%	40.0%	25.0%	50.0%
Percent of Population	3.3%	2.2%	0.8%	2.5%	0.3%

Source: 1 U.S. Census Bureau,2007 (CDC adjusted); 2 County-level prevalence rates from the 2006 NYS School Survey, 2006 NYS Adult Household Survey, 1998 NYS Heroin Study; applied to 2007 population.

OASAS has further identified the following service need profile by treatment service category:

Chemical Dependence Service Need Profile

Service Category		Capacity Needed	Current Capacity3	Unmet Need	Percent Of Need Met
Crisis Services:					
Medically Managed Detoxification		37	28	9	75.7%
Medically Supervised Withdrawal (Inpatient)		37	0	37	0.0%
Medically Supervised Withdrawal (Outpatient)		75	0	75	0.0%
Medically Monitored Withdrawal		86	30	56	34.9%
Outpatient Services:					
Services to Adolescents (12-17)4,5		56,100	34,434	21,666	61.4%
Services to Adults (18+)4,5		459,437	297,956	161,481	64.9%
Methadone Treatment:		2,352	900	1,452	38.3%
Inpatient Rehabilitation6,7:	Region	413	405	8	98.1%
	County	N/A	0	N/A	N/A
Residential Services:					
Intensive Residential6	Region	1,405	331	1,074	23.6%
	County	N/A	0	N/A	N/A
Community Residence8	Multi-County	N/A	N/A	N/A	N/A
	County	350	42	308	12.0%
Residential CDY6	Region	77	0	77	0.0%
	County	N/A	0	N/A	N/A

Source: 3 OASAS Certified Capacities (adjusted) as of March 1, 2009. Note: Capacity is measured in beds for all inpatient and residential services, slots for medically supervised withdrawal outpatient and methadone services, and visits provided for outpatient services. 4 Primary outpatient visits reported for the 12-month period from October 2007 through September 2008 (pas-48 and cds extracts 2/22/09). 5 Need adjusted. 6 Regional resource. 7 Capacity adjusted. 8 Need estimates are at the county level, except where there is an approved Multi-County Collaborative Agreement.

The data in the above table affords the opportunity to see what services are available within the county, within the region, and where gaps exist in services for Nassau County residents. For example, Community Residence needs at the County level indicate that only 12.0% of the need for this service is being met. Within Suffolk County, only 28.2% of the need is being met. For both these counties, this is considerably lower than the statewide level of 35.8%. In 2000, the number of county residents who received residential services in Nassau County was 44.9%. In 2007 only 17.8% were able to receive residential services in the county of their residence. The majority of clients had to seek these services in Suffolk, Queens, or somewhere else in the state or even out of state.

Both Intensive Residential and Residential CDY Services are viewed as regional resources. For the Intensive Residential Services, only 23.6% of the need is met through Suffolk County's 331 beds and Statewide 65.1% of the need is met. No Residential CDY beds are available within either Nassau or Suffolk counties. The statewide percent of need met is 89.1%.

Methadone treatment services also indicate a percent of need met at only 38.3%. Statewide the percent of need met is slightly higher at 53.7%.

Crisis services in Nassau County consist of medically managed detoxification and medically monitored withdrawal services. No medically supervised withdrawal (inpatient or outpatient) services are available in the county. The percent of need met for medically managed detoxification is 75.7% but only 34.9% for medically monitored withdrawal services.

Outpatient services based on visits for adolescents show a 61.4% percent of need met which is considerably better than Suffolk County (45.5% of need met) and New York State at 43.3% of need met. Outpatient services to adults (18+) for Nassau County meets 64.9% of need which is lower than Suffolk county at 74.1% and the New York State 69.6% of need met.

In addition to the gaps identified above, other unmet treatment service needs identified through Direct Services Administrative Committee conferences include: the need for additional rehabilitation beds for CD persons who are uninsured, need for additional beds for MICA clients with co-occurring psychiatric conditions, the need for increased MICA services overall, the need for regulation of sober homes (the demand is great making regulation a primary concern), the need to revise counselor /caseload requirements for MMTP's (lower the ratio from 50 to one to 25 to one) and the need for additional funding for specialty treatment services for CD/ MMTP clients who are in need of trauma services.

4. Capital Improvement Plan (OASAS) - Identify the need for capital improvements within the local service system. Include a list off active capital projects for which a **Schedule C - OASAS Capital Project Funding Request Form** has been completed and submitted to OASAS.

The following Schedule C Forms have been submitted to OASAS:

Mercy Hospital Recovery House--site identified--awaiting final approval

Freeport PRIDE--many sites identified, evaluated and lost or not acceptable

Rockville Centre Drug & Alcohol Abuse CONFIDE--site search continuing

Friends of Bridge--feasibility study underway

YES Community Counseling

Roosevelt Education Alcohol Counseling (REACT)

North Shore University Hospital at Glen Cove

5. Local and State Psychiatric Center Planning Initiatives (OMH) - Describe your county's role in the OMH State Psychiatric Center (PC) and Local Planning effort that kicked off in February 2009, how your county will be working with the OMH Field Office and the State PC that serves your county, and how you will measure your achievement.

