

Chapter Five

Long Island DSRIP Region Needs Assessment



Office of
Mental Health

Executive Summary

This community needs assessment of the New York State Long Island DSRIP region summarizes specific health care service data to identify mental health and substance use disorder treatment needs in the region. The data included are intended to enable planners and others to identify service gaps and disparities and plan for improved service delivery.

Population Socioeconomic Characteristics

The Long Island region includes urban Nassau and Suffolk counties, where over 2.8 million people live. The population's socioeconomic characteristics are less indicative of need than those in other DSRIP regions. Its median household income of \$91,813 is highest among all regions, and the 7% of its population living below the poverty level, 2% on cash public assistance, and 5% receiving food stamps/SNAP benefits are the lowest percentages in any DSRIP region. In Long Island 10% of adults are without a high school diploma and 38% have a bachelor's degree or higher, which is the highest percentage in any DSRIP region.

Nine percent of the population have no health insurance coverage and 24% are on some type of public health insurance. Fifteen percent are Medicaid beneficiaries, which is the lowest percentage in any DSRIP region. Special populations include 7% that are Veterans and 9% that are disabled (the lowest percentage in any DSRIP region). Nearly a quarter of the population speak a primary language other than English. Ten percent speak English less than "very well" and 18% are foreign born (the second highest percentages in any DSRIP region).

Health Care Resources

Maldistributions and shortages of health care providers in the Long Island region are recognized by federal Health Resources and Services Administration (HRSA) health professional shortage area (HPSA) designations. Nassau and Suffolk counties both have primary health care Medically Underserved Area/Population (MUA/P) designations. In Nassau County the Medicaid eligible population has been designated a primary health care MUP. Both counties have mental health (MH) professional MUA/P designations. Long Island has 49 MH professionals per 10,000 population, which is the second highest rate in any DSRIP region. Nassau County's rate of 56 MH professionals per 10,000 is third highest among all NYS counties.

Total psychiatric bed capacity in the region is 47 per 100,000 adults and 32 per 100,000 children. The majority of psychiatric beds are located in Suffolk County. The total average daily census (ADC) per 100,000 adults is 39 and the total ADC per 100,000 children is 25. The majority of the region's nine crisis, seven rehabilitation and 14 residential substance use disorder (SUD) inpatient programs are in Suffolk County. The SUD programs have a total capacity and an average daily enrollment (ADE) of three per 10,000 each, which are the second lowest rates in any DSRIP region. The region has six opioid treatment programs, four of which are in Suffolk County.

Health Status Challenges

Among all DSRIP regions, Long Island has the second highest:

- 1) Average case rates of HIV and AIDS.
- 2) Average cancer incidence rate.
- 3) Average rates of hospitalization for cardiovascular disease, stroke, diabetes, and asthma.
- 4) Average percentage of those who report not receiving medical care because of cost.

The region also has the third highest average percentage of those who experienced housing insecurity among all regions.

Behavioral Health Care Utilization Challenges

Compared to all DSRIP regions, the Long Island region has the highest percentages of Medicaid beneficiaries with:

- 1) Inpatient admissions for bipolar disorder.
- 2) Inpatient admissions for opioid use disorder.
- 3) ER visits for bipolar disorder, schizophrenia, and chronic stress and anxiety diagnoses.
- 4) ER visits for drug abuse: cannabis/NOS/NEC.

Unmet Service Needs

Measures of behavioral health medication management suggest unmet need in the region. Two-thirds of adults with schizophrenia adhere to antipsychotic medications (34% do not). Region-wide, 52% of individuals with major depression remain on anti-depressant medication during the entire acute treatment phase and 39% remain on these medications during continuation phase treatment (61% do not). Among all DSRIP regions, Long Island has the highest adherence to antidepressant medication in the continuation phase.

More than half (51%) of children prescribed ADHD medication have one follow-up visit with a practitioner within 30 days after starting the medication. Fifty-nine percent of children with a new prescription for ADHD medication remain on the medication for seven months and/or have at least two follow-up visits in the nine month period after the initiation phase.

Follow-up care after hospitalization for mental illness and engagement in alcohol and other drug dependence (AOD) treatment also suggest unmet need. Region-wide 42% of individuals have follow-up care within 7 days of discharge (58% do not) and 57% follow-up within 30 days. Twenty-four percent of individuals engage in AOD treatment within 30 days after initiation (76% do not).

With regard to physical health, Long Island's rates of potentially avoidable hospital admissions for asthma chronic conditions are highest among all regions and suggest a need for further outpatient resources.

Consumer and Provider Input

Long Island region counties' surveys of consumer and provider stakeholders to assess local needs indicate that workforce recruitment and retention and coordination and integration with other systems are issues that need attention for the populations with mental health and/or chemical dependency concerns.

Clinics in the Long Island region surveyed 359 consumers and 70 providers to assess local needs. The needs most frequently reported by both consumers and providers include: transportation to health care services; reduced wait times for appointments; assistance with paying for services; access to services for incarcerated individuals; and providers of differing cultures and languages.

I. Description of Communities to Be Served

1. Geographic Service Area

The Long Island DSRIP region is in southeastern New York State and is separated from the rest of the state by the East River. It includes two counties to the immediate east of New York City: Nassau and Suffolk. Nassau County is adjacent to New York City and Suffolk is located on the eastern most portion of the island.



Approximately 2.8 million people live in the region (Table 1) and estimated county populations range from 1.3 million in Nassau to nearly 1.5 million in Suffolk County. Suffolk County has the largest population of any NYS county outside of New York City. Both of the region’s counties have been designated urban by the U.S. Office of Management and Budget (OMB).¹

County	US Census ACS 2010-2014 Est. Population	Population Density per Square Mile	OMB Urban/Rural Designation ¹
Nassau	1,335,265	4,689.7	Urban
Suffolk	1,488,509	1,632.0	Urban
Totals	2,823,774	2,359.5	

Data is from the U.S. Department of Health and Human Services, Health Resources Services Administration Data Warehouse. Retrieved April 14, 2016 from <http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

Population density per square mile ranges from 1,632.0 in Suffolk County to 4,689.7 in Nassau County. Nassau County has the highest population density of any NYS county outside of New York City.

2. Population Characteristics

A. Gender, Race, Ethnicity and Age

In the Long Island region slightly more than half (51%) of the population are female (Table 2).

County	US Census ACS 2010-2014 Est. Population	American Community Survey Data 2010-2014								
		Gender		Race/Ethnicity					Age	
		Male	Female	White	African American	Asian	Other*	Hispanic or Latino Ethnicity	19 and Under	65 and Over
Nassau	1,335,265	49%	52%	73%	11%	8%	9%	15%	26%	14%
Suffolk	1,488,509	49%	51%	82%	7%	3%	7%	16%	26%	13%
Totals	2,823,774	49%	51%	78%	9%	6%	8%	16%	26%	14%

*Other includes American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, some other race, and two or more races

The population in the region is primarily White with percentages varying from a low of 73% in Nassau County to a high of 82% in Suffolk County. The Long Island region is one of the most racially and ethnically diverse regions in NYS outside of New York City. Sixteen percent of the region’s population are of Hispanic or Latino ethnicity, 9% are African American, 6% are Asian and 8% identify as some other race. The percentage of Asians in Nassau County is the second highest in any NYS county.

More than a quarter of the Long Island population are age 19 and under and 14% are age 65 and over.

B. Income, Education, Unemployment and Poverty

The median household income in the Long Island region is \$91,813 (Table 3). Median household income ranges from a low of \$87,111 in Suffolk County to a high of \$96,515 in Nassau County, which is the highest median household income in any NYS county. Compared to all other DSRIP regions, Long Island has the highest median household income statewide, which is higher than the New York State median household income of \$58,687.²

Ten percent of the Long Island region population age 25 and older do not have a high school diploma, while 38% have a bachelor’s degree or higher – the highest percentage of college graduates in any DSRIP region. Percentages of adults without a high school diploma are similar across counties. Adults with a bachelor’s degree or more range from a low of 33% in Suffolk County to a high of 42% in Nassau County.

Table 3. Long Island Region: Income, Education, Unemployment and Poverty

County	US Census ACS 2010-2014 Est. Population	American Community Survey Data 2010-2014						
		Median Household Income	Educational Attainment ¹		Unemployment and Indicators of Poverty			
			Less than High School	Bachelor's Degree or Higher	Unemployed ²	Below Poverty Level	On Cash Public Assistance	On Food Stamps/SNAP Benefits
Nassau	1,335,265	96,515	10%	42%	4%	6%	2%	4%
Suffolk	1,488,509	87,111	11%	33%	5%	7%	2%	5%
Totals	2,823,774	91,813	10%	38%	5%	7%	2%	5%

¹ Educational attainment are calculated based on population 25 years and older. ² Unemployment data is the average for 2015 and is from the NYS Department of Labor.

The Long Island region has a 5% unemployment rate and 7% of the region’s population live below the poverty level – the lowest level of poverty in any DSRIP region. Two percent of the region’s population are on cash public assistance and 5% receive food stamps/SNAP benefits. The region’s percentages of the population on cash public assistance and food stamps/SNAP beneficiaries are lowest among all DSRIP regions.

C. Health Insurance Status

In the Long Island region, 24% of the population are on some type of public health insurance³ and 9% of the population have no health insurance coverage (Table 4). The percentage of the population on public health insurance is the lowest in any DSRIP region.

Table 4. Long Island Region: Health Insurance Status

County	US Census ACS 2010-2014 Est. Population	American Community Survey Data 2010-2014			
		Public Health Insurance ¹ Coverage	No Health Insurance Coverage	Unemployed w/Public Health Insurance	Unemployed w/No Health Insurance
Nassau	1,335,265	24%	9%	18%	31%
Suffolk	1,488,509	24%	10%	19%	33%
Totals	2,823,774	24%	9%	18%	32%

¹ Public coverage includes Medicare, Medicaid and other federal medical assistance programs; VA Health Care; the Children’s Health Insurance Program (CHIP); and individual state health plans.

Among the region’s unemployed, 18% are on public health insurance and slightly less than a third have no health insurance. While the rates of the unemployed on public health insurance are 5-6% less than those of the general population, the rates of the unemployed with no health insurance are more than three times as high as those in the general population (32% compared to 9%).

Medicaid Population

Of all DSRIP regions, Long Island has the lowest percentage (15%) of the estimated population that are Medicaid beneficiaries (Table 5).

County	US Census ACS 2010-2014 Est. Population	Total # Medicaid Beneficiaries	% Est. Population Receiving Medicaid
Nassau	1,335,265	195,861	15%
Suffolk	1,488,509	239,356	16%
Totals	2,823,774	435,217	15%

Data is from the NYS Department of Health's Medicaid Beneficiaries Inpatient Admissions and Emergency Room Visits data base; 2012 data. Retrieved May 12, 2016 from <https://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pje4#About>

In the region, 66% of Medicaid beneficiaries are adults and 34% are children (Table 6). By county, adult Medicaid beneficiaries range from a low of 65% in Suffolk County to a high of 68% in Nassau County.

Medicaid beneficiaries include individuals that receive Medicaid only and dual-eligible individuals that receive both Medicare and Medicaid benefits by virtue of their age or disability and low incomes.⁴ In the Long Island region, 82% of Medicaid beneficiaries receive Medicaid only and 18% are dual-eligible. Medicaid only beneficiaries range from a low of 81% in Nassau County to a high of 83% in Suffolk County.

County	All Medicaid Beneficiaries	Medicaid Population				Eligibility Type			
		Adults		Children		Medicaid Only		Dual Medicaid and Medicare	
	#	#	%	#	%	#	%	#	%
Nassau	195,861	133,809	68%	62,052	32%	159,608	81%	36,253	19%
Suffolk	239,356	154,574	65%	84,782	35%	199,389	83%	39,967	17%
Totals	435,217	288,383	66%	146,834	34%	358,997	82%	76,220	18%

Data is from the NYS Department of Health's Medicaid Beneficiaries Inpatient Admissions and Emergency Room Visits data base; 2012 data. Retrieved May 12, 2016 from <https://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pje4#About>

D. Special Populations, Foreign Born and Primary Language

In the Long Island region, 9% of the population are disabled and 7% are Veterans (Table 7). The percentage of individuals with disabilities is the lowest in any DSRIP region. There are 884 children 19 years and younger in foster care and 2,627 individuals in jail in the region. Eighteen percent of the population are foreign born, which is the second highest percentage in any DSRIP region.

Table 7. Long Island Region: Special Populations and Foreign Born

County	US Census ACS 2010-2014 Est. Population	American Community Survey Data 2010-2014				
		Special Populations				Foreign Born
		Disabled	Veterans	In Foster Care ¹	In Jail ²	
Nassau	1,335,265	9%	6%	207	1,217	21%
Suffolk	1,488,509	9%	8%	677	1,410	14%
Totals	2,823,774	9%	7%	884	2,627	18%

¹Foster care data includes individuals 19 and under during the 2014 calendar year and is from the NYS Office of Children and Families. ²Jail data is for 2014 calendar year and is from the NYS Division of Criminal Justice Services.

Table 8 describes the primary languages spoken at home and those who speak English less than "very well" in the population aged five years and older. In the Long Island region, 76% of this population speak English as their primary language (the third lowest percentage in any DSRIP region), 12% speak Spanish, 8% speak other Indo-European languages, 3% speak Asian and Pacific Islander languages, 1% speak some other language and 10% speak English less than "very well" (the second highest percentage in any DSRIP region).

Table 8. Long Island Region: Primary Language Spoken at Home

County	US Census ACS 2010-2014 Est. Population 5 Years and Older	American Community Survey Data 2010-2014					
		Language Spoken at Home					Speak English less than "very well"
		English	Spanish	Other Indo-European	Asian and Pacific Islander	Other	
Nassau	1,265,437	72%	12%	10%	4%	1%	11%
Suffolk	1,405,958	79%	12%	6%	2%	0%	9%
Totals	2,671,395	76%	12%	8%	3%	1%	10%

Percentages of the population aged five and over that speak English as their primary language range from a low of 72% in Nassau County to a high of 79% in Suffolk County. Those who speak English less than "very well" range from a low of 9% in Suffolk County to a high of 11% in Nassau County.

¹ Urban areas (metro areas) are geographic entities defined by the U.S. Office of Management and Budget (OMB) for use by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics. An urban area includes one or more counties containing a core urban area of 50,000 or more people, together with any adjacent counties that have a high degree of social and economic integration

(as measured by commuting to work) with the urban core. The OMB defines rural as all counties outside metropolitan areas based on 2010 census data. There are currently 24 counties designated rural in New York State. Retrieved April 14, 2016 from <http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

² Retrieved April 14, 2016 from <http://www.census.gov/quickfacts/table/RHI225214/36>

³ Public coverage includes the federal programs Medicare, Medicaid and other medical assistance programs, VA Health Care; the Children's Health Insurance Program (CHIP); and individual state health plans. Retrieved April 14, 2016 from

<https://www.census.gov/hhes/www/hlthins/methodology/definitions/acs.html>

⁴ In this analysis dual status was based upon the last month of enrollment/eligibility during the year. If the Medicaid beneficiary was indicated as being eligible for Part A, B, C or D Medicare services they are classified as dual eligible. The dual-eligible Medicare and Medicaid population is diverse and includes individuals with multiple chronic conditions, physical disabilities, and cognitive impairments such as dementia, developmental disabilities, and mental illness. It also includes some individuals who are relatively healthy. Retrieved May 12, 2016 from <http://www.medpac.gov/documents/data-book/january-2015-medpac-and-macpac-data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid.pdf>

II. Physical and Behavioral Health Care Resources

This section describes physical and behavioral health care resources in the Long Island DSRIP region. Its findings should be considered with those in Sections V and VI of this report, which describe unmet service need by DSRIP region.

