

**NASSAU COUNTY DEPARTMENT OF MENTAL HEALTH,
MENTAL RETARDATION AND DEVELOPMENTAL
DISABILITIES**

NASSAU COUNTY PLAN

FOR

MENTAL HEALTH

2006 - 2008



Thomas R. Suozzi
County Executive

Arlene Gonzalez-Sanchez, MS, LMSW
Commissioner

THOMAS R. SUOZZI
COUNTY EXECUTIVE



ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
COMMISSIONER

COUNTY OF NASSAU
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES

NCDMH-MRDD@hhsnassaucountyny.us

60 Charles Lindbergh Boulevard, Suite 200, Uniondale, New York 11553-3687

(516) 227-7057 FAX NO. (516) 227-7076

June 5, 2006

Keith Simons, Deputy Commissioner
Office of Public Affairs and Planning
NYS Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Dear Mr. Simons,

I am pleased to submit the Nassau County Department of Mental Health, Mental Retardation and Developmental Disabilities 2006-2008 Plan for Mental Health. This document provides an overview of the current system of care, as well as prevalence data. It also identifies unmet needs and advances concepts that promote hope and recovery for the clients we serve.

The planning process includes participation from a broad spectrum of stakeholders, including providers, consumers of mental health services and families. The NYS Conference of Local Mental Hygiene Directors provided valued guidance throughout this process and I wish to extend special appreciation to the staff of NYS Office of Mental Health for developing a statewide planning process that includes meaningful input from the counties.

We look forward to our continued partnership in the advancement of a mental health system that provides consumers with every opportunity to achieve their potential as productive and valued members of our community.

Sincerely,

Arlene Sanchez, M.S., L.M.S.W.

AGS/JD

CC: Mary Curtis, Ph.D., Deputy County Executive
Robin Krajewski, OMH Long Island Field Office
Duane Splide, Executive Director CLMHD

INTRODUCTION AND AGENCY PROFILE	1
MISSION	1
THE ROLE OF THE DEPARTMENT WITH MENTAL HEALTH PLANNING	2
PARTICIPATION IN PLANNING:	2
POPULATION SERVED	2
SYSTEM COLLABORATION.....	3
COLLABORATIVE EFFORTS WITH OTHER SYSTEMS OF CARE IN THE COUNTY	4
<i>Provider Networks:</i>	5
<i>Local Consumer Networks:</i>	5
<i>Collaborative Efforts between the Provider and Consumer Networks:</i>	5
<i>Collaborative Efforts between Provider and Family Networks:</i>	5
IMPACT OF SERVICE SYSTEM COLLABORATION	6
OVERVIEW OF MENTAL HEALTH SUPPORTS AND SERVICES IN NASSAU COUNTY.....	7
EMERGENCY SERVICES.....	7
INPATIENT CARE	8
SINGLE POINT OF ENTRY (SPOE) FOR ADULTS	9
CASE MANAGEMENT AND ASSERTIVE COMMUNITY TREATMENT FOR ADULTS	9
ASSISTED OUTPATIENT TREATMENT (AOT) FOR ADULTS.....	10
SINGLE POINT OF ACCESS (SPOA) FOR CHILDREN.....	10
INTENSIVE IN-HOME SERVICES FOR CHILDREN	10
RESIDENTIAL SERVICES FOR CHILDREN	11
SINGLE POINT OF ACCOUNTABILITY (SPA) FOR ADULT HOUSING	11
COMMUNITY RESIDENTIAL PROGRAMS FOR ADULTS	12
OUTPATIENT TREATMENT	12
FAMILY SUPPORT SERVICES FOR CHILDREN.....	13
SKILL DEVELOPMENT PROGRAMS FOR ADULTS	13
SOCIAL AND RECREATIONAL SERVICES.....	14
SELF HELP, PEER SUPPORT.....	14
FORENSIC MENTAL HEALTH SERVICES	15
ADVOCACY SERVICES	15
LEGAL SERVICES	15
DISCHARGE PLANNING FROM INPATIENT	15
MEDICATION GRANT PROGRAM	15
INFORMATION AND REFERRAL	16
TRAINING AND EDUCATION.....	16
TRANSPORTATION	16
A. POPULATION/ ESTIMATED PREVALENCE.....	17
B. ARRAY OF SERVICES/CAPACITY (INCLUDES STATE OPERATED):.....	19
1. <i>Adult Services:</i>	19
2. <i>Children’s Services:</i>	24
PERFORMANCE AND QUALITY OF CARE - TRENDS	27
UNMET NEEDS AND RECOMMENDATIONS	28
NEED #1 - ADDITIONAL FUNDING TO OFFSET LOSSES IN MEDICAID REVENUE AND TO ADDRESS THE FISCAL NEEDS OF 100% FUNDED PROGRAMS	28
<i>Recommendation to Address Need # 1</i>	28
NEED #2 – FOR IMPROVED ACCESS TO STRUCTURED RESIDENTIAL TREATMENT FOR ADULTS.....	28
<i>Limited Access to NYS Inpatient Beds</i>	28
<i>Limited Access to Article 28 Beds</i>	29
<i>Continued Demand for Inpatient Care</i>	29

<i>Recommendation to Address Need #2</i>	29
NEED #3 – INCREASED SUPPLY OF COMMUNITY RESIDENTIAL BEDS.....	30
<i>Recommendation to Address Need #3</i>	30
NEED #4 MENTAL HEALTH COURT.....	30
<i>Recommendation to Address Need #4</i>	31
Collaborative Justice Program Components:.....	32
NEED # 5 – IMPROVED ACCESS TO MENTAL HEALTH CARE FOR CHILDREN.....	33
<i>Recommendation to Address Need # 5</i>	33
OTHER PRIORITY NEEDS:.....	34
CURRENT RESOURCES AVAILABLE TO ADDRESS UNMET NEEDS.....	34
ASSISTANCE NEEDED TO IMPLEMENT COUNTY STRATEGIES:.....	35
GOALS.....	36
COUNTY GOVERNMENT ASSURANCES.....	38
APPENDIX I: DEFINITIONS.....	39
• MENTAL ILLNESS.....	39
• SERIOUS AND PERSISTENT MENTAL ILLNESS (SPMI).....	39
• SERIOUS EMOTIONAL DISTURBANCE AMONG CHILDREN AND ADOLESCENTS (SED).....	39
APPENDIX II: SINGLE POINTS OF ENTRY.....	41
APPLICATION PROCESS:.....	41
• <i>Assertive Community Treatment</i>	41
• <i>Intensive Case Management</i>	41
• <i>Supportive Case Management</i>	41
• <i>AOT</i>	41
APPLICATION PROCESS: SINGLE POINT OF ACCESS FOR ADULT MENTAL HEALTH HOUSING.....	43
APPLICATION PROCESS: SINGLE POINT OF ACCESS/ACCOUNTABILITY SYSTEMS FOR CHILDREN.....	45
APPENDIX III: COPS PROVIDER AGREEMENT.....	46
PROVIDER AGREEMENT.....	46
MEMORANDUM OF UNDERSTANDING.....	53
NASSAU COUNTY MENTAL HEALTH PROVIDERS.....	58
APPENDIX IV:.....	60
NASSAU COUNTY DIRECTORY OF MENTAL HEALTH SERVICES.....	60
<i>Government Offices:</i>	61
<i>Emergency Services:</i>	61
Help Line.....	61
Mobile Crisis Intervention Team.....	61
Home Based Crisis Intervention for Children:.....	61
Crisis Residential Services for Adults.....	61
Crisis Residential Services for Children.....	62
<i>Inpatient Care:</i>	62
Adult Hospitals.....	62
Children’s Hospital’s.....	63
<i>Single Point of Entry for Adult Case Management, Assertive Community Treatment and Assisted Out Patient Treatment</i>	64
<i>Single Point of Access for Children</i>	64
<i>Single Point of Accountability for Adult Housing</i>	64
<i>Case Management, Assertive Community Treatment and Intensive In-home Supports</i>	64
Case Management:.....	64
ACT Teams.....	65
Home and Community Based Services for Children (HCBS Medicaid Waiver).....	65
Clinical Care Coordination Team for Children (CCCT).....	65
Coordinated Children’s Service Initiative (CCSI).....	65

<i>Assisted Outpatient Treatment</i>	65
<i>Community Residential Programs</i>	66
Single Point of Access for Housing (S.P.A.)	66
Adult Residences	66
Alternative Adult Housing Options	68
Family Care	68
Adult Homes	69
<i>Children's Housing</i>	69
Residential Treatment Facilities	70
<i>Outpatient Treatment</i>	70
Adult Partial Hospitalizations	70
Children's Partial Hospitalization	71
Continuing Day Treatment for Adults	71
Continuing Day Treatment for Children	72
Clinic Treatment	72
<i>Family Support Groups</i>	75
<i>SKILLS DEVELOPMENT SERVICES for Adults</i>	75
Prevocational and Vocational Programs	75
Intensive Psychiatric Rehabilitative Treatment Programs	77
Educational Programs	77
College Bound	77
<i>Social Programs</i>	77
Evening and Weekend Recreation	77
<i>SELF-HELP AND PEER SUPPORT</i>	78
Consumer Peer Support Programs and Groups	78
Groups for Family and Friends	79
<i>Forensic Services</i>	79
<i>Advocacy</i>	80
<i>Legal Services</i>	81
<i>Discharge Planning</i>	81
<i>PROFESSIONAL TRAINING AND COMMUNITY EDUCATION</i>	82
<i>Specialty Services</i>	82
Mental Health Services for the Deaf and Hearing Impaired	82
College Bound	82
Friendship Programs	82
COMPEER	82

Mental Health Plan 2006

Introduction and Agency Profile

Mission

The Nassau County Department of Mental Health, Mental Retardation and Developmental Disabilities (Department) was established in 1974 via County Charter. This statute, which was written pursuant to Articles 5.07 and 41 of NYS Mental Hygiene Law, stipulates that the local government unit must have an identified agency responsible for planning and oversight of mental health, mental retardation and developmental disability services.

The Department is responsible for development of a comprehensive, coordinated system of services that enables those with a mental illness or developmental disability to maximize their functioning to live safely and successfully in the community. We are guided by the values of compassion and respect for the dignity of persons served and a belief in one's ability to maximize their potential for independent living.

The Department of Mental Health, Mental Retardation and Developmental Disabilities' mission is:

- To foster the delivery of evidence based practices that promote recovery for people with psychiatric disabilities.
- To promote the availability of the full range of services and assure the delivery of individualized, responsive and accessible care.
- To safeguard client and community safety.
- To ensure accountability for quality care and fiscal efficiency.
- To evolve services in a changing health care environment that meet one's holistic needs.
- To provide for full, open and meaningful participation for people who use services.
- To ensure that those most in need have access to care.
- For county planning to incorporate input from clients, family, providers and the community at large.

The Role of the Department with Mental Health Planning

The Department is responsible for identifying the needs and gaps in services for citizens with mental illness in Nassau County and to put forth a comprehensive plan, along with priorities, to meet those needs. Articles 5.07 and 41 of the NYS Mental Hygiene Law set forth the responsibilities and duties of the local government unit with respect to planning. This process entails a close working relationship with the state, including the OMH Long Island Field Office, to develop the local plan and programs.

Participation in Planning:

The Nassau County Department of Mental Health is fortunate to have ongoing input from mental health providers, recipients and families. These stakeholders represent a broad range of perspectives and help to ensure that the most important needs are identified and that effective methods of addressing those needs are incorporated into the plan. On a regularly scheduled basis the Commissioner receives input into the Nassau County Plan from:

- Executive Directors – representing community based and inpatient mental health providers. This includes input from agencies specializing in serving children and families.
- Medical Directors – from the mental health provider community.
- Consumers – as represented by the Consumer Advisory Board.
- Family Members - from the local chapter of the National Alliance for the Mentally Ill.

Population Served

Individuals eligible for services are those who meet the definition for mental illness, pursuant to NYS Mental Hygiene Law, section 1.03. Resources are targeted to adults who meet the criteria for serious and persistent mental illness and children deemed to have a serious emotional disturbance.

System Collaboration

The following describes the methods used to assure that services are integrated and coordinated across the spectrum of services available.

Comprehensive Outpatient Provider (COPS) agreement – This is the annually updated agreement authorizing agency receipt of supplemental Medicaid funding to cover the cost of serving the uninsured or underinsured. The agreement also requires providers to adhere to standards relative to quality care, access, productivity, continuity of care and consumer input into program governance.

Memorandum of Understanding – An agreement to coordinate services and share information, as appropriate, is signed by all government supported mental health providers in Nassau County.

Mental Health Council – This is a bi-monthly meeting chaired by the commissioner and attended by the executive directors of the community and hospital based providers. The meeting gives agencies the opportunity to address care coordination concerns and planning issues. The Council incorporates four distinct subgroups that address Forensic issues, Risk Management, Children and Adolescent concerns, and Housing.

Children's Interagency and Systems Collaboration Committee – A consortium of providers of children's services identify and make recommendations to address systems problems. The Department chairs this meeting that is attended by representatives from DSS (child protective and preventative services), probation, department of drug and alcohol, and BOCES.

Medical Directors Meeting – Meets quarterly with the commissioner to address medical concerns that are relevant to all service providers.

Consumer Advisory Council – Recipients of mental health services meet with the commissioner on a regular basis to address planning and service delivery concerns.

NAMI Meeting – Local representatives from the National Alliance for the Mentally Ill meet with the Commissioner on a regular basis to provide guidance and input into the mental health planning process.

VESID Meeting – The Department is working collaboratively with the New York State VESID regional office to coordinate resources and to address the educational and vocational training concerns of mental health consumers.

Single Point of Entry for Adult Case Management, Assertive Community Treatment and Assisted Outpatient Treatment (SPOE) – All requests for these services are channeled

through the Department. A single application is completed; the Department makes a determination about eligibility and assures that those most in need gain access to case management and ACT. An application to SPOE could also be used to request that a client be assigned to the AOT program.

