

2017  
Local Services Plan  
For Mental Hygiene Services

Nassau Co Office of MH, CD and DD Svcs  
August 15, 2016



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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Executive Summary	Optional	<b>Not Completed</b>
Needs Assessment Report	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Priority Outcomes Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
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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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**2017 Needs Assessment Report**  
 Nassau Co Office of MH, CD and DD Svcs (40150)  
 Certified: James Dolan (7/18/16)

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

**PART A: Local Needs Assessment**

**1. Assessment of Mental Hygiene and Associated Issues** - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

The assessment of the nature and extent of mental hygiene disabilities comes from many sources. A review of the national and state population surveys over the past few years provided an indication of the substances and the age groups affected. Comparing one year to another year revealed subtle changes that in many instances were not significant enough to affect system changes. Changes in trends across longer time spans were usually more evident, but also had already managed to draw attention as they occurred. On a year-to-year or even a week-to-week basis, major local events trigger the need for immediate action. Back in 2008 when Heroin use was on the increase and young people were overdosing on Long Island, task forces were formed, and all parts of government were mobilized to deal with the explosion of heroin and non-medical use of prescription drugs. These efforts continue today through education and prevention. Similarly, New York City is currently responding to the increase in overdoses due to synthetic marijuana. Publicity and public outcries demand quick and effective responses from their local governments. Because of deficits to system functioning whether it be funding or an infrastructure depleted of staffing, it is difficult to provide an optimal efficient response. The Affordable Care Act and Medicaid redesign efforts in New York and many states across the nation emphasize person-centered care that is recovery-oriented and integrated in the community. These efforts were initiated following the identification of problems in the system. Proactive engagement of the client in needed services and care coordination efforts were lacking to prevent costly hospital readmissions and led to poor outcomes. To achieve better goals, the overall visions of local governments and their operations on a day-to-day basis require interactions and involvement of Managed Care Organizations, Health Homes, Care Management Agencies, vendors, IT, and billing persons. These efforts require new knowledge and training that often seem removed from actual client care, but are necessary in order to achieve the overall goals. Greater accountability and proof of value can lead to more evidence-based treatment and better outcomes. Chemical dependency disorders are chronic health conditions and are more likely to be associated with mental health and physical health problems. They are life-long issues and require the understanding that recovery efforts need to focus on peer support, housing, family, and social supports to lead to successful treatment. In New York State, there were 130,860 inpatient and detoxification admissions in 2011. Only 12.3% (16,027) were linked to a community treatment service within 14 days of discharge and 44% (57,717) were readmitted to an inpatient or detoxification within 12 months. With better discharge planning and care coordination, many of these readmissions could be prevented. Many system problems have been identified that impact adults with mental health and/or substance use disorders. Twenty percent of people discharged from general hospital psychiatric units are readmitted within 30 days, with a majority being readmitted to a different hospital. Poor discharge planning leads to readmissions and overuse of emergency rooms, and public safety concerns. Many of the homeless population have serious mental illness and/or substance use disorders. People with mental illness and/or substance use disorders are over represented in jails. About 85% of people with serious mental illness are unemployed and die about 25 years sooner than the general population, primarily from preventable chronic health conditions. They have poor access to primary care due to stigma and other factors.

**2. Analysis of Service Needs and Gaps** - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

The 2017 Local Services Plan for Nassau County reflects planning priorities that aimed to address existing needs in Nassau County such as poor transportation, housing, coordination and integration with other systems, access to services, access to medication, and prevention services. Many are a continuation of the priorities listed in last year's plan and progress is reported under each priority. Some priority goals were achieved and some have been modified if the priority represents an on-going effort and warrants continuation. These are addressed individually in the Planning Priorities Section.