Physical Health Care Resources

1. Inpatient Physical Health Care Facilities

The Long Island DSRIP region has 22 acute care hospitals and 89 nursing homes that provide inpatient health care (Table 1).

Table 1. Long Island Region: Inpatient Physical Health Care by Certified Beds

County	Acute Care Hospitals					Nursing Homes		
	# Hospitals	# Certified Beds				# Nursing Homes	# Certified Beds	
		Total # All Bed Types	Chemical Dependence Rehab	Chemical Dependence Detox	Psychiatric		Total Beds	BH Intervention Beds
Nassau	11	4,141	30	20	275	44	5,531	0
Suffolk	11	3,227	60	20	193	45	5,731	0
Totals	22	7,368	90	40	468	89	11,262	0

Acute care hospital data is from the NYS Open Data Health Facility General Information dataset. Retrieved April 12, 2016 from <https://health.data.ny.gov/Health/Health-Facility-General-Information/vn5v-hh5r>. Nursing home data is from the NYS Open Data Nursing Home Profile dataset. Retrieved April 12, 2016 from <https://health.data.ny.gov/Health/Nursing-Home-Profile/dyphu-nabu>

In the region, the counties each have 11 acute care hospitals, with a total of 7,368 beds where physical health care is the primary type of care provided. Among those beds are 468 psychiatric beds, 90 chemical dependence rehab beds, and 40 chemical dependence detox beds.

The region’s 89 nursing homes have a total of 11,262 beds, but no behavioral health intervention beds.¹ Both counties in the region have nursing homes.

2. Outpatient Physical Health Care Facilities

In the Long Island region, both counties have certified home health care facilities (n=20), long-term home health care facilities (n=8), and ambulatory surgical centers (n=25) (Table 2).

There are three types of institutional providers that provide primary care: school-based health centers, diagnostic and treatment centers,² and federally qualified health centers.³ Both Nassau and Suffolk counties have school-based health centers (n=4), diagnostic and treatment centers (n=49), and federally qualified health centers (n=13).

County	Home Health Care		Ambulatory Surgical Centers	Primary Health Care		
	Certified Home Health	Long-term Home Health		School-based Health Centers	Diagnostic and Treatment Centers	Federally Qualified Health Centers
	# Facilities					
Nassau	14	6	12	2	21	7
Suffolk	6	2	13	2	28	6
Totals	20	8	25	4	49	13

Ambulatory surgical center data is from the NYS HCRA Provider List dataset. Retrieved April 12, 2016 from <https://www.health.ny.gov/regulations/hcra/provider/provamb.htm>. Federally qualified HC data is from the HRSA Data Warehouse. Retrieved April 21, 2016 from <http://datawarehouse.hrsa.gov/tools/hdwreports/Filters.aspx?id=60#>. All other data is from the NYS Open Data Health Facility General Information dataset. Retrieved April 12, 2016 from <https://health.data.ny.gov/Health/Health-Facility-General-Information/vn5v-hh5r>.

3. Physical Health Care Practitioners

Physical health care providers include primary care providers, medical specialists, dentists, and physical rehabilitation specialists. Health practitioners in primary care and medical specialties include physicians, physician assistants, and nurse practitioners.

Primary Care Providers

In the Long Island region family medicine providers include 1,177 physicians and a total of 126 nurse practitioners and physician assistants (Table 3). The number of family medicine providers of all types is lowest in Nassau County (n=586) and highest in Suffolk County (n=717). Family medicine health care providers are the smallest group of primary care providers in the region.

Internal medicine providers include 3,563 physicians and a total of 172 nurse practitioners and physician assistants. The number of internal medicine physicians is highest in Nassau County (n=2,382) and lowest in Suffolk (n=1,181). Internal medicine nurse practitioners and physician assistants are found in the greatest numbers in Nassau County (n=110) and the fewest are in Suffolk County (n=62).

County	US Census ACS 2010-2014 Est. Population	Family Medicine		Internal Medicine		Pediatrics		Total	Total per 10,000 population
		MD/DO	NP/PA	MD/DO	NP/PA	MD/DO	NP/PA		
Nassau	1,335,265	509	77	2,382	110	1,645	37	4,760	36
Suffolk	1,488,509	668	49	1,181	62	1,061	77	3,098	21
Totals	2,823,774	1,177	126	3,563	172	2,706	114	7,858	28

MD=medical doctor; DO=doctor of osteopathy; NP=nurse practitioner; PA=physician assistant. Data is from the DSRIP Managed Care Provider Network Database. Retrieved April 21, 2016 from https://www.health.ny.gov/health_care/medicaid/redesign/providernetwork/

Throughout the Long Island region there are 2,706 physicians and 114 pediatric nurse practitioners and physician assistants providing pediatric care. The number of pediatric health providers is highest in Nassau County (n=1,682) and lowest in Suffolk County (n=1,138).

The maldistribution of primary care providers in the Long Island region is made clearer by looking at the number of providers per 10,000 population in the region’s counties. Suffolk County has 21 primary care providers per 10,000 population, while Nassau County has 36. Nassau County has a greater concentration of primary care providers even though its population (n=1.35 million) is smaller than Suffolk’s (n=1.5 million).

This maldistribution is also recognized by designations of county health professional shortage areas (HPSAs) made by the federal Health Resources and Services Administration (HRSA).⁴ In addition to county wide shortage area designations, HRSA also makes county census tract, special population, and health care facility shortage designations. Table 3a describes all of the HRSA primary care professional shortage designations for the counties in the Long Island region.

County	Whole County	Census tract, populations or facilities	Medicaid Eligible population	Low Income Population
Nassau		Yes	Yes	
Suffolk		Yes		

HRSA federal shortage designations retrieved March 17, 2016 from <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

Both counties have a census tract, population or facility designated as a primary health care Medically Underserved Area/Population (MUA/P). In Nassau County the Medicaid eligible population has also been designated a primary health care MUP.

Physical Health Medical Specialists

The Long Island region has a total of 5,178 physical medical health specialists or 18 providers per 10,000 population, which is the highest concentration in any DSRIP region other than New York City (Table 4).

County	US Census ACS 2010-2014 Est. Population	Allergy and Immunology		Cardiology and Other Cardiology Specialties		Endocrinology and Other Endocrinology Related Specialties		Obstetrics and Gynecology		General Surgery		Total	Total per 10,000 population
		MD/DO	NP/PA	MD/DO	NP/PA	MD/DO	NP/PA	MD/DO	NP/PA	MD/DO	NP/PA		
Nassau	1,335,265	156	0	1,131	19	139	0	1,071	47	685	18	3,266	24
Suffolk	1,488,509	108	0	826	2	61	1	527	18	359	10	1,912	13
Total	2,823,774	264	0	1,957	21	200	1	1,598	65	1,044	28	5,178	18

MD=medical doctor; DO=doctor of osteopathy; NP=nurse practitioner; PA=physician assistant. Data is from the DSRIP Managed Care Provider Network Database. Retrieved April 21, 2016 from https://www.health.ny.gov/health_care/medicaid/redesign/providernetwork/

Endocrinology providers (n=201) and allergy and immunology providers (n=264) are in shortest supply, while those in cardiology (n=1,978) are most prevalent, followed by obstetrics and gynecology (n=1,663), and general surgery (n=1,072). The number of medical specialists is highest in Nassau County (n=3,266) and lowest in Suffolk County (n=1,912). Suffolk County has 13 physical medical specialists per 10,000 population, while Nassau County has 24.

Dentists

In the Long Island region there is a total of 1,769 dentists serving the population of nearly 2.9 million residents (Table 5). The number of dentists is nearly equally divided between the two counties. Region-wide there are six dentists per 10,000 population, the second highest concentration in any DSRIP region.

County	US Census ACS 2010-2014 Est. Population	Number of Dentists			Per 10,000 Population
		General Dentist	Specialist Dentist	Total	
Nassau	1,335,265	627	255	882	7
Suffolk	1,488,509	562	325	887	6
Totals	2,823,774	1,189	580	1,769	6

Data is from the DSRIP Managed Care Provider Network Database. Retrieved April 21, 2016 from https://www.health.ny.gov/health_care/medicaid/redesign/providernetwork/

Physical Rehabilitation Specialists

In the Long Island region, there is a total of 2,844 physical rehabilitation specialists serving the population of nearly 2.9 million residents (Table 6).

County	US Census ACS 2010-2014 Est. Population	Occupational Therapy	Physical Therapy	Speech Therapy	Total	Total per 10,000 population
Nassau	1,335,265	141	1,380	82	1,603	12
Suffolk	1,488,509	89	1,058	94	1,241	8
Totals	2,823,774	230	2,438	176	2,844	10

Data is from the DSRIP Managed Care Provider Network Database. Retrieved April 21, 2016 from https://www.health.ny.gov/health_care/medicaid/redesign/providernetwork/

In the region, speech therapists (n=176) and occupational therapists (n=230) are in shortest supply, while physical therapists are most prevalent (n=2,438). The number of physical rehabilitation specialists ranges from a low of 1,241 in Suffolk County to a high of 1,603 in Nassau County. Region-wide there are 10 physical rehabilitation specialists per 10,000 population, the third highest rate among all DSRIP regions.

Behavioral Health Care Resources

4. Inpatient Behavioral Health Care Facilities and Programs

The data presented in this section is by county of provider location, with the exception of psychiatric inpatient average daily census, which is by patient county of residence. Individuals may access services in a county other than the county in which they reside.

Mental Health Inpatient Facilities

The Long Island DSRIP region has a total of 977 adult psychiatric beds and 234 psychiatric beds for children (Table 7).⁵ Adult and child psychiatric beds are located in both counties in the region.

Suffolk County has the largest number of adult beds (n=705) and Nassau has the smallest (n=272). Suffolk County also has the largest number of beds for children (n=198) and Nassau County has the fewest (n=36). Total psychiatric bed capacity in the region is 47 per 100,000 adults and 32 per 100,000 children.

County	- Adults -				- Children -			
	Total Inpatient Beds ¹	Total Bed Capacity per 100,000	Total Inpatient ADC ^{2,3}	Total ADC per 100,000 ⁴	Total Inpatient Beds ¹	Total Bed Capacity per 100,000	Total Inpatient ADC	Total ADC per 100,000 ⁴
Nassau	272	28	374	38	36	10	73	21
Suffolk	705	65	441	41	198	50	112	28
Totals	977	47	815	39	234	32	185	25

Notes: 1. Includes General Hospital, Private Psychiatric Hospital and State Psychiatric Centers' budgeted capacity for the county of the providers. Children's capacity includes residential treatment facility (RTF) beds for the county of the providers. 2. Average Daily Census (ADC) covers General, Private Psychiatric, State Psychiatric hospital and RTF (children only). 3. ADC is shown for patient county of residence. 4. The ADC per 100,000 population of adults or children as indicated. Data Sources: Capacity – General Hospital and Private Psychiatric Hospital current capacity: NYSOMH CONCERTS database, 10/2015. Current capacity includes all beds licensed for operation as of that date. State Psychiatric Center budgeted capacity: NYSOMH MHARS EHR, 10/2015. RTF capacity: NYSOMH CAIRS database, 10/2015. US Census 2014 Est. Populations. Average Daily Census – General Hospital (Art. 28): SPARCS, CY 2014. Private Psychiatric Hospital (Art. 31): Medicaid, CY 2014. Institutional Cost Report (ICR), CY 2014: county distribution using the 2013 Patient Characteristics Survey (PCS). State Psychiatric Centers: MHARS, CY 2014. RTF: CAIRS, CY 2014. US Census 2014 estimates.

In the Long Island region, the total inpatient average daily census (ADC) for adult beds is 815, while the ADC for child beds is 185. Suffolk County has the highest total ADC for both adults (n=441) and children (n=112). Nassau County's total ADCs are 374 for adults and 73 for children.

In the region, the total ADC per 100,000 adults is 39, while the total ADC per 100,000 children is 25 (the lowest in any DSRIP region). For adults, the total ADC per 100,000 adults is highest for residents of Suffolk County (n=41) and lower for residents of

Nassau (n=38). Similarly, the total ADC per 100,000 children is highest for residents of Suffolk County (n=28) and lower for residents of Nassau (n=21).

Substance Use Disorder Inpatient Programs

In New York State, substance use disorder (SUD) inpatient programs include crisis, inpatient rehabilitation, and residential programs.⁶ In the Long Island region (Table 8), there are nine SUD crisis programs, seven inpatient rehabilitation programs, and 14 residential programs. The majority of program capacity for all of these programs is in Suffolk County.

Table 8. Long Island Region: Substance Use Disorders Inpatient Program Capacity

County	US Census ACS 2010-2014 Est. Population	Inpatient Programs						Total Capacity	Total Capacity per 10,000
		Crisis		Inpatient Rehabilitation*		Residential			
		# Programs	Capacity	# Programs	Capacity	# Programs	Capacity		
Nassau	1,335,265	2	50	1	30	2	44	124	1
Suffolk	1,488,509	7	87	6	265	12	438	790	5
Totals	2,823,774	9	137	7	295	14	482	914	3

Notes and Data Sources: *Includes State Addiction Treatment Centers. Data is from the NYS Office of Alcoholism and Substance Abuse Services (OASAS) Provider Directory System. Includes programs that were operational as of April 2, 2016. More information about OASAS inpatient programs is available at http://www.oasas.ny.gov/hps/state/CD_descriptions.cfm

SUD program capacity in the region is 137 for crisis, 295 for inpatient rehabilitation capacity, and 482 for residential. The regional capacity per 10,000 for all SUD inpatient programs is three, which is the second lowest rate in any DSRIP region.

Table 9 describes the average daily enrollment (ADE) in these programs.

Table 9. Long Island Region: Substance Use Disorders Inpatient Program Average Daily Enrollment

County	US Census ACS 2010-2014 Est. Population	Inpatient Programs						Total Avg. Daily Enrollment	Total Avg. Daily Enrollment per 10,000
		Crisis		Inpatient Rehabilitation*		Residential			
		# Programs	Avg. Daily Enrollment	# Programs	Avg. Daily Enrollment	# Programs	Avg. Daily Enrollment		
Nassau	1,335,265	2	33	1	24	2	40	98	1
Suffolk	1,488,509	7	76	6	251	12	340	666	4
Totals	2,823,774	9	109	7	274	14	380	764	3

*Includes State Addiction Treatment Centers. Data is from the NYS Office of Alcoholism and Substance Abuse Services (OASAS) Provider Directory System. Includes programs that were operational as of April 2, 2016.

The ADE in the region for crisis is 109, inpatient rehabilitation is 274 and residential is 380. The regional ADE per 10,000 for these programs is three, which is the second lowest in any DSRIP region.

5. Outpatient Behavioral Health Care Services

The data presented here is by county of provider location. Individuals may access services in a county other than the county in which they reside.

Mental Health Outpatient and Clinic Programs

Adults

Adult mental health outpatient programs include: assertive community treatment (ACT), clinic, continuing day treatment (CDT), intensive psychiatric rehabilitative treatment (IPRT), partial hospitalization (PH), and personalized recovery-oriented services (PROS). The Long Island region’s capacity and service use in these programs are presented in Table 10.

Outpatient programs (other than clinic) are located in both Long Island counties. Outpatient program capacity is largest in Suffolk County (n=1,657 slots) and smaller in Nassau County (n=1,030 slots). There are a total of 2,687 non-clinic outpatient program slots in the region or 130 slots per 100,000 adults, which is the third highest rate in any DSRIP region.