The ongoing downsizing of the Pilgrim PC has created challenges and opportunities for Nassau County. The challenge is related to the decreased access to intermediate level of inpatient care for clients who have difficulty assimilating into the community. The opportunity has to do with using this situation to partner with the PC to enhance our community base system of care. Our hope is that our collaborative efforts will enable us to achieve the following:

- The establishment of a CPEP, or Crisis/Respite beds.
- The expansion of our Mobil Crisis Team, or the creation of an Outreach Team.
- Increased housing opportunities with built in supports for the behaviorally challenged client.
- The adding of another ACT team and a significant increase in our case management capacity.

We will continue to meet bi-monthly with the OMH-LIFO and Pilgrim PC to review progress toward these objectives, or to modify the plan.

- The establishment of a CPEP
- An expansion of our existing Mobil Crisis Team
- Increased housing opportunities with built in supports for the behaviorally challenged client.
- The adding of another ACT team and a significant increase in our case management capacity.

We will continue to meet bi-monthly with the OMH-LIFO and Pilgrim PC to review progress toward these objectives, or to modify the plan.

6. Discovery Process Documentation (OMRDD) - Identify the constituent groups consulted as part of the local discovery and priority setting process (e.g., individuals with developmental disabilities, families, advocacy groups, providers of services, DDSO, other community organizations, etc.)

The constituent groups consulted as part of the local discovery and priority setting process included: Individuals with developmental disabilities, family members, advocacy groups, service providers and the DDSO.

7. Methods of Discovery (OMRDD) - Identify the methods of discovery utilized to determine the issues, concerns, needs and priorities for local planning (e.g., surveys, forums, key informant interviews, focus groups, analysis of available data, etc.). Summary information obtained from these discovery methods should be included.

The methods of discovery during the planning process included surveys and community focus groups as well as analysis of available data. The findings of this process determined five high priority topic areas for our region which included: Special Populations (Dually diagnosed persons with mental illness and developmental disabilities, Medically fragile individuals and persons on the autistic spectrum), Residential Services, Quality Staffing, Individualized Services and Family Support Services.

Special Populations:

The findings indicated that a need exists for improved access to inpatient beds and services for individuals dually diagnosed with mental illness and developmental disabilities as these services have eroded over the past two decades. A need also exists for continued development of respite services accessible for parents and families of school-aged children with Autism and/or with serious behavioral challenges. Increased opportunities for community support services for children and adolescents with Autism and/or serious behavioral challenges who are more capable, particularly persons with Aspergers Syndrome was also noted as it was for medically frail indivuals, both children and older persons.

Residential:

In the area of residential services the findings indicated a need for increased opportunities for persons residing with aging parents who are no longer able to provide community supports for their children with developmental disabilities or mental retardation . This priority need was also evident with persons who present with behavioral challenges that require more intensive community support as well as for medically fragile persons with developmental disabilities.

Stable Work Force

The need to improve the availability of a stable, well-trained workforce was also identified as a priority issue as a result of the focus groups and surveys conducted. In order to improve consumer outcomes and satisfaction with services a stable workforce is essential. Wages and benefits for direct support workers have historically been consistently low when compared to other occupations. COLAs do not adequately address the base salary level. Also the disparity between the salaries and benefits offered to State employees and those of individuals employed in the non-profit sector, where the overwhelming amount of turnover and job abandonment occur must be addressed. The lack of a true career ladder in the field of developmental disabilities is another disincentive. Until such time that the fundamental disincentives to work in this field are addressed the constant turnover of direct care personnel will continue.

Individualized Services/Person Center Supports:

Greater choice and input regarding individualized services by consumers, with a focus upon community inclusion was another priority topic identified as a result of the discovery process. The findings indicated that consumers and families desire a planning process that places the consumer or family squarely in the center, basing services and supports on their personal capacities, need and interests. As part of this, many individuals expressed the need for typical supports, activities and services in the community to be more accommodating, accessible and available to adults with developmental disabilities. Within the Person Centered Planning framework, indivdual and families will be encouraged to exercise more input over the identification, indiviualization and design of their personalized system of supports and services to make these more responsive th their personal needs and preferences, many of which will involve natural community supports of their choolsing.

Families with younger children and adolescents with developmental disabilities expressed that their children do not have equal access to after school activities that are enjoyed by neuro-typical children. Many famulies questioned the role of home shcool districts to provide after school activiites rather than having to rely upon OMRDD-funded activities whether through inclusion or parellel programs.

Family Support Services:

According to the results of the focus groups and surveys conducted as part of the planning process, families often experience difficulties in obtaining specific information about the nature and location of family suypport services. There appear to be subsets of individuals, each with different informational needs. Parents of infants and young children who are recently identified as having mental retardation or developmental disabilities as well as parents of schoolaged children in need of after/before school respite respite, recreational and social activities in the community are groups identified who could benefit from imroved information dissemination.

