



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

# 2019 Local Services Plan For Mental Hygiene Services

Nassau Co Office of MH, CD and DD Svcs  
July 18, 2018

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Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
Office of Mental Health Agency Planning Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>
 <b>Nassau Co Office of MH, CD and DD Svcs</b>	 <b>40150/40150</b>	 <b>(Provider)</b>
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**Mental Hygiene Goals and Objectives Form**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: Omayra Perez (6/21/18)

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

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

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

Please Explain:

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 and 24/7 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. In 2017, 516-227-Talk received a total of 6,178.
4. Mobile Residential Support is a program funded by New York State Office of Mental Health providing enhanced services to clients residing in Supported Housing to assist them in living independently in their community and to remain out of the hospital. Services include medication management, supportive counseling & crisis intervention, relapse prevention, health and wellness coordination, peer recovery coaching & support, and resource linkage.
5. Central Nassau Guidance and Counseling Services is Nassau County's first Certified Community Behavioral Health Clinic or CCBHC providing comprehensive healthcare services to residents of Nassau County who are facing mental illness and/or substance use disorders. The services provided include immediate screening, diagnosis, and linkage to treatment for mental health, addictions, and chronic health conditions.
6. 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." (Nassau County E-Newsletter March 2018) Since the recent inception of The Phoenix, the average monthly number of unique people served jumped from 15 to 110 individuals in April 2018.

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

Please Explain:

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

1. OASAS granted an Open Access Center award to the Family and Children's Association agency located in Nassau County with the expectation of offering residents who struggle with addition, open access services 24 hours a day, seven days a week. The services to be offered will include screenings, supports, and referrals to treatment.
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. Services provided are to include Medication Assisted Treatment, comprehensive assessments, care coordination, mobile treatment, peer support, individual/group/family therapy, outreach, treatment to the uninsured, workforce development to the treating staff, identified evidence based practices by SAMHSA and required data collection.
3. 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.
4. Nassau County District Attorney's Office developed a program called the Office of Alternative Prosecution and Resources, "The Phoenix" with the focus of offering low level offenders substance use treatment as an alternative option. Since its inception, the number of individuals offered treatment have increased exponentially requiring the need of expanding the workforce such as social workers and care coordinators in the courts.
5. Nassau County MH, CD & DD services continues to work collaboratively with the Heroin Task Force to coordinate with the system of care strategies to address the opioid crisis. One of those strategies continues to be NARCAN trainings with less than 200 people away from having trained 11,000 Narcan Responders in Nassau County.

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.

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

Please Explain:

The overall needs have stayed the same. OASAS, OMH and OPWDD continue to seize on opportunities to collaborate and address cross-system issues that impact the system of care. Currently Nassau County MH, CD, and DD services is in discussion with advocacy groups, agencies, and government organizations to foster workforce development initiatives in the field of intellectual and developmental disabilities.

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input 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 checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 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. Recently Turquoise House (Mental Health Association), has a 3 bed peer run house to provide hospital diversion, when appropriate. Also, Central Nassau Guidance has begun a 3 bed crisis respite program also for hospital diversion. Nassau County also has a 7 bed crisis respite program being 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.

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 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

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

## 2c. Crisis Services - Background Information

The goals of the crisis response system in Nassau County are 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 service 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 grow with over 1200 on-site visits made in 2017. The accessibility of the mobile crisis teams has increased through our 227-TALK helpline.

**Behavioral Health Crisis Intervention Services include:**

- Mental health crisis screening, assessment; and crisis intervention.
- Referral and linkage to community based services such as outpatient treatment programs.
- Referral and collaboration with Adult Protective Services (APS) and Child Protective Services (CPS), with follow up to ensure linkage to appropriate community services.
- Referrals to *Pathways*, the community based program providing services to children during a short-term crisis in their home environment.
- Follow up with *Pathways ensuring that children may remain safely in their home and community to prepare them for linkage with services in their community.*

Currently overnight Mobile Crisis Services are provided to clients eligible through the Certified Community Behavioral Health Clinic program at Central Nassau Guidance and Counseling Services.