Single Point of Access for Adult Housing (SPA) – All requests for mental health housing is accomplished by completing a single universal application. It is reviewed by the Department, the NYS Office of Mental Health and housing providers who work in conjunction with one another to assure that housing resources are used for those most in need.

Single Point of Accountability for High Risk Children (SPOA) – Seriously emotionally disturbed children can gain access to in-home or residential services by submitting a single application to the Department. The material is reviewed by a committee including representatives from the Department, OMH and community providers who make a determination about the appropriate level of care for the child.

Child Mental Health Advocacy Committee – Chaired by the Department, it is attended by parent advocates and school system representatives who address transition issues for children leaving school and entering the adult mental health system.

Auspice Committee – Attended by Department, the NYS Office of Mental Health and the NYS Office of Mental Retardation and Developmental Disabilities. The committee’s purpose is to address issues related to serving particular clients who are mentally ill and developmentally disabled.

Collaborative Efforts with Other Systems of Care in the County

“No Wrong Door Initiative” – The Nassau County effort to better integrate services among the various health and human service divisions within the county. This effort is facilitated by the fact that all health and human service departments are located at the same site. This “No Wrong Door” feature simplifies client access to the different types of assistance required. This initiative also includes a “case of the week” component, where representatives from the different county departments make anonymous case presentations that identify system gaps that the committee members work to correct.

Service Coordination with Probation – The Department has regularly scheduled meetings with probation. One of the meeting address’ adult system and case specific concerns and the other is a Pre-Placement Screening Committee that coordinates care between probation and the mental health system for children and families.

Family Court Stakeholders Meeting – Is attended by representatives from the court system, DSS, probation and the Department. The purpose is to implement a “best practices” approach to coordinating and expediting needed care for individuals who appear before the court on custody visitation and abuse/neglect cases.

Person in Need of Supervision (PINS) Diversion Meeting – Representatives from Probation, DSS and the mental health system meet weekly to develop service plans designed to help children avoid the Family Court mandated PINS process.

Collaborative Justice Initiative (Integrated Mental Hygiene Court) Meeting - Representatives from the Department, Drug and Alcohol Department, Probation, District Attorney, Police, DSS, Sheriff and community based mental health providers meet on an ongoing basis to develop plans to develop a mental hygiene court part.

Provider Networks:

Coalition of Voluntary Mental Health Agencies - The membership of this group is comprised of representatives from all government supported mental health provider agencies. It meets on a regular basis to address planning and systems issues.

Children’s Interagency and Systems Collaboration Committee – A consortium of providers of children’s services identify and make recommendations to address systems problems. The Department chairs this meeting that is attended by representatives from DSS (child protective and preventative services), probation, department of drug and alcohol, and BOCES.

Local Consumer Networks:

The Department contracts with the Mental Health Association to operate the “Consumer Link” program. This is a consumer directed program, responsible for coordinating the advocacy efforts of consumers throughout the county. The program also provides peer support and education services.

The Department has also had an ongoing relationship with the Long Island Advocacy Center which provides advice, representation and training in educational advocacy to families of students with emotional disabilities and the mental health professionals who work with them.

Collaborative Efforts between the Provider and Consumer Networks:

Over the past decade, various initiatives have taken root that has formalized the role of consumers in program operations and policy development. Agencies are required to have consumer representation on their board of directors. In addition, consumer directed programs, such as Consumer Link and consumer run programs, i.e. Clubhouses and Affirmative Businesses have given consumers a far greater voice in shaping the way services are delivered.

Furthermore, there are region wide projects, such as the Annual Bi-County Consumer Empowerment Conference, that underscores the collaborative efforts of consumers and providers in instilling hope and promoting the concepts of recovery.

Collaborative Efforts between Provider and Family Networks:

Agencies have family representation on their board of directors and the Department contracts with a local NAMI chapter to provide support to families and educational services to the community and schools. NAMI also meets with the Commissioner of Mental Health on a regular basis to provide guidance and input into the mental health planning process.

The Department also has a contractual relationship with Long Island Families (LIFT) a regional chapter of Families together in New York State. This is a parent governed organization whose mission is to assure that all families on Long Island who are raising children with a serious social, emotional and behavioral disorder have access to the supports and services they need.

Impact of Service System Collaboration

The good news is that the improved level of interagency collaboration and communication has enhanced our ability to identify high need adults and children who, in the past, may not have been linked to the mental health system. This has improved access to services and our challenge is to be able to accommodate the greater demand for services that has placed a strain on our inpatient community based programs.

Overview of Mental Health Supports and Services in Nassau County

The New York State mental health system is faced with a variety of challenges emanating from the fact that the high need adult and child client constitutes a growing percentage of total number of persons served. This situation underscores the requirement that we continually evolve service delivery approaches in an ever changing environment. In Nassau County we have a wide range of programs but we wish to partner with OMH to provide for a more comprehensive and responsive array of clinical, rehabilitative and residential program alternatives.

Currently, there are forty three voluntary/not for profit and state agencies that provide mental health services to the citizens of Nassau County. Some clients are seen by more than one provider but our agencies report that they serve a duplicated count of over 46,000 individuals each year. The broad categories of services offered are Emergency Services, Inpatient Care, Single Points of Entry, Case Management, Assertive Community Treatment and Intensive In-home Services for Children, Assisted Outpatient Treatment, Community Residential Programs, Outpatient Treatment, Family Support Services, Skill Development Programming, Social and Recreational Services, Self Help and Peer Support, Forensic Mental Health, Advocacy Services, Legal Assistance, Discharge Planning from Inpatient, Medication Grant, Information and Referral, Professional Training and Community Education and Transportation.

Emergency Services

The objective of emergency programs is to achieve rapid psychiatric and medical stabilization, and to ensure the individual's safety. This service may be used when a crisis intervention cannot be provided by a client's current provider, or when the individual is not enrolled in a mental health program. Program categories included under emergency services are:

Psychiatric Emergency Room – Provides emergency psychiatric and medical evaluations 24 hours-a-day, 7 days a week. Clients not requiring hospitalization are referred to a community based service.

Adult Mobil Crisis Team – Functions as an alternative to a police intervention or assists police with the goal of minimizing a crisis in the community. The team evaluates the psychological condition, the functioning level, environment and safety of the individual in crisis. If needed the team will facilitate a psychiatric hospitalization or refer the client to an appropriate treatment provider in the community.

Children's Mobil Crisis Team – Provides short-term crisis interventions in the community to help reduce emergency admissions to children's inpatient programs. The team provides linkages to ongoing services, as needed.

Home Based Crisis Intervention – Provides intensive in-home services to families where one or more children are at serious risk of psychiatric hospitalization. Over a 4-6 week period the objective is to teach problem solving skills to the family, and linkage to community based supports. The counselor is available to the family 24 hours per day, 7 days a week.

Crisis Residential Services – Provides a short-term safe living environment for individuals who cannot remain in their current living environment, but whose condition does not require the structure and security of a hospital setting.

Disaster Mental Health Services – The Department's mental health disaster plan is incorporated into the Nassau County Disaster Plan. The purpose is to provide emotional support and referral services to those affected by a local or large scale disaster. The mental health response team consists of trained practitioners from our adult and children's mental health service system.

Inpatient Care

Provides 24 hour psychiatric care in a controlled environment. All programming occurs in the inpatient setting. Only individuals who exhibit the most severe psychiatric symptoms, or who require intensive inpatient evaluation are appropriate for this type of program. Inpatient care is categorized based on the amount of time a person is expected to remain in the hospital.

Acute Inpatient Care – The objective is to provide short-term treatment in an intensive hospital setting. The length of stay is as short as possible, typically ranging from a few days to up to 30 days. Upon discharge the client is linked to community treatment resources and supports.

Extended Inpatient Care – Provides long term inpatient care to individuals who are deemed as unable to function in a community setting. The length of stay is in excess of six months and when discharged the individual is connected with needed services and supports.

Single Point of Entry (SPOE) for Adults

All applications for Case Management, Assertive Community Treatment and Assisted Outpatient Treatment are processed through the Nassau County Department of Mental Health where eligibility is determined and assignments are made to the appropriate level of care.

Case Management and Assertive Community Treatment for Adults

Case Management for Adults – Provides outreach, care management and advocacy to psychiatrically disabled adults and children. Case management assists consumers in gaining access to needed medical, psychiatric, residential, social, vocational and other services that may be essential to maintaining or improving their level of functioning in the community.

Types of Case Management:

Intensive Case Management (ICM) – Is provided to clients who are “high risk” for hospitalization or homelessness. There may be drug or alcohol abuse and a forensic history as well as a serious impairment in ability to function in the community.

Supportive Case Management (SCM) – Is provided for the client who requires assistance to maintain or improve their level of functioning but is not deemed to be a high risk for hospitalization or homelessness.

Blended Case Management (BCM) – A team approach to case management where that includes ICM and SCM levels of care.

Assertive Community Treatment (ACT) for Adults – Serves adult clients who meet the criteria for ICM services and also demonstrate a refusal to engage in, or benefit from traditional treatment services. ACT is a multi-disciplinary team approach that includes social work, vocational counseling, drug and alcohol counseling, nursing and psychiatric care. Services are not office based; instead interventions take place at the client’s home or other natural setting.

Assisted Outpatient Treatment (AOT) for Adults

This is a court ordered service for the adult clients who are non-compliant with psychiatric medication and as a result decompensate and are deemed unable to live safely in the community. The initial AOT order lasts for six months and if renewed the order could last for another year. Mandated services include, but are not limited to, medication management and case management or ACT. The Nassau County Department of Mental Health is required to maintain oversight responsibility for all clients on AOT orders.

Single Point of Access (SPOA) for Children

All applications and referrals for intensive in-home and out-of-home services are made to the Nassau County Department of Mental Health. Once received, it is reviewed by a committee of providers to determine the appropriate level of care.

Intensive In-Home Services for Children

Case Management for Children – Provides outreach, care management and advocacy to psychiatrically disabled adults and children. Case management assists consumers in gaining access to needed medical, psychiatric, residential, social, vocational and other services that may be essential to maintaining or improving their level of functioning in the community.

Types of Case Management:

Intensive Case Management (ICM) – Is provided to clients who are “high risk” for hospitalization or homelessness. There may be drug or alcohol abuse and a forensic history as well as a serious impairment in ability to function in the community.

Supportive Case Management (SCM) – Is provided for the client who requires assistance to maintain or improve their level of functioning but is not deemed to be a high risk for hospitalization or homelessness.

Home and Community Based Services (HCBS Medicaid Waiver) for Children – This program provides support services, skill building and linkages for children who have a severe emotional disorder. Services are delivered at home or elsewhere in the community with the goal of avoiding placement of the child in a residential treatment facility or psychiatric hospital. Respite and Parent Advocate services can be accessed through HCBS. Recipients of this service must have been psychiatrically hospitalized for thirty days over the past twelve months.

Clinical Care Coordination Team for Children (CCCT) – Provides both case management and clinical services for seriously emotionally disturbed children who have resisted or not benefited from traditional services. Care is provided at the client’s home or other natural setting with the goal of preventing hospitalization, residential placement or homelessness.

Coordinated Children’s Services Initiative for Children (CCSI) – This is a case management like program for children who are at risk of out of home placement. Children receiving this service have multi-system involvement, (i.e. mental health, child protective services, probation). A variety of support services are made available to assist the child and family in functioning successfully while living in the community.

Residential Services for Children

Residential Treatment Facilities RTF for Children – Provides fully integrated mental health treatment and special education services under the direction of a psychiatrist, in a structured supervised residential setting. Most youngsters are served for an extended stay, between 6 months and 2 years.

Community Residences for Children – Six to eight children reside in a group home setting that includes structured therapeutic activities. Staff in the program work in shifts and provide 24 hour awake supervision.

Teaching Family Homes for Children – A family like environment for four children. A specially trained live-in couple provides continuous supervision and a therapeutic environment and attempts to reunite the child with the family upon discharge.

Family Based Treatment for Children – Occurs when the adult supervisors in a private home are trained as “professional parents” to provide a structured and therapeutic environment for one child. Additionally, a family specialist works with the biological parents to help them develop the skills necessary to have their child return home when possible.

Single Point of Accountability (SPA) for Adult Housing

All applications for adult housing that is licensed or funded by NYS Office of Mental Health are processed through a single location using a universal application form. Decisions about client access to housing are monitored by the NYS Office of Mental Health and the Nassau County Department of Mental Health with input from the agencies that provide the residential services.

Community Residential Programs for Adults

While there is an unmet demand for residential programs, there are a number of community-based housing options that may be accessed by the adult client. These programs are operated by not-for profit agencies or by the New York State Office of Mental Health.

Community Residences for Adults– These are group homes where clients reside for a limited period. There is 24-hour staffing and individualized rehabilitative services designed to promote client independent functioning. The adult residences house 8-12 beds.

Apartment Treatment for Adults– Apartments are shared by 2-3 adults, with staff visits occurring 2-5 days a week.

Supported Housing for Adults – Apartments for 2-3 individuals with staff visits occurring on at least a monthly basis.

Outpatient Treatment

Services are delivered in an ambulatory setting and the objective is to promote symptom stabilization and enhanced functioning for individuals and families. The various types of outpatient treatment offered are:

Partial Hospital for Adults – Provides intensive short term treatment designed to stabilize and ameliorate acute symptoms, to serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay.

Continuing Day Treatment (CDT) for Adults – The purpose is to stabilize or maintain one's psychiatric functioning and enable the client to develop skills that enhance their potential for successful integration in the community. The program is available five hours per day, five days a week.

Partial Hospital for Children/Adolescents – Provides short-term intensive treatment and special education. Services are available for up to ten hours each day and up to six days per week. The intent is to provide an alternative to hospitalization or to allow a child to leave the hospital sooner.

Day Treatment for Children – This is an intensive non-residential service for children or adolescents that is available five hours per day, five days per week. The program provides a blend of mental health and special education services.