**3. Assessment of Local Needs** - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
<b>Substance Use Disorder Services:</b>						
a) Prevention Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f) Residential Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Housing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Transportation.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
j) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
k) Coordination/Integration with Other Systems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Other (specify): Non-Medicaid Case Management	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mental Health Services:</b>						
m) Prevention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
n) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

p) Clinic Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
r) Care Coordination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
s) HARP HCBS Services (Adult)				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
t) HCBS Waiver Services (Children)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			
u) Other Recovery and Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
v) Housing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
z) Other (specify): Non-Medicaid Case Management	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Developmental Disability Services:</b>						
aa) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc) Children Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
dd) Adult Services				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ff) Respite Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
gg) Family Supports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ii) Autism Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
kk) Residential Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
mm) Transportation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
oo) Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
qq) Coordination/Integration with Other Systems.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>					

**Follow-up Questions to "Prevention Services" (Question 3a)**

**3a1.** Briefly describe the issue and why it is a high need for the populations selected.  
Prevention funding has decreased for both community and school-based prevention. Evidence-based curricula have become more difficult to implement. Prevention goals are important to our Office and the State because it is one way to prevent future overdoses and deaths in our young people and chronic illness in older individuals due to substance abuse or prescription misuse.

**Follow-up Questions to "Inpatient Treatment Services" (Question 3c)**

**3c1.** Briefly describe the issue and why it is a high need for the populations selected.  
There are only 30 beds in the county for inpatient treatment for persons over 18. Those under 18 have to go out of county for treatment which precludes the participation of the family. Sometimes insurance companies do not agree to the prescribed length of treatment, and clients may need more intensive care and are not ready to go for outpatient services.

**Follow-up Questions to "Residential Treatment Services" (Question 3f)**

**3f1.** Briefly describe the issue and why it is a high need for the populations selected.  
There are no residential treatment services for those under 18. Our community residences for substance abusers accommodate only 42 beds which are split between men and women. More intensive treatment for longer periods are needed to deal with the pernicious aspects of addiction.

**Follow-up Questions to "Housing" (Question 3g)**

**3g1.** Briefly describe the issue and why it is a high need for the populations selected.  
The need for housing continues to be an issue as the number of safe, supervised housing options is not fulfilling the demand. What complicates matters more are the needs of clients who have both chemical dependency and mental health diagnoses.

**Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3k)**

**3k1.** Briefly describe the issue and why it is a high need for the populations selected.

There is a high need for coordination/integration with other systems as estimates of co-occurring mental illness and alcohol or substance abuse issues can range from 50% to 90%. There is also a great need for the integration of physical health services with behavioral health services to prevent or stem the advent of more serious illnesses. As clients' problems become more complicated, they must be viewed as a whole not as separate obstacles to be overcome.

**Follow-up Questions to "Non-Medicaid Case Management" (Question 3l)**

**3l1.** Briefly describe the issue and why it is a high need for the populations selected.

OASAS does not support case management even though the importance of good case management or care coordination may play an integral role in a client's recovery. At this time there is not enough research to substantiate that point firmly. It may be an area that the managed care organizations will pursue to better the outcomes of treatment for their clients.

**Follow-up Questions to "Clinic Treatment Services" (Question 3p)**

**3p1.** Briefly describe the issue and why it is a high need for the populations selected.

Specialized services for those under 21 are limited to two programs in Nassau County. The biggest issue is the lack of child psychiatrists and professional licensed behavioral health clinicians to treat this special population under 21.

**Follow-up Questions to "Care Coordination" (Question 3r)**

**3r1.** Briefly describe the issue and why it is a high need for the populations selected.

There is a long waiting list to access care coordination services for those under 21. It particularly affects those who are non-Medicaid. There are not enough service dollars to cover the need.

**Follow-up Questions to "Housing" (Question 3v)**

**3v1.** Briefly describe the issue and why it is a high need for the populations selected.

Over 500 individuals with a serious mental illness are on a SPA waiting list for housing. Many of these individuals are discharged into the community from inpatient psychiatric units or are homeless and, therefore, not eligible for the supported housing beds.

**Follow-up Questions to "Transportation" (Question 3w)**

**3w1.** Briefly describe the issue and why it is a high need for the populations selected.

Transportation is an issue in this county, particularly for those under 21 who may be dependent on parents or family to access care. Similarly, even for adults the system of transportation in the county is fairly complicated, and there are areas where it is difficult to reach public transportation. Many have to rely on taxis and the cost may be too high for them.