For adults with developmental disabilities the need for increased opportunities for socialization was paramount. Following their transition from the educational system into the adult services system, many individuals with dvelopmental disabilities lose their naturally occurring social networks and friendships. Although some indicated that trips into the community to restaurants, shops or moview with a direct support staff member is helpful, more opportunities are needed for adults to form a social nexus of their own

8. Assessment of Existing Supports and Services (OMRDD, optional) - This optional section should address the base resources of the county's developmental disabilities service system and the base of generic supports and services available within the county. Information may be summarized in a table or in narrative format. Data to assist in the formulation of this assessment is available under "County Data".

2010 Mental Hygiene Priority Outcomes Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Plan Year: 2010
Certified: Patricia Fulton (6/2/09)

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

2010 Priority Outcomes

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

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

2009 Progress: Enhancing services to persons with co-occurring disorders continues to be a priority and LGU staff continues to work with providers to assure progress in this area. We are now pleased to have attended the Long Island Leadership Forum held by the Center for Excellence in Integrated Care and we look forward to their interactins with Nassau providers as the system moves moves to become COD capable or enhanced.

Agencies: OASAS; OMH; OMRDD;
This outcome has been selected as a top two priority for OASAS.
This outcome has been selected as a top two priority for OMH.
This outcome has been selected as a top two priority for OMRDD.
Target Complete Year: 2009
Framework: OASAS Strategic Destinations - Mission Outcomes; OMH Strategic Goals - Positive Outcomes for Children, Families and Adults; OMRDD Strategic Goals - Putting People First ;

Strategy 1.1 In Progress

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

2009 Progress: Combined meetings between the CD community liaisons and the MH program managers have been established and are held monthly. Staff with chemical dependency expertise have been integrated into the mental health AOT and SPOA management activities MH program managers have attended CD liaisons prevention provider meetings and provided information on mental health services for children. This has also provided an opportunity to network with providers. A Children's Services Task Force consisting of staff from CD community liaisons and MH program managers has been developed. Meetings are held monthly and staff will explore issues and coordinate service needs associated with this population.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2009
Is this an innovative practice that you would like to share with others?: No
Focus: Cross Systems Collaboration - Access to services (i.e. entry points, single point of access); Cross Systems Collaboration - Integrated services/treatment and supports; Workforce Development - Staff training including cross systems;
Population:
Participants: State certified and funded providers; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Strategy 1.2 In Progress

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

2009 Progress: 13 of 38 contracted outpatient services (34%) report the integration of motivational interviewing. Plans are being developed to provide training and other supports to increase this number.

Agencies: OASAS; OMH;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Service Engagement - Early diagnosis and treatment;
Population:
Participants: State certified and funded providers; OASAS Field Office;

Strategy 1.3 In Progress

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

2009 Progress: The county fiscal crisis required that this program not be funded beyond April 1, 2009. The data gathered to that point will be collated and reviewed for relevance and applicability to other settings and providers.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2009

Is this an innovative practice that you would like to share with others?: No
Focus: Cross Systems Collaboration - Integrated services/treatment and supports;
Population:
Participants: State certified and funded providers; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Strategy 1.4 In Progress

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

Agencies: OMH; OMRDD;
Target Complete Year: 2009
Is this an innovative practice that you would like to share with others?: No
Focus: Health and Wellness - Abstinence/Decrease in Symptomatology; Health and Wellness - Counseling/Clinical services;
Population: Adults; No special population targeted;
Participants: State certified and funded providers; OMH Field Office; OMRDD DDSO;

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

Individuals with disabilities deserve competent and consistent care from people who care about them, but also from people who enjoy and take pride in their work. It means that as we enhance the types of services we offer, we must also work to improve the job of the direct support worker, making it one of high standards and desirable, rewarding work.

2009 Progress: Despite the realities of limited funding the Department continues to advocate for and seek opportunities for provider access to relevant training opportunities.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2009
Framework: OASAS Strategic Destinations - Talent Management; OMH Strategic Goals - Continuous Quality Improvement; OMRDD Strategic Goals - Themes Across All Services;

Strategy 2.1 In Progress

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

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

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

2009 Progress: Opportunities continue to be presented to OASAS certified agencies to upgrade the skill levels of their staffs. Five providers are involved in the Reclaiming Futures initiative and will have staff trained in using the GAIN assessment tool. Another 4 agencies are involved in the NIATx STARS-SI initiative which has had a positive impact on staff morale and satisfaction. Smaller agencies with a low number of staff continue to struggle to justify the clinical time which is lost when staff is sent for training.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Workforce Development - Clinical services recruitment and retention/ Licensing/Certification; Workforce Development - Direct support recruitment and retention;
Population:
Participants:

Strategy 2.2 In Progress

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

2009 Progress: The county fiscal crisis required that funding to the NC Mental Health Association for a chemical dependency training program be curtailed for 2009.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Workforce Development - Direct support recruitment and retention; Workforce Development - Staff training including cross systems;
Population:
Participants: State certified and funded providers; OASAS Field Office; OMH Field Office;

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

Consumers and families desire a planning process that places the consumer or family squarely in the center, basing services and supports on their personal capacities, needs and interests. As part of this, many individuals expressed the need for typical supports, activities and services in the

community to be more accommodating, accessible and available to children and adolescents with developmental disabilities, through home school districts rather than having to rely upon OMRDD-funded activities that are not necessarily integrated. Many families expressed that children and adolescents with developmental disabilities do not have equal access to after school activities that are enjoyed by neuro-typical children such as clubs (i.e. photography, chess, school paper), sports (i.e., track, baseball...) and activities (school plays, art and music), whether inclusion or parallel programs.