Clinic Treatment for Adults and Children – Clinic services provided include assessment, treatment planning, individual, group and family therapy along with medication management. Linkages to other services are arranged where appropriate and discharge planning is also conducted. Case management and crisis intervention is provided as needed.

Specialized School Based Clinic – Certain schools receive on site clinic treatment services and where appropriate the client is linked to other mental health supports.

Family Support Services for Children

Provides supports to a family toward the objective of enhancing their capacity to care for their emotionally disturbed child and reduce the need for long term hospitalization. The primary services offered are Respite Care and Family Support Groups.

Respite Care – Provides temporary care to a seriously emotionally disturbed child or adolescent while offering relief to the family. Respite care may be provided on an emergency or planned basis and the service can be delivered either in-home or out of home.

Family Support Groups – Offers parents' mutual support by providing opportunities to share experiences with other parents of children with emotional or behavioral problems. Information is exchanged on available treatments, causes of emotional and behavioral problems and coping with raising a child with an emotional disability. The groups are co-lead by a parent advocate.

Skill Development Programs for Adults

These services are designed to help the individual achieve vocational, educational, social or residential life goals. The following programs deliver these types of services:

Clubhouse – The Clubhouse operates with the philosophy of client ownership, meaning that each member of the program is responsible for performing a function that contributes to the running of the Club. Each client is assigned to a team that performs the work that facilitates program operations. Some of the duties performed are clerical/reception, porter/maintenance and cooking. Members of these work units

develop skills and one may eventually become job ready. Individuals who reach that level of functioning can be placed in a competitive employment setting.

Job Training – This is a Department of Mental Health and NYS VESID funded service designed to assist the client in the development of the skills needed to gain employment.

Supported Employment – This entails job development - the matching of a client to a particular job; and job coaching - a support service designed to help the client maintain their employment.

Affirmative Business – This is an employment option for clients who help to run a business that is supported, to a significant degree, with income that is generated by the business.

Intensive Psychiatric Rehabilitation Treatment (IPRT) – Provides time limited skill development to assist individuals to achieve a more desired status in the areas of work, socialization, education and residential living.

Social and Recreational Services

Provides structured social and recreational activities for individuals who have difficulty making use of other community resources. Services are offered in the evening or on weekends toward the goal of improving the client's social and interpersonal skills.

Social Programs for Adults – Clients are given the opportunity to participate in group activities or other social outlets that promote interpersonal skill development and the greater use of community resources.

Therapeutic Recreation for Children – Is a structured setting designed to help children to improve their skills and to learn to get along with other children. Individualized attention can be provided, as needed.

Self Help, Peer Support

Knowledge and experiences of current and former recipients of mental health services is used to assist clients in their journey toward recovery. Outreach is provided to clients or services can be accessed through office visits or through phone contact.

Forensic Mental Health Services

The Department of Mental Health provides mental health evaluations and court testimony on individuals appearing before the County, District or Supreme Court. In addition, the Department provides consultation services on behalf of individuals in Family Court.

Advocacy Services

Individuals or families needing assistance in accessing services or with concerns about quality of care can receive support in dealing with private or government run organizations. These advocacy services are tailored to the needs of adults, children or family members.

Legal Services

Mental Hygiene Legal Services – Represents persons, at no charge, in judicial and administrative proceedings concerning admission, retention, transfer, treatment and guardianship. In addition to handling judicial proceedings, MHLS provides advice and representation regarding standards of care and other matters affecting the civil liberties of persons receiving care at facilities for the mentally disabled. MHLS can also be assigned as counsel or court evaluator in guardianship proceedings for persons in any type of facility.

Nassau Suffolk Law Services – Provides free legal services for clients with a mental illness on civil legal matters, primarily relating to government entitlement and landlord/tenant problems.

Discharge Planning from Inpatient

Specific discharge procedures are required under the laws and regulations of the NY State Office of Mental Health to insure continuity of care. Discharge plans are individually designed with client input to assure that individuals receive appropriate post hospital services. Discharge Coordinators from the Nassau County Department of Mental Health work collaboratively with the inpatient units and may participate in the pre-discharge and discharge planning conferences.

Medication Grant Program

Evolved from the 1999 legislation known as Kendra's Law. The law authorized county Mental Hygiene Directors to receive grants that enable mentally ill individuals that are released from jail and prisons or discharged from hospitals to purchase psychotropic medications for up to 90 days, while a Medicaid application is pending. This program

also allows the client to receive one outpatient visit for medication management, at no cost.

Information and Referral

The Mental Health Association, under the direction of the Nassau County Department of Mental Health, Mental Retardation and Developmental Disabilities, provides a comprehensive Information and Referral Service, which assists callers with information about mental health resources in Nassau County.

Training and Education

Education and training is provided for mental health professionals. In addition, educational programs are offered in the community to promote awareness of and to combat the stigma of mental illness.

Transportation

The Department contracts with a bus company to transport adults to and from their continuing day treatment or partial hospital program. The Department also provides Metro Cards to various day programs to facilitate client access to those services.

A. Population/ Estimated Prevalence

1. County population: 1,334,544¹

2. MH Subpopulations:

Population	Estimated Prevalence (Based on National Prevalence data)	Duplicate count of Individuals / Applicants served during 2005 in at least one of the Nassau County services described in the following tables:
ADULT (18 and over):		
Adults with MH Disorders who do not meet SPMI ² criteria	169,516 ³	27,170
Adults with MH Disorders who meet SPMI ² criteria	25,930 ³	15,956 ⁴
Jail	1,600 ⁵	1,440
Total: Adults with any MH Disorder	197,046	44,566
CHILDREN (17 and under):		
Children with MH Disorders who do not meet SED ² criteria (Age group 5-17)	31,109 ³	5,053
Children with MH Disorders who meet SED ² criteria (Age group 9-17)	19,563 ⁶	2,166 ⁷
Total: Children with any MH Disorder	50,672	7,219
Total: Children and Adult with any MH Disorder	247,718	51,785

Dual Diagnosis Prevalence based on Patient Characteristic Survey	
Children and Adult with any MH Disorder	
Mental Health and Chemical Dependency	42,112 ⁸
Mental Health and Developmental Disability	23,037 ⁸

¹ Populations cited here are from the 2000 census report.

² For definition go to page 39.

³ Mental Health: a Report of the Surgeon General, 1999.

⁴ Percentage of SPMI served is based on agencies' reports to the Department.

⁵ Bureau of Justice Statistics, "Mental Health and Treatment of Inmates and Probationers". Findings are based on self-reported data from the 1997 Survey of Inmates in State and Federal Correctional Facilities, the 1996 Survey of Inmates in Local Jails, and the 1995 Survey of Adults on Probation.

⁶ Children with SED, CMHS, Federal Register, Vol. 63, No. 137.

⁷ Percentage of SED served is based on agencies' reports to the Department.

⁸ Prevalence rates are based on 1999, 2001, 2003 NYS Office of Mental Health Patient Characteristics Survey. PCS results do not represent an unduplicated count.

B. Array of Services/Capacity (includes State operated):

Table lists Nassau County providers and the total number of individuals / applicants receiving services in each program type during the calendar year 2005.

1. Adult Services:

PROVIDER:	PROGRAM				
	Clinic	CDT	Partial Hosp.	IPRT	Inpatient
Angelo J. Melillo Center for Mental Health	✓				
Brunswick Hospital Center					✓
Catholic Charities	✓				
Central Nassau Guidance and Counseling Services, Inc.	✓	✓			
Family Residences & Essential Enterprises, Inc		✓			
Family and Children Association	✓				
Federation Employment & Guidance Service	✓				
Franklin Medical Center					✓
Health Insurance of Greater New York, Inc.	✓				
Hispanic Counseling Center, Inc.	✓				
Long Beach Medical Center	✓				✓
Long Island Jewish Medical Center	✓	✓	✓		✓
Mercy Medical Center	✓	✓	✓	✓	✓
Nassau University Medical Center	✓				✓
North Shore Child & Family Guidance Center	✓				
North Shore Creative Rehabilitation Center, Inc.		✓			
North Shore –LIJ Health System at Manhasset	✓	✓		✓	✓
North Shore –LIJ Health System at Glen Cove		✓			✓
North Shore –LIJ Health System at Syosset					✓
Peninsula Counseling Center	✓	✓			
Pilgrim Psychiatric Center		✓			✓
South Nassau Communities Hospital	✓		✓		✓
Southeast Nassau Guidance Center, Inc.	✓				
South Oaks Hospital			✓		✓
South Shore Child Guidance Center	✓				
Individuals / Applicants Served (during calendar year 2005)	16,764	1,008	874	124	5,904
* Totals may contain duplicate count.					
Daily Capacity based on OMH licensure	N/A	620	50	40	274 ¹

¹ Total represents inpatient beds located within Nassau County.

Adult Services (continued):

PROVIDER:	PROGRAM				
	Psych ER	Jail/Clinic	ACT	SPOE Applications	SPA Housing Applications
Angelo J. Melillo Center for Mental Health			✓		
Family and Children Association			✓		
Mercy Medical Center	✓				
Nassau County Department of Mental Health, MR / DD				✓	✓
Nassau University Medical Center	✓	✓			
North Shore –LIJ Health System at Manhasset	✓				
South Shore Association for Independent Living, Inc.			✓		
Individuals / Applicants Served (during calendar year 2005)					
	2,384	1,440	213	1,081	607
* Totals may contain duplicate count.					
Daily Capacity based on OMH licensure					
	N/A	N/A	204	N/A	N/A

PROVIDER:	PROGRAM			
	ICM / SCM	Blended CM	Clubhouse	Vocational and Employment Services
Central Nassau Guidance and Counseling Services, Inc.	✓	✓	✓	✓
Federation Employment & Guidance Service	✓			
Long Island Jewish Medical Center				✓
Mental Health Association of Nassau County, Inc.	✓	✓	✓	✓
Mercy Medical Center			✓	✓
North Shore –LIJ Health System at Manhasset			✓	✓
Peninsula Counseling Center			✓	✓
Pilgrim Psychiatric Center	✓			
The Rehabilitation Institute				✓
Individuals / Applicants Served (during calendar year 2005)				
	1,537	230	823	851
* Totals may contain duplicate count.				
Daily Capacity based on OMH licensure				
	1,032	188	N/A	N/A

Adult Services (continued):

PROVIDER:	PROGRAM					
	Mobile Crisis	AOT	AOT Voluntary Agreements	Forensic Services	Family Court MH Consultation	Discharge Planning
Mental Health Association of Nassau County, Inc.						✓
Nassau County Department of Mental Health, MR / DD		✓	✓	✓	✓	✓
Pilgrim Psychiatric Center	✓					
Individuals / Applicants Served (during calendar year 2005)						
	253	142	55	285	177	265
* Totals may contain duplicate count.						
Daily Capacity based on OMH licensure						
	N/A	N/A	N/A	N/A	N/A	N/A

PROVIDER:	PROGRAM				
	Medication Grant	Transportation	MH Services For the Deaf	Drop-In Center	Financial Management
Central Nassau Guidance and Counseling Services, Inc.		✓	✓		
Long Island Jewish Medical Center		✓			
Mental Health Association of Nassau County, Inc.		✓			✓
Mercy Medical Center				✓	
Nassau County Department of Mental Health, MR / DD	✓	✓			
North Shore –LIJ Health System at Manhasset		✓			
Peninsula Counseling Center				✓	
Individuals / Applicants Served (during calendar year 2005)					
	328	1,471	19	70	632
* Totals may contain duplicate count.					
Daily Capacity based on OMH licensure					
	N/A	N/A	20	N/A	N/A

Adult Services (continued):

PROVIDER:	PROGRAM				
	Apartment Treatment	Community Residence	Supported Housing	Crisis Residential Services	Family Care
Angelo J. Melillo Center for Mental Health		✓	✓	✓	
Central Nassau Guidance and Counseling Services, Inc.	✓	✓	✓		
Circulo de la Hispanidad, Inc.			✓		
Family Residences & Essential Enterprises, Inc	✓	✓	✓		
Family and Children Association		✓			
Federation Employment & Guidance Service			✓		
Federation of Organizations	✓	✓	✓		
Hispanic Counseling Center, Inc.			✓		
Long Island Jewish Medical Center	✓		✓		
Mental Health Association of Nassau County, Inc.	✓	✓	✓		
Mercy Haven, Inc.		✓			
Mercy Medical Center		✓	✓		
Multi- Talents, Inc.			✓		
Phoenix House of Long Island, Inc.		✓			
Pilgrim Psychiatric Center		✓		✓	✓
Residential Experience in Adult Living, Inc.	✓	✓	✓		
South Shore Association for Independent Living, Inc.	✓	✓	✓		
Transitional Services of Long Island for NY, Inc.		✓			
Individuals / Applicants Served (during calendar year 2005)	200	448	733	28	76
* Totals may contain duplicate count.					
Daily Capacity based on OMH licensure	177	376	687	11	76

Adult Services (continued):

PROVIDER:	PROGRAM			
	Advocacy	Peer Advocacy	Information & Referral	Education & Training
Long Island Advocacy Center	✓			
Mental Health Association of Nassau County, Inc.	✓	✓	✓	✓
Mental Hygiene Legal Services	✓			
Nassau – Suffolk Law Services	✓			
Individuals / Applicants Served (during calendar year 2005)	1,059	165	3,750	625
* Totals may contain duplicate count.				
Daily Capacity based on OMH licensure	N/A	N/A	N/A	N/A

2. Children's Services:

Table lists Nassau County providers and the total number of individuals / applicants receiving services in each program type during the calendar year 2005.