**Follow-up Questions to "Workforce Recruitment and Retention" (Question 3x)**

**3x1.** Briefly describe the issue and why it is a high need for the populations selected.

This is an important issue for clients of all ages because staff turnover can cause significant problems in gaining a client's trust and helping to maintain motivation. Staff needs to be better prepared to recognize and deal with co-occurring disabilities. More experienced staff are needed while providers have to maintain their costs. Clients aging also presents new problems and greater health difficulties.

**Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3y)**

**3y1.** Briefly describe the issue and why it is a high need for the populations selected.

There is a great need for Coordination and Integration with other systems. While a small step has been taken in providing Integrated Licensure, most services operate within their own silos. Clients who have both mental health and another disability can be shuffled from one treatment service to another without receiving appropriate care.

**Follow-up Questions to "Non-Medicaid Case Management" (Question 3z)**

**3z1.** Briefly describe the issue and why it is a high need for the populations selected.

Funding to meet demands for the non-Medicaid clients both adult and for those under 21 to meet the current wait list.

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

**4.** How have the overall needs of the mental health population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.

e) Not sure.

**4d.** If you would like to elaborate on why you believe the overall needs of the mental health population have been a mix of improvement and worsening over the past year, briefly describe here

**5.** How have the overall needs of the substance use disorder population changed in the past year?

- a) Overall needs have stayed about the same.  
 b) Overall needs have improved.  
 c) Overall needs have worsened.  
 d) Overall needs have been a mix of improvement and worsening.  
 e) Not sure.

**5a.** If you would like to elaborate on why you believe the overall needs of the substance use disorder population have stayed about the same over the past year, briefly describe here

**6.** How have the overall needs of the developmentally disabled population changed in the past year?

- a) Overall needs have stayed about the same.  
 b) Overall needs have improved.  
 c) Overall needs have worsened.  
 d) Overall needs have been a mix of improvement and worsening.  
 e) Not sure.

**6a.** If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have stayed about the same over the past year, briefly describe here

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

**7.** In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

- a. Yes  
 b. No

**7a.** Briefly describe those planning activities with your Local Health Department.

Child Fatality Review Team with the Local Health Department addresses cases to see what actions in the future would help to prevent specific outcomes through education, better communications and linkages, improving delivery of services, etc.

**8.** In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

- a. Yes  
 b. No

**8a.** Briefly describe those planning activities with other local government agencies and non-government organizations.

Conference of Local Mental Hygiene Directors Heroin Prevention Task Force Community Coalitions Regional Planning Council (just starting) Bi-County Forensic ACT Team Substance Abuse Task Force (Domestic Violence) Suicide Coalition of Long Island DSRIP NSLIJ and Hudson River Health Homes Interagency Full Partnership Committee for Children Nassau Alliance For Addiction Services Bi-County Children and Adults Committee (Clinical Services) ASPIRE

**9.** In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

- a. Yes  
 b. No

**9a.** List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

Conference of Local Mental Hygiene Directors The LI Regional Planning Council is in the beginning stages, and will include representatives from Hospitals, MH and CD Providers, peer/family/youth groups, Managed Care Organizations, state governments, and other stakeholders to address regional behavioral health issues.

**9b.** Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

- a. Yes  
 b. No

**9c.** Did the counties in your region reach a consensus on what the regional needs are?

- a. Yes  
 b. No



**2017 Multiple Disabilities Considerations Form**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: James Dolan (7/18/16)

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

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

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

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

- Yes
- No

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

- Individuals with co-occurring mental health, chemical dependency and/or physical health care issues, are identified through the SPOA process and assigned to targeted case management or Health Home care coordination.

- The program liaison unit within the LGU has played an active role in increasing the capacity of OASAS and OMH licensed clinics to effectively serve those with mental health and chemical dependency disorders.

- We are active members of the Auspice Committee, in partnership with OMH and OPWDD, in the role of developing coordinated care plans for those who are diagnosed with mental health and developmental disability concerns.

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

- Yes
- No

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

The planning process for each disability group no longer happens in silos. All planning for MH, CD or DD services incorporates the fact that a high percentage of all clients served have a co-occurring disorder.

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

- Yes
- No

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

- We are active members of the Auspice Committee, in partnership with OMH and OPWDD, in the role of developing coordinated care plans for those who are diagnosed with mental health and developmental disability concerns.