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

2009 Progress: Within the Person Centered planning framework a greater number of our residents with developmental disabilities and their families have exercised input over the design of their personalized system of supports and services, many of which involve natural community supports of their choosing. Our Compass certified programs data demonstrate increased consumer participation with typical community activities.

Agency: OMRDD;
Target Complete Year: 2009
Framework: OMRDD Strategic Goals - Putting People First ;

Strategy 3.1 In Progress

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

Exploration of a volunteer driver and scheduler initiative across all agencies that will enable consumers and families to pool their transportation resources and agency resources.

Exploration of the use of alternative transportation providers to the existing publicly-funded transportation system (i.e., county buses, SCAT and ABLE-RIDE) such as taxi companies, using a negotiated voucher system to enable consumers opportunities to travel to community activities, such as attending a movie on a Saturday night, when public transportation is minimal.

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

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

2009 Progress: In furthering our progress towards a vision of full community participation in all activies we continue to be guided by the principle of individual choice thru person centered services. In Nassau County our agencies have engaged in activities that enhance self-determination recognizing our consumers and their families as an important part of the planning process. Several of our agencies are Compass certified requiring a management plan and self survey process which is consumer centered and involves all stakeholders including consumers and their families. Within the Person Centered Planning framework a greater number of our residents with developmental disabilities and their families have exercised input over the design of their personalized system of supports and services, many of which have involved natural community supports of their choosing. Our Compass certified programs have developed monitoring and tracking systems with data demonstrating increased consumer participation with the typical activities and services in the community. This successful service model will be shared within our local provider network. In conclusion, it has been demonstrated that as we continue to broaden opportunities for self-advocacy and self-determination, we improve and provide richer lives for people with developmental disabilities. As people wtih all levels of disabilities attempt to live inclusive and contributory lives in the community, transportation becomes an ever increasingly vital service that many cannot access. Inadequate transportation continues to be the over-riding issue identified as an obstacle preventing people with disabilities from maximizing their potential for full community inclusion.

Agency: OMRDD;
Target Complete Year: 2009
Is this an innovative practice that you would like to share with others?: No
Focus: Self-Direction - Development of person - centered organizational culture; Self-Direction - Person-centered planning/Individualized services; Transportation - Accessible transportation; Transportation - Natural/peer transportation support;
Population:
Participants: State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Media; Consumers; Families/Friends; Advocacy Organizations; OMRDD DDSO;

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

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

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

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

2009 Progress: There continues to be a need for stable appropriate housing resources within Nassau County for persons within the CD, MH and OMRDD service systems.

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

This outcome has been selected as a top two priority for OMH.
This outcome has been selected as a top two priority for OMRDD.
Target Complete Year: 2009
Framework: OASAS Strategic Destinations - Mission Outcomes; OMH Strategic Goals - Positive Outcomes for Children, Families and Adults; OMRDD Strategic Goals - Home of Choice;

Strategy 4.1 In Progress

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

2009 Progress: The Center for Rapid Recovery has been approved to develop a 10 bed supportive living facility for women in Nassau County. However a site has not yet been identified. Department staff regularly attends the residential/sober homes work group established by OASAS to explore and design an approach to provide oversight and operating expectancies for at least some of the many varieties of sober homes throughout the LI Region. In Nassau the majority of known sober homes are not corporately linked to a certified 822 outpatient program which may put them outside of any regulations established by OASAS.

Agency: OASAS;
Target Complete Year: 2009
Is this an innovative practice that you would like to share with others?: No
Focus: Housing - Specialized housing (i.e. Accessible housing, sober house, cross agency integrated housing); Housing - Transitional residence/Halfway house;
Population:
Participants: Private Sector/ Business Community ; State certified and funded providers; OASAS Field Office;

Strategy 4.2 Dropped

Establish ongoing communications with the operators of sober homes within Nassau County

2009 Progress: A list of known sober homes has been gathered from a variety of treatment and social service sources.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Housing - Specialized housing (i.e. Accessible housing, sober house, cross agency integrated housing);
Population:
Participants: State certified and funded providers; Other local participants - sober home operators;

Strategy 4.3 In Progress

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

2009 Progress: Department staff have attended LI regional meetings chaired by OASAS and including OMH as well as providers and other LGU representatives to discuss and explore housing options