PROVIDER:	PROGRAM				
	Clinic	Day Treatment	Partial Hosp.	Inpatient	Home Based Crisis
Angelo J. Melillo Center for Mental Health	✓				
Brunswick Hospital Center				✓	
Catholic Charities	✓				
Central Nassau Guidance and Counseling Services, Inc.	✓				
Family and Children Association	✓				
Federation Employment & Guidance Service	✓				
Health Insurance of Greater New York, Inc.	✓				
Hispanic Counseling Center, Inc.	✓				
Long Beach Medical Center	✓				
Long Island Jewish Medical Center	✓	✓		✓	
Nassau University Medical Center	✓			✓	
North Shore Child & Family Guidance Center	✓				
North Shore –LIJ Health System at Manhasset	✓				
Peninsula Counseling Center	✓				
Sagamore Children's Psychiatric Center		✓		✓	
South Nassau Communities Hospital	✓				
Southeast Nassau Guidance Center, Inc.	✓				
South Oaks Hospital			✓	✓	
South Shore Child Guidance Center	✓				✓
Woodward Children's Center		✓			
Individuals / Applicants Served (during calendar year 2005)	4,588	179	125	561	23
* Totals may contain duplicate count.					
Daily Capacity based on OMH licensure	N/A	118	N/A	10¹	N/A

¹ Only 10 of Children inpatient beds are in Nassau at NUMC, all others are shared bed with adjoining counties.

Children's Services (Continued):

PROVIDER:	PROGRAM					
	Mobile Crisis	Home Community Based Waiver	Family Based Treatment	ICM / SCM	SPOA Applications	CCSI
Family and Children Association		✓				
Federation Employment & Guidance Service				✓		
Nassau County Department of Mental Health, MR / DD					✓	
North Shore Child & Family Guidance Center			✓			✓
South Shore Child Guidance Center	✓					
Individuals / Applicants Served (during calendar year 2005)	79	84	14	119	231	120
* Totals may contain duplicate count.						
Daily Capacity based on OMH licensure	N/A	40	20	60	N/A	24

PROVIDER:	PROGRAM				
	CCCT	Family Support	School Based Services	Teaching Family Home	Discharge Planning
Catholic Charities				✓	
Family and Children Association		✓			
Mental Health Association of Nassau County, Inc.					✓
North Shore Child & Family Guidance Center	✓	✓	✓		
South Shore Child Guidance Center			✓		
Individuals / Applicants Served (during calendar year 2005)	27	252	209	14	49
* Totals may contain duplicate count.					
Daily Capacity based on OMH licensure	20	N/A	N/A	16	N/A

Children's Services (Continued):

PROVIDER:	PROGRAM		
	Therapeutic Recreation	Residential Treatment Facility	Crisis Residence
Family and Children Association	✓		
Madonna Heights Services		✓	
Mental Health Association of Nassau County, Inc.			✓
St. Christopher - Otilie		✓	
mercyFirst		✓	
Individuals / Applicants Served (during calendar year 2005)	93	9 ¹	12
* Totals may contain duplicate count.			
Daily Capacity based on OMH licensure	N/A	N/A ²	N/A

PROVIDER:	PROGRAM		
	Community Residence	Respite	Advocacy
Family and Children Association	✓	✓	
Long Island Advocacy Center			✓
mercyFirst	✓		
North Shore Child & Family Guidance Center		✓	
St. Christopher - Otilie	✓		
Woodward Children's Center		✓	
Individuals / Applicants Served (during calendar year 2005)	22 ³	311	80
* Totals may contain duplicate count.			
Daily Capacity based on OMH licensure	N/A ⁴	N/A	N/A

¹ Only 9 of children served are from Nassau County.

² Bicity daily capacity for RTF is 28.

³ Only 22 of children served are from Nassau County.

⁴ Bicity daily capacity for CR is 24.

Performance and Quality of Care - Trends

Significant Trends:

- Over the past few years, adult psychiatric inpatient bed utilization is at 100% and sometimes higher.
- There has been a significant increase in psychiatric inpatient bed usage by children.
- Consistent with national trends, the decrease in adult inpatient bed access has correlated with an increase in the number of mentally ill persons in jails or prison.
- An increase in the size of waiting lists at outpatient mental health clinics. Agency representatives attribute this to inadequate funding.
- There continues to be a great demand for case management, ACT and mental health housing services.

Over the past six months the Nassau County Department of Mental Health has taken important steps that improve our ability to monitor agency performance, track service delivery trends and assess the quality of care provided. The specific enhancements we have made are as follows:

- Revised the COPS Agreement – This agreement between the Department and our COPS funded providers was updated to better describe the agency’s responsibility for service coordination and statistical reporting to the Department.
- Modified the Contract Narrative – Agencies are now required to not only describe the service they deliver but to identify, in quantified terms, the desired outcome the client will achieve as a recipient of the service. Agencies must also explain their methodology for tracking individual client change over time and the process for aggregating results on a program wide basis.
- Program Evaluations – The Department has reorganized to assure that each year, every contracted program is evaluated via a desk audit and an on site review. Consumer perception of the quality of services received is an important part of this evaluative process.
- Child and Adult Information Reporting System (CAIRS) – The Department has worked closely with NYS Office of Mental Health to revise the CAIRS software so that we can use this web based program as the method for managing the single point of entry for adult case management, ACT and AOT.

Unmet Needs and Recommendations

Need #1 - Additional Funding to Offset Losses in Medicaid Revenue and to Address the Fiscal Needs of 100% Funded Programs

Target Population: Adults and Children

The current OMH funding strategy is largely dependent upon Medicaid income; however, the income produced from serving the existing pool of Medicaid clients is inadequate to support current operations. Furthermore, new program models cannot be implemented due to unrealistic Medicaid revenue expectations that are built into the OMH funding models.

In addition, the 100% OMH funded programs are also jeopardized since they have received only nominal funding increases over the last decade.

Recommendation to Address Need # 1

That OMH recognize that Medicaid income is an unreliable funding stream, and that in order to maintain current operations, NYS must look to other funding sources to supplement Medicaid revenue. New initiatives should also be budgeted by OMH with less of a reliance on Medicaid; otherwise the ability to offer new and invaluable services is seriously compromised.

Finally, the 100% funded programs must receive annual increases that are representative of the cost of living in Nassau County. Anything less undermines the fiscal integrity of the program.

Need #2 – For Improved Access to Structured Residential Treatment for Adults

This need has developed due to the following:

Limited Access to NYS Inpatient Beds

In 1997, there were 171 Nassau County adult clients were admitted into the Pilgrim Psychiatric Center. For year 2005 there were 57 admissions. This represents a loss of access to 114 inpatient beds for adults.

Limited Access to Article 28 Beds

The inpatient unit at North Shore University Hospital (Plainview) closed in 1997 (28 beds); the Island Medical Center closed in 2003 (33 beds). In addition, there are previously approved beds that are no longer in use, 10 at Mercy Medical Center and 4 at Nassau University Medical Center (NUMC). Therefore, since 1997 there has been a loss of access to 75 Article 28 beds.

Continued Demand for Inpatient Care

The increased number of community residential beds for adults, the implementation of three ACT teams and additional case management slots have not offset the loss in inpatient bed capacity. This is evidenced by the fact that, since 1997, the acute care adult bed utilization rate has increased from 84.5% to approximately 100%.

This continued demand for inpatient beds is related, in part, to the fact that the high need clients (MICA, MI/MR and MI/Forensic) and the AOT and the AOT eligible client can remain hospitalized for a protracted period due to the difficulty involved with placing these individuals into structured residential care.

The issue of increased hospital usage is also affected by ongoing efforts to improve interagency collaboration. This process, which has included the “No Wrong Door” initiative in Nassau County, where we have co-located all health and human service agencies, has led to an enhanced ability to identify high need adults and children who, in the past, may not have been linked to the mental health system.

Recommendation to Address Need #2

Community Based Structured Residential/Treatment Alternatives to Hospitalization - This recommendation takes into account that individuals should be treated in the least restrictive environment possible, thus the intent is to avoid an over reliance on inpatient care. However, there needs to be greater recognition of the fact that the downsizing of inpatient capacity has not been complemented with an adequate array of residential alternatives. Therefore, we recommend the establishment of structured living arrangements that could function as “Transitional” residential/treatment settings for high need (MI/MR, MICA, MI/Forensic) individuals that do not require psychiatric hospitalization.

This service model would require a new type of licensure and a specialized level of reimbursement to deliver outpatient residential/treatment programming on the grounds of local hospitals. This idea has not been fully explored but it

circumvents any community resistance to residential programming; and it would free up bed capacity in the inpatient units and in community based housing.

Enhanced Inpatient Reimbursement Rate for MI/MR Clients – Effective inpatient care for this population requires exceptional resources (e.g., space requirements, intense staff to client ratios, extraordinary disposition planning and higher housekeeping costs. One of our facilities reports a 250% increase in nursing cost due to the need for one to one care for this population. Clearly, an appropriate adjustment of the reimbursement rate would enhance quality care and improve the ability of hospitals to return the MI/MR client to community life.

Need #3 – Increased Supply of Community Residential Beds

Target Population: Adults

Since 1997, Nassau County lost access to 189 psychiatric inpatient beds for adults. As indicated above, our intent is not to replace these beds but to provide for appropriate, community based alternative living arrangements.

This need for additional mental health housing is further evidenced by the fact that Nassau County has 592 fewer residential beds than our adjoining county, Suffolk. This figure is based on OMH Bridges data.

Recommendation to Address Need #3

In addition to the aforementioned recommendation for the development of community based “Transitional” residential treatment, there is also a need for people who cannot live in shared housing and require more support than offered in scatter site apartments. Therefore, we recommend that additional apartment treatment beds be established that are clustered in such a way that 24 hour staff could be on the premises in a separate apartment.

Need #4 Mental Health Court

Target Population:

- Adults with severe and persistent mental illness who have repeatedly come into contact with the criminal justice system.
- Individuals with a history of non-compliance with treatment resulting in criminal or violent behavior.

- Individuals whose mental illness is related to their current criminal justice involvement and whose participation in the court will not create an increased risk to public safety

Estimated Cost: \$400,000

Of the 11 million individuals who enter the criminal justice system annually in the United States, 800,000 suffer from a severe mental illness. The incarcerated mentally ill are four times more likely to be the victim of violence, are more likely to suffer sanctions, will be convicted of more serious, and be sentenced to longer periods in jail or prison for the same behaviors than non-mentally ill individuals. The rate of recidivism for this population is greater than 60%. In total, there is four times the number of mentally ill persons in jails or prison as there are in psychiatric hospitals. In Nassau County, The Sheriff's department discharges 10,000 people per year from the Correctional Center. He estimates that about 20% are known to the mental health system. The Correctional Center has a mental health housing unit and 5 forensic beds at the Nassau University Medical Center.

Recommendation to Address Need #4

In order to address the emerging needs of this special population of mentally ill individuals who repeatedly come into contact with the criminal justice system, the Department of Mental Health is proposing the following comprehensive initiative to assist this population in gaining access to better long-term care, to meet their acute treatment needs, to reduce their length of stay in jails or prisons, and to appropriately divert such severely mentally ill out of the criminal justice system and back into the mental health system and the community. The Department proposes to develop, monitor and coordinate the creation of a mental health court, a forensic linkage program, as well as crisis intervention and court diversion initiatives to address this serious problem.

Mental health courts are specialized court parts that seek to craft a meaningful response to the problems posed by defendants with mental illness in the criminal justice system. Addressing both the treatment needs of defendants with mental illness and the public safety concerns of communities, mental health courts link defendants with mental illness to long-term treatment as an alternative to incarceration. Jail diversion programs have proven effective in other jurisdictions in significantly reducing the rate of jail-recidivism. In Dade County, FL., the rate of recidivism was reduced from 70% to 18%, public safety was enhanced, police injuries have decreased and an estimated savings of \$2.3 million dollars were saved in jail and court costs annually.

In Nassau, we are proposing the creation of a Forensic Linkage program that would provide a comprehensive approach to identifying the at-risk individual, to assessing his or her needs across the spectrum of psychiatric and social services,

to rapidly securing referrals and to assess the possibility of diverting the individual's legal case into treatment. Then, the Linkage team would closely monitor the individual as he or she transitions out of the criminal justice system safely back into the community.

Program Goals

- Early Identification of at-risk individuals
- Improve public safety
- Reduce length of time in jail or prison for offenders with mental illness
- Use overtaxed criminal justice resources more efficiently
- Improve court's ability to identify, assess and monitor offenders with mental illness
- Improve quality of life for people with mental illness
- Improve coordination between the mental health and criminal justice systems

Collaborative Justice Program Components:

To achieve these goals, the Department's Collaborative Justice Program will develop a mental health court and linkage programs that will adopt several operating principals that have proven successful in other jurisdictions:

- Coordination of services with a broad network of government and not-for-profit service providers to address interrelated problems that defendants face, including substance abuse, homelessness, joblessness, and serious health problems.
- Close collaboration among a broad-based group of stakeholders: judges; court administrators; prosecutors; defense attorneys; public mental health and substance abuse agencies; community-based providers of mental health treatment, substance abuse treatment and related services; law enforcement, corrections and probation agencies; people with mental illness, their family members, and mental health advocates; crime victims; and other community members.
- Accountability of the defendant for his or her actions.
- The principal components to the Collaborative Justice Program are:
 - Mental Health Court
 - Forensic Linkage Program
 - Crisis Intervention Team(s)
 - Jail diversion program(s)

Partners:

- Nassau County Department of Mental Health
- Nassau County Courts

- Nassau County Corrections
- Nassau University Medical Center
- The Nassau County Police Department
- Nassau County District Attorney
- Nassau County Probation

The Process:

- The process can be broken into three areas – Prevention, Detention, and Supervision
- Prevention activities include mental health services, crisis intervention, hospitalization and monitoring with AOT. Housing is a large component of prevention but is not included because of the lack of Mental Health Housing in the County (primarily due to NIMBYism).
- Detention includes detention in the correctional center, a jail/prison, or a forensic hospital.
- Supervision includes supervision by probation, the AOT program or court ordered supervision as an alternative to incarceration that we currently do not have as a formal program.