**Mental Hygiene Priority Outcomes Form**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Plan Year: 2017  
Certified: James Dolan (7/19/16)

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

**2017 Priority Outcomes** - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

**Priority Outcome 1:**

Provide increased and rapid access to behavioral health services.

**Progress Report: (optional) *\*new***

Additional monies were provided to selected agencies to provide urgent care services including psychiatric evaluations. We would like to be able to expand these services to additional behavioral health clinics in the community.

**Priority Rank: 1**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- OMH Transformation Plan

**Is this priority also a Regional Priority?** *\*new* Yes

**Strategy 1.1**

Implement and expand walk-in services, including medication management and psychiatric evaluation time at all community-based mental health contract agencies. Additional monies were provided to selected agencies to provide urgent care services including psychiatric evaluations.

**Applicable State Agency:** OMH

**Strategy 1.2**

Expand the availability of Respiradol Consta, Inveiga, and Abilify injectables at Mental Health clinics. This is an on-going strategy.

**Applicable State Agency:** OMH

**Strategy 1.3**

Toxicology testing has been increased at mental health clinics. This is an on-going strategy.

**Applicable State Agency:** OMH

**Strategy 1.4**

Development of a PROS Readiness Track in order to serve clients who are unable to be currently served in the traditional PROS model, with a focus on individuals with co-occurring disorders, including significant developmental disabilities. The program would provide support and advocacy, pre-vocational and organizational skills, information and assistance in support of the client's direction, utilization of community resources, and peer supports. Five agencies were funded to provide SOAR services. Initial review indicates that services were under utilized and barriers were identified. The S.O.A.R. Program began as of October 1, 2015. Provider agencies reported that they experienced difficulty with transportation for clients and OMH didn't permit co-enrollment with PROS and S.O.A.R. Enrollment numbers are starting to increase, but not at a pace to fully substantiate the investment. Discussions have ensued between OMH LI Field Office and LGU to develop meaningful strategies to assist S.O.A.R providers with options in an effort to increase enrollment census.

**Applicable State Agency:** OMH

**Strategy 1.5**

All outpatient behavioral health agencies with two licenses will apply for the integrated licensure when the application becomes available. Two agencies are in the process of applying for integrated licensure.

**Applicable State Agencies:** OASAS OMH

**Strategy 1.6**

Increased provision of primary medical services in behavioral health clinics after availability of integrated licenses. This is an on-going effort.

**Applicable State Agencies:** OASAS OMH

**Strategy 1.7**

Support the development of a peer-run, three bed diversion house to decrease preventable hospitalizations and emergency room visits. This strategy has been achieved. Turquoise House has been opened and clients are attending.

**Applicable State Agency:** OMH

**Strategy 1.8**

1.8 Support the delivery of non-Medicaid Case Management and Outreach services for individuals with substance use disorders. OASAS does not provide non-deficit funding to case management. With the advent of the redesign of Medicaid managed care, research indicates that more emphasis is being placed on the value of case management and/or care coordination for clients in order to achieve their goals.

**Applicable State Agency:** OASAS

**Priority Outcome 2:**

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

**Progress Report: (optional) *\*new***

Four funded programs were issued the ability to provide outpatient Ancillary Withdrawal Management services. This is an on-going effort to deal with the heroin addiction problem. The start of these additional services proceeded slowly, but recent data indicated that 320 clients received medically assisted opioid therapy from January 1st through the end of May 2016 in all programs in Nassau County.

**Priority Rank:** 2

**Applicable State Agencies:** OASAS

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Combat Heroin and Prescription Drug Abuse

**Is this priority also a Regional Priority?** *\*new* Yes

**Strategy 2.1**

One of the requirements for Ancillary Withdrawal Management Services to benefit clients is that they have a stable environment including housing and a support system. To help fulfill this requirement, Mary Haven Center of Hope, a medically monitored withdrawal program, has 10 beds available for clients who are homeless and are participating in outpatient detox services. This effort is in conjunction with the Nassau County Police to assist the clients and prevent them from being jailed or placed in hospital emergency departments when preventable.