Table 10. Long Island Region: Adult Mental Health Outpatient Capacity and Service Use by Provider County

County	Outpatient Programs (PH, IPRT, CDT, PROS, ACT)		Clinics: Total Number of Adults			
	Capacity ¹ (Slots)	Slots per 100,000 Adults ⁵	Locally Operated Clinics		Recipients in State-operated Clinics ⁴	Clinic Treatment per 100,000 Adults ⁵
			Medicaid Recipients ²	Non-Medicaid Recipients (Estimated #) ³		
Nassau	1,030	105	4,201	3,984	—	833
Suffolk	1,657	153	4,461	3,868	1,819	934
Totals	2,687	130	8,662	7,852	1,819	886

Notes and Data Sources: Clinics are not licensed for specific slot capacities, therefore size is measured by estimated total number of persons served annually. 1. Includes the total capacity for Partial Hospitalization (PH), Intensive Psychiatric Rehabilitative Treatment (IPRT), Continuing Day Treatment (CDT), Personalized Recovery-Oriented Services (PROS) and Assertive Community Treatment (ACT) (Data Source: New York State Office of Mental Health (NYSOMH) CONCERTS database, 10/2015). 2. Includes adults and children enrolled in Medicaid and served annually in non-State clinic programs (Data Source: Medicaid, CY 2014). 3. Includes annual estimate of adults not receiving Medicaid and served in non-State clinics during the NYSOMH 2013 Patient Characteristics Survey (PCS). 4. Includes adults served annually in State-run clinics (Data Source: NYSOMH MHARS database, CY 2014). 5. US Census ACS 2010-2014 Est. Population.

Clinics may be locally- or state-operated. Both counties in the Long Island region have locally-operated clinics that served a total of 8,662 adult Medicaid recipients and 7,852 adult non-Medicaid recipients. The largest number of adult Medicaid recipients (n=4,461) was served in Suffolk County and the largest number of adult non-Medicaid recipients (n=3,984) was served in Nassau County. The Long Island region has state-operated clinics in Suffolk County which together served 1,819 adults.

In the region, 886 adults received clinic treatment per 100,000 adults, which is the lowest rate in any DSRIP region. Suffolk County’s rate of 934 adults per 100,000 adults was higher than Nassau County’s rate of 833, which is the second lowest rate among all NYS counties.

Children

Mental health outpatient programs that serve children include: assertive community treatment (ACT), clinic, day treatment (DT), and partial hospitalization (PH). The Long Island region’s capacity and service use in these programs are presented in Table 11.

Table 11. Long Island Region: Child Mental Health Outpatient Capacity and Service Use by Provider County

County	Outpatient Programs (PH, DT, ACT)		Clinics: Total Number of Children			
	Capacity ¹ (Slots)	Slots per 100,000 Children ⁵	Locally Operated Clinics		Recipients in State-operated Clinics ⁴	Clinic Treatment per 100,000 Children ⁵
			Medicaid Recipients ²	Non-Medicaid Recipients (Estimated #) ³		
Nassau	30	9	1,201	1,636	–	824
Suffolk	213	54	1,253	1,348	60	674
Totals	243	33	2,454	2,984	60	744

Notes and Data Sources: Clinics are not licensed for specific slot capacities, therefore size is measured by estimated total number of children served annually. 1. Includes the total capacity for Partial Hospitalizations (PH), Day Treatment (DT) and Children's Assertive Community Treatment (ACT) (Data Source: New York State Office of Mental Health (NYSOMH) CONCERTS database, 10/2015). 2. Includes children enrolled in Medicaid and served annually in locally-operated (non-State) clinic programs (Data Source: Medicaid, CY 2014). 3. Includes annual estimate of children not receiving Medicaid and served in locally-operated (non-State) clinics during the week of the NYSOMH 2013 Patient Characteristics Survey (PCS). 4. Includes children served annually in State-run clinics (Data Source: NYSOMH MHARS database, CY 2014). 5. US Census ACS 2010-2014 Est. Population.

In the region, there are child outpatient programs (other than clinic) in both Nassau and Suffolk counties. These programs have a capacity of 243 slots or 33 slots per 100,000 children region-wide. The greater part of this capacity is in Suffolk County.

Both counties in the Long Island region have locally-operated clinics which served a total of 2,454 child Medicaid recipients and 2,984 child non-Medicaid recipients. The largest number of child Medicaid recipients (n=1,253) was served in Suffolk County and the smaller number (n=1,201) was served in Nassau County. In comparison, the largest number of child non-Medicaid recipients (n=1,636) was served in Nassau County and the smaller number (n=1,348) was served in Suffolk County.

The Long Island region has state-operated clinics in Suffolk County which served 60 children.

In the Long Island region, 744 children received clinic treatment per 100,000 children, which is the lowest rate in any DSRIP region. Nassau County’s rate of 824 children per

100,000 children is the highest in the region, while Suffolk County’s service rate of 674 children per 100,000 children is lower.

Mental Health Emergency and Community Support Programs

Adults

Table 12 describes the Long Island region’s service use in adult mental health emergency and community support programs. A total of 477 adults were served in emergency programs located in the region. Twenty three adults received emergency services per 100,000 adults.

Table 12. Long Island Region: Adult Mental Health Emergency Programs and Community Support Programs by Provider County				
County	Emergency Programs		Community Support Programs	
	# Adults Served	# Served per 100,000 Adults	# Adults Served	# Served per 100,000 Adults
Nassau	77	7	1,078	102
Suffolk	400	34	1,717	147
Totals	477	23	2,795	135

Data Sources: Includes adults receiving emergency services and support services (e.g., vocational, self-help, care coordination) as reported by the New York State Office of Mental Health 2013 Patient Characteristics Survey (PCS). US Census ACS 2010-2014 Est. Population. Service use is reported because there are no licensed capacities for nearly all of these programs.

There are adult community support programs (e.g., vocational, self-help and care coordination) in both Long Island region counties, which collectively served 2,795 adults. In the region, 135 adults per 100,000 adults received services from community support programs, which is the lowest rate in any DSRIP region. In the counties service rates per 100,000 adults ranged from a low of 102 in Nassau County to a high of 147 in Suffolk County.

Children

The Long Island region’s service use in child mental health emergency and community support programs is presented in Table 13. Eighty-eight children received emergency services from programs in Nassau and Suffolk counties. In the region 12 children received emergency services per 100,000 children.

Community support programs for children (e.g., vocational, home-based family treatment, and residential treatment facility transition) are located in both counties in the Long Island region and together served 424 children. These programs served 57 children per 100,000 children, which is the lowest rate in any DSRIP region. In the counties service rates per 100,000 children ranged from a low of 47 in Nassau County (the lowest rate in any NYS county) to a high of 86 in Suffolk County.

Table 13. Long Island Region: Child Mental Health Emergency Programs and Community Support Programs by Provider County

County	Emergency Programs		Community Support Programs	
	# Children Served	# Served per 100,000 Children	# Children Served	# Served per 100,000 Children
Nassau	37	12	139	47
Suffolk	51	15	285	86
Totals	88	12	424	57

Data Sources: Includes children receiving emergency services and support services (e.g., vocational, home-based family treatment, residential treatment facility transition) as reported by the New York State Office of Mental Health 2013 Patient Characteristics Survey (PCS). US Census ACS 2010-2014 Est. Population. Service use is reported because there are no licensed capacities for nearly all of these programs.

Behavioral Health Housing Programs

Adults

In New York State, adult behavioral health housing services are provided in licensed beds in family care, congregate treatment and apartment treatment programs, and in unlicensed beds in housing support and supported housing programs. More information about these programs is available on the NYS Office of Mental Health web page at http://bi.omh.ny.gov/adult_housing/index.

These adult housing services in the Long Island region are described in Table 14. In the region, licensed family care beds (n=254), congregate treatment beds (n=1,137, the second highest number in any DSRIP region), and apartment treatment beds (n=395) are available in both counties, with a majority of all licensed beds located in Suffolk County.

Table 14. Long Island Region: Adult Behavioral Health Community-Based Housing Capacity by Provider County

County	Licensed Beds			Unlicensed Beds		Housing Capacity per 100,000 Adults
	Family Care	Congregate Treatment	Apartment Treatment	Housing Support Programs	Supported Housing	
Nassau	66	413	165	—	927	160
Suffolk	188	724	230	—	1,520	245
Totals	254	1,137	395	—	2,447	205

Data Sources: Licensed and unlicensed beds: New York State Office of Mental Health CONCERTS database; data as of 10/2015. US Census ACS 2010-2014 Est. Population.

There are no unlicensed housing support program beds in the Long Island region. Nassau and Suffolk counties both have supported housing beds (n=2,447, the second highest number in any DSRIP region), with the greater number of beds (n=1,520) located in Suffolk County. The housing capacity per 100,000 adults in the region is 205. In the counties housing capacity per 100,000 adults ranges from a low of 160 in Nassau County to a high of 245 in Suffolk County.

Children

In New York State, child behavioral health housing services are provided in licensed beds in teaching family homes and child and youth community residences, and in home and community-based services (HCBS). These child housing services in the Long Island region are described in Table 15.

County	Number of Licensed Housing Beds				HCBS Slots	
	Teaching Family Home	Child & Youth Community Residence	Total Licensed Beds	Capacity per 100,000 Children	Number of Slots	Slots per 100,000 Children
Nassau	20	16	36	10	114	33
Suffolk	—	24	24	6	138	35
Totals	20	40	60	8	252	34

Data Sources: New York State Office of Mental Health databases. Licensed housing capacity: CONCERTS, 10/2015. Home & Community-based Services (HCBS): CAIRS, CY 2014. US Census ACS 2010-2014 Est. Population.

The Long Island region is the only DSRIP region with teaching family home licensed beds. The region’s 20 teaching family home beds are located in Nassau County. Licensed child and youth community residence beds (n=40) are located in both counties. The Long Island region has a capacity of eight licensed beds per 100,000 children.

Both counties in the region have HCBS slots (n=252) ranging from a high of 138 in Suffolk County to a low of 114 in Nassau County. The region’s HCBS slots serve 34 children per 100,000 children.

Substance Use Disorder Outpatient Programs

New York State has a variety of substance use disorder (SUD) outpatient programs including clinic and rehabilitation. In the Long Island region both counties have SUD outpatient programs. The average daily enrollment (ADE) in these programs (n=9,146) is described in Table 16.

County	US Census ACS 2010-2014 Est. Population	Outpatient	
		Avg. Daily Enrollment	
		Total	Per 10,000
Nassau	1,335,265	4,275	32
Suffolk	1,488,509	4,871	33
Totals	2,823,774	9,146	32

Notes and Data Sources: Outpatient programs (OP) include Medically Supervised Outpatient, Outpatient Rehabilitation, Specialized OP – Traumatic Brain Injury, Outpatient Chemical Dependency for Youth, Specialized OP – Mobile, and Specialized Services OP Rehabilitation. Data is from the NYS Office of Alcoholism and Substance Abuse Services (OASAS) Provider Directory System. Includes programs that were operational as of April 2, 2016.

In the region Suffolk County has the highest ADE (n=4,871) and Nassau has the lowest (n=4,275). Region-wide these SUD programs have an ADE of 32 per 10,000. In the counties ADE per 10,000 are similar.

New York State also has outpatient opioid treatment programs (Table 17). The Long Island region has six opioid treatment programs. Four of these programs are located in Suffolk County and two are in Nassau County. Together these programs have a combined capacity of 2,200 and an ADE of 1,452. Region-wide the programs have a capacity of eight per 10,000 and an ADE of five per 10,000.

County	US Census ACS 2010-2014 Est. Population	Number of Programs	Opioid Treatment (Methadone)			
			Capacity		Avg. Daily Enrollment	
			Total	Per 10,000	Total	Per 10,000
Nassau	1,335,265	2	1,025	8	540	4
Suffolk	1,488,509	4	1,175	8	912	6
Totals	2,823,774	6	2,200	8	1,452	5

Data is from the NYS Office of Alcoholism and Substance Abuse Services (OASAS) Provider Directory System. Includes programs that were operational as of April 2, 2016.

6. Care Coordination

New York State’s Medicaid health home initiative is designed to expand and improve care management for beneficiaries with intensive, high-cost service needs. The health home model provides the basis for unified systems of care to coordinate and integrate physical and behavioral health care, and social services provided to health home members. In the Long Island region, there are two Health Home providers that serve both counties (Table 18).

County	Total # Health Homes Serving Region	# Health Homes Serving County
Nassau	2	2
Suffolk		2

Data is from the NYS Department of Health Designated Health Homes Web page. Retrieved May 4, 2016 from https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/contact_information/list_by_county.htm #clinton

7. Behavioral Health Care Practitioners

Licensed Mental Health Professionals

In New York State, the licensed mental health (MH) workforce includes psychiatrists, psychologists, clinical or master level social workers, nurse practitioners—psychiatry, marriage and family therapists, mental health counselors, psychoanalysts, and creative arts therapists.⁷ The number and distribution of these practitioners in the Long Island region is presented in Table 19.

County	US Census ACS 2010-2014 Est. Population	Psychiatrists	Psychologists	LCSWs	LMSWs	Mental Health Counseling	Nurse Practitioner - Psychiatry	*Other	Total	Per 10,000
Nassau	1,335,265	579	1,226	2,551	2,356	455	129	249	7,545	57
Suffolk	1,488,509	333	866	2,348	2,152	352	235	180	6,466	43
Totals	2,823,774	912	2,092	4,899	4,508	807	364	429	14,011	50

Data for psychiatrists is from the American Board of Psychiatry and Neurology, Inc. and was retrieved from <https://application.abpn.com/verifycert/verifycert.asp> on July 15, 2014. Data for all other professions is as of June 2, 2014 and was provided by the Office of the Professions at the New York State Education Department. *Other category includes marriage and family therapists, psychoanalysts, and creative arts therapists.

The Long Island region has a total of 14,011 licensed MH professionals or 50 per 10,000 population, which is the second highest rate in any DSRIP region. Suffolk County has the lowest county distribution of MH professionals — 43 per 10,000 compared to Nassau County which has the highest — 57 per 10,000 (the third highest rate among all NYS counties).

MH Professional Shortage Designations

The distribution of licensed MH professionals in the Long Island region is recognized by federally designated health professional shortage areas (HPSAs). HPSAs are designated on the county level by the federal Health Resources and Services Administration (HRSA). HPSAs are designated using several criteria, including

population-to-clinician ratios. This ratio is usually 6,000 to 1 for mental health care.

County	Whole County	Census tract, populations or facilities	Medicaid Eligible population
Nassau		Yes	
Suffolk		Yes	

HRSA federal shortage designations retrieved March 17, 2016 from <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

In the Long Island region both counties have a census tract, population or facility designated as a MH Medically Underserved Area/Population (MUA/P).

Certified and Credentialed Substance Use Disorder Professionals

In New York State, the certified and credentialed substance use disorder (SUD) workforce includes physicians and counselors. The number and distribution of these practitioners in the Long Island region is presented in Table 20. Both counties in the Long Island region have SUD professionals.

County	US Census ACS 2010-2014 Est. Population	Physicians		Counselors		Total	Per 10,000 Population
		Board Certified Addiction Medicine	Authorized for Buprenorphine Prescription	Credentialed Alcoholism and Substance Abuse	Certified Rehabilitation		
Nassau	1,335,265	36	263	354	99	716	5
Suffolk	1,488,509	17	258	522	75	855	6
Totals	2,823,774	53	521	876	174	1,571	6

Data is from the NYS Office of Alcoholism and Substance Abuse Services (OASAS) Human Resources Office and is as of May 13, 2016.