Need # 5 – Improved Access to Mental Health Care for Children

Problem:

Over the past decade there has been a marked increase in inpatient bed usage by children. This is evidenced by the fact that the level of utilization at the Sagamore Children’s Psychiatric Center continues to be above 100%. Moreover, when a child in one of our acute care facilities has been approved for admission to Sagamore it can take months before the transfer occurs.

As with the adult system, various initiatives have been implemented that are designed to avoid hospitalization; however, the number of inpatient days used by children has increased significantly. At NUMC there were 3023 patient days in 1997. For the year 2003 the number of days was 3523 (a 16.5% increase). During the same period, the number of inpatient day at Sagamore increased from 5827 to 7130 (22% increase).

Recommendation to Address Need # 5

There is a growing body of evidence that earlier intervention for children with an emotional disorder can prevent the need for psychiatric hospitalization. In light of this, the Department looks forward to partnering with OMH in efforts to assure that mental health care is delivered to children and families in need. We are pleased that OMH is planning to expand the Home and Community Based Waiver program, as we are very interested in increasing the capacity of that very important service. Furthermore, we are eager to implement OMH initiatives to

improve service coordination between schools and the mental health system, such as Child and Family Clinic-Plus. We are hopeful that this program will allow for earlier identification of children and family's who would benefit from evidenced based mental health care; thereby decreasing the need for out of home placements.

Other Priority Needs:

- Case Management and ACT slots – The case manager or ACT team is the linchpin to assuring the continued community based tenure for many of our high need clients. Additional financing is needed to keep pace with the request for these services.
- Electronic Case Record – There is a great need to capitalize on computer technology to create efficiencies in case recording. It is our recommendation that OMH finance individual counties to work with their stakeholders to create electronic and uniform case recording procedures that advance quality care and meets the requirements of oversight bodies.
- Improved Transportation Availability – Insufficient transportation has a strong adverse effect on the quality of life of the clients we serve. Limited access to this resource not only impedes one's ability to independently access traditional mental health service but it restricts access to employment and the development of a social life.
- Mobile Crisis Team – Currently we have one Team, which is operated by Pilgrim Psychiatric Center. This is an invaluable service; however we need to increase our capacity in this area in order to meet the demand for mobile crisis services.

Current Resources Available to Address Unmet Needs

Nassau County already uses a single point of access process to assure that those most in need receive access to mental health housing. The main problem is the lack of appropriate residential care for this clientele. This is a long standing concern that is related to the public's resistance to community based mental health housing and the fact that reimbursement rates to operate the current housing programs is barely adequate. In Nassau County we are interested in advancing a planning process around the idea of creating a new service model, a "transitional system", for the high need client.

Regarding the mental health court, Nassau County is willing to finance 50% of this operation. Furthermore, as indicated in the recommendation, the importance of this initiative is such that Nassau County will also devote resources from various other departments and agencies to ensure the success of this program.

Assistance Needed to Implement County Strategies:

The above recommendations for the “Transitional” program and the apartment treatment beds require licensure from OMH. We also need OMH assistance to establish enhanced inpatient reimbursement rates to treat the MI/MR client. We are seeking a NYS match of the county allocation to operate the Mental Health Court and we are hopeful that the state finances initiatives for added case management and ACT, electronic case record development, transportation and mobile crisis.

Goals

Our initial goal is to maintain the integrity of our current mental health care delivery system that is threatened by the dependence on Medicaid. Clearly alternate funding approaches must be explored and implemented. Furthermore, we want to improve upon the level of funding to the 100% OMH financed programs, which has been largely neglected over the past decade.

It is also crucial that the appropriate level of importance be given to the fact that the effectiveness of any program is based on the quality of the interaction between the client and the direct care provider. However, insufficient funding has kept salaries low; therefore, there is significant turnover of personnel. The result is that talented, experienced and knowledgeable staff is continually being replaced with new recruits.

It is also our goal that OMH implement our recommendations and allow for the licensure of the “Transitional Housing” model and increase the number of apartment treatment beds for the individual that is unable to live in shared housing.

We want to increase the number of slots for case management, ACT and Home and Community Based Waiver, knowing that access to these services has been instrumental in improving quality of life and in maintaining ones status in the community. It is crucial that the schools and the mental health system implement better early intervention methods to avoid out of home placements and we need to enhance the current transportation network, to improve client access to traditional services, employment and socialization opportunities. Furthermore it is also our hope that we can augment the existing mobile crisis service which is often times unable to keep pace with the requests that it receives.

We also look forward to successfully addressing the concern relative to client record keeping and the need to update our systems for monitoring agency performance and client outcomes. Client case recording is an expensive, time consuming component of any program operation with significant quality of care and recovery implications. The paperwork protocols for writing assessments, treatment plans, progress notes and discharge plans vary from one provider to another; but we are now at the point in the evolution of the mental health system where the oversight bodies, providers, and consumers of services should be able to agree on standardized best practices for case recording.

The current ambiguity that revolves around case recording requirements not only makes agencies vulnerable to Medicaid sanctions but the record keeping process losses its value as a component to the service delivery process. It is our recommendation that OMH finance individual counties to development, along with their stakeholders, an electronic case record that standardizes practice relative to client record keeping. We envision that if such a system was maintained on a secure, web based application that it would not only promote individualized, high quality record keeping, but that it would improve service

coordination among providers. Furthermore, such a system would be able to track client change over time and produce reports that enable stakeholders to monitor program performance and client outcomes. It is also apparent that such a system would create remarkable operational efficiencies. Case recording would be greatly streamlined and many more opportunities for service delivery would be created.

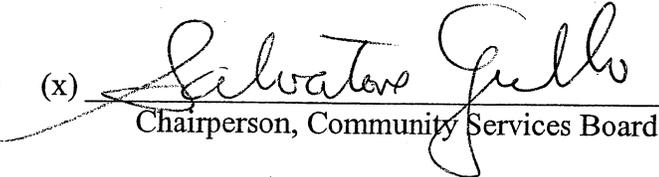
County Government Assurances

We certify that the Plan for Mental Health Services, which includes information on programs and services, has been submitted to the Community Services Board, and that the Mental Health Subcommittee of the Board has been authorized to evaluate the Plan for its consistency with the needs of persons with serious mental illness including children and adolescents with serious emotional disturbances.

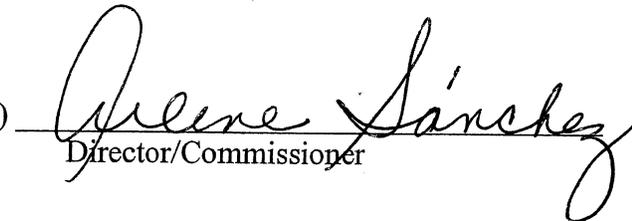
Date: 7/14/06

(x) 
Chairperson, Mental Health Subcommittee

Date: 7/14/06

(x) 
Chairperson, Community Services Board

Date: 7/14/06

(x) 
Director/Commissioner

Appendix I:

Definitions

► Mental Illness

As defined by NYS Mental Hygiene Law, Section 103:

“Mental illness” means an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking or judgment to such an extent that the person afflicted requires care, treatment and rehabilitation.

► Serious and Persistent Mental Illness (SPMI)

One is determined to be seriously and persistently mentally ill if the person has a diagnosable mental illness that is marked by an impairment which seriously interferes with the ability to function independently, appropriately and effectively. The illness and impairment in functioning is one that persists or manifests itself over a prolonged period of time. The areas in which functional limitations in capacity are manifested as a result of the individual’s psychiatric impairment are the following:

- Self-care
- Social functioning
- Activities of daily living
- Economic self sufficiency
- Self direction
- Concentration

► Serious Emotional Disturbance among Children and Adolescents (SED)

To be considered a child or adolescent with serious disturbance A must be met. In addition, B or C must be met:

A. Designated Emotional Disturbance Diagnosis

The youngster is younger than 18 years of age and currently meets the criteria for a DSM-IV psychiatric diagnosis other than alcohol or drug disorders (291.xx-292.xx, 293.xx-305.xx) organic brain syndromes (290.xx, 293.xx-294.xx), developmental disabilities (299.xx, 315.xx-319.xx), or social conditions. ICD-9-CM categories and codes that do not have an equivalent in DSM

AND

B. Extended Impairment in Functioning due to Emotional Disturbance

The youngster must meet 1 and 2 below:

1. The youngster has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional problems must be at least moderate in at least two of the following areas or severe in at least one of the following areas:

- a) Self-care (personal hygiene; obtaining and eating food; dressing; avoiding injuries),
- b) Family life (capacity to live in a family or family-like environment; relationships with parents substitute parents, siblings and other relatives; behavior in family setting).
- c) Social relationships (establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time).
- d) Self-direction/self-control: (ability to sustain a focused attention for long enough periods of time to permit completion of age appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability).
- e) Learning ability (school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

2. The youngster has met criteria for ratings of 50 or less on the Global Assessment of Functioning scale (GAF) due to emotional disturbance for the past 12 months on a continuous or intermittent basis.

OR

C. Current Impairment in Functioning with Severe Symptoms

The youngster must meet 1 and 2 below:

1. The youngster currently meets criteria for a rating of 50 or less on the Global Assessment of Functioning (GAF) scale due to emotional disturbance.

2. The youngster must have experienced at least one of the following within the past 30 days.

- a) Serious suicidal symptoms or other life-threatening, self-destructive behaviors.
- b) Significant psychotic symptoms (hallucinations, delusions, bizarre behavior).
- c) Behavior caused by emotional disturbances that placed the youngster at risk of causing personal injury or significant property damage.

Appendix II: Single Points of Entry

Application Process:

- **Assertive Community Treatment**
- **Intensive Case Management**
- **Supportive Case Management**
- **AOT**

All applications can be obtained from the Nassau County Department of Mental Health's (SPOE) Single Point of Entry:

SPOE Coordinator

Nassau County Department of Mental Health, Mental Retardation and Developmental Disabilities
60 Charles Lindbergh Boulevard
Suite 200
Uniondale, NY 11553-3687
516-227-7058

Eligibility Criteria:

Those targeted for the ACT ICM/SCM services are a subset of the SPMI population who are un-served or underserved in the existing system. They are the most difficult to treat clients with indicators in their histories such as repeated hospitalization, reluctance to use traditional programs, problems with medication compliance, frequent crises, absence of a social or constructive family network, the display of severe psychiatric symptomology when confronted with only mild to moderate degrees of stress, need for daily structure and/or difficulty in self monitoring.

OMH has developed the following guidelines to identify four subgroups from the SPMI population:

- A. High Risk/Heavy Users – This population is typically known to staff in emergency rooms, acute inpatient units, state psychiatric centers as well as to providers of other acute and crisis services. Persons in this group most often use inpatient and emergency programs when they access services at all.

Patients who cycle in and out of state hospital psychiatric inpatient care for relatively short periods of stay (less than 90 days) fall into this group. Many have multiple disabilities including drug abuse, alcohol abuse or developmental disabilities.

Also included in this group are “High Risk” patients including those who are homebound. These individuals are known to be seriously disabled, yet generally do not access services until they are no longer able to be maintained in their homes by relatives, family or friends.

- B. Extended Care State Psychiatric Center Patients – These are long term inpatients, i.e., 90 days or longer, who could be discharged but are not because of the absence of needed resources in the community. Many of these patients are in psychiatric treatment/rehabilitation units and include ambulatory elderly who do not need a nursing facility (NF) level of care but require psychiatric treatment or rehabilitation services to be able to live in the community.

- C. Mentally Ill Individuals Who are Homeless - Individuals who are homeless and mentally ill and who live on the streets or in shelters. These individuals are frequently unattached or ineffectively attached to the mental health care system. Within this group there is considerable diversity.

Application Process: Single Point of Access for Adult Mental Health Housing

There is a universal application for housing that may be obtained and returned to:

Single Point of Access for Housing (SPA)
Pilgrim Psychiatric Center
Building 72-2
998 Crooked Hill Road
Brentwood, NY 11717
631-231-3562

Eligibility Criteria:

Each applicant must have a serious and persistent mental illness

AND

SSI or SSDI Enrollment due to a mental illness: the individual is enrolled in SSI or SSDI due to a designated mental illness

OR

Extended Impairment in Functioning due to Mental Illness: The individual must have at least 1 of the following:

The individual has experienced two of the following four functional limitations due to a designated mental illness over the past 12 months on a continuous or intermittent basis:

- Marked difficulties in self-care (personal hygiene; diet; clothing; avoiding injuries; securing health care or complying with medical advice)
- Marked restriction of activities of daily living (maintaining a residence; using transportation; day-to-day money management; accessing community services)
- Marked difficulties in maintaining social functioning (establishing and maintaining social relationships; interpersonal interactions with primary partner; children; other family members; friends; neighbors; social skills; compliance with social norms; appropriate use of leisure time)
- Frequent deficiencies of concentration, persistent or pace resulting in failure to complete tasks in a timely manner in work, home or school settings (ability to complete tasks commonly found in work settings or in structured activities that take place in home or school settings; individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in tasks or require assistance in the completion of tasks)

The individual has met criteria for ratings 50 or less on the Global Assessment of Functioning Scale (Axis V of CSM VI) due to a designated mental illness over the past twelve months on a continuous or intermittent basis.

OR

Reliance on Psychiatric Treatment, Rehabilitation and Supports

A documented history shows that the individual, at some prior time, met threshold for above but symptoms and/or functioning problems are currently attenuated by medication or psychiatric rehabilitation and supports. Medication refers to psychotropic medications which may control certain primary manifestations of mental disorder. Psychiatric rehabilitation and supports refer to highly structured and supportive settings, which may greatly reduce the demands placed on the individual and, thereby, minimize overt symptoms and signs of the underlying mental disorder.