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

**To expand Mobile Crisis Services to cover overnight hours.**

### Objective Statement

Objective 1: Continue discussions with Nassau University Medical Center as the Hub for Delivery System Reform Incentive Payment and Nassau-Queens PPS to explore opportunities for funding to expand Mobile Crisis Services.

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

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

## 2f. Prevention - Background Information

The Nassau County MH, CD, and DD services continues to accompany OASAS during site visits to review the prevention work being done by contracted schools and community based agencies. The contracted programs submit workplans, outlining the anticipated services for the following school year. The Office reviews these workplans, and all workplans submitted for the 2018-2019 school year have been approved at the County level. The Office also participates in the Association of School Prevention, Intervention, Resource and Educational Professional (ASPIRE) Meetings. During these meetings, contracted prevention workers gain skills and knowledge surrounding prevention and discuss

challenges that they may be facing. Overall, the ASPIRE group has indicated that they have difficulties providing prevention work to their full capacities likely due to all the other mandates and obligations that they are expected to fulfill at their places of employment.

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

The Office will continue to provide oversight in conjunction with OASAS to the school districts and community based agencies who are contracted to provide drug and alcohol prevention services to their respective targeted populations.

#### Objective Statement

Objective 1: Continue to promote community education and awareness through participation in and provision of technical assistance to Nassau County local community coalitions whether they are in start-up or functioning status.

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

Objective 2: Continue to provide assistance and support of prevention efforts within our funded network of prevention providers.

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

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

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

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 Opioid Treatment Program proposes an Overdose Response Team pilot program in collaboration with emergency rooms with high volume of overdoses reported. The objective of the program is to provide timely treatment intervention to overdose survivors. Recovery Specialists and Navigators would be utilized to engage individuals in the emergency rooms and provide assistance, recovery supports, and referrals for Opioid Use Disorder. Nassau County Opioid Treatment Program would serve as the primary referral source.

#### Objective Statement

Objective 1: Obtain overdose statistical data from Nassau County Police Department to determine high volume areas of overdose occurrences.

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

Objective 2: Arrange a meeting between Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities and area hospital administrators that high volume overdoses are being reported.

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

Objective 3: Develop Outcome Measures

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

Objective 4: Implement a pilot program

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

Objective 5: Measure effectiveness and report

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 is about to achieve the milestone of training over 11,000 people in the use of Narcan/Naloxone and over 1,277 individuals in Mental Health First Aid since the inception of such trainings.

The Narcan trainings teach how and when to administer the lifesaving antidote that can reverse the fatal effects of an Opioid overdose and save a person's life. The free Narcan trainings also offer community resources, speakers and information on the latest treatment approaches. The Office became certified as an Overdose Responder Program in late 2012, the first County Certified Program in the State, outside of New York City.

Mental Health First Aid is a training that Nassau County continues to expand. MHFA 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.

The Office also offers two annual conference, the Multicultural Conference and the Co-Occuring Conference. The Multicultural Conference provide cultural competency training to behavioral healthcare professionals and recipients of services in Nassau County. In 2018, the focus of the conference was on behavioral health needs amongst the LGBTQ community. The conference was attended by approximately 130 individuals. The annual Co-Occuring 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 2018 conference is to be announced.

**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.**

**Objective Statement**

Objective 1: Professional staff will continue to provide community trainings 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 Office of Mental Health will continue with the bi-monthly Behavioral Health Awareness Campaign E-Newsletter. The objective is focused on providing educational and training information as well as articles on behavioral health and integrated health care topics. The E-Newsletter has reached over 5,000 readers and the database continues to expand.

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

Objective 3: Annual Multicultural Conference and Co-Occuring Conferences TBD for Spring and Winter of 2019

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

Objective 4: Nassau County MH, CD & DD Office will begin 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: Nassau County MH, CD & DD Office will begin to collaboratively work with school Superintendents to plan for the new legislation requiring schools to provide mental health instruction.

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

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

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

**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 Opioid Treatment program will apply to OASAS for a Capacity lift. Nassau County Opioid Treatment program will request Technical Assistance from OASAS in actualizing the plan. Capacity lift requires the use of scheduled dosing for ALL clients enrolled in the program. OASAS has determined that scheduled dosing is client centered and considered best practice.