SUD physicians include those board certified in addiction medicine and those authorized to prescribe buprenorphine to treat opioid addiction. In the Long Island region there are 53 physicians certified in addiction medicine. Both counties have physicians authorized to prescribe buprenorphine (n=521).

SUD counselors include those credentialed in alcoholism and substance abuse and those certified in rehabilitation. Both counties in the Long Island region have both alcoholism and substance abuse counselors and rehabilitation counselors.

Overall, the Long Island region has a total of 1,571 certified and credentialed SUD professionals or six per 10,000 population.

While there are no HPSA shortage designations for SUD professionals, an area will be considered to have unusually high needs for mental health services if: 1) there is a high prevalence of alcoholism in the population, as indicated by prevalence data showing the

area's alcoholism rates to be in the worst quartile of the nation, region, or State; or 2) there is a high degree of substance abuse in the area, as indicated by prevalence data showing the area's substance abuse to be in the worst quartile of the nation, region, or State.⁸

¹ NYS Nursing Home Behavioral Intervention Services: This program must include a discrete unit with a planned combination of services with staffing, equipment and physical facilities designed to serve individuals whose severe behavior cannot be managed in a less restrictive setting. The program's services are directed at attaining or maintaining the individual at the highest practicable level of physical, affective, behavioral and cognitive functioning. Retrieved April 21, 2016 from https://www.health.ny.gov/facilities/nursing/all_services.htm.

² Diagnostic and Treatment Centers provide a comprehensive range of primary health care services to a population that includes uninsured individuals.

³ Federally qualified health centers (FQHCs) include all organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, and provide comprehensive services.

⁴ A primary care HPSA is a collection of census tracts that has been designated as having a shortage of primary care health professionals. HRSA uses two methodologies to determine whether there are adequate health care resources for specific geographical areas. Aggregate ZIP codes or census tracts can be designated as a Medically Underserved Area/Population (MUA/P) based on an analysis of four criteria: the ratio of primary care medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. A medically underserved population faces economic barriers (e.g. low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services, and population specific information is assessed according to the above criteria to achieve MUP designation.

⁵ In this report adults are individuals aged 20 and older and children are individuals aged 19 and younger.

⁶ More information about OASAS inpatient programs is available at http://www.oasas.ny.gov/hps/state/CD_descriptions.cfm

⁷ Licensed Mental Health Workforce Data Sources and Limitations: Data for psychiatrists is from the American Board of Psychiatry and Neurology, Inc. and was retrieved from <https://application.abpn.com/verifycert/verifycert.asp> on July 15, 2014. Data for all other professions is as of June 2, 2014 and was provided by the Office of the Professions at the New York State Education Department. Licensees must be registered in order to practice and use a professional title in NYS; being registered, however, does not necessarily mean the licensee is actively engaged in practice. In addition, NYS licensing data show only "nurse practitioners-psychiatry" as a BH-psychiatric nurse specialty. All other nursing specialties that contribute to the licensed BH workforce are combined in the general category of "nurse" in the NYS licensing data and are not counted in the licensed BH workforce described here. This limitation also extends to other data sources such as professional nursing organizations, which also combine all nursing specialties in a general category of "nurse" in their data collection processes.

⁸ HRSA Guidelines for Mental Health HPSA Designation. Retrieved May 24, 2016 from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/mentalhealthhpsaguidelines.html>

III. Health Status

This section describes the health status of individuals in the Long Island DSRIP region. Its findings should be considered with those in Sections V and VI of this report, which describe unmet service need by DSRIP region.

1. Disease Prevalence

Chronic Conditions

Among all the DSRIP regions, the Long Island region has the lowest average percentages of adults with each of the chronic conditions in Table 1, except asthma. In the region, Suffolk County has the highest percentages of adults that are overweight or obese (60%) and that have diabetes (9%). The region’s two counties are similar in percentages of adults with the other chronic conditions.

County	Age-adjusted Percentage of Adults				
	With physician diagnosed diabetes	With physician diagnosed angina, heart attack or stroke	Ever told they have high blood pressure	Overweight or obese (BMI 25 or higher)	With current asthma
Nassau	6	6	25	53	9
Suffolk	9	7	23	60	8
Region Average	7	7	24	56	9

Data Source is the NYS Department of Health Community Health Indicator Reports (CHIRS): Latest Data. Retrieved May 2, 2016 from <https://health.data.ny.gov/Health/Community-Health-Indicator-Reports-CHIRS-Latest-Da/54ci-sdfi>

Compared to all other NYS counties, Nassau County has the lowest percentages of adults with diabetes (6%) and that are overweight or obese (53%), and Suffolk County has the lowest percentage of adults with high blood pressure (23%).

HIV, AIDS and Cancer

Except for New York City, the Long Island DSRIP region has the highest average case rates per 100,000 of HIV (n=8) and AIDS (n=5), and the rates are highest in Nassau County (Table 2). The region has the second highest average cancer incidence rate per 100,000 (n=532) of all DSRIP regions, and that rate is highest in Suffolk County (n=541).

County	Age-adjusted case rate per 100,000		Age-adjusted all cancers incidence rate per 100,000
	HIV	AIDS	
Nassau	8	5	523
Suffolk	7	4	541
Region Average	8	5	532

Data Source is the NYS Department of Health Community Health Indicator Reports (CHIRS): Latest Data. Retrieved May 2, 2016 from <https://health.data.ny.gov/Health/Community-Health-Indicator-Reports-CHIRS-Latest-Da/54ci-sdfi>

2. Health Behaviors and Risk Factors

In the Long Island region, Suffolk County has the highest percentages of adults that report binge drinking (16%), smoking (14%), food insecurity in the past 12 months (24%), poor health (6%), and poor mental health for 14 or more days in the last month (14%) (Table 3). Nassau County has the highest percentage of adults that report not receiving medical care because of cost in the past 12 months (15%).

Table 3. Long Island Region: Adult Self-Reported Health Behaviors and Risk Factors

County	Survey Sample Size	Percentage of Adults Who Self-Reported:							
		Binge drinking during past month	Food insecurity in past 12 months	Housing insecurity in past 12 months	Poor health	Current smoker	Did not receive medical care because of cost in past 12 mos	Poor mental health for 14 or more days in last month	Cigarette smoking among those who report poor mental health
Nassau	3,516	13%	23%	40%	3%	13%	15%	8%	*
Suffolk	3,783	16%	24%	40%	6%	14%	10%	14%	23%
Region Total/Avg.	7,299	14%	23%	40%	5%	14%	13%	11%	23%

*Suppressed due to small sample size. Data is from the CDC Expanded Behavioral Risk Factor Surveillance System (BRFSS) 2013-14 Survey. Retrieved April 27, 2016 from https://health.data.ny.gov/Health/Expanded-Behavioral-Risk-Factor-Surveillance-Surve/jsy7-eb4n?_sm_au_=iVnMrPRnsfs8P5M

Among all DSRIP regions, the Long Island region has the lowest average percentages of adults reporting binge drinking (14%) and cigarette smoking among those that report poor mental health (23%). The Long Island region also has the second highest average percentage (13%) of those that did not receive medical care because of cost and the third highest average percentage of those that experienced housing insecurity (40%).

3. Hospitalization Rates by Disease or Cause

Among all DSRIP regions, the Long Island region has the second highest average rates of hospitalization per 10,000 for cardiovascular disease (n=165), stroke (n=25), diabetes (n=15), and asthma (n=14). Hospitalization rates are highest in Suffolk County for all causes except diabetes, asthma, and self-inflicted injury; these rates are equivalent to those in Nassau County (Table 4).

Table 4. Long Island Region: Hospitalization Rates by Disease or Cause

County	Age-adjusted hospitalization rate per 10,000							Newborn drug-related diagnosis rate per 10,000 newborn discharges
	Total hospitalizations	Cardiovascular disease	Cerebrovascular disease (stroke)	Diabetes (primary diagnosis)	Asthma	Self-inflicted injury	Drug-related	
Nassau	1,214	155	24	15	14	5	19	45
Suffolk	1,266	174	27	15	14	5	26	82
Region Average	1,240	165	25	15	14	5	23	63

Data Source is the NYS Department of Health Community Health Indicator Reports (CHIRS): Latest Data. Retrieved May 2, 2016 from <https://health.data.ny.gov/Health/Community-Health-Indicator-Reports-CHIRS-Latest-Da/54ci-sdfi>

Among all DSRIP regions, the Long Island region’s newborn drug-related diagnosis rate (n=63) is the second lowest. The rate is higher in Suffolk County (n=82) than in Nassau (n=45).

4. Mortality Rates

Premature Mortality

Compared to all other DSRIP regions, the Long Island region has the lowest average percentage of premature deaths (35%). Compared to all other NYS counties, Nassau County has the lowest percentage of premature deaths (32%).

County	Percentage premature deaths (aged less than 75 years)	Rate per 100,000		
		Premature Death (aged 35-64 years)		Alcohol related motor vehicle injuries and deaths
		Cardiovascular disease	Cerebrovascular disease (stroke)	
Nassau	32	82	8	42
Suffolk	39	77	8	47
Average % or Rate	35	79	8	44

Data Source is the NYS Department of Health Community Health Indicator Reports (CHIRS): Latest Data. Retrieved May 2, 2016 from <https://health.data.ny.gov/Health/Community-Health-Indicator-Reports-CHIRS-Latest-Da/54ci-sdfi>

The Long Island region also has the lowest average premature death rates per 100,000 for both cardiovascular disease (n=79) and stroke (n=8) and the second lowest average rate of alcohol related motor vehicle injuries and deaths (n=44) in all DSRIP regions.

Top Ten Causes of Death

Among all DSRIP regions, the Long Island region has the lowest average death rate for diabetes (n=10) and cirrhosis of the liver (n=5). It also has the second lowest average death rates per 100,000 due to malignant neoplasms (n=141), stroke (n=23), chronic lower respiratory disease (n=23), and suicide (n=7). Heart disease is the number one cause of death in both counties (Table 6). In the region, Suffolk County has the highest death rate due to each cause listed except heart disease, AIDS, and homicide.

Table 6. Long Island Region: 2014 Top Ten Causes of Death — Rates* per 100,000 Population by Resident County

County	Heart Disease	Malignant Neoplasms	Cerebrovascular Disease (Stroke)	AIDS	Pneumonia	Chronic Lower Respiratory Disease	Accidents	Diabetes Mellitus	Homicide or Legal Intervention	Cirrhosis of Liver	Suicide
Nassau	185	131	21	1	13	21	26	10	2	4	6
Suffolk	174	151	25	1	15	26	32	11	2	5	8
Region Average	180	141	23	1	14	23	29	10	2	5	7

Data is from the NYS Department of Health. Retrieved April 26, 2016 from https://www.health.ny.gov/statistics/vital_statistics/2014/table40.htm
 *Age-Sex adjusted rates are directly standardized using the age-sex distribution for the United States 2000 Census.

5. Patients in the Public Mental Health System

Every other year, the NYS Office of Mental Health (OMH) collects information about patients served over a one week period in NYSOMH funded or licensed outpatient and inpatient facilities. Tables 7 and 8 report the chronic health conditions and behavioral health diagnoses of those served in 2015.

Chronic Health Conditions

Overall, smoking (30%) and high blood pressure (18%) and are the leading chronic health conditions for the public mental health population in the Long Island region (Table 7).

Table 7. Long Island Region: Chronic Health Conditions Among Those Served in the NYS Public Mental Health System

Age Group	Percentage of Patients Served with Chronic Health Conditions						
	Current Smokers	Diabetes	Obesity	High Blood Pressure	Hyperlipidemia	Had a Heart Attack	Had a Stroke
Under 21	5	1	6	1	1	0	0
21-64	38	14	19	21	19	1	1
65+	23	19	13	40	31	4	3
Total Average	30	12	16	18	16	1	1

Data is from the NYS Office of Mental Health 2015 Patient Characteristics Survey. Data retrieved April 28, 2016.

Among all DSRIP regions, the Long Island region has the highest percentage of patients with hyperlipidemia (16%) and the second highest percentage with diabetes (12%).

- For patients ages 21-64, it has the highest percentage with diabetes (14%) and the second highest percentage with hyperlipidemia (19%) in all DSRIP regions.
- For patients ages 65 and older, the Long Island region has the second lowest percentage of those with obesity (13%) in all DSRIP regions.

Behavioral Health Diagnoses

Overall, schizophrenia and other psychotic disorders (33%) and depressive disorders (24%) are the leading behavioral health diagnoses for the public mental health population in the Long Island region (Table 8).

Table 8. Long Island Region: Behavioral Health Diagnoses Among Those Served in the NYS Public Mental Health System

Age Group	Percentage of Patients Served by Diagnostic Category								
	Anxiety Disorder	Bipolar and related Disorders	Depressive Disorders	Disruptive Impulse Conduct Disorder	Neurodevelopmental Disorders	Schizophrenia Spectrum & other Psychotic Disorders	Trauma Stress or Adjustment	Not a Mental Illness	With a Co-Occurring Disorder
Under 21	8	13	26	7	23	3	12	3	4
21-64	6	22	23	0	1	41	3	2	24
65+	6	13	27	0	0	45	1	2	12
Total Average	6	19	24	2	6	33	5	2	19

Data is from the NYS Office of Mental Health 2015 Patient Characteristics Survey. Data retrieved April 28, 2016.

Among all DSRIP regions, the Long Island region has the highest percentage of patients served with schizophrenia and other psychotic disorders (33%), and the second highest percentage of those with bipolar and related disorders (19%).

- Among patients under the age of 21, the region has the highest percentage of those with depressive disorders (26%) and the lowest percentage of those with anxiety disorder (8%) in all DSRIP regions.
- For patients ages 21-64, it has the highest percentages with bipolar and related disorders (22%) and schizophrenia and other psychotic disorders (41%), and the lowest percentage of those with anxiety disorder (6%) in all DSRIP regions.
- For patients ages 65 and older, the Long Island region has the highest percentage of those with schizophrenia and other psychotic disorders (45%) and the lowest percentage of those with anxiety disorder (6%) in all DSRIP regions.

IV. Behavioral Health Care Utilization

This section describes behavioral health care utilization in hospitals and emergency rooms by Medicaid beneficiaries in the Long Island DSRIP region. Its findings should be considered with those in Sections V and VI of this report, which describe unmet service need by DSRIP region.

1. Medicaid Beneficiaries with Mental Health Diagnoses

Mental Health Diagnosis Inpatient Admissions

Table 1 describes the number of Medicaid beneficiaries in the Long Island region with inpatient hospital admissions (n=33,783) by mental health diagnosis. By county, admissions ranged from a high of 20,511 in Suffolk to a low of 13,272 in Nassau. Region-wide, the largest percentages of Medicaid beneficiaries with a mental health inpatient hospital admission had depressive disorders (46%), followed by schizophrenia (15%), chronic stress and anxiety diagnoses (14%), other mental health diagnoses (12%), bi-polar disorder (11%), and PTSD (1%).