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Housing - Specialized housing (i.e. Accessible housing, sober house, cross agency integrated housing);
Population:
Participants: Private Sector/ Business Community ; Advocacy Organizations; Other federal or state participants - HUD;

Strategy 4.4 In Progress

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

Agency: OMH;
Target Complete Year: 2009
Is this an innovative practice that you would like to share with others?: No
Focus: Housing - Apartment/Rent Subsidies; Housing - Transitional residence/Halfway house;
Population:
Participants: State certified and funded providers; Consumers; Families/Friends; OMH Field Office;

Strategy 4.5 In Progress

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

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2009
Is this an innovative practice that you would like to share with others?: No
Focus: Housing - Apartment/Rent Subsidies; Housing - Transitional residence/Halfway house;
Population:
Participants: State certified and funded providers; Consumers; Families/Friends; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Strategy 4.6 In Progress

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

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Housing - Other;
Population:
Participants: State certified and funded providers; Consumers; Families/Friends; OMH Field Office;

Priority Outcome 5 In Progress
Restructuring of the Outpatient Reimbursement Methods

Funding methodologies are overly dependent upon Medicaid, and that income source is insufficient to cover the cost of delivering care. Managed care rates are extremely inadequate and revenue generation is limited by COPS thresholds. Another concern is that the majority of clients served are "high need", and, therefore, require a great deal of indirect care, for which the agency does not receive any reimbursement.

2009 Progress: The Department is working to assure that the adult SPMI client and the SED child have access to the range of public MH services that are required for the individual to achieve recovery.

Agencies: OASAS; OMH;
Target Complete Year: 2009
Framework: OASAS Strategic Destinations - Financial Support; OMH Strategic Goals - Other;

Strategy 5.1 In Progress

One approach to alleviating this problem would be to blend the resources from the multiple systems that serve the same consumer. This should minimize the current duplications of effort and allow for the deployment of resources in a more coordinated and effective manner. Furthermore, 100% initiatives should be established that are not restricted by Medicaid requirements and are instead governed by best practice standards and the expectation that the recipients of care will achieve outcomes that are measurable and consumer driven.

2009 Progress: In the OASAS system there needs to be recognition and consideration given to the heterogeneity of the the Nassau County treatment population whereby client mix ranges from significant Medicaid to almost no medicaid populations. Holding all providers to the same gross cost expectation negates the reality that client characteristics, needs, reimbursement abilities, and other variables all impact on how service units are produced and what the service costs. These other variables cannot be dismissed when funding level decisions are made. This will require careful consideration as OASAS and outpatient providers explore the development of APGs to guide medicaid reimbursement levels. There have been some positive steps taken in an attempt to coordinate the efforts of the various service systems so that the client with multiple disabilities can have all their service needs addressed in a seamless fashion. This effort has been facilitated on the local level in Nassau County through the merger of the mental health and drug and alcohol departments. This integration has allowed for more coordinated planning and operational efforts on the local government level. On the provider level, however, there are remaining regulatory and funding restrictions that results in many instances, where care for the dual disordered client is biforcated between multiple providers. To address the need to deliver integrated care to those with co-occurring disorders, the Nassau County Department of Mental Health, Chemical Dependency and Developmental Disabilities Services provided 100% funding for the operation of a pilot program that treated those with mental illness and a chemical dependency. This initiative was lauched with the approval of OMH and OASAS, as it was an unlicensed service, therefore, it operated using a best practice modality that did not have to conform to regulatory or billing methodogies. This program, as a pilot, ceased operating in April of 2009, since funding could not be sustained. With respect to the need to restructure the method of financing the outpatient mental health system, the OMH has embarked on a strategy to achieve that result. It is an approach that targets the medicaid client as the primary recipient of care, with the concern being that the commercially insured individual will have decreased access to publicly funded mental health care. On a local level we will work to assure that the SPMI adult and the SED child receive the full range of services they require.

Agencies: OASAS; OMH;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Service Capacity/Access - Outpatient clinic services (CDT, clinic, partial hospitalization, IPRT, PROS, PMHP, ACT, AOT, telepsychiatry);
Population:
Participants: Other Community Based Agencies; Consumers; Families/Friends; OASAS Field Office; OMH Field Office; OMRDD DDSO;

2010 County Addiction Funding Priorities Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Patricia Fulton (6/1/09)

Decertify

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

County Funding Priorities

Funding Priority 1
Funding Priority Description:

The reform of the Rockefeller Drug Laws is expected to result in an increase in demand for chemical dependency treatment. Adequate funding is needed to assure available staffing resources. While this may necessarily result in the hiring of additional staff, it also focuses on the need to provide both current and future staff with competitive salaries and benefit structures to assure both availability and tenure of qualified personnel to address the needs of those presenting for treatment.

Determination of Need:

Continued high staff turnover at a time when greater numbers of persons are expected to be diverted from prison to treatment as part of the reform of the Rockefeller Drug Laws.