**Objective Statement**

Objective 1: Nassau County Opioid Treatment program will contact two other Opioid treatment programs and arrange site visits to evaluate the implementation of client centered care initiatives that include scheduled dosing procedures. This will afford Nassau County Opioid Treatment Program the ability to fully assess if it can implement scheduled dosing and if identify barriers.

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**

Nassau County Office of MH, CD and DD services continues with its ongoing effort to address the opioid problem by collaboratively engaging in partnerships with the Nassau County Heroin Task Force, The Nassau County Corrections Center and soon with the Nassau County Police Department.

**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

Admit newly released inmates from Nassau County Correctional Facility and enroll in Nassau County Opioid Treatment Program's Long Acting Naltrexone Treatment Track (Vivitrol). Long Acting Naltrexone has the potential to be a treatment and relapse prevention treatment approach for



clients coming from correctional facilities and is a strategy that can be utilized to combat overdose and relapse.

**Objective Statement**

Objective 1: Inmates meeting inclusion criteria and who have expressed a desire to receive Vivitrol (long Acting Naltrexone) will receive their first injection of Long Acting Naltrexone prior to their release from Nassau County Correctional Center and will be referred to Nassau County Opioid Treatment Program for continuation of care and follow-up.

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

Objective 2: Nassau County Correctional Center’s discharge planning unit will refer the released inmate to Nassau County Opioid Treatment Program upon release. Nassau County Opioid Treatment Program’s Intake Coordinator will screen and schedule the newly released inmate for admission.

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**

Turquoise House, funded by the New York State Office of Mental Health, is one of two crisis respite/diversion programs on Long Island with 3 available beds. Crisis respite/diversion programs help to remove people from the environments that had been causing their crises – giving them the time and space to approach their life in a healthier manner.

In 2016, the data shows that out of 263 intakes 99 were admitted either right away or after wait-listed. However, 125 individuals were lost because the crisis was too immediate and the wait was too long.

In 2017, the data shows that out of 237 intakes 92 were admitted either right away or after wait-listed. However, 103 were lost because the crisis was too immediate and the wait was too long.

The data collected shows there is a need to expand Crisis Respite in Nassau County.

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

**Expand Adult Crisis Respite Services in Nassau County.**

**Objective Statement**

Objective 1: Continue to collect data and engage in conversations with New York State OMH to explore funding opportunities.

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

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



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

Nassau County will continue with efforts to assure that the process for applying for care management is conducted through the County's Adult and Children SPOA process, so that assignments are made 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 will transition to a Medicaid Health Home Care Management program entitled, "Children and Family Treatment and Support Services". All children currently enrolled in HCBS services, must be transitioned to Children and Family Treatment and Support Services by 1/1/19. The agency providing HCBS services has lost staff members during this transition due to a decrease in salary based on the anticipated state-issued reimbursement rates. There are currently 61 youth on the HCBS wait list.

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 is 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. There are currently 11 children on the wait list.

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 expand and solidify the role of SPOA to all behavioral health clients in need of care coordination, for both adults and children. Nassau County, in collaboration with Hudson River Health Home and Northwell Health Home will continue to address the challenges presented by the referral process.**

**Objective Statement**

Objective 1: SPOA will continue to assess, review, and assign clients to the appropriate health home for care coordination and work with Hudson River Health to improve collaborative efforts.

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

Objective 2: Nassau County has a Single Point of Access (SPOA) structure for children/youth's intensive in-home services. This current process streamlines and facilitates access to care. Care Coordination applications for behavioral health services under the Children's Health Home continues to be under the current LGU/SPOA structure due to the presenting challenges with the MAPP referral process and lack of coordination with the Health Homes. This is an on-going strategy.

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

Objective 3: To prepare for the transition, the current HCBS provider is training staff members about program changes and new services, as well as new documentation requirements and software platforms. The HCBS provider is working to secure staff members and begin services for the youth on the wait list.

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

Objective 4: 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

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

**2q. Developmental Disability Clinical Services - Background Information**

Workforce development is an identified need by the developmental and intellectual disabilities provider system. Agencies under the auspice of OPWDD have chronic shortages of Direct Support Professionals (DSP) and high turnover rates. There are over 2,000 individuals in OPWDD Region 5 in self-directed services and there is a shortage of personnel to work with these individuals. The Office proposes to facilitate workforce development via job fairs.