County	Bi-Polar Disorder		Depressive Disorders		Schizophrenia		Chronic Stress and Anxiety Diagnoses		Post Traumatic Stress Disorder		Other Mental Health Diagnoses		Total Medicaid Beneficiaries with MH Inpatient Admission
	Number/Percentage of Medicaid Beneficiaries												
	N	%	N	%	N	%	N	%	N	%	N	%	
Nassau	1,363	10%	6,250	47%	2,073	16%	1,827	14%	57	0%	1,702	13%	13,272
Suffolk	2,378	12%	9,450	46%	2,978	15%	3,032	15%	212	1%	2,461	12%	20,511
Totals	3,741	11%	15,700	46%	5,051	15%	4,859	14%	269	1%	4,163	12%	33,783

Data is from the NYS Department of Health Medicaid Chronic Conditions and Inpatient Admissions data base, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/2yck-xisk#Export>

In the region, the percentages of Medicaid beneficiaries hospitalized for mental health diagnosis were similar by diagnosis in both counties, except for bi-polar disorder which was highest in Suffolk County (12%). Compared to all other DSRIP regions, Long Island had the highest percentage of Medicaid beneficiaries hospitalized for bipolar disorder (11%).

Table 2 describes the number of Medicaid inpatient hospital admissions in the Long Island region (n=73,179) by mental health diagnosis. By county, admissions ranged from a high of 44,991 in Suffolk County to a low of 28,188 in Nassau.

Table 2. Long Island Region: Number of Medicaid Inpatient Hospital Admissions by Mental Health Diagnosis

County	Bi-Polar Disorder	Depressive Disorders	Schizophrenia	Chronic Stress and Anxiety Diagnoses	Post Traumatic Stress Disorder	Other Mental Health Diagnoses	Total Number of MH Admissions
	Number of Admissions						
Nassau	3,079	13,265	4,401	3,653	142	3,648	28,188
Suffolk	5,738	20,428	6,158	6,356	559	5,752	44,991
Totals	8,817	33,693	10,559	10,009	701	9,400	73,179

Data is from the NYS Department of Health Medicaid Chronic Conditions and Inpatient Admissions data base, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/2yck-xisk#Export>

Depressive disorders accounted for the largest number of inpatient admissions in both counties and were highest in Suffolk (n=20,428). Across counties, admissions were highest in Suffolk County for all diagnoses.

Mental Health Diagnosis Emergency Room Visits

Table 3 describes the total number of Medicaid beneficiaries in the Long Island region with emergency room visits (n=50,340) by mental health diagnosis. By county, ER visits ranged from a high of 32,452 in Suffolk to a low of 17,888 in Nassau.

Table 3. Long Island Region: Number of Medicaid Beneficiaries with Emergency Room Visits by Mental Health Diagnosis

County	Bi-Polar Disorder		Depressive Disorders		Schizophrenia		Chronic Stress and Anxiety Diagnoses		Post Traumatic Stress Disorder		Other Mental Health Diagnoses		Total Medicaid Beneficiaries with MH ER Visit
	Number/Percentage of Medicaid Beneficiaries												
	#	%	#	%	#	%	#	%	#	%	#	%	
Nassau	1,980	11%	6,818	38%	2,730	15%	2,768	15%	271	2%	3,321	19%	17,888
Suffolk	3,725	11%	12,398	38%	4,795	15%	5,262	16%	680	2%	5,592	17%	32,452
Totals	5,705	11%	19,216	38%	7,525	15%	8,030	16%	951	2%	8,913	18%	50,340

Data is from the NYS Department of Health Medicaid Chronic Conditions and Emergency Room Visits database, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/wybq-m39t>

Region-wide by diagnosis, the largest percentages of Medicaid beneficiaries with a mental health ER visit were for depressive disorders (38%), followed by other mental health diagnoses (18%), chronic stress and anxiety diagnoses (16%), schizophrenia (15%), bi-polar disorder (11%), and PTSD (2%).

In the region, the percentages of Medicaid beneficiaries hospitalized for mental health diagnosis were similar by diagnosis in both counties, except for other mental health diagnoses, which were highest in Nassau County (19%). Compared to all other DSRIP regions, Long Island had the highest percentages of Medicaid beneficiaries with ER visits for bipolar disorder (11%), schizophrenia (15%), and chronic stress and anxiety diagnoses (16%).

Table 4 describes the total number of Medicaid ER visits in the Long Island region (n=151,691) by mental health diagnosis. By county, ER visits ranged from a high of 102,998 in Suffolk County to a low of 48,693 in Nassau.

County	Bi-Polar Disorder	Depressive Disorders	Schizophrenia	Chronic Stress and Anxiety Diagnoses	Post Traumatic Stress Disorder	Other Mental Health Diagnoses	Total Number of ER Visits
	Number of ER Visits						
Nassau	6,051	18,285	7,289	7,219	814	9,035	48,693
Suffolk	13,432	38,410	14,490	16,268	2,658	17,740	102,998
Totals	19,483	56,695	21,779	23,487	3,472	26,775	151,691

Data is from the NYS Department of Health Medicaid Chronic Conditions and Emergency Room Visits database, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/wybq-m39t>

Depressive disorders accounted for the largest number of ER visits in both counties and were highest in Suffolk (n=38,410). Across counties, ER visits were highest in Suffolk County for all diagnoses.

Medicaid Mental Health Beneficiaries Compared to All Medicaid Beneficiaries

Table 5 describes Medicaid mental health beneficiaries compared to all Medicaid beneficiaries in the Long Island region. In the region, 8% of all Medicaid beneficiaries had a mental health inpatient hospital admission and 12% had a mental health ER visit. By county, Suffolk had the highest percentage of Medicaid beneficiaries with a mental health inpatient admission (9%), while Nassau had the lowest (7%). Similarly, Suffolk County had the highest percentage of Medicaid beneficiaries with a mental health ER visit (14%) and Nassau had the lowest (9%).

County	All Medicaid Beneficiaries	Medicaid Beneficiaries with MH Inpatient Admission		Medicaid Beneficiaries with MH ER Visit	
		Number/Percentage of Medicaid Beneficiaries			
		N	%	N	%
Nassau	195,861	13,272	7%	17,888	9%
Suffolk	239,356	20,511	9%	32,452	14%
Totals	435,217	33,783	8%	50,340	12%

Data is from the NYS Department of Health Medicaid Chronic Conditions and Inpatient Admissions data base, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/2yck-xisk#Export>

2. Medicaid Beneficiaries with Substance Use Disorders

Substance Use Disorder Inpatient Admissions

Table 6 describes the total number of Medicaid beneficiaries in the Long Island region with inpatient hospital admissions (n=14,949) by substance use disorder (SUD). By county, admissions ranged from a high of 9,685 in Suffolk to a low of 5,264 in Nassau.

Region-wide, the largest percentages of Medicaid beneficiaries with a SUD inpatient hospital admission had alcohol use disorder (31%), followed by opioid use disorder (26%), drug abuse: cannabis/NOS/NEC (17%), other SUD diagnoses (16%), and cocaine use disorder (11%).

Table 6. Long Island Region: Number of Medicaid Beneficiaries with Inpatient Hospital Admissions by Substance Use Disorder

County	Cocaine Use Disorder		Alcohol Use Disorder		Opioid Use Disorder		Drug Abuse: Cannabis/NOS/NEC		Other SUD Diagnoses		Total Medicaid Beneficiaries with SUD Inpatient Admission
	Number/Percentage of Medicaid Beneficiaries										
	#	%	#	%	#	%	#	%	#	%	
Nassau	561	11%	1,862	35%	1,241	24%	969	18%	631	12%	5,264
Suffolk	1,056	11%	2,782	29%	2,633	27%	1,499	15%	1,715	18%	9,685
Totals	1,617	11%	4,644	31%	3,874	26%	2,468	17%	2,346	16%	14,949

Data is from the NYS Department of Health Medicaid Chronic Conditions and Inpatient Admissions data base, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/2yck-xisk#Export>

In the region, the percentages of Medicaid beneficiaries hospitalized for SUD were highest by disorder in the following counties: alcohol use disorder (35%) and drug abuse: cannabis/ NOS/NEC (18%) in Nassau County, and opioid use disorder (27%) and other SUD diagnoses (18%) in Suffolk County. The percentages of Medicaid beneficiaries hospitalized for cocaine use disorder were 11% in each county. Compared to all other DSRIP regions, the Long Island region had the largest percentage of Medicaid beneficiaries hospitalized with opioid use disorder (26%).

Table 7 describes the number of Medicaid inpatient hospital admissions in the Long Island region (n=39,598) by substance use disorder. By county, admissions ranged from a high of 25,058 in Suffolk County to a low of 14,540 in Nassau.

Table 7. Long Island Region: Number of Medicaid Inpatient Hospital Admissions by Substance Use Disorder

County	Cocaine Use Disorder	Alcohol Use Disorder	Opioid Use Disorder	Drug Abuse: Cannabis/NOS/NEC	Other SUD Diagnoses	Total Number of SUD Admissions
	Number of Admissions					
	Nassau	561	1,862	1,241	969	
Suffolk	1,056	2,782	2,633	1,499	1,715	25,058
Totals	1,617	4,644	3,874	2,468	2,346	39,598

Data is from the NYS Department of Health Medicaid Chronic Conditions and Inpatient Admissions data base, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/2yck-xisk#Export>

Alcohol use disorder accounted for the largest number of inpatient admissions in both counties, and were highest in Suffolk (n=2,782). Across counties, admissions for all disorders were highest in Suffolk County.

Substance Use Disorder Emergency Room Visits

Table 8 describes the total number of Medicaid beneficiaries in the Long Island region with emergency room (ER) visits (n=21,665) by substance use disorder. By county, ER visits ranged from a high of 14,066 in Suffolk to a low of 7,599 in Nassau. Region-wide, the largest percentages of Medicaid beneficiaries with a SUD ER visit were for cocaine use disorder (28%), followed by drug abuse: cannabis/NOS/NEC (24%), other SUD diagnoses (19%), opioid use disorder (17%), and alcohol use disorder (13%).

Table 8. Long Island Region: Number of Medicaid Beneficiaries with Emergency Room Visits by Substance Use Disorder

County	Cocaine Use Disorder		Alcohol Use Disorder		Opioid Use Disorder		Drug Abuse: Cannabis/NOS/NEC		Other SUD Diagnoses		Total Medicaid Beneficiaries with SUD ER Visit
	Number/Percentage of Medicaid Beneficiaries										
	#	%	#	%	#	%	#	%	#	%	
Nassau	2,208	29%	904	12%	1,391	18%	1,743	23%	1,353	18%	7,599
Suffolk	3,769	27%	1,824	13%	2,314	16%	3,393	24%	2,766	20%	14,066
Totals	5,977	28%	2,728	13%	3,705	17%	5,136	24%	4,119	19%	21,665

Data is from the NYS Department of Health Medicaid Chronic Conditions and Emergency Room Visits database, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/wybq-m39t>

In the region, the percentages of Medicaid beneficiaries with ER visits were highest by disorder in the following counties: cocaine use disorder (29%) and opioid use disorder (18%) in Nassau County, and other SUD diagnoses in Suffolk County (20%). The percentages of Medicaid beneficiaries hospitalized for alcohol use disorder and drug abuse: cannabis/NOS/NEC were similar in both counties. Compared to all other DSRIP regions, the Long Island region had the largest percentage of Medicaid beneficiaries with ER visits for drug abuse: cannabis/NOS/NEC (24%).

Table 9 describes the number of Medicaid ER visits in the Long Island region (n=79,424) by substance use disorder. By county, ER visits ranged from a high of 53,116 in Suffolk County to a low of 26,308 in Nassau. Cocaine use disorder accounted for the largest number of ER visits in both counties, and were highest in Suffolk (n=14,056). Across counties, ER visits for all disorders were highest in Suffolk County.

Table 9. Long Island Region: Number of Medicaid Emergency Room Visits by Substance Use Disorder

County	Cocaine Use Disorder	Alcohol Use Disorder	Opioid Use Disorder	Drug Abuse: Cannabis/NOS/NEC	Other SUD Diagnoses	Total Number of ER Visits
	Number of ER Visits					
Nassau	7,733	3,314	4,580	5,690	4,991	26,308
Suffolk	14,056	6,790	9,272	12,592	10,406	53,116
Totals	21,789	10,104	13,852	18,282	15,397	79,424

Data is from the NYS Department of Health Medicaid Chronic Conditions and Emergency Room Visits database, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/wybq-m39t>

Medicaid Substance Use Disorder Beneficiaries Compared to All Medicaid Beneficiaries
 Table 10 describes Medicaid SUD beneficiaries compared to all Medicaid beneficiaries in the Long Island region. In the region, 3% of all Medicaid beneficiaries had a SUD inpatient hospital admission and 5% had a SUD ER visit. By county, the percentage of Medicaid beneficiaries with a SUD inpatient admission were similar. Suffolk County had the highest percentage of Medicaid beneficiaries with a SUD ER visit (6%) and Nassau had the lowest (4%).

County	All Medicaid Beneficiaries	Medicaid Beneficiaries with SUD Inpatient Admission		Medicaid Beneficiaries with SUD ER Visit	
		Number/Percentage of Medicaid Beneficiaries			
		N	%	N	%
Nassau	195,861	5,264	3%	7,599	4%
Suffolk	239,356	9,685	4%	14,066	6%
Totals	435,217	14,949	3%	21,665	5%

Data is from the NYS Department of Health Medicaid Chronic Conditions and Inpatient Admissions data base, 2012 data. Retrieved May 4, 2016 from <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/2yck-xisk#Export>

3. Medicaid Beneficiary Hospital Inpatient Admissions and Emergency Room Visits

Medicaid Beneficiaries by Eligibility Type

In the Long Island region 15% of the estimated population are Medicaid beneficiaries (Table 11), which is the lowest percentage in any DSRIP region. By county, the percentage of the estimated population that are Medicaid beneficiaries are similar.

Medicaid beneficiaries include individuals that receive only Medicaid and individuals that are dually-eligible for Medicare and Medicaid benefits because of their age or disability and low incomes.¹ In the Long Island region, 82% of Medicaid beneficiaries receive Medicaid only and 18% are dual-eligible. Medicaid only beneficiaries range from a low of 81% in Nassau County to a high of 83% in Suffolk.

County	US Census ACS 2010-2014 Est. Population	Total Medicaid Beneficiaries		Medicaid Only		Dual Medicaid and Medicare	
		#	% Total Pop	#	% Total Medicaid Bene.	#	% Total Medicaid Bene.
Nassau	1,335,265	195,861	15%	159,608	81%	36,253	19%
Suffolk	1,488,509	239,356	16%	199,389	83%	39,967	17%
Totals	2,823,774	435,217	15%	358,997	82%	76,220	18%

Data is from the NYS Department of Health's Medicaid Beneficiaries Inpatient Admissions and Emergency Room Visits data base; 2012 data. Retrieved May 11, 2016 from <https://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pje4#About>

Medicaid Beneficiary Hospital Inpatient Admissions

Medicaid beneficiary hospital inpatient admissions in the Long Island region are described in Table 12.² In the region, 12% of Medicaid only beneficiaries and 17% of Medicaid/Medicare dual-eligible beneficiaries experienced at least one hospital inpatient admission.

Table 12. Long Island Region: Medicaid Hospital Inpatient Admissions by Beneficiary Type

County	Number of Beneficiaries		Number of Beneficiaries with Inpatient Admissions				Total Inpatient Hospital Admissions	
	Medicaid Only	Dual Medicaid and Medicare	Medicaid Only		Dual Medicaid and Medicare		Medicaid Only	Dual Medicaid and Medicare
	#	#	#	%	#	%	#	#
Nassau	159,608	36,253	17,874	11%	6,369	18%	25,739	8,875
Suffolk	199,389	39,967	24,611	12%	6,923	17%	35,087	9,539
Totals	358,997	76,220	42,485	12%	13,292	17%	60,826	18,414

Data is from the NYS Department of Health's Medicaid Beneficiaries Inpatient Admissions and Emergency Room Visits data base; 2012 data. Retrieved May 11, 2016 from <https://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pje4#About>

Percentages of Medicaid only and dual-eligible Medicaid/Medicare beneficiaries with hospital inpatient admissions were similar across counties. Compared to all other DSRIP regions, the Long Island region had the largest percentage of Medicaid only beneficiaries with inpatient admissions (12%).