Applicable Service Categories: Outpatient Treatment; Residential Treatment; Methadone Treatment;
Priority Focus: Expansion of Existing Service Capacity; Talent Management/Workforce Recruitment & Retention;
Will pursuit of this funding priority include a request for capital funding? No

Funding Priority 2
Funding Priority Description:

Improved capacity to address the needs of persons with co-occurring disorders. OASAS continues to advance this initative in collaboration with OMH by offering system-wide training , forums and other initiatives. However, to truly change agency practices, cultures and provider bias benefit would be gained by program specific training and consultation in EBT and program development. In addition, access to case management for persons with COD in the CD system is critical to assuring the adequacy of the services to address the client's full range of needs.

Determination of Need:

The 18 month Co-occurring Disorder Outpatient Pilot funded by NCDMHCDDDS and operated by Peninsula Counseling Center gave evidence of the importance of a multidisciplinary staff with specific training and experience when working with a co-occurring population. The use of motivational interviewing and specific stage of change readiness interventions were effective in engagement and retention. Case management was valuable in assuring that client needs are accurately identified and addressed in a timely manner.

Applicable Service Categories: Outpatient Treatment;
Priority Focus: Implementation of Evidenced-Based Practices; Expansion of Existing Service Capacity; Cross Systems Collaboration/Service Integration;
Will pursuit of this funding priority include a request for capital funding? No

Funding Priority 3
Funding Priority Description:

The establishment of adolescent residential treatment capacity

Determination of Need:

There are currently no adolescent residential beds in the Long Island region. Both school prevention and treatment providers continue to report the initiation of drug use at earlier ages. The Nassau crisis center is also reporting an increase in admissions of persons under 22 with heroin and other opiate use. Adolescents continue to be sent either to upstate or to out of state facilities for residential treatment.

Applicable Service Categories: Inpatient Treatment; Residential Treatment;
Priority Focus: Improved Access to/Availability of Services; Establishment of Services Targeted to Special Populations;
Will pursuit of this funding priority include a request for capital funding? Yes

2010 Multiple Disabilities Considerations Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Patricia Fulton (5/20/09)

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

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

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

◉ Yes
○ No

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

Several departments within the Nassau County Government structure share responsibility for identifying multi-disabled persons. The Department of Mental Health, Chemical Dependency and Developmental Disabilities Services has units such as Case Management, EAP, Court Services, and Treatment Intake and Placement which are all staffed by persons with credentials and experience to recognize, identify and intervene with clients with mutiple health and social service needs. Other departments within the Health & Human Services Vertical, such as Social Services, Veteran's Services, Senior Citizens, Youth Board, conduct outreach to identify those with unmet needs and also utilize the expertise within MH/CD to assess and address unmet mental health and chemical dependency treatment needs.

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

◉ Yes
○ No

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

Within the couunty government structure all departments within the Health and Human Services sector are under the direction and leadership of one Deputy County Executive. This facilitates and provides accoutablility to assure that comprehensive services are accessible to county residents. In addition, the LGU has weekly Commissioner meetings which is attended by each department in the Health and Human Services vertical.

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

◉ Yes
○ No

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

The LGU has established monthly "Case of the Week" forums. Within this context a case with multiple needs is presented and through collaborative efforts interventions are discussed and determined across department lines which assure the most comoprehensive and thorough solutions for the individual and/or family.

2010 ASA Subcommittee Membership Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Patricia Fulton (6/1/09)

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

Member	
Name	list is established but is waiting approval from County Legislature
Represents	Process has been delayed by administrative restructuring to join NCDDAA with Mental Health
Address	
	,
eMail	

Member	
Name	David Weingarten
Represents	Parent Advocate for DD
Address	64 Thompson Ave Oceanside, NY 11572
eMail	weing224@aol.com

Member	
Name	Richard Dina
Represents	Community Rep
Address	79 Maryland Ave Freeport, NY 11520
eMail	rdina@familyandchildrens.org

Member	
Name	Barbara Roth
Represents	Parent Advocate Mentall Illness
Address	2 Burling Lane Old Bethpage, NY 11804
eMail	

Member	
Name	Pamela Visconti
Represents	Consumer
Address	280 Commonwealth St Franklin Square, NY 11010
eMail	

Member	
Name	Steven greenfield
Represents	Community Rep
Address	2336 Harison Ave Baldwin, NY 11510
eMail	

Member	
Name	Wendell Knight
Represents	Provider, Exec Dir MTI Inc
Address	590 Flatbush Ave. Brooklyn, NY 11225
eMail	

Member	
Name	Susan Berger
Represents	Family Advocate
Address	32 Harmony Drive Massapequa Park, NY 11762
eMail	

Member	
Name	Billy Martin
Represents	Provider, REACT
Address	21 Oakdale drive Westbury, NY 11590
eMail	

Member	
Name	Maria Elisa Cuadro-Fernandez
Represents	Provider, Exec Dir. COPAY
Address	28 Ringler Drive East Northport, NY 11731
eMail	mecfcopay@aol.com

Member	
Name	Gladys Serrano
Represents	Provider, Exec Dir. Hispanic Counseling Center
Address	344 Fulton Ave. Hempstead, NY 11550
eMail	Hispaniccc@aol.com

Does this Sub-committee have a workgroup dedicated to compulsive gambling?