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 advocacy groups, agencies, and government organizations to foster workforce development initiatives in the field of intellectual and developmental disabilities.

**Objective Statement**

Objective 1: The Office will consult with the Employment Unit of the Department of Social Services (DSS) which has extensive experience in facilitating "Job Fairs." The Office will seek their guidance, input, feedback and operational advice on how to facilitate a Job Fair.

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

Objective 2: The Office will consult with the New York State Department of Labor to inform them of the plans for job fairs and seek their

guidance, input, feedback and request that they disseminate information about the Job Fairs to citizens known to them who are seeking employment.

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

Objective 3: The Office will consult with the New York State Office for People With Developmental Disabilities and seek their input and feedback regarding a Job Fair for the provider system seeking Direct Service Professionals; and will seek their collaboration on a Job Fair regarding self-directed services.

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

Objective 4: The Office will outreach grassroots and advocacy organizations in the intellectual and developmental disabilities field to seek their input and enlist their assistance in the facilitation and promotion of job fairs.

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

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

**2ac. Other Need (Specify in Background Information) - Background Information**

The Assessment and Referral Center (ARC), co-located with the local Department of Social Services (DSS) continues to interact with citizens seeking services at DSS.

The Office’s crisis helpline, 227-TALK continues to operate at high capacity. ARC clinicians provide chemical dependency and mental health prevention, intervention and treatment referral information to citizens seeking help for themselves, their families and significant others. The 227-TALK program responds to over 6,000 calls annually.

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

**Enhance and increase the staffing pattern of the 227TALK Helpline/Assessment and Referral Center.**

**Objective Statement**

Objective 1: The 227TALK Helpline/Assessment and Referral Center (ARC) has a staffing pattern of 3.0 FTE licensed mental health social workers, a decrease of 1.0 FTE from 2017. In lieu of filling the 1.0 FTE vacancy the staffing pattern will be enhanced and increased by cross-training existing, licensed mental health social workers working in the administrative offices of the department. This will provide staff diversity, succession planning, and maximize the skills of all personnel. This enhancement will also diminish compassion fatigue and burnout among the existing 3.0 FTE’s.

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

Objective 2: Existing 227TALK Helpline/Assessment and Referral Center personnel will be relocated to the administrative office area of the Department. They will be co-located with their colleagues who will be cross-trained as well as their colleagues who work on the Mobile Crisis Team.

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

Objective 3: Colleagues will be cross-trained by shadowing existing personnel and when secure in their work they will commence semi-independent work and be observed by existing staff. When newly trained staff have the competencies and skills necessary for the tasks they will work independently but under the supervisory chain of command.

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

Objective 4: Newly trained colleagues will attend ASSIST and Suicide Prevention training sponsored by the Mental Health Association of Nassau County.

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

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

**3. Goals Based On State Initiatives**

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### 3a. Medicaid Redesign - Background Information

Nassau County is appreciative of the State's ongoing efforts to educate community providers of value based payments and the need to become part of a larger service network that can contract with managed care organizations.

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

Goal Statement- Is this Goal a priority goal?  Yes  No

**The goal is to assure that all essential providers are included as part of the service system and are given every opportunity to maintain fiscal viability.**

#### Objective Statement

Objective 1: Nassau County will continue to encourage and work with its providers in accessing the necessary information and guidance in taking steps in becoming part of the larger service networks.