Medicaid Beneficiary Emergency Room Visits

Emergency room (ER) visits among Medicaid beneficiaries in the Long Island region are described in Table 13.³ In the region, 26% of Medicaid only beneficiaries and 15% of Medicaid/Medicare dual-eligible beneficiaries experienced at least one ER visit.

Percentages of Medicaid only beneficiaries with ER visits ranged from a low of 24% in Nassau County to a high of 28% in Suffolk. In comparison, ER visits for the Medicaid/Medicare dual-eligible population ranged from a low of 13% in Nassau County to a high of 17% in Suffolk.

Table 13. Long Island Region: Medicaid Emergency Room Visits by Beneficiary Type

County	Number of Beneficiaries		Number of Beneficiaries with ER Visits				Total ER Visits	
	Medicaid Only	Dual Medicaid and Medicare	Medicaid Only		Dual Medicaid and Medicare		Medicaid Only	Dual Medicaid and Medicare
	#	#	#	%	#	%	#	#
Nassau	159,608	36,253	38,667	24%	4,723	13%	69,392	7,896
Suffolk	199,389	39,967	55,774	28%	6,617	17%	106,576	12,816
Totals	358,997	76,220	94,441	26%	11,340	15%	175,968	20,712

Data is from the NYS Department of Health's Medicaid Beneficiaries Inpatient Admissions and Emergency Room Visits data base; 2012 data. Retrieved May 11, 2016 from <https://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pje4#About>

In conclusion, in the Long Island region the Medicaid only population had a higher percentage of ER visits than the Medicaid/Medicare dual-eligible population, while the Medicaid/Medicare dual-eligible population had a higher percentage of hospital inpatient admissions than the Medicaid only population.

¹ In this analysis, dual status was based upon the last month of enrollment/eligibility during the year. If the Medicaid beneficiary was indicated as being eligible for Part A, B, C or D Medicare services they are classified as dual eligible. The dual-eligible Medicare and Medicaid population is diverse and includes individuals with multiple chronic conditions, physical disabilities, and cognitive impairments such as dementia, developmental disabilities, and mental illness. It also includes some individuals who are relatively healthy. Retrieved May 12, 2016 from <http://www.medpac.gov/documents/data-book/january-2015-medpac-and-macpac-data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid.pdf>

² In this analysis, inpatient utilization was based on all Medicaid inpatient admissions. To avoid duplication, admissions are counted per Medicaid beneficiary, per hospital, per admission.

³ Emergency room utilization was based on all Medicaid fee-for-service and managed care emergency room visits. To avoid duplication with multiple provider claims on a single ER visit for a Medicaid beneficiary, visits were counted per unique recipient per day.

V. Unmet Service Needs

Access to an adequate amount of outpatient care and community resources can reduce hospitalizations and emergency room (ER) visits for both behavioral and physical health problems. For example, high rates of potentially avoidable ER visits and hospital admissions suggest a need for further outpatient resources in the community. This section describes the unmet service needs of individuals in the Long Island DSRIP region.

Quality indicators are one of several ways to measure the unmet needs of a community. Unmet service need is reported here using measures of initiation and engagement in behavioral health treatment and measures of potentially avoidable hospitalizations and ER visits. Further information about these measures is included below. Additional information about unmet need in the Long Island DSRIP region from needs assessments of local issues conducted by counties in the region is also included.

1. Behavioral Health Treatment

Mental Health Medication Adherence and Management

Adherence to Antipsychotic Medications for Individuals with Schizophrenia, and Antidepressant Medication Management are two Healthcare Effectiveness Data and Information Set (HEDIS)/New York State Quality Assurance Reporting Requirement (QARR) measures collected by Performing Provider Systems in the DSRIP program.

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia refers to the percentage of members, ages 19 to 64 years, with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.
- Antidepressant Medication Management Effective Acute Phase Treatment refers to the percentage of members who remained on antidepressant medication during the entire 12-week acute treatment phase.
- Antidepressant Medication Management Effective Continuation Phase Treatment refers to the percentage of members who remained on antidepressant medication for at least six months.

For adults with schizophrenia in the Long Island region, 66% adhere to antipsychotic medications (34% do not). In the region, the percentage with adherence to antipsychotic medications is 66% in Suffolk County and 67% in Nassau (Table 1).

In the region, 52% of individuals remain on antidepressant medication during the acute phase and 39% remain on antidepressant medication during the continuation phase (61% do not). Among all DSRIP regions, Long Island has highest adherence to antidepressant medication in the continuation phase. Adherence to antidepressants is lowest in Nassau County for both the acute (50%) and continuation (37%) phases.

County	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Antidepressant Medication Management	
		Effective Acute Phase Treatment	Effective Continuation Phase Treatment
Nassau	67%	50%	37%
Suffolk	66%	54%	41%
Region Avg. %	66%	52%	39%

Notes and Data Sources: Data is from the NYS Department of Health - Medicaid clinical metrics for Clinical Improvement Projects (Domain 3) of the DSRIP Program database, measurement year 2014 data.

Mental Health Follow-up Care

This section presents HEDIS/QARR measures related to mental health follow-up care.

- Follow-up after Hospitalization for Mental Illness within 7 Days refers to the percentage of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 7 days of hospital discharge.
- Follow-up after Hospitalization for Mental Illness within 30 Days refers to the percentage of members who were seen within 30 days of hospital discharge.
- Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase refers to the percentage of children with a new prescription for ADHD medication who had one follow-up visit with a practitioner within the 30 days after starting the medication.
- Follow-Up Care for Children Prescribed ADHD Medication Continuation & Maintenance Phase refers to the percentage of children with a new prescription for ADHD medication who remained on the medication for 7 months and who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits in the 9-month period after the initiation phase ended.

In the Long Island region, 42% of individuals follow-up after hospitalization for mental illness within seven days (58% do not) and 57% follow-up within 30 days (Table 2).

County	Follow-up After Hospitalization for Mental Illness		Follow-Up Care for Children Prescribed ADHD Medication	
	Within 7 Days	Within 30 Days	Initiation Phase	Continuation Phase
Nassau	45%	60%	54%	59%
Suffolk	41%	56%	48%	59%
Region Avg. %	42%	57%	51%	59%

Notes and Data Sources: Data is from the NYS Department of Health - Medicaid clinical metrics for Clinical Improvement Projects (Domain 3) of the DSRIP Program database, measurement year 2014 data.

In the region, percentages of follow-up within seven days range from a low of 41% in Suffolk County to a high of 45% in Nassau. Suffolk County also has the lowest percentage of 30 day follow-up (56%) and Nassau has the highest (60%).

In the region, 51% of children prescribed ADHD medication have follow-up care during the initiation phase and 59% have follow-up care during the continuation phase. The percentage of children prescribed ADHD medication with follow-up care for the initiation phase is lowest in Suffolk County (48%), and is 59% in both counties for the continuation phase.

Alcohol and Other Drug Dependence Initiation and Engagement in Treatment
 Performing Provider Systems in the DSRIP program also collect two Alcohol and Other Drug (AOD) Dependence Treatment HEDIS/QARR measures: Initiation and Engagement in treatment.

- The Initiation measure is the percentage of members who initiate treatment within 14 days of the diagnosis of AOD dependence.
- The Engagement measure is the percentage of members who engage in treatment within 30 days after initiation.

In the Long Island region, 47% of individuals initiate AOD treatment within 14 days of diagnosis and 24% of individuals engage in AOD treatment within 30 days after initiation (76% do not). Nassau County has the lowest percentages of initiation (6%) and engagement (23%) in AOD treatment (Table 3).

County	Alcohol and Other Drug Dependence Treatment	
	Initiation	Engagement
Nassau	46%	23%
Suffolk	48%	25%
Region Avg. %	47%	24%

Notes and Data Sources: Data is from the NYS Department of Health - Medicaid clinical metrics for Clinical Improvement Projects (Domain 3) of the DSRIP Program database, measurement year 2013 data.

2. Potentially Avoidable Hospitalizations

The Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs) are a set of population-based measures that can be used with hospital inpatient discharge data to identify conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications. PQIs provide a good starting point for assessing quality of health services in the community.

- All PQIs apply only to adult populations (individuals over the age of 18 years).
- The Observed Rate (per 100,000 people) is the number of PQI discharges divided by the population, multiplied by 100,000.
- The Expected Rate (per 100,000 people) is the number of PQI discharges adjusted by age group, gender and race/ethnicity divided by the population, multiplied by 100,000. Lower ratios of observed to expected rates represent better results.

Diabetes Chronic Conditions

In the Long Island region in both the Medicaid only and dual populations, both Nassau and Suffolk counties have lower observed than expected rates for diabetes short-term and long-term complications (Table 4a).

County	Diabetes Short-term Complications				Diabetes Long-term Complications			
	Medicaid Only		Dual Medicaid and Medicare		Medicaid Only		Dual Medicaid and Medicare	
	Rates per 100,000							
	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected
Nassau	90	123	80	103	130	153	291	344
Suffolk	100	121	91	112	126	133	256	322
Totals	95	122	85	108	128	143	273	333

Notes and Data Sources: Data is from the NYS Department of Health Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid Enrollees database, discharge year 2014 data. Retrieved May 6, 2016 from <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/6kjt-7svn>

For both populations, the highest observed to expected ratios for diabetes short-term complications are in Suffolk County. For diabetes long-term complications, the highest ratio for the Medicaid only population is in Suffolk County (126/133), and the highest ratio for the dual population is in Nassau County (291/344).

Table 4b describes uncontrolled diabetes and lower-extremity amputation rates among patients with diabetes. In the Medicaid only population Nassau County has the highest observed to expected ratio for uncontrolled diabetes (48/28). For lower-extremity amputations in this population, Nassau County also has the highest observed to expected ratio (12/16), however, in both counties the observed rates are less than the expected rates.

Table 4b. Long Island Region: Diabetes Chronic Conditions Inpatient Prevention Quality Indicators by Medicaid Eligibility

County	Uncontrolled Diabetes				Lower-Extremity Amputation among Patients with Diabetes			
	Medicaid Only		Dual Medicaid and Medicare		Medicaid Only		Dual Medicaid and Medicare	
	Rates per 100,000							
	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected
Nassau	48	28	47	49	12	16	40	47
Suffolk	20	24	48	46	9	13	43	45
Totals	34	26	48	47	11	14	42	46

Notes and Data Sources: Data is from the NYS Department of Health Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid Enrollees database, discharge year 2014 data. Retrieved May 6, 2016 from <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/6kjt-7svn>

In the dual population, Suffolk County has the highest observed to expected ratio for uncontrolled diabetes (48/46). For lower-extremity amputation among patients with diabetes both counties’ observed rates are less than the expected rates.

Cardiac Chronic Conditions

In the Medicaid only population in the Long Island region (Table 5a), Nassau County has the highest observed to expected ratios for hypertension (106/77). In this population both counties have lower observed than expected rates for heart failure and angina without procedure, however, the ratios are higher in Suffolk than in Nassau County.

In the dual Medicaid and Medicare population, Nassau County also has the highest observed to expected ratios for hypertension (152/146). Suffolk County has the highest ratio for angina without procedure (34/27). In the dual population, both counties have lower observed than expected rates for heart failure, however the ratio is higher in Nassau County.

Table 5a. Long Island Region: Cardiac Chronic Conditions Inpatient Prevention Quality Indicators by Medicaid Eligibility

County	Hypertension				Heart Failure				Angina Without Procedure			
	Medicaid Only		Dual Medicaid and Medicare		Medicaid Only		Dual Medicaid and Medicare		Medicaid Only		Dual Medicaid and Medicare	
	Rate per 100,000											
	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected
Nassau	106	77	152	146	161	199	701	855	17	20	20	29
Suffolk	81	61	103	121	142	148	548	747	14	16	34	27
Total	93	69	127	134	151	173	625	801	15	18	27	28

Notes and Data Sources: Data is from the NYS Department of Health Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid Enrollees database, discharge year 2014 data. Retrieved May 6, 2016 from <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/6kjt-7svn>

Asthma Chronic Conditions

Asthma chronic conditions are described in Table 5b. In the Long Island region’s Medicaid only population, both counties have lower observed than expected asthma rates, although the ratio is higher in Suffolk than in Nassau County.

In the dual population, Nassau County has the highest ratio (353/234). Among all DSRIP regions, the Long Island region has the highest observed to expected ratio for asthma in younger adults in the dual population (294/222).

County	Asthma in Younger Adults			
	Medicaid Only		Dual Medicaid and Medicare	
	Rate per 100,000			
	Observed	Expected	Observed	Expected
Nassau	81	128	353	234
Suffolk	95	119	235	211
Total	88	124	294	222

Notes and Data Sources: Data is from the NYS Department of Health Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid Enrollees database, discharge year 2014 data. Retrieved May 6, 2016 from <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/6kjt-7svn>

Composite PQIs

Tables 6 and 7 report observed and expected composite PQIs by county in the Long Island region.

- The Chronic Composite PQI includes: Diabetes Short-Term and Long-Term Complications Admission Rates, the Asthma in Younger and Older Adults Admission Rates, the Hypertension Admission Rate, the Congestive Heart Failure (CHF) Admission Rate, the Angina without Procedure Admission Rate, the Uncontrolled Diabetes Admission Rate, and the Rate of Lower-Extremity Amputation among Patients with Diabetes.
- The Acute Composite includes: the Dehydration Admission Rate, the Bacterial Pneumonia Admission Rate, and the Urinary Tract Infection Admission Rate.
- The Overall Composite PQI refers to all PQI measures within the Chronic and Acute Composites.

In the Long Island region’s Medicaid only population, Suffolk County has the highest observed to expected ratios for the overall composite (1,217/1,162) and acute composite (386/300) indicators. For the chronic composite indicator both counties have lower observed than expected rates, but the ratio is higher in Suffolk County. In the Long Island region’s dual population, both counties have lower observed than expected rates for all three indicators, but the ratios are higher in Suffolk County.

Table 6. Long Island Region: Prevention Quality Overall, Acute, and Chronic Composite Indicators by Medicaid Eligibility

County	Overall Composite				Acute Composite				Chronic Composite			
	Medicaid Only		Dual Medicaid and Medicare		Medicaid Only		Dual Medicaid and Medicare		Medicaid Only		Dual Medicaid and Medicare	
	Rate per 100,000											
	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected
Nassau	1,141	1,341	3,162	3,804	309	336	1,154	1,348	832	1,005	2,009	2,457
Suffolk	1,217	1,162	3,115	3,530	386	300	1,219	1,263	831	862	1,895	2,267
Totals	1,179	1,252	3,139	3,667	347	318	1,186	1,306	832	933	1,952	2,362

Notes and Data Source: Data is from the NYS Department of Health Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid Enrollees database, discharge year 2014 data. Retrieved May 6, 2016 from <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/6kjt-7svn>

Table 7 describes the all diabetes, circulatory and respiratory composite indicators. In the Long Island region’s Medicaid only population, the highest observed to expected ratio for all circulatory composite is found in Suffolk County (236/225). In this population, the all diabetes and all respiratory composites the observed rates are less than the expected rates in both counties, however, the ratios for both are higher in Suffolk County.

In the region’s dual population, the observed rates are less than the expected rates in both counties for all indicators. However, for the diabetes and circulatory composites the ratios are higher in Nassau County, while the ratio for the respiratory composite is higher in Suffolk County.