- ○ Yes
- ◉ No

2010 Developmental Disabilities Subcommittee Membership Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Patricia Fulton (6/1/09)

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

Member	
Name	There is one integrated Community Services Board for the combined MH, CD, MR/DDS. The membership list is established but is waiting approval from the County legislature.
Address	,
eMail	

Member	
Name	David Weingarten
Represents	DD Parent Advocate
Address	64 Thompson Ave. Oceanside, NY 11572
eMail	weing224@aol.com

Member	
Name	Richard Dina
Represents	Community Rep
Address	79 Maryland Ave Freeport, NY 11520
eMail	

Member	
Name	Barbara Roth
Represents	MH Parent Advocate
Address	2 Burling La Old Bethpage, NY 11804
eMail	

Member	
Name	Pamela Visconti
Represents	Consumer
Address	280 Commonwealth St Franklin Square, NY 11010
eMail	

Member	
Name	Steven Greenfield
Represents	Community Rep
Address	2336 Harrison Ave Baldwin, NY 11510
eMail	

Member	
Name	Wendell Knight
Represents	Provider
Address	590 Flatbush Ave Brooklyn, NY 11225
eMail	

Member	
Name	Susan Berger
Represents	Family Advocate
Address	32 Harmony Dr Massapequa Park, NY 11762
eMail	

Member	
Name	Billy Martin
Represents	Provider
Address	21 Oakdale Dr Westbury, NY 11590
eMail	

Member	
Name	Maria Cuadra-Fernandez
Represents	Provider
Address	28 Ringler Dr East Northport, NY 11731
eMail	mecfcopay@aol.com

Member	
Name	Gladys Serrano
Represents	Provider
Address	344 Fulton Ave Hempstead, NY 11550
eMail	hispaniccc@aol.com

2010 Mental Health Subcommittee Membership Form
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Patricia Fulton (6/1/09)

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

Member	
Name	There is one integrated community Services Board for the combined MH, CD, MR/DDS. The membership list is established but is waiting approval from the County legislature.
Address	,
eMail	

Member	
Name	David Weingarten
Represents	DD Parent Advocate
Address	64 Thompson ave. Oceanside, NY 11572
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Member	
Name	Richard Dina
Represents	Community Rep
Address	79 Maryland Ave Freeport, NY 11520
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Member	
Name	Barbara Roth
Represents	MH Parent Advocate
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Member	
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Represents	Provider
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Represents	Provider
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Represents	Provider
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eMail	mecfcopay@aol.com

Member	
Name	Gladys Serrano
Represents	Provider
Address	344 Fulton Ave Hempstead, NY 11550
eMail	hispaniccc@aol.com

2010 County Recovery Oriented Support Services Survey
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Patricia Fulton (5/21/09)

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

Recovery from addiction has been viewed as no more than continued abstinence from problem alcohol/drug use or gambling. With the growing acceptance of addiction as a chronic disease, the efforts to integrate recovery management and promote sustained recovery for individuals, families and communities within prevention, intervention and treatment will require a shift in orientation.

In order to better assess recovery support service needs statewide and the level of integration with chemical dependence treatment and prevention services, the OASAS Recovery Bureau is conducting this survey to assist OASAS in understanding the scope of recovery oriented services currently taking place among OASAS prevention and treatment services. It will help identify which of these services are typically available in the community and are accessed while an individual or family is receiving treatment or prevention services, and which of these services in the community are usually accessed after an individual is no longer involved with treatment or prevention services. The 2010 Survey will serve as a baseline for this information. In future planning cycles, OASAS will be able to measure and report increases in the implementation of recovery oriented services.

Similarly, OASAS is interested in learning which Recovery Oriented Services are considered most important in helping individuals and families initiate and sustain recovery. In addition, in order to assist OASAS in considering whether amendments to the current New York State Medicaid Plan would be beneficial, Local Government Units are being asked which recovery oriented services should be considered "billable" when provided by services eligible for 3rd party reimbursement.

Please contact Rick Kinsella at 518-457-0050 or rickkinsella@oasas.state.ny.us with any questions or concerns regarding this survey.

1. On a scale of 1 to 5, with 1 representing "No Integration at All" and 5 representing "High Integration", please indicate how well recovery oriented services are being integrated within local prevention and treatment services in your county?

	LEVEL OF INTEGRATION				
OASAS Services	**1 No Integration**	**2 Minimal Integration**	**3 Some Integration**	**4 Moderate Integration**	**5 High Integration**
a. Prevention CD/Gambling Services	○	◉	○	○	○
b. Treatment CD/Gambling Services	○	○	○	◉	○

If the answer to Question 1a or 1b was "1" or "2", answer the following:

2. What strategies do you believe would help integrate recovery oriented services within local prevention and treatment services in your county?

Most funded prevention activities are school-based with little personnel or time resources to do more than is identified on the PARIS workplan.