**Applicable State Agency:** OASAS

**Priority Outcome 3:**

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

**Progress Report: (optional) *\*new***

The Assessment and Referral Center, co-located with the local Department of Social Services continues to interact with clients seeking services at DSS. On a daily basis they interview just over 100 clients per month, assessing their need for health home services for outreach and care coordination to assist the clients in their daily living. This effort is on-going. The Office has also established a crisis helpline, 227-TALK, with staff dedicated to handling calls for information regarding treatment and prevention from individuals and their families or significant others. In 2015 over 2,000 calls were received by our staff directly, and an additional 745 calls went to the Long Island Crisis Center after hours. Over 600 calls came into 227-TALK that were for the Mobile Crisis Center.

**Priority Rank:** 3

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent

**Is this priority also a Regional Priority?** *\*new* No

**Strategy 3.1**

The Department will continue the partnership with the lead Health Homes in Nassau County, whereby ARC provides outreach, and engages clients who are assigned to respective Health Homes by NYS DOH. ARC will continue to make a 'warm' hand off of the identified client to the appropriate Health Home.

**Applicable State Agencies:** OASAS OMH

**Priority Outcome 4:**

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

**Progress Report: (optional) *\*new***

This effort is on-going to assist as many clients in need as possible.

**Priority Rank: 4**

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

**Is this priority also a Regional Priority?** *\*new* Yes

**Strategy 4.1**

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

**Applicable State Agencies:** OASAS OMH

**Priority Outcome 5:**

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

**Progress Report: (optional)** *\*new*

Housing efforts continue to be an important priority for clients in Nassau County. Over the past couple of years, SAIL was expanded to provide for substance abusers and recently Turquoise House was created to assist mental health clients.

**Priority Rank: 5**

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

**Is this priority also a Regional Priority?** *\*new* Yes

**Strategy 5.1**

This Office will continue to work toward implementation of the SPA for all individuals with behavioral issues. This will simplify and expedite the housing process. The software application is still being modified to fit the established criteria.

**Applicable State Agencies:** OASAS OMH

**Strategy 5.2**

Develop a mobile residential support team(MRST) to provide enhanced services, including medication support and monitoring and peer support to individuals in supported housing. A total of 207 people have been enrolled in the MRST program since its inception. Each MRS Team has three employees, a counselor, a nurse, and a peer. They provide supportive services for the enrolled client and may see them from once to five times a week.

**Applicable State Agency:** OMH

**Priority Outcome 6:**

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

**Progress Report: (optional)** *\*new*

The "Mobilizing Nassau" program began transportation services to I/DD adults in November 2015. The Call Center began operating June 2015 and has handled 101 requests for information to date, including education about transportation resources and fares, assistance with applications, and trip planning assistance. To date, 52 individuals have enrolled and 462 one way trips have been delivered. Outreach is ongoing and an average of 450 individuals are contacted via outreach activities each quarter. A comprehensive Resource Guide to transportation services in Nassau County was developed and distributed. Networking continues with the Mobility Manager regularly interacting with transit providers as well as members of the I/DD community recipients and providers

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OPWDD

**Aligned State Initiative:** *\*new*

- OPWDD People First Transformation

**Is this priority also a Regional Priority?** *\*new* Yes

**Strategy 6.1**

The LGU submitted a grant proposal seeking funds to provide improved and expanded transportation services for adults with developmental disabilities in Nassau County and was awarded a \$357,000.00 grant from the Federal Transportation Administration/New York State Department of Transportation. Our Office will partner with Rides Unlimited, Inc., to implement a transportation program for clients of Family Residences and Essential Enterprises (FREE) and The Rehabilitation Institute (TRI). Consistent with the grant application, the task of convening a Stakeholder Transportation Advisory Committee, consisting of representatives from Rides Unlimited of Nassau & Suffolk, NYS Office for People With Developmental Disabilities, intellectual/developmental disability provider agencies, representatives from the target population, family, and advocacy groups was achieved.

**Applicable State Agency:** OPWDD

#### **Priority Outcome 7:**

Expand care coordination services in the Mental Health Court

**Progress Report: (optional) *\*new***

**Priority Rank:** *Unranked*

**Applicable State Agency:** OMH

**Aligned State Initiative:** *\*new*

- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

**Is this priority also a Regional Priority?** *\*new* No

#### **Strategy 7.1**

Strategy 7.1 of adding one additional case manager has been achieved. Focus will now be on moving clients who have completed Phase 2 into health Home Care Coordination in order to allow for increased census.