Application Process: Single Point of Access/Accountability Systems for Children

There is a Single Point of Access (SPOA) form is used to apply to a range of intensive in-home or out of home services for children: Applications can be received from:

SPOA Coordinator

Nassau County Department of Mental Health, Mental Retardation and Developmental Disabilities
60 Charles Lindbergh Boulevard
Suite 200
Uniondale, NY 11553-3687
516-227-7058

Recipients of SPOA services must meet the criteria for serious emotional disturbance as described in the appendix A: Definitions.

Appendix III: COPS Provider Agreement

PROVIDER AGREEMENT

Agreement made this _____ day of _____, 2006 between the County of Nassau ("County") and, _____ a provider of outpatient mental health services duly licensed pursuant to Title 14 of the New York Code of Rules and Regulations ("Provider").

WHEREAS it is the intention of the parties that there be a system for the provision of comprehensive outpatient mental health services, and

WHEREAS it is agreed that the county shall designate certain providers to serve as comprehensive outpatient providers,

NOW, THEREFORE it is agreed by and between the parties that:

FIRST: The County shall, and hereby does, designate the Provider as a comprehensive outpatient provider. (For multi-site providers: This designation shall apply to the programs and sites specified in Appendix A.)

SECOND: This designation shall be effective January 1, 2006, and shall remain in effect until December 31, 2006, subject to Provider's compliance with the terms of this agreement.

THIRD: This designation shall entitle the Provider to be reimbursed under the medical assistance program pursuant to the provisions of Part 592 of Title 14 of the New York Code of Rules and Regulations.

FOURTH: The Provider agrees that access and admissions to services is based upon service availability, and not on an individual's ability to pay for such services.

FIFTH: The Provider shall provide initial assessment services within five business days for individuals referred from inpatient or emergency settings and within two business days for individuals referred from a partial hospital program. All referrals must be clinically appropriate and follow the procedures described in the Nassau County Department of

Mental Health, Mental Retardation and Developmental Disabilities “Memorandum of Understanding” attached hereto as Appendix C.

SIXTH: The Provider shall give priority access to clinically appropriate services to individuals who are seriously and persistently mentally ill, or children with serious emotional disturbance. Each program shall develop written policies and procedures to ensure access to such individuals.

SEVENTH: The Provider shall submit, on a timely basis, all cost, utilization, program or clinical reports or documentation requested by the County or the New York State Office of Mental Health (hereinafter “OMH”), to the extent permitted under Section 33.13 of the Mental Hygiene Law.

EIGHTH: The Provider shall provide or arrange for provision of 24 hour per day, 7 day per week emergency mental health services. (The agreement may permit newly designated providers up to ninety (90) days from designation to implement this provision.)

NINTH: The Provider shall review no less than annually the treatment, support and recovery status of each enrolled patient. Such review shall be documented in the patient's case record consistent with OMH licensure requirements, and shall include consideration of such matters as the patient's readiness for discharge, the need for enrollment in psychiatric, educational or vocational rehabilitation services, the ability to return to work with or without support, and the patient's continued appropriateness for program enrollment.

TENTH: The Provider shall assist the County in the development of its annual mental health plan, and shall participate in the implementation of such plan.

ELEVENTH: The Provider shall participate in the County Plan for emergency mental health services.

TWELFTH: The Provider shall produce no less than 90.9% of the average number of visits that were reimbursable by medical assistance in the most recently completed three year period. (Appendix B specifies the expected number of visits to be generated in year 2006).

THIRTEENTH: The Provider shall develop a sliding fee scale based upon ability to

pay.

FOURTEENTH: The Provider shall exercise due diligence to publicize, assess and collect its fees.

FIFTEENTH: The Provider shall directly provide or arrange for the provision of case management, home visiting and other services to maintain patients in programs and minimize the absence of patients from treatment. (The agreement may permit newly designated providers up to ninety (90) days from designation to implement this provision.)

SIXTEENTH: The Provider shall enter into formal, written agreements with inpatient providers of acute, intermediate and long term psychiatric care and develop internal procedures to facilitate prompt and planned access to all levels of service, and continuity of service for patients served in the program. (The agreement may permit newly designated providers up to ninety (90) days from designation to implement this provision.)

SEVENTEENTH: The Provider shall ensure that services are available to the Provider's target population or residents of the area designated by the County to be the Provider's area of responsibility.

EIGHTEENTH: The Provider shall create a consumer advisory board and/or provide for consumer representation on the Board of Directors or Board of Trustees. For children's programs such representation shall be by family members. (The agreement may permit newly designated providers up to ninety (90) days from designation to implement this provision.)

NINETEENTH: The Provider shall provide or arrange for the provision of services designed to assess the eligibility of patients for social service programs, including medical assistance, and to assist patients entitled to such programs in application for and in maintaining such benefits.

TWENTIETH: The Provider shall develop programs and staffing patterns which take into account the cultural and ethnic background of patients served by the program.

TWENTY-FIRST: This agreement may be terminated without cause upon sixty (60) days written notice by either party. Upon termination, the Provider shall cease to be entitled to enhanced payments under the Comprehensive Outpatient Provider program, and

shall be eligible only for medical assistance payments pursuant to Section 588 of the New York Code of Rules and Regulations.

TWENTY-SECOND: Nothing in this agreement is intended, nor shall it be construed to, confer any right or entitlement upon any individual or group of individuals.

TWENTY-THIRD: This agreement shall be for a period of one (1) year, and does not convey to the Provider any right to extension or renewal.

COUNTY

By:

Name Printed:

Title:

Date:

PROVIDER

By:

Name Printed:

Title:

Date:

APPENDIX A

1) SITE NAME:

SITE LOCATION:

2) SITE NAME:

SITE LOCATION:

3) SITE NAME:

SITE LOCATION:

4) SITE NAME:

SITE LOCATION:

5) SITE NAME:

SITE LOCATION:

APPENDIX B

Agency Name: _____

Program Type:	Average No. of Visits in the most recent 3 years	Expected Visits for 2006 (Average No. of Visits x 90.9%)

APPENDIX C

NASSAU COUNTY DEPARTMENT OF MENTAL HEALTH MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

MEMORANDUM OF UNDERSTANDING

2005 - 2007

Memorandum of Understanding made this _____ day of _____, 200__, by and between the licensed contract agencies or other providers located within Nassau County.

The purpose of this Memorandum of Understanding is to provide coordination and continuity of care for consumers and families of mental health services. This Memorandum of Understanding constitutes a collaborative arrangement for the referring of consumers to ensure proper utilization of mental health services.

I. Provider services do mutually agree to comply with the following:

A. All parties agree to cooperate with each other in carrying out the terms of this Memorandum of Understanding in order to provide effective and efficient services for clients/consumers who experience psychiatric illness.

B. The terms of this agreement will be reviewed annually by all parties. All agree to negotiate in good faith any revisions requested by licensed and/or contract programs or other providers of care.

C. This agreement shall continue in full force until terminated by a provider or by mutual consent. A licensed and/or contract program or other provider shall have the right to terminate this Memorandum of Understanding by giving not less than two (2) months prior written notice of termination. Notwithstanding any provision herein to the contrary, in the event that a party shall lose its accreditation, any operating certificate, or licensure, it shall immediately notify the others of that fact in writing. The other party may, upon written notice, terminate this Memorandum of Understanding immediately and the requirement of two (2) months prior written notice or mutual consent shall not apply. Such notice will be communicated to the Nassau County Department of Mental Health, Mental Retardation and Developmental Disabilities as well.

D. This agreement shall create no monetary or other financial obligation from any party to the other.

E. All Federal, State and Local codes, rules and regulations including those of the Nassau County Department of Mental Health, Mental Retardation and Developmental Disabilities and the New York State Office of Mental Health will be followed.

II. Licensed and/or contract agencies or other providers agree to do the following:

A. Provide a source of formalized referrals to the agencies for those consumers requiring service. Referral of consumers from the providers shall be made only when deemed clinically appropriate. Those high service needs clients as well as those court-ordered under the Assisted Outpatient Treatment Program, shall be served on a high priority basis. The providers have the right to refer any person in need of mental health services to the facility that best meets the client's needs after careful consideration of the consumer's wishes.

B. Forward all pertinent information regarding progress, discharge plans, psychological data, psychological testing and other necessary medical and/or psychiatric information to a licensed and/or contract agency. All licensed and/or contract agencies or other providers shall comply with all confidentiality requirements set forth in applicable law and regulations promulgated hereunder when forwarding any such information. Additionally, all such licensed and/or contract agencies and other providers agree to comply with the regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) as such law may be modified, amended or superseded, including but not limited to the privacy rule at 45 CFR § 160.101 et seq. (2000) and 45 CFR § 164.102 et seq. (2000), as such regulations may be modified, amended or superseded ("HIPAA Regulations") as compliance with such HIPAA Regulations becomes mandatory on the parties. The parties further agree to amend this MOU as necessary in order to comply with such HIPAA Regulations. Whenever possible and appropriate, documentation will include, but need not be limited to:

1) All pertinent diagnostic data, including mental status reports and psychosocial history including history of high-risk behavior and cultural and linguistic needs.

2) Prognosis

3) Therapeutic goals

4) Type of services provided

5) Equipment required

6) Rehabilitation potential

7) Functional limitations

8) Activities permitted

9) Nutritional requirements

10) Medications and side effects observed

11) Treatments

12) Medicare, Medicaid and other insurance coverage

13) Name of responsible person in client's home

14) Name of referring physician and person to who report is to be sent.

15) Name of Care Coordinator / Case Manager as applicable

C. Inpatient providers agree to notify appropriate outpatient service providers of its intention to discharge consumers at the earliest possible point in the consumer's treatment so as to facilitate the transfer of consumers between programs. Discharge planning is to be a collaborative effort that encourages the participation of the outpatient providers, care coordinators / case managers, in the discharge planning process.

D. Inpatient providers agree to communicate appropriate information with respect to consumers referred to outpatient service providers, care coordinators and case managers.

E. Inpatient providers agree to provide the outpatient service providers with the name of the staff member who will be responsible for facilitating the client's admittance to programs and the name of the staff member who will act as liaison during the patient's hospitalization.

F. Outpatient providers agree to see newly discharged consumers within five business days when the referrals are appropriate and sufficient information is communicated.

G. All licensed or funded providers agree to develop and implement a plan to assure continuity of care within the mental health service system and with other service systems such as the local social services, health providers, alcohol and substance abuse treatment programs schools, and the local correctional and other criminal justice systems.

H. In order to maintain continuity of care all licensed or funded providers will utilize the Single Points of Entry for Children and Adults to access high need services such as ICM, SCM and ACT Teams. Clinic providers are encouraged to utilize their own clinic based case management services, when clinically appropriate, to assure that consumers have full access and linkage to other service systems. In collaboration with these service systems, the following consumer needs should be addressed: Education, Financial Health, Housing, Legal, Personal living skills, Social/recreation, and Employment.

III. Additional Provisions:

A. Ownership of Medical Records: The clinical, rehabilitation, medical and other records maintained by each party to this agreement shall remain the property of that party.

B. Autonomy of Each Institution: Compliance with Applicable Law

1. The parties to this Memorandum of Understanding shall remain in exclusive control of their respective policies, management, assets, and affairs. Except as otherwise provided herein, neither party shall, by virtue of this Memorandum of Understanding, assume any liability or obligation of the other party. Each party shall be individually responsible for billing and collecting charges for the services it has rendered.

2. Notwithstanding any provision of the Memorandum of Understanding to the contrary, each facility remains responsible for ensuring that any service provided pursuant to this Memorandum of Understanding complies with all pertinent provisions of federal, state and local statutes, rules and regulations, including the provisions of the Mental Hygiene Law of the State of New York, and the Codes, Rules and Regulations of the Department of Mental Hygiene.

C. No Discrimination: There shall be no discrimination against any client because of race, color, handicap, national origin, creed or sex. No one shall be denied service because of inability to pay, nor shall income have any bearing on the kind of service rendered.

D. Affiliations: Nothing in this Memorandum of Understanding shall prohibit either party from affiliating or contracting with any other hospital or facility for any purpose whatsoever. However, any affiliations or contracts must conform to State and County Departmental policies.

E. Use of Name: No party to this agreement shall use the name of another party in any promotional or advertising material without first obtaining written approval from the party whose name is to be used.

F. Applicable Law: This Memorandum of Understanding shall be construed in accordance with the laws of the State of New York.

G. Under the provision of Mental Health Law, section 33.13(d), agencies responsible for the provision of services to clients are permitted to share with each other necessary information provided there is some link with the

Department through licensure, an approved local service plan or a written Memorandum of Understanding. In order to prevent the client's confidentiality from being compromised, Mental Health Law provides that any disclosure made shall be limited to necessary information in light of the reason for disclosure. Furthermore, the information disclosed shall be kept confidential by the party receiving it, and the limitations on disclosure in section 33.13(d) shall apply to such parties.

NASSAU COUNTY MENTAL HEALTH PROVIDERS
Memorandum of Understanding (MOU)
2005 - 2007

A.J. Melillo Center for Mental Health
Brunswick Hospital
Catholic Charities
Central Nassau Guidance & Counseling Services
Circulo de la Hispanidad, Inc.
Family and Children's Association, Inc.
FEGS
Federation of Organizations
FREE
Hispanic Counseling Center
Long Beach Medical Center
Long Island Counseling Center
Mental Health Association of Nassau County
Mercy Medical Center
MTI, Inc.
Nassau University Medical Center
North Shore Child & Family Guidance Center
North Shore/LIJ Health System
 Franklin Hospital Medical Center
 The Zucker Hillside Mental Health Services
 NSUH at Manhasset
 NSUH at Glen Cove
 NSUH at Syosset
Peninsula Counseling Center
Phoenix House
Pilgrim Psychiatric Center
Project Real
Roosevelt Community Mental Health Center
Sara's Center
South Nassau Communities Hospital
South Oaks Hospital
Southeast Nassau Guidance Center
South Shore Association for Independent Living
South Shore Child Guidance Center

The Rehabilitation Institute (TRI)
Woodward Mental Health Center

**NASSAU COUNTY MENTAL HEALTH PROVIDERS
INTERAGENCY MEMORANDUM OF UNDERSTANDING (MOU)**

2005 - 2007 RENEWAL STATEMENT

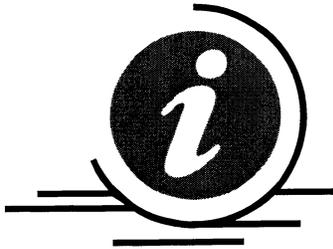
On behalf of the organization identified below, the undersigned has reviewed the current Nassau County Memorandum of Understanding (MOU) on file and authorizes continued membership in the Nassau County mental health system and agrees to the terms and conditions stated in the MOU.