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

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

### 3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

A number of community-based mental health and chemical dependency organizations in Nassau County have not had positive experiences with the DSRIP process. Early on Community Based Organizations (CBO) learned that billions of dollars were available statewide to contribute innovative practices or to shore up existing services, with the aim of reducing emergency room visits and re-hospitalizations, for example. There was the promise that being a part of Performing Provider System would enable CBOs, in partnership with the three hospital systems – Nassau University Medical Center, Northwell Health and Catholic Health Services, to achieve these goals and more. Furthermore, there was the promise that partnership would include sharing the generous DSRIP funding that was being made available by New York State. Sadly, the gap between the promise and reality has been felt system-wide by CBOs who are members of PPSs in name only and who have been contracting with the hospital systems, only to be met with exceedingly long delays with contracts be held up with the hospitals' legal departments. The "negotiations" with the hospital systems for many CBOs, were not experienced as happening in good faith. One CEO offered that the acronym DSRIP felt more like it stood for Dollars to Subsidize and enrich Institutions with Power, as opposed to Delivery System Reform Incentive Payment Program, as CBOs were all but carved out of the equation, despite being pressured to join in at the onset. These are CBOs who are providing lifesaving work and have been disregarded in the DSRIP process, in some cases only to receive a year's worth of modest funding with no clear sense if sustainability was a real possibility. In other cases hospital systems presented "opportunities" that did not seem feasible or even ethical in some cases (e.g. psychiatric consultation on psychotropic meds prescribing for private medical practices without seeing patients face to face). In several meetings of executive directors when the question was raised, "Who is getting DSRIP funding," perhaps one or two people raised their hands. In some cases none did. When DSRIP representatives were asked, "What is the difference between what funding the three hospital systems received as compared to CBOs in Nassau County," there was no answer provided. Perhaps this was because the answer would be embarrassing. DSRIP is not attuned to how CBOs can be an integral part of the process. The fact that that CBOs were "encouraged" to sign up for DSRIP in the first place, appears as if it was only to validate the hospital systems ability to show its local reach in order to leverage more funds for themselves.

By: **Andrew Malekoff**  
**Executive Director and CEO**  
**North Shore Child and Family Guidance Center**

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

Goal Statement- Is this Goal a priority goal?  Yes  No

**Nassau County continues to look for opportunities to discuss with the identified HUBs and the PPS, strategies on how the Community Based Organizations can receive DSRIP funding to ensure that the system of care has an opportunity to enhance its ability to provide easy access to clinical services for clients who have been "falling through the cracks".**

#### Objective Statement

Objective 1: Nassau County will continue to participate in the DSRIP discussions to develop and address strategies to strengthening access to DSRIP funds through a series of coordinated meetings with Nassau University Medical Center.

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

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

### 3c. Regional Planning Consortia (RPCs) - Background Information

In the last year, the Long Island Regional Planning Consortium has continued to work with all its stakeholders and key partners to develop a strong governance structure that allows for the strengthening of the regional voice when addressing concerns regarding the behavioral health transition to Medicaid Managed Care.

As it pertains to children, the Office has participated in Regional Planning Consortium Children and Families Subcommittee meetings. The focus of the subcommittee has been the HCBS transition. The group includes current HCBS providers who have use the Subcommittee to express their concerns with the overall transition.

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

**Goal Statement-** Is this Goal a priority goal?  Yes  No

**Nassau County will continue its involvement in the LI Partnership to identifying barriers and challenges, use data to inform discussions, collaborate together and strategies solutions to resolve the issues identified within our region.**

**Objective Statement**

Objective 1: The Office will continue to participate in the Regional Planning Consortium Children and Families Subcommittee and attend associated meetings. The information that is being shared by current HCBS providers regarding the challenges with the Medicaid transition will continue to be discussed and hopefully then be used to guide policy and make recommendations to the State Agencies involved in the transition.

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

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

**3d. NYS Department of Health Prevention Agenda - Background Information**

Our funded network of school and community-based prevention are surveyed periodically and meet regularly with our Department. We address issues of greatest need and provide education and training. Issues such as the opioid epidemic and the suicide debate stemming from the show "13 Reasons Why" are thoroughly discussed and strategies are shared. As we continue to move toward co-occurring behavioral health strategies and seek to bring together mental health and chemical dependency, we also continue to promote the importance of incorporating state education's recommendations for social emotional learning within the school districts. When all three disciplines come together we have a better opportunity to help children address their risks and build upon their protections to achieve a higher level of functioning and well-being.