Table 7. Long Island Region: Prevention Quality All Diabetes, Circulatory, and Respiratory Composite Indicators by Medicaid Eligibility

County	All Diabetes Composite				All Circulatory Composite				All Respiratory Composite			
	Medicaid Only		Dual Medicaid and Medicare		Medicaid Only		Dual Medicaid and Medicare		Medicaid Only		Dual Medicaid and Medicare	
	Rate per 100,000											
	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected	Observed	Expected
Nassau	280	320	457	543	283	295	873	1,031	273	397	699	901
Suffolk	255	290	438	526	236	225	685	895	344	352	783	864
Total	267	305	448	534	260	260	779	963	309	375	741	882

Notes and Data Sources: Data is from the NYS Department of Health Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid Enrollees database, discharge year 2014 data. Retrieved May 6, 2016 from <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/6kjt-7svn>

3. Potentially Avoidable Emergency Room Visits

In the Long Island region, the preventable ER observed rates are less than the expected rates in both counties (Table 8). Nassau County has the lowest ratio (16/21).

County	ER Discharges 2013: Rate per 100,000	
	Observed	Expected
Nassau	16	21
Suffolk	20	21
Total	18	21

Notes and Data Sources: Data is from the NYS Department of Health All Payer Potentially Preventable Emergency Visit (PPV) database. Rates by patient county, SPARCS data 2013. Retrieved May 6, 2016 from <https://health.data.ny.gov/Health/All-Payer-Potentially-Preventable-Emergency-Visit-/f8ue-xzy3#About>

Among all DSRIP regions, the Long Island region has the lowest observed to expected ratio (18/21) for potentially preventable ER visits.

4. Local Assessment of Need by Long Island Region Counties

New York State Mental Hygiene Law requires the Office of Mental Health (OMH) and the Office of Alcoholism and Substance Abuse Services (OASAS) to guide and facilitate the process of local planning. As part of the planning process, New York State counties and New York City (local governmental units [LGUs]) conduct a needs assessment of local issues impacting populations with mental illness and chemical dependency. These issues include prevention, treatment, and recovery support service needs, including other individualized person-centered supports and services. The issues of workforce retention and recruitment and coordination/integration with other systems are also included.

Table 9 summarizes the results of the LGUs’ needs assessments for the Long Island region. The data were collected from LGUs from March 1, 2015 through June 1, 2015. For each need issue listed, the LGUs indicated the extent to which it is an area of need at the local level for each population by identifying high, moderate or low need.

In both the mental illness and chemical dependency populations, the issues with the largest percentages of high need for both youth (<21) and adults (21+) are workforce recruitment and retention and coordination and integration with other systems.

Table 9. Long Island Region: Assessment of Needs by Population and Issue								
	Assessment of Local Need (N=2 Counties)							
	Youth (<21)				Adults (21+)			
	High Need	Moderate Need	Low Need	Missing	High Need	Moderate Need	Low Need	Missing
Selected Issues	Mental Illness Population							
Access to Prevention Services	50.0%	50.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Access to Crisis Services	50.0%	50.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Access to Treatment Services	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Access to Supported Housing	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Access to Transportation	50.0%	50.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%
Access to Home/Community-based Services	50.0%	50.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Access to Other Support Services	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%
Workforce Recruitment and Retention	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Coordination/Integration with Other Systems	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Selected Issues	Chemical Dependency Population							
Access to Prevention Services	50.0%	50.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%
Access to Crisis Services	50.0%	50.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%
Access to Treatment Services	100.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%
Access to Supported Housing	50.0%	50.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Access to Transportation	50.0%	50.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%
Access to Home/Community-based Services	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Access to Other Support Services	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%
Workforce Recruitment and Retention	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Coordination/Integration with Other Systems	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%

VI. Consumer and Provider Input

This section summarizes the Long Island region's consumer and provider input regarding community behavioral health needs. Input for this region was collected by two clinics: Central Nassau Guidance (CN Guidance), which serves Nassau and Western Suffolk counties and New Horizon Counseling Center (NHCC), which serves Nassau and Suffolk counties.

Methods

To collect data, clinics used focus group templates and/or anonymous surveys created by NYSOMH. These instruments are included in Appendix IV. Collectively, these data collection instruments focus on behavioral health concerns, available programming and services, potential disparities in service access and use, evidence-based practices, trauma-informed services, and recommendations regarding strategies to promote improved community health.

Clinics utilized the instruments to collect consumer, family, caregiver and provider input. Once collected, clinics aggregated and submitted the consumer and provider input to NYSOMH. The consumer survey was made available in English and Spanish.

Participating clinics were asked to gather input from consumers and providers in and outside of the clinic, including:

- Clinic consumers ages 15 and older; parents or guardians of consumers younger than 15; and family members or caregivers of consumers. Consumer information was also collected from Veterans and individuals in foster care or homeless shelters who receive services from secondary related agencies that make referrals to behavioral health services.
- Provider surveys were administered to and focus groups were conducted with both clinics and secondary related agency providers.

When reporting survey multiple choice item results to NYSOMH, clinics recorded the frequency for each response option. The percentages reported in the tables below are based on those numbers as indicated. For open-ended questions, clinics recorded the most frequently occurring responses or "themes". All responses to open-ended survey questions are stated as they were submitted to NYSOMH by the participating clinics, and include response frequencies.

Participant Descriptions and Demographics

Demographics and information about participating consumers and providers are reported in Tables 1 and 2 respectively. CN Guidance surveyed 320 consumers and 52 providers. A majority of consumers were ages 18-64 (83%), 13% were age 65 or older and 5% were under age 18. All consumer respondents were patients at CN Guidance. Twelve percent of provider respondents were secondary related agencies.

NHCC surveyed 52 consumers and 18 providers. A majority of NHCC consumers were ages 18-64 (77%), 18% were age 65 or older and 5% were under age 18. A majority (88%) of provider respondents practice at NHCC, and all consumer respondents are patients there.

Category	CN Guidance (n=320)	NHCC (n=39)
Participant Information	%	
Survey Participants	100%	100%
Focus Group Participants	0%	0%
Not patients at the Clinic	0%	5%
Live in the Clinic county	100%	100%
Age		
Under 18	5%	5%
18-64	83%	77%
65 or older	13%	18%
Gender		
Male	62%	41%
Female	38%	59%
Race/Ethnicity*		
White	68%	26%
Black/African-American	22%	46%
Asian	5%	0%
Native-American	0%	0%
Other Race	0%	0%
Hispanic/Latino Ethnicity	7%	26%

*The race/ethnicity question was asked only in the survey, not in the focus groups. Participants were instructed to select all that apply. Percentage is the number within each group divided by the number who responded to the question.

Provider Information	CN Guidance (n=52)	NHCC (n=18)
	%	
Questionnaire Participants	100%	100%
Focus Group Participants	0%	0%
Do not practice at the Clinic	12%	0%
Practice within the Clinic county	100%	100%
Have a Master's degree or higher	62%	78%

Findings

The consumer and provider input is organized into four domains:

1. Service Utilization, Perceived Service Needs, Barriers to Access, and Disparities in Access
2. Scope of Services in Treatment
3. Provider Training Needs
4. Participants Feel Welcome where they Receive Services

1. Service Utilization, Perceived Service Needs, Barriers to Access, and Disparities in Access

A. Service Utilization

Table 3 shows the distribution of behavioral health services that respondents reported using (question 6, consumer survey).

Table 3. Long Island Region: Consumer Survey Input – Behavioral Health Services Used		
Service Category	CN Guidance (n=320)	NHCC (n=39)
Mental Health Services	%	
a. Outpatient mental health services - (e.g., outpatient clinic)	52%	95%
b. Inpatient treatment	31%	10%
c. Medication for mental health problems	53%	67%
d. Residential treatment	27%	10%
Substance Use Disorder Services		
e. Outpatient substance use disorder services (e.g., outpatient clinic)	31%	5%
f. Inpatient rehabilitation	18%	3%
g. Detoxification	16%	3%
h. Residential treatment	19%	0%
i. Medication for substance use problems (e.g., methadone or buprenorphine to treat opioid addiction)	13%	5%
Other Services		
j. Case managers or providers who will meet individuals outside of an agency setting (e.g., in the home, church, school, homeless shelter, foster care setting, ER, recreational facility, jail) if necessary	53%	41%
k. Providers who will meet with patients via phone or webcam	34%	5%
l. Help with finding or maintaining employment	28%	15%
m. Help with advancing education or seeking job training	24%	8%
n. Help with finding, maintaining, or improving housing	29%	8%
o. Education about mental health and substance use issues	34%	44%
p. 24-hour crisis phone line	27%	3%
q. 24-hour mobile crisis teams	23%	0%
r. Peer delivered services (services provided by people who have experienced behavioral health problems and who work to help others with behavioral health problems; e.g., self-help groups, warmlines, and peer specialist services)	25%	5%
s. Education and supports (e.g., support groups) for families of individuals in behavioral health treatment	17%	10%

CN Guidance

For CN Guidance, the most frequently reported services received include outpatient mental health services (52%), and medication for mental health problems and case managers or providers who will meet individuals outside of an agency setting (53% each). At least 31% of consumers reported receiving some form of SUD service. The least frequently received services include SUD medication (13%), SUD detoxification (16%), and education and supports for families (17%).

NHCC

For NHCC, the most frequently reported services received include outpatient mental health services (95%), medication for mental problems (67%) and education about mental health and substance use issues (44%). The least frequently reported services are 24-hour mobile crisis teams (0%). In addition, all SUD services were reported at percentages ranging from zero to 5%.

B. Perceived Service Needs

CN Guidance

CN Guidance consumers reported the following unmet service needs (consumer survey, question 9):

- PTSD services
- Respite upstate for females with co-occurring mental illness and SUD
- Shortage of psychiatrists that accept Medicare/ Medicaid
- Services for those with fear of crowds
- Difficulty with transportation for the disabled
- Teen and young adult services

CN Guidance providers reported the following types of behavioral health services that they thought would be beneficial in their communities, but are currently unavailable (provider survey, question 7).

- Youth and geriatric services (n=15)
- Overall insufficient quantity of providers (n=10)
- Dialectical behavior therapy (DBT) (n=8)
- Inreach/outreach/ engagement services LGBT (n=6)
- Homeless/homebound services (n=4)
- Telehealth (n=1)

NHCC

No NHCC consumer respondents indicated that there were services that they wanted but were unable to access.

NHCC providers reported the following types of behavioral health services that they thought would be beneficial in their communities, but are currently unavailable (provider survey, question 7).

- Child day treatment are not available (n=2).
- Child partial hospitalization programs are not available (n=2).
- There are no/a lack of inpatient psychiatric child beds in the immediate community (n=3).

C. Barriers to Access

Table 4a presents the percentages of consumers and providers that reported barriers to accessing behavioral health treatment (consumer survey, question 7; provider survey, question 4).

Perceived Barrier	CN Guidance		NHCC	
	Consumers (n=320)	Providers (n=52)	Consumers (n=39)	Providers (n=18)
	<i>Percentage that selected barrier</i>			
Problems with transportation	11%	81%	10%	6%
Took too long to get an appointment	11%	63%	5%	6%
Problems paying for services	8%	52%	5%	6%
Service providers don't speak my (or the patient's) preferred language	3%	42%	3%	6%
Nearest service provider is too far away	5%	21%	3%	0%
Provider hours are not convenient	6%	19%	3%	0%
Service providers are not sensitive to other cultures	3%	17%	0%	0%
No service provider in the area	6%	17%	0%	0%
Services were not accessible to people with disabilities	4%	15%	0%	0%
Local provider does not serve individuals with these particular problems	5%	*	0%	*
Services were not available to children or the elderly	3%	*	0%	*
Services were not available to Veterans or members of the armed forces	3%	*	0%	*
Other	2%	17%	0%	0%

*Provider responses to questions about access for particular demographic groups are reported in Table 4b

CN Guidance

At CN Guidance, problems with transportation, having to wait too long to get an appointment, problems paying for services, and service providers not speaking the patient's preferred language are the barriers most frequently reported by both providers and consumers. CN Guidance consumers and providers also reported that the nearest service provider being too far away as a barrier.

NHCC

At NHCC, the three barriers most frequently reported by both providers and consumers are problems with transportation, having to wait too long to get an appointment, and problems paying for services. Not speaking the patient's preferred language was also reported by both providers and consumers.

D. Disparities in Access

Table 4b describes disparities in access to behavioral health services reported by providers (provider survey, question 5).

Special Population	CN Guidance		NHCC	
	Total # Respondents	% Answered "No"*	Total # Respondents	% Answered "No"*
Veterans or members of the armed forces	49	29%	18	0%
Children	46	15%	18	0%
Children in foster care	47	26%	18	0%
Elderly	47	15%	18	0%
Homeless	47	19%	18	0%
Incarcerated	43	42%	18	89%

*Percentage is the number who responded "No" divided by the number of respondents.

More than one-third of CN Guidance providers (42%) reported that services are not available to incarcerated individuals, 29% reported they are not available to Veterans, and 26% reported they are not available for children in foster care. In addition, among the seven consumers who responded “Other” in Table 4a, the written response recorded by CN Guidance was “not enough providers”. A large majority (89%) of NHCC providers reported that services are not available to incarcerated individuals.

2. Scope of Services in Treatment

Table 5 describes consumers’ experiences with evidence-based services, care coordination, and integrated care while receiving care from behavioral or physical health providers (consumer survey, question 8).

Provider Service	CN Guidance		NHCC	
	Total # Respondents	% Answered "Yes"	Total # Respondents	% Answered "Yes"
a. Screen for history of traumatic life events or abuse?	233	48%	33	94%
b. Screen for depression, anxiety, substance abuse, or another behavioral health problem?	43	0%	8	38%
c. Screen for physical health problems?	243	68%	34	91%
d. Assess your strengths, abilities, preferences, and goals?	239	63%	37	92%
e. Talk with other providers about your care?	232	62%	33	67%
f. Talk to you about the relationship between thoughts, behaviors, and feelings?	67	0%	35	100%
g. Provide clear information about:				
i. How to get treatment for mental health and substance use issues?	65	0%	36	100%
ii. How to cope with mental health and substance use issues?	237	71%	35	94%
iii. Crisis management?	186	67%	36	92%
h. Met all of your health care needs?	233	71%	30	77%

*Percentage is the number who responded "Yes" divided by the total number of respondents.

CN Guidance

At CN Guidance, the most frequently provided services are providing information about how to cope with mental health and substance use issues and meeting all health care needs (71% each), followed by screening for physical health care problems (68%) and crisis management (67%).

No CN Guidance consumers reported that screening for depression, anxiety, substance abuse or another behavioral health problem, talking about the relationship between thoughts, behaviors or feelings, or receiving information about how to get treatment for mental health and substance use issues were available in their community (0% each).

NHCC

At NHCC, consumers reported the most frequently provided services are providing information about how to cope with mental health and substance use issues and talking about the relationship between thoughts, behaviors or feelings (100% each), followed by screening for history of traumatic life events or abuse and how to cope with mental health and substance use issues and (94% each).

The least frequently provided services reported by NHCC consumers are screening for depression, anxiety, substance abuse or another behavioral health problem (38%) and talking with other providers about your care (67%).

3. Provider Training Needs

CN Guidance

CN Guidance providers reported the following training needs (provider survey, question 6).

- Sexual abuse (n=12)
- Evidence-Based Practices (n=10)
- Providers of differing cultures/languages (n=8)
- Methadone/Ancillary Withdrawal (n=4)
- Domestic violence programs (n=5)
- Dual diagnosis (n=7)
- Managing the heroin epidemic (n=3)
- Gambling addiction and Eating Disorders (n=1 each)

NHCC

Twelve NHCC providers indicated that additional training in evidence-based and trauma-informed practices would be beneficial. Participants who explained their answers further indicated that additional training is always beneficial.