Organization: _____

Executive Director/Designated Administrator: _____

Date: _____

Appendix IV:



Nassau County Directory of Mental Health Services

For

CHILDREN

And

ADULT

Government Offices:

Nassau County Department of Mental Health, Mental Retardation & Developmental Disabilities
60 Charles Lindbergh Boulevard, Suite 200
Uniondale, New York 11553-3687
(516) 227-7057 Fax: **(516) 227-7076**
NCDMH-MRDD@hssnassaucountyny.us

NYS Office of Mental Health
1-800-597-8481

NYS Office of Mental Health Long Island Field Office
(631) 761-2508

Emergency Services:

Help Line

Mental Health Association of Nassau County
516-504 – HELP (4357)
Hours: 9 AM to 9 PM, 7 days a week

Nassau University Medical Center

Main Information.....**572-0123**
Psychiatric Emergency Room.....**572-4775**

Mobile Crisis Intervention Team

Adult.....**572-6419**
Hours: 10 a.m.-8:30 p.m., 7 days a week
Children.....**868-3030,**
Ext. 245/246

Hours: 10:30 a.m.-6:30 PM, 7 days a week. A beeper is available after hours.

Home Based Crisis Intervention for Children:

South Shore Child Guidance

Pathways Program

17 West Merrick Road
Freeport, NY 11520
(516) 868-3030

Crisis Residential Services for Adults

Pilgrim Psychiatric Center

Long Island Crisis Residence

998 Crooked Hill Road
West Brentwood, NY 11717
(631) 761-2928
Fax: **(631) 761-4301**

Angelo J. Melillo Center for Mental Health

Safe Harbor

113 Glen Cove Avenue
Glen Cove, NY 11542
(516) 676-2388
Fax: **(516) 759-5259**

Crisis Residential Services for Children

MHA of Nassau County

16 Main Street
Hempstead, NY 11550
(516) 489-0100, Ext. 13180

Inpatient Care:

Adult Hospitals

Brunswick Hospital – P

680 Loudon Avenue
Amityville, NY 11701
(631) 789-7100
Fax: (631) 789-7041

Franklin Hospital Medical Center – P

900 Franklin Avenue
Valley Stream, NY 11582
(516) 256-6000

Long Beach Medical Center – G

455 East Bay Drive
Long Beach, NY 11561
(516) 897-1620
Fax: (516) 897-1497

Mercy Medical Center-G

1000 North Village Ave
Rockville Centre NY 11570
(516) 705-2248

Nassau University Medical Center -G

2201 Hempstead Turnpike
East Meadow, NY 11554
(516)572-6511
Fax: (516) 573-3210

North Shore/ Long Island Jewish Health Systems:

Hillside Hospital Division – G

75-59 263rd Street
Glen Oaks, NY 11004
(718) 470-8100
MICA-MI/MR

North Shore University Hospital Inpatient Psychiatric Service – G

300 Community Drive
Manhasset, NY 11030
(516) 562-4725
Fax: (516) 562-2932

North Shore University Hospital at Glen Cove – G
St. Andrews Lane
Glen Cove, NY 11542
(516) 674-7300

North Shore University Hospital at Plainview – G
888 Old Country Road
Plainview, NY 11803
(516) 719-3000

North Shore University Hospital at Syosset – G
221 Jericho Turnpike
Syosset, NY 11791
(516) 496-6401
Fax: (516) 496-2601

Pilgrim Psychiatric Center - S
West Brentwood, NY 11717
(631) 761-3500

South Nassau Communities Hospital -G
One Healthy Way
Oceanside, NY 11572
(516) 632-3000
Fax: (516) 336-2922
MI/MR –MICA

South Oaks Hospital-P
400 Sunrise Highway
Amityville, NY 11701
(631) 264-4000
Fax: (631) 264-5259 (admin)

Children's Hospital's

Sagamore Children's Psychiatric Center-S
197 Half Hollow Road
Dix Hills, NY 11746
(631) 673-7700
Fax: (631) 673-7817

Nassau University Medical Center -G
2201 Hempstead Turnpike
East Meadow, NY 11554
(516) 572-6511
Fax: (516) 573-3210

North Shore/ Long Island Jewish Health Systems:
Schneider Children's Hospital-G
Lakeville Road
New Hyde Park, NY
(718) or (516) 470-3000
Fax: (718) or (516) 831-9595

***Single Point of Entry for Adult Case Management,
Assertive Community Treatment and Assisted Out Patient
Treatment***

Nassau County Department of Mental Health, Mental Retardation & Developmental Disabilities
60 Charles Lindbergh Boulevard, Suite 200
Uniondale, New York 11553-3687
(516) 227-7057 **Fax: (516) 227-7076**

Single Point of Access for Children

Nassau County Department of Mental Health, Mental Retardation & Developmental Disabilities
60 Charles Lindbergh Boulevard, Suite 200
Uniondale, New York 11553-3687
(516) 227-7057 **Fax: (516) 227-7076**

Single Point of Accountability for Adult Housing

Pilgrim Psychiatric Center
Building 72-2
998 Crooked Hill Road
Brentwood, NY 11717
(631) 231-3562

***Case Management, Assertive Community Treatment and
Intensive In-home Supports***

Case Management:

Central Nassau Guidance & Counseling
459 South Broadway
Hicksville, NY 11801
(516) 938-7568
Fax: (516) 938-7097

F.E.G.S./NY State Case Management
175 Fulton Street
Hempstead, NY 11550
(516) 505-2003
Fax: (516) 505-2001

MHA of Nassau County
16 Main Street
Hempstead, NY 11550
(516) 485-4300
Fax: (516) 485-2784

ACT Teams

Angelo J. Melillo Center for Mental Health

113 Glen Cove Avenue
Glen Cove, NY 11542
(516) 676-2388
Fax: (516) 759-5259

Family and Children's Association

100 East Old Country Road
Mineola, NY 11501
(516) 746-0350
Fax: (516) 294-0198

South Shore Association for Independent Living (SAIL)

1976 Grand Avenue
Baldwin, NY 11510
(516) 295-8714
Fax: (516) 295-5652

Home and Community Based Services for Children (HCBS Medicaid Waiver)

Family and Children's Association
31 Main Street
Hempstead, NY 11550
(516) 485-5976

Clinical Care Coordination Team for Children (CCCT)

North Shore Child and Family Guidance
480 Old Westbury Road
Roslyn Heights, NY 11577
(516) 626-1971

Coordinated Children's Service Initiative (CCSI)

North Shore Child and Family Guidance
480 Old Westbury Road
Roslyn Heights, NY 11577
(516) 626-1971

Assisted Outpatient Treatment

Nassau County Department of Mental Health, Mental Retardation & Developmental Disabilities
60 Charles Lindbergh Boulevard, Suite 200
Uniondale, New York 11553-3687
516-227-7057 Fax: 516 - 227-7076

Community Residential Programs

There is a shared intake process with a universal application form for the following housing programs. Please note that all completed applications should be returned to:

Single Point of Access for Housing (S.P.A.)

Pilgrim Psychiatric Center

Building 72-2
998 Crooked Hill Road
Brentwood, NY 11717
(631) 231-3562

Adult Residences

Angelo J. Melillo Center for Mental Health

113 Glen Cove Avenue
Glen Cove, NY 11542
(516) 676-2388
Fax: (516) 759-5259

Central Nassau Guidance & Counseling Center

950 South Oyster Bay Road
Hicksville, NY 11801
(516) 681-2320
Fax: (516) 398-0566

Central Nassau Guidance & Counseling Center MICA Recovery Residential Program

Pilgrim Psychiatric Center
(516) 681-2320 x 254

Circulo de la Hispandad, Inc.

62 Park Avenue
Long Beach, NY 11561
(516) 889-3831
(516) 889-4572

Family and Children Association

West Nassau Community Residence

505 Elmont Road
Elmont, NY 11003
(516) 285-1151
Fax: (516) 285-0983

Family Residences & Essential Enterprises (FREE)

191 Sweet Hollow Road
Old Bethpage, NY 11804
(516) 870-1600
Fax: (516) 870-1682

Federation of Organizations

1 Farmingdale Road
W. Babylon, NY 11704
1-877-468-2537
(631) 321-8229
Fax: (631) 321-4264

F.E.G.S.

(212) 831-7007
Fax: (212) 348-6253

Hispanic Counseling Center

344 Fulton Avenue
Hempstead, NY 11550
(516) 538-2613
Fax: (516) 538-0772

**Long Island Council of Churches/
Residential Experience in Adult Living
(Project Real)**

55 North Ocean Avenue
Freeport, NY 11520-3035
(516) 223-9570

Mental Health Association of Nassau County

16 Main Street
Hempstead, NY 11550
(516) 489-2322
Fax: (516) 485-4486

Mercy Haven, Inc.

859 Connetquot Avenue
Islip Terrace, NY 11752
(631) 277-8300
Fax: (631) 277-8394

**Mercy Medical Center
Community Residence Program**

64 North Corona Avenue
Valley Stream, NY 11580
(516) 872-6103
Fax: (516) 872-6120

Multi-Talents, Inc.

POB 7439
22 Pine Street
Freeport, NY 11520
(516) 868-5501
Fax: (516) 327-0160

North Shore/Long Island Jewish Health System:

**The Zucker Hillside Hospital
Nassau Supportive Living Program**
Littaur Bldg., Room 216
75-59 263rd Street
Glen Oaks, NY 11040
(516) 470-8245
(718) 470-8245
Fax: (718) 347-5652

Phoenix House
Pilgrim Psychiatric Center
998 Crooked Hill Road
P. O. Box 3001
Brentwood, NY 11717
(631) 306-5700
Fax: (631) 306-5884

South Shore Association for Independent Living (SAIL)
1976 Grand Avenue
Baldwin, NY 11510
(516) 855-1800
Fax: (516) 855-1811

State Operated Community Residence (SOCR)
500 Crooked Hill Road
Brentwood, NY 11717
(631) 952-9018

Alternative Adult Housing Options

Family Care

**Long Island Family Care
Pilgrim Psychiatric Center**
998 Crooked Hill Road, Bldg. 69
West Brentwood, NY 11717
(631) 761-2982
Fax: (631) 761-3661

A family setting that supports the adjustment to community living and often can divert hospitalization.

**DSS
Family Type Homes**
Nassau County Department of Social Services
Mineola, NY 11501
(516) 227-8100/8082/8083

Available under the auspices of the Nassau County Department of Social Services.
Applications are to be made directly to the provider.

Adult Homes

The following adult homes accept residents with a psychiatric illness.

Abbey Island Park Manor

40-29 Long Beach Road
Island Park, NY 11558
(516) 889-1536

There are other adult homes that may accept persons with a psychiatric illness. For a complete listing call the Mental Health Association at **504-HELP (4357)**.

Children's Housing

Catholic Charities

269 West Main Street
Bayshore, NY 11708
(631) 665-5902
Fax: (631) 664-3890

A teaching Family Home Program for Seriously Emotionally Disturbed children ages 5-17.

Family and Children's Association

100 East Old Country Road
Mineola, NY 11501
(516) 746-0350
Fax: (516) 294-0198

A group home for 8 males, ages 12-18 with a psychiatric diagnosis.

mercyFirst

525 Convent Road
Syosset, NY 11791
(516) 921-0808

A group home for males ages 8-13 with a psychiatric diagnosis.

North Shore Child and Family Guidance Center

Turnabout Program
480 Old Westbury Road
Roslyn Heights, NY 11577
(516) 626-1971

A family based treatment program for Seriously Emotionally Disturbed children ages 5-18
Facilitates placement into & discharge planning from respite facility. Involved in hospital discharge plans.