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

**Goal Statement-** Is this Goal a priority goal?  Yes  No

Continue to promote mental health and prevention of substance abuse through early intervention and education

**Objective Statement**

Objective 1: Through our funded network of prevention providers and local coalitions continue to promote mental, emotional and behavioral well-being in communities

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

Objective 2: Continue to promote the prevention of underage drinking and non-medical use of Rx drugs by youth

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

Objective 3: Continue to promote the reduction of occurrences of mental, emotional and behavioral disorders among youth, including suicide

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

Objective 4: Continue to promote strengthening the infrastructure for mental, emotional and behavioral health and mental, emotional and behavioral disorder prevention

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

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

**4. Other Goals (Optional)**

**Other Goals - Background Information**

The Office has a long history of deploying mental health responders to emergencies and disasters, from small, apartment building fires that displace residents; to aviation disasters such as *Avianca*; acts of terrorism such as *9/11*; and weather disasters such as *Sandy*. Through attrition and system-wide reductions in the workforce the list of mental health responders has gotten smaller. And, current listed responders and prospective responders have not been trained in response to mass casualty events that are perpetrated by citizens. The Office intends to expand and enhance the list of mental health responders and train responders in responding to diverse events.

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

**Goal Statement-** Is this Goal a priority goal (Only 5 goals can be selected as priority goals)?  Yes  No

Expand and enhance the Office's ability to deploy mental health responders to diverse events.

**Objective Statement**

Objective 1: The Office will send a revised recruitment letter to the provider system to increase the ranks of individuals willing to be mental health responders, with a focus on cultural, linguistic, ethnic and gender diversity.

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

Objective 2: The Office will partner with the New York State Office of Mental Health and co-facilitate a training on Disaster Mental Health, Psychological First Aid; and response work with mass casualties.

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

Objective 3: The Office will expand its outreach and collaboration efforts to reflect a human service approach, with the Office of Aging, Youth Services and the Office of Physically Challenged; and a more integrated collaboration with the Nassau County Office of Emergency Management.

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

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

**Office of Mental Health Agency Planning Survey**  
 Nassau Co Office of MH, CD and DD Svcs (40150)  
 Certified: Omayra Perez (6/14/18)

**1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.**

	Recruitment	Retention	<b>Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue</b>
Psychiatrist	5	2	Salary, Lack of Availability, No bilingual Spanish speaking psychiatrists Salary demands outstrip clinic's ability to pay, No increase in OM and LGU funding for many years
Physician (non-psychiatrist)	4		Salary, Lack of availability
Psychologist (PhD/PsyD)	2	2	
Nurse Practitioner	4	2	Salary, Lack of availability, Lacking board certification to bill Medicare
RN/LPN (non-NP)	5	4	Salary, Lack of availability, Salary competitiveness
Physician Assistant			
LMSW	3	3	Salary competitiveness, Hard to maintain beyond two years, Lack of qualified bilingual Spanish Speaking LMSW, Due to financial constraints unable to hire full time clinicians, Salaries are a disincentive to stay long Fringe benefits are costly
LCSW	3	4	Salary competitiveness, Hard to maintain beyond two years, Lack of qualified bilingual Spanish Speaking LMSW, Due to financial constraints unable to hire full time clinicians, Salaries are a disincentive to stay long Fringe benefits are costly
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	3	2	Majority of MHC require 3000 hrs for licensure, Need to have them acquire LP, Lack of qualified Spanish speaking LMHC, Can't bill private insurance or Medicare, Salaries are a disincentive to stay long, Fringe benefits are costly
Peer specialist	4	1	New profession type, will reveal more in future, Difficulty obtaining certification,
Family peer advocate	3	3	Lack of Spanish speaking qualified workers, Lack of availability

**2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining**

**3. Please indicate how many, if any, programs in your county provided input specific to this questions set.**  
 Six mental health clinics completed the survey.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman [jeremy.darman@omh.ny.gov](mailto:jeremy.darman@omh.ny.gov). For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).