**Applicable State Agency:** OMH

#### **Strategy 7.2**

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

**Applicable State Agency:** OMH

#### **Priority Outcome 8:**

Continuation and expansion of the Behavioral Health Awareness Campaign

**Progress Report: (optional) *\*new***

The Behavioral Health Awareness Campaign has had a great impact in this county. The campaign targeted youth, colleges and universities, public safety officers, seniors and the general public. In 2015 over 85 trainings occurred, reaching over 200 individuals every month. In 2016, the number of individuals reach is closer to 300. The campaign staff provided instruction in Mental Health First Aid geared toward youth, adults, seniors and public safety, suicide prevention and Naloxone and other Medicated Assisted Treatment alternatives. Another effort focused how to handle difficult situations when interacting with the public which was presented to Dept. of Health staff, Dept. of Social Services, and the Nassau Library system.

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent

**Is this priority also a Regional Priority?** *\*new* Yes

#### **Strategy 8.1**

Professional staff will provide community trainings on topics to increase awareness and understanding of mental health and chemical dependency issues. This is an on-going strategy. As mentioned above in the progress section, the campaign provides training to youth, adults, seniors and other public groups involved in citizen safety.

**Applicable State Agencies:** OASAS OMH

#### **Priority Outcome 9:**

The Office of Mental Health, Chemical Dependency and Developmental Disabilities will utilize all opportunities to participate in START Services for individuals with mental health disorders who also have intellectual/developmental disabilities.

**Progress Report: (optional) *\*new***

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OMH OPWDD

**Aligned State Initiative:** *\*new*

- Population Health Improvement Plan (PHIP)
- OPWDD People First Transformation

**Is this priority also a Regional Priority?** *\*new* Not Sure

#### Strategy 9.1

The LGU will collaborate with the START Services implementation organizations - The University of New Hampshire Center for START Services Institute on Disability, and the New York State Office for People With Developmental Disabilities. The services will begin in 2017 and trainings are being provided.

**Applicable State Agencies:** OMH OPWDD

#### Priority Outcome 10:

Nassau County in collaboration with Hudson River Health Home and Northwell Health Home will begin to roll out children/youth in Health Homes in October 2016..

**Progress Report: (optional)** *\*new*

Nassau County LGU/SPOA will begin training in MAPPS for submission of Children health homes application in summer of 2016.

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** *\*new*

- Child Medicaid Behavioral Health Managed Care Implementation

**Is this priority also a Regional Priority?** *\*new* Yes

#### Strategy 10.1

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

**Applicable State Agency:** OMH

#### Priority Outcome 11:

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

**Progress Report: (optional)** *\*new*

**Priority Rank:** *Unranked*

**Applicable State Agency:** OMH

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)

**Is this priority also a Regional Priority?** *\*new* No

#### Strategy 11.1

An LCSW staff member of the Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services collaborates with ARMOR Correctional. The staff member provides medication grant cards, resource information, complete medication grant and SPOA care coordination forms. Staff member works with ARMOR Correctional, a for-profit, providing all medical and mental health services in the jail.

**Applicable State Agency:** OMH

#### Strategy 11.2

The Office was able to obtain a daily census from the Nassau County Correctional Facility to compare with database information of clients known to the mental health system. This has been achieved.

**Applicable State Agency:** OMH

**Priority Outcome 12:**

To expand Mobile Crisis Services

**Progress Report: (optional) \*new**

The Mobile Crisis Services have been expanded to include an additional crisis team. The hours were extended through the partnership between NYS OMH staff and staff of EPIC, a mental health contract provider. The efforts of the mobile crisis teams have doubled in the last year to about 100 site visits in the community. The accessibility of the mobile crisis teams has increased through our 227-TALK helpline.

**Priority Rank:** *Unranked*

**Applicable State Agency:** OMH

**Aligned State Initiative:** \*new

- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Combat Heroin and Prescription Drug Abuse

**Is this priority also a Regional Priority?** \*new Yes

**Strategy 12.1**

The extended hours of operation and availability of services has been achieved and progress will continue to be reviewed.