4. Participants Feel Welcome where they Receive Services

As shown in Table 6, 7% of CN Guidance consumers and 3% of NHCC consumers reported not feeling welcome in the places where they receive behavioral health services (consumer survey, question 10).

Table 6. Long Island Region: Consumer Input -- Feeling Welcome where you Receive Behavioral Health Services			
CN Guidance		NHCC	
Total # Respondents	% Answered "No"*	Total # Respondents	% Answered "No"*
254	7%	36	3%

*Percentage is the number who responded "No" divided by the number of respondents.

CN Guidance

Things that CN Guidance consumers reported that make them feel welcome are listed below.

- Friendly and welcoming staff and environment (n=30)
- Professionalism (n=12)
- Empathy and non-judgmental (n=10)
- Having a safe environment to be treated; Food & Beverages in waiting areas; Acknowledge varying needs; Keep clients involved in the treatment process; Staff retention; Communication with family members (n=1 each)

NHCC

Things that NHCC consumers reported that make them feel welcome are:

- Caring/responsive clinical staff (n=25)
- Friendly/caring/smiling/respectful office staff (n=23)
- The confirmation and outreach calls they receive (n=5)
- That the environment was pleasing and comfortable (including TV/reading materials) (n=7)
- Coffee service (n=1)

Summary

CN Guidance surveyed 320 consumers and 52 providers. NHCC surveyed 39 consumers and 18 providers. Across both clinics, the most frequently reported needs among consumers and providers included:

- Transportation to health care services
- Reduced wait times for appointment
- Assistance with paying for services
- Access to services for incarcerated individuals
- Providers of differing cultures/languages

Appendix A. Highlights of Long Island Region Needs Assessment Findings

Appendix A summarizes needs assessment findings that may impact providers meeting the health care service needs of the target consumer population in the Long Island region.

I. Population Characteristics Summary Highlights

Long Island Region: Population Characteristics		
Characteristic	Region	Region/County Comparison
Median household income	\$91,813	<ul style="list-style-type: none"> Compared all DSRIP regions, Long Island has the highest median household income statewide and is significantly above the New York State median household income of \$58,687.
Education	10% of adults in region are without a high school diploma and 38% have a bachelor's degree or higher	<ul style="list-style-type: none"> Long Island has the highest percentage of college graduates in any DSRIP region.
Poverty	7% of region's population live below poverty level	<ul style="list-style-type: none"> Long Island has the lowest level of poverty in any DSRIP region. 2% of the region's population are on cash public assistance and 5% receive food stamps/SNAP benefits, the lowest percentage of food stamps/SNAP beneficiaries statewide.
Public Health Insurance/Medicaid/ Beneficiaries/ No Health Insurance	24% of region's population are on public health insurance, 15% are Medicaid beneficiaries and 9% has no health insurance.	<ul style="list-style-type: none"> Of all the DSRIP regions, Long Island has the lowest percentage of the estimated population that are Medicaid beneficiaries.
Special Populations	9% of the region's population are disabled and 7% are Veterans.	<ul style="list-style-type: none"> The percentage of individuals with disabilities is the lowest in any NYS DSRIP region.
Foreign Born	18% of the population are foreign born.	<ul style="list-style-type: none"> The percentage of foreign born is the highest in NYS outside of NYC.
Primary Language other than English	24% of the region's population speak a primary language other than English.	<ul style="list-style-type: none"> 10% speak English less than "very well" (the second highest percentage in any DSRIP region).

II. Health Care Resources Summary Highlights

A. Long Island Region: Health Care Professional Supply and Shortages		
Domain	Region/County	Region/County Comparison
Supply of Primary Health Care Providers	1. The region has 7,858 primary care providers or 27 per 10,000 population.	1. There is a mal-distribution of these providers (see HPSAs below)
Supply of Physical Health Care Specialists	1. The region has 5,178 physical medical health specialists or 18 providers per 10,000 population.	1. The region's ratio of physical medical health specialists is highest among all DSRIP regions.
Supply of Licensed Mental Health (MH) Professionals	1. The region has 14,011 licensed MH professionals or 49 per 10,000 population.	<ol style="list-style-type: none"> The region's licensed MH professional ratio is the 2nd highest among all DSRIP regions. There is a mal-distribution of these providers (see HPSAs below). Nassau County's ratio is the 3rd highest among all NYS counties.

Appendix A. Highlights of Long Island Region Needs Assessment Findings

A. Long Island Region: Health Care Professional Supply and Shortages		
Domain	Region/County	Region/County Comparison
Substance Use Disorder (SUD) Professionals	1. The region has a total of 1,571 certified and credentialed SUD professionals or five per 10,000 population.	
Region's HPSA County Designations		
Federal Health Professional Shortage Areas (HPSAs)	<p><u>Primary Health Care:</u> Both counties in the region have primary health care Medically Underserved Area/Population (MUA/P) designations. In Nassau County, the Medicaid eligible population has also been designated a primary health care MUP.</p> <p><u>Mental Health Professionals:</u> In the region both counties have MH Medically Underserved Area/Population (MUA/P) designations.</p>	

B. Long Island Region: Facility- and Program-based Health Care Supply, Service Rates and Constraints		
Facility/Program	Region	Region/County Comparisons
Physical Health Acute Care Hospitals	1. The region's nursing homes have no behavioral health intervention beds.	
Mental Health Inpatient Facilities	1. Total psychiatric bed capacity in the region is 47 per 100,000 adults and 32 per 100,000 children.	1. Most psychiatric beds are in Suffolk County.
Substance Use Disorder (SUD) Inpatient Programs	1. In the region, there are nine inpatient SUD crisis programs; seven inpatient rehabilitation programs; and 14 residential programs. Most program capacity for these programs is in Suffolk County.	2. Collectively, for all SUD inpatient programs the capacity is 3 per 10,000 and average daily enrollment is 3 per 10,000.
Mental Health Outpatient and Clinic Programs	<ol style="list-style-type: none"> Adult outpatient programs (other than clinic) are in both counties. There is a total of 2,687 non-clinic outpatient program slots in the region or 130 slots per 100,000 adults. In addition to locally-operated clinics in all counties, the region has state-operated clinics in Suffolk County serving adults and children. Both counties have child outpatient programs other than clinic. These programs have a capacity of 243 slots or 33 slots per 100,000 children region wide. 	<ol style="list-style-type: none"> In the region, the rates of clinic service delivery per 100,000 population for both adults and children are the lowest among all DSRIP regions. <ul style="list-style-type: none"> Nassau County's clinic service rate of 833 adults per 100,000 adults is the 2nd lowest rate among all NYS counties.
Community Support Programs	<ol style="list-style-type: none"> In the region, 135 adults per 100,000 received services from community support programs. Community support programs in the region served 57 children per 100,000. 	1. In the region, the rates of community support program service delivery per 100,000 population for both adults and children are the lowest among all DSRIP regions.
SUD Outpatient Programs	<ol style="list-style-type: none"> In the region both counties have SUD outpatient programs. The average daily enrollment (ADE) is 32 per 10,000. The region has 6 opioid treatment programs. 	

Appendix A. Highlights of Long Island Region Needs Assessment Findings

III. Health Status

Long Island Region: Health Status Challenges/Strengths	
Domain	Region/County Comparisons
Disease Prevalence Chronic Health Conditions	<ul style="list-style-type: none"> Except for New York City, the region has the highest average case rates of HIV and AIDS. The region has the 2nd highest average cancer incidence rate of all DSRIP regions. Among all DSRIP regions, the region has lowest average percentages of adults with diabetes, angina, heart attack or stroke, high blood pressure and that are overweight or obese. Compared to all NYS counties, Nassau County has the lowest percentages of adults with diabetes and that are overweight or obese, and Suffolk County has the lowest percentage of adults with high blood pressure.
Health Behaviors and Risk Factors	<ul style="list-style-type: none"> The region has the 2nd highest average percentage of those that reported not receiving medical care because of cost and the 3rd highest average percentage of those that experienced housing insecurity among all DSRIP regions. Among all DSRIP regions, the region has the lowest average percentages of adults reporting: 1) binge drinking, and 2) cigarette smoking among those that report poor mental health.
Hospitalization Rates by Disease or Cause	<ul style="list-style-type: none"> Among all DSRIP regions, the region has the 2nd highest average rates of hospitalization per 10,000 for cardiovascular disease, stroke, diabetes, and asthma.
Mortality	<ul style="list-style-type: none"> Compared to all DSRIP regions, the region has the lowest average percentage of premature deaths. The region has the lowest average premature death rates per 100,000 for both cardiovascular disease and stroke and the second lowest average rate of alcohol related motor vehicle injuries and deaths in all DSRIP regions.
Patients in the Public Mental Health System	<p><u>Chronic Health Conditions:</u> Among all DSRIP regions, the region has the highest percentage of patients with hyperlipidemia and the 2nd highest percentage with diabetes.</p> <p><u>Behavioral Health Diagnoses:</u> Among all DSRIP regions, the region has the highest percentage of patients served with schizophrenia and other psychotic disorders and the 2nd highest percentage of those with bipolar and related disorders.</p>

IV. Behavioral Health Care Utilization

A. Long Island Region: Medicaid Beneficiary Health Care Utilization by Behavioral Health Diagnosis		
Domain	Utilization by Diagnosis	Region
Medicaid Inpatient Admissions	<p><u>Mental Health Diagnosis</u> Region-wide, the largest percentages of Medicaid beneficiaries with a mental health inpatient hospital admission had depressive disorders (46%), followed by schizophrenia (15%), chronic stress and anxiety diagnoses (14%), other mental health diagnoses (12%), bi-polar disorder (11%), and PTSD (1%).</p>	<p>Compared to all other DSRIP regions, Long Island had the highest percentage of Medicaid beneficiaries hospitalized for bipolar disorder (11%).</p> <p>Compared to all other DSRIP regions, the Long Island region had the largest percentage of Medicaid beneficiaries hospitalized with opioid use disorder (26%).</p>
	<p><u>Substance Use Disorder</u> By county, admissions ranged from a high of 9,685 in Suffolk to a low of 5,264 in Nassau. Region-wide, the largest percentages of Medicaid beneficiaries with a SUD inpatient hospital admission had alcohol use disorder (31%), followed by opioid use disorder (26%), drug abuse: cannabis/ NOS/NEC (17%), other SUD diagnoses (16%), and cocaine use</p>	

Appendix A. Highlights of Long Island Region Needs Assessment Findings

A. Long Island Region: Medicaid Beneficiary Health Care Utilization by Behavioral Health Diagnosis		
Domain	Utilization by Diagnosis	Region
	disorder (11%).	
Medicaid Emergency Room Visits	<u>Mental Health Diagnosis</u> Region-wide by diagnosis, the largest percentages of Medicaid beneficiaries with a mental health ER visit were for depressive disorders (38%), followed by other mental health diagnoses (18%), chronic stress and anxiety diagnoses (16%), schizophrenia (15%), bi-polar disorder (11%), and PTSD (2%).	Compared to all other DSRIP regions, Long Island had the highest percentages of Medicaid beneficiaries with ER visits for bipolar disorder (11%), schizophrenia (15%), and chronic stress and anxiety diagnoses (16%).
	<u>Substance Use Disorder</u> Region-wide, the largest percentages of Medicaid beneficiaries with a SUD ER visit were for cocaine use disorder (28%), followed by drug abuse: cannabis/NOS/NEC (24%), other SUD diagnoses (19%), opioid use disorder (17%), and alcohol use disorder (13%).	Compared to all other DSRIP regions, the Long Island region had the largest percentage of Medicaid beneficiaries with ER visits for drug abuse: cannabis/NOS/NEC (24%).

B. Long Island Region: Medicaid Mental Health and Substance Use Disorder Beneficiaries Compared to All Medicaid Beneficiaries		
Domain	Utilization	
MH Medicaid	In the region, 8% of all Medicaid beneficiaries had a mental health inpatient hospital admission and 12% had a mental health ER visit.	
SUD Medicaid	In the region, 3% of all Medicaid beneficiaries had a SUD inpatient hospital admission and 5% had a SUD ER visit.	

C. Long Island Region: Medicaid Beneficiary Health Care Utilization by Eligibility Type		
Domain	Utilization by Eligibility	Region
Medicaid Inpatient Admissions	In the region 12% of Medicaid only beneficiaries and 17% of Medicaid/Medicare dual-eligible beneficiaries experienced at least one hospital inpatient admission.	Compared to all other DSRIP regions, the Long Island region had the largest percentage of Medicaid only beneficiaries with inpatient admissions (12%).
Medicaid Emergency Room Visits	In the region 26% of Medicaid only beneficiaries and 15% of Medicaid/Medicare dual-eligible beneficiaries experienced at least one ER visit.	

V. Unmet Service Needs

Long Island Region: Summary Highlights of Unmet Service Needs in Behavioral Health Treatment		
Domain	Measure	Region/County
Mental Health Medication Adherence and Management	1. Adherence to antipsychotic medications for individuals with schizophrenia for at least 80% of their treatment period.	1. Region-wide 66% of adults with schizophrenia are adhering to their medications (34% do not).
	2. Antidepressant medication management effective acute	2. Region-wide 52% of individuals remain on their medication during the entire acute treatment phase.

Appendix A. Highlights of Long Island Region Needs Assessment Findings

Long Island Region: Summary Highlights of Unmet Service Needs in Behavioral Health Treatment		
Domain	Measure	Region/County
	phase treatment.	
	3. Antidepressant medication management effective continuation phase treatment.	3. Region-wide 39% of individuals remain on their medication during continuation phase treatment (61% do not). ➤ Among all DSRIP regions, Long Island has highest adherence to antidepressant medication in the continuation phase.
Mental Health Follow-up Care	1. Follow-up care after hospitalization for mental illness within 7 or 30 days of hospital discharge.	1. Region-wide, 42% of individuals follow-up after hospitalization for mental illness within seven days (58% do not) and 57% follow-up within 30 days.
	2. Follow-up care for children prescribed ADHD medication initiation phase.	2. Region-wide 51% of children prescribed ADHD medication have one follow-up visit with a practitioner within 30 days after starting the medication.
	3. Follow-up care for children prescribed ADHD medication continuation and maintenance phase.	3. Region-wide 59% of children with a new prescription for ADHD medication remain on the medication for 7 months and/or have at least 2 follow-up visits in the 9-month period after the initiation phase.
Alcohol and other Drug Dependence (AOD) Initiation and Engagement Treatment	1. AOD Initiation	1. Region-wide 47% of individuals initiate AOD treatment within 14 days of diagnosis.
	2. AOD Engagement	2. Region-wide 24% of individuals engage in AOD treatment within 30 days after initiation (76% do not).
Potentially Avoidable Hospitalizations <i>(Conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications)</i>	1. Asthma Chronic Conditions	1. Among all DSRIP regions, the region has the highest observed to expected ratio for asthma in younger adults in the Medicaid/Medicare dual population (294/222).

VI. Consumer and Provider Input

Long Island region counties’ surveys of consumer and provider stakeholders to assess local needs indicate that workforce recruitment and retention and coordination and integration with other systems are issues that need attention for the populations with mental health and/or chemical dependency concerns.

Clinics in the Long Island region surveyed 359 consumers and 70 providers. The needs most frequently reported by both consumers and providers include: transportation to health care services; reduced wait times for appointments; assistance with paying for services; access to services for incarcerated individuals; and providers of differing cultures and languages.