**Community Service Board Roster**  
 Nassau Co Office of MH, CD and DD Svcs (40150)  
 Certified: Omayra Perez (6/14/18)

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>Member</b>		<b>Member</b>	
<b>Name</b>	Robert Budd	<b>Name</b>	Janet Susin
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Family Residences & Essential Enterprises	<b>Represents</b>	NAMI
<b>Term Expires</b>	1/1/2019	<b>Term Expires</b>	1/1/2019
<b>eMail</b>	rbudd@familyres.org	<b>eMail</b>	jasusin@optonline.net

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Andrew Malekoff	<b>Name</b>	Jeff McQueen
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	North Shore Child & Family Guidance	<b>Represents</b>	Consumer
<b>Term Expires</b>	1/1/2020	<b>Term Expires</b>	1/1/2020
<b>eMail</b>	amalekoff@northshorechildguidance.org	<b>eMail</b>	jmcqueen@mhanc.org

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Barry Donowitz	<b>Name</b>	Nicole Sugrue
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	Yes	<b>Psychologist</b>	No
<b>Represents</b>	AHRC	<b>Represents</b>	Elija Foundation
<b>Term Expires</b>	1/1/2019	<b>Term Expires</b>	1/1/2019
<b>eMail</b>	bdonowitz@ahrc.org	<b>eMail</b>	nicolesugrue@gmail.com

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Melinda Carbonell	<b>Name</b>	Amy Ejaz
<b>Physician</b>	No	<b>Physician</b>	Yes
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	LIFQHC	<b>Represents</b>	Central Nassau Guidance
<b>Term Expires</b>	1/1/2020	<b>Term Expires</b>	1/1/2020
<b>eMail</b>	mcarboney@numc.edu	<b>eMail</b>	aejaz@centralnassau.org

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Allen Cardwell	<b>Name</b>	Jennifer Colbert
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Mental Health Association of Nassau	<b>Represents</b>	EPIC LI Inc.
<b>Term Expires</b>	1/1/2021	<b>Term Expires</b>	1/1/2021
<b>eMail</b>	acardwell@mhanc.org	<b>eMail</b>	jcolbert@epicli.org

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Eileen Kadletz	<b>Name</b>	Scott Maidat
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Long Island Families Together	<b>Represents</b>	Southeast Nassau Guidance
<b>Term Expires</b>	1/1/2021	<b>Term Expires</b>	1/1/2021

**eMail** ekadletz@lift4kids.org  
**Member**  
**Name** Barbara Rakusin  
**Physician** No  
**Psychologist** No  
**Represents** Youth & Family Counseling of Oyster Bay  
**Term Expires** 1/1/2021  
**eMail** brakusin@yfcaoysterbay.org

**Member**  
**Name** David Weingarten  
**Physician** No  
**Psychologist** No  
**Represents** Content Critical  
**Term Expires** 1/1/2021  
**eMail** david.weingarten@contentcritical.com

**eMail** smaidat@sngcounseling.org  
**Member**  
**Name** Judi Vining  
**Physician** No  
**Psychologist** No  
**Represents** Long Beach Aware  
**Term Expires** 1/1/2021  
**eMail** jvining@lbcoalition.org

**Alcoholism and Substance Abuse Subcommittee Roster**

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

Certified: Omayra Perez (6/14/18)

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

**Member**  
**Name** Jamie Bogenschutz  
**Represents** Yes Counseling Center  
**eMail** info@yescccc.org  
**Is CSB Member** No

**Member**  
**Name** Jennifer Colbert  
**Represents** South Shore Child Guidance Center  
**eMail** jcolbert@epicli.org  
**Is CSB Member** Yes

**Member**  
**Name** David Flomenhaft  
**Represents** Catholic Health Services of Long Island  
**eMail** david.flomenhaft@chsli.org  
**Is CSB Member** No

**Member**  
**Name** Scott Maidat  
**Represents** Central Nassau Guidance Center  
**eMail** smaidat@centralnassau.org  
**Is CSB Member** Yes

**Member**  
**Name** Andrew Malekoff  
**Represents** North Shore Child and Family Guidance Center  
**eMail** amalekoff@northshorechildguidance.org  
**Is CSB Member** Yes

**Member**  
**Name** Gladys Serrano  
**Represents** Hispanic Counseling Center  
**eMail** gserrano@hispaniccounseling.org  
**Is CSB Member** No

**Member**  
**Name** Joan Signorelli  
**Represents** North Bellmores School  
**eMail** jsignorelli@northbellmoreschools.org  
**Is CSB Member** No

**Member**  
**Name** Joseph Smith  
**Represents** Long Beach Reach  
**eMail** jsmith@longbeachreach.com  
**Is CSB Member** No