Residential Treatment Facilities

Madonna Heights Services

151 Burrs Lane,
Dix Hills, NY 11746
(631) 643-8800
Fax: (631) 491-4440

St. Christopher-Ottillie

85-70 148th Street
Jamaica, NY 11435
(718) 658-4101
Fax: (718) 523-2582

mercyFirst (formerly St. Mary's Children & Family Services)

525 Convent Road
Syosset, NY 11791
(516) 921-0808
Fax: (516) 921-0737

Outpatient Treatment

Adult Partial Hospitalizations

Mercy Medical Center

1220 Front Street
Uniondale, NY 1155
(516) 565-5540
Fax: (516) 538-6340
Central Intake (516) 705-3415

North Shore/ Long Island Jewish Health Systems

Hillside Hospital

Geriatric Partial Hospitalization
75-59 263rd Street
Glen Oaks, NY 11004
(718) or (516) 470-8170
Fax: (718) 962-7712

South Nassau Communities Hospital

2277 Grand Avenue
Baldwin, NY 11516
(516) 546-6924
Fax: (516) 546-9639

South Oaks Hospital

400 Sunrise Highway
Amityville, NY 11701
(631) 264-4000, Ext. 3059
Fax: (631) 393-8743

Children's Partial Hospitalization

South Oaks Hospital
400 Sunrise Highway
Amityville, NY 11701
(631) 264-4000, Ext. 6060
Fax: (631) 393-8743

Continuing Day Treatment for Adults

Central Nassau Guidance & Counseling Services
The Haven
950 South Oyster Bay Road
Hicksville, NY 11801
(516) 997-1688
Fax (516) 396-0103
MICA-MI/MR; Forensic

Mercy Medical Center
1220 Front Street
Uniondale, NY 11553
(516) 565-5540
Fax: (516) 538-6340

North Shore/Long Island Jewish Health System:
North Shore University Hospital
400 Community Drive
Manhasset, NY 11030
(516) 562-3053
Fax: (516) 562-3108

North Shore/Long Island Jewish Health System:
North Shore University Hospital at Glen Cove
St. Andrews Lane
Glen Cove, NY 11542
(516) 674-7826
Fax: (516) 674-7824

Peninsula Counseling Center
Gateway House
108 Franklin Place
Woodmere, NY 11598
(516) 569-7890
Fax: (516) 374-3132

Pilgrim Psychiatric Center
Progress House
3095 Hempstead Turnpike
Levittown, NY 11756
(516) 796-1004
Fax: (516) 796-1004

Sara's Center

781 Middle Neck Road
Great Neck, NY 11024
(516) 482-1550- Consumer Line
Fax: (516) 482-1928
MICA, MI/MR

Terry's Place

191 Sweet Hollow Road
Old Bethpage, NY 11804
(516) 997-6268
Fax: (516) 997-6103
MI/MR

Continuing Day Treatment for Children

North Shore/Long Island Jewish Health System:

**The Zucker Hillside Hospital
Child and Adolescent Day Hospital**

75-59 263 Street
Glen Oaks, NY 11004
(718) 470-8050
Fax: (718) 470-1905

**Sagamore Children's Psychiatric Center
Wantagh Day Treatment Program**

2850 N. Jerusalem Road
Wantagh, NY 11793
(516) 781-4097
Fax: (516) 781-4538

Woodward Mental Health Center

201 W. Merrick Road
Freeport, NY 11520
(516) 379-0900
Fax: (516) 379-0997

Clinic Treatment**Angelo J. Melillo Center for Mental Health**

113 Glen Cove Avenue
Glen Cove, NY 11542
(516) 676-2388
Fax: (516) 759-5259

Catholic Charities Mental Health Services

33 North Main Street
Freeport, NY 11501
(516) 623-3322
Fax: (516) 623-3526

Central Nassau Guidance & Counseling Services

950 S. Oyster Bay Road
Hicksville, NY 11801
(516) 822-6111
Fax: (516) 396-0552
Deaf/Hard of Hearing –Ext. 317

Family and Children's Association

Long Island Counseling Center

570 Elmont Road
Elmont, NY 11003
(516) 437-6050
Fax: 516-437-6304

F.E.G.S./Caroline K. Simon Counseling Centers

Central Intake (516) 364-0794

175 Fulton Street
Hempstead, NY 11550
(516) 485-5710
Fax: (516) 485-422

Hispanic Counseling Center

344 Fulton Avenue
Hempstead, NY 11550
(516) 538-2613
Fax: (516) 538-0772

**Long Beach Medical Center
Counseling Center**

455 East Bay Drive
Long Beach, NY 11561
(516) 897-1270
Fax: (516) 897-1274

**Mercy Medical Center
Outpatient Psychiatric Clinic**

395 Oak Street
Garden City, NY 11530
(516) 705-3400
Fax: (516) 705-3417
Central Intake (516) 705-3415

**Nassau University Medical Center
Ambulatory Mental Health Services, J Building**

2201 Hempstead Turnpike
East Meadow, NY 11554
(516) 572-6822
Fax: (516) 572-4725

North Shore Child & Family Guidance Center

480 Old Westbury Road
Roslyn Heights, N.Y. 11577
(516) 626-1971
Fax: (516) 626-8043

**North Shore/Long Island Jewish Health System:
Hillside Hospital Division**
75-59 263rd Street
Glen Oaks, NY 11004
(516) 470-8100
Fax: (718) 343-0441

**North Shore University Hospital
Outpatient Psychiatric Clinic**
400 Community Drive
Manhasset, NY 11030
(516) 562-4927
Fax: (516) 562-3038

**Schneider Children's Hospital
Ambulatory Child Psychiatry Services**
269-07 76th Avenue
New Hyde Park, NY 11042
(718) 470-3500
Fax: (718) 831-9595

**Peninsula Counseling Centers
Woodmere Office**
124 Franklin Place
Woodmere, NY 11598
(516) 569-6600
Fax: (516) 374-2261

Inwood Office
270 Lawrence Avenue
Lawrence, NY 11559
(516)239-1945
Fax: (516) 239-8632

**Peninsula Counseling Centers
Lynbrook Office**
381 Sunrise Highway
Lynbrook, NY 11563
(516) 599-1181
Fax: (516) 596-9453

Roosevelt Community Mental Health Center, Inc.
175 Nassau Road
Roosevelt, NY 11575
(516) 623-1644
Fax: (516) 623-3125

**South Nassau Communities Hospital
Outpatient Counseling Center**
2277 Grand Avenue
Baldwin, NY 11510
(516) 546-1370
Fax: (516) 546-1028

Southeast Nassau Guidance Center

2146 Jackson Avenue
Seaford, NY 11783
(516) 221-3030
Fax: (516) 221-1013

South Shore Child Guidance Center

17 West Merrick Road
Freeport, NY 11520
(516) 868-3030
Fax: (516) 868-3374

Family Support Groups

Family and Children's Association

The Family Center
31 Main Street
Hempstead, NY 11550
516-485-5914

Hispanic Counseling Center

Family Support Program
175 Fulton Street – Suite 500
Hempstead, NY 11530
516-538-2613

North Shore Child and Family Guidance Center

Family Advocate Program
480 Old Westbury Road
Roslyn Heights, NY 11577
516-626-1971

SKILLS DEVELOPMENT SERVICES for Adults

Vocational and Employment Services

Prevocational and Vocational Programs

Business and Career Center

The Rehabilitation Institute (TRI)/FREE

1 Old Country Road
Carle Place, NY 11514
(516) 741-2010
Fax: (516) 294-3336

**Connections Clubhouse
Central Nassau Guidance**

459 South Broadway
Hicksville, NY 11801
(516) 938-7568
Fax: (516) 938-7097

Gathering Place Clubhouse
MHA of Nassau County
16 Main Street
Hempstead, NY 11550
(516) 489-1120 Ext. 1100
Fax: (516) 485-4486

Genesis Club
Mercy Medical Center
90 Mill Road
Freeport, NY 11520
(516) 867-5810
Fax: (516) 867-0107

JOBS+
MHA of Nassau County
16 Main Street
Hempstead, NY 11550
(516) 485-4300 Ext. 1150
Fax: (516) 485-4486

Meeting Place Clubhouse
Peninsula Counseling Center
108 Franklin Place
Woodmere, NY 11598
(516) 569-4524
Fax: (516) 374-2132

Nassau Day Training Program/Sign On Enterprises
North Shore/Long Island Jewish Health System
260 South Broadway
Hicksville, NY 11801
(516) 939-2290
Fax: (516) 942-3724

Production Center
The Rehabilitation Institute (TRI)/FREE
971 Stewart Avenue
Garden City, NY 11530
(516) 222-2092
Fax: (516) 222-2641

Vocational Rehabilitation Center
North Shore/Long Island Jewish Health System
800 Northern Blvd.
Great Neck, NY 11021
(516) 829-9666
Fax: (516) 482-0692

Intensive Psychiatric Rehabilitative Treatment Programs

Mercy Medical Center CHOICES

90 Mill Road
Freeport, NY 11520
(516) 867-5813
Fax: (516) 378-4635

North Shore/Long Island Jewish Health System: Vocational Rehabilitation Center

800 Northern Blvd
Great Neck, NY 11021
(516) 829-9666
Fax: (516) 482-0692

Educational Programs

College Bound Mental Health Association of Nassau County

16 Main Street
Hempstead, NY 11550
(516) 489-2322 ext. 1251
Fax: (516) 489-2784

Social Programs

Evening and Weekend Recreation

Connections Central Nassau Guidance & Counseling

459 South Broadway
Hicksville, NY 11801
(516) 938-7568
Fax: (516) 938-7097

The Gathering Place Clubhouse Mental Health Association of Nassau County

16 Main Street
Hempstead, NY 11550
(516) 489-1120 ext. 1100
Fax: (516) 485-4486

The Genesis Club Mercy Medical Center

90 Mill Road
Freeport, NY 11520
(516) 867-5810
Fax: (516) 867-0107

**The Meeting Place Clubhouse
Peninsula Counseling Center**
108 Franklin Place
Woodmere, NY 11598
516 (569)-4524
Fax: (516) 374-2132

**Mercy Senior Network
Mercy Medical Center**
1220 Front Street
Uniondale, NY 11553
(516) 565-5540
Fax: (516) 538-6340

**Northern Lights Clubhouse
North Shore/Long Island Jewish Health System**
800 Northern Blvd.
Great Neck, NY 11020
(516) 829-6186
Fax: (516) 482-0692

**Starry Night Café
Central Nassau Guidance & Counseling**
459 South Broadway
Hicksville, NY 11801
(516) 938-7568
Fax: (516) 938-7097

SELF-HELP AND PEER SUPPORT

Consumer Peer Support Programs and Groups

**Consumer Link
Mental Health Association of Nassau County**
16 Main Street
Hempstead, NY 11550
(516) 489-0100
Fax: (516) 485-4314

An organization that uses the knowledge & experiences of current & former recipients of mental health services to assist consumers/survivors/ex-patients in their journey towards recovery, responsibility and self-sufficiency. Services include advocacy, peer support & education.

Phone Link (516) 489-0100
A Consumer-to-Consumer Help Line which operates Monday through Friday from 9am to 9pm

Recovery, Inc.
P. O. Box 576
Plainview, NY 11803
(516) 221-7862

Offers training in self-help techniques for depression, nervous symptoms and fears.
Meet in various locations in Nassau County on a weekly basis.

Groups for Family and Friends

Center for Families
Mental Health Association of Nassau County
16 Main Street
Hempstead, NY 11550
(516) 489-2322
Fax: (516) 485-4314

Central Nassau Guidance and Counseling Center
950 South Oyster Bay Road
Hicksville, NY 11801
(516) 822-6111
Fax: (516) 396-0566

Family and Children's Association
Long Island Counseling Center
570 Elmont Road
Elmont, NY 11033
(516) 437-6050

Mood Disorders Support Group
South Nassau Communities Hospital Counseling
2277 Grand Avenue
Baldwin, NY 11510
(516) 632-4700

Forensic Services

Nassau County Department of Mental Health
Division of Direct Services
Forensic Mental Health Evaluation Unit
60 Charles Lindbergh Boulevard
Suite 200
Uniondale, NY 11553
(516) 227-7057

Advocacy

**Consumer Link
Mental Health Association of Nassau County**
16 Main Street
Hempstead, NY 11550
(516) 489-0100
Fax: (516) 485-4314

Long Island Advocacy Center
999 Herricks Road
New Hyde Park, NY 11040
(516) 248-2222
Fax: (516) 249-2290

*New Support Groups may become available. For up-to-date information call
(516)504-HELP.

National Alliance for the Mentally Ill (NAMI)

National Headquarters
200 North Glebe Road, Suite 1015
Arlington, VA 22203
1-800-950-NAMI

AMI-New York State
260 Washington Avenue
Albany, NY 12210
1-800-950-3228

NAMI – Long Island Regional Council
2 Burlington Lane
Old Bethpage, NY 11804
(516) 694-7327
(516) 367-1893

NAMI-LAMP/Peninsula Counseling Center
124 Franklin Place
Woodmere, NY 11598
(516) 569-6600
Fax: (516) 374-2261

NAMI at Nassau University Medical Center
2201 Hempstead Turnpike
P. O. Box 145
East Meadow, NY 11554
(516) 572-6822

NAMI –North Shore/Long Island Jewish Health System @ North Shore University Hospital
400 Community Drive
Manhasset, NY 11030
(516) 671-3957

NAMI – Queens/Nassau
1983 Marcus Ave., Ste.C103
Lake Success, NY 11042
(516) 326-0797

Legal Services

Mental Health Law Project
Nassau-Suffolk Law Services Committee, Inc.
1 Helen Keller Way
Hempstead, NY 11550
(516) 292-8100
Fax: (516) 292-6529

Provides free legal services for clients with a mental illness on civil legal problems (i.e. not criminal) primarily relating to governmental entitlement, landlord/tenant problems, adult homes and residents' rights & other legal problems which affect the mentally ill.

Mental Hygiene Legal Service.....746-4545

Provides legal representation without charge to inpatients in a psychiatric facility.

Discharge Planning

Discharge Planning for Adults:

Nassau County Department of Mental Health, Mental Retardation & Developmental Disabilities
60 Charles Lindbergh Boulevard, Suite 200
Uniondale, New York 11553-3687
(516) 227-7057 **Fax: (516) 227-7076**

Discharge Planning for Children:

Mental Health Association
16 Main Street
Hempstead, NY 11550
(516) 489-0100, Ext. 13180

PROFESSIONAL TRAINING AND COMMUNITY EDUCATION

Mental Health Association of Nassau County

16 Main Street
Hempstead, NY 11550
(516)489-2322
Fax: (516) 485-4486

Specialty Services

Mental Health Services for the Deaf and Hearing Impaired

Central Nassau Guidance & Counseling

950 South Oyster Bay Road
Hicksville, NY 11801
(516) 822-6111
TTY: Dial Relay #711, then (516) 396-0100
Fax: (516) 396-0553

College Bound

Mental Health Association of Nassau County
(516) 489-2322 Ext. 1251
Fax: (516) 489-2784

A part-time, college program, in conjunction with Nassau Community College, for adults who have experienced a psychiatric disability.

Friendship Programs

COMPEER

Mental Health Association of Nassau County
(516) 489-2322
COMPEER-Ext. 1257

Compeer (Companion/Peer) matches volunteers with adults who are recovering from mental illness in a one-to-one friendship relationship.

The Friendship Network

NAMI Queens/Nassau
1983 Marcus Avenue, Suite C103
Lake Success, NY 11042
(516) 326-0797
Fax: (516) 437-5785