**Applicable State Agency:** OMH

**2017 Community Service Board Roster**  
 Nassau Co Office of MH, CD and DD Svcs (40150)  
 Certified: Anna Halatyn (7/19/16)

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

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

**Chairperson**

**Name** Barbara Roth  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 1/1/2020  
**eMail** elbsat@aol.com

**Member**

**Name** Meryl Jackelow  
**Physician** No  
**Psychologist** No  
**Represents** Consumer  
**Term Expires** 1/1/2018  
**eMail** cpjack@optonline.net

**Member**

**Name** Robert Budd  
**Physician** No  
**Psychologist** No  
**Represents** Family Residences & Essential Enterprises  
**Term Expires** 1/1/2019  
**eMail** rbudd@familyres.org

**Member**

**Name** Janet Susin  
**Physician** No  
**Psychologist** No  
**Represents** NAMI  
**Term Expires** 1/1/2019  
**eMail** jasusin@optonline.net

**Member**

**Name** Andrew Malekoff  
**Physician** No  
**Psychologist** No  
**Represents** North Shore Child & Family Guidance  
**Term Expires** 1/1/2020  
**eMail** amalekoff@northshorechildguidance.org

**Member**

**Name** Jeff McQueen  
**Physician** No  
**Psychologist** No  
**Represents** Consumer  
**Term Expires** 1/1/2018  
**eMail** jmcqueen@mhanc.org

**Member**

**Name** Barry Donowitz  
**Physician** No  
**Psychologist** Yes  
**Represents** AHRC  
**Term Expires** 1/1/2019  
**eMail** bdonowitz@ahrc.org

**Member**

**Name** Nicole Sugrue  
**Physician** No  
**Psychologist** No  
**Represents** Elija Foundation  
**Term Expires** 1/1/2019  
**eMail** nicolesugrue@gmail.com

**Member**

**Name** Susan Burger  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 1/1/2018  
**eMail** Sburger@lift4kids.org

**Member**

**Name** Nicole Giambalvo  
**Physician** No  
**Psychologist** No  
**Represents** Youth Advocate  
**Term Expires** 1/1/2018  
**eMail** nicolegiambalvo@gmail.com

**Member**

**Name** Ann Pinto  
**Physician** No  
**Psychologist** No  
**Represents** Advocate  
**Term Expires** 1/1/2018  
**eMail** ruby73157@aol.com

**Member**

**Name** Melinda Carbonell  
**Physician** No  
**Psychologist** No  
**Represents** LIFQHC  
**Term Expires** 1/1/2020  
**eMail** mcarboney@numc.edu

**Member**

**Name** Amy Ejaz  
**Physician** Yes

**Member**

**Name** Mary Fasano  
**Physician** No

**Psychologist** No  
**Represents** Central Nassau Guidance  
**Term Expires** 1/1/2020  
**eMail** aejaz@centralnassau.org

**Psychologist** No  
**Represents** Family  
**Term Expires** 1/1/2018  
**eMail** maryf371@aol.com

**Member**  
**Name** Jean Mulvey  
**Physician** No  
**Psychologist** No  
**Represents** consumer  
**Term Expires** 1/1/2020  
**eMail** jmulvey@aol.com

**OMH Transformation Plan Survey**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: James Dolan (7/19/16)

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

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" \$59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, \$15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- a) Yes
- b) No
- c) Don't know

**If "Yes":**

Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.

The reinvestment resources helped to prevent inpatient admissions and readmissions by helping to maintain clients in the community. These monies were used in Nassau County to 1) Expand mobile crisis teams and their hours of availability; 2) Two new ACT teams were created-- a regular ACT team with 68 members and a 48 member Forensic ACT Team; 3) Mobile Residential Support Team was created to assist clients living in supported housing and enrolled 207 individuals; and 4) a pre-PROS program was created called S.O.A.R. to prepare clients for the PROS program.

2. Please provide any other comments regarding Transformation Plan investments and planning.

**2017 Mental Hygiene Local Planning Assurance**  
Nassau Co Office of MH, CD and DD Svcs (40150)  
Certified: James Dolan (7/18/16)

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

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2017 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 2017 Local Services planning process.