**Member**  
**Name** Barbara Rakusin  
**Represents** YFCA Oysterbay  
**eMail** brakusin@yfcaoysterbay.org  
**Is CSB Member** Yes

**Mental Health Subcommittee Roster**  
 Nassau Co Office of MH, CD and DD Svcs (40150)  
 Certified: Omayra Perez (6/14/18)

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

**Member**  
**Name** Melinda Carbonell  
**Represents** LIFQHC  
**eMail** mcarboney@numc.edu  
**Is CSB Member** Yes

**Member**  
**Name** Allen Cardwell  
**Represents** Mental Health Association of Nassau County  
**eMail** acardwell@mhanc.org  
**Is CSB Member** Yes

**Member**  
**Name** Kevin Coleman  
**Represents** Nassau University Medical Center  
**eMail** kcoleman@numc.edu  
**Is CSB Member** No

**Member**  
**Name** Amy Ejaz  
**Represents** Central Nassau Guidance Center  
**eMail** aejaz@centralnassau.org  
**Is CSB Member** Yes

**Member**  
**Name** Patricia Hincken  
**Represents** Northwell Health  
**eMail** phincken@northwell.edu  
**Is CSB Member** No

**Member**  
**Name** Eileen Kadletz  
**Represents** Long Island Families Together  
**eMail** ekadletz@lift4kids.org  
**Is CSB Member** Yes

**Member**  
**Name** Janet Kahn-Scolaro  
**Represents** South Nassau Communities Hospital  
**eMail** jkahnscolaro@snych.org  
**Is CSB Member** No

**Member**  
**Name** Jeff McQueen  
**Represents** Mental Health Association of Nassau County  
**eMail** jmcqueen@mhanc.org  
**Is CSB Member** Yes

**Member**  
**Name** Janet Susin  
**Represents** NAMI  
**eMail** jasusin@optonline.net  
**Is CSB Member** No

**Member**  
**Name** Marge Vezer  
**Represents** SAIL Inc  
**eMail** mvezer@sail-inc.org  
**Is CSB Member** No

**Member**  
**Name** Dan Vogrin  
**Represents** Melillo  
**eMail** dvogrin@melillo.org  
**Is CSB Member** No

**Developmental Disabilities Subcommittee Roster**  
 Nassau Co Office of MH, CD and DD Svcs (40150)  
 Certified: Omayra Perez (6/14/18)

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

**Member**  
**Name** Robert Budd  
**Represents** Family Residences and Essential Enterprises, Inc.  
**eMail** Rbudd@familyres.org  
**Is CSB Member** Yes

**Member**  
**Name** Eileen Egan  
**Represents** Community Mainstreaming Associates, Inc.  
**eMail** eegan@communitymainstreaming.org  
**Is CSB Member** No

**Member**  
**Name** Janet Koch  
**Represents** Life's WORC, Inc.  
**eMail** jkoch@lifeworc.org  
**Is CSB Member** No

**Member**  
**Name** Robert McGuire  
**Represents** United Cerebral Palsy Nassau  
**eMail** rmcguire@cpnassau.org  
**Is CSB Member** No

**Member**  
**Name** Robert C. Goldsmith  
**Represents** Adults & Children with Learning and Developmental Disabilities, Inc.  
**eMail** goldsmith@aclد.org  
**Is CSB Member** No

**Member**  
**Name** Leslie Feinberg  
**Represents** Family  
**eMail** Leslie.feinberg28@gmail.com  
**Is CSB Member** No

**Member**  
**Name** Barry Donowitz  
**Represents** AHRC  
**eMail** bdonowitz@ahrc.com  
**Is CSB Member** Yes

**Member**  
**Name** David Weingarten  
**Represents** Content Critical  
**eMail** david.weingarten@contentcritical.com  
**Is CSB Member** Yes

**Member**  
**Name** Nicole Sugrue  
**Represents** The Nicholas Center  
**eMail** nicole@nicholascenterusa.org  
**Is CSB Member** Yes

**2019 Mental Hygiene Local Planning Assurance**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: Omayra Perez (6/14/18)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2019 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2019 Local Services planning process.