3. Are the members of your county's Chemical Dependence Subcommittee who are not prevention service providers, familiar with all of the prevention related services offered in your county?

○ Not at all
◉ Somewhat familiar
○ Aware of or participate in some of the activities
○ Fully briefed on most or all prevention activities

4. Are members of your county's Chemical Dependence Subcommittee, who are not treatment service providers, familiar with recovery oriented services offered in your county by treatment providers?

○ Not at all
◉ Somewhat familiar
○ Aware of or participate in some of the activities
○ Fully briefed on most or all treatment activities

5. On a scale of 1 to 5, with 1 representing "Low" and 5 representing "High", please indicate the importance of each recovery oriented service listed below in enhancing recovery mangement and sustaining recovery outcomes in a treatment program. Also, please indicate which individualized recovery oriented services should be included as a billable service by eligible treatment providers in a revised New York State Medicaid Plan.

	Value					**Billable**	
Recovery Oriented Services	**1 Low**	**2**	**3 Med**	**4**	**5 High**	**Yes**	**No**
a) Peer-Facilitated Recovery Support Meetings/Groups	○	○	○	○	◉	○	◉
b) Recovery Coaching or Mentoring	○	○	○	○	◉	◉	○
c) Advocacy, Information, Referral	○	○	○	◉	○	○	◉

d) Life Skills	○	○	○	○	◉	◉	○
e) Recovery Oriented Health and Wellness	○	○	○	◉	○	○	◉
f) Gender-Specific Support Services	○	○	○	◉	○	○	◉
g) Faith Based Services	○	○	◉	○	○	○	◉
h) Education and Career Planning	○	○	○	◉	○	◉	○
i) Communications Skills Development	○	○	○	◉	○	◉	○
j) Physical Education and Fitness	○	◉	○	○	○	○	◉
k) Cultural Activities	○	◉	○	○	○	○	◉
l) Alcohol/Drug/Gambling Free Social/Recreational Activities	○	○	○	○	◉	○	◉
m) Family Education (on Addiction)	○	○	○	○	◉	◉	○
n) Parenting Skills in Recovery	○	○	○	○	◉	◉	○
o) FASD Screening for children	○	○	○	◉	○	◉	○
p) Preventive Counseling for COAs	○	○	◉	○	○	◉	○
q) Primary Healthcare Services	○	○	○	◉	○	◉	○
r) Other Service (describe): N/A	○	○	○	○	○	○	○

2010 County Outcomes Management Survey
Nassau Cty Dept of MH, CD Dev Dis Svcs (40150)
Certified: Anna Halatyn (5/4/09)

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

OASAS is adopting an outcomes management (also referred to as performance management) approach throughout the agency and promoting the adoption of this model throughout the field. Outcomes management uses outcome thinking to guide all management functions to improve client-level results and the return on investment. It is often described as a business-based or logic model designed to integrate organization-wide management and financial variables with performance metrics. This model or approach allows management to systematically measure progress towards predetermined outcomes. The benefits of proceeding this way include:

- Increased clarity throughout the organization as to what success looks like, what has been accomplished, and what still needs to be done;
- Puts meaning to the mission;
- Assists in aligning resources with desired outcomes; and
- Promotes learning, innovation, and builds staff enthusiasm.

In this survey, we are asking you to share your County's experiences with outcomes management , specifically if you are currently engaged in outcomes management in a planned way and if you are currently implementing any performance measures in your county.

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

1. How long has your County been involved with outcomes or performance management?

- (•) At least five years
- ( ) At least 3 years, but less than five years
- ( ) At least 1 year, but less than three years
- ( ) Less than one year
- ( ) Not involved or just starting

2. To what degree does your County systematically use data to monitor outcomes/performance?

- (•) Very High
- ( ) High
- ( ) Medium
- ( ) Low
- ( ) Very Low
- ( ) Not at all

3. To what degree does your County set outcomes/performance targets and measure progress over time in meeting those targets?

- ( ) Very High
- ( ) High
- (•) Medium
- ( ) Low
- ( ) Very Low
- ( ) Not at all

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

- (•) At least Monthly
- ( ) Quarterly
- ( ) Semi-annually
- ( ) Annually
- ( ) Less than Annually

5. How do you use the information from your outcomes measurement? (check all that apply)

- [x] Planning
- [x] Policy Development
- [ ] Budget Development
- [ ] Staff Performance Appraisals
- [ ] Board Presentations

☐ Other (Please specify): N/A

6. What technology solutions are you using to collect outcome data?
Please describe

Inhouse we use Microsoft Access and Excel. Also rely on IPMES and OASAS provided data.

7. What resources would you find useful to support your agency's outcomes/performance management efforts? (Check all that apply)

☑ Training of Administrators/ Managers
☐ Training of line staff
☑ Peer Assistance
☐ Software to track data
☐ Other resources (Please describe): N/A

8. Does your agency maintain a dashboard, report card, or scorecard that summarizes performance?

◉ Yes
